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Every Child Matters:  
Change for Children  
**Young People and Drugs**

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Front Cover Foulstone Mural photograph: Gavin Joynt.

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# Young People and Drugs

## Improving outcomes

Reducing drug use by young people, particularly the most vulnerable, is central to the Government's *Updated National Drug Strategy*. Choosing not to take illegal drugs is an aim within the Every Child Matters outcome, Be healthy.<sup>1</sup>

In many areas Local Drug Action Teams have made good progress in tackling the problems that drugs can cause, particularly through the youth justice system. Levels of drug use by young people have stabilised following significant increases in the 1990's but remains high. Most worryingly, each year an estimated 20,000 young people become adult problem drug users.

We need to prevent drug misuse and the harm it causes to young people, through more effective drugs education, prevention and early intervention.

The Every Child Matters: Change for Children programme is an opportunity to enhance the prevention of substance misuse by children and young people as part of a holistic multi-agency outcomes-focused approach. Drugs are closely linked to poor outcomes among young people. Children's services already know many of those at greatest risk.

Drug Action Teams and children's services can help each other improve outcomes for young people, their families and the community, as part of an overall strategy for meeting children and young peoples' needs.

This document sets out how those responsible for delivering children and young people's services and the drugs strategy co-operate and plan holistic responses for young people who are using or otherwise affected by drug misuse.

Information on the *Updated National Drug Strategy* can be found at [www.drugs.gov.uk](http://www.drugs.gov.uk)

Information about *Every Child Matters: Change for Children* is available at [www.everychildmatters.gov.uk](http://www.everychildmatters.gov.uk)

1 The Updated National Drug Strategy target and the Every Child Matters outcome 'Be healthy' aim both use the term 'drugs' which refers to controlled drugs within the meaning of the Misuse of Drugs Act 1971. Reducing the use of these drugs by children and young people will often involve broader education, assessment and intervention covering a wider range of substances, including alcohol and volatile substances. Early use of these substances is a recognised risk factor for problem drug use in later life.

## **Linking *Every Child Matters: Change for Children* and the Updated National Drug Strategy for young people**

To support delivery of *Every Child Matters: Change for Children* and the *Updated National Drug Strategy*, the Department for Education and Skills, the Home Office, and the Department of Health have agreed a joint approach to the development of universal, targeted and specialist services to prevent drug harm and to ensure that all children and young people are able to reach their potential.

The approach has three main objectives:

- Reforming delivery and strengthening accountability: Closer links between the *Updated National Drug Strategy* and the *Every Child Matters: Change for Children* programme locally, regionally and nationally;
- Ensuring provision is built around the needs of vulnerable children and young people: More focus on prevention and early intervention with those most at risk, with drug misuse considered as part of assessments, care planning and intervention by all agencies providing services for children, including schools; and
- Building service and workforce capacity. Developing a range of universal, targeted and specialist provision to meet local needs and ensure delivery of workforce training to support it.

The joint approach is being implemented nationally. All local authorities in England and their partners are expected to make significant progress towards meeting its objectives from April 2005, with more rapid and sustained progress in a number of selected *High Focus Areas*.

The rest of this document sets out the approach in more detail, outlines the actions required at local level, and the regional and national support arrangements available.

### **High Focus Areas:**

A number of *High Focus Areas* have been selected. These areas will be expected to make more rapid and sustained progress in implementing the vision and priorities set out in this plan during 2005/06.

The twin objectives of the work in the high focus areas are:

- To develop and test a Best Practice Model for wider dissemination; and
- To make an early and sustained impact on delivery of drug services for children and young people.

High focus areas have been selected on a range of criteria based on local need and levels of current service provision. They include deprived/high crime areas where drug misuse problems are prevalent.

Examples of effective work are being drawn together into an outline Effective Practice Model which is being developed by the Department for Education and Skills in consultation with other partners and stakeholders.

High Focus Areas will be supported by joint teams, based in Government Offices, who will negotiate targets for 2005/06 and offer additional support to the areas involved.

## Reforming delivery and strengthening accountability

The 2004 Spending Review led to a change in responsibilities for the delivery of the young people's drugs Public Service Agreement. The Department for Education and Skills now has lead policy responsibility on policy for preventing problem drug use and shares responsibility with the Home Office for the target's delivery. The Department for Education and Skills and the Home Office are working closely with the Department of Health, who also have key responsibilities in this area.

Links between the young people strand of the *Updated National Drug Strategy* and the overall development of better integrated services for children and young people through the Every Child Matters: Change for Children programme will need to be developed. Many areas will already have good links on which to build.

Actions at local authority level:

- Drug Action Team Chairs (or their equivalent in merged drugs and crime partnerships) will continue to be accountable during 2005/06 for the delivery of existing three-year strategies to reduce drug misuse by children and young people.
- Directors of Children's Services or equivalents and Drug Action Team Chairs should jointly agree local priorities and targets for the development and operation of responses to children and young peoples' drug use. These will be included in the Children and Young People's Plan due to be produced in April 2006 and in Drug Action Team annual plans.
- All partner agencies including those in the voluntary and community sector should be fully engaged in integrated planning to produce a coherent local strategy and framework of services. All services working with young people should feel responsible for helping them address any drug misuse issues alongside any other needs.
- Directors of Children's Services or equivalents and Drug Action Team Chairs should establish effective joint planning and commissioning of drug misuse services for children and young people at local level, where such arrangements do not already exist. This may be done in the wider context of the children's trust arrangements for joint planning and commissioning.
- Consideration will be given to transferring accountability for children and young peoples' drug misuse services to Directors of Children's Services or their equivalents from April 2006, building on lessons from High Focus Areas and others.

To support the alignment of delivery and accountability, a simplified and strengthened set of children and young people and drugs key performance indicators are being put in place, via the Drug Strategy Performance Management Framework for 2005/06. The revised KPIs reflect the contribution of mainstream services to delivering the strategy through education, interventions with vulnerable groups and access to treatment.

## YOUNG PEOPLE 2005/06 KPIs IN DRUG STRATEGY PERFORMANCE MANAGEMENT FRAMEWORK

**PSA: Reduce use of Class A drugs and the frequent use of any illicit drug amongst all young people under 25, especially the most vulnerable young people**

Service area	Lead dept./ agency	Inspectorate	KPI	Performance Information availability
<b>Universal</b>				
Education	DfES	Ofsted	Percentage of schools achieving National Healthy Schools Standard	Annual monitoring, moving to termly, by HDA/ NICE.
<b>Vulnerable Young People</b>				
Truants/excludes	DfES		To be decided. <sup>1</sup>	
Social services	DfES	Commission for Social Care Inspection and JAR	KPI on substance misuse among looked after children under development. Data collection to begin in October 2005 to 2006 06. The collection will cover identification, assessment and interventions	From 2005, through social services Performance Assessment Framework.
Young Offenders	YJB & NTA	Joint inspections, including Audit Commission, CSCI, HMIC, HM Inspectorate of Probation, Ofsted.	Ensure that all young people are screened for substance misuse. Of those screened ensure that those with identified needs receive appropriate assessment within 5 working days and, following the assessment, access the early intervention and treatment services they require within 10 working days.	Quarterly from YJB. Numbers of young offenders identified, assessed and receiving tier 2, 3 or 4 interventions and treatment.
<b>Specialist services</b>				
Treatment	DH/NTA	Healthcare Commission	Increase the participation of young problem drug users (under 18 years of age) in treatment programmes by 50% between 2004 and 2008. <sup>2</sup>	Monthly from NTA, from May 2005.

1 DfES will explore the feasibility of developing a substance misuse KPI on truants and excludees, for implementation in 2006/07.

2 During 05/06 a benchmark will be set for waiting times of an appropriate assessment within 5 working days and access to early intervention and treatment services within 10 working days for all young people presenting to drug treatment services.

From 2005 children's services will be assessed according to five outcomes. Choosing not to take illegal drugs key performance indicators are being put in place, via the Drug Strategy Performance Management Framework for 2005/06. The revised KPIs reflect the contribution of mainstream services to delivering the strategy through education, interventions with vulnerable groups and access to treatment.

### **The improvement cycle for children's services**

A new framework of performance management, known as the improvement cycle for children's services, is being developed to support children's trust arrangements. This will be implemented during 2005-08. The cycle follows the following process:

- Identification of priorities. Priorities conversations will take place between local partners and central government advisors each year. These will establish a clear fit between national and local priorities across all services for children;
- Coherent planning. The introduction of a single, overarching Children and Young People's Plan, reflecting local priorities and including performance measures and targets relating to the *Every Child Matters: Change for Children* outcomes for children (which refer to drugs misuse);
- On-going self-evaluation and annual performance assessment. Local areas will be expected to monitor their own performance against the five outcomes, and as part of the annual assessment process they will provide a self-assessment each Spring. There then follows a review meeting involving inspectorates, central government field forces and local partners each summer, following which a rating is provided by the inspectorates for children's services. This rating provides the score for the children's services element of the Comprehensive Performance Assessment. Children's services in an area will also receive a Joint Area Review, initially on a three-yearly cycle.

### **Joint Teams in Government Offices**

Joint teams based in Government Offices (GO) will assist local areas to implement the integrated approach and broker in the additional support to High Focus Areas.

The teams bring together staff from GO drugs and crime teams; the Department for Education and Skills; the Youth Justice Board; the National Treatment Agency; Public Health and other regional bodies.

The teams will identify the problems and challenges that local areas experience; provide performance management and intervention where needed and negotiate local targets between DATS and children's trusts or Children and Young People's Strategic Partnerships.

In the High Focus Areas, GO teams will be able to draw upon national level support and consultancy to help these areas make faster and more sustained progress.

## **Building provision around the needs of young people, particularly the most vulnerable**

Services should be built around the needs of children and young people, particularly those who are most vulnerable to drug misuse and the poor outcomes that arise from it. Good progress has been made in recent years in developing universal and specialist provision for young drug users, which can be built on and improved through effective partnership working.

Drug Action Team Chairs and Directors of Children's Services or their equivalents should jointly agree priorities and targets for addressing the needs of children and young people affected by drugs and include these in both in the Children and Young People's Plan and Drug Action Team annual plan.

Evidence on the most effective intervention and approaches should be taken into account when services are being developed. Provision should meet the diverse needs of children and young people including those from the most vulnerable groups.

- **Drugs education.** There is government guidance which sets out how drug education should be delivered in schools. [www.teachernet.gov.uk/wholeschool/behaviour/drugs](http://www.teachernet.gov.uk/wholeschool/behaviour/drugs)
- **Advice and information** on drugs and services for young people and their families should be easily accessible. Many areas have built successful approaches based around the national FRANK helpline and website.
- **Prevention through access to core services** to ensure all young people have direct access to core health, education, housing and family support services and that there is prompt access to specialist young peoples services when required.



- **Social inclusion programmes** offer a range of sports and other activities aimed at ensuring that children and young people stay engaged or re-engage with their families, education and the community. Good programmes, such as *Positive Futures*, can also act as a bridge between universal and targeted services.

## Targeted interventions with vulnerable young people

A key area for development is targeted interventions within generic children and young peoples' services for those most at risk from drugs. In agreeing priorities and targets, Drug Action Team Chairs and Directors of Children's Services should ensure that the following is in place:

- **Early assessment** of all vulnerable children and young people in key risk groups for drug misuse problems, as part of wider needs assessment. Drug misuse issues are part of the Common Assessment Framework for children and young people, to enable practitioners' first assessments of need to pick up on drug misuse issues and to lead to effective intervention.
- **Care management and appointment of a lead professional** for all children and young people who need support and intervention on drug misuse, in line with *Every Child Matters: Change for Children*.
- **Integrated information systems** to help agencies work together to track interventions with individual children and young people.

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

- **Children of problem drug users.** Hidden Harm, the report issued by the Advisory Council on the Misuse of Drugs, estimated that between 200,000 and 300,000 children in England and Wales have one or both parents with serious drug problems. Parental drug problems are associated with a range of poor outcomes for children and young people, including early drug misuse. Adult drug services and early support services, such as Sure Start, play a key role.
- **Persistent truants and school excludees.** There are higher rates of drug misuse among persistent truants and excludees. Drug misuse assessments and appropriate interventions should be conducted with school excludees in all alternative provision settings including those attending pupil referral units. Similarly, systems should be put in place so that all persistent truants have a full assessment of need, including drug misuse problems, and receive appropriate support with the aim of returning them to mainstream education.
- **Looked after children.** It is vital that all looked after children with substance misuse problems are identified early through their health assessment, looked after children reviews and care planning processes and receive support and appropriate interventions as a result.

- **Young people in contact with the criminal justice system.** Over 50% of young offenders in custody reported Class A drug use in the past year, among the highest for any at risk group. Each stage of the youth justice system provides an opportunity to identify children and young people who have, or are at risk of developing, drug misuse problems; assessing their needs; and directing them to and supporting them through appropriate support and treatment services. Youth Offending Teams and Juvenile Custodial units already have systems in place. A range of targeted interventions for children and young people are in place in a number of pilot areas as part of the Drug Interventions Programme.
- **Other groups** of children and young people at risk include: homeless young people, young people abused through prostitution, teenage mothers and young people not in education, employment or training. Many of those at risk live in our most deprived communities.

### **Specialist provision**

- **Specialist treatment.** Specialist drug services play a vital role where children and young people have developed drug misuse problems. Many specialist services offer a multi-agency approach which ensures that the young person has all their needs considered and addressed in the round e.g. housing, learning, family problems, sexual and other health needs.

### **Families**

- **Parents, carers and families** have been identified as having a key role in preventing problematic drug use among young people. Young people are more likely to delay or avoid drug taking when they talk openly with their parents. Research also shows that where young people do develop serious problems with drugs, the involvement and support of parents and families can contribute greatly to improved outcomes.

## Building service and workforce capacity

The development of more effective provision for young people will require increases in service and workforce capacity, and levels of knowledge and skills amongst the young peoples' workforce.

Reducing drug misuse should be regarded as core business for local children and young people's services and resourced appropriately. The Young People Substance Misuse Partnership Grant (YPSMG) provides additional funding and will continue to be allocated to Drug Action Teams, with local authorities acting as 'banker'. The YPSMG is designed to supplement mainstream funding.

The *Every Child Matters: Change for Children* programme sees the publication of a Common Core of skills and knowledge for all those working within the children's workforce. This will be published under the following six headings:

- Effective communication and engagement with children, young people and their families and carers;
- Child and young person development;
- Safeguarding children and promoting the welfare of the child;
- Supporting transitions;
- Multi-agency working; and
- Sharing information.

All people working with children have a key role to play addressing substance misuse among children and young people. All need to have basic substance misuse knowledge and understanding within their core competences. Substance misuse training should be made available in every area. Basic substance misuse training should be incorporated into core professional training across the workforce.

Every area should have in place a training strategy so that all staff working with vulnerable groups and practitioners who specialise in substance misuse issues have the skills and competencies they need to work with substance misuse in relation to children and young people. A number of training packages and tools are currently available to support this level of work.

## Background information

This section includes further information on the *Updated National Drug Strategy* and *Every Child Matters: Change for Children* as well as links to other sources of information on young people and drugs.

### The Updated National Drug Strategy:

The Government's Drug Strategy, published in 1998 and updated in 2002, sets out a range of policies and interventions to reduce the harm caused by illegal drugs. Key strands of the strategy are:

- Reducing Availability
- Preventing people from using drugs
- Reducing and rehabilitating existing users
- Getting drug misusing offenders out of crime and into treatment

The Strategy sets a target of reducing the use of Class A drugs and the frequent use of any illicit drug among all young people, particularly the most vulnerable.

Further information on drugs and the *Updated National Drug Strategy* is available on the website [www.drugs.gov.uk/NationalStrategy](http://www.drugs.gov.uk/NationalStrategy)

### Every Child Matters: Change for Children:

*Every Child Matters: Change for Children*, the Government's vision for children's services, was published in December 2004. It proposed a better integrated delivery of children's services to improve outcomes for children and young people:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic well-being

Further information is available on the Every Child Matters website [www.everychildmatters.gov.uk](http://www.everychildmatters.gov.uk)

### Government Offices in the Regions:

Joint teams in Government Offices in the Regions are available to provide local areas with support and challenge. [www.rcu.gov.uk](http://www.rcu.gov.uk)

### Schools and Colleges – Drugs Education:

The Department of Education and Skills publish *Drugs: Guidance for Schools* which provides guidance on all matters relating to drug education. [www.dfes.gov.uk](http://www.dfes.gov.uk)

## **Drugs communications and campaign advice**

Information on national information campaigns, including FRANK, is available at [www.drugs.gov.uk/Campaign](http://www.drugs.gov.uk/Campaign)

## **Social inclusion programmes**

Information on the Positive Futures programme, an example of how social inclusion programmes can operate is available at [www.drugs.gov.uk/NationalStrategy/YoungPeople/PositiveFutures](http://www.drugs.gov.uk/NationalStrategy/YoungPeople/PositiveFutures)

## **Children of problem drug users**

The Advisory Committee on the Misuse of Drugs (ACMD) Hidden Harm report can be downloaded for this website: [www.homeoffice.gov.uk/drugs/misuse/acmd](http://www.homeoffice.gov.uk/drugs/misuse/acmd)

## **Persistent truants and excludees:**

Information about truancy and exclusions is available on the Department for Education and Skills website [www.dfes.gov.uk](http://www.dfes.gov.uk)

## **Looked after children**

Information about looked after children is available on the Department for Education and Skills website [www.dfes.gov.uk](http://www.dfes.gov.uk)

## **Young offenders**

Information about the Youth Justice Board (YJB) and the work of Youth Offending Teams is available on the YJB website [www.youth-justice-board.gov.uk](http://www.youth-justice-board.gov.uk)

## **Specialist treatment**

Information on the work of the National Treatment Agency for Substance Misuse is available on their website [www.nta.nhs.uk](http://www.nta.nhs.uk)

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