



Cambridgeshire Drug and Alcohol Action Team

Young People's Substance Misuse Delivery Plan 2008/09

Direction and Purpose of the Young People's Substance Misuse Strategy

One of the central aims of the Government's Drug Strategy is to prevent today's young people from becoming tomorrow's problem drug users. In addition, a key aim of the Every Child Matters: Change for Children strategy is to encourage young people to choose not to take illegal drugs, as a vital component of the strategic aim for all children and young people to 'Be Healthy'.

To ensure these aims are achieved, a joint approach has been agreed between the Department for Children, Schools and Families (DCSF), Home Office (HO), Youth Justice Board (YJB), Department of Health (DH), and the National Treatment Agency (NTA) to develop both universal and targeted services to prevent drug and alcohol related harm to young people.

Cambridgeshire Drug and Alcohol Action Team (DAAT) commission a range of services to provide a system of substance misuse interventions that meet needs at the following levels:

Universal provision (e.g. drug education, information and advice and access to targeted and specialist services)

Targeted provision (e.g. early identification, assessment and care co-ordination of interventions with young people in groups vulnerable to substance misuse such as young offenders, truants and Children Looked After)

- **Specialist substance misuse treatment provision** (e.g. psychosocial, pharmacological and residential interventions for those with high level needs)
 1. Psychosocial interventions are available Countywide and are provided by the tier three services commissioned by the DAAT
 2. Harm reduction services are available at tier three with advice and guidance offered at tier two. The DAAT has a blood borne virus and harm reduction strategy with a Harm Reduction Adviser in post.
 3. The Youth Offending Service with three whole time Substance Misuse Workers provides criminal justice interventions.
 4. Work with parents or carers is provided through the Locality Teams and through Parent Support Advisers. The county is producing a parenting strategy for the County.
 5. Residential rehabilitation is spot purchased in the rare occasions it is required. The DAAT is preparing an outline for tier 4 intensive fostering using a best practice model used in Hertfordshire and in conjunction with the Fostering and Adoption service.
 6. Specialist pharmacological interventions are provided under the supervision of a Consultant Psychiatrist through the YOUS service at tier three which is run from the CAMH Service provided by the Mental Health Trust.
 7. In-patient interventions are purchased on a need basis.

Ensuring the delivery of treatment services within a framework of clinical governance is a high priority for the DAAT. Clinical Governance is embedded within all service delivery from staff training and competences to appropriate and evidence based treatment interventions within national agreed protocol and specifications. The DAAT will undertake an audit of this in 2008 and inform the treatment with a review of all services by October 2008.

8. Supported generic child care is provided in support of treatment as required

Effective monitoring is key to improve and drive forward treatment performance and delivery objectives. The DAAT have a robust process of monitoring in place to assess, evaluate and monitor all areas of delivery throughout 2008/09. A transparent and structured commissioning process within a partnership framework supports the Young Peoples Treatment Plan.

The DAAT has established effective links with children and young people's services at a locality level (universal and preventative) and at an area level (targeted and specialist). The DAAT plans for training reflect the need to develop tier one preventative services. The DAAT supports area based substance misuse forums to promote interagency relationships and care pathways across the tiers of intervention. Forums are open and inclusive and also provide a link to accommodation providers, registered social landlords and providers of post 16 employment and training. The DAAT works with the Local Safeguarding Children Board and has recently initiated work to review the issues for safeguarding expressed in the 2003 'Hidden Harm' report. Issues of transition are key for 08/09 as the Adult Drug Treatment System has been contracted to Addaction from April 1st 2008. There is no direct effect on the commissioned services and their fitness to continue to offer services has been evaluated. Careful attention will be paid to the effect of this new contract and in particular the transition from young people to adult based services. Alcohol services remain unchanged. The DAAT will be working closely with providers to improve care and treatment pathways across the drug and alcohol treatment system.

The DAAT 2008/09 Action Plan outlines intentions for local service provision; building upon strategic planning that began in 2005/06. The DAAT Young People's Commissioning Group (YPCG) have responsibility for setting priorities within the Plan, informed by an assessment of local population needs. The Young People's Commissioning Group reports to the Drug and Alcohol Action Team as well as to the Children and Young People's Strategic Partnership. The Young People's Commissioning Group is chaired by the PCT Children's Lead who is a member of the CYPSP. The CYPSP has responsibility for the delivery of the Children and Young People's National Indicators as set by Cambridgeshire Together, which is the strategic body for Cambridgeshire's Local Area Agreement. This relationship is set out in appendix 1. The roll out of the Common Assessment Framework in Cambridgeshire has been achieved alongside the development of the model of staged intervention

Key Findings of the Cambridgeshire Young People Needs Assessment

Prevalence estimates for substance misuse amongst young people are problematic in that there exists no inclusive estimates of the entire young people population of Cambridgeshire. Interpolating British Crime Survey figures to a local level assumes that the local population has exactly the same characteristics as the national. The Glasgow University opiate and/or crack cocaine prevalence estimates for Cambridgeshire are now out of date and only cover 15-24 year olds. The Health Related Behaviour Questionnaire is only relevant to those young people who attend school and are in year 8 or 10. It has therefore been necessary to evaluate a number of different sources related to vulnerable young people alongside the estimates mentioned above in order to assess the prevalence of substance misuse amongst young people in Cambridgeshire. The results of this analysis indicate that Huntingdonshire ranks as the district with the highest estimated prevalence, followed by Cambridge City, Fenland, South Cambs. and then East Cambs. More work is needed to establish needs of young people in the county. The DAAT will undertake a range of research methodology to establish this in 2008/09, including questionnaires, peer “dominated” research and an audit of treatment accessibility and outcomes.

In relation to treatment, there is a need to improve care planning and, in particular, to reduce the number of unplanned discharges. The characteristics of young people within the treatment population appear to be representative of the general population, which suggests that barriers are minimal in respect of factors such as ethnicity and gender.

In comparison to other DAATs in the East of England and to the adult treatment population, Cambridgeshire has a low rate of young people engaged in treatment and this needs to be improved, by improving the pathways into treatment and evaluations the referral and assessment processes in the treatment system.

Professionals working with young people are primarily concerned with young people’s binge drinking and drug use in relation to cannabis.

Social Care workers are a key group to be encouraged to engage in preventative interventions in addition to tier 1 service providers.

The Needs Assessment process requires further development to ensure sufficient data is available to identify unmet and emerging needs and plan accordingly.

The DAAT places a high emphasis upon service user involvement in the delivery and outcome of treatment interventions. All service providers will be monitored regarding user involvement and specific performance objectives will be detailed in all contracts.

Service users, carers and families are an integral part of the commissioning process and are actively encouraged to participate in the consultation and review process that informs the commissioning model. In 2008/09 a greater emphasis has been placed on the needs and services available to

families supporting young users. Working in close partnership with the adult treatment plan a duty of care to support families is expected with a specific remit to develop services in this area. This development will be closely monitored by the Young Peoples and Adult Treatment Coordinator and overseen by the respective commissioning groups.

Funding

The Young People's Substance Misuse Partnership Grant supports the Delivery Plan, with additional funding from the Cambridgeshire DAAT Adult Pooled Treatment Budget. The YPSMU Commissioning Group has brokered additional funding through the Adult Pooled Treatment Budget, which is managed by the Adult Treatment Commissioning Group. Further opportunities for funding are supported where possible and especially with voluntary sector partners

Planning grid 1: Commissioning and System Management

Identification of key priorities following needs assessment relating to commissioning and system management:

The locality boundaries of service provision have been reconsidered on the basis of prevalence estimates and vulnerability rankings however to apply a weighting to the delivery of services would reduce service provision in lower need areas to almost nothing
 Service Level Agreements will be developed to include additional NTA performance requirements
 The substance misuse needs of emerging migrant populations will be scoped in 2008/09
 The 2008/09 Young People's Needs Assessment needs to be further developed to ensure accurate evaluation to enable effective strategy developments of young peoples services.

Objective 1: Effective joint commissioning and performance management

Delivery Plan:

Action and Milestones	Timescale	Lead	Resource
DAAT Young People's Substance Misuse Commissioning Group (YPSMCG) has responsibility for commissioning and monitoring and meets bi-monthly. The chair is the PCT Children's Lead Commissioner. The terms of reference were revised in 2008. The new Young People's Substance Misuse Coordinator starts on April 1 st .	June 08, Sept 08, Nov 08, Jan 09	DAAT Young People's Co-ordinator/ YPCG Chair	DAAT Co-ordination fund
The YPCG is represented at the DAAT, Children and Young People's Strategic Partnership and other strategic planning networks. The Chair of the DAAT is the Deputy CEX and Director of Children's Services.	Mar 09	Head of Participation and Youth Services	OCYPS

Action and Milestones	Timescale	Lead	Resource
The DAAT Coordinator and the DAAT Contract Monitoring Officer achieve representative membership between the DAAT, YPCG and the DAAT Adult Treatment Commissioning Group.	Bi-monthly	DAAT Young People's Co-ordinator/ DAAT Co-ordinator	DAAT Co-ordination fund/ DAAT APTB
DAAT Young People targets are embedded in local priorities via National Indicator set within the Local Area Agreement, Community Safety Strategic Plans and the Children's Plan. All of these require quarterly or monthly reporting.	Mar 09	YPCG /DAAT Young People's Co-ordinator	DAAT Co-ordination fund
New Service Level Agreements in place with all services, to include relevant NTA performance measurements and locally agreed indicators. These will be reviewed at each YPSMU Commissioning Group meeting by robust monitoring procedures.	June 08	DAAT Young People's Co-ordinator/ DAAT Contract Monitoring Officer	DAAT Co-ordination fund/ DAAT Pooled Treatment Budget
Improve local intelligence of levels of referrals into specialist services from universal and targeted children's services by including referral source data reporting in Service Level Agreements. Take appropriate actions to enable effective transition between service tiers through relationship building and the use of generated data. Work in partnership with adult services to identify treatment pathways between young people and adult services.	June 08	DAAT Young People's Co-ordinator/ DAAT Contract Monitoring Officer	DAAT Co-ordination fund/ DAAT Pooled Treatment Budget
Quarterly performance monitoring meetings between the DAAT and all service providers are written into the SLAs. Feedback and performance management exception reporting bi-monthly to the YPCG.	July 08, Oct 08, Jan 08, Apr 08	DAAT Young People's Co-ordinator/ DAAT Contract Monitoring	DAAT Co-ordination fund/ DAAT Pooled Treatment Budget
The DAAT will conduct an audit of current clinical governance arrangements within treatment services. Draft to be presented to the YPSMU Commissioning Group in	October 08	DAAT Contract Monitoring Officer	DAAT Pooled Treatment Budget

October 2008. Recommendations to be agreed by Jan 09.	Jan 09 ratified by YPCG		
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Action and Milestones	Timescale	Lead	Resource
All providers review their practice in line with the revised NICE guidance and the UK 'Clinical Guidelines'. This is to also include an effective clinical governance review. Provider reviews to be completed by September 08 with the YPSMU Commissioning Group to review the findings in December 08.	December 08	DAAT Contract Monitoring Officer	DAAT Pooled Treatment Budget
Reconfigure specialist services delivery of PSHE in schools, prioritise schools countywide using Balding data, managed by the DAAT Young People's Drug and Alcohol Partnership Group (DAPG)	July 08	DAAT Young People's Co-ordinator/ DAPG	DAAT Co-ordination fund

Objective 2: Scope the substance misuse needs of emerging migrant populations

Delivery Plan:

Action and Milestones	Timescale	Lead	Resource
Scoping of young people's needs to be included in needs analysis conducted by the DAAT Community Development Worker. (To be appointed after Easter 2008.) Needs assessment to be fed into the YPSMU Commissioning Group to inform commissioning decisions in November 08	November 08	DAAT Co-ordinator	DAAT Pooled Treatment Budget
Scoping exercise complete and results reported to DAAT Needs Assessment Expert Group Action plan to be drawn up in partnership with ATCG and YPCG to address needs within this group at locality level	November 08	DAAT Community Development Worker	DAAT Pooled Treatment Budget

Objective 3: A Young People's Needs Assessment that informs needs led commissioning

Delivery Plan:

Action and Milestones	Timescale	Lead	Resource
A Needs Assessment Expert Group established to plan and manage the needs assessment process with clear terms of reference and a work plan agreed by the YPSMU Commissioning Group.	July 2008	DAAT Young People's Co-ordinator	DAAT Co-ordination fund

The work plan activity of the Needs Assessment Expert Group is reported to the DAAT Young People's Commissioning Group	Sept 08, Nov 08, January 09	DAAT Young People's Co-ordinator	DAAT Co-ordination fund
<p>The Needs Assessment will include:</p> <ul style="list-style-type: none"> • An analysis of the retention of young people through their transition into adult treatment services • Detailed case studies of young people in treatment services to establish differences in outcome and influencing factors • An analysis of the demographic profiles of young people known to be substance mis-users but who are currently unknown to the treatment system • Consultation with young people in regard to service planning and their involvement in the shaping of service provision. • Service user advocates to be developed to ensure that planning takes account of their needs in care planning. • Analysis of high need and high vulnerability groups including NEETs, Children Looked After and young people educated other than at school (PRU) 	Sept 08	Needs Assessment Expert Group	DAAT Co-ordination fund
An annual event held to consult with stakeholders, including consultation with young people, carers and families who will be involved in designing and running the event.	Nov 08	DAAT Young People's Co-ordinator	DAAT Co-ordination fund

Objective 4: Improve the quality of treatment

Delivery Plan:

Action and Milestones	Timescale	Lead	Resource
YPSMU Commissioning Group, through the Contract Monitoring Officer improves the quality of NDTMS data reporting of discharge arrangements, to reduce the number of unplanned discharges. Actions to be initiated if unplanned discharge rates are unacceptably high through contract monitoring work and, if required, an audit for practice.	Sept 08	DAPG	YPSMPG
All young people approaching their 18 th birthday have a transitional care-plan in place before entering adult services All Service Level Agreements with treatment services include this requirement and this is monitored through discharge planning.	June 08	DAAT Young People's Co-ordinator/ DAAT Contract Monitoring Officer	DAAT Co-ordination fund/ DAAT Pooled Treatment Budget
Every young person has treatment outcomes monitored via the Treatment Outcome Profile (TOP) This will be monitored by the Contract Monitoring Officer The DAAT will be working closely with ERPHO to identify emerging areas of deficit on a monthly basis.	Mar 09	DAAT Young People's Co-ordinator/ DAAT Contract Monitoring Officer	DAAT Co-ordination fund/ DAAT Pooled Treatment Budget
Service users are actively encouraged to engage with treatment and in their own care plan. All care plans to be signed by service users monitored by the DAAT	Throughout the year	DAAT YP Coordinator	DAAT Co-ordination fund/ DAAT Pooled Treatment Budget
All services users will have an identified key worker and mechanisms are in place by service providers to change key worker where appropriate.	Throughout the year	DAAT YP Coordinator	DAAT Co-ordination fund/ DAAT Pooled Treatment Budget

All services will be delivered within structured and evidence based specialist treatment modalities. Quality assurance throughout all areas of interventions is critical.	From April 08	DAAT YP Coordinator	DAAT Co-ordination fund/ DAAT Pooled Treatment Budget
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Planning grid 2: Access to Treatment

Identification of key priorities following needs assessment relating to access and engagement with young people's specialist substance misuse treatment services:

Increase the number of young people in treatment
 Improve information source on levels of referrals into the specialist system from universal and targeted Children's Services
 Provide a training programme for the universal children's workforce
 Increase the level of campaign work and develop information that is young people friendly
 Improve links between specialist and universal services, particularly schools and Locality Teams
 Revise the DAAT handbook
 Develop the local care pathways leaflet to include information on screening and the threshold for referrals through the Common Assessment Framework
 Work in partnership with adult services to establish, develop and improve pathways into treatment

Objective 1: Support professionals working in universal and targeted children's services to identify substance misuse, offer tier 1 interventions and refer appropriately into specialist services

Delivery Plan:

Action and Milestones	Timescale	Lead	Resource
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Local service information on the FRANK website, local care pathways leaflet and other information resources updated following the re-structuring of adult treatment services. Ensure that information is available through the information advice and guidance elements of the Youth Offer.	June 08	DAAT Young People's Co-ordinator	DAAT Co-ordination fund
DAAT Young People's Handbook revised and promoted. Handbook includes information on sexual health in relation to screening and referral. The Common Assessment Framework will be the principle referral mechanism for interventions. The transition between universal and specialist services will be an area for review for the Young People's Coordinator on coming into post.	Sept 08 June 08 June 08	DAAT Young People's Co-ordinator	DAAT Co-ordination fund

Action and Milestones	Timescale	Lead	Resource
OCYP system for screening Looked After Children in operation. To be reviewed through the Corporate Parenting Steering Group with support from the named nurse for Children Looked After. This will also enhance our relationship in regard to sexual health promotion and harm reduction work. Screening tool and system reviewed	Feb 2009 Dec 2008	OCYP Service Development Manager: Looked After Children	OCYPS Social Care
Locally produced care pathways leaflets developed to include information on screening and the threshold for referral. Draft to be ready for July 08 Promotion via Forums from Sept 08	July 08	DAPG/DAAT Young People's Co-ordinator	DAAT Co-ordination fund
Substance Misuse training programme provided by local drug and alcohol specialists to be available from April 08 Develop and deliver modules that contribute to the OCYPS training programme in conjunction with the Workforce Development Head of Service.	May 08 Oct 08	DAAT Young People's Co-ordinator	YPSMPG
Monthly Substance Misuse 'updates' available countywide, facilitated by specialist	Monthly	DAAT Local	YPSMPG/ DAAT

services and delivered via internal communications.		Substance Misuse Update Steering Group	Co-ordination Fund
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Objective 2: Contribute to the PSHE Service Strategic Plan, supporting schools to provide high quality drug and alcohol education

Delivery Plan:

Action and Milestones	Timescale	Lead	Resource
Life Education Centre supporting the PSHE curriculum in primary, special and nursery schools. Number of site visits to be collated and young people feedback to be presented to the YPSMU Commissioning Group March 09.	Mar 09	PSHE Service	YPSMPG
Community Drug Policies to be reviewed in schools with over the school year 2008/09. Summary update to YPSMU Commissioning Group March 09	Mar 09	PSHE Service	YPSMPG
Pupil Referral Units supported to address risk-taking and substance misuse through dedicated resource allocation from the Locality Team and tier three services. Full offer of services to be developed for implementation by Sept 08	Mar 09	PSHE Service/ Young People's Coordinator	YPSMPG
Specialist drug and alcohol services supporting the delivery of the PSHE curriculum in schools and other educational settings using the NICE Guidance framework and young people's self evaluation	Mar 09	DAAT Young People's Co- ordinator/ DAPG	YPSMPG

Planning grid 3: Treatment System Delivery

Identification of key priorities following needs assessment relating to the delivery of young people’s specialist substance misuse treatment services:

- Strong universal outreach provision to provide referrals into specialist services
- Countywide approaches to service delivery
- Equitable access to targeted and specialist services countywide
- Targeting ‘vulnerable’ groups of young people
- Clear treatment pathways to engage and retain young users along treatment journey
- Clear discharge protocol for all areas of service delivery

Objective 1: Equitable specialist young people’s drug and alcohol services that are accessible countywide

Delivery Plan:

Action and Milestones	Timescale	Lead	Resource
Three young people’s drug outreach workers in the following geographical localities: 1 x Huntingdonshire 1 x Fenland 1x Cambridge, South Cambs. and East Cambs Ensure equity of access based on need and geographical spread.	Mar 09		YPSMPG
Three young people’s alcohol outreach workers in the following geographical localities: 1 x Huntingdonshire	Mar 09		YPSMPG

1 x Fenland 1x Cambridge, South Cambs. and East Cambs Ensure equity of access based on need and geographical spread.			
A countywide Youth Offending Service Substance Misuse Team in place and effectively connected to referral services.	Mar 09	YOS Manager	YPSMPG
A tier 3 young people's treatment service delivering intensive interventions within CAMH.	Mar 09	Mental Health Trust Substance Misuse Manager	YPSMPG
Develop a model of intervention for tier 4 foster care placements working with Hertfordshire DAAT and Fostering and Adoption Services to plan for such an eventuality.	July 08	DAAT Young People's Co-ordinator	DAAT Co-ordination fund
Young People's Drug and Alcohol Partnership Group meets regularly and identifies areas of activity, data reporting and delivery that can be improved and agrees joint responses Activity of the DAPG is reported to the YPSMU Commissioning Group DAPG acts as a practitioner advisory group to the YPSMU Commissioning Group	Mar 09	DAPG	YPSMPG
Clear treatment pathways are available from assessment to discharge	April 08	DAAT YP Co-ordinator	YPSMPG
Service users have a range of feedback opportunities available in all services monitored by the DAAT to improve service delivery	Quarterly monitoring	DAAT YP Co-ordinator	YPSMPG
Equitable access to services is available countywide	April 08	DAAT YP Co-ordinator	YPSMPG
Clear discharge and "re-engagement" pathways are in place for all service users	April 08	DAAT YP Co-ordinator	YPSMPG

Objective 2: Children of substance misusing parents are supported and protected

Delivery Plan:

Action and Milestones	Timescale	Lead	Resource
All Service Level Agreements with adult treatment services include requirements to adhere to safeguarding children guidelines. Links to the LSCB are made. A revised response to Hidden Harm is agreed with the LSCB policy manager	July 08	DAAT Adult Treatment Co-ordinator	DAAT APTB
All services will offer carers, families and significant others telephone advice and information. Carer groups are available across the county. Opportunities for “feedback” for family members are made available at all provider locations. A commitment to this agenda is seen as a high priority to the DAAT And will be closely monitored. Safeguard Children policy guidelines are Embedded within contract specifications	April 08 Throughout the year	DAAT YP Co-ordinator	DAAT APTB

Definitions:

DAAT

Drug and Alcohol Action Team. The DAAT is a strategic group comprising of senior staff from the main organisations in the county involved in tackling drug and alcohol related issues. It has responsibility for the implementation of the Governments Updated National Drug Strategy 2002, supported by DAAT officers.

YPSMPG

Young People's Substance Misuse Partnership Grant. This is the grant that funds the delivery of the Young People's Substance Misuse Action Plan. It consists of funding streams from The Department of Health, The Home Office and The Department for Children Schools and Families.

YPCG

The DAAT Young People's Commissioning Group. A group with responsibility for overseeing the YPSMPG budget, setting priorities, commissioning and performance monitoring services funded by the YPSMPG. Its membership comprises of senior representatives from a broad range of stakeholder organisations.

DAPG

The Cambridgeshire Young People's Drug and Alcohol Partnership Group. A group that consists of representatives from key services commissioned by the DAAT. It identifies and develops countywide approaches to delivery and activity and acts as an advisory practitioner forum.

NTA

National Treatment Agency. A specialist health authority, created by the Government in 2001 to improve the availability, capacity and effectiveness of treatment for drug misuse in England.

Young Person

The term 'young person' refers to all individuals who are under the age of 18, as defined by the National Treatment Agency (NTA). It may, however, be appropriate for a young person's service to continue working with a young person past their eighteenth birthday. In some cases it may be appropriate for an adult service to work with a person under 18.

'Vulnerable' Young People

- Those on the brink of leaving/being excluded from school
- Children in need/looked after
- Children in Pupil referral units
- In contact with the criminal justice system
- In sex industry
- Homeless/vulnerably housed
- Children of substance misusing parents (Liaise with adult services)
- Mental health and behavioural problems

Referral

A referral will occur when an identification of need has taken place. It may be formal or informal dependent on the service or setting. Referrals can be made by the young person or by an adult but there must be an element of consent by the young person.

Screening

A screening is a formal or informal discussion with a young person to establish whether there is sufficient concern of substance misuse to result in an assessment. The screening may be carried out by the referring professional or by a substance misuse professional.

Assessment

Following a screening, it may be necessary to undertake an initial assessment to determine the young person's needs and whether these meet the criteria for further intervention or a referral to other services.

An assessment of young people will: -

- Include a full explanation of confidentiality in relation to under 18s before agreeing consent to treatment
- Include an assessment of the professionals already involved with the young person.
- Determine competence to consent to treatment, should this be necessary.
- Assess the young person's substance misuse problem, their health, social and family situation.
- Determine service/staff competency to meet their needs
- Assess their need for needle exchange
- Assess any prescribing needs
- Include a risk assessment to establish immediate risks.
- Assess the young person's current level of substance misuse knowledge

Care Plan

A care plan should identify the needs of the young person; the actions planned to address those needs; an identified person to conduct interventions; and the goals and expectations of the interventions. Care plans should be subject to regular review, taking place at least every three months, where competence can be reassessed, new needs, if any, identified, new goals set and care plans reappraised. The young person's carer should be included in the process if appropriate. Care plans should be developed in respect of multi-agency working.

Case management describes the process of assessing, delivering and completing a programme of treatment for drug misuse.

Specialist Substance Misuse Treatment

Young people's specialist misuse treatment is a care planned medical, psychosocial or harm reduction intervention aimed at alleviating current harm caused by a young person's substance misuse

Training

Training relates to formal group sessions for professionals that aim to raise the knowledge and skill of the participants through identified learning outcomes.

The four tiered model

Tier 1 interventions

Any professional in contact with young people can deliver tier 1 work. At Tier 1, it is important to recognise and identify problem substance use. Tier 1 work requires the competence to advise accordingly and make appropriate referrals to more specialist agencies in other tiers. If appropriate, non-specialist staff that offers Tier 1 interventions may also continue to play significant roles in the shared care of young people after their referral to specialist services.

Interventions in this tier include:

- Information/education concerning tobacco, alcohol and drugs.
- Educational assessment and support to maintain the young person in school.
- Identification of risk issues
- General medical services/routine health screening and advice on health risks/Hep B vaccination /referral/parental support and advice if appropriate to their skill base.
- Promoting access to services
- Identifying levels of drug and alcohol use, including substance use in children and adolescents who are presenting overtly for help.
- Making appropriate referrals
- Playing a continuing role, when appropriate, in shared care of service users after referring them to more specialised services.

Tier 2 Interventions

Tier 2 interventions include a range of substance misuse-related interventions provided by staff employed by substance misuse treatment services which are not provided in the context of care-planned care.

Interventions in this Tier include:

- Tier 1 interventions with young people defined as ‘vulnerable’
- Family support regarding parenting and general management issues.
- Substance misuse assessment
- Assessment of risk and protection issues.
- Counselling/addressing lifestyle issues
- Educational assessment
- The ability to respond to the key tasks of Tier 1
- The capacity to assess individuals for referral to more specialised services.
- The capacity to offer co-working with specialist agencies.
- The capacity to decide when Tier 3 and Tier 4 styles of intervention are required.
- Provision of training and availability of consultancy support to staff in Tier 1.
- Providing support to carers and parents.

Tier 3 Interventions

A Tier3 intervention is provided within the context of a care plan that is focussed on the young person’s substance misuse and is provided by a practitioner from a specialist substance misuse service.

Interventions in this Tier include:

- Providing Psychosocial interventions which include:
 - Cognitive behaviour therapy (CBT)
 - Coping skills training
 - Relapse prevention therapy
 - Motivational interventions
 - Contingency management
 - Community reinforcement approaches
 - Some family approaches.
- Criminal justice interventions
- Specialist pharmacological interventions.
- Shared care schemes
- Contribution to the training and consultancy support of colleagues in Tiers 1 and 2.
- Parent/ carer assessment, involvement and support
- Interagency planning and communication.
- Provide focussed harm reduction services, including advice on overdose prevention (e.g. risks of poly-drug and alcohol use) and safer injecting practices to reduce the rate of drug related deaths and blood-borne infections among drug (mis) users.

Tier 4 interventions

Tier 4 consists of very specialised services provided in the context of a care-plan that is focussed on the young person's substance misuse.

Interventions in this Tier include:

- A short period of accommodation in response to crisis
- Inpatient/day psychiatric or secure unit to assist detoxification if required.
- Supported generic childcare
- Continued Tier 3 and multi-agency involvement alongside Tier 1 and Tier 2.

Approval

Approved by DAAT Chair

.....**Gordon Jeyes Deputy Chief**

Executive and Director of Children’s Services.....Date

Approved by Chair of Adult Treatment Commissioning Group (Joint Commissioning Group)

.....**Niki Clemo Area Director.....Date**

Approved by Chair of Young People’s Substance Misuse Commissioning Group

.....**Bob Dawson PCT Children’s Lead Commissioner.....Date**