

Substance Misuse Needs Assessment

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Introduction

The purpose of this needs assessment is for the City of York Young People's Risk and Resilience Strategic Partnership to obtain an improved and evidenced based understanding of the extent and nature of young people's drug and alcohol use within the City of York. By fully understanding the needs and potential risks facing young people within the city, the Commissioning Group and partners will be better informed to make evidenced based decisions about how needs may be met within the treatment planning process.

Objectives

Agreed objectives for this assessment were:

- 1) What do we know about drug use nationally and locally?
- 2) What do we know about young people referred to substance misuse services in York?
- 3) What does prevention and early intervention look like?
- 4) What does treatment look like for young people?
- 5) What does training provision and uptake look like?
- 6) What should the priorities be for the training/prevention and treatment planning process in the future?
- 7) What progress has been made since the last needs assessment was carried out?

Tier Definitions

Tier 1 intervention - Universal information distribution

Tier 2 intervention - Identified substance misuse issue requiring low level support, (may include one to one or group work)

Tier 3 intervention - "A care planned medical, psychosocial or specialist harm reduction intervention aimed at alleviating current harm caused by a young person's substance misuse" (NDTMS, 2011)

Tier 4 intervention - Rehabilitation and detox interventions

Local Process

The parameters of this Needs Assessment were agreed with the Strategic Commissioner: Teenage Pregnancy, Substance Misuse and Risky Behaviours to ensure that vulnerable young people are the main focus of the assessment. The Commissioner has overseen the process, and provided clarity and guidance, taking account of best practice and the range of data and information available.

The City of York Young People's Risk and Resilience Strategic Partnership holds the responsibility for commissioning substance misuse services for young people. It aims to 'reduce the number of young people misusing drugs and alcohol and ensure young people who do, have the support to enable them to stop'.

This needs assessment is being undertaken in order to inform the direction of the strategy including future commissioning of specialist treatment services and the provision of universal services such as education for young people in schools and the community, workforce development, support for parents and carers and support for young people who are effected by the drug and alcohol use of others.

The action plan for the Young People's Risk and Resilience Strategic Partnership will be informed by the reports recommendations.

Methodology

To collect the data for this assessment a mixture of both quantitative and qualitative research methods were employed.

1) Collection and analysis of national policy and trends data.

A review of three national reports was completed along with a review of the York 2011 needs assessment and previous local consultation conducted with young people and foster/residential carers in 2008.

Quantitative analysis of information about local substance misuse training and take up.

2) Collation and analysis of data on prevention and early intervention services

The mapping of local organisations that provide prevention and early intervention services, was done in the following ways:

Analysis of training data held by the Workforce Development Unit. This included all training courses run between April 2008 and March 2011 that included substance misuse, alcohol or drugs in their syllabus. Data was extracted on participant numbers, sectors, and area of work (e.g. housing, health etc).

An email survey sent out to 21 pre-identified organisations involved in substance misuse and alcohol work in York (see appendix 1 for schedule).

Analysis of information collected by a consultation with faith, community and voluntary sector youth organisations undertaken by Young People's Services and information on recipients of the Early Intervention Grants 2010-11.

Meetings with the head of student services at York College, First Base Service Managers and staff, Health and Community Consultant, Education and Substance Misuse team Pathways Officer.

A web search on all services that met the following search criteria "York AND smoking OR alcohol OR drug OR substance-misuse OR addiction AND service OR agency OR helpline OR project OR organisation AND help OR support OR education OR information AND 11-18 OR teenager OR adolescent OR vulnerable adults OR up-to-25 OR "young people".

3) Quantitative analysis of drug and alcohol treatment data

Data on treatment rates came from two main sources: Quarterly reports completed by First Base and the Youth Offending Team, and NDTMS national data sets. Data was extracted on the demographics of service users, referral routes and numbers, treatment types and numbers, and other relevant information.

4) Critical evaluations of other previous local research

The findings of previous consultation exercises were used to identify the opinions of young people and foster carers.

Expert group

An expert group of both front line and more strategically focused professionals was held towards the end of the research to comment on the findings at that time and to offer information. This expert group was comprised of the following members.

- First Base manager
- Strategic Commissioner: Teenage Pregnancy, Substance Misuse and Risky Behaviours
- Locality Managers Youth Support Services
- YOT Deputy manager
- Connexions Lead Advisor
- Head of Student Services York College
- CAMHS
- School Health
- Substance Misuse Team (adults)
- York Hospital

Representatives from other agencies were also invited but were unable to attend.

The purpose of the Expert Group was to assess and critically evaluate data available for the Needs Assessment. Within this the group analysed data from a draft Needs assessment and were asked for any additional comments or queries. As a result of this analysis the group were able to identify unmet need and their recommendations have been fed into the Young People's Specialist Substance Misuse Treatment Plan 2011/14

Limitations

A number of limitations were identified when both designing and carrying out the research. These include

Young people views

- Time restraints identified while designing the research led to no new data collection being arranged with young people. In previous years this has taken the form of a secondary school survey which collected data on both young people's use of drugs and alcohol, but also their perceptions and knowledge about general use and the use of others. This report includes the findings for the last survey done of this kind in 2008.
- Although data is collected by First Base on the views of their service users, the format of this information made it too time-consuming to analyse in the time allocated to the research. Some of this data is available through the local quarterly reports although this is anecdotal.
- There was not time to set up focus groups with young people accessing services at different tiers to gain their input.

Data collection

- Disparate data collection criteria between organisations and local and national collection has prevented some analysis and comparative work.

No parent voice

- There is currently no forum for parents of young people who use drugs and alcohol. This meant that in the timeframe of this research, no data was collected on the views of parents and carers. The findings from a consultation exercise completed with foster and residential carers in 2008 has been included, however the age and sample size of this data may make it unrepresentative. Data collected by First Base on the views of parents of young substance users has also been included.

In order for future needs assessments to reflect the views of service users and their families it would be beneficial if time was built into allow for this in future needs analysis processes.

Key priorities and actions identified in the 2011 needs assessment

The 2011 needs assessment highlighted 27 objectives for going forward covering 4 main areas.

Commissioning and system management

It stated the need for a better understanding of substance misuse in the city, through existing data sources and additional audits and surveys of young people and their schools and families, and a need to identify gaps in service provision through an event and consultation, and through monitoring of commissioned services.

Specialist substance misuse treatment system

These objectives focused on improving the referral pathways for young people through better recording systems between services and staff training and the need to map treatment pathways including into tier 4.

Treatment system delivery

A need for improved holistic working was highlighted, through consistent use of CAFs and the Children's Advice and Assessment Service (Children's Front Door) and by working with adult services where necessary

Leaving specialist treatment

Better transition to other services upon leaving treatment was identified, either into adult services or down to universal services.

National Picture

Profile of young users

The number of young people using drugs and alcohol is continuing to decline (Fuller, 2011). In 2010, 55% of pupils aged 11-15 had never drunk alcohol. This decreased with age from 10% of 11 year olds to 77% of 15 year olds who reported having drunk alcohol once in their life (Fuller, 2011). However, of those who had drunk in the last week, almost a third (31%) had drunk 15 units or more (4% of all respondents). This was more common among the pupils aged 15. Gender made

little difference to drinking habits but alcohol use is linked to the consumption and attitudes towards alcohol of parents or carers.

The NTA profile data for 2010-11 identified that 64% of young people receiving help for substance misuse issues were male and 78% were aged 15-17. Just under half (49%) were in mainstream education, with others being in alternative education (19%), employment or training (8%) or NEET (19%). 84% were of White British origin and just over three quarters (79%) lived with parents or relatives. 8% lived in care. 70% of young people recorded having 2-4 other social or emotional issues as a result of their drug use (e.g. self harming, offending etc) (NTA, 2011). Fuller found that 41% of young people seeking support for drug or alcohol misuse in 2009 were also involved with the youth justice system (NTA internal data, 2009).

Type and frequency of drug use

In 2010 18% of young people aged 11-15 had used drugs at some point, 12% had used them in the past year and 7% had used them in the past month (Fuller, 2011). Research suggests that drug consumption in this age group has fallen by one-third over the past decade (NTA, 2011), However, in a comparative study of 35 European countries, the UK had some of the highest rates of cannabis use and binge drinking (Hibell, B. et al. (2009) cited in Fuller, 2011)). NDTMS data for 2010-11 shows a decrease in the number of young people needing help with substance misuse, the continuation of a downward trend since 2008-09 (from 24,053 in 08-09 to 21,955 in 10-11) (NTA, 2010). The percentage of young people being treated for Class A drug use has fallen from 11% to 4% in the last five years (NTA, 2011)

Cannabis and alcohol use are most prevalent, with 8.2% of 11-15 year olds reporting having taken cannabis in the last year (Fuller, 2011) but both have seen decreases in latest research (NTA, 2011). Use of Amphetamines is the only drug type in 10-11 to increase from 09-10, probably due to the classification of Methedrone as a Class B drug in 2010 (NTA, 2011). 3.8% of pupils had sniffed glue, gas or other volatile substances in the last year but for all the other types of drug, reported use in the last year was below 2% (Fuller, 2011). Drug Scope records in 2010 showed an increase in poly-drug use among young people, particularly the combination of alcohol, Cannabis and a stimulant (Cocaine, Ecstasy or a 'legal high') which creates a new challenge for services. The expert group highlighted that this is an area where additional training would be beneficial as non-specialists working with young people at tier 2 often feel particularly out of their depth, and are concerned about giving the right information to young people. Training tends to focus on the effects of taking a single drug, rather than combinations. Questions were also raised about how information about polydrug use should be given to

young people at tier 1, and whether there is information available about the effects of mixing energy drinks with other substances. Regular smokers and recent drug users have an increased likelihood of having drunk alcohol in the last week (Fuller, 2011). The report also picks up the increasing trend for service users to be taking Mephedrone or 'legal highs' (Fuller, 2011).

Treatment

While the prevalence of drug use has declined, the number of under-18s getting help from specialist drug and alcohol services has increased in recent years (Fuller, 2011). Fuller suggests that this is due to services identifying and engaging with a higher proportion of users, and working with young people for whom drug or alcohol use is problematic but who are not dependant users (2011). Discussions with the expert group reinforced the approach to tackling drug and alcohol use together, as they often go hand in hand. The most common referrals were through Youth Justice (39%), Education (14%), and Self-referral (7%). NTA data shows that psychosocial interventions work best for young people and that 84% of young people in treatment receive a psychosocial intervention, sometimes combined with other treatment such as family work (NTA, 2011). The report suggests that specialist services work best when they work in partnership with other providers, e.g. housing or education services (NTA, 2011).

Outcomes for young people

Once referred for treatment, statistics show that 98% of young people received help within three weeks (NTA, 2011). 75% of referred young people in 10-11 completed a course of therapy, up from 48% in 05-06. The average time spent in treatment was 158 days (NTA, 2011). The percentage of young people dropping out of treatment has over halved in the last five years from 29% to 13% (NTA, 2011). On leaving treatment in 10-11, 68% were referred to other services (NTA, 2011).

2010 Drugs Strategy

"Failure to tackle substance misuse in young people has a serious impact on their future prospects...The government's Drug Strategy puts a clear emphasis on preventing drug misuse among young people. Local authorities should continue to focus on intervening early to help vulnerable young people confront their difficulties."
Sarah Teather, Children's minister (cited in Davies, 2011).

The 2010 government drugs strategy focuses on early intervention and support for vulnerable young people and families. It includes the creation of the Early Intervention Grant, incentivises youth justice services to tackle young people's substance misuse where this was the reason for their offending, and suggests financial support for disadvantaged young people to stay in post-16 education. For

those at risk or already showing signs of dependency, the policy states the need for rapid access to specialist support that tackles both their misuse and the wider issues they face. The strategy proposes high quality drug and alcohol education for young people, the responsibility for which will fall with schools who are given wider search and confiscation powers and are expected to work with other agencies to prevent substance misuse. The strategy focuses on a shift from a Harm Reduction focus, to an approach which 'goes much further and offers every support for people to choose recovery' (p.2). Discussions with the expert group reflected concerns that a focus on abstinence and recovery may not be appropriate with young people, as it may lead to them disengaging from treatment and early intervention. A focus that begins with Harm Reduction, and then seeks to identify where young people can make positive changes was felt to be the most appropriate.

Positive for Youth: A new approach to cross-government policy for young people aged 13 to 19, brings together for the first time all of the government's policies for young people aged 13 to 19. The percentage of young people 11-15 misusing drugs and alcohol will be one of the measures used to assess progress by local authorities and central government in delivering better, more targeted opportunities for young people.

Staff training

Training for professionals

Substance misuse training for professionals is largely organised through the Workforce Development Unit (WDU). The breakdown of courses offered and work sectors taking part is shown below. Training is also organised and delivered by other providers in the city. There is less information available about attendees for these courses.

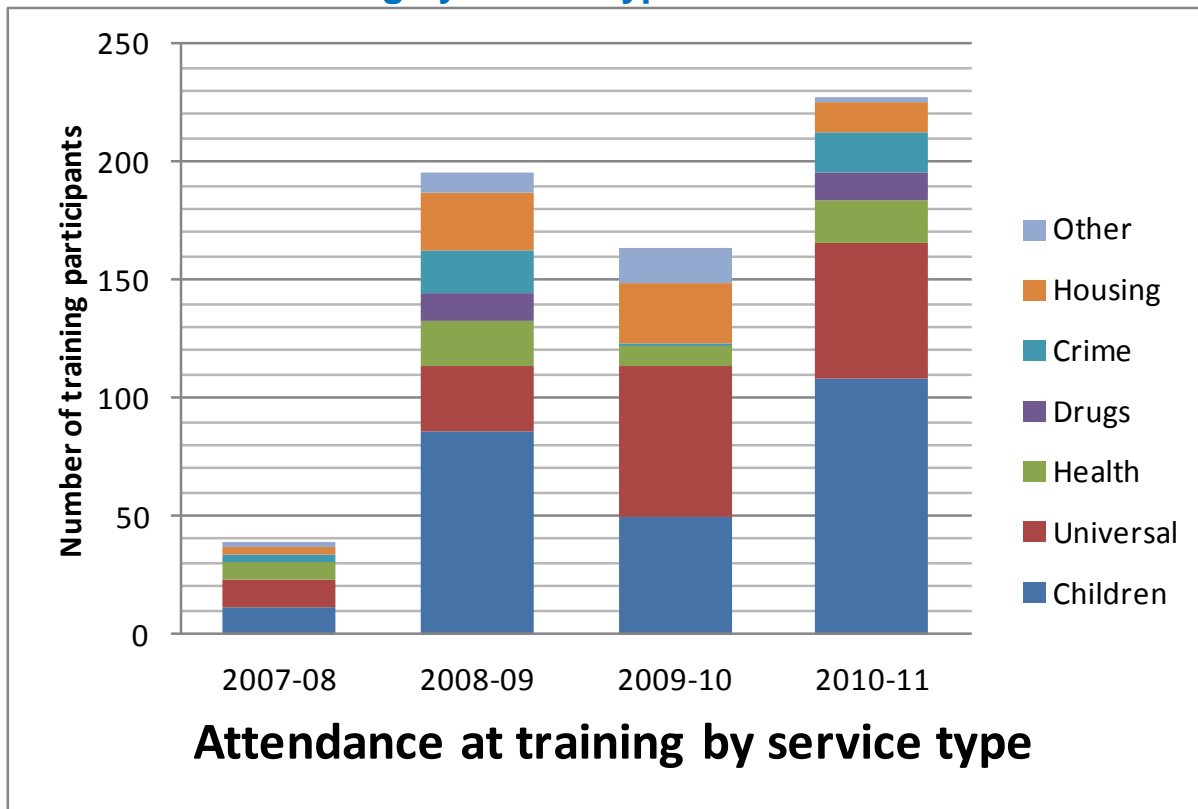
A note about levels: some training is allocated a level between one and three. This provides an indication of the course content and doesn't correlate to tiers or to the order in which training should be completed, although level one courses contain more foundation level, basic information.

WDU training for professionals

Between April 2010 and March 2011, 12 training courses were run and a total of 227 training places were taken up through the WDU. A breakdown of participants by area of work, as well as a comparison over time of training places taken up, is provided below.

- 1 x An Introduction to Hair Drug Testing & Hair Alcohol Testing
- 2 x Drugs Education Training - M-Cat, Legal Highs and New Trends
- 3x Substance Misuse Awareness Training Level 1
- 3 x Substance Misuse Awareness Training Level 2
- 3 x Substance Misuse Awareness Training Level 3

Attendance at training by service type



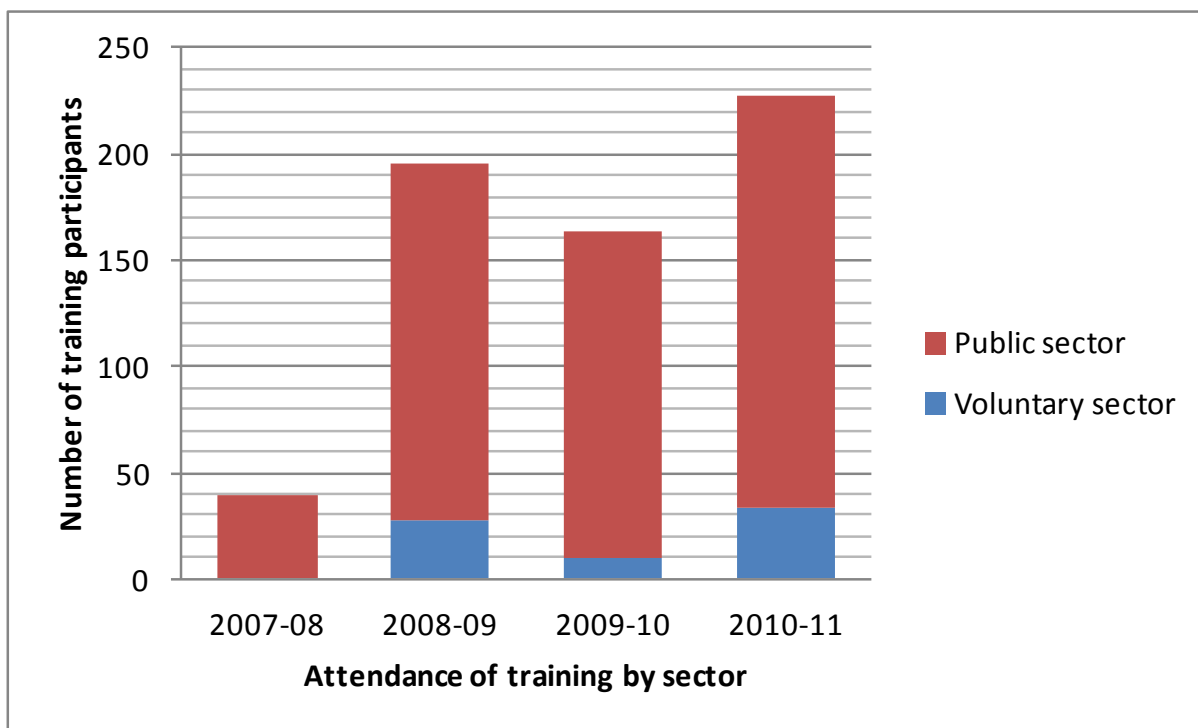
The majority of training in 10-11 was around general substance misuse rather than specific to alcohol or drug type. This is a slight change to the previous two years where alcohol-specific training was offered. The focus on this reflects discussions at the expert group where it was felt that tackling drugs and alcohol use together was the most productive approach with young people. Anecdotal evidence suggests that the training covers polydrug use, as well as introducing Brief Interventions, as a way of working with young people around substance misuse.

Similar numbers of training courses were provided in the period between April 2010 and March 2011 and earlier years (12 in 10/11 compared to 11 in 09/10 and 16 in 08/09). However, the take up of training places was the highest in 10/11, (227 places compared to 163 and 195 in previous years). Since 07/08 there has been a slight increase in take up by housing providers (as a percentage of all attendees) excepting last year (10/11), which shows a significant decrease. Children's Services make up the majority of participants for every year, and this has steadily increased since 07/08. There has been a decrease in take up by Health Services (as a percentage although not by number of participants). Attendance of training by the voluntary sector has also increased since 07-08, although there was a dip in 09/10 (see graph below). Training is advertised through the City of York Council system, and also through CVS to organisations working with children and young people. The expert group felt that this may still leave some gaps, the uniformed organisations,

church groups, and sports clubs and smaller voluntary and community sector providers may not be receiving training information. It was felt that targeting training information towards these groups might be useful. Issues around staff and volunteers who are very part-time were also raised, as many training courses happen during the day, or over a course of days. It may be worth exploring the option of providing evening access to courses. The developing City of York Volunteer Strategy was raised as a potential area to make links with.

A training needs assessment will be conducted later this year to assess whether there are any gaps, and bespoke training can be delivered in response to this. The possibility of offering a training course that looks at Motivational Interviewing, which can be used in substance misuse, but also in other areas, was raised.

Attendance at training by sector



Other training for professionals (not delivered by WDU)

In addition to training recorded by the WDU, between April 2010 and March 2011 First Base ran a level one course for FIP staff. Bespoke training is available to schools through the Health & Communities Consultant, on request.

While there has been an increase in the provision and take up of training, the number of referrals has fallen. This could be due to staff feeling more confident to deal with lower level tier 2 interventions, to more knowledge about appropriate referral thresholds, or to a decline in the prevalence of drug use. There may still be some issue with non-specialist staff feeling confident to deliver tier 1 and 2

interventions with young people. Discussions with the expert group suggested that many non-specialists still experience a lack of confidence in dealing with substance misuse, particularly in talking about drug use. Staff are concerned that trends in drug uses and information about drugs change quickly, and do not have the time to spend regularly updating their knowledge, they therefore don't feel confident at delivering information to young people. Where young people are using multiple substances staff are concerned about the risks associated with this, and prefer to refer on to a specialist service. First Base staff offer support to non-specialists and support them in working with young people. First base staff reported that they still receive some referrals where they feel the work could be undertaken by a non-specialist, especially if a First Base member of staff supported them. It may be that staff is not using their skills and knowledge at regular enough intervals to remain practised and confident. Staff said they used FRANK as a resource. It may be worth exploring whether there are other ways that staff can be kept updated with changing drugs information. There is a new website www.hiwecanhelp.com for the area but there is limited awareness of this at present, so there may be more awareness raising which needs to be done to promote this. Discussions at the expert group raised the possibility of a regular email to non-professionals highlighting any changes, and providing a link to local and national websites. Anecdotal evidence suggested that in the past there had been a quarterly meeting that brought together managers from services working with tier 1 and 2 interventions and First Base which had reviewed local trends and issues, looked at training needs and enabled information to be fed back into agencies. Some workers felt that re-introducing this may be beneficial.

Training for non-professionals

A consultation exercise completed with foster and residential carers in 2008 found that the majority of foster carers were unaware of young people's drug and alcohol services, had not attended any substance misuse training and felt they had not looked after a child with a substance misuse issue. These findings are based on a focus group of 6 participants.

In the period between April 2010 and March 2011, 8 foster carers attended training courses, this shows a decrease compared to 09/10 (13 attendees) and 08/09 (17 attendees).

In 10/11 First Base ran a SMILE peer support group, and a training course for young people in insecure accommodation entitled 'Amphetamine Risk Awareness & Safer Use'. In the same period, CRI ran 2 programmes for parents (11 participants) which included elements around the impact of drug and alcohol misuse. The 'Physical Rite

of Passage' part of the Strengthening Families, Strengthening Communities programme (delivered to 150 parents) includes how to talk to children about drugs and alcohol (approx. 150 parents in 2010-11). Of these, 10 parents also received a session specifically around drugs run by an external speaker.

There may also be work with parents being carried out by schools, information is provided to support schools to do this, however it is not clear what each school delivers. The Health and Community consultant is available to attend parents evenings at schools and provide a Healthy School input, which covers substance misuse among a range of other issues, however take up of this is low.

Training for specialist workers

Between April 2010 and March 2011, Staff at First Base attended 23 training courses. These included both general and specific substance misuse information training, and that which focused on multi-agency and integrated working including training on CAFs, safeguarding, and working with families.

Drug use in York

Due to the timescale that this needs analysis was undertaken in it was not possible to do a new survey that looked at self reported drug use among young people in York. The most recent information available is taken from 2008 when a survey of 229 pupils in Key Stage 3 (12-13 year old) and Key Stage 4 (14-15 year olds) from 5 secondary schools across the City was undertaken to find out about their substance use. The methodology used is not clear, and data is not available to test the representativeness of the sample. Nationally drug use among young people has fallen since this research was undertaken, so the figures may be slightly inflated. Up to date information about young people's self reported use would be beneficial and a new piece of research should be undertaken. Future research should draw from national research so that results can be compared, and the methodology should be clearly outlined so that it can be replicated in future years to enable comparison over time.

The research undertaken locally found that 36% of pupils in KS3 said they had been offered drugs (this includes Tobacco) and 43% in KS4. The likelihood of young people using drugs increases with age, as does the range of substances used. In KS4 26% said they had used drugs (including Tobacco). This is higher than the national figure identified by Fuller (2011), which found that 18% of pupils said they had used drugs (excluding Tobacco). 13% of KS4 pupils said they had used illicit drugs, 38% of these students said they used them on a weekly basis; this represents 5% of the total surveyed.

Young people are more likely to have tried alcohol than drugs. The frequency and volume of alcohol consumption also increases with age, 23% of KS4 pupils reported weekly alcohol consumption, compared to 6% of KS3. Older pupils are more likely to engage in binge drinking, (48% of KS4 pupils). Pupil's education around sensible drinking limits needs reviewing, as almost three quarters were unable to provide a correct answer about recommended weekly intakes for men and women. There is currently a review of PSHE educational provision in schools in the City. Results from this should provide a clearer picture of the information that pupils are receiving.

Overall, pupils were most likely to turn to a family member for advice or support about drugs and alcohol. There is provision of some training and information for parents around substance misuse in the city. This is often provided by schools in the communities that they serve although the expert group were unable to identify specific examples of programmes. Parents sometimes contact the Family Information Service for advice and www.gotateenager.co.uk was suggested as a good source of information for families. Parents often find out about information sources from their children. Older pupils were more likely to approach their friends for support. Only 11% of pupils surveyed said they would seek advice from a drug and alcohol service. KS4 are most likely to be concerned about a friend's drug or alcohol use (33%) where as KS3 pupils were more likely to express concern about parental drug/ alcohol use (25%).

A survey of 17 young people in one alternative education establishment was also carried out. This found that young people in alternative education were more likely to have been offered drugs (including Tobacco), more likely to have tried drugs (82% of KS3 and 4), and more likely to have used Class A drugs. Just over a quarter said they used two or more substances (excluding alcohol and Tobacco). All the pupils in alternative education said they had tried alcohol, and 82% reported binge-drinking consumption. Only 5% were able to give a correct answer to a question about sensible drinking limits.

The research, whilst acknowledging the risks associated with the representativeness of the sample, estimated the potential need for drug and alcohol treatment in the City.

6% of 14-15 year olds surveyed reported using illicit substances on more than 1 occasion, they estimated that a minimum of 110 14-15 year olds in the City might be in need of drug treatment.

From the school survey 13% of 14-15 year olds claimed to drink alcohol on a weekly basis and exceeded government guidelines on an average drinking session. They

estimate that a minimum of 238 14-15 year olds in the City may require treatment for alcohol misuse. Reflections from the Expert Group revealed concern about the proportion of young people accessing substance misuse services through a criminal justice route. They felt this suggested that young people who were vulnerable were not being identified earlier, and raises the possibility that young people who are not picked up through the criminal justice system may not be identified at all.

Of the 17 email service surveys received, several services highlighted an increased use by young people of M-CAT and Ketamin use. Mental health services also recorded young people taking their parents prescribed medication to aid sleep and manage anxiety. The specialist provider also recorded an increase prevalence of experimentation with Benzodiazepines such as Valium and Diazepam. Other issues highlighted by service providers included the use of legal high and risks associated with social media.

Substance misuse provision in York

In York, high-end tier 2 and tier 3 services are provided by First Base. Many other services that work with young people using or at risk of using substances or alcohol, carry out preventative and tier 1/low end tier 2 interventions and refer any young people requiring more specialist treatment to First Base. The exception to this is the Youth Offending Team who have their own specialised worker seconded from First Base and therefore do not refer unless the young person's crime is not related to their drug or alcohol use.

First Base

First Base is the only provider commissioned to deliver substance misuse, and is funded through a variety of streams, money drawn through a Home Office grant which is topped up by the partnership. In 2010-11 it was commissioned to provide a holistic tier 2 and 3 service, that would work alongside other children's services to divert children and young people away from drug use and encourage their participation back into their family, community, school, training or work. Their objectives were to improve the overall wellbeing of young people, raise young people's awareness of the risks of substance misuse, improve their ability to avoid or reduce substance use, and increase the capacity of other professionals to support young substance users. First Base currently carries out appointments with young people from community buildings around the city following a change of premises.

YOT Substance Misuse Worker

The YOT post is currently funded through a variety of streams: Pooled treatment budget, Early intervention grant, Home Office and a Connexions grant. It is provided through First Base and managed by the YOT. It is anticipated that the next commissioned contract will bring the YOT and Community provision under one contract. The YOT substance misuse worker has a remit to work at tier 3 and occasionally top end tier 2, providing one to one and group work to young people who have had an issue identified by a YOT worker and have been referred for specialist support.

Prevention and early intervention in York

Google search

A web search was completed using Google, of all services that meet the following criteria in the first 15 pages of search results. “A service, helpline, project or agency which has as one of its primary aims-the support or education of young people around substance misuse (aged 11-18 or up to 25 for vulnerable young people).” Sites based outside of the UK or which did not meet the criteria were excluded.

National organisations that met the above criteria tended to offer help and support to families and professionals, and local organisations providing services to young people (and adults) with drug or alcohol problems. Local links included Compass, the CYC Health and Social Care department, and the substance misuse section of the Yor-ok website. The full list of sites can be found in Appendix 4.

The web search did not find the FRANK website, any information about First Base, or any support offered through York Youth Service (for example the young people’s survival guide). Through completing specific searches for these services, the contact information for First Base available online is incorrect and no direct mention is made of the SMILE group.

Entering “my child is taking drugs” into a web search found a large number of parenting sites and forums for parents, which included sections on substance and alcohol misuse. The hosts of these sites varied from well-known organisations such as the NHS to Talktofrank, to more community-run groups like netmums.com and teenswithtroubles.com. A “support for young people taking drugs in York” search found the FRANK website and some more general support sites for young people including elements of problematic drug and alcohol use.

The Yor-OK website contains information to support children, young people, parents and carers, and anyone who looks after or works with children and young people in York. It is split into 4 main sections; children, young people, parents and professionals. Information on Yor-OK was reviewed; this found that the young people section contains a drugs quiz and a drugs questionnaire that supports young people in assessing their use. It doesn’t have any information for young people who might be affected by someone else’s drug use. It also has links for parents and professionals. There are no links to services, these are accessed through the service directory, however First Base doesn’t appear to be listed in the service directory of Yor-OK (searches for drugs, substance misuse and First Base didn’t bring any information up about it). It has a link to hiwecanhelp but that is the only web link to direct information. The content and layout of hiwecanhelp may not be

user friendly for young people and it would be useful to ask for feedback from young people about this website.

The parent's area gives brief information about concerns around their children's substance use; there is a link to hiwecanhelp only. It doesn't mention parental or family member's drug use.

Within the Yor-ok website, on the professional pages the Risk & Resilience page is blank. The substance misuse page has national information about drug use, as well as information about training, as well as other useful national policy and practice documents.

From discussion with the expert group, it may be useful to provide a list of useful information sites for young people, families and professionals, which can be promoted locally. Anecdotal evidence suggests that the following sites may also provide useful sources of information

- www.gotateenager.co.uk
- www.hiwecanhelp.com
- www.yorksurgivalguide.co.uk
- www.talktofrank.com

Printed and online resources

Most hardcopy information about substance misuse aimed at young people and parents is sourced nationally. There is a recommended resource file of information for young people and parents provided to support schools, which is well used. The expert group felt that there needs to be a mixture of information including leaflets, posters and websites. They felt that posters were better than leaflets as they are more accessible to young people and can be changed more easily when they become out of date. The York young people's survival guide was seen as a very useful resource but that not all young people were aware of it. The possibility of developing a resource for use on plasma screens in schools was raised at the expert group- feedback from the Health Consultant suggests this may be useful- but not all school use these at present.

Service providers

Preventative work is carried out by a variety of different service providers in York. These can be loosely split into those delivering universal services (e.g. schools, police or youth clubs), and those targeted at vulnerable or at-risk groups, for example housing projects, or family support programmes.

The information in this report about services delivering early intervention work has been compiled using a variety of sources. Of the 46 organisations providing direct delivery, 17 were identified through returned forms completed by services. These are the only organisations that were asked specifically for information about the numbers of young people they work with at which tiers. 26 projects were identified through training records held by the Workforce Development Unit (WDU). We have made the assumption that where organisations are accessing training around substance misuse they are involved in delivering some level of work in this area. Additional projects were identified through information compiled from the voluntary sector survey 2011, undertaken by Young People's Services as part of their restructure consultation. This asked organisations to identify where they provided services around substance misuse; all organisations that responded 'yes' to this have been included. Additionally 8 organisations who received Early Intervention Grant funding in 10-11 and work with the appropriate age range, and 5 organisations identified through information collected for the 2010 Substance Misuse Needs Assessment have also been included. Some services were identified through more than one source. It is likely that there are more organisations carrying out preventative and early intervention work in the city than we have currently identified. There was an even split between public and voluntary sector providers (24 and 22 respectively). A further 6 services are involved in strategic delivery or support only.

Number of interventions

Information on the number of interventions being delivered was available for only 7 of the 46 services which makes this data difficult to draw conclusions from. Services that were able to provide this data included the Health and Community Consultant for Education, York College, some Young People's Services, First Base, Howe Hill, and the Police. Services which provided data, recorded a total of 3735 tier one and 893 tier two interventions with young people. They reported referring 39 young people to specialist services. More information about these services can be found in the Service Directory at the end of the report. First Base reported that not all referrals to them are appropriate, and often professionals are not aware of the level of need of the young person in question. However, this was seen as a better

outcome than the alternative of professionals not referring young people who did need specialist treatment. Discussion at the expert group suggests that staff working with young people are more confident in delivering work around alcohol use, and that this may account for the smaller number of alcohol referrals made to specialist services. However, it was also suggested that staff attitudes towards alcohol are important, especially around identifying dangerous levels of consumption and 'binge' drinking. Workers from across different sectors highlighted an increasing use of M-CAT as an emerging issue.

No of direct providers of prevention and early intervention by category

Children Looked After, Children and Family Services, Alternative Education	13
Criminal Justice	1
Health & Mental Health Service	6
Housing Provider	5
Other	1
Substance Misuse Service	1
Universal Education, Targeted Youth Support, Outreach.	19

Work done with vulnerable groups

There is some evidence of targeted early intervention work being undertaken with vulnerable groups reported via the emailed service survey (work with young people in supported housing, Looked After Children and through Targeted Youth Support). First Base records that there is preventative work undertaken in schools and other settings, however these are not noted specifically. There is further anecdotal information about this, through discussions with workers (through Alternative Learning Provision). However, the high proportion of referrals accessing services via a Criminal Justice route raises questions about why these young people are not being identified earlier. A clearer picture of this provision via a more comprehensive survey would enable more detailed commentary and recommendations in this area.

Discussions with First Base workers suggest that more early intervention and preventative work could be done in schools with targeted groups of young people,

this was reinforced through discussions in the expert group. It is not clear that schools are aware of or are using the policy on dealing with drug incidents in schools, as many seem to contact First Base directly rather than through the Health and Community Consultant. A question was raised in the expert group about which schools have peer mentoring schemes, and whether this would be a way of identifying and offering support to young people, as it was felt that young people are more likely to be aware of issues than adults.

Within the York College, most substance misuse issues are identified as a result of disciplinary processes or via access to the counselling service. The College has undertaken work with staff around identifying vulnerabilities in students, which has had a strong positive impact on retention rates. Similar work could be done with pastoral leads, or behaviour support to encourage schools to look at a more targeted approach to interventions.

Children and Family Services

There were 13 services in this category including social services, foster and residential care, alternative education (Danegate) and other family services like Relate and IDAS. These services are mainly provided through CYC although a few are voluntary sector organisations. They make up the largest group of training attendees and in total they referred 3 young people to specialist services (First Base). A consultation exercise with foster and residential carers in 2008 found that residential carers felt that the majority of young people they had cared for had been risk takers with drugs and alcohol. They felt that if a substance misuse worker regularly attended the home and became familiar to the young people they might be more likely to engage with support.

Universal Education, Targeted Youth Support, Outreach

With 19 providers including schools, youth centres and groups, family support programmes including connexions and training providers, this was the largest section of services delivering prevention and early intervention work. Services were provided by a combination of CYC services, schools and colleges, and voluntary sector provision (mainly church youth groups and voluntary youth clubs). Services under this category referred 27 young people to specialist services and made up the second largest group of training participants. Schools data was provided through the Health and Community Consultant, Education. Apart from in schools, tier one and two interventions mainly took the form of unstructured discussion in the usual service settings (e.g. during a youth work session). From discussion at the expert group, it may be that general preventative work covers alcohol, Cannabis and M-cat, and provides less or no information on legal highs, poly drug use, or other

substances. This is in part due to a lack of staff confidence in dealing with these issues, but also because these are perceived as the most prevalent substances used. In schools and in some other services, interventions took the form of specifically scheduled information sessions. Responses from youth workers to the service survey raised issues about being able to stay up to date with changing drugs information. Informal conversations with youth workers suggested that they operated from a predominantly harm reduction approach; this was further supported by discussion at the expert group.

Currently each school delivers a program based in the PSHE curriculum, and responding to students needs. It is recommended that this adopts a normative approach, and includes information about polydrug use, however it is up to schools what is actually delivered, and in which years. This will be dependent on the needs of pupils and the confidence of teachers. Currently requests from schools to First Base focus on universal provision to whole year groups, rather than targeting vulnerable young people, which is not within First Bases remit. This raises the possibility that teachers do not feel they have the skills to deliver tier 1 interventions. The audit of PSHE across secondary schools is also looking at training needs and may give further information about this. Additional training for teachers delivering PSHE, including substance misuse, which supports the launch of the new PSHE toolkit later this year may be needed to address this. There appears to be some confusion about who provides substance misuse training for teachers delivering PSHE. Support and training is offered via the Health and Community Consultant if it is requested, however training mostly seems to be accessed via the level 1-3 substance misuse professional training. A 'Theatre in Education' input which looks at risky behaviour, including substance misuse is offered to schools in year 9, however there is a cost associated with this and not all schools buy this in (6 in the last year).

First base staff reported that young people do not like the FRANK website. They also reported that young people accessing their service often had inaccurate assumptions about drug effects and harms and were unable to identify safe, unsafe and binge drinking amounts.

Health and Mental Health Services

This group contained 6 services consisting of medical practices, York hospital and Limetrees (CAMHS). 18 staff members had attended training courses in 10-11 and made up 8% of attendees overall. No information was collected on what interventions normally looked like, but services referred 10 young people to specialist services in 10-11. Mental health services highlighted young people's use

of parental prescription drugs as an issue from the last year, but did not specify how many young people this affected.

Substance Misuse Services

First Base was the only service providing specific substance misuse service. Although their work is at high-end tier two and tier three, they also delivered 94 early interventions with young people. These took the form of targeted group work. There were no referrals from adult substance misuse services of young people affected by family drug use. An increased use of M-cat and was identified as a trend emerging over the last year.

Criminal Justices Services

Prevention and early intervention work in this category is undertaken by the police, who estimated that they had delivered 100+ interventions for alcohol use and 1000+ for drug use over the last two years. They estimated that they had referred 40 young people to treatment services over the last 2 years. Only 7 young people had been referred via the arrest referral scheme in 2010-11, and 2 in 2011-12 to date, however it should be born in mind that the procedure did not come back into force until 01/08/10. A case analysis of young people who received orders for drugs offences in 2010-11 suggests that of the 22 individuals identified, 16 would have been suitable for an Arrest Referral, and a further 4 may have been (they already had a previous drugs offence). It is not possible to select information about alcohol related offences in the same way, but there may be more young people in this area who could be suitable. Discussion at the expert group suggested that arrest referrals are now working more effectively, with the police putting a greater focus on preventative and early intervention work.

YP Housing Provider

Housing services were provided by a combination of CYC and voluntary sector providers, including Foundation housing, SASH and young people's hostels. 12 Staff had attended substance misuse training events, making up 5% of participants as a whole in 2010-11. Services had delivered a combined total of 55 interventions and had referred 3 young people to treatment services. Emerging trends over the last year included an increasing use of M-CAT.

Other

The only other service included in the service directory is Refugee Action. This was included as they are a recipient of the Early Intervention Grant and undertake some work with children and young people. Given the under representation of BME communities in the numbers of young people accessing treatment it may be worth

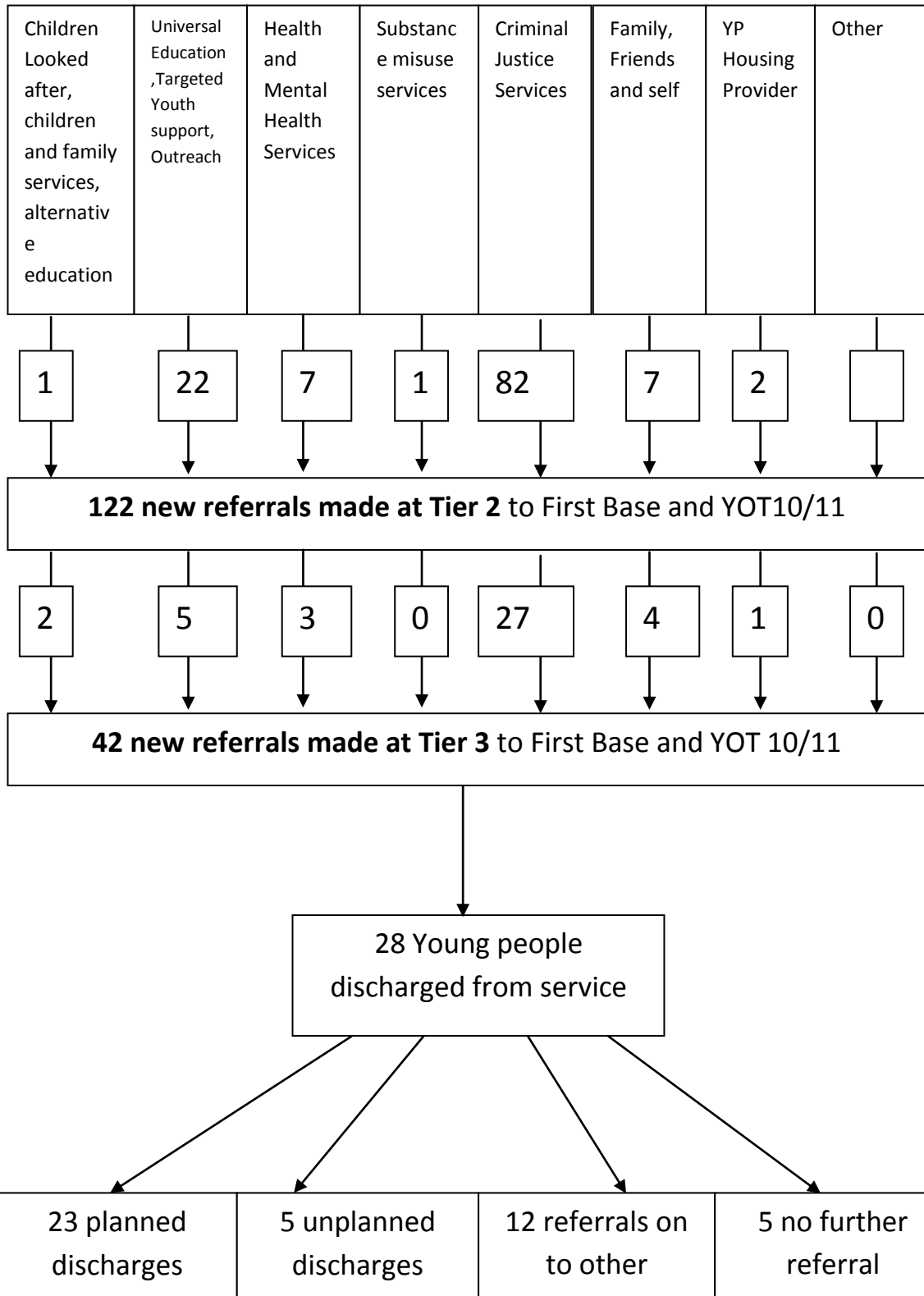
building links to ensure that information about substance misuse is available to members of this community.

Issues emerging for Needs Assessment

There is a large quantity of early intervention and prevention work being undertaken in the city by a wide variety of organisations, working with a cross section of young people. There is a lack of detailed information about specific substance misuse work that some of these organisations may be carrying out. Given that many of the voluntary and community organisation carrying out some of this work are small, the level of information they collect may be limited. A potential area for further investigation and targeting is uniformed organisations including scouts, army cadets or sports groups, as training and support is often targeted at more traditional youth clubs. More clarity is needed around the referral protocols between A&E and specialist drug and alcohol services.

Staff or volunteers from a wide range of these organisations have accessed training recently on substance misuse, which hopefully support the quality of work being undertaken, although some staff still identify issues with remaining up to date with current information.

York Young People's Treatment System Map



Treatment

Data collection

Currently there are 2 levels of recording of substance misuse treatment provision. Local data is collected on a quarterly basis from the YOT substance misuse worker and from First Base community provision and returned to the Strategic Commissioner: Teenage Pregnancy, Substance Misuse and Risky Behaviours. This records work undertaken at tier 2 and 3, as well as support given by First Base to other professionals and organisations, and targeted prevention and early intervention sessions provided to groups or individuals.

For 2010-11 there were differences in the way that interventions were recorded between First Base and the YOT, which has meant that data regarding demographic characteristics of young people accessing treatment at level 2/3 is sometimes inconsistent. A new commissioning arrangement is proposed for 2012-13 which brings these services together and may resolve these issues.

Any tier 3 intervention is recorded on to the NDTMS, which provides a more detailed level of data about young people accessing tier 3 treatments. However there are sometimes discrepancies between young people recorded as accessing level 3 treatment on the local quarterly reports and those recorded on NDTMS. From May 2011 NDTMS data set, guidance for young people's treatment providers clearly sets out that data should be entered for 'all young people's services and should be completed for all people accessing young people's treatment services irrespective of age. This will enable the possibility of collecting data on young people under 18 and also people over 18 accessing young people's services.' (Introduction. p.5)

Issues with the level and format of the data recorded for quarterly monitoring processes have been raised. There has been a lack of clarity about which interventions should be recorded at tier 2 or 3, which may have skewed the NDTMS data.

Tiers are allocated based on the type of intervention given, not the level of risks that young people display. This way of classifying interventions has been made clearer by recent NTA guidance but hasn't been consistent in the past, which may account for differences in data collected over time or compared nationally. The expert group felt that the right young people are getting the right level of support, and that any errors or inconsistencies are in the way interventions are recorded. The change in how interventions are recorded is also likely to affect the average length of treatment in York, as shorter interventions have often not been recorded as tier three in the past.

Currently information for the local quarterly report is compiled via paper recording systems which are time consuming, and are not easily collated and analysed. First Base record interventions with young substance misusers via an internal spreadsheet, it may be worth exploring whether as the YOT and community service are drawn together information about young substance misusers could be drawn from this rather than a separate system.

Information about support offered to young people affected by their parent/ carers substance misuse would still need to be recorded separately, as would any early intervention and prevention work with vulnerable groups.

Referrals

National and Regional comparison

	Local monitoring 2010-11		NTA data 2010-11					
			Partnership		Regional		National	
	No.	%	No.	%	No.	%	No.	%
Children Looked After, Children & Family Services, Alternative Education	3	2%	2	5%	221	14%	1996	12%
Universal Education, Targeted Youth Support, Outreach	27	16%	5	12%	260	17%	3762	23%
Health & Mental Health Services	10	6%	3	7%	94	6%	1202	7%
Substance Misuse Services	1	1%	0	0%	87	6%	594	4%
Criminal Justice Services	109	66%	27	64%	633	41%	6605	40%
Family, Friends and Self	11	7%	4	10%	184	12%	1810	11%
YP Housing Provider	3	2%	1	2%	20	1%	235	1%
Other	0	0%	0	0%	0	0%	0	0%

When comparing where the current referrals for substance misuse treatment come from in York to other regional and national data some key differences can be noted:

- There are lower levels of referrals from Children Looked After, Children & Family Services and Alternative Education areas, 2% for the York Partnership Area compared to 14% regionally and 12% nationally.
- Referrals from Universal Education, Targeted Youth Support, Outreach are also lower for the York area at 12% rather than 17% regionally and 23% nationally.
- Referrals via Criminal Justice are higher in York at 64% compared to 41% regionally and 40% nationally.
- Where parents are referring they tend to have found out about the service via the Internet, the police, schools or Castlegate. Where young people self refer they have often found out about the service through Castlegate through a recommendation from a friend.

Referrals- annual comparison.

	April 07-July-08		Oct 09-Oct10		April 10- March 11		April 11 - Sept 11 (half year)	
	Number	%	Number	%	Number	%	Number	%
Children & Family services	24	13	5	3	2	1	4	6
Universal education	14	8	27	14	21	13	6	10
Alternative education	0	0	1	1	1	1	0	0
Targeted Youth Support (Connexions, Training providers, E2E, FIP)	2	1	10	5	6	4	0	0
Outreach	0	0		0		0	0	0
Children & Family	40	22	43	22	30	18	10	16
Primary Care			0	0	2	1	0	0
GP/ CAMHS			3	2	4	2	0	0
A&E			0	0		0	0	0
Hospital			0	0		0	0	0
Adult mental health			0	0		0	0	0
School nurse			4	2	4	2	1	2
Health	4	2	7	4	10	6	1	2
Adult substance misuse provider	4	2	0	0		0	0	0
Young people's substance misuse provider (out of area)	0	0	0	0		0	0	0
Non treatment substance misuse	0	0	0	0		0	0	0
FRANK	0	0	0	0		0	0	0
Substance Misuse	4	2	0	0	1	1	0	0
Crime Prevention		0	0	0		0	0	0
YOT caseload	111	61	122	62	99	60	40	63
YOT referral on		0	8	4	3	2	3	5
Custody Service		0	0	0		0	0	0
Post Custody		0	0	0		0	0	0
Arrest referral		0	0	0	7	4	2	3
Criminal Justice	118	65	130	66	109	66	45	71
Self	7	4	8	4	7	4	2	3
Relative	4	2	8	4	4	2	1	2
Friend	0	0	0	0		0	0	0
Family & Friends	11	6	16	8	11	7	3	5
Housing (Foundation, SASH, Hostels)	5	3	6	3	3	2	0	0
Other	5	3	6	3	3	2	4	6
Total	182		202		164		63	

(Where cells are empty data was not broken down into sub categories)

Note: The categories differ from those used to compare the 2010-11 year as the groupings used by NDTMS have changed. In order to compare to past years old groupings have been used. The data has been drawn from previous Needs Assessments, which did not compile information using consistent time periods. The data is drawn from Local recording which includes referrals at tier 2 and 3. Highlighted lines show totals for referral agencies within each category.

In York the total number of referrals has fallen since 2009-10. This is different to the national picture, where despite reduced numbers of young people reporting using drugs the number of young people accessing drug treatment services has continued to rise (Fuller 2011).

The number and proportion of referrals from Children and Family has fallen since 2009-10. Within this category referrals from Universal Education providers (schools/ colleges) has increased, while numbers of referrals from Children and Family services has declined.

The number of health referrals has been increasing, until the current year.

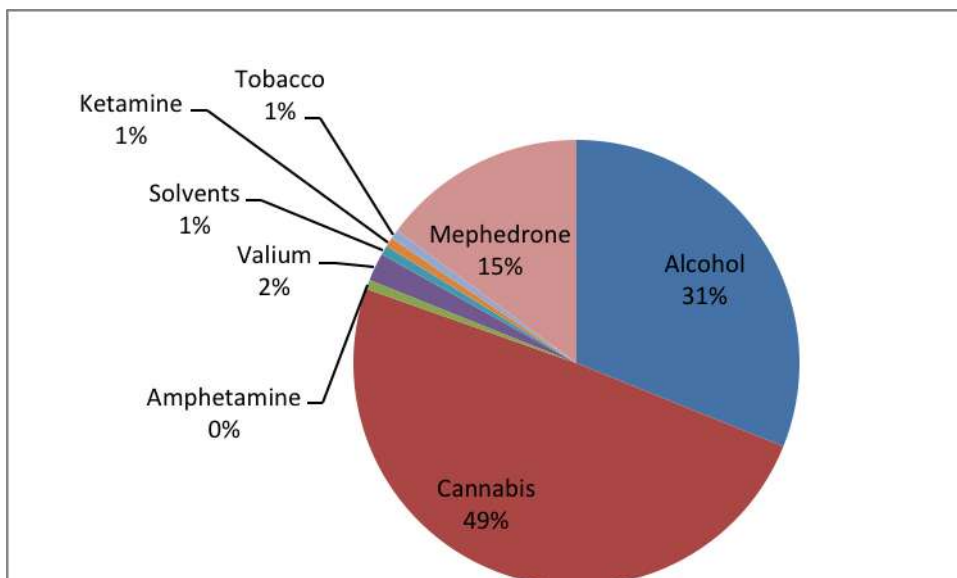
The number of referrals via Criminal Justice has decreased from 130 in 2009-10 to 45 for the 6 months so far in 2011-12, although the proportion of referrals that this represents has increased from 65% in 2007-8 to 71% for the 6 months so far in 2011-12.

Without recent local prevalence trend data it is hard to know whether reduced referrals are due to reduced use, or whether young people with substance misuse issues are not being identified and referred to services.

Types of drugs used

Breakdown of Primary drug used

Local quarterly reporting April 2010-11 (includes tier 2 and 3 interventions)



This corresponds with National trends in drug use, which sees Cannabis, Alcohol and Stimulant use as being the most prevalent among young people. National trends have seen an increase in the strength of Cannabis; current recording methods do not distinguish between Cannabis and Skunk, so it is not clear whether the use of Skunk has increased. However, anecdotal information from workers suggests that it has.

Primary and Secondary Drug Use among Young People

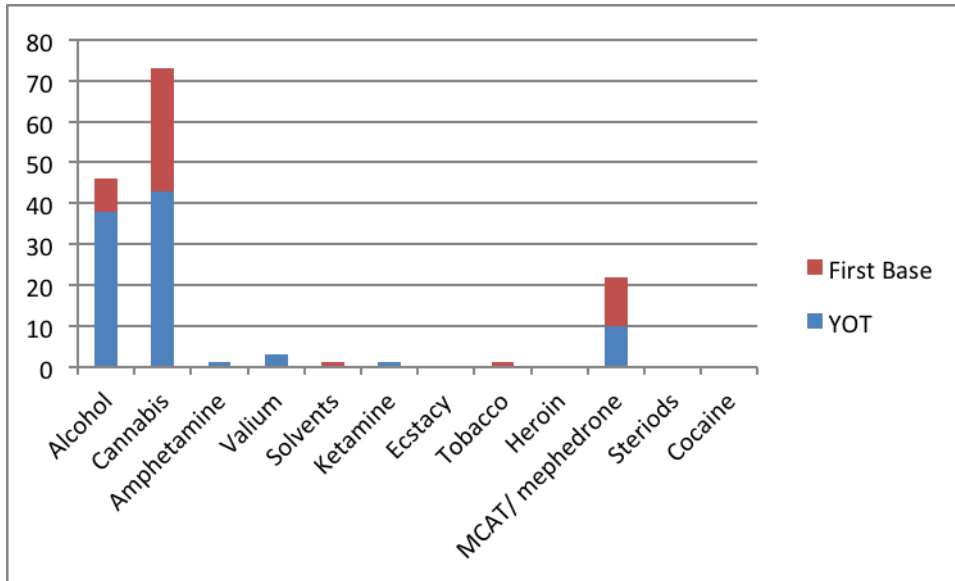
NDTMS Young People Partnership Quarterly Performance Report 2010 / 2011,

Second Drug																
Main drug	Cannabis	Alcohol	Cocaine	Heroin	Solvents	Amphetamines	Ecstasy	Misuse Free	Crack	Hallucinogens	Other opiates	Benzodiazepines	Major Tranquilisers	Other Drugs	N/A	Total
Cannabis		11	1	0	0	4	1	0	0	1	0	1	0	2	8	29
Alcohol	5		2	0	0	1	0	0	0	0	0	0	0	0	6	14
Cocaine																
Heroin	0	0	0		0	0	0	0	0	0	0	1	0	0	0	1
Solvents	0	0	0	0		0	0	0	0	0	0	0	0	0	1	1
Amphetamines	3	1	0	0	0		0	0	0	0	0	0	0	0	2	6
Ecstasy																
Misuse Free																
Crack																
Hallucinogens																
Other opiates																
Benzodiazepines																
Major Tranquilisers																
Other Drugs	3	2	0	0	0	0	0	0	0	0	0	0	0		1	6
Total	11	14	3	0	0	5	1	0	0	1	0	2	0	2	18	57

This again confirms the trends in Alcohol and Cannabis use. Local quarterly recording data suggests that 60% of young people accessing treatment are using at least 2 substances.

Primary Drug use- comparison of YOT and First Base referrals

Local quarterly reporting April 2010-11 (includes tier 2 and 3 interventions)



This data show that the YOT picks up a higher proportion of alcohol issues than First Base. This also reflects the research on self-reported drug and alcohol use where a higher number of young people were regularly using alcohol.

Demography of young people

Age of young people accessing treatment

	Local data		NDTMS data York		NDTMS data National
	No	%	No	%	%
12 and under	0	0.0	1	1.8	1.0
13 - 15	36	23.8	15	26.3	35.0
16-17	106	70.2	41	71.9	64.0
18 and over	9	6.0	*	*	*
Total	151		57		

* Data not recorded

York has a higher proportion of older young people accessing services, which corresponds with the local self-report research which found that as young people get older they are more likely to use substances. However it is also higher than national trends.

Gender of young people accessing treatment 2010-11

	Local data *		NDTMS Data York	
	No	%	No	%
Male	108	70.1	31	54.4
Female	46	29.9	26	45.6
Total	154		57	

* First Base data maps gender against vulnerabilities, so there may be inconsistencies in this data.

There are a higher percentage of young men than in the local population. First Base has a more even spread (53% male) than the YOT (80% male), but this reflects the composition of young people in the YOT, where in 2010-11 82% of orders starting were for males.

Ethnicity of young people accessing treatment 2010-11

	Local data *		NDTMS Data York	
	No	%	No	%
White British	97	96.0	55	96.5
White Irish	0	0.0	0	0.0
Other White	0	0.0	0	0.0
White & Black Caribbean	0	0.0	0	0.0
White & Black African	1	1.0	1	1.8
White & Asian	0	0.0	0	0.0
Other Mixed	1	1.0	0	0.0
Indian	0	0.0	0	0.0
Pakistani	0	0.0	0	0.0
Bangladeshi	0	0.0	0	0.0
Other Asian	2	2.0	0	0.0
Caribbean	0	0.0	0	0.0
African	0	0.0	0	0.0
Other Black	0	0.0	0	0.0
Chinese	0	0.0	0	0.0
Other	0	0.0	0	0.0
Not Stated	0	0.0	0	0.0
Missing ethnicity code	0	0.0	1	1.8

* First Base data maps gender against vulnerabilities, so there may be inconsistencies in this data.

Recent years have seen the BME population in York increase from, 4.9% in 2001 to 11.4% in 2009. There have been significant increases in the Black, Asian, Chinese and mixed populations (Equality Highlight Report 2011 CYC Business Intelligence Hub). The ethnicity breakdown of respondents to the 2008 self-report substance misuse report was not reported, so we are unable to compare data from this. We have not picked up any information which reports specific substance misuse issues within BME communities, indeed young people accessing the YOT generally follow a similar pattern, with BME groups being underrepresented, which could support

this. However, any under representation in BME population accessing treatment should not be assumed to mean low drug use within those communities. The NTA report 'Black and Ethnic Communities in England: a review of the literature on drug use and related service provision' (NTA, 2003) highlighted that as the risk factors for drug use centre around social exclusion and deprivation, Black and Minority Ethnic populations are particularly at risk. Given the recent change it is important to ensure the substance misuse services are accessible to young people from BME backgrounds. One approach may be to target services that these young people use. For example, the boxing club was identified by the expert group as a service often used by young men from the travelling community.

Intervention

Speed of intervention

In 2010-11 100% of first interventions received by young people assessed as requiring specialist substance misuse treatment commenced within 15 days of the referral being received. 100% of episodes starting had a care plan in place within 2 weeks of treatment commencing, suggesting there are no issues with the speed of interventions.

Currently there is no capacity for First Base staff to meet with young people in the building they are based in, so meetings are arranged at community locations (Castlegate, schools etc). There has been some positive feedback from parents about this, although there are sometime practical issues about being able to access a room in a community facility which can slow down intervention. Provision of appointments outside core office hours can also be problematic where young people are working full time and flexible working arrangements may need to be explored.

Level of interventions

Local quarterly recording 2010-11

	YOT number	YOT %	First Base Number	First Base %	Total Number	Total %
Tier 2	122	67.4	49	62	171	77
Tier 3	59	32.6	22	27.8	81	36.5
Affected by parent/ carer substance use	0	0	8	10.1	8	3.6
Total	181		79		260	

It can be seen from the Local Quarterly Reporting that a high proportion of the work done by First Base and the YOT is being done at tier 2. No work was undertaken at tier 4 during the period.

This data shows that the majority of interventions (69.6%) at tier 2 and 3 are undertaken at the YOT, future commissioning should ensure that there is sufficient resource within the YOT to respond to this proportion of service requirements.

In 2010-11 First Base offered support to 8 young people who were affected by their parent/ carers substance misuse. York Young Carers Centre also offers some support to young people (5 currently) whose parents have an additional health need, as well as misusing substances. The Island offers mentoring support to young people 8-13, and estimates that currently about 3 young people accessing the service have a parent or carer with a substance misuse issue. However the City Of York Substance Misuse Partnership Drug Gap and Needs Analysis 2010-11, suggests that 14% of adults entering treatment have children. While many of these may not be involved with their children, there are considerably less young people being supported in caring for or coping with parental substance misuse than the figure indicates are in this situation. Given that research suggests that young people whose parents use substances may be more likely to use them themselves, investigating this further may be beneficial.

Discussion with First Base staff identified that currently referrals of young people affected by substance misuse currently tend to come from professionals rather than from parents/ carers themselves. Young people are identified, often through schools, due to behaviour they are exhibiting, and not through the adult services working with their parents. There is little information about the SMILE group, with no web links to information about it resulting from a Google search. The First Base website does mention that support is offered to young people affected by family members' substance misuse, but there is no further information provided. Further information and promotion of this service would be beneficial. Past experience of promoting SMILE (the service for that supports young people affected by substance misuse) directly to adults accessing support for substance misuse had resulted in parents wanting their children to be able to access this support. Direct promotion to adult service users with children may result in more young people being identified and accessing support.

Currently SMILE is only provided for young people aged 11 and over. There is no support for older primary aged children, although they may be accessing other

services (e.g. The Island) for broader support. Further investigation may be needed to see if there is a need for support for this age group.

Length of Time in Treatment

Period 01/04/10 to 31/03/11

	Partnership- York	Regional	National
	No. of Weeks	No. of Weeks	No. of Weeks
6.1 Average Length of Time in Treatment	28.21	22.71	20.10

	No.	%	No.	%	No.	%
6.2 Proportion of YP in Treatment over 26 Weeks	12	43%	322	28%	2927	24%

NDTMS Local Performance Management YP Summary 2010/11

This shows that a higher proportion of young people remain in treatment over 26 weeks in York than the regional and national averages. However the way that levels of intervention are categorised locally may offer some explanation of this difference, as workers are more likely to categorise interventions that they think will be shorter as tier 2, which will then not be included in this data.

NTA guidance is decreasing the length of intervention that they recommend as good practice towards a 12-week period. First Base staff are working towards this but raised some concerns about this leading to a lack of flexibility to respond to the changing circumstances that young people find themselves in, and possibly increasing re-referral figures.

What kind of interventions

NDTMS Young People Partnership Quarterly Performance Report 2010 / 2011

Intervention YTD	No of interventions	Percentage
YP psychosocial intervention	55	96%
YP harm reduction service	2	4%
YP family work		
YP specialist pharmacological intervention		
YP access to residential services		

This data shows a high concentration of work around psychosocial interventions, rather than harm reduction work, suggesting that work may be shifting towards a recovery rather than harm prevention model. However discussions with First Base staff revealed that this data is inaccurate, as they undertake harm reduction work with all young people accessing the service. The system used to record and capture information in 2010-11 did not allow more than one treatment intervention to be

captured. In reality it is felt that the majority of young people accessing treatment services in York receive both harm reduction and psychosocial interventions.

Family involvement

2010-11 returns to NDTMS show that no family work is undertaken at First Base, although compliments from parents are listed in the narratives of Local quarterly reporting information, suggesting that work is undertaken with parents outside this category (this could be with young people receiving tier 2 interventions, or where young people themselves are not accessing the service. Consultation undertaken with parents and carers of service users in 2008 suggested that parents felt they needed to be more involved and work together with professionals around their child's drug use. However, as the service focuses on the needs of the young people, family involvement can be problematic, as parents may want access to confidential information about their child. Additionally, all parents said they would be interested in attending a support group for parents with substance misusing children. Family and Carer Support Services are currently commissioned by the DAAT, which has received positive feedback through user evaluation (City of York Substance Misuse Partnership Drug gap and needs analysis 2010-11). It may be beneficial to explore whether parents of young substance users could access this independent service for support. Accessing an independent service removes some of the issues around frustrations at not being able to have access to information about their child's treatment, and instead focuses on their needs as carers.

Due to the chaotic lifestyles of young people using substances parents felt that there needed to be flexibility around missed appointments, rather than a risk of discharge. Parents felt that community outreach worked well.

Vulnerabilities

Total Risk/ Harm Score	New Treatment Journeys 2010-11				New Treatment Journeys 2009-10			
	York		National		York		National	
	No.	%	No.	%	No.	%	No.	%
No. of YP with Total Score of 0	1	3%	507	3%	3	7%	944	5%
No. of YP with Total Score of 1	2	5%	3490	22%	5	11%	4310	25%
No. of YP with Total Score of 2	12	32%	5343	33%	20	44%	6022	35%
No. of YP with Total Score of 3	11	30%	4003	25%	10	22%	4083	24%
No. of YP with Total Score of 4	7	19%	1888	12%	6	13%	1413	8%
No. of YP with Total Score of 5	2	5%	618	4%	0	0%	342	2%
No. of YP with Total Score of 6	1	3%	167	1%	1	2%	72	0%
No. of YP with Total Score of 7	1	3%	38	0%	0	0%	10	0%
No. of YP with Total Score of 8	0	0%	2	0%	0	0%	3	0%
No. of YP with Total Score of 9	0	0%	0	0%	0	0%	0	0%
No. of YP with Total Score of 10	0	0%	0	0%	0	0%	0	0%

NDTMS

Agencies are asked to record the level of risk/ harm young people they are working with are experiencing across 10 vulnerabilities. These are: Opiate and/ or crack user, Higher risk drinkers, polydrug user, young person's housing need is unsettled or they have no fixed abode, Offending, not in education, training or employment, early onset drug use (under 15), involved in self harm, young person is pregnant or a parent, if the young person is a Looked After Child. If a young person is found to have the vulnerability then they are given a score of 1 for each vulnerability they have.

Comparing York's profile to the national figures, it can be seen that there are a higher percentage of young people with more vulnerabilities, suggesting that work is

being undertaken with young people with more complex needs. However, the numbers involved are very small which can distort the statistics. The methods being used locally to distinguish tier 2 and 3 cases could also impact on this.

First Base staff felt that generally there are good multi agency responses to the young people that they are working with, where young people give consent for them to work with other agencies. They have strong working relationship and are able to access support for their clients around housing, and employment and education needs quickly. There are some issues with slower responses to other services (CAMHS and adult alcohol services were mentioned specifically). Other services do not have the same targets in terms of responding to clients, and there may be a waiting list to access them. However once services are accessed, responses are good.

Staff also reported seeing reluctance in other agencies to undertake a CAF with a young person they are working with. They felt that they have young people referred who have complex needs, who may benefit from a CAF. As young people tend to us First Base for a short period of time workers tend to go back to referring agencies and ask them to consider undertaking a CAF as they are likely to remain in contact with the young person after they have stopped accessing First Base.

In consultation with parents from 2008 parents were concerned that where their child was excluded from school, the limited days of alternative education and lack of activity contributed to an increase in their substance misuse. This concern was also discussed at the expert group, who identified that the reduced hours of provision lead to young people starting to drink or use substances earlier in the day with peers also accessing alternative education provision. It was suggested that these issues needed tackling on an individual basis as there are no broad issues. The need for tutors to have the knowledge and skills to support and challenge young people was also identified.

Evaluation and Outcomes

Local quarterly monitoring records participation by young people as well as comments and compliments made by service users, families and other professionals.

Section 7 Treatment Exits

Period 01/04/10 to 31/03/11

	No.	%
Percentage of young people leaving treatment in an agreed and planned way	23	82.1%
Of those leaving treatment in an agreed and planned way, % referred onto adult treatment provider	0	0%
Of those leaving treatment in an agreed and planned way, % referred onto other service	12	52%
Of those leaving treatment in an agreed and planned way, % not referred onto other service as no referral required	4	17%
Of those leaving treatment in an agreed and planned way, % not referred onto other service (no onward referral or missing)	7	30%

Nationally 13% of young people dropped out before their treatment was complete, which is slightly lower than those in York who do not leave treatment in an agreed and planned way (17.9%) (NDTMS Substance Misuse among young people 2010-11).

Behaviour change

NDTMS YP Partnership quarterly report

Behaviour/risk change from treatment start to treatment exit					
Outcome	Said yes at treatment entry			Said no at treatment entry	
	Response at treatment exit			Response at treatment exit	
	Yes	No		Yes	No
Unsafe Drug Use	4	5		0	3
Offending	3	5		1	3
Self Harm	0	2		0	9
Sexual Exploitation	0	0		0	12

This shows a reported reduction across the categories, suggesting that treatment interventions are effective.

Emerging priorities.

Future needs assessments.

Future needs assessment processes allow time for more user participation to be incorporated. Options to explore include:

The 2011 Needs Assessment stated the need for a better understanding of substance misuse in the city, through existing data sources and additional audits and surveys of young people and their schools and families, and a need to identify gaps in service provision through an event and consultation, and through monitoring of commissioned services.

Research into the prevalence of drug awareness and use among young people would be helpful in order to gain a clearer picture of the level of need for services in the city. Working with the anti-bullying survey to see if additional questions around substance misuse, and risk and resilience can be incorporated. This will need to be explored soon if questions are to be incorporated into any future survey which is likely to go into schools in March 2013. Future research should draw from national research so that results can be compared, and the methodology should be clearly outlined so that it can be replicated in future years to enable comparison over time.

Undertake focus groups in universal and targeted settings to get young people's views in the information and services they have received. Cardiff has recently undertaken a needs analysis, which focused on gathering user input, (and included copies of tools and methodologies). It may be worth exploring web and leaflet based information that is available with young people to get their feedback on it so this can influence how websites are developed and which are promoted (hiwecanhelp and Yor-OK). Options include talking to young people in universal provision about tier 1 interventions, as well as work with vulnerable groups and service users. It would be useful to get feedback on treatment services as well as information (websites/ leaflets) as well as tier 1 and 2 inputs.

Consult with parents and carers of service users to gain their views on services and information available.

Consult with wider parents groups (through strengthening families or a similar programme to find out their opinions on the information and support offered to them.

Access and analyse Accident and Emergency data on young people who receive treatment for alcohol and drug related issues.

Undertaken an analysis of child protection cases, and identify whether parental substance misuse features, and whether support has been offered to the children.

Consult with voluntary sector around training and support needs, particularly targeting groups who haven't undertaken training in the past.

Training and staff support

Explore alternative routes (to training), to keeping professionals up to date with emerging trends and new knowledge in regards to drug and alcohol misuse.

There is a need for more training and support around drug and alcohol use to be targeted at voluntary and community sector organisations that are not linked with CVS, including uniformed and sports groups.

Explore options for offering training so that staff and volunteers who are very part-time can access them. It may be worth exploring the option of providing evening access to courses, or online options.

Ensure that training is provided to support teachers in developing confidence at delivering tier 1 interventions.

Ensure there are link to the developing City of York Volunteer Strategy.

Explore the option of reintroducing a quarterly meeting that brought together managers from services working with tier 1 and 2 interventions and First Base which reviews local trends and issues, looked at training needs and enabled information to be fed back into agencies.

Explore the option of offering a training course that looks at Motivational Interviewing, which can be used in substance misuse, but also in other areas.

Prevention and Early Intervention

A review of useful information sources for young people and parents should be undertaken (including websites, posters and leaflets) and tools should be promoted and made available to professionals.

There is a need for a more widespread, consistent and co-ordinated approach to support for parents and families of young people, around discussing and dealing with drug or alcohol issues.

A more uniformed approach towards substance education and support in schools is needed. Information from the PSHE audit related to substance misuse should be shared with the Risk and Resilience Strategic Partnership, and used to inform service development.

Given that the new Governmental Drugs strategy places a strong emphasis on the role of schools in providing high quality drug and alcohol education for young

people, more clarity is needed around the roles of schools in preventative work and how they can be appropriately supported by First Base.

The high proportion of referrals via Criminal Justice routes suggests that more could be done to identify and support young people at risk of vulnerability. The College has undertaken work with staff around identifying vulnerabilities in students, which has had a strong positive impact on retention rates. Similar work could be done with pastoral leads, or behaviour support to encourage schools to look at a more targeted approach to interventions.

Data suggests that there may be considerably more children and young people affected by parental substance misuse than are currently receiving support. Given that research suggests that young people whose parents use substances may be more likely to use them themselves, investigating this further may be beneficial and identify the level of need, and services that would be appropriate for different age groups. There is a need to raise awareness of this issue with professionals working with substance misusing parents and parents themselves, and increase awareness of support available to young people through the First Base SMILE group (for young people at secondary school).

Treatment

The 2011 Needs Assessment identified a need to map treatment pathways into tier 4 (including access to needle exchange). This work is still outstanding.

There is a need for better support for young people after accessing tier three and four services.

More work should be done around how young people are identified and assessed, taking into account the needs and issues of their families as well.

It would be useful to explore whether parents of young substance users could access support via the independent Carers service provided by the DAAT.

Accessing an independent service removes some of the issues around frustrations at not being able to have access to information about their child's treatment, and instead focuses on their needs as carers.

The 2011 Needs Assessment identified a need for improved holistic working, through consistent use of CAFs. First Base and the expert group highlighted the issue of appropriate CAF use again.

Commissioning and system management

Discussions at the expert group revealed a lack of clarity about progress on pieces of work identified through previous needs assessments, and where responsibility for

undertaking them lay. Systems for monitoring, ensuring and communicating progress on priorities through the Risk and Resilience Strategic partnership may need reviewing.

Currently information for the local quarterly report is compiled via paper recording systems that are time consuming, and are not easily collated and analysed. First Base record interventions with young substance misusers via an internal spreadsheet, it may be worth exploring whether as the YOT and community service are drawn together information about young substance misusers could be drawn from this rather than a separate system. This would allow easier monitoring of trends throughout the year.

Service Directory

Universal education, Targeted Youth Support, Outreach.

Service/organisation	What sector?	Service description	Tier(s)	Attended training?
CANDI	Voluntary and community	CANDI stands for Children AND Inclusion. A forum for parents of disabled children and young people, or those who have additional needs, in York and the surrounding area. They aim to enable disabled children and their families in York and the surrounding area, to lead full and meaningful lives, through seeking to improve services and by providing informal social support.	1/2	No
Church youth provision	Voluntary and community	A range of different providers. Information was given by: the gateway Christian centre, rock church (Urban Revolution), York community church, the vine church	1/2	Yes
Funfishers Playgroup	Voluntary and community	Funfisher's Playgroup, Breakfast and After School Club aim to provide affordable, accessible, quality childcare for children who attend school in the Fishergate area of York, while the Holiday Club serves children from a wider area.	Un-known	Yes
Future prospects	Voluntary and community	Future Prospects is York's FREE employment and learning advice service, offering information and support on jobs, training, education, money and benefits. A team of Learning and Work Advisers based in communities in and around the York area offers one to one on-going guidance and support. Drop-in sessions are held on a regular basis at various locations in the community.	1/2	Yes
Inspired Youth	Voluntary and community	Inspired Youth are a non-profit social enterprise that empower communities by using the creativity & vibrancy of arts & media to engage, challenge, educate & inspire!	1/2	No
PACT	Voluntary and community	PACT aims to support and empower disabled children and young people by working creatively and collaboratively to deliver a wide-ranging programme of direct services and accredited training. The project's overriding focus is supporting disabled children and young people to have their views, wishes and feelings heard and acted upon in response to the challenges they experience in their own lives and in a way which has a national and local impact.	unkno wn	Yes
The Island N1	Voluntary and community	The Island provides a mentoring service to vulnerable children and young people aged 8 to 13 in York.	1/2	yes

Universal education, Targeted Youth Support, Outreach. Cont..

Service/organisation	What sector?	Service description	Tier(s)	Attended training?
The Jack Raine Community Foundation / Off the Hook / York Boxing Club	Voluntary and community	An Alternative Learning Provision (ALPs) working in partnership with City of York Council Education Otherwise, Danesgate and York College 11 to 24yr olds, as well as a community boxing club. We provide BOTH general youth work AND personal support / advice / information out of this location	Un-known	Yes
Youth Clubs (voluntary Sector)	Voluntary and community	A range of different providers. Information was supplied by: Poppleton, young groves	Un-known	Yes
Army Welfare Service	Public sector	The aim of AWS Personal Support is to help serving married and single personnel and families with any personal or family difficulties that arise, by providing a confidential, comprehensive and professional welfare service.	1	Yes
Primary schools	Public sector	Carr junior, Clifton with Rawcliffe, Dringhouses, Haxby road, Lord Deramore's, Poppleton Ousebank, Osbaldwick, Robert Wilkinson, Copmanthorpe, St Mary's, Tanghall,	1	Yes
Secondary schools	Public sector	All saints, Archbishops, Burnholme, Canon lee, Danesgate, Fulford, Joseph Rowntree, Manor, Milthorpe, York High	1/2	Yes
York College	Public sector	'Alcohol awareness' student tutorial 'Drug awareness' student tutorial, 1:1 interventions	1/2	Yes
York Young People's Service -Network 2 ALPS	Public sector	we will provide one to one support through education and phse also will signpost to specialist workers, will work with the family giving them relevant information and also give information thru group work sessions within the alps timetable	1/2	Yes
York Young People's Service- Network 2/Volunteering	Public sector	We provide volunteer mentors to vulnerable young people age 11 - 19 allowing them to space and time to be themselves, we also provide volunteers in community venues to support youth clubs	1/2	Yes
York Young People's Service-Castlegate for Young Adults	Public sector	Provides confidential information, support, advice and counselling for young adults in York aged 16-25	1/2	Yes
York Young People's Services- Intensive Personal Advisors	Public sector	IPA's build purposeful relationships with young people 13-19 who are experiencing difficulties to enable them to overcome barriers.	1/2	Yes
York Young People's Services- locality provision	Public sector	Youth clubs, drop-ins or sessions in the Urbie Bus. 10-12 George Hudson Street, 68 centre, Burton stone, Fulford, Moor lane.	1/2	Yes

Universal education, Targeted Youth Support, Outreach. Cont..

Service/organisation	What sector?	Service description	Tier(s)	Attended training?
Young travellers	Public sector	We provide specialist advice and teaching for minority ethnic pupils with language or cultural needs that may create barriers to access, attendance and achievement.	Un-known	Yes

Substance misuse Services

Service/organisation	What sector?	Service description	Tier(s)	Attended training?
First Base	Voluntary and community	Group sessions delivered with 'at risk' young people (in and out of school). Parenting programme - strengthening families, strengthening communities. Alcohol misuse worker, specialist treatment, SMILE, Kickstart family group	2/3	Yes

Other

Service/organisation	What sector?	Service description	Tier(s)	Attended training?
Refugee Action	Voluntary and community	Refugee Action York (RAY) was founded in 2002 to raise awareness of the contribution refugees and asylum seekers make to our society and to challenge myths and misconceptions about refugees and asylum seekers. Also undertake some advocacy, support and language work?	Un-known	No

Housing provider

Service/organisation	What sector?	Service description	Tier(s)	Attended training?
Foundation Housing	Voluntary and community	Young people can access a number of services from our York office. Young parents between 16-18 can access support to gain independent accommodation or support to live independently in their home. We support 16 and 17 year olds at risk of homelessness and work with families and other agencies within the city to prevent homelessness or refer to appropriate services as necessary. We support young people in need of housing and focus on developing their independent living skills. This may be through our hostel which houses 5 vulnerable young people and provides 24-hour staff support. We also support young people in their own tenancies where customers can be supported in a range of accommodation and concentrate on developing their independent living skills.	1/2	Yes

Housing provider Cont...				
Service/organisation	What sector?	Service description	Tier(s)	Attended training?
Peasholme Centre	Voluntary and community	The Peasholme Centre is a charitable company which since its founding in 1988 has provided crisis and resettlement services with the aim of helping homeless single people gain access to accommodation which is appropriate to their individual needs.	Un-known	Yes
Scarcroft road project	Voluntary and community	York HA Scarcroft project provides supported accommodation for 16 to 19 year olds with accommodation and support needs and have a local connection to York.	Un-known	Yes
How hill hostel	Public sector	Provides temporary accommodation for both families and individuals in priority need	1/2	Yes
Ordnance Lane	Public sector	Our service provides accommodation and support to all homeless people. This includes young people and teenage parents and we help them with anything they might need help with but for substance and alcohol misuse we would encourage them to access more specialised support.	1/2	Yes
Health & Mental Health Service				
Service/organisation	What sector?	Service description	Tier(s)	Attended training?
Mind@OurCelebration	Voluntary and community	Mind@Our Celebration has developed The Young People's Project, aimed at supporting local people aged 16-25, experiencing mental distress and to help them get their lives back on track. Mentoring, Advice, Information, Advocacy, Self-Help Groups, Counselling, Befriending, Training & Mental Health Support	Un-known	No
Yorkshire MESMAC	Voluntary and community	Our historical focus is HIV prevention and sexual health promotion with Gay, Bisexual and men who have sex with men. Additionally our Community Development approach means that we are concerned with the wider Lesbian, Gay, Bisexual and Transgender (LGB&T) health, social and equity agendas. We work with LGB&T communities to tackle underlying causes of physical and mental ill health and to challenge those structures and systems that seek to exclude us from decision making.	Un-known	Yes
Babes in arms	Public sector	The project is a drop in that connects young parents directly to Children's Centres. The two services work together and use their knowledge to find the best solutions for these families	1	No

Health & Mental Health Service				
Service/organisation	What sector?	Service description	Tier(s)	Attended training?
CAMHS	Public sector	Lime Trees is the name of the Child & Adolescent Mental Health Service that works in the York and Selby area. We see children and young people up to the age of 18 who have emotional or behavioural problems or other mental health difficulties	1	Yes
YNYPT	Public sector	Riverfields, School health service, Clementhorpe, Clifton, Haxby, Strensall, Priory group	Un-known	Yes
Young People's Sexual Health Outreach team	Public sector	YPSHOT (Young People's Sexual Health Outreach Team) and the School Health Nurses offer drop ins at most secondary schools and colleges to ensure quick and easy access to sexual health services. Mystery shoppers ensure that services remain young people friendly.	No	no
Criminal Justice				
Service/organisation	What sector?	Service description	Tier(s)	Attended training?
North Yorkshire Police – Fulford	Public sector	Youth Officer- provides input in to groups about drugs and the law.	1/2	Yes
Children Looked after, Children and Family Services, Alternative Education				
Service/organisation	What sector?	Service description	Tier(s)	Attended training?
Family matters	Voluntary and community	A charity working to strengthen relationships and build confidence with Families. They run a rang of courses and workshops for parents.	1	Yes
Homestart	Voluntary and community	Family support charity	unkno wn	Yes
IDAS	Voluntary and community	IDAS is a charity that provides comprehensive support services to all those experiencing or affected by domestic abuse. We work throughout York, and employ a young person's advocacy worker to work with people aged 11 to 18 years old.	unkno wn	Yes
Relate	Voluntary and community	Whether you're married, in a relationship, or single, or whether you need a hand with your family or parents. Relate can help.	unkno wn	Yes

Children Looked after, Children and Family Services, Alternative Education Cont...

Service/organisation	What sector?	Service description	Tier(s)	Attended training?
The Princes Trust	Voluntary and community	Funding for individuals and groups aged 14 to 25, Help to start Business's age 18 to 30, TEAM, a 12 week programme of personal development training age 16 to 25, Get Into and Get Started, short courses that develop young peoples skills in a specific sector. Open access, but intended for a specific target group	unknown	No
Young Carers	Voluntary and community	We work with young people aged 8 to 18 years who are helping to look after someone at home. You might be helping look after a brother or sister, parent or grandparent with an illness, disability, mental health problem or a problem with alcohol/ drugs.	unknown	Yes
Catalyst - Family Intervention Project	Public sector	Catalyst, York Family Intervention Project, is aimed at families experiencing problems that are known to be significant predictors of Anti-Social Behaviour (ASB), Child Poverty (CP), Youth Crime (YC) and other poor outcomes e.g. mental ill health, domestic violence, substance misuse, child neglect, poor parenting skills, risk of eviction and behavioural problems	2/3	Yes
Children's centres	Public sector	Clifton, haxby road, hobmoor, knavesmire, new earswick, the avenues, westfield,	1 / 2	Yes
Danesgate	Public sector	promotes the education and development of children through the provision of an education welfare service to schools, students and parents/carers. For those children and young people where substance and alcohol misuse is an issue we are likely to signpost onto specialist services.	1/2	-
Hollycroft, Wenlock Terrace	Public sector	LAC provision	1/2	Yes
Pre-School Support, York Portage Service	Public sector	Portage is a home visiting educational service for pre-school children with special needs. It helps parents to support their child's learning.	unknown	Yes
Social services/Ashbank	Public sector	adoptive/foster parents, sharing care, social workers	unknown	Yes
York family support Teams	Public sector	York's Family Support Teams (0-10) offer advice and guidance on parenting, childcare and child development to families with children under 11 years. There are Family Support Teams in Clifton, Heworth and Hob Moor and they are all part of the council's Children and Families Services.	1/2	Yes

Appendix 1 Reports referenced

- **NTA – substance misuse among young people 2010-11**
- **Fuller (2011)** - Data taken from a series of surveys that monitors the smoking, drinking and drug use of secondary pupils (11-15). The study involved 7,296 pupils in 246 schools throughout England in the autumn term of 2010.
- **Reducing demand, restricting supply, building recovery: supporting people to live a drug-free life (Dec 2010)** - Coalition government drug strategy. Makes a number of pledges towards reducing drug and alcohol misuse in young people in particular. Equality Highlight Report 2011 CYC Business Intelligence Hub
- **NDTMS (2011) BUSINESS DEFINITION FOR YOUNG PEOPLE'S TREATMENT PROVIDERS-**
- [Positive for Youth: A new approach to cross-government policy for young people aged 13 to 19](#), DFE 2011
- 'Black and Ethnic Communities in England: a review of the literature on drug use and related service provision'. (National Treatment Agency for substance Misuse, 2003)
- Davies, M., (08/12/11) 'Substance misuse services for young people report drop in numbers' Children and Young People Now [online] accessed at <http://www.cypnow.co.uk/Health/article/1108575/substance-misuse-services-young-people-report-drop-numbers/>
- (Equality Highlight Report 2011 CYC Business Intelligence Hub).

Appendix 2 Service Survey

Risk and Resilience Strategic Partnership- Substance Misuse Needs Assessment 2011/12

Please return the information to ...

Tier 1 = Universal services, prevention- information sessions, drugs and alcohol education

Tier 2 = Targeted early intervention - group work 1 to 1.

Tier 3 = Structured treatment interventions- psychosocial interventions, counselling etc. Pharmacological interventions- methadone prescriptions, needle exchange etc.

Tier 4 = Residential rehabilitation etc.

Organisation:		
Contact name:		e-mail
Telephone		
1.	Process	Comments
a	What range of Tier 1/2 interventions do you deliver addressing the issues of drug/ alcohol misuse?	Tier 1: Tier 2:
b	Who delivers the intervention?	
c	What training is available to staff to support the delivery of drugs and alcohol education?	
d	How do you identify; record; support and refer young people who may need specialist support?	
2.	Numbers	

a	Number of young people who have had Tier 1/2 intervention around substance misuse	Tier 1 Tier 2
b	Number of young people who have had a tier 1/2 intervention around alcohol misuse	Tier 1 Tier 2
c	Number of young people you have referred around drug use misuse	
d	Number of young people you have referred around alcohol	
	Do you have any user feedback or evaluation on the interventions (please provide information)	
	Have you any further data, consultation information or evaluations you could share with the researchers.	
	Any emerging issues/trends (please provide specific information)	

Thank you for your assistance.

Appendix 3 Questions for expert group.

National picture/reports questions

- 1) Should alcohol and drug use be tackled together?
- 2) Does harm reduction cover poly drug use? Should it?
- 3) NTA report puts heavy emphasis on multi-agency working and holistic care plans for young people – how many young people leaving YOT/first base are referred back to other support services?
- 4) Does our current approach reflect a recovery focus or is there a harm reduction philosophy still prevalent? Does this vary between services?
- 5) Given the focus on community solutions and the shift towards universal youth work provision being provided by voluntary sector organisations, and volunteers, are we supporting this sector well enough (with training etc?) How many referrals come through this route?
- 6) What needs to be in place for next year's needs assessment? What information would be useful to collect – school survey, parent consultation, service user feedback etc? With limited resources, how wide reaching would this need to be to be useful?

Training questions

- 1) Who decides what training is provided in the city? Are the right processes in place for organisations outside of the council to identify training needs to providers?
- 2) What training do you feel is missing?
- 3) How is training promoted to those not on council system? Are there different costs for different sectors?
- 4) Why has there been an increase in attendance at training, and a decrease in the number of referrals they make? Is this because they feel more confident to deal with the issues themselves?
- 5) How is training evaluated and how is feedback used?
- 6) Has there been any evaluation done of training provision across the city? Would this be helpful?

- 7) How much of a priority is substance misuse training for organisations compared to other training available?
- 8) Are there alternative ways (from training) that workers could be kept updated with changing drugs information? What would work best?
- 9) Has hiwecanhelp.com been used by staff? Is it useful? Can it give local updates as well as general drugs information?

Prevention and early Intervention questions

- 1) Young people say they are likely to go to parents for advice and support. How much work is done with families around drugs/alcohol? Both those with specific issues and those identified as vulnerable for other reasons?
- 2) For those young people who self-refer or are referred by family/friends to first base, is any data collected on how they found out about the service?
- 3) What leaflets/sources of info are provided to young people generally about drugs/alcohol? Is their focus around harm reduction or recovery?
- 4) Are the right level of resources available to deliver preventative or early intervention work? Are there any gaps in this provision?
- 5) Is the arrest referral scheme working as well as it could?
- 6) Are there sufficient links with BME communities to ensure they have access to substance misuse information?
- 7) Does prevention and early intervention work with young people address issues associated with poly drug use?
- 8) Does prevention and early interventions enable young people to identify the differences between cannabis and skunk, and their effects? Is this covered in professional training for those working with young people?
- 9) What's the normative education model for young people in schools?
- 10) Are legal highs covered in drugs education for young people? Are there some settings that cover this more or less than others (e.g. youth centres, schools)?
- 11) Would a large scale in-school survey to collect young people's opinions and experiences of drug and alcohol use be useful?

- 12) Could work be done with pastoral leads, behaviour support to encourage schools to look at a more targeted approach to interventions?
- 13) Young people in alternative education may be in need of targeted intervention – could we do this before they are in ‘education otherwise’?

Referral questions

- 1) Are we identifying and referring young people with substance misuse issues?
- 2) Are referrals appropriate? Could more work be done by others supporting young people? Do yp prefer to receive support from a specialist?
- 3) Are workers who work with under 16's confident at raising issues around substance misuse, and appropriately identifying and referring those under 16?
- 4) Are professionals working with young people less likely to identify and refer young people with alcohol misuse issues than those using illicit drugs?
- 5) Are workers in this area confident in discussing young people's substance misuse? Are workers confident in assessing when and how to make referrals?
- 6) Should more tier 2 interventions be undertaken by non-specialists? What training/ on going support would be needed to do this? Is/should this decision be based on cost, outcomes for young people, or the opinions of service providers?

Treatment questions

- 1) Has the issue about part time alternative education (and the gaps in drugs education it creates) been raised anywhere?
- 2) How well is community outreach working?
- 3) How is young person/parent feedback used in service provision?
- 4) Do we actively support yp accessing treatment to address other vulnerabilities in a holistic way?
- 5) What support is available for parents/families of alcohol/drug users? Could this be provided via DAAT commissioned service?

- 6) Why is the average length of treatment longer than the national average?
- 7) Are the levels of treatment being recorded accurately? (The review of adult services found that some interventions being categorised as tier 2, could more accurately be recorded at tier 3)
- 8) Is this the right balance of work being carried out by specialist treatment services (i.e. between First Base and YOT)?
- 9) What proportion of young people, whose parents are accessing substance misuse services, are offered support?
- 10) Does the higher proportion of males accessing treatment via the YOT reflect to overall composition of young people in the YOT or are there other factors influencing this?
- 11) Do we record the right information on local quarterly reporting?
- 12) Does our recording allow us to separate those who use drugs together from those who use a variety of drugs?
- 13) How can we work effectively with the small subgroup of young people who are consuming more alcohol/ poly drug use? - In terms of prevention, identification, intervention and treatment?
- 14) Do we give young people enough information or support around problematic drug/alcohol use by parents?

Appendix four – Google search results

Organisation	Site	Brief description	York specific?
Turning Point	www.turning-point.co.uk	Health and social care organisation that provides specialist services for individuals, families and communities including drug and alcohol rehabilitation services	N
Drugs Line	www.drugline.org	Confidential helpline for substance users and their friends and relatives.	N
<u>CYC - Health and social care</u>	www.york.gov.uk/health/drugs	List of services for substance users – some targeted at young people	Y
<u>Compass</u>	www.compass-uk.org	National provider of services to tackle problematic drug and alcohol use	N
<u>Homeless</u>	www.homeless.org.uk	General help and support site for people who are homeless	N
Yor-OK	www.yor-ok.org.uk/Workforce/	Information on services and support for young people, parents and professionals	Y
Drugscope	www.drugscope.org.uk	Information on drugs, support and	N

Appendix 4 Results from the Google search

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Entering “my child is taking drugs” into a web search found a large number of parenting sites and forums for parents, which included sections on substance and alcohol misuse. The hosts of these sites varied from well-known organisations such as the NHS to Talktofrank, to more community-run groups like netmums.com and teenswithtroubles.com.

A “support for young people taking drugs in York” search found the FRANK website and some more general support sites for young people including elements of problematic drug and alcohol use.