

Section B: Young people, education and families

Most children and young people do not and will not use illegal drugs. More young people say they are offered illegal drugs than use them. Most young people who do use drugs will not become problematic drug users and will not require specialist drugs services but will stop using with the help and support of their family or a trusted adult such as a teacher or a youth worker.

But despite indications that illegal drug use among young people may have stabilised and indeed be falling, there is no room for complacency – especially in the light of concerns about levels of alcohol use - and **DrugScope** has worked hard this year to ensure that young people's substance use issues have never been far from the top of the political and media agenda. We have been critical in the past of a governmental perspective that at times has seemed to ignore this issue. A lack of activity and leadership within central departments – particularly the former Department for Education and Skills – has been frustrating and disappointing. We have been told by stakeholders that reductions in funding (particularly the 10 per cent cut in the Young People's Substance Misuse Grant in 2007/08), the extension of adult methodologies to young people's services (such as the young people's Drug Treatment and Testing Requirements and Arrest Referral Pilots) and delays to essential guidance have all been real worries for services working with vulnerable young people.

However, throughout our consultation this year we have been encouraged by examples of excellent working and real partnerships across the country. The extent to which young people's drug issues have been incorporated into the work of Children's Trusts is positive. **DrugScope** welcomes the work of the new Department for Children Schools and Families (DCSF) in driving forward this holistic model of services for young people – and promoting the Every Child Matters

(ECM) vision. This approach to young people's services – hopefully soon to be extended to the Youth Justice Board (ECM includes Youth Offending Teams, or YOTs, and they are fully part of Children's Trust arrangements) - will ensure that services remain child focussed, that the five key outcomes of ECM can be achieved for all young people, and that drug use will not become an excuse for not supporting or helping any young person to reach their full potential.

DrugScope welcomes the recommendations of the National Institute for Clinical Excellence (NICE) on community-based interventions to reduce substance misuse among vulnerable and disadvantaged children and young people.

However **DrugScope** does have some concerns about the detail of some of the work with young people – and in particular the inappropriate focussing of drug education, funding for young people's substance misuse interventions and the potential dominance of the young people's agenda by a young people's treatment sector promoted by the NTA.

DrugScope has been increasingly concerned about the extent of confusion around the purpose of drug education programmes, particularly in schools. The hold up in the publication of the evaluation of Blueprint has served to underline these concerns. However, **DrugScope** would like to see a continued resource for effective universal drug education, which can delay the first use of illicit drugs and reduce alcohol use by young people, while continuing to develop holistic services for vulnerable young people.

DrugScope acknowledges that maintaining a ring fence around young people's substance misuse budgets though desirable may be difficult within the context of child focussed local commissioning. However, in light of the substantial shifts in local commissioning systems and the very real gains that are being made in acknowledging the role of drug

interventions in enabling Children's Trusts to undertake effectively their safeguarding role, we cannot help but feel that not only were the funding cuts this year ill judged - they were potentially extremely damaging to the interests of young people. Concerns have been voiced that the funding cut sent out a negative and unhelpful message about the value and importance of drug education and prevention work with young people.

In the light of this **DrugScope** is committed to work in close partnership with the young people's substance use community to ensure the assertive monitoring of the impact of substance use on the ECM outcomes in those areas where funding has been most affected. We understand there may be a need to explore how services may best be provided in an integrated agenda, but strongly believe that this should focus on enhancing effectiveness rather than saving money.

DrugScope expect that DCSF will implement a system for the monitoring of drug spend in Children's Trusts during this transitional period particularly if a ringfence is not in place.

Specialist treatment is only required by a small number of young people who experience problems with substance use. While it is critical that specialist treatment is available to all who need it, its provision must not come to dominate the young people's substance misuse agenda in the way specialist treatment has come to dominate the adult agenda. In many ways, the need for specialist treatment should be reducing year on year as 'up stream' initiatives like Sure Start and integrated children's services become better established. We know that stresses in the family, mental health problems, school exclusion and truancy, poverty and social exclusion and living in a community where there is easy availability of drugs and alcohol are significant risk factors for young people's problematic substance misuse. **DrugScope** believes that the best results in preventing problematic use in young people will be achieved by tackling these root causes. The Government's commitment to eradicating child poverty by 2020 with

the goal of halving the number in poverty by 2010, thereby tackling (directly and indirectly) many of the risk factors contributing to problematic substance use, is to be applauded.

Arrangements for the strategic development of drug interventions for young people – including universal and targeted drug education, low-level interventions, targeted interventions and specialist treatment – must be established within all Children’s Trusts. While **DrugScope** welcomes the support that the NTA is offering DCSF in managing this important area of work we believe it is critical that their role is clearly identified as providing specialist support in relation to clinical treatment, and that this must not come to dominate the agenda on a local, regional or national level. **DrugScope** recommends that performance management of this strand of the strategy is clearly located within the existing arrangements for Children’s Trusts. The Joint Area Review (JAR) of young people’s services should examine evidence relating to critical aspects of provision such as drug education, low level interventions and specialist foster care. There are currently only three indicators in the Annual Performance Assessment (APA) of Children’s Trusts that relate to substance use. These are:

- **Substance misuse related admissions to hospital, ages under 20;**
- **The proportion of young people within the YOT with identified substance misuse needs who receive specialist assessment within five working days and, following the assessment, access the early intervention and treatment services they require within 10 working days;**
- **Proportion of those in substance misuse treatment who are aged less than 18.**

These indicators singularly fail to represent the range of interventions that should be available for young people experiencing problems relating to substance use. **DrugScope** recommends that additional indicators relating to the quality and coverage of drug education, the accessibility of low level interventions, and the extent of effective screening for substance misuse within mainstream young people's services be identified as a priority. DrugScope acknowledges the role of Healthy Schools in providing some of this assurance, however concerns about the 'watering down' and 'downgrading' of the Healthy Schools initiative are widespread and it may now be appropriate to look for a more robust measure.

2. What is the most effective way to keep children off and away from drugs?

The evidence shows that most children and young people do not use illegal drugs. **DrugScope** believes that this can be reinforced through the development of locally focussed systems that provide accurate effective information and guidance to young people. Children's Trusts must ensure that substance use is addressed at all levels of intervention with young people across all mainstream services. Only by integrating young people's substance misuse interventions in this way can children and young people be effectively safeguarded from the harms relating to substance use, both their own and parental/familial use.

The provision of good quality drug education whose purpose is clearly understood and where quality is measured locally and nationally through independent inspection is critical.

The provision of good quality interventions aimed at increasing engagement and resilience in the most at risk young people and providing specialist treatment for the minority who require it, is a clear requirement if the five outcomes of ECM are to be met.

All professionals working with children and young people should be trained to tackle substance misuse confidently, focussing on reducing harm and promoting well-being. Improving the training and competency of professionals and carers working with the most vulnerable young people – for example residential social workers, staff in the young people’s secure estate and YOT workers – should be a priority.

3. How should parents, guardians and carers be supported to protect children from using drugs?

Parents, carers and guardians need good quality information and interventions. These should be universally available but additional resources need to be targeted at the most vulnerable families.

Family support has a role in prevention and in helping to tackle upfront many of the risk factors which mean a child or young person is more likely to become involved in drugs. A ‘whole family’ approach, which provides families with holistic support to identify what they see are the main problems, what needs to happen to tackle them and support through the process of change, is often successful. However, at present too many families are denied support of this nature until they reach crisis point - by which time it can be very difficult to tackle ingrained and intractable issues.

Eligibility thresholds are too high and insufficiently flexible to recognise the accumulation of risk within a family situation. Similarly, the tension between adult services, which are almost exclusively concerned with the individual adult service user, and children's services, which focus on child protection issues, means that families fall into the ‘service gap’. Practical steps, like joint training sessions for professionals and the use of secondments by children's and adult service directorates, could help to address this problem. The voluntary sector, which does

not encounter the same stigma as statutory services, is often well placed to deliver this type of intervention.

The need to support effective parenting has been a priority for some time but **DrugScope** believes there is a need to incorporate information about substance use in all interventions with parents. However from our work in this area we understand that parents are often resistant to taking part in drugs programmes as they feel they are being stigmatised and judged. One of our stakeholders recently told us:

“They sit there all stony faced and then when you ask them what’s up they say ‘my kids don’t take drugs and they never would’. They just switch off or they get angry. It’s always some other kid who’s the one who might. Never theirs.”

In light of these experiences it is particularly important that parents are consulted on the formulation of drug education programmes.

In order to ensure parents and guardians can benefit from drugs education there is a need to ensure that information about drug use is just one of the issues parents are helped to deal with in sessions like this – alongside, for example, sex and relationships, health and well being, choices in education. Drug education for parents is better received when it takes place as part of a parcel of other information.¹

Schools can be a focal point for reaching parents, but it should be recognised that this may not be the most appropriate location for all parents and that parents with children potentially ‘at risk’ may be those particularly difficult to reach through schools. The youth service has a key role in reaching especially vulnerable young people and their families. **DrugScope** welcomes the increased recognition of the

¹ DrugScope, Drug Education for Hard to Reach Parents, 2004

importance of the youth service (for example, in the Youth Matters green paper) and increased funding.

Significant adults need support to foster aspiration in young people – and can be effective as role models. In our discussions around young people's services our stakeholders told us unequivocally that it is not about celebrities giving out badges and autographs, it is about the adults who matter to young people helping them towards independence, showing them that they have choices, and that adult life is something to look forward to.

DrugScope recognises the work that has been undertaken by many organisations around parenting particularly YOTs. The recent evaluation of this work by the Youth Justice Board established that:

- in the year before parents were referred to a YOT parenting programme, 89% of their children had been convicted of a recordable offence. This compares to 62% in the year after they left the programme;
- the number of recorded offences committed by the same child fell from 4.4 per child to 2.1 per child;
- more than 90% of participants felt that they had benefited and a similar percentage said that they would recommend it to other parents.

DrugScope would hope to see a thoroughgoing evaluation of the medium- and long-term impact of these programmes on substance use commissioned in the near future.

The voluntary sector currently provides invaluable support to parents around drugs but often it is focussed on the parents of adult children. Where there are significant problems around substance use in a family **DrugScope** suggests that learning from organisations such as Homestart who provide intensive parent support and befriending could

have an impact. This could be particularly useful in tackling issues relating to parental substance use. Enhancing the role of the health visitor to provide support around drugs and alcohol could be a critical help to struggling families – **DrugScope** welcomes the health-led parenting project pilots and we look forward to seeing the findings.

The ACMD update report on Hidden Harm was critical of the lack of progress in England in tackling parental substance use.² **DrugScope** suggests this reflects a lack of leadership and available funding from central government. The Social Exclusion Task Force's recent work on multiple/deep social exclusion and the Families at Risk Review identified substance misuse as a significant factor in reinforcing that exclusion.

4. What needs to happen to achieve more effective joint work between children's services and drug services in support of young people?

In March 2007, NICE published guidance on community-based interventions to reduce substance misuse among vulnerable and disadvantaged children and young people. This guidance recommended that a co-ordinated response to the development of integrated approaches to the prevention of problematic substance use among those under the age of 25 should be the responsibility of the Local Strategic Partnership and the Children's Trust. **DrugScope** concurs with this. Effective local strategy and service delivery needs joined up strategy and but also a cross cutting strategic lead from central government. **DrugScope** would welcome joint work between the Department for Communities and Local Government (DCLG) and the DCSF to help local areas deliver against this agenda.

² Advisory Council on the Misuse of Drugs (2007), Hidden Harm Three Years On: Realities, Challenges and Opportunities.

Clarifying responsibilities for joint working to tackle substance use among young people will first and foremost be the role of the Children's Trust and **DrugScope** expects that the Common Assessment Framework, better training and support for mainstream young people's staff and a rebalancing of the role of specialist treatment and holistic services for young people according to individual need will improve joint working.

5. What might an effective local system look like that identifies problems early, provides integrated prevention services and ensures that other specialist services are available when required?

An appropriate system is child centred, looks holistically at the needs of young people and children and provides support to parents and carers. It is delivered through all agencies with safeguarding responsibilities. In particular the renewed focus on youth work is crucial to achieve positive outcomes for all young people and those at risk of experiencing problems with substance use.

The system is effectively performance managed locally through the same arrangements as other services commissioned and co-ordinated by the Children's Trust.

DrugScope's consultations throughout 2007 identified high levels of concern about the appropriate resourcing of young people's services but a high level of confidence in local commissioning systems to be able *in time* to deliver effective local systems of care. This was obviously dependent on the different local timescales for development of Children's Trusts.

6. What needs to happen to ensure that children's and adult services work together effectively to safeguard and improve the

well-being of children and young people affected by substance misuse?

The ACMD's Hidden Harm report was clear that:

“... substance misuse services must see the child behind the client and recognise their responsibility for ensuring the child's well-being, in partnership with others. The children must be seen and listened to, their needs assessed and responded to. Substance misuse services must therefore become family focused and child friendly...”

Drug services on the whole remain unfriendly to families. They are overwhelmingly located in environments inappropriate for children, have little if anything in the way of crèche facilities, and are open at hours which restrict access for parents caring full time for their children unless they are able to find alternative daytime childcare. In addition to making drug services more family friendly, **DrugScope** recommends that more drug services should be provided by agencies that are already family-friendly – such as GP surgeries and health centres.

There is also a need for better information sharing and co-ordination when a child is understood to be at risk – but this must be achieved sensitively if the parent is not to disengage completely from services. Adoption of local protocols needs to be supported by multi-agency and multi-professional training.

In order to facilitate this there is a need for better and more regular training for specialist drugs workers around parenting and family support as well as child protection so they are able to intervene supportively with all parents with whom they work.

The Government should adopt the recommendation of the ACMD in its Hidden Harm report that social care workers receive training that addresses parental substance use and that such training is a requirement for registration by the Social Care Councils.

DrugScope is a partner with the University of Glasgow for STRADA (Scottish Training on Drugs and Alcohol). The project has been core funded by the Scottish Executive since 2001 to provide training, education and development for staff working in social care services, health care, housing, education, police, prisons, employment services and voluntary sector services working with drug and alcohol misusers. The Executive has also funded specialist training to assist with the implementation of the recommendations of the 'Hidden Harm' report and Action Plan. The project has developed the competence, confidence and effectiveness of staff and organisations working in the drug and alcohol field and is a model for training and workforce development that should be considered for adoption in England and Wales.

7a. What role should education in schools and other settings play in reducing the harms caused by drugs?

7b. What should drug education aim to achieve, when should it start and how might it be improved?

DrugScope believes that the purpose of education around substance use is to contribute to improving the health and well being of children and young people by:

- reinforcing the choice of the majority of young people never to use drugs;
- providing realistic and effective information to reduce the harm of substance use by young people.

Drug education should provide the opportunity for children and young people to develop their knowledge, understanding, skills and attitudes about drugs and appreciate the benefits of a healthy lifestyle. This should be delivered in formal and non-formal education settings.

There is no conclusive evidence that universal drug education in and of itself is equivalent to 'prevention' if this means reducing the number of young people who will experiment with drugs. As one stakeholder told us:

“We cannot inoculate young people against drug use with just a few hours of drugs education.”

However, **DrugScope** is keen to see the forthcoming (but apparently delayed) results of the Blueprint programme to see if this is able to shed more light on this issue.

What evidence there is about drug education indicates that it can help to delay the onset of drug use. There is an established link between trying drugs at a later age and a reduced risk of drug-related harm. Drug education can help to inform young people about risk and steer them away from the most harmful drugs, the most dangerous patterns of substance misuse and the riskiest forms of drug administration.

A number of research projects from around the world have established clear evidence about the characteristics of effective drugs education.

These include:

- that the programme should have clear aims and objectives;
- that it addresses knowledge, skills **and** attitudes;
- that it meets the needs of the young people, including developmental and cultural needs;

- that it challenges misconceptions which young people may hold about their peers' behaviour and their friends' reactions to drug use (young people frequently overestimate the prevalence of drug use amongst their peers);
- that it uses interactive approaches;
- that education should form part of a wider community approach to substance use.

Drug education should take account of the views of children and young people, so that it is both appropriate to their age and ability, and relevant to their particular circumstances.

There is a growing consensus that drug education requires an open, safe and secure learning environment if it is to be of value to young people. **DrugScope**'s members and stakeholders were firmly of the view that random drug testing and use of sniffer dogs in schools damages the environment of trust crucial to effective drug education and is harmful and counterproductive. Random drug testing in schools has not been shown to have a positive impact on subsequent behaviour.

As we have already stated, **DrugScope** believes that all drug interventions for young people should be inspected and performance managed within the same framework as other young people's services – that is the Annual Performance Assessment (APA) and the Joint Area Review (JAR).

Drug education in schools should be delivered in the context of Personal Social Health Education (PSHE). **DrugScope** also believes that in order for this to be meaningful the provision of PSHE should be made a statutory requirement on all schools and that within this there should be clear national standards for substance use education.

DrugScope would like to see a further commitment to building drug

education into mainstream teacher training both through initial teacher training and continuing professional development.

In terms of when drug education should start there is a broad consensus that substance use education (including substances like alcohol, tobacco and medicines) should take place for all school age children. There are many good examples of age appropriate approaches to drug education for primary school upwards. It is also worth acknowledging that drugs education should not end at school leaving age but should continue throughout full time education and training. **DrugScope** would welcome a commitment from the Government that support would be given to all training providers, HE and FE colleges, and universities to enable them to provide effective universal interventions and information.

17b. What is the role of specialist drug services for young people and what should children's services do?

[Note this question comes later in the consultation paper]

As described above, **DrugScope** believes the role of *specialist* treatment for young people is limited. Every effort should be made to provide drug interventions for young people within mainstream children's services - with integrated services, clear frameworks for screening and assessment, adequate and stable funding, a robust inspection framework and a skilled workforce. Where specialist treatment is necessary, case management should remain with non-specialist services. The case for residential rehab for young people has not been made convincingly – but specialist foster care has been demonstrated to deliver good outcomes for a small number of young people.

Young people in custody have significantly higher levels of substance misuse and mental health problems and are at particular risk of suicide and self-harming. The Youth Justice Board is currently piloting new

guidance aimed at improving the care and management of substance misuse in secure estates. It is crucial that for young people in secure accommodation, drug and alcohol treatment is integrated with all other services, particularly mental health, so that often complex needs are properly assessed, effectively managed and continuity of care provided on release.