

May 2010

Children, Young People and Alcohol Pan-London Guidance



MAYOR OF LONDON

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**Greater London Authority
May 2010**

Published by
Greater London Authority
City Hall
The Queen's Walk
More London
London SE1 2AA

www.london.gov.uk

enquiries 020 7983 4100
minicom 020 7983 4458

ISBN 978-1-84781-362-6

Photographs
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shutterstock.com

Copies of this report are available
from www.london.gov.uk

Printed on Evolution Satin digital

Acknowledgements

This report was written by Emma Sleight (London Borough of Hammersmith and Fulham) and Esther Sample (London Drug and Alcohol Network/DrugScope), with contributions from Laura Croft (Greater London Authority), Stephen Stachini (Youth Justice Board), Tracey Goodhew (London NTA), Morgane Pairain (DCSF), Matthew Andrews (Department of Health Regional Public Health Group), Anna Curran, Tom Smith and Anne Delargy (Alcohol Concern), Rebeka Pope (NHS Camden), Emma Bond and Claire Parker (London Borough

of Tower Hamlets), Vivienne Evans (Adfam), James Morris (AERC Alcohol Academy/London Borough of Lambeth), Annie-Mae Shaw and Christine Grizzle (Foundation66), Selena Fregiste (Addaction), Ian Graham (Met Police), Bilal Lockhart and Alex Hall (DASL Spark Team, Newham), Una Barry (Depaul UK), James Grier (London Borough of Hackney), Roxanne Holman (Mentor UK), Christine Baldry (FWD Camden), Jacqueline Cave (London Borough of Croydon), Liz Horton (HAGA), Elvige Pouli (Greater London Authority Peer Outreach Team) and Andrew Brown (Drug Education Forum).

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Paul Jenkins

The Joint Action Group for Alcohol in London (JAG) was established in January 2009 to deliver London's 'Regional Statement of Priorities for Alcohol'.¹ The group is made up of experts from a range of organisations, including Primary Care Trusts, London Probation, MPS, London boroughs and the voluntary sector. The Greater London Alcohol and Drugs Alliance (GLADA)² acts as the Strategic Delivery Board for the JAG. The priorities included a core objective to reduce the risk of harm to children and young people as a result of their own or others' drinking.

In support of this objective, in March 2009 a London forum for alcohol practitioners' was held at City Hall that focused on work to support children and young people. A key issue raised at the forum was the need for greater consistency in approach to working with children and young people across London boroughs. To this end, the JAG set up a working group from attendees at the practitioner's event, plus other relevant professionals, to produce this Pan-London guidelines document.

This guidance is aimed at all commissioners, service managers and frontline staff who work with children and young people. It is not designed specifically for those involved in alcohol or substance misuse services, but rather the children and young people support

sector as a whole, including education, social care, CAMHS, Youth offending, paediatrics, and also adult services that work with young adults.

This guidance was produced by gathering information from a select number of statutory bodies and practitioners across London and therefore cannot be taken as a comprehensive guide; however we hope that it will:

- Support consistent alcohol messages and working practice across London Boroughs
- Provide examples of innovative practice
- Provide links to key contacts and existing guidance and resources in London

The GLADA Highs and Lows update briefing³ in February 2009 suggested that Alcohol-related hospital admissions for Londoners in the 11-18 age group have increased from 1,171 in 2002/03 to 1,769 in 2006/07.

This was a 51 per cent increase over this five year period. Moving forward, young people's harmful alcohol use is clearly a key area that London support services need to work together to address. We hope that this guidance document will be a useful tool to aid this process.

Paul Jenkins, JAG Chair



1. Key Strategies

The Regional Statement of Priorities for Alcohol proposes key actions for addressing the harm that alcohol causes to individuals, families and communities in London. This was developed in response to the call for regional action within the Government's national alcohol strategy *Safe, Sensible, Social* and published by Government Office for London and the Mayor of London in July 2008.

London strategies that include actions around alcohol and young people include the Mayor's Health Inequalities Strategy, Violence Against Women strategy and the London Plan. In addition the Mayor has a programme called Time for Action, which is about equipping young people for the future and preventing violence, and has established the Mayor's Fund, a charity focusing on improving the life chances and aspirations of disadvantaged children, young people and their families in London. All publications can be accessed at:

<http://www.london.gov.uk/priorities/>

Appendix A on page 42 provides details of the key National Strategies that should be considered when addressing the needs of children, young people and their families in regards to alcohol use.

1.2 Definitions

Young People

For alcohol services funding and recording purposes 'young people' normally refers to those aged under 18. However it is recognised that some key children and young people's services will define under 25s as young people. Transitional arrangements should address this issue and respond to the needs of vulnerable 18 – 25 year olds.

Vulnerable Young People

Every Child Matters Change for Children: Young People and Drugs (2005)⁴ identifies the following 'vulnerable' or 'at risk' groups in relation to substance misuse

- children of problem drug users
- persistent truants and school excludees
- looked after children
- young people in contact with the criminal justice system
- homeless young people
- young people abused through prostitution
- teenage mothers
- young people not in education, employment or training (NEET).

Consumption of Alcohol by over 18s: Government Benchmarks

- Women should not regularly drink more than 2 – 3 units a day
- Men should not regularly drink more than 3 – 4 units a day
- Pregnant women or women trying to conceive should avoid alcohol. If they choose to drink they should not drink more than 1 – 2 units once or twice a week and should not get drunk.

Alcohol Consumption by under 18s

The 'Youth Alcohol Action Plan' (June 2008)⁵ highlighted that although guidelines existed for alcohol consumption for those aged over 18, consumption of alcohol is legal from age 5 and no guidelines existed for under 18s. It therefore called for clearer information for young people and parents about the risks of drinking alcohol.

The resulting Chief Medical Officer 'Guidance on the Consumption of Alcohol by Children and Young People'⁶ was published in December 2009 and gave a number of key messages summarised in point 2.2 on page 11.

Harmful substance misuse

is a pattern of substance misuse that is currently causing damage to health or social functioning. Examples of this may include dependency, mental

health impairment, immediate risk of death or injury, persistent offending or persistent truanting related to substance misuse.⁷

Harm Reduction Interventions

aim to reduce the harm individuals may experience as a result of their substance use, without necessarily affecting the underlying substance use.⁸

Specialist Harm Reduction

interventions are provided to reduce or stop current harm arising from substance misuse, which require the provider to have specialist knowledge of substances and their routes of administration. Examples of these interventions include, Advice and information to prevent overdose, especially overdose associated with polysubstance use, which requires specialist knowledge about substances and their interactions, and support to prevent severe alcohol intoxication. These should be delivered as by specialist treatment services.⁹



2. Universal/Prevention and Early Intervention

2.1 Universal (Tier 1)

intervention refers to alcohol education, information and service signposting. This should be accessible

and available to all young people as part of all front line services and includes education in schools.

2.2 Key Messages (Based on 2009 CMO Guidance)

- An alcohol-free childhood is the healthiest and best option. However, if children drink alcohol, it should not be until at least the age of 15 years.
- If young people aged 15 to 17 years consume alcohol, it should always be with the guidance of a parent or carer or in a supervised environment.
- Drinking, even at age 15 or older, can be hazardous to health and that not drinking is the healthiest option for young people. If 15 to 17 year olds do consume alcohol, they should do so infrequently and certainly on no more than one day a week. Young people aged 15 to 17 years should never exceed recommended adult daily limits and, on days when they drink, consumption should usually be below such levels.
- The importance of parental influences on children's alcohol use should be communicated to parents, carers and professionals. Parents and carers require advice on how to respond to alcohol use and misuse by children.

2.3 Education and Awareness

London boroughs are encouraged to develop education and awareness campaigns based on local issues and needs. However it is important that the key messages from the Chief Medical Officer Guidance are promoted and National information and campaigns complimented and signposted as part of local initiatives.

parents and carers:

<http://whyletdrinkdecide.direct.gov.uk>

- [Alcohol: Advice and Information Leaflet for Children and Young People – Example \(January 2009\)](#)

This example leaflet is aimed at children and young people and outlines the chief medical officer's guidance on alcohol advice. It is a consultation example for discussion with regards to its effectiveness and use.

<http://publications.dcsf.gov.uk/default.aspx?PageFunction=productd>

2.3.1 Current National Campaigns

- [Why let drink decide? \(January 2010-March 2011\)](#)
The DCSF 'Why let drink decide?' campaign includes information for

etails&PageMode=publications&ProductId=DCSF-00207-2009&

- [DirectGov Information for Teens on drinking alcohol:](#)

http://www.direct.gov.uk/en/YoungPeople/HealthAndRelationships/ConcernedAbout/DG_183882

- [Talk to FRANK \(Launched 2003\)](#)

National information and advice website and phone line:

www.talktofrank.com 0800 77 66 00

2.4 Good Practice Expectations

- Information leaflets, posters and signposting of services should be visible in all services visited by children, young people and their families.
- All front line services should have access to training to ensure staff are confident in promoting key messages around alcohol use and able to identify risky or potentially harmful alcohol use.
- Where alcohol use is identified as a concern; front line workers should be able to screen and where necessary make referrals for further assessment. This would include the use of the Common Assessment Framework (CAF) and alcohol screening tools.

2.5 Common Assessment Framework (CAF)¹⁰

The Common Assessment Framework (CAF) is a standardised assessment tool for use by professionals who need to better understand children's needs before referring them on to other services.

The purpose of the CAF is to enable professionals to identify those children who are in need and require extra services in order to achieve the 5 Every Child Matters outcomes by carrying out an assessment of their developmental needs.

The CAF consists of a pre-assessment checklist to help practitioners identify those children who may benefit from a common assessment, and a standard form and procedure for completing the assessment, including desired outcomes and action points.

Parents and young people must consent to the CAF being carried out and any subsequent referrals being made, unless child protection concerns emerge during the course of a CAF assessment. They should be informed about the purpose of the assessment, how the information will be used and who it will be shared with.

Annex 2b of the London CAF Protocol – 'Integrated Working

Without Boundaries¹¹ was developed in consultation with London Substance Misuse Commissioners and includes a set of agreed thresholds, risk and protective factors for drug and alcohol assessment as part of CAF and suggested interventions to meet identified needs.

2.6 Alcohol Screening

2.6.1 Tools

Evidence indicates that young people respond to a different range of questions than adults, and so different screening tools are effective.

- **CRAFFT** – a mixed alcohol and drug screen designed for people under 21 – it is a questionnaire of 6 questions that focuses on behaviours of substance use more likely to be displayed by young people: http://www.projectcork.org/clinical_tools/pdf/CRAFFT.pdf or <http://www.ceasar-boston.org/clinicians/crafft.php>
- **DUST** is the DCSF official Drug Use Screening Tool, this is longer and more complex than CRAFFT or TWEAK and is more likely to be of use in more formal assessment settings: <http://www.dcsf.gov.uk/datastats1/guidelines/children/pdf/DUST-DFES.pdf>
- **TWEAK** (Tolerance, Worried, Eye-opener, Amnesia, and K/Cut down), although designed for pregnant women, works as an appropriate tool – although some studies show that the eye-opener question has little relevance to young people: <http://alcoholism.about.com/od/tests/a/tweak.htm>
- **The Initial Assessment Tool** was developed by Greater Manchester DAATS and is a one page age related alcohol and drug screening tool that supports workers to identify the level of intervention required and can be adapted to signpost appropriate local services. It has been taken on and adapted by other areas such as Hammersmith and Fulham and Middlesbrough: http://www.platform-online.org.uk/images/final_EIA_all%5B1%5D.doc
- **AUDIT** - The Alcohol Use Disorders Identification Test (AUDIT) is mainly used with adults but was reviewed in 2001 for its potential for use with young people: <http://www.informaworld.com/smpp/content~db=all~content=a713659477>

2.6.2 Risk and Protective Factors

Decision on level of intervention should also include consideration of risk and protective factors for the individual.

Risk factors are elements in a young person's life that contribute to increased vulnerability and could result in potentially harmful situations

Protective factors refer to factors that prevent or reduce vulnerability and build resilience.

Resilience refers to a person's ability to positively respond (or adapt) to and cope with stress.

Further information regarding risk and protective factors and building resilience can be found in Appendix B on page 44.

2.6.3 Consideration of wider issues

Regardless of the tool used, any screening should consider wider implications of alcohol use such as:

- Drug use
- Offending
- Mental health
- Relationships, sexual health and pregnancy
- Domestic violence
- Homelessness
- Antisocial behaviour
- Smoking
- Diet

2.6.4 Safeguarding Responsibilities

Where there are concerns that a child/young person may be suffering significant harm due to their own or a parent/carers alcohol use, discussion should take place with managers and safeguarding procedures followed.

Each Local Authority will provide training through the Local Safeguarding Children's Board (LSCB) and details should be available on the Local Authority website.

The DCSF, DH and NTA have produced joint guidance on the development of local protocols between drug and alcohol treatment services and local safeguarding and family services to secure better outcomes for the children of parents with substance misuse problems.¹²

2.7 Examples of Practice

Photo Voice is a youth participation project run by NHS Camden and London Borough of Camden. The project gives young people a chance to have their voice heard by the people of Camden, who can benefit from their insight by taking a series of pictures in the community. Project workshops demonstrated the damaging consequences that drinking causes to your health and safety. These workshops generated discussions about personal and community issues and showed that

young people are determined to play a vital part in building a healthier Camden. The result is an exhibition of deeply insightful and exceptionally professional photographs. The exhibition will be going out into secondary schools with a teaching pack that could be used as part of a discussion on attitudes around alcohol. The exhibition will also be displayed in community places in raising awareness of the damaging consequences of drinking. <http://www.forster.co.uk/news/camden-youth-voice-their-views-on-alcohol-through-photography>

[NHS Camden Ageing Simulation Game](#)

Photos can be uploaded to this site to demonstrate the damaging effect that heavy drinking can have on appearance e.g. poor skin, weight gain. (NB: this ageing simulator is meant only as a guide and is not an exact replica of future appearance. This tool is only intended to make the viewer consider the damaging effects of alcohol). The ageing Simulation game will be piloted with secondary schools showing young people the effects that alcohol has on the appearance. www.camdenpctweb.nhs.uk/alcoholawareness/

For links to further guidance and research on Universal/Prevention and Early Intervention see Appendix C, Page 46.



3. Targeted/Harm Reduction

3.1 Targeted (Tier 2)

interventions refer to alcohol advice, information and intervention for young people who are 'vulnerable', 'at risk' or using

recreationally or regularly. Use is often part of the social norm among the peer group and is at risk of having a negative impact on some parts of their life.

3.2 Key Messages

- Parents/carers and young people should be aware that drinking, even at age 15 or older, can be hazardous to health and that not drinking is the healthiest option for young people. If 15 to 17 year olds do consume alcohol, they should do so infrequently and certainly on no more than one day a week. Young people aged 15 to 17 years should never exceed recommended adult daily limits and, on days when they drink, consumption should usually be below such levels.
- If young people do choose to use alcohol, they and their parent/carers should be aware of ways to reduce the risks to their health and personal safety.

3.3 Good Practice Expectations

- It is important that all young people who are using alcohol recreationally or regularly have access to targeted interventions, however it is equally important that we do not make assumptions that young people from vulnerable/at risk groups will need intervention or that those not in these groups will not.
- Front line workers should feel confident to discuss alcohol use with young people and their parents/carers and actively encourage them to access targeted and specialist alcohol interventions where they identify need.
- Specialist consultation and support should be available to all front line services regarding young people and alcohol
- There is an expectation that with the development of the Targeted Youth Support agenda, targeted services are able to offer basic harm reduction advice and information to their service users with the aim of reducing the number of professionals a young person needs to engage with to get holistic support. This should be supported through clear links to and support from specialist treatment services.

3.4 Interventions

Interventions should include:

- **Early assessment** of all vulnerable children and young people in key risk groups for alcohol misuse, as part of wider assessment of needs. This includes Targeted Youth Support, CAMHS, Youth Offending, Connexions Intensive Support, LAC, Housing, Sexual Health, Teenage Pregnancy and Safeguarding assessments.
- **Harm reduction** advice, information and guidance for all children and young people using or part of a peer group who are using alcohol recreationally/regularly. These should focus on reducing immediate risks to health and personal safety.

3.4.1 Outcomes monitoring

There is no single tool recommended for measuring outcomes in relation to targeted services and most boroughs are currently in the process of considering the most effective ways of measuring outcomes across targeted services. The 'Outcomes Star' detailed in '4.5 Practice Examples: Outcomes Monitoring' on page 23, is being developed and adapted by many London Boroughs.



4. Specialist Treatment

Every London Borough undertakes an annual needs assessment which informs the development of the local treatment plan. These are published by the NTA on their website.¹³

4.1 Young people’s specialist (Tier 3) substance misuse treatment is a care planned medical, psychosocial or specialist harm reduction intervention aimed at alleviating current harm caused by a young person’s substance misuse.¹⁴

4.1.1 Harmful substance misuse

is a pattern of substance misuse that is currently causing damage to health or social functioning. Examples of

this may include dependency, mental health impairment, immediate risk of death or injury, persistent offending or persistent truanting related to substance misuse.¹⁵

4.1.2 Specialist Harm Reduction

interventions are provided to reduce or stop current harm arising from substance misuse, which require the provider to have specialist knowledge of substances and their routes of administration. Examples of these interventions include, reducing harms associated with injecting drug use and reducing the risk of overdose associated with polysubstance misuse.¹⁶

4.2 Key Messages

- Treatment for alcohol misuse is voluntary. All those working with young people and their families must be able to support and encourage young people with a treatment need to access appropriate services
- Specialist alcohol services should offer consultancy, advice and support to front line workers to support them to encourage young people and their families to access support
- Specialist alcohol treatment interventions should be evidence based with clear expectations of what successful outcomes look like

4.3 Good Practice Expectations

- All front line workers should be aware of their local treatment services and understand the interventions they offer.
- All front line workers should feel confident and able to support and encourage young people for whom alcohol is causing current harm, and their parents/carers, to access a specialist alcohol service.
- Referral and care pathways should be widely promoted, accessible and clear.
- Joint working and information sharing protocols should be in place

to ensure effective communication between all services working with a young person where alcohol use is an issue.

- Wherever possible referrers should offer to accompany a young person to the initial meeting with a treatment service or arrange for the meeting to take place in a service the young person feels comfortable in. In some cases an initial 3-way meeting between the referrer, the young person and the treatment services can encourage a young person to access support.

4.4 Interventions

The National Treatment Agency (NTA) stipulate that each borough should ensure young people have **access to** the following specialist treatment interventions

- **Psychosocial**
Interventions provided to an individual or group that use psychological, psychotherapeutic, counselling and counselling based techniques to encourage behavioural and emotional change, the support of lifestyle adjustments and the enhancement of coping skills.
- **Pharmacological**
Interventions involving specialist services such as paediatricians, young people's clinicians, CAMHS staff and addiction psychiatrists. This includes prescribing services.

- **Specialist harm reduction**

Interventions provided to reduce or stop current harm arising from substance misuse, which require the provider to have specialist knowledge of substances and their routes of administration.

- **Family**

Interventions using psychosocial methods to support parents, carers and other family members to manage the impact of a young person's substance misuse, and enable them to better support the young person in their family. This can include sessions for family members where the young person is not currently receiving treatment.

- **Residential**

A young person may be placed away from their normal home, specifically in order to decrease levels of risk from substance misuse and to gain access to highly intensive young people's specialist substance misuse interventions. Examples include in-patient treatments for the pharmacological management of substance misuse and therapeutic residential services designed to address adolescent substance misuse.

4.4.1 Monitoring

All services that provide structured treatment for alcohol users are asked to submit data to the National Drug Treatment Monitoring System

(NDTMS). This information is analysed by the National Drug Evidence Centre to produce the figures published via its web portal. <http://www.ndtms.net/>

Detailed annual reports and related material can be found at the NTA's facts and figures webpage: <http://www.nta.nhs.uk/facts.aspx>

4.4.2 Outcomes Monitoring

The Treatment Outcomes Profile (TOP) was developed by the NTA and has been implemented throughout the drug treatment system in England since 2007. Although the TOPS system has more of a focus on drug rather than alcohol use, it does include alcohol use and is an NTA mandatory requirement. The tool was developed with three aims in mind:

- To develop a tool that is clinically useful, that can add value to the important work that is done between the client and the keyworker.
- To enable the NTA to monitor and assess the effectiveness of the national drug treatment system.
- To support commissioners and treatment providers in making improvements, where necessary in the local treatment system.

Further details can be found at: <http://www.nta.nhs.uk/publications.aspx?category=Treatment+outcomes+and+effectiveness>

<http://www.nta.nhs.uk/publications.aspx?category=Treatment+outcomes+and+effectiveness>

For under 16s there is no recommended tool, however some boroughs are using the outcomes star (see practice examples below).

4.5 Practice Examples: Outcomes Monitoring

FWD in Camden use the 'Outcomes Star' to measure distance travelled with young service users. Young people are encouraged to score themselves on their well-being, safety and security, life structure, citizenship and relationship with family/adults, as well as their drug and alcohol use. FWD suggest that the 'Teen Star' helps young people to visualise their progress against a range of areas that often have an underlying impact on their substance misuse: More information can be accessed at: <http://www.outcomesstar.org.uk/children-and-young-people/>

There is also an alcohol specific tool available on the website called the 'Alcohol Star' that could potentially be used with young people: <http://www.outcomesstar.org.uk/alcohol-star/>

For links to further guidance and research on specialist treatment see Appendix C, Page 48 .



5. Treatment Exit and Transitions

5.1 Treatment exit or discharge is a planned ending following the completion of alcohol treatment. This must include care planning to address ongoing support needs.

Transition is ‘a purposeful, planned process that addresses the medical, psychosocial and educational/vocational needs of adolescents and young adults with chronic physical and medical conditions as they move from child-centred to adult-oriented health care systems’, ‘Transition should be viewed as a process and not as a single event’.

Where a young person is being discharged to a custodial establishment, specialist substance misuse services should actively make contact with the YOT, substance misuse service or worker within the

custodial establishment to enable continuity of care for the young person. (NTA, 2007)¹⁷.

Examples of Transitions

As well as moving from young people’s to adult treatment services, young people experience multiple transitions that need to be coordinated, such as moving from:

- primary into secondary education
- CAMHS to adult mental health
- youth offending to probation services or secure estate
- secure estate to youth offending
- children’s social care to adult social care
- paediatrics to adult health care teams
- foster care to permanent care or semi-independent living; or leaving the local authority care system

5.2 Key Messages

Treatment Exit

- When a young person has stopped using alcohol or reduced use to a non-problematic level, their contact with the specialist alcohol misuse service should cease.
- Alcohol misuse aftercare must be planned by the specialist alcohol misuse service;
 - where other agencies are involved actions should feed into the lead agency care plan.
 - where no other agencies are involved, CAF completion should be considered to identify ongoing support needs and the most appropriate onward referral agency

Transition

Clear protocols must be in place between YP, Adult and Secure Estate Alcohol Services to ensure smooth transition between services. Successful transition is underpinned by:

- advance planning that consider needs and barriers to continued engagement and has clear actions to address them
- agreement of realistic expectations of what can be offered
- clear communication and information sharing processes between services and the young person and their family

5.3 Good Practice Expectations

Treatment Exit

- To facilitate holistic support and aftercare on treatment exit, specialist services should ensure they build strong links with their local Targeted and Universal services and that aftercare processes agreed
- Exit planning/aftercare should consider the following
 - A contact in a mainstream or targeted service who will respond if there is a alcohol-related incident
 - Emergency contact numbers and the number of the specialist alcohol misuse service
 - Relapse prevention advice
 - Support for ongoing health, education, training, employment and leisure needs. (A CAF can be used to support this process)
- A TOP should be completed for all young people aged 16 and over on treatment exit
- Treatment services should have clear disengagement protocols that

ensure young people who drop out/do not complete treatment are encouraged to re-engage.

Transition

- Formal transition protocols must be developed between YP and Adult Alcohol Services.
- There must be systems in place in specialist alcohol services to identify young people approaching their 18th birthday that allow for sufficient planning for smooth transition.
- Adult Services must consider the suitability of their services in responding to the needs of those aged 18 – 24 and ensure their staff are aware of the potential vulnerabilities and differing needs of this age group.
- Whilst only moves between alcohol services (YP, adult, and secure estate) will require specific alcohol transition protocols it is important to consider the impact of other transitions on a young person and their family and acknowledge and plan for the treatment process.
- Where a young person is being transferred to a custodial establishment, specialist alcohol services should actively make contact with the YOT, substance misuse service or worker within the custodial establishment. Clear information sharing protocols and communication are vital in ensuring

continuity of care for the young person and their family

- Where a young person is released from a custodial establishment during treatment, a referral should be made to their local specialist alcohol service. Again, clear information sharing protocols and communication are vital in ensuring continuity of care for the young person and their family.

5.4 Examples of Practice

Addaction Young Adult Services

Addaction operate a number of ‘transitional services’ for the 18-24 age group, including outreach in universities and colleges. An example is their service in Derby http://www.addaction.org.uk/?page_id=98

Mosaic

A council-run drug and alcohol scheme for young people in Stockport, works with the 18-25 age group: <http://www.stockportdrugservices.org/mosaic.htm>

Transition from secure to the community and visa versa

Some YOTs across London have ‘Integrated Resettlement Initiatives’ as part of their intervention plan that includes entry and exit strategies. A new Resettlement Broker Initiative is being developed by the Youth

Justice Board in partnership with LDA which will be delivered jointly between Catch 22 and NACRO. This will be funded from April 2010 until December 2011 and Transition and Resettlement will be the main brief. The expectation will be that each London YOT will have access to a Resettlement Broker. This initiative is focussed on disadvantaged young people NEET (not in employment, education or training) or at risk of becoming NEET aged 14 – 19, and the guidance suggests it will have a particular focus on ‘substance misusers’: <http://www.yjb.gov.uk/en-gb/>

For links to further guidance and research on treatment exit and transitions see Appendix C, Page 49.



6. Information Sharing and Joint Working

6.1 Information Sharing

Alcohol services need to ensure appropriate information sharing, confidentiality, data protection, data

collection and analysis. Policies and protocols will be required to ensure that the system is robust and to encourage adherence to it.

Policies and procedures in young people's specialist alcohol services need to reflect:

- A child or young person's right to confidentiality
- The duty to safeguard children from harm
- The responsibility of the organisation to encourage children and young people to involve significant others in their care
- How to gain consent to treatment from the parental responsibility holder, and when and how to gain consent from the young person themselves
- How and when to share information with other organisations to meet a young person's needs and improve effectiveness of interventions, (NTA 2008)¹⁸

The Children Act 2004 and anticipated London Information Sharing Protocol (2009) emphasises the need for agencies to share information in order to safeguard and promote the welfare of children. However, this needs to be balanced against the professional duty of confidentiality, the requirements of the Data Protection Act 1998, and the Human Rights Act 1998. This guidance sets out the requirements for and the limits to sharing information.

Good information sharing is a crucial element of successful inter-agency working, allowing professionals to carry out their statutory obligations and make informed decisions based on accurate, up-to-date information and specialist knowledge.

Good information sharing can improve outcomes for children and their parents, by ensuring that appropriate services are provided in an integrated manner, and enabling professionals to monitor the relevant impact of interventions towards defined goals.

6.2 Joint Working

Joint working is essential in ensuring that young people and their families receive the support they need to effectively meet their holistic needs.

For specialist alcohol services it recommended that joint working protocols are developed with key services working with vulnerable/at risk young people.

Protocols should include expectations and agreements around the following areas:

- Referral pathway
- Assessment, risk assessment and care planning (including arrangements for joint assessment)
- Information recording
- Meetings attendance
- Communication and information sharing
- Decisions, reviews and case closure (including safeguarding decision responsibilities)

6.3 Good Practice Expectations

In November 2008 revised Children's Trust (CT) guidance on the '**duty to cooperate**' was published by the DCSF¹⁹.

Relevant partners are placed under a 'duty to cooperate in the making of arrangements to improve well-being' and have a power to pool budgets and share other resources.

The '**relevant partners**' are currently named as: district councils, the police, the Probation Board, the Youth Offending Team, the Strategic Health Authority and Primary Care Trusts (PCTs), Connexions partnerships, and the Learning and Skills Council (LSC) however the Government is intending to add to this list of relevant partners other bodies including maintained schools, Academies, further education and sixth form colleges and Job Centre Plus, to bring key delivery partners into the strategic planning role of the CT.

- The DCSF have also published guidance regarding the importance of a named '**lead professional**'²⁰ to coordinate provision and act as a single point of contact for a child and their family when a range of services are involved and an integrated response is required.

For links to further guidance and research on information sharing and joint working see Appendix C, Page 45.



7. Whole Family Approaches

Thinking Family and Hidden Harm

Children and Young People's and Adult Services have traditionally been commissioned and funded separately and therefore assessment of need and resulting interventions have tended to concentrate on the individual rather than the whole family. However there is now clear evidence that interventions are most successful when they consider and support the needs of the whole family. Commissioners, providers and front line workers must now strive to 'think family' in all they do, however this is not an easy task as it requires a culture shift across commissioning, funding and service delivery.

In the UK, 'Think Family' is an approach that has been promoted by the Social Exclusion Taskforce in the Cabinet Office and came from the 'Families at Risk' review²¹. The approach aims to ensure that Adults' and Children's Services join up to respond to the needs of whole families. If the approach is successfully implemented, it will assist Local Authorities in reaching many of their PSA, CAA and ABG targets through greater opportunities to influence health, well being and achievement. Considering the needs of all family members can make all the difference to the life chances of each individual, and particularly the children.

7.1 'Think Family' encourages local services to adopt the following basic principles:

- **No wrong door** – contact with any service offers an open door into a system of joined-up support, e.g. a probation officer or housing officer identifies the adult language difficulties of a client and refers them to English for Speakers of Other Languages (ESOL) training;
- **Look at the whole family** – services working with both adults and children take into account family circumstances and responsibilities, e.g. an alcohol treatment service combines treatment with parenting classes while supervised childcare is provided for the children;
- **Provide support tailored to need** – tailored and family-centered packages of support are offered to all families at risk, e.g. a Family Intervention Project works with a family to agree a package of support best suited to their situation;
- **Build on family strengths** – practitioners work in partnerships with families recognising and promoting resilience and helping them to build their capabilities, e.g. family group conferencing is used to empower a family to negotiate their own solution to a problem.

Hidden Harm is a term that first came into wide use after a report in 2003, by the Advisory Council on the Misuse of Drugs, 'Hidden Harm – responding to the needs of children of problem drug users'²² which detailed the negative and often hidden impact of parental misuse on children

Bottling it up: The effects of alcohol misuse on children, parents and families (Turning Point, 2006)²³ is based on interviews with children and parents and highlights the far-reaching consequences of parental alcohol problems on everyone in the family.

What 'Think Family' say about Alcohol:

- Around 1.3 million children live

with parents who misuse alcohol. Studies have found that the children of parents who misuse alcohol are at a higher risk of mental ill-health, behavioural problems, involvement with the police, as well as substance and alcohol misuse.

- Parental alcohol misuse also raises the likelihood of having caring responsibilities at a young age and of poor educational attainment.
- Children with problem drinking parents are more likely to witness domestic violence and to experience parental relationship breakdown.
- Alcohol misuse has been identified as a factor in over 50 per cent of all child protection cases.

7.2 Key Messages

- Adult, children and young people's services must work together to understand and support the needs of the whole family
- Everyone needs to understand the 'think Family' approach and consider how they develop services and interventions that really do 'think family'.
- Processes must be in place to identify service users who are parents and consider related needs and the needs safety of their children
- Clear links should be made to local area parenting programmes and provision.

The NTA is clear that: 'Young peoples treatment services are commissioned to deliver treatment to young people (5 modalities: psychosocial, specialist harm reduction, family work, pharmacological interventions and residential substance misuse treatment). This does not include YP affected by parental substance misuse. The needs of such young people would be addressed through the think family approach'.

7.3 Good Practice Expectations

- A Hidden Harm Protocol should be in place in all boroughs.

The National Treatment Agency, the Department of Health and the DCSF has produced guidance entitled Drugs and Alcohol Treatment Protocol²⁴. The document highlights the need for adult drug and alcohol services to work with children's services to ensure children in families affected by drug or alcohol misuse are safe from harm and have the support they need to succeed.

It is important that these include teenage parents and parents who do not have custody but do have access.

- Clear links should be made to all parenting provision in local areas.

All London boroughs have received funding until 31.3.11 to support them in embedding the delivery of accredited parenting programmes. This includes provision for parents with substance misuse, mental health, domestic violence and criminal justice issues. Borough parenting co-ordinators will hold details of local provision.

- All 'Think Family' and 'Hidden Harm' work with children and families affected by parental substance misuse should take account of the high overlap between alcohol and domestic abuse, for instance that women

subject to domestic abuse are 15 times more likely to develop alcohol problems than the general population. Domestic abuse is a Child Protection issue. The Children Act 1989 was amended in 2005 to include, as a category or children at risk of harm, those who witness the ill-treatment, including domestic abuse, of other people. Domestic abuse is also well known to be linked to the maltreatment of children.

This means in practice:

- Training for all staff in recognising and responding to domestic abuse
- Partnerships with local domestic abuse services including MARAC, Domestic Violence Forums, and those working with children such as the Sutton project
- Screening for domestic abuse should be incorporated into assessment processes (using the Stella Toolkit and/or MARAC risk assessment tools)
- All agencies should have clear policies, procedures and protocols for dealing with domestic abuse. These should include clear policies on domestic abuse, child and adult protection; on confidentiality and information-sharing; on safe recording systems; on protocols for joint working with other agencies; and on staff training

- and supervision.
- Further resources:
 - Against Violence and Abuse has many resources on working with children and young people affected by domestic abuse. www.avaproject.org
 - The Stella Project has produced a toolkit for practitioners who work with clients experiencing domestic violence and substance misuse issues: <http://www.avaproject.org.uk/our-projects/stella-project.aspx>
 - Alcohol Concern's project 'Embrace' has produced Knowledge Sets on Domestic Abuse and Parenting; and on training for alcohol agencies in implementing Think Family and Safety: <http://www.alcoholconcern.org.uk/alcohol-concern-in-action/projects/embrace>

7.4 Practice Example

Foundation66 Children and Families Alcohol and Drugs Service (CAFADs)

CAFADs is a young person's alcohol misuse & domestic abuse service for ages 12-18 years. It provides 1-1 individual counselling sessions, Workshops around raising awareness of alcohol and domestic abuse and Family group conferences subject to young person consent: <http://www.foundation66.org.uk/pages/cafads.html>

For links to further guidance and research on Whole Family Approaches - Thinking Family and Hidden Harm see Appendix C, Page 51

8. Key Contacts

- **All services working with children and young people should know who their local YP Substance Misuse Commissioner is and be aware of their local alcohol strategies and treatment plans.**
- Local alcohol strategy and services are developed, commissioned and co-ordinated by the Local Authority Drug and Alcohol Action Teams (DAAT). In some areas the YP Substance Misuse Lead sits within these teams and in others they sit within Children's Services.
- They support partnership working and service development and can supply copies of local strategy and treatment plans.
- **The National Treatment Agency oversee substance misuse treatment across the country**
- Their website publishes a range of guidance for commissioners and practitioners www.nta.nhs.uk
- **YP alcohol services are also encouraged to contact each other to share good practice, protocols and evidence based interventions**
- The more protocols and practice are shared, the more practice becomes consistent. Alcohol Concern is the national agency on alcohol misuse campaigning for effective alcohol policy and improved services for people whose lives are affected by alcohol-related problems. They have resources and links to good practice and services on their website: <http://www.alcoholconcern.org.uk/>.
- The London Drug and Alcohol Network (LDAN) is a Pan-London second tier organisation with a membership over 200 drug and alcohol treatment service providers. LDAN supports its members through information sharing, capacity building and representation. LDAN runs a quarterly Young People's Drug and Alcohol Workers Forum that is open to practitioners across London. If you are interested in joining the forum email LDAN Policy Officer, Esther Sample, at ldan@drugscope.org.uk. More information about LDAN can be accessed at www.ldan.org.uk

Key National Strategies

Alcohol

Safe. Sensible. Social. The next steps in the National Alcohol Strategy (2007) http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyandGuidance/DH_075218

Youth Alcohol Action Plan (June 2008): This joint action plan from the DCSF, Home Office and Department of Health sets out the Government's top priorities for tackling the problems caused by teenage drinking: health risks, antisocial behaviour and crime: <http://publications.dcsf.gov.uk/default.aspx?PageFunction=downloadoptions&PageMode=publications&ProductId=Cm%207387&>

Drugs

Drugs: protecting families and communities (2008) <http://drugs.homeoffice.gov.uk/drug-strategy/overview/>

Mental health

New Horizons Consultation (2009): http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_103144

Sexual health

Sexual Health and HIV Strategy (2001) <http://www.dh.gov.uk/en/PublicHealth/>

[Healthimprovement/Sexualhealth/SexualHealthGeneralInformation/DH_4002168](http://www.dh.gov.uk/en/Healthimprovement/Sexualhealth/SexualHealthGeneralInformation/DH_4002168)

And review of the strategy in 2008 http://www.dh.gov.uk/dr_consum_dh/groups/dh_digitalassets/@dh/documents/digitalasset/dh_086741.pdf

Domestic Violence

National Domestic Violence Delivery Plan (2008) <http://www.crimereduction.homeoffice.gov.uk/violentcrime/dv017.htm>

Saving lives. Reducing harm. Protecting the public. An Action Plan for Tackling Violence (2008-11) <http://www.crimereduction.homeoffice.gov.uk/violentstreet/violentstreet008.htm>

Young carers

Carers at the heart of 21st century families and communities: a caring system on your side, a life of your own (2008): http://www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/DH_085345

Families/parents/carers

Support for all: The families and relationships Green Paper (2010): <http://www.dcsf.gov.uk/>

everychildmatters/strategy/parents/
workingwithparentscarersandfamilies/

Criminal justice

The National Reducing Re-offending
Action Plan (2004): <http://www.noms.homeoffice.gov.uk/news-publications-events/publications/strategy/reducing-reoffending-action-plan>

Homelessness

Rough sleeping strategy:
Communities ending rough sleeping
(2008): <http://www.communities.gov.uk/publications/housing/roughsleepingstrategy>

Risk and Protective Factors and Resilience

The following lists are not exhaustive but give some guidance to the factors that should be considered when

assessing a young person's level of need and appropriate intervention around their substance use.

Risk Factors	
<ul style="list-style-type: none"> Not in employment, education or training(NEET) Absconding from school Excluded from school Drug/alcohol misusing parents/family members Parental mental health issues Not coming home Parental Offending Mixing with other users Mental health concerns Mixing with inappropriate age group Health risks Homeless /threat of homelessness Offending as a result of use/to fund use Current YOT order 	<ul style="list-style-type: none"> Vulnerable when under influence Sexual Exploitation Behaviour issues Possible risk of self harm Risk of violence Risk of exploitation Risk of imminent injury due to substance use Family conflict/neglect Separation from family or home Recent loss or bereavement Disruptions to family life Beliefs and values that promote use and misuse of drugs/alcohol Sharing equipment/injecting
Protective Factors	
<ul style="list-style-type: none"> Attending school, college or employment Living with non drug using parents/carers Supportive family environment/significant adults Positive adult role models Involved in recreational/positive activities Positive peer support/has non using peers 	<ul style="list-style-type: none"> Good communication skills High self esteem Feels in control of own life Has aspirations Ability to reflect on behaviours

Guidance/Research

Overview

Too much, too young

To inform the London Assembly committee report *Too much, too young* (June 2009) two networks of young people - the LYNK-up Crew (7 to 14 year olds) and the Peer Outreach Team (15 to 24 year olds) – carried out workshops with young people to find out why people drink and what messages around drinking young people would respond to. The following was found:

Some of the reasons young people drink...

- Influence of parents
- Peer pressure
- To feel and act older, it is as a way to challenge authority and impress your peers.
- The media with messages such as you have to drink to have a good time
- Boredom and lack of things to do (particularly in outer London)

Messages that may work on consequences drinking too much:

- Health – young people felt that even if these messages about the risks of alcohol did not directly alter young people's behaviour it would still highlight the fact that alcohol can be harmful.
- Personal safety - Workshop participants felt that drinking alcohol had a number of

consequences for personal safety, from getting into fights, risk of sexual assault, drink driving or having drinks spiked.

Young people associated 'personal limit' with the term 'moderation' rather than the government's fixed alcohol units for men and women. The reasons given for drinking heavily included depression, family problems and peer pressure.

For more information go to <http://www.london.gov.uk/assembly/reports/health/engagement-yp-report.pdf>

Young people's drug and alcohol treatment at the crossroads: what it's for, where it's at and how to make it even better, DrugScope, 2010

This report considers the state of current provision for young people and young adults who need help for substance misuse problems. The report draws on feedback from over 150 professionals and young drug and alcohol service users. Key issues highlighted by the consultations included the growing range of drugs younger people are using (such as cannabis, alcohol, cocaine, ketamine and mephedrone). Transitions between under-18s and adult services were of significant concern, with many young adults of 18 or over unwilling or unable to get the help they need from adult

services: <http://www.drugscope.org.uk/Resources/Drugscope/Documents/PDF/Publications/YoungPeopleCrossroadsReport.pdf>

Young people and alcohol: meanings, practices and contexts, DCSF

The aim of the study was to develop new understandings of the role of alcohol in young people's lives and examined how young people (particularly those at risk) view the use and misuse of alcohol and how its use relates to personal, social, familial and cultural factors: <http://www.dcsf.gov.uk/research/data/uploadfiles/DCSF-TCRU-09-01.pdf>

Substance misuse among young people - the data for 2008/09 NTA, 2009

Reliable statistics on young people under 18 who receive specialist support for drug and alcohol misuse have been scarce. To address this, the National Treatment Agency (NTA) started recording data in 2005/06. This report summarises the data for 2008/09, together with information about the different types of interventions and the context in which these young people misuse substances: http://www.nta.nhs.uk/uploads/nta_substance_misuse_among_yp_0809.pdf

You're Welcome: Making services young people friendly (DoH 2009):

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_073586

Universal

Drugs: Guidance for Schools, DCSF, November 2009

This document provides guidance to maintained primary, secondary, special schools and pupil referral units (PRUs) in England on all matter relating to drug education and the management of drugs within the school community (including alcohol): <http://www.dcsf.gov.uk/consultations/index.cfm?action=conResults&external=no&consultationId=1673&menu=1>

Nice Guidance- Interventions in schools to prevent and reduce alcohol use among children and young people:

This guidance is aimed at teachers, school governors and practitioners with health and wellbeing as part of their remit working in education, local authorities, the NHS and the wider public, voluntary and community sectors: <http://www.nice.org.uk/PH7>

Nice Alcohol Use Disorder Guidance (Final version to be published in May 2010): Part 1 - Public health guidance: <http://www>

nice.org.uk/guidance/index.jsp?action=byID&o=11828

PSHE 'Talk about Alcohol' Resources

PSHE/PSD/PSE courses in schools include lessons on the issues involved in drinking alcohol. The lessons are designed to 'Encourage students to consider the causes and consequences of behaviour, and to understand what laws exist and why they are in place, to make informed decisions'. The worksheets found on the PSHE website are intended for a specific project about alcohol but can be adapted easily for work in related topics (such as Crime, Drug Misuse and Sex Education):

<http://www.talkaboutalcohol.com/AtSchool/location-52.aspx>

Drug Education: An Entitlement For All - A report to Government by the Advisory Group on Drug and Alcohol Education, October 2008

This publication puts forward the recommendations from the Drug and Alcohol Advisory Group with regards to the effectiveness of drug and alcohol information and education for young people: <http://publications.everychildmatters.gov.uk/default.aspx?PageFunction=productdetails&PageMode=publications&ProductId=DCSF-00876-2008>

Identifying effective interventions for preventing underage alcohol consumption, Liverpool John Moores University, 2009

This report sets out to identify a range of effective interventions aimed at preventing/reducing alcohol use in young people, and particularly underage drinkers: <http://www.cph.org.uk/showPublication.aspx?pubid=593>

Brief interventions pilot in young people's sexual health settings

A pilot study delivered Screening and Brief Interventions (SBIs) in a young people's sexual health service called The Place, in Sandyford, Glasgow and Clyde, using a grant from AERC. The pilot used the TWEAK screening tool to identify young people who were then offered a Brief Intervention from staff who had received specialist training. Of particular note was that 74% of all young people screened (104 total) gave a screening score that indicated they were at risk of problem drinking and eligible for an intervention. Additionally the pilot found that a significant number of young people reported concerns over alcohol use in the family: <http://www.alcoholpolicy.net/2008/08/brief-intervent.html>

Effective Drug Education Survey – Findings, Drug Education Forum, 2008.

As part of the Children's Plan the government committed themselves to reviewing the effective delivery of drug education in England. The Drug Education Forum developed a survey to help inform that review. This report details the findings of the survey with 350 respondents. The three things that respondents felt must change were: To improve the status of drug education in the framework of PSHE, giving it statutory status and increased time over the course of the school year; Increased access and commitment to training, both at initial stages and as part of a continuing professional development; and the development of a clear curriculum and the resources to deliver it: http://www.drugeducationforum.com/images/dynamicImages/file/6814_211058.pdf

Specialist Treatment

Young People's Specialist Substance Misuse Treatment: Commissioning Guidance

The aim of the commissioning guidance is to support the effective commissioning of specialist substance misuse treatments services in line with current developments in children's commissioning: http://www.nta.nhs.uk/uploads/commissioning_yp_final2.pdf

Also see Essential Elements published June 2005). This guide to the commissioning and developing of substance misuse treatment services for young people is published by the NTA. The guidance will help young people's substance misuse commissioners, co-ordinators and joint commissioning groups, DATs, children and young people's partnerships respond to the new approach to planning and delivery outlined in Every Child Matters: The next steps and the Children Act (2004):

<http://www.dcsf.gov.uk/consultations/downloadableDocs/EveryChildMattersNextSteps.pdf>

YOS Substance Misuse Worker Guide

<http://www.yjb.gov.uk/Publications/Scripts/prodView.asp?idproduct=298&eP=YJB>

Nice Alcohol Use Disorder Guidance

(Final version to be published in May 2010): Part 2: Clinical guideline: Alcohol use disorders in adults and young people: clinical management: <http://www.nice.org.uk/guidance/index.jsp?action=byID&o=11832>

Guidance for the pharmacological management of substance misuse among young people NTA, 2009.

Until now there has been no formal guidance to help clinicians to manage substance dependence among young

people. This has left practitioners concerned that their practice may not accord with the developing evidence base.: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_106429.pdf

Young people's specialist substance misuse treatment: Needs assessment good practice guidance NTA, 2009.

This good practice guidance focuses on the process to identify the needs of young people requiring specialist substance misuse treatment. That is, those young people (under the age of 18) who experience current harm as a result of substance misuse which significantly disrupts the young person's functionality. Substances are defined as illegal drugs, alcohol and volatile substances: http://www.nta.nhs.uk/uploads/ypssmtp_needs_assessment_2010_11.pdf

Young People's Specialist Substance Misuse Treatment: The Role of CAMHS and addiction psychiatry in adolescent substance misuse services

http://www.nta.nhs.uk/uploads/yp_camhs280508.pdf

Young people's specialist substance misuse treatment: exploring the evidence NTA, 2009.

This report is aimed at professionals who provide specialist substance misuse treatment services for young

people under 18 years old. It brings together evidence for effective treatment of substance misuse among young people aged 18 and under. The aim of the report is to synthesise the current evidence base specifically related to young people's substance misuse and suggest good practice points that arise from this: http://www.nta.nhs.uk/uploads/yp_exploring_the_evidence_0109.pdf

Transitions

DCSF & DH 'Transition: moving on well' practice guides (2006)

<http://publications.everychildmatters.gov.uk/default.aspx?PageFunction=productdetails&PageMode=publications&ProductId=284732&>

Transition: Getting it right for young people (DH & DCFS 2006)

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4132145

National Service Framework for Children, Young People and Maternity Services (DFES & DoH 2004)

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4098299

Essential Elements (NTA 2005)

http://www.nta.nhs.uk/uploads/nta_essential_elements_youngpeople.pdf

Transitional Services Research

Research by Liverpool John Moores University and Addaction showed that there was a specific need for young adult services. The research showed that young adults don't feel comfortable with adult services for a variety of reasons:

- Adult services were viewed as full of heroin and crack users – not the same drugs that are used by young adults. YP felt their substance use was not given a high priority.
- Drug use has changed over time and many more young people are poly drug-users and use stimulants, cannabis or alcohol. Traditional adult treatment services often do not address this.
- Often YP do not see themselves as needing 'treatment'. There is a need to change the terminology that is used.
- There are risks of premature drop out from adult treatment and 'contamination' effects from older users

<http://www.addaction.org.uk/>

A New Start: Young Adults in the Criminal Justice System

This report includes recommendations about access to alcohol services on exit from secure estate: www.t2a.org.uk

Information Sharing*Information sharing: Guidance for practitioners and managers (DCSF 2009)*

<http://publications.everychildmatters.gov.uk/default.aspx?PageFunction=productdetails&PageMode=publications&ProductId=DCSF-00807-2008&>

Assessing young people for substance misuse (NTA 2007)

Confidentiality, consent, competence and information sharing

http://www.nta.nhs.uk/uploads/nta_assessing_young_people_for_substance_misuse_yp1.pdf

Joint working*Integrated Working*

- The Children's Workforce Development

Council (CWDC) has developed online resources on 'Integrated Working' to support children and young people, including alcohol work. The guidance includes information on The Common Assessment Framework (see Section 1 above), information sharing (see below), 'multi agency working' and 'lead professionals'.

<http://www.cwdcouncil.org.uk/integrated-working>

Lead professional

The lead professional is a key element of integrated support. They take the lead to coordinate provision and act as a single point of contact for a child and their family when a range of services are involved and an integrated response is required:

<http://www.dcsf.gov.uk/everychildmatters/strategy/managersandleaders/leadprofessional/leadprof/>

Multi Agency Working

DCSF's review of practice suggested that there are three broad models of Multi Agency Working with Young People:

- multi-agency panel
- multi-agency team
- integrated service

They have developed an online toolkit to help practitioners and managers set up multi agency services:

<http://www.dcsf.gov.uk/everychildmatters/strategy/deliveringservices1/multiagencyworking/multiagencyworking/>

Think Family and Hidden Harm

Hidden Harm Treatment Protocol

The National Treatment Agency, the Department of Health and the DCSF has produced guidance entitled Drugs and Alcohol Treatment Protocol. The document highlights the need for adult drug and alcohol services to work with children's services to ensure children in families affected by drug or alcohol misuse are safe from harm and have the support they need to succeed.

<http://www.dcsf.gov.uk/everychildmatters/resources-and-practice/ig00637/>

DCSF Think Family Information, protocols, guidance and toolkits

<http://www.dcsf.gov.uk/everychildmatters/strategy/parents/ID91askclient/thinkfamily/tf/>

Hidden Harm – responding to the needs of children of problem drug users Advisory Council of the Misuse of Drugs (ACMD 2003)

<http://drugs.homeoffice.gov.uk/publication-search/acmd/hidden-harm.html>

Hidden Harm Three Years on Realities, Challenges and Opportunities (ACMD 2007)

<http://drugs.homeoffice.gov.uk/publication-search/acmd/ACMDPressRelease2835.pdf?view=Binary>

Endnotes

- 1 <http://legacy.london.gov.uk/mayor/priorities/health/regional-statement-priorities.jsp>
- 2 http://legacy.london.gov.uk/mayor/health/drugs_and_alcohol/glada/index.jsp
- 3 <http://www.london.gov.uk/who-runs-london/mayor/publications/health/highs-andlows-briefing-update>
- 4 <http://drugs.homeoffice.gov.uk/publication-search/young-people/every-child-matters.html>
- 5 <http://www.dcsf.gov.uk/publications/youthalcohol/>
- 6 http://www.dh.gov.uk/dr_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_110256.pdf
- 7 Guidance on commissioning young people's specialist substance misuse treatment services, NTA 2008 http://www.nta.nhs.uk/uploads/commissioning_yp_final2.pdf
- 8 http://www.nta.nhs.uk/uploads/commissioning_yp_final2.pdf
- 9 http://www.nta.nhs.uk/uploads/commissioning_yp_final2.pdf10 <http://www.dcsf.gov.uk/everychildmatters/strategy/deliveringservices1/caf/cafframework/>
- 11 <http://www.younglondonmatters.org/resourcecentre/14/mobilityandyounglondon/events/view/83/mobilityandyounglondonlaunchforthelondonlocalauthorityprotocolsforcommonassessment/>
- 12 <http://www.dcsf.gov.uk/everychildmatters/resources-and-practice/ig00637/>
- 13 <http://www.nta.nhs.uk>
- 14 Guidance on commissioning young people's specialist substance misuse treatment services, NTA 2008 http://www.nta.nhs.uk/uploads/commissioning_yp_final2.pdf
- 15 http://www.nta.nhs.uk/uploads/commissioning_yp_final2.pdf
- 16 http://www.nta.nhs.uk/uploads/commissioning_yp_final2.pdf
- 17 http://www.nta.nhs.uk/uploads/nta_assessing_young_people_for_substance_misuse_yp1.pdf
- 18 http://www.nta.nhs.uk/uploads/commissioning_yp_final2.pdf
- 19 <http://www.dcsf.gov.uk/everychildmatters/about/guidance/dutytooperate/>
- 20 <http://www.dcsf.gov.uk/everychildmatters/strategy/managersandleaders/leadprofessional/leadprof/>
- 21 http://www.cabinetoffice.gov.uk/social_exclusion_task_force/families_at_risk.aspx
- 22 <http://drugs.homeoffice.gov.uk/publication-search/acmd/hidden-harm.html>
- 23 <http://www.turning-point.co.uk/inthenews/Documents/Bottlingitup06report.pdf>
- 24 <http://www.dcsf.gov.uk/everychildmatters/resources-and-practice/ig00637/>

Other formats and languages

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Chinese

如果需要您母語版本的此文件，
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Vietnamese

Nếu bạn muốn có bản tài liệu này bằng ngôn ngữ của mình, hãy liên hệ theo số điện thoại hoặc địa chỉ dưới đây.

Greek

Αν θέλετε να αποκτήσετε αντίγραφο του παρόντος εγγράφου στη δική σας γλώσσα, παρακαλείστε να επικοινωνήσετε τηλεφωνικά στον αριθμό αυτό ή ταχυδρομικά στην παρακάτω διεύθυνση.

Turkish

Bu belgenin kendi dilinizde hazırlanmış bir nüshasını edinmek için, lütfen aşağıdaki telefon numarasını arayınız veya adrese başvurunuz.

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਸ ਦਸਤਾਵੇਜ਼ ਦੀ ਕਾਪੀ ਤੁਹਾਡੀ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੀਦੀ ਹੈ, ਤਾਂ ਹੇਠ ਲਿਖੇ ਨੰਬਰ 'ਤੇ ਫ਼ੋਨ ਕਰੋ ਜਾਂ ਹੇਠ ਲਿਖੇ ਪਤੇ 'ਤੇ ਰਾਬਤਾ ਕਰੋ:

Hindi

यदि आप इस दस्तावेज़ की प्रति अपनी भाषा में चाहते हैं, तो कृपया निम्नलिखित नंबर पर फोन करें अथवा नीचे दिये गये पते पर संपर्क करें

Bengali

আপনি যদি আপনার ভাষায় এই দলিলের প্রতিলিপি (কপি) চান, তা হলে নীচের ফোন নম্বরে বা ঠিকানায় অনুগ্রহ করে যোগাযোগ করুন।

Urdu

اگر آپ اس دستاویز کی نقل اپنی زبان میں چاہتے ہیں، تو براہ کرم نیچے دئے گئے نمبر پر فون کریں یا دیئے گئے پتے پر رابطہ کریں

Arabic

إذا أردت نسخة من هذه الوثيقة بلغتك، يرجى الاتصال برقم الهاتف أو مراسلة العنوان أدناه

Gujarati

જો તમને આ દસ્તાવેજની નકલ તમારી ભાષામાં જોઈતી હોય તો, કૃપા કરી આપેલ નંબર ઉપર ફોન કરો અથવા નીચેના સરનામે સંપર્ક સાધો.