

Number: WAG10-10261



Llywodraeth Cynulliad Cymru
Welsh Assembly Government

Cymry Ifanc
Young Wales

www.cymru.gov.uk

Welsh Assembly Government

Consultation Document

Substance Misuse Service & System Improvement

Integrated Care for Children and Young People
Age 18 Years and Under who Misuse Substances

Date of issue: **18 October 2010**

Action required: Responses by **20 December 2010**

Substance Misuse Service & System Improvement

Overview

This document is the fourth and final in the series of guidance issued by the Welsh Assembly Government's Community Safety Division under the "Service and System Improvement Initiative" launched in 2009 to support partners in the development of high quality, integrated services for substance misuse. Guidance already issued in the series are:

- Core Standards for Substance Misuse
- Establishing Substance Misuse Area Planning Boards
- Integrated Care and Integrated Care Pathways for Adult Substance Misuse in Wales.

The aim of this document is to provide partners with operational guidance on the detailed development of integrated care and treatment services for children and young people, up to and including 18 years of age, who have substance misuse problems. It draws together the latest evidence of effectiveness across the four tiers of service and published Welsh Assembly guidance on safeguarding issues, consent and confidentiality.

How to Respond

Please respond by completing the Consultation Questionnaire, attached in the covering letter, and forward to:

Karen Eveleigh, Substance Misuse Quality Improvement,
Welsh Assembly Government, Rhyd y Car, Merthyr Tydfil, CF48 1UZ.

Further information and related documents

Large print, Braille and alternate language versions of this document are available on request.

An electronic version of this document can be found on the consultation pages of the Welsh Assembly Government Website – www.cymru.gov.uk.

Contact details

For further information please contact:

Karen Eveleigh
Substance Misuse Quality Improvement
Welsh Assembly Government
Rhyd y Car
Merthyr Tydfil
CF48 1UZ

E-mail: substance.misuse@wales.gsi.gov.uk

Tel: 01685 729108

Data Protection

How the views and information you give us will be used.

Any response you send us will be seen in full by Welsh Assembly Government staff dealing with the issues which this consultation is about. It may also be seen by other Welsh Assembly Government staff to help them plan future consultations.

The Welsh Assembly Government intends to publish a summary of the responses to this document. We may also publish responses in full. Normally, the name and address (or part of the address) of the person or organisation who sent the response are published with the response. This helps to show that the consultation was carried out properly. If you do not want your name or address published, please tell us this in writing when you send your response. We will then blank them out.

Names or addresses we blank out might still get published later, though we do not think this would happen very often. The Freedom of Information Act 2000 and the Environmental Information Regulations 2004 allow the public to ask to see information held by many public bodies, including the Welsh Assembly Government. This includes information which has not been published. However, the law also allows us to withhold information in some circumstances. If anyone asks to see information we have withheld, we will have to decide whether to release it or not. If someone has asked for their name and address not to be published, that is an important fact we would take into account. However, there might sometimes be important reasons why we would have to reveal someone's name and address, even though they have asked for them not to be published. We would get in touch with the person and ask their views before we finally decided to reveal the information.

Contents

Section	Page
1 Introduction	1
Purpose of Document	1
Background	1
2 Guiding Principles – Development of Local Care and Treatment Systems	2
Building Provision Around the Needs of Young People	2
Prevention Through Access to Core Services	3
At Risk Groups	3
Family Centred Services	4
3 Planning Structures	4
Statutory Partnership Working and Strategic Planning	4
Local Service Development Planning and Performance Management	5
4 Local Service Delivery	8
The Four-Tier Approach	8
Definition and Description of Service	10
Referral Pathways and Protocols	10
Access and Threshold Criteria	11
Assessment, Care Management and Review (Tiers 3 and 4)	12
Safeguarding Children and Young People	12
Consent and Confidentiality	15
Departure Planning and Aftercare Support	15
Core Standards for Substance Misuse	16
Outcome Measures	16
Transition to Adult Services	17
Involving Children and Young People in Service Planning	17
5 Evidence Base	18
Tiers 1 and 2	18
Tiers 3-4	19
6 Workforce Development	19
7 Implementation	21
References	22

- Appendix 1 High Level Care Pathway for Children and Young People who Misuse Substances**
- Appendix 2 Framework for the Assessment of Children in Need and their Families**
- Appendix 3 Dust with Alcohol**
- Appendix 4 MAAST**
- Appendix 5 Child and Adolescent Mental Health Service – Description of the four tiers of service delivery**
- Appendix 6 WASPI**
- Appendix 7 Sharing Personal Information on Children and Young People**
- Appendix 8 Summary of Actions**

1. Introduction

Purpose of Document

1.1 This document is aimed primarily at the constituent partner organisations of Community Safety Partnerships (CSPs) who are responsible for planning and commissioning substance misuse services, Children & Young People Partnerships (C&YPPs) and Health, Social Care and Well-being Partnerships (HSCWPs) and providers of substance misuse treatment services. It is the fourth and final in the series of guidance issued by the Welsh Assembly Government's Community Safety Division under the "Service and System Improvement Initiative" launched in 2009 to support partners in the development of high quality, integrated services for substance misuse. Guidance already issued in the series are:

- Core Standards for Substance Misuse.
- Establishing Substance Misuse Area Planning Boards.
- Integrated Care and Integrated Care Pathways for Adult Substance Misuse in Wales.

1.2 The aim of this document is to provide partners with operational guidance on the detailed development of integrated care and treatment services for children and young people, up to and including 18 years of age, who have substance misuse problems. It draws together the latest evidence of effectiveness across the four tiers of service and published Welsh Assembly guidance on safeguarding issues, consent and confidentiality.

Background

1.3 The Wales substance misuse strategy '*Working together to reduce harm*' sets out a vision for service integration:

"...our vision is for a system where service users move seamlessly between services, or access a number of mutually supportive services without necessarily being aware that they are provided by different service providers or service sectors. We should aim to remove the need for multiple assessments and reduce the risk of drop out from service, particularly when users are waiting to move from one service to another."

(Welsh Assembly Government, 2008)

1.4 This vision supports the requirement for the joint planning and delivery of children and young people's services set out in statutory guidance published in *Shared Planning for Better Outcomesⁱ* and re-stated in the consultation document Children and Young People's Plans Interim Guidance 2011-14.

1.5 During the past several years, the Welsh Assembly Government and its partners has made significant progress in the development of substance misuse services for children and young people. Under the previous strategy for substance misuse, we introduced a national substance misuse education programme in

schools, the 'All Wales School Liaison Core Programme' (AWSLCP), which is now delivered at key stages in 97% of primary and secondary schools across Wales. It aims to provide a core programme of accurate, consistent and credible information about substance misuse and other community safety information around which additional and locally determined prevention initiatives have been built successfully.

1.6 In addition, the roll-out of a national strategy for school-based counselling services will provide a greater level of personal support for children and young people. It is expected that many of those accessing services will have substance misuse problems and the counselling strategy sets out the need for counsellors to have had training on these aspects. It also highlights the need for counselling services to develop protocols for working with other agencies including referrals to substance misuse agencies. Access to support for personal, social, emotional and physical problems which become obstacles to realising their potential also forms one of the six elements of the Learning Pathways for 14-19 year olds

1.7 Year on year, the Substance Misuse Action Fund has been increased significantly and partners have been asked to prioritise services for children and young people. In 2009, we announced that a further £3 million was being added to the 2010-11 budget, specifically to assist partners to improve local substance misuse treatment provision for under 18s, in the context of an holistic approach to meeting need. Central to this holistic approach is the expansion of psychosocial interventions and psychological therapies to motivate, engage, treat and retain young people in treatment and support. Such approaches are essential in ensuring that the wider family and social networks of young people can be engaged in a therapeutic alliance and that interventions are delivered that are effective in the treatment of substance misuse.

1.8 The Welsh Assembly Government's children and adolescent mental health strategy *Everybody's Business - Child and Adolescent Mental Health Services*ⁱⁱ acknowledges that risk factors for substance misuse and mental health problems are similar, and some sources estimate high rates of coexistence of both types of problem. Therefore the Child and Adolescent Mental Health Service (CAMHS) has a vital role in ensuring that appropriate services are delivered to children and young people who misuse substances and deliver the improvements and targets set out *Breaking Down the Barriers*ⁱⁱⁱ and the NHS Wales Annual Operating Framework 2010/11.

2. Guiding Principles – Development of Local Care and Treatment Systems

Building Provision Around the Needs of Young People

2.1 Services should be built around the needs of children and young people, particularly those who are most vulnerable to substance misuse and the poor outcomes that arise from it.

2.2 Evidence on the most effective interventions and approaches should be taken into account when services are being developed (section 5 at page 18 refers). It is important that service provision is available at every tier of need (Tiers 1-4)

(see pages 8-9) and meet the diverse needs of children and young people including those from the most vulnerable groups. Advice and information on drugs and services for young people and their families should be easily accessible.

Prevention Through Access to Core Services

2.3 Young people should have access to appropriate core services such as health, education, housing and family support services. The provision of such services underpins programmes that aim to prevent, delay or treat substance misuse. It is essential that those who staff such services have sufficient knowledge of substance misuse to be able to identify the problem accurately and refer to the appropriate service.

At Risk Groups

2.4 Particular consideration needs to be given to provision for the following 'at risk' groups. Protocols should be in place to provide prompt access to specialist services where required:

- Children of problem substance misusers have one or both parents with serious substance misuse. Parental substance misuse is associated with a range of poor outcomes for children and young people, including early substance misuse.
- Persistent truants and school excludees. There are higher rates of substance misuse among persistent truants and excludees. Substance misuse assessments and appropriate interventions should be conducted with school excludees in all alternative educational provision settings including those attending pupil referral units. Similarly, all persistent truants should be screened for substance misuse problems and if appropriate, receive a comprehensive assessment of need and receive appropriate support with the aim of returning them to mainstream education.
- "Looked after" children. "Looked after" children are a particularly vulnerable group and it is vital that all "looked after" children receive a holistic health assessment that includes the identification and response to address substance misuse problems.
- Young people in contact with the criminal justice system. Over 50% of young offenders in custody reported Class A drug use in the past year; among the highest for any at risk group. Each stage of the youth justice system provides an opportunity to identify children and young people who have, or are at risk of developing, drug misuse problems; assessing their needs; and directing them to and supporting them through appropriate support and treatment services. Youth Offending Teams and Juvenile Custodial units already have systems in place. A range of targeted interventions for children and young people are in place in a number of pilot areas as part of the Drug Interventions Programme.

2.5 Other groups of children and young people at risk include: homeless young people, young people with mental health problems and learning difficulties.

Action:

- *Protocols should be in place to provide prompt access to specialist services where required, in particular having regard for the needs of vulnerable groups*
- *Ensure that arrangements are in place to screen school excludees and persistent truants to identify substance misuse problems and receive appropriate support with the aim of returning them to mainstream education.*
- *Ensure that arrangements are in place so that all looked after children receive a holistic health assessment to identify and address substance misuse problems.*

Family Centred Services

2.6 There is clear evidence that supportive parents and family involvement in treatment programmes improve outcomes for children and young people. Services should therefore be planned around the family wherever possible. The Welsh Assembly Government is supporting two key initiatives aimed at strengthening family centred approaches:

- The Families First initiative being pioneered across Wrexham, Flintshire, Denbighshire, Rhondda Cynon Taf, Merthyr Tydfil and Blaenau Gwent, seeks to rapidly identify innovative ways of working and best practice models to support families.
- The Integrated Family Support Service (IFSS). This brings together adult and children's service specialists to deliver an integrated, whole family focused service aimed at improving outcomes for the entire family and better safeguarding of children. IFSS is currently being pioneered in Wrexham, Rhondda Cynon Taf, Merthyr Tydfil and Newport.

2.7 We will ensure that emerging best practice from the pioneer areas is shared with stakeholders to help inform future planning and delivery.

3. Planning Structures

Statutory Partnership Working and Strategic Planning

3.1. The Local Service Board in each Local Authority is responsible for ensuring that the range of partners work effectively in integrating the different strategies and in providing services to local people. The detail of partnership working in each area will depend upon local circumstances but will need to include the following:

- Community Safety Partnerships - who have the lead responsibility for tackling substance misuse, including the planning and management of substance misuse treatment services (Sections 5 & 6 Crime & Disorder Act 1998 as amended by the Police Reform Act 2002, Police and Justice Act 2006, Policing and Crime Act 2009).

- Substance Misuse Area Planning Boards (non-statutory) – established in 2010 to support and improve the planning, commissioning and performance management of substance misuse services at the new Health Board level.
- Children & Young People Partnerships - are expected to bring together and coordinate services for children and young people to secure the best possible outcomes and benefits from limited resources (Sections 25-28 Children Act 2004).
- Local Authorities and Health Boards - are required to prepare a health, social care and well-being strategy (Section 40 NHS Act 2006).

3.2 Strategic, statutory planning guidance on the development of Children and Young People's Plans and Health, Social Care and Well-being strategies is currently being finalised following the public consultation that ended 14 September 2010. This guidance sits beneath the statutory planning guidance and aims to support partners in the delivery of local strategic plans and strategies for the care and treatment of under 18s with a substance misuse problem.

Local Service Development Planning and Performance Management

3.3 Research shows that substance misuse is a cause or symptom of wider social or other problems in a child or young person's life. The wider social, economic and environmental factors will in many cases, need to be addressed in conjunction with the child or young person's substance misuse. Consequently, there will need to be a range of partners who contribute to the welfare of the child or young person such as ensuring access to accommodation, education, employment and training – as well as the most appropriate evidenced based interventions for their substance misuse. Applying an holistic approach to address the full range of service needs is essential to assist and sustain recovery.

3.4 Detailed substance misuse service delivery plans for children and young people should be developed at the new Substance Misuse Area Planning Board (SMAPB) level to secure economies of scale and the sharing of expertise and resources. This is particularly crucial for NHS based services as SMAPBs have been organised coterminous with the new Health Boards.

3.5 The detailed service delivery plans must be developed jointly between the Community Safety Partnerships, the Children and Young People's Partnerships and Health, Social Care and Wellbeing Partnerships. They should reflect the strategic objectives set out in the Community Safety, Children and Young People and Health, Social Care and Well-being Plans, and should demonstrate how the strategic priorities and targets will be met. Partners should involve children and young people in the planning of services and should utilise the participation mechanisms of the Children and Young People's Partnerships (see also paragraph 4.36 and 5.13).

3.6 Each SMAPB should ensure that a specialist planning and delivery group exists to develop and performance manage substance misuse services for children and young people across the four tiers at described at pages 8-9. As a minimum, membership should comprise representation from the following agencies:

- Children and Young People's Partnerships.
- Community Safety Partnerships.
- Youth Offending Teams.
- Local Safeguarding Children Board.
- Child and Adolescent Mental Health Services (CAMHs) – Commissioning Network.
- Local Health Board covering CAMHs and substance misuse.
- Public Health.
- Children's Social Services.
- Adult Social Services – for transition planning and wider family support issues.
- Youth Services.
- Education.
- Child & Adolescent Mental Health Services – delivery.
- Third sector providers – delivery.
- Adult substance misuse service providers – for the purposes of transition planning.

3.7 The three key objectives for the planning process are to:

- Establish in each SMAPB, a planning structure that oversees and performance manages an agreed, prioritised local substance misuse service plan for children and young people i.e. 18 years and under and transitional services. This plan should be an integral part of the Commissioning Strategy for the area.
- Improve the access, availability and quality of substance misuse services for children and young people that meets the assessed needs of the local population.
- Publish a clear Integrated Care Pathway covering all four tiers of service. An example of a high level Integrated Care Pathway is at Appendix 1. This can be used as the framework to develop a detailed local pathway.

3.8 Service delivery plans will need to include a map of current provision and expenditure, an assessment of need and a prioritised plan to improve and increase services to meet unmet need. In addition, each plan will need to specify access and threshold criteria. Plans must be outcome focussed with integral annual review mechanisms.

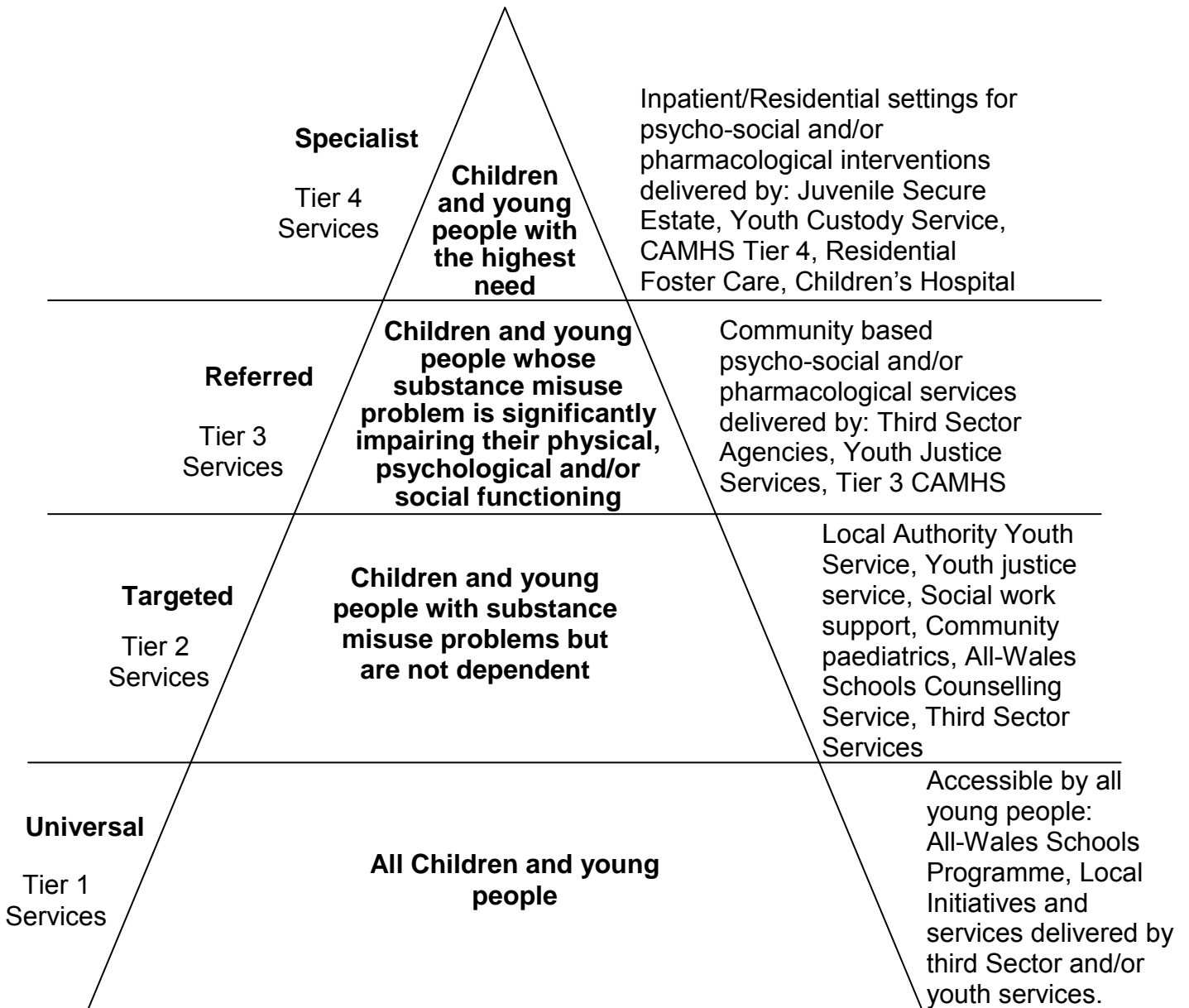
Action: *Establish a planning structure that oversees and manages an agreed, prioritised local substance misuse service plan for children and young people i.e. 18 years and under and transitional services which:*

- *Maps current provision and expenditure.*
- *Contains an assessment of need.*
- *Includes a prioritised improvement plan to improve and increase services to meet unmet need.*
- *Specifies access and threshold criteria.*
- *Includes referral protocols for all services, and in particular, for access to specialist substance misuse services at Tier 3 and 4.*
- *Is outcome focussed with an integral annual review mechanism.*

4. Local Service Delivery

The Four-Tier Approach

4.1 Local care and treatment systems should be developed on the basis of a tiered model of service provision relating services to different levels of need as described in more detail.



- Tier 1: Universal services – Services which are available to meet a range and level of needs that most children and young people require.
- Tier 2: Targeted services – Services which provide extra help for those with additional needs which usually supplement continued access to universal services.
- Tier 3: Referred services – Services which require an assessed programme of support provided by providers with particular skills in meeting higher levels of additional needs.
- Tier 4: Specialist services – Services which require an assessed programme of specialist support services for children and young people with complex needs.

4.2 This tiered model recognises that children and young people:

- May present at one or more of the different levels of need at different points in time.
- May have additional needs that arise both from their own difficulties or the difficulties experienced by parents or carers.
- May move up and down the tiers depending on how their needs change over time.
- Should, wherever possible have their needs met by universal provision, with service providers from the higher tiers of specialism (Tiers 2–3/4) facilitating universal service providers in meeting the additional needs of children and young people.

4.3 The model describes the different types of services that can be delivered at the different levels. It is important that services are delivered across the different tiers. For example, Educational Psychology can form part of a targeted approach to the delivery of services at Tier 2, as well as being within a system of referral services at Tier 3. Similarly, youth offending services which generally operate at Tiers 2 and 3 are also actively engaged in preventative work at Tier 1 and in the secure estate at Tier 4.

4.4 Services will need to be planned to reflect local circumstances and assessed need but must encompass all tiers of support and intervention as described at Figure 1 and will be delivered by a range of statutory and Third Sector agencies.

4.5 The local care and treatment system and individual services within it, must be under-pinned by explicit service specifications and service level agreements. These must contain as a minimum:

- Definition and description of services.
- Referral pathways and protocols.
- Access and threshold criteria.
- Assessment, care management and review processes where relevant.

- Safeguarding.
- Consent, Confidentiality and sharing of Personal Information.
- Departure planning and aftercare support.
- Achievement of the relevant Core Standards for Substance Misuse.
- Outcome measures.
- Output measures.
- Transition to Adult Services.
- Service User Involvement and children and young people's participation.

4.6 The above components are neither chronologically ordered nor expressed in order of priority. The content of each is described in further detail below.

Action: *Ensure that explicit service specifications and service level agreements are in place for all services that contain the above components.*

Definition and Description of Service

4.7 When describing the service, it is important to demonstrate the links and collaboration between services and describe how services are sensitive to the young person's own sense of priorities and will address all of the social and health problems associated or linked with substance misuse problems. Therefore it is important to make a holistic offer of help; but the ordering, timing and co-ordination of what is offered will also be significant.

Referral Pathways and Protocols

4.8 Holistic and co-ordinated approaches to the delivery of services is proven to be the most successful method of engaging and retaining children and young people in treatment. Referral protocols need to be established that cover the range of factors that safeguard children and promote their welfare as described at Appendix 2: Framework for the Assessment of Children in Need and their Families. (Guidance published in 2001 and issued under Section 7 of the Local Authority Social Services Act 1970 and incorporated into "Working Together to Safeguard Children").

4.9 Effective waiting time management is crucial; research has emphasised both the importance of 'fateful moments' which may trigger young people's motivation to try to change their lifestyle, and the short time horizons of many young people. This needs to be borne in mind in the management of waiting times for young people to access services.

4.10 The referral mechanisms and care pathways must be explicit and published to ensure that local agencies and Universal Services have sufficient knowledge to refer children and young people to the appropriate service. The identification of children

and young people with a substance misuse problem will often happen within Tier 1, Universal services, for example, the school counselling service. It is good practice to use a locality wide screening tool to help promote appropriate referrals.

Two examples of screening tools currently being used successfully in agencies are:

- Drug and Alcohol Screening Tool (DUST);
- Multi-Agency Substance Screening Tool (MASST).

4.11 These tools have been used successfully by a number of agencies and are copied at Appendix 3 and 4 for information. Further examples of screening tools will be disseminated in the final version of this document.

4.12 The referral and care pathway will need to include the specialist function of CAMHS in:

- delivering mental health services to children and young people who misuse substances;
- supporting children and young people with emotional well-being and mental health needs who misuse substances; and
- arrangements for transition between the services.

Action:

- *Ensure that explicit referral mechanisms and care pathways are published and disseminated widely to referring agencies within all 4 tiers of service.*
- *Establish and publish an effective waiting time management system with routine monitoring systems in place.*

Access and Threshold Criteria

4.13 Access and threshold criteria must be laid down clearly for all services, and in particular for access to specialist substance misuse services at Tier 3 and 4. This is particularly important to avoid placing unnecessary burdens on services through inappropriate referral and placing unnecessary delays on starting treatment for individuals. Access protocols must be agreed jointly and published widely in the locality so that referring agencies and universal services such as GPs and school counsellors can make timely and appropriate referrals. To help partners develop appropriate access arrangements to CAMHS, a description of the national service is at Appendix 5.

Action: *Ensure that access and threshold criteria for all services are in place and published.*

Assessment, Care Management and Review (Tiers 3 and 4)

4.14 Children and young people who require structured substance misuse interventions at Tiers 3 or 4 are defined as “children in need” under the Children’s Act 1989 and their needs should be identified as part of the Assessment Framework for Children in Need and their Families. Local Authorities have statutory duties to “children in need” and under Section 17 of the Children Act 1989 must consider the range of services available to the child, young person or his/her family. The framework for the assessment of children and young people in need with a substance misuse problem has already been referred to at paragraph 4.8 and is copied at Appendix 2.

4.15 Some areas operate a Common Assessment Framework (CAF). Where CAF systems are in place, it is good practice to ensure information from the CAF is used to inform practitioners of the most appropriate services available in their area and to inform local planning where service gaps are identified. We will aim to identify good practice models in the use of CAF and disseminate in the final version of this document.

4.16 Structured treatment services for substance misuse should ensure that there is an agreed care plan in place based upon a comprehensive assessment of need. The plan should be holistic and address the full range of social and health needs with built-in review processes. A multi-agency and multi-disciplinary team approach will be needed to meet the needs of the individual. In all cases, the care plan must be managed by a named individual with responsibility for the child or young person throughout delivery of the care plan and aftercare support. The standards of assessment, care management and review systems should be monitored through case audit mechanisms.

Action:

- *Ensure that a comprehensive system of assessment and care management is in place for all children “in need” under the Children Act 1989.*
- *Monitor the standards being met through a case audit system.*

Safeguarding Children and Young People

4.17 A young person may be considered to be at risk of significant harm when his/her substance misuse places them in a situation of risk. The misuse of substances is likely to cause the young person to fail significantly to maintain their health and development. All professionals who work with young people, including substance misuse practitioners, should consider whether children or young people are at risk from their own substance misuse and if so, act on any concerns that they have according to the procedures set out in Working Together to Safeguard Children. The protection of children and young people from harm must be the over-riding concern.

4.18 Examples of safeguarding issues arising from substance misuse are:

- A young person caring for another child while under the influence of substances.
- Parental substance misuse.
- Sexual or physical abuse related to substance misuse.
- Self-harm or suicidal behaviour related to substance misuse.
- High-risk substance misuse behaviour, ie, the pattern and/or frequency of use is harmful to the psychological and physical well being of the individual, such as injecting or associating with injecting drug users.

4.19 The Children Act 2004 (section 28) places a duty on all agencies to make arrangements to safeguard and promote the welfare of children. Procedures are set out in Working Together to Safeguard Children – Statutory Guidance issued under the Children Act 2004 by the Welsh Assembly Government in 2006. The aim of the guidance is to assist Chief Officers and all relevant managers and practitioners to review their current policies, procedures and practices, analyse the current state of safeguarding and promoting children's welfare within their organisations and decide what steps were necessary in order to implement the guidance.

4.20 The guidance noted that it was important to ensure that arrangements were in place at Local Safeguarding Children Board level, which enabled child protection and substance misuse referrals to be made in relevant cases where children may be suffering significant harm because of their own substance misuse and required:

- Inter-agency protocols to be in place for the co-ordination of assessment and support, particularly across adult substance misuse services and children's services.
- Close collaboration with local Community Safety Partnerships, substance misuse services, and other relevant services.

4.21 Any professional working with young people needs to be aware that there may be safeguarding needs and act upon any concerns appropriately in line with Local Safeguarding Children Board (LSCB) procedures. Substance misuse practitioners are not exempt from this and should act on any concerns identified. The Healthcare Inspectorate Wales (HIW) review of prescribing published in September 2009 highlighted concerns regarding the safeguarding of children and cited that some assessments of substance misuse needs had not explored the existence of vulnerable dependents. Furthermore, HIW reported that confidentiality was often used dubiously as a barrier to the sharing of appropriate information between agencies. The existence of safeguarding concerns will influence the grounds under which personal information is shared and the protection of children and young people must be paramount. The presumption must be in favour of sharing information to ensure effective care is provided. (See under Consent and Confidentiality below).

Action: *Ensure that arrangements are in place, at LSCB level, which enable referrals to be made in accordance with LSCB procedures to children's services where children may be suffering significant harm because of their own substance misuse.*

4.22 Local authority social service departments have a lead role to play in identifying and supporting families who are vulnerable as a result of substance misuse. However it also needs to be recognised that other agencies also have key roles to play in ensuring an effective, family centred approach is taken to addressing the substance misuse problems of children and young people. SMAPBs should therefore ensure that:

- Inter-agency protocols are in place that define the responsibilities of each agency and identify how they will work together to deliver effective, joined up services.
- There is good communication between adult and children's services assessment, care planning and service provision that takes account of the needs of the whole family.
- There are clear procedures in place for making appropriate referrals to social services or the police where a child or children are considered to be at risk of significant harm due to their substance misuse.
- There is routine multi-disciplinary and agency training for substance misuse workers covering their statutory responsibilities, requirements under legislation and local safeguarding protocols.

Action:

- Inter-agency protocols are in place that define the responsibilities of each agency and identify how they will work together to deliver effective, joined up services.
- There are information sharing protocols in place governing effective communication between adult and children's services assessment, care planning and service provision that takes account of the needs of the whole family.
- There are clear procedures in place for making appropriate referrals to social services or the police where a child or children are considered to be at risk of significant harm due to their substance misuse.
- There is routine multi-disciplinary and agency training for substance misuse workers covering their statutory responsibilities, requirements under legislation and local safeguarding protocols.

Consent and Confidentiality

4.23 The Welsh Assembly Government has established a national programme to ensure that the sharing of personal information on children, young people and vulnerable adults is achieved safely and legally across all public services. The basis for sharing lies in the Wales Accord for the Sharing of Personal Information (WASPI) which should be used on all occasions. Information Sharing Communities are planned at a local level to develop the requirements of WASPI.

4.24 Appendix 6 provides a summary of the relevant detail, references for further information and a contact point for advice in the development and operation of locality-wide Information Sharing Protocols (ISP).

4.25 In considering consent issues or making a decision to disclose information, practitioners should be conversant with the Welsh Assembly Government's "Reference Guide for Consent to Examination or Treatment" and be aware that the Welsh Assembly Government is committed to Article 16 of the United Nations Convention on the Rights of the Child 1989.

4.26 Guidance on the sharing of personal information on children and young people was developed by the Standing Conference on Drug Abuse (SCODA) and The Children's Legal Centre (CLC) (1999). This is copied for information at Appendix 7. The guidance contains four parameters to help determine whether confidential information given by a young person about their substance use should be disclosed to a parent or safeguarding agency on the grounds that there may be a safeguarding issue.

4.27 SMAPBs should ensure that a Information Sharing Protocol (ISP) based on the requirements of the Wales Accord for the Sharing of Personal Information (WASPI) is in place between all agencies involved in the identification, assessment or treatment of a child or young person with a substance misuse problem. This will enable personal information to be safely and legally shared amongst partner service providers in order to facilitate the delivery of a holistic care plan and ensure that children and young people are referred to services appropriately.

Action: *Ensure that a Information Sharing Protocol (ISP) based on the requirements of the Wales Accord for the Sharing of Personal Information (WASPI) is in place between all agencies to enable personal information to be safely and legally shared amongst partner service providers.*

Departure Planning and Aftercare Support

4.28 The care plan should include aftercare support, which may include services at Tier 2, to help reinforce changes brought about by treatment interventions. Support can be through informal contact via Tier 2 open access services or through more formal review delivered by Tier 3 services.

Core Standards for Substance Misuse

4.29 All service specifications, Contracts and Service Level Agreements must require compliance with the Core Standards for Substance Misuse. The 25 Core Standards seek to ensure that services are planned and delivered safely, effectively and consistently across Wales. In line with the guidance issued in May 2010, these standards must be embedded in all substance misuse services. Core Standard 16 (Healthcare Standard 11) deals specifically with child protection.

Action: *Ensure that all service specifications, contracts and service level agreements comply with the Core Standards for Substance Misuse.*

Outcome Measures

4.30 The statutory, strategic planning guidance for Children and Young People's Plans and Health, Social Care and Well-being Plans are outcome focused, requiring partners to indicate change and improved effectiveness using methods such as Results Based Accountability or Outcomes Based Accountability. Detailed service plans should support that outcome based focus.

4.31 For young people with complex needs, work to address thinking and behaviour directly is often a necessary first step on the road to harder outcomes, such as engagement with education or labour markets. Services should encourage children and young people to plan for positive results and should therefore be outcome focussed. Services should be required to record and report against the following outcomes in addition to reporting into the Welsh National Database for Substance Misuse:

- Employment.
- Education.
- Training.
- Reducing/stopping substance misuse behaviour.
- Reducing offending behaviour.
- Re-established links with family.
- Accommodation issues resolved.

4.32 Outcomes should be monitored and reported by the SMAPB, shared with all key partners and the information used to inform future service planning. Consideration will be given to the development of a national tool to measure outcomes for children and young people receiving treatment for substance misuse problems.

Action: *Ensure that service outcomes are monitored and results reported by the SMAPB, shared with all key partners and used to inform future service planning.*

Transition to Adult Services

4.33 Young adults (aged 18-24 years), need to be recognised as a distinct group in a time of transition and services should be responsive to the needs of vulnerable young adults. Vulnerable young adults may experience a combination of educational failure, mental health problems, substance misuse, unemployment, family difficulties, and learning difficulties or disabilities. Distinct policies and practices should be in place for this age group that increases their chances of living positive lives and contributing to society. Holistic service responses are therefore vital to ensure that the wide range of their needs are met. For the most disadvantaged young people, housing issues are often critical, and can be the trigger for very isolated and disengaged young people to access services.

4.34 Mental health problems often first surface during the transition to adulthood, due to new pressures and challenges; and the evidence suggests that approximately 20% of 16-24 year-olds have a mental health issue, mostly anxiety and depression. Protocols therefore need to be in place to manage effectively the transition to adult substance misuse services and aligned with mental health services.

4.35 The key issues for effective service delivery to young adults are:

- Actively managing the transition process from youth to adult services.
- Flexible protocols that enable account to be taken of an individual's cognitive and emotional maturity.

Action: *Distinct policies should be in place to assist the transition from children and young people's services to adult services. This should include an holistic approach covering the range of needs and should be aligned with mental health services.*

Involving Children and Young People in Service Planning

4.36 Asking young people what works, what doesn't and what could work better and involving them on an ongoing basis in the design, delivery and evaluation of services is key to the effective delivery of services. Seeing young adults not as passive recipients of services, but as 'co-producers', helps to ensure buy-in to the aims of the service and evidence suggests such an approach can also improve outcomes.

4.37 Partners must establish mechanisms to work with young people on the design and delivery of local services; this may be undertaken through the existing mechanisms of the C&YPPs.

Action: *Ensure that mechanisms are in place to enable the participation of young people in the design and delivery of local services.*

5. Evidence Base

5.1 This section aims to provide summary guidance to assist partners in the development of evidence based substance misuse services for children and young people. It draws upon four key pieces of work:

- Public Health Wales (PHW) conducted a rapid review of the evidence base for the prevention and treatment of substance misuse in young people^{iv}.
- National Treatment Agency (NTA) for Substance Misuse undertook a systematic evaluation of the peer reviewed published research on specialist substance misuse treatment for children and young people^v.
- Swansea University and Applied Research in Community Safety (ARCS) conducted an external evaluation of the Turnaround programme delivered by Include^{vi}.
- The external evaluation of the All Wales Schools Liaison Core Programme^{vii}.

Tiers 1 and 2

5.2 School based programmes using interactive methods (for example role play) may be the most effective. There is some evidence that suggests programmes delivered at age 11-14 may be more effective than those delivered at 6-11 or 14-17. Consideration must also be given to target children and young people not in mainstream education.

5.3 Brief motivational interventions and social norms feedback may be beneficial in reducing hazardous and harmful drinking in young people aged 16 and upwards.

5.4 Youth workers and health outreach workers are well placed to reach those young people who are most likely to have been absent from school and at higher risk of problematic substance misuse.

5.5 Engagement with young people not in mainstream education is more likely to be effective if interventions address other problems, eg, housing, welfare and other life problems.

5.6 Group based behavioural therapy may be beneficial for young people who are at high risk of substance misuse; family based interventions may also be useful. Peer education can be an effective form of prevention services.

Tiers 3-4

5.7 Holistic, multi-agency approaches are more effective where specialist services are brought in to address specific needs.

5.8 The holistic service approach involves joined-up or 'multi-agency working', where agencies work in collaboration across organisational boundaries to tackle shared issues. The main drivers and benefits are:

- the sharing of information and resources;
- improved person centred services;
- improved co-ordination and integration of service delivery; and
- the development of new and innovative approaches to service provision.

5.9 Research has found that young people want services that communicate effectively – both externally and internally, have effective sign posting of one another, and for themselves to be seen as a person rather than a problem.

5.10 Partners must ensure that substance misuse services adopt a person-centred approach for effectively addressing the multiple and complex needs of children and young people who misuse substances.

5.11 Services need to be accessible at convenient times and locations, as well as being culturally appropriate and free of stigma. Holistic and joined-up services can also help to overcome access issues. As well as making information-sharing and onward referral easier, simple mechanisms like co-location can make it easier for young people to know where to go for help; and can also overcome the stigma associated with certain kinds of services.

5.12 Research also suggests that services which have an open access policy such as rolling entry programmes for structured services work well; achieving higher retention rates and securing positive outcomes.

5.13 Involving young people in service design will result in services being more attractive to young people, and which will therefore be more effective.

6. Workforce Development

6.1 The development of more effective provision for children and young people has implications for the development of the substance misuse professional workforce. The need for the early identification and response to substance misuse problems before they become entrenched also holds implications for the development of the wider workforce, such as school counsellors. Reducing substance misuse should be regarded as core business for local children and young people's services.

6.2 The Assembly Government has a vision to improve outcomes and meet the needs of *all* children and young people in Wales through a children and young people's workforce that has the values, skills, confidence and competence to be able

to meet the needs of the most vulnerable children and young people and to reduce disparities between the most disadvantaged and the rest.

6.3 Achieving this vision requires a workforce that is:

- Safe to work with children and young people.
- Committed to making sure all children can receive their rights.
- Attractive to join, providing rewarding career opportunities.
- Made up of people with the necessary skills, knowledge and competences.
- Effective at working across disciplines and between agencies.
- Able to involve children and young people when decisions are being made that will affect them.
- Recognised, respected and trusted.

6.4 In achieving this vision some development of the children and young people's workforce will be needed, underpinned by a coordinated approach that engages each sector of the workforce, supports and develops local workforce development plans, complements sector-specific development and is integrated with other Welsh Assembly Government strategies.

6.5 The Welsh Assembly Government has recently launched Families First, which looks to develop the whole system of support for families, breaking down barriers that families face in terms of interventions and developing better ways to deliver services. A key part of the Families First initiative will be the development of the workforce that support children, young people and families, developing the way in which people across organisational boundaries can work in a more effective way to provide support.

6.6 Those working with children and young people should have the necessary knowledge, skills and competencies to deliver future objectives for services. While joining-up at a strategic level is necessary, the experience of children and young people in greatest need is often shaped by the people who work most closely with them. There is a need to ensure that the workforce is joined up, using common approaches and language.

6.7 All people working with children and young people have a key role to play in addressing substance misuse among children and young people. All need to have a basic substance misuse awareness, knowledge and understanding. These basic substance misuse awareness courses should be available locally and courses should comply with the guidance set out in the three year Substance Misuse Workforce Development Action Plan (2009-2012).

6.9 In addition, basic substance misuse knowledge, understanding and awareness should be incorporated into core professional training across the workforce. Every SMAPB should have a workforce development action plan ensuring that generic workers and substance misuse specialist practitioners have the skills

and competences needed to work with children and young people who have a substance misuse problem.

Action: *Workforce development plans should be reviewed by SMAPBs to ensure they contain objectives to develop knowledge and understanding of substance misuse issues amongst the generic workforce and specific knowledge and skills training for substance misuse practitioners.*

7. Implementation

7.1 This guidance contains a series of actions that need to be taken forward at the local level. For ease of reference, these are summarised at Appendix 8. Whilst the lead responsibility for the planning and management of substance misuse services rests with Community Safety Partnerships, there are a range of organisations and partnerships that have a vital role to play in the planning, management and delivery of substance misuse services for children and young people. In addition, it is expected that work to implement this guidance will be undertaken under the auspices of Substance Misuse Area Planning Boards (paragraphs 3.4-3.6 refer) to secure economies of scale through the sharing of knowledge, skills and resources.

References

1. Consider whether you require your consultation document typeset:

<http://assembly/hr/content/facilities/tps.htm>

ⁱ WELSH ASSEMBLY GOVERNMENT. Shared Planning for Better Outcomes Children Act 2004: Planning Guidance Cardiff. Welsh Assembly Government, 2008

<http://wales.gov.uk/topics/housingandcommunity/safety/publications/strategy0818/?lang=en>

ⁱⁱ WELSH ASSEMBLY GOVERNMENT. *Everybody's Business - Child and Adolescent Mental Health Services*. Cardiff. Welsh Assembly Government, 2001

<http://wales.gov.uk/topics/educationandskills/publications/guidance/sharedplanningforbetteroutcomes?lang=en>

ⁱⁱⁱ WELSH ASSEMBLY GOVERNMENT. Breaking Down the Barriers - better Support for Children and young People with Emotional and Mental health Needs Cardiff. Welsh Assembly Government, 2010

<http://wales.gov.uk/topics/health/publications/health/guidance/actionplan/;jsessionid=7T2jMQTMWn2MGQr2yWQyf38yJrvMGRQLTn9hB2FICyNvDZNgnlVy!-601976524?lang=en>

^{iv} PUBLIC HEALTH WALES. Interventions and Models of Care for Substance Misuse in Children and Young People. Cardiff. Public Health Wales May 2010

[http://www2.nphs.wales.nhs.uk:8080/VulnerableAdultsDocs.nsf/Public/9BC533784817D1E580257737002D252B/\\$file/Substance%20Misuse%20and%20Children%20in%20Wales%20final.doc?OpenElement](http://www2.nphs.wales.nhs.uk:8080/VulnerableAdultsDocs.nsf/Public/9BC533784817D1E580257737002D252B/$file/Substance%20Misuse%20and%20Children%20in%20Wales%20final.doc?OpenElement)

^v NATIONAL TREATMENT AGENCY FOR SUBSTANCE MISUSE. *Young People's Specialist Substance Misuse Treatment – Exploring the Evidence*. London. National Treatment Agency for Substance Misuse 2009

www.nta.nhs.uk/uploads/yp_exploring_the_evidence_0109.pdf

^{vi} SWANSEA UNIVERSITY & ARCS. *Evaluation of the Include Programme*. Swansea. Swansea University & ARCS, 2009

www.wales.gov.uk/docs/dsijg/publications/commsafety/090826app2en.pdf

^{vii} WELSH ASSEMBLY GOVERNMENT. *National evaluation of the All Wales Schools Liaison Core Programme*. Cardiff. Welsh Assembly Government, 2007 <http://wales.gov.uk/topics/housingandcommunity/safety/safetyresearch/schoolsliason/;jsessionid=QhxCKM9d32BJK1jQv2xf1QJLyBtbpJTpbIKZPXk1yDbqdZTJQn2d!-1895006922?lang=en>

Other References

HM GOVERNMENT. *Children Act 1989*. London: HM Government, 1989.

http://www.opsi.gov.uk/acts/acts1989/ukpga_19890041_en_4

HM GOVERNMENT. *Children Act 2004*. London: HM Government, 2004.

http://www.opsi.gov.uk/acts/acts2004/ukpga_20040031_en_1

WELSH ASSEMBLY GOVERNMENT. *Safeguarding Children: Working Together Under the Children Act 2004*. Cardiff: Welsh Assembly Government, 2007.

<http://cymru.gov.uk/publications/circular/2007/1637402/?jsessionid=rRWyMhSJb1hJs jHfPBDmdvJfQGY41fZ95ry2KzG8TBZt3vgkvmBJ!765542023?lang=en>

WELSH ASSEMBLY GOVERNMENT. *Children and Young People's Plans Interim Guidance 2011-14*. Cardiff: Welsh Assembly Government, 2010.

<http://wales.gov.uk/consultations/childrenandyoungpeople/cypinterimguidance/?lang=en>

DEPARTMENT OF HEALTH (ENGLAND), THE SCOTTISH GOVERNMENT, WELSH ASSEMBLY GOVERNMENT AND NORTHERN IRELAND EXECUTIVE. *Drug Misuse and Dependence: UK Guidelines on Clinical Management*. London: Department of Health (England), Edinburgh: The Scottish Government, Cardiff: Welsh Assembly Government and Belfast: Northern Ireland Executive, 2007.

<http://wales.gov.uk/topics/housingandcommunity/safety/publications/drugmisuse/?lang=en>

WELSH ASSEMBLY GOVERNMENT. *Framework Guidance for Community Safety Partnerships to Commission Substance Misuse Services*. Cardiff: Welsh Assembly Government, 2005

<http://wales.gov.uk/topics/housingandcommunity/safety/publications/submisusecommissionframe/?lang=en>

WELSH ASSEMBLY GOVERNMENT. *Substance Misuse Treatment Framework for Children and Young People who Misuse Substances in Wales*. Cardiff: Welsh Assembly Government, 2008.

<http://wales.gov.uk/topics/housingandcommunity/safety/substancemisuse/treatmentframework/?lang=en>

WELSH ASSEMBLY GOVERNMENT. *Guidance for the Planning and Provision of Substance Misuse Services to Children and Young People in the Care of the Youth Offending Services*. Cardiff: Welsh Assembly Government, 2009

<http://wales.gov.uk/topics/housingandcommunity/safety/substancemisuse/treatmentframework/?lang=en>

NATIONAL INSTITUTE FOR CLINICAL EXCELLENCE. *Community-based interventions to reduce substance misuse among vulnerable and disadvantaged children and young people*. London: NICE, 2007.

<http://guidance.nice.org.uk/PH4/Guidance/pdf/English>

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

<http://wales.gov.uk/topics/housingandcommunity/safety/substancemisuse/treatmentframework/?lang=en>

Guidance for the Planning and Provision of Substance Misuse Services to Children and Young People in the Care of Youth Offending Services

<http://wales.gov.uk/topics/housingandcommunity/safety/substancemisuse/treatmentframework/?lang=en>

Community-based interventions to reduce substance misuse among vulnerable and disadvantaged children and young people

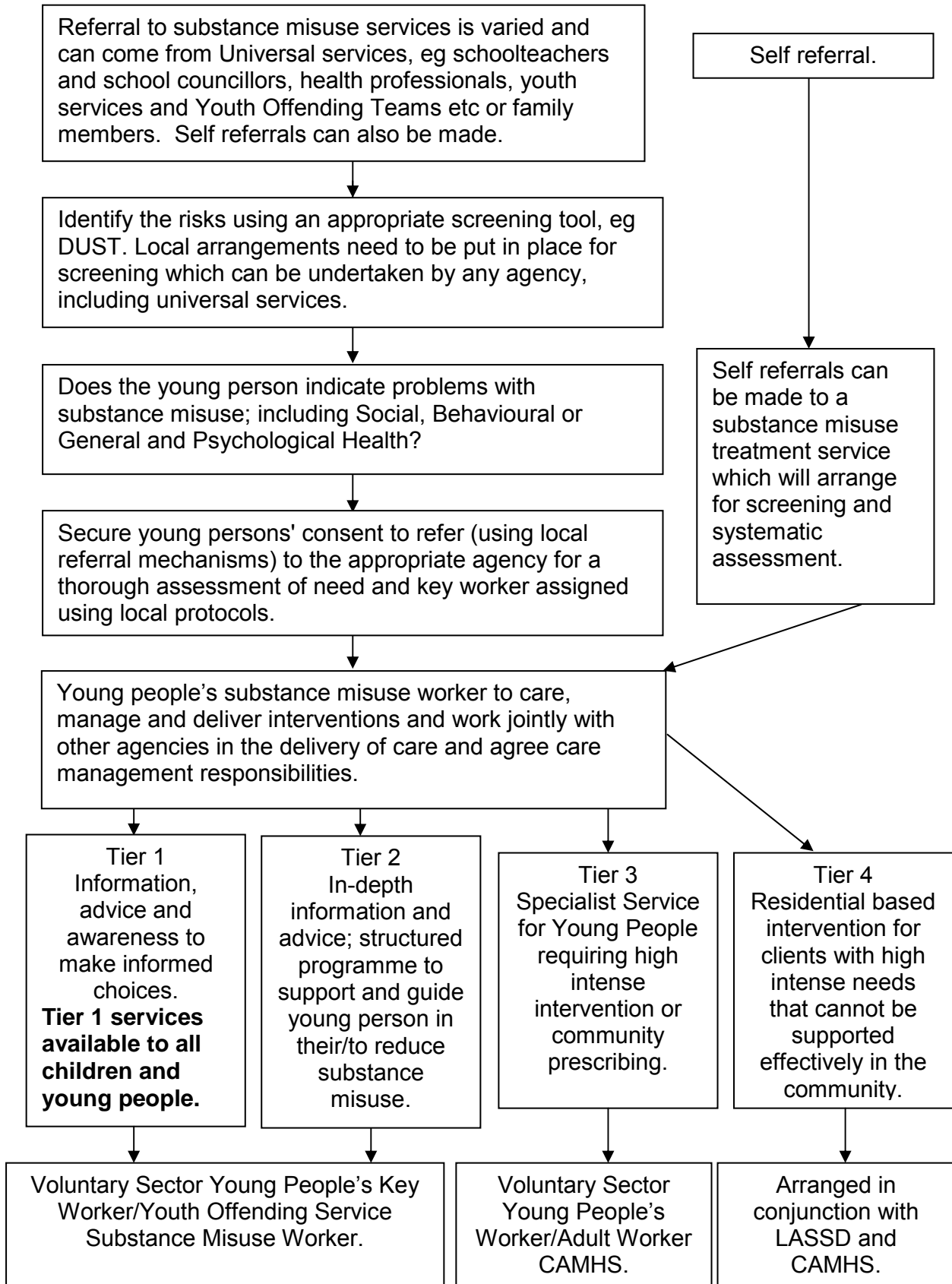
The Healthcare Inspectorate Wales (HIW) review of Substance Misuse prescribing Services

<http://guidance.nice.org.uk/PH4/Guidance/pdf/English>

<http://www.hiw.org.uk/page.cfm?orgid=477&pid=14201&text=Betsi%20Cadwaladr%20University%20LHB%20>

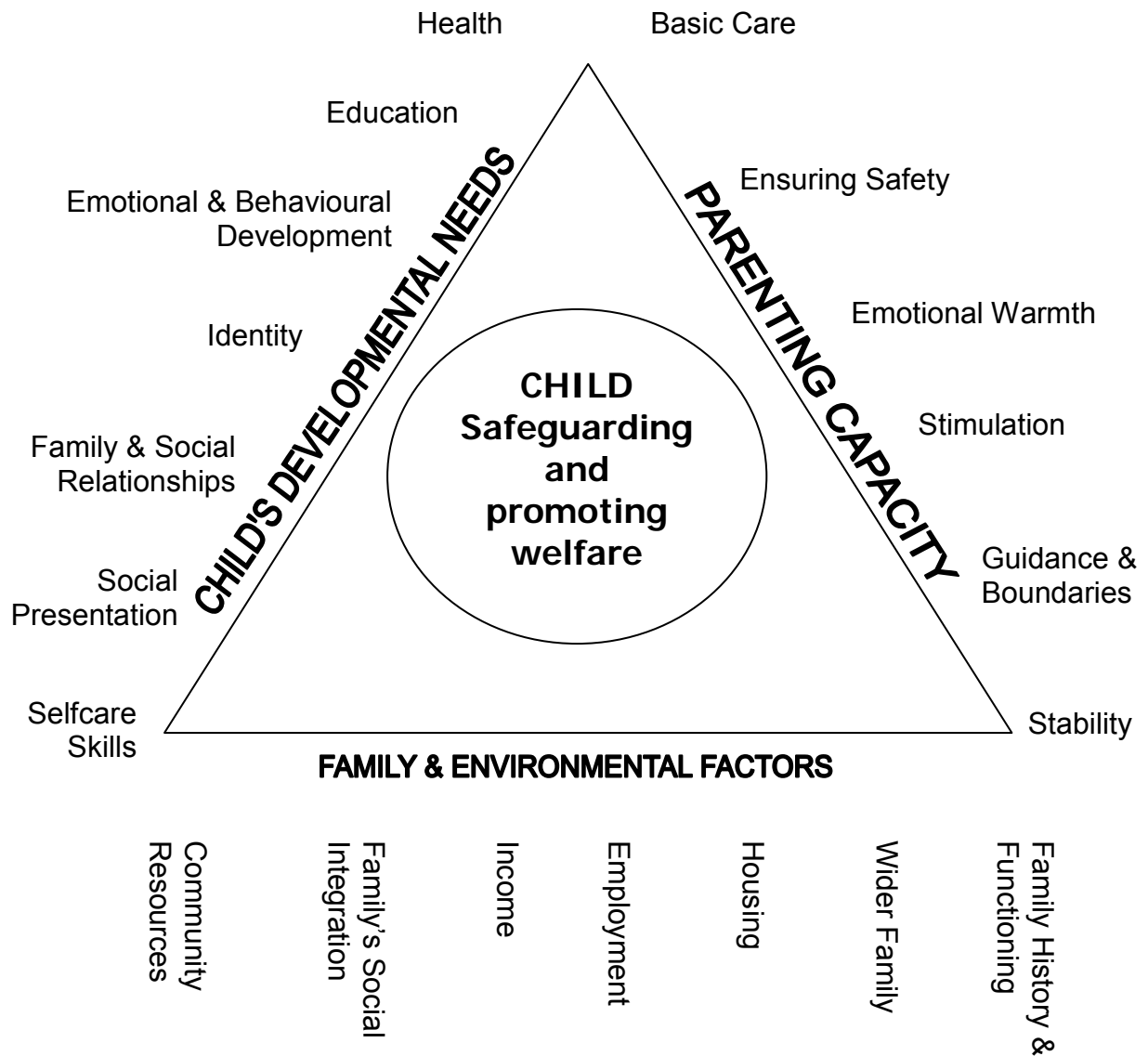
Appendix 1

High Level Care Pathway for Children and Young People who Misuse Substances



Appendix 2

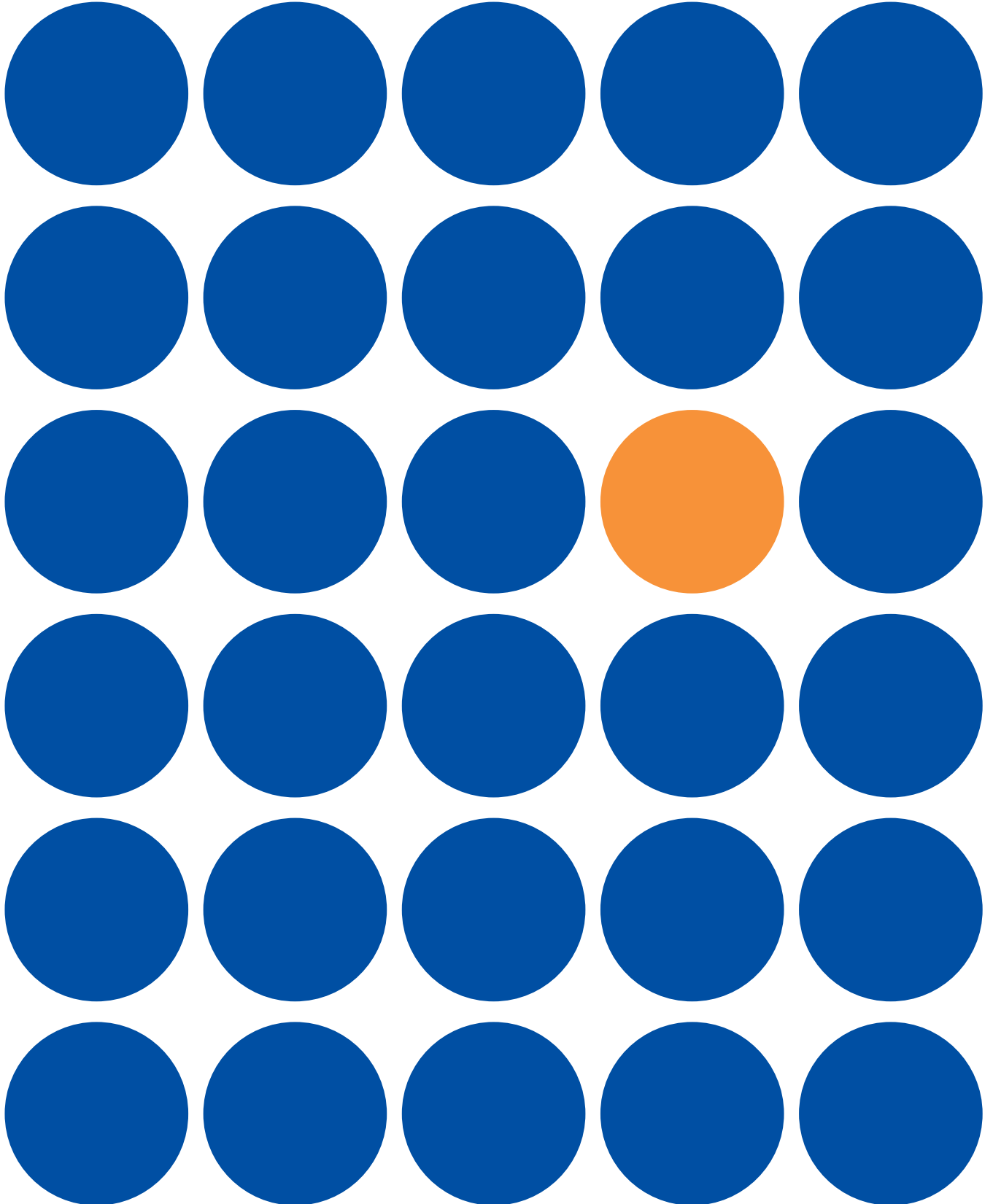
Framework for the Assessment of Children in Need and their Families





YOUNG PEOPLE'S

Drug & Alcohol Use Screening Tool (DUST)



ALTHOUGH many young people will try drugs & alcohol at some time, most do not progress beyond experimentation. However, research indicates that many factors can increase the risk of a young person moving from 'drug & alcohol use' to 'drug & alcohol misuse', whilst some protective factors can reduce these risks. Unless you are a specialist drug & alcohol worker it can be difficult to distinguish between use and misuse, and to accurately assess these risk factors. This tool should help.

To complete this form you do not need a comprehensive knowledge of drugs & alcohol but you may need to know how to contact your nearest drugs & alcohol service for young people (see opposite page). This service will be able to provide appropriate information, leaflets and guidance.

DUST is designed for use with young people about whom there may be concerns regarding drug/alcohol use.

- It will not provide a comprehensive drug/alcohol use assessment.
- It will indicate when specialist advice should be sought.
- It will help identify risk factors.

Protective Factors

- Positive temperament
- Intellectual ability
- Supportive family environment
- Social support system
- Caring relationship with at least one adult
- In education/employment/training

1 Belonging to a 'vulnerable' group

- Young sex workers
- Young offenders
- Looked after children
- Mental health problems
- School non-attenders
- Drug/alcohol misuse by parents
- Abuse within the family
- Homeless

Risk Factors

2 Social & Cultural Factors

- High levels of neighbourhood crime
- High levels of poverty & decay
- Easy drug availability
- Areas where there is widespread social acceptance of drug use
- Lack of perception of the risks from drugs/alcohol

3 Interpersonal & Individual Risk Factors

- Physiological & psychological factors
- Family dysfunction
- Behavioural difficulties
- Academic problems
- Association with peers who use drugs/alcohol
- Early onset of drug or alcohol use

Defining the terms

Drug/alcohol use The consumption of a drug/alcohol by a young person. When the term 'use' is contrasted with 'misuse', 'use' means the consumption of a drug/alcohol that does not cause any perceptible immediate harm - even though it may carry some risk of harm.

Drug/alcohol misuse Use of a drug/alcohol or combination of drugs and alcohol, that harms health or social functioning - either dependent use (physical or psychological) or use that is part of a wider spectrum of problematic or harmful behaviour.

Vulnerable group Young people are at increased risk of drug/alcohol misuse if they belong to certain groups and this risk increases if there is membership of more than one group.

Protective factors Increase a young person's resilience to the development of drug/alcohol misuse problems.

Risk factors Increase the likelihood that drug/alcohol misuse will occur.

The Kent Drug Alcohol Action Team (KDAAT) aim to reduce drug and alcohol related harm for young people, their parents/carers and the community, (National Drugs Strategy 2008) by implementing Public Service Agreement 14 (PSA 14) Increasing the Number of Young People on the Path to Success and PSA 25 Reducing the Harm Caused by Alcohol and Drugs.

These aims are achieved by robust and accountable multi-agency commissioning of services, ensuring integration within wider children's services in Kent. KDAAT partner agencies and service providers ensure:

- **Universal Services:** Drug and Alcohol education for all young people as part of a holistic approach, delivered through the PSHE element of Kent Healthy Schools Programme and Schools Drugs Education Advisers.
- **Early Intervention Services:** Targeted and prevention services for young people from vulnerable groups, support for parents and carers and training for professionals.
- **Specialist Treatment:** An accessible high quality range of treatment and support services for young people experiencing alcohol/drug misuse related problems.

Further information about KDAAT for professionals and parents & carers and where to report anecdotal evidence please go to www.kdaat.org/yp.

Young people can access further information about drugs and alcohol through www.foryoungpeople.co.uk.



Young Peoples Services
Kent Drug & Alcohol Action Team
Whitstable Youth Centre, Tower Parade, Whitstable, Kent CT5 2BJ
Tel: 01227 280358

DUST Training

If you require training on young people alcohol and drugs and how to refer to services contact KCA YPS on 01227 456744 or email yps@kca.org.uk

DUST form is available online at www.dust-training.co.uk which also has information about how to get DUST training, a PDF and excel version of the DUST form.

KCA provide targeted and specialist drug and alcohol interventions for young people across the whole of Kent. For further advice please contact them on 01227 456744 or yps@kca.org.uk

Grey Zebra offer the **Drug Intervention Support Programme** which is designed to prevent young people who use cannabis from entering the criminal justice system or being excluded from school. For more information contact Grey Zebra on 01622 817820 or email greyzebra@kenwardtrust.org.uk

If you would like further information about Healthy Schools please go to:

<http://www.kenttrustweb.org.uk/children/healthyschools2.cfm>

& if you would like further information about Schools Drugs Education Advisers please go to:

<http://www.kenttrustweb.org.uk/Children/drugs.cfm>



Young Person

Does the young person consent to this referral? Yes No
 (If no, contact Young Persons' Service for advice)

Does the young person consent to the information on the screening tool being shared with the Young Persons' Service? Yes No

What does the young person want from the service?

Name & Address of Young Person Male Female

Postcode

Contact Number

Date of Birth _____ Age _____

Ethnicity (tick one)

<input type="checkbox"/> White British	<input type="checkbox"/> White Asian	<input type="checkbox"/> Other Asian/Asian British
<input type="checkbox"/> White Irish	<input type="checkbox"/> Other Mixed	<input type="checkbox"/> Caribbean/Black British
<input type="checkbox"/> Other White	<input type="checkbox"/> Indian/Asian British	<input type="checkbox"/> African/Black British
<input type="checkbox"/> White/Black British	<input type="checkbox"/> Pakistani/Asian British	<input type="checkbox"/> Chinese/Other Ethnic
<input type="checkbox"/> White/Black African	<input type="checkbox"/> Bangladeshi/Asian British	<input type="checkbox"/> Not Stated

Does young person have a diagnosed medical condition Yes No

and is on Medication Yes No
 If YES please give details

Have the young person's parents / Carers consented to this referral? Yes No

Name & Contact Number of Parent/Guardian

Young Person's Availability for Appointments

What is the best way to contact the young person? Text Letter Phone

Young person's signature

Referrer

Date of Referral

Referrer's Name

Referrer's Agency

Have you received DUST training? Yes No

Address

Contact Number

Other Agencies involved

Agency	Name	Address & Contact Number
GP	_____	_____
School	_____	_____
Social Services	_____	_____
CAMHS	_____	_____
YOS	_____	_____
Connexions	_____	_____
Other – please state	_____	_____

Has a CAF been completed with young person Yes No

If yes, please give details

Child protection concerns Yes No

If yes, please give details (including lead agency and name of worker)

Would this young person pose any significant risk to staff or others? Yes No

If yes, please give details

Reasons for Referral

Please add any additional background information that may be relevant to the assessment of this young person.

What happens next?

On receipt of this form a worker will be allocated and will make contact with you.

Appendix 4

Multi Agency Substance Screening tool (MASST)														
	Tobacco	Alcohol	Solvents	Cannabis	Ecstasy	Amphetamine	LSD	Ketamine	Legal Highs e.g salvia	Cocaine	Heroin	Methadone	Illegal prescribed	Other
Ever Used?														
Recent Use (Last two weeks)														
Age at First Use														
1	Can you describe any substance you think you have ever used or are currently using. Add information not on table above and indicate how much and how often.													
2	Have you thought about why you use substances if you do? Is it part of having a good time with your friends and/or does it help you feel more able to cope with certain things?													
3	What do you know about the dangers/effects/side effects of the substances you or your friends are using?													
4	Are there any substances you'd like to know more about? If so what?													
5	What kind of places and time or day/night do you like to use substances?													
6	Do you use mainly on your own or with friends?													
7	How do you use? Smoking, drinking, swallowing, sniffing, injecting?													
8	How do you manage to pay for the substances you use?													
9	Do you always know what you are taking? If so how?													
10	Do you ever take more than one substance at a time? If so, which substances? (This includes Tobacco and Alcohol.)													
11	What problems (if any) do you think your use causes you? How does it affect your life? Your friends and family?													
12	How do you feel about your substance use? Do you think its fine? Are there things that worry you at all?													
13	What help/advice about substance use have you had before? What did you find useful and what wasn't helpful?													
NB: Details may need to be obtained for monitoring purposes, e.g. Age, Gender, Ethnicity, Name, etc.														

Appendix 5

Child and Adolescent Mental Health Service – Description of the Four Tiers of Service Delivery

Tier 1

Tier 1 CAMHS is provided by professionals whose main role and training is not in mental health, such as General Practitioners, health visitors, paediatricians, social workers, teachers, youth workers and juvenile justice workers.

Tier 2

Tier 2 CAMHS is provided by specialist trained mental health professionals, working primarily on their own, rather than in a team. They see young people with a variety of mental health problems that have not responded to Tier 1 interventions. They usually provide consultation and training to Tier 1 professionals. They may provide specialist mental health input to multi-agency teams, for example for children looked after by the local authority. Tier 2 also consists of those practitioners and services from specialist CAMHS that provide initial contacts and assessments of children and young people and their families.

Tier 3

Tier 3 is reserved for those more specialised services provided by multi-disciplinary teams or by teams assembled for a specific purpose on the basis of the complexity and severity of children's and young people's needs or the particular combinations of co morbidity found on specialist assessment.

Tier 4

Tier 4 services are very specialised services in residential, day patient or outpatient settings for children and adolescents with severe and/or complex problems requiring a combination or intensity of interventions that cannot be provided by tier 3 CAMHS. Tier 4 services are usually commissioned on a sub regional, regional or supra-regional basis. They also include day care and residential facilities provided by sectors other than the NHS such as residential schools, and very specialised residential social care settings including specialised therapeutic foster care.

Appendix 6

Wales Accord on the Sharing of Personal Information – Description of the Framework and Personal Identifiable Information Sharing

Introduction

Each partner within the Substance Misuse Strategy has a statutory responsibility to its service users, the public and commissioners to ensure that it has effective processes, policies and people in place to deliver a safe environment for the holding and use of information. In this context, information is defined as both person identifiable data¹, information held in service user records e.g. clients, patients, staff records and organisational records and organisational data or information held in any record or system other than that which is personal identifiable, such as strategies, policies and procedures, financial accounts, estate information, performance information and service support information.

One of the key components to ensure that the partnerships work effectively is the sharing of information on many levels; between practitioners about individual people through to senior managers about service performance. This Appendix deals only with the sharing of personal identifiable service user's information.

Each partner will have rules and regulations specific for that organisation; the WASPI framework can be considered as the way in which the partners manage the information sharing processes and procedures and forms a key component of integrated governance and assurance arrangements.

Disclosure or Sharing Personal Identifiable Information

Sharing information about people is central to effective care and service provision across the whole service sector – this has been emphasised by the high profile national failures where organisations have not shared information (Climbie, Baby P etc.). In addition, there is the expectation from service users that their personal information is shared between the parties who are providing them with services. However, this is coupled with their other expectation that sharing is safe, secure and only the information that is relevant is shared.

The disclosure or sharing of personal identifiable information (PII) **must** be undertaken within the legislative rules and guidance issued to all Programme partners; this obviously includes the main legislative requirements within the Data Protection Act 1998. The disclosure of PII can be complex and if not managed appropriately can cause confusion and ineffective and impractical processes, therefore, for the Programme to work effectively the requirements must be managed correctly.

¹ The terms "data" and "information" are often used interchangeably. In whatever way they are used they represent a range from single facts or numbers, "data", to more meaningful "information" containing pieces of data in a given context.

Within Wales the approved management framework for information sharing between partners is the Wales Accord on the Sharing of Personal Information (WASPI). This framework is the Welsh Assembly Governments recognised way of administering the sharing of PII; each NHS organisation and social services department has been advised to use the WASPI framework when sharing PII. The WAG Corporate Board for Sharing Information (sponsored by the First Minister) is undertaking a programme of work to ensure that organisations within Wales share information appropriately and that the framework for sharing is consistent across Wales. The delivery of this is through the WASPI framework.

WASPI

The purpose of the Wales Accord on the Sharing of Personal Information (WASPI) is to provide a framework for service-providing organisations directly concerned with the well being of an individual to share information between them in a lawful and intelligent way. It facilitates this by establishing agreed requirements and mechanisms for the regular exchange of personal information between different partners in a care environment. This is called an “**information sharing community**”. This community can be made up any number of organisations and these can be public sector, voluntary sector and private and independent organisations; there is no limitation as to what organisation can be part of the information sharing community.

The WASPI framework is made up of two parts:

- The Accord – the common set of corporate principles and standards under which partner organisations will share information. It records the commitment of each partner organisation to meet agreed standards for the sharing personal identifiable information and to use the framework. It **MUST** be signed by the Chief Executive or equivalent; and
- the Information Sharing Protocol (ISP) – identifies the operational data requirements to be shared for specific and lawful purposes.

The ISP will detail:

- the specific purpose(s) for information sharing (this is the cornerstone of information sharing within the WASPI framework);
- the group(s) of service users it impacts upon;
- the relevant legislative powers and the consent processes involved;
- what data is to be shared;
- the required operational procedures and the process for review;
- the means of communicating to practitioners the specific operational requirements.

Essentially this is the “who/why/where/when/what/how” questions of sharing personal information.

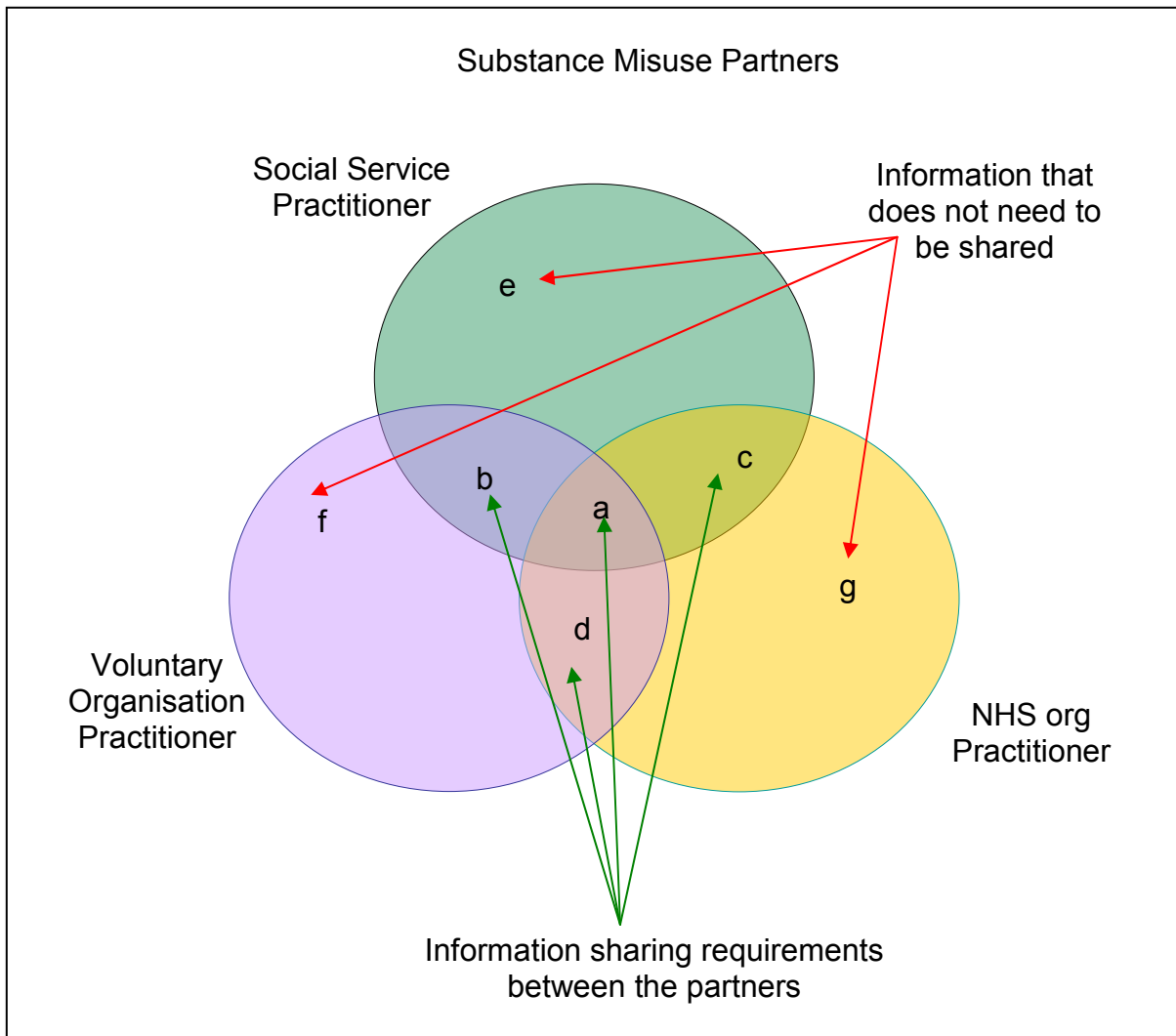
There will only be one Accord for Wales whilst there will be many ISP's. Although originating in Wales the WASPI framework can easily transfer across to non-Welsh information sharing communities as the concept of principles and delivery will fit most situations and many services will cross boundaries. Information Sharing Protocols enable any legal complexities and misunderstandings – particularly of the Data Protection Act – to be overcome. Previous attempts at a local level resulted in a fragmented and repetitive set of documents and processes of variable quality. To this end WASPI is a practical approach for all organisations to work together, avoiding duplication of effort and providing service users with an improved service.

Information Sharing Protocols (ISP's)

Protocols will need to be developed wherever there is a regular exchange of PII between partner agencies. This does not mean that partners can exchange any and all information about a person to team partners just because they belong to a "Substance Misuse Team" but that the information to be shared must be an appropriate requirement for the other member of the team to undertake their role. This is normally done with the knowledge and consent of the service user, although there are occasions where this is not practical or appropriate.

Diagram 1 illustrates that team members collect information about a service user and each provides a service to that person. There is information that could be exchanged or shared between these people to help them undertake their work. Shaded area "a" shows that this information needs to be shared with all the partners and could be demographic information, health and safety risks or summary care requirements, whilst different specific information relevant to the each worker shown in areas "b", "c" and "d" such as specific care plans are only relevant for two out of the three partners, but areas "e", "f" and "g" show that some information is not required to be shared at all, this may be specialist assessments or sensitive information or possibly financial information which the other partners do not require to undertake their role. Thus an ISP is required to facilitate the sharing of the information identified in the shaded areas "a", "b", "c" and "d".

Diagram 1: Substance Misuse – an Information Sharing Community



Steps to Creating the ISP's

The Substance Misuse Programme needs to develop ISP's relevant for the service areas. This will involve practitioners from the partner organisations. It must be noted that this means practitioners *not* senior administrative managers. Within "substance misuse" it is likely that there are a number of subsets of information and professional processes without each being clearly labelled as "substance misuse". Someone who is regarded as being within the definitions of the programme will have a several types of intervention requirements, some falling within the programme and some outside.

There are 10 steps to creating the ISP's:

1. Identify the sharing processes within substance misuse provision – at a high level.
2. Identify the partner organisations involved.
3. Identify and appoint a lead manager responsible for creating the ISP.

4. Identify and appoint a Facilitator for overseeing the development processes.
5. Identify and agree to release practitioners from the organisations to participate in the development of the ISP. This becomes the ISP Development Team.

(It is important that the partners recognise that the release of the practitioners will enable step 6 to commence. The practitioners can be practitioner managers, team leaders etc. but will need the sound knowledge of the way the things work and what is required).
6. Undertake the ISP process – identifying the “what, where, when, who, how and why” for sharing the information.

(This step will take approximately 6 half day sessions).
7. Create the ISP documentation.

(This step will be undertaken by the person appointed in step 3).
8. The ISP Team review and agree the final ISP documentation and processes.
9. Obtain approval from each partner organisation e.g. NHS organisation Caldicott Guardian, Director SSD, etc.
10. Communicate and implement the ISP.

All partners need to sign the Accord (at Chief Executive level) whilst the ISP's will need to be signed off by the Executive responsible within that organisation e.g. NHS Caldicott Guardian, Director of Social Services within each Local Authority; this cannot be undertaken by the department or programme leads.

Conclusion

Using the framework will aid the exchange of information where there are perceived barriers between the participating organisations and reduce the fragmentation of the services e.g. there are many Local Authority's, NHS providers, Police Services, thousands of service providers each with different organisational standards and professional codes of ethics and cultures. The framework provides total compliance with the Information Commissioner's Code of Conduct for Sharing Information and ensures compliance with legislative requirements and national and international standards and policies.

The use of the WASPI framework will assist the development and understanding of information use across the services within the Programme by defining the information required and the reasons for its use. The development will enable the development of the mechanisms for sharing, especially future electronic sharing; without this ISP the development of electronic sharing will be confused, lack scope will cause delays in implementation.

Benefits for the service user include helping to improve care through reduction of delays, focusing on the exact requirements and improving the service user's knowledge about the services provided. It will help staff by improving certainty about

what can and can't be shared, reduce delay in service provision and improve their knowledge and understanding of all the services required to improve the care and well-being of a service user. Organisations will benefit as the risks of not sharing or sharing information inappropriately are reduced, providing improvements to service provision and ensuring effective use of resources. Therefore, not only will the development of the ISP's be a practical method of assuring safe information exchange it is also facilitates each organisation's ability to provide the service user with the best service for the their requirements.

Appendix 7

Guidance – Sharing Personal Information on Children and Young People – The Standing Conference On Drug Abuse (SCODA) and The Children’s Legal Centre (CLC) (1999)

The Age and Maturity of the Child or Young Person

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

The Degree of Seriousness of Substance Misuse

The more serious the substance misuse, the more likely it is that disclosure of confidential information to parents or other agencies will have to be considered. In deciding whether to disclose, the substance misuse service must take into account patterns and levels of substance misuse, the risks of morbidity (other health problems) and mortality, and other risks such as involvement in crime and other behaviour linked with the substance misuse. The supply source of the young person’s substances may also be important, particularly if the young person is at risk of exploitation or coercion.

Whether Harm or Risk is Continuing or Increasing

Harm from drug taking needs to be assessed with consideration of past, present and potential future behaviour. If there is a clear risk to the child or young person arising from present behaviour or evidence of an escalation of risk to an unacceptable level, it is important that the service takes steps to ensure the future safety of the child or young person.

Whether there are Multiple Problems

Where the child or young person has multiple problems, it is likely that other agencies or professionals will need to be involved to resolve these problems or reduce the vulnerability and risk to the child or young person. For instance, the child or young person needs to be encouraged to involve other agencies if abuse is revealed within their home or accommodation, if family relationships have collapsed and they are homeless, if the child has absconded from care or unable to obtain any legitimate income.

The substance misuse service will need to assess the child or young person’s circumstances and determine whether to disclose confidential information against the child’s wishes, if they cannot be persuaded to consent to the information being shared.

Appendix 8

Actions	Responsible Authorities	Date
Ensure that the Children and Young People's Plan contains actions relevant to the delivery of substance misuse treatment services, in particular that The CAMHS service is fully engaged in the provision of substance misuse treatment services.		
Ensure that the Children and Young People's Plan contains actions relevant to the delivery of substance misuse treatment services, in particular that The CAMHS service is fully engaged in the provision of substance misuse treatment services.		
Protocols in place to provide prompt access to specialist services where required in particular having regard for the needs of vulnerable groups.		
Ensure that arrangements are in place in place so that excludees and persistent truants have a full substance misuse assessment and receive appropriate support with the aim of returning them to mainstream education.		
Ensure that arrangements are in place so that all looked after children receive a holistic health assessment to identify and address substance misuse problems.		

Actions	Responsible Authorities	Date
<p>Establish a planning structure that oversees and manages an agreed, prioritised local substance misuse service plan for children and young people i.e., 18 years and under and transitional services which:</p> <ul style="list-style-type: none"> • maps current provision and expenditure; • contains an assessment of need; • includes a prioritised improvement plan to improve and increase services to meet unmet need; • specifies access and threshold criteria and includes referral protocols all services, and in particular for access to specialist substance misuse services at Tier 3 and 4; • is outcome focussed with a built-in annual review mechanism. 		
<p>Ensure that explicit service specifications and service level agreements are in place for all services that contain the above components.</p>		

Actions	Responsible Authorities	Date
Ensure that explicit referral mechanisms and care pathways are published and that an effective waiting time management system is in place.		
Ensure that access and threshold criteria for all services are in place and published.		
Ensure that standards and a case audit systems are in place and audits undertaken to ensure that standards for assessment, care planning and review are being met.		
Ensure that arrangements are in place, at LSCB level, which enable referrals to be made in accordance with LSCB procedures to children's services where children may be suffering significant harm because of their own substance misuse.		
Where children are not suffering significant harm, ensure that referral arrangements are in place to enable children's broader needs to be assessed and responded to.		
Ensure that all professionals who work with young people, including substance misuse practitioners are provided with training in local safeguarding procedures.		

Actions	Responsible Authorities	Date
Ensure that a Personal Information Sharing Protocol (PISP) based on the requirements of the Wales Accord for the Sharing of Personal Information (WASPI) is in place between all agencies to enable personal information to be safely and legally shared amongst partner service providers.		
Ensure that All service specifications and Service Level Agreements comply with the Core Standards for Substance Misuse.		
Ensure that service outcomes are monitored and results reported by the strategic planning and delivery groups to the Welsh Assembly Government.		
Transition arrangements are in place relating to the transition of young people between substance misuse services and other health, social care and criminal justice services relevant to the needs.		
Ensure that mechanisms are in place to enable the participation of young people in the design and delivery of local services.		