

**Oxfordshire  
Drug and  
Alcohol Action Team**



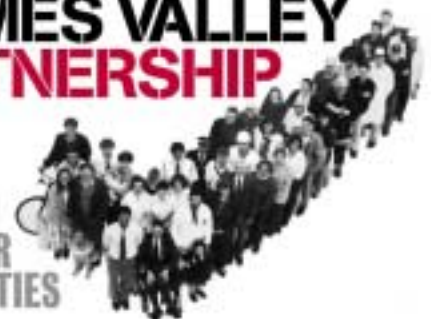
# **YOUNG PEOPLE AND SUBSTANCE MISUSE - A NEEDS ASSESSMENT FOR OXFORDSHIRE**

By John Hedge on behalf of the  
Thames Valley Partnership

March 2002

**THAMES VALLEY  
PARTNERSHIP**

**WORKING  
FOR SAFER  
COMMUNITIES**



## **Preface**

This report was prepared for the Oxfordshire Drugs and Alcohol Action Team by John Hedge, on behalf of the Thames Valley Partnership.

The Oxfordshire Drugs and Alcohol Action Team have kindly agreed that the report can be made available for wider circulation as the findings may be of interest to other organisations involved in developing substance misuse services for young people.

Thanks to John Hedge for his hard work in preparing this comprehensive needs assessment.

Sue Raikes  
Chief Executive



## **1. Introduction**

The Government's allocation of extra funding for education, prevention and treatment services for young people arose from the Comprehensive Spending Review in 2000/01 and is intended for an increase in service provision for young people, and the targeting of interventions at vulnerable groups most at risk from drug misuse. It is also to be used to ensure that drug services for young people are fully integrated within the wider provision of children's services.

Each DAAT is required to produce a Young People's Substance Misuse Plan by 1 April 2002 with the intention of ensuring that by 2004 in every area there will be:

- Substance misuse education and information for all young people and their families.
- Advice and support targeted at vulnerable groups.
- Early identification of need.
- Tailored support to all those who need it when they need it.

Monitoring of progress over the period will be against the following operational outcomes:

- All young people to receive substance misuse education in line with DfEE guidance.
- All parents/carers to receive information on substance misuse and on local services.
- All young people identified as being vulnerable to receive appropriate education, advice, information and support on substance misuse both in and out of school settings.
- All young people identified as having problems with substance misuse will receive an appropriate intervention or care package, with support for parents/carers.
- All young people assessed as being in need will be referred to appropriate treatment programmes and facilities.

The Young People's Substance Misuse Plan is to be based on an overall needs assessment, hence the preparation of this document. In order to comply with the requirements of consistent format the Oxfordshire Needs Assessment is based on the format and contents supplied by DrugScope and DPAS in their guidance of June 2001, 'Assessing Local Need: Planning Services for Young People'.

The Needs Assessment is based on information collected and analysed by John Hedge, Associate of the Thames Valley Partnership, with the supervision and support of Bill Holman, DAAT Co-ordinator, Clare Taplin, Joint Commissioning Manager for

Oxfordshire DAAT and Monica Hanaway, Head of the Oxfordshire Youth Service and Chair of the DAAT Young People's Sub-Group. The Assessment draws on the following work:

- Use of the data submitted to DPAS in September 2001 and collection of further data as appropriate.
- Consultation with a full range of young people's services and managers in Health, Social Services, Education, Probation, Youth Offending Team, and the non-statutory sector.
- Consultation with Police representatives.
- A review of Community Safety Plans and Audits.
- Consultation with practitioners and managers in specialist services.
- A review of the relevant local plans and policies.
- A review of relevant local research findings from projects undertaken within the last three years.

While no direct consultation was undertaken with young people during this phase of the planning process a number of the research reports used are based directly on survey work with young people.

## 2. People, Prevalence and Problems

### 2.1. Profile of Young People within the DAAT Area

The overall Oxfordshire population is 610,000, and this is predicted to rise by 6.7% by the year 2005. The available figures indicate that there are approximately 160,000 children aged 0 to 18 in Oxfordshire.

#### Young People aged 13 to 16

On the roll of LEA/Voluntary and Grant Maintained Schools	23,786
On the roll in special schools, special units, PRUs and YOIs	673
On the roll in the private/independent sector	5,544
<b>TOTAL</b>	<b>30,003</b>

#### Young People aged 17 to 19

On the roll in full-time education	5,220
In Government supported training	2,860
In custodial institution	198
<b>TOTAL</b>	<b>8,278</b>

Of particular note is the high number of children in private/independent education and this has relevance to the organisation and funding of universal prevention work in schools.

#### **Ethnic Background**

Overall 3.3% of Oxfordshire's population comes from black or ethnic minority groups. The proportion is much smaller in South Oxfordshire, West Oxfordshire and the Vale of White Horse. The proportions are 3.6% in Cherwell District and 9.1% in Oxford City.

Within the secondary schools population the overall proportion of young people from black and ethnic minorities is 7.9%. The population is a diverse one. The following figures represent percentage of total pupils from countries/areas of family origin:

Pakistan	1.9%
India	.8%
African/Caribbean	.6%
Bangladesh	.5%
Black African Countries	.4%

The largest numbers of black and ethnic minority young people are in Oxford City and Banbury. The Connexions Service Needs Assessment points to significant underachievement by African Caribbean and Bangladeshi young people.

Oxford has been a major centre for Asylum Seekers, including substantial numbers

from former Yugoslavia and the Kosovo area. The County Council Asylum Seekers Service reported that it was dealing with 103 unaccompanied minors, and with forty-five 12 to 17 year-olds. The Service reported little involvement of this group with illegal drugs, but some concerns over alcohol.

### **Geographical Distribution**

The county's 13 to 19 year-old population is distributed as follows across the five District Council areas:

Oxford City	12,498
Cherwell	12,273
South Oxfordshire	11,215
Vale of the White Horse	10,920
West Oxfordshire	8,205

Oxfordshire is the most rural of the counties in the Southeast, but has areas of both urban deprivation and pockets of deprivation in some rural communities. The City of Oxford and the large town of Banbury are major population centres, but there has been significant planned growth in a number of the smaller towns, notably Bicester in the Cherwell District, Didcot in South Oxfordshire and Witney in West Oxfordshire, and this has had an impact both in terms of age profile and the incidence of drug misuse. Development work carried out for Primary Care Trusts, and surveys for Drug Reference Groups confirm this, though there is also evidence, confirmed by Police representatives that local drug availability and activity is substantially affected by the operation of small dealer networks in the 'market towns' which can produce 'bubbles' of activity and concern, which then recedes after police intervention. The structure of services may need to reflect this phenomenon, and also underline the importance of intelligence sharing and prompt response. Most observers pointed, however, to sustained trends in Banbury, Bicester, Didcot and Abingdon as well as emerging concern in Witney. Due to size and a concentration of helping services the picture in Oxford is of larger scale problems, including a clear 'magnet' factor. Young Oxfordshire people in difficulties are drawn to the City. The existence of emergency care and provision for young people, through agencies such as the Gap and the Bridge, means that young people also come in significant numbers from a wider area. This was confirmed in the Street Sleeper's Census where Oxford had the highest number of street sleepers outside London.

It may be dangerous, however, to overstate urban/rural difference in Oxfordshire. Survey work carried out in a range of school settings by the Energy and Vision Project, which delivers prevention programmes in Oxfordshire schools, indicates a more homogenous picture of drug experience and knowledge among Year 10 pupils. This evidence would seem to be confirmed by the experience of Body Zone Projects in Oxfordshire, which were initially established in rural areas. Energy and Vision indicate similar issues between the state and independent sectors.

## **Levels of Social Deprivation, Educational Achievement and Employment**

Overall Oxfordshire ranks as twenty-eighth out of 111 Health Authorities on the Jarman Indicators in terms of relative deprivation, 111 being the most deprived. 11% of the population live in poverty according to standard definition. 3,900 Oxfordshire children were identified as Children in Need in the 2000 Census. Ten of the 144 Oxfordshire Electoral Wards show up in all four maps of multiple deprivation in the County Poverty Mapping Report of 2000. These wards are described in more detail in the next section, but together they accounted for 33.4% of the county's estimated 4,500 to 5,000 unemployed. In addition there are some other areas of significant deprivation at a lower level on one or more indicators.

Figures on educational achievement overall indicate attainment above the national average with 50% of pupils gaining five or more GCSEs at A\* to C and 94.8% gaining one or more GCSEs at A\* to G. However there are areas of disadvantage by school and ethnicity as noted earlier. The county has levels of unauthorised absence above the national average, 1.3% of half days missed at secondary level against 1.1% nationally. On available figures the level of permanent exclusions was an average of 4.2 per secondary school in the county with boys over-represented at a ratio of five to one and an over-representation of Black Caribbean and Black African students.

## **Patterns of Crime and Disorder**

The overall figure for all arrests up to the age of 19 in the Oxfordshire area was 15,526 in the year ending 31 March 2001, and 820 of those arrests were for specific drug offences. Outside the main urban areas the crime rate in Oxfordshire is generally low in national comparative terms, but all Community Safety Partnership Audits in the County point to serious concern about the anti-social and crime related impact of alcohol use by young people. Similarly there is concern about the level of acquisitive crime committed by young people for use of alcohol or drugs.

The Oxfordshire Youth Service Report, written by Andy Baker 'Risk - Use and Misuse of drugs in the Bicester Area' involved interviewing a large number of young people considered to be at risk over a five-month period between April and August 2000. The findings indicate the following:

- 34% had committed crime other than taking illegal drugs and in 30% of cases this was shoplifting.
- Theft from parents and drug dealing were the next most common criminal activities.
- Tobacco and alcohol were the most commonly used drugs (88%) by those who committed criminal activity, followed by cannabis (66%).

While Bicester has some characteristics of a 'hot spot' area (and the Baker Report indicates that 57% of persistent young offenders in the Northern Police Area were from the town) some equivalent issues will apply in other Oxfordshire towns, as is noted, for example in the current Vale of White Horse Community Safety Partnership Report.

It is clear though that the majority of young people does not offend in relation to alcohol and drug use. An earlier but equivalent study on Banbury carried out by the Youth Service on a sample group of 11 to 25 year-olds indicates that 49% of those interviewed had committed a crime to fund drug use. However, it is clear from this report that the use of Class A drugs as well as crime and dealing activity climbs very steeply after the age of 19.

In numerical terms while there is significant crime and disorder concern about drugs in Oxfordshire the most visible impact is from alcohol use by young people.

### **Other Relevant Issues**

Other relevant demographic and research data relating to risk indicators in Oxfordshire is available in the Analysis Report on Oxfordshire Respondents to the Health Related Behaviour Questionnaire.

- The Health Related Behaviour Questionnaire was completed by 825 Year 8 and 802 Year 10 school children in Oxfordshire between Autumn 2000 and Spring 2001. It indicates that 3% of Year 10 males and 4% of Year 10 females in the samples had consumed twenty-one or more units of alcohol in the last seven days, that is to say around thirty young people in the overall sample.
- Of those reporting alcohol use in the survey the most typical source of alcohol was the home.
- 18% of the Year 10 male sample and 30% of the female sample smoked. 5% of males and 9% of females reported smoking thirty-six or more cigarettes in the last seven days.
- Other findings indicated that smoking by young people was associated with smoking by family/friends.
- Figures from the sample on internet use are of interest not only around levels of access to this medium, but its potential for drug/alcohol education, an issue already recognised by the existence of an Oxfordshire Young People's Website, and by the DAAT in terms of planned expenditure. 68% of Year 8 males and 62% of Year 8 females had used the Internet in the last month. Of Year 10 pupils 83% of males and 77% of females had used the Internet in the previous month. Of these latter figures the majority had Internet access at home but a significant minority had school access.

## **2.2. Areas with particular needs**

### **Localities**

#### **a) Multiple Need**

The ten Wards with multiple indicators of need are as follows:

- **Oxford City**

Blackbird Leys.

Littlemore.

South Ward.

East Ward.

St. Clements.

Headington.

- **Cherwell District**

Ruscote Ward in Banbury.

Neithrop Ward in Banbury.

- **Vale of White Horse District**

Caldecott Ward in Abingdon.

- **South Oxfordshire District**

Berinsfield.

### **Oxford City**

A number of the areas concerned have been the subject of partnership funding initiatives with central government, and the St. Clements and East Oxford Wards have been the subject of an initiative by the Community Safety Partnership on crime reduction associated with drug use. Several high profile estates have attracted significant levels of youth centred provision, notably Blackbird Leys and the Barton Estate, where the Libra Drugs Agency has provided a community based drugs prevention programme for young people for a considerable time. The Family Resource Centres are an important resource for young families in need and there are said to be significant numbers of young parents with drug problems, as described later in this document. There is some evidence from the work of Energy and Vision that financial constraints may be preventing the development of prevention programmes in key City schools. The very limited provision of targeted young people's services is a serious concern shared by most professionals.

The African Caribbean Community Action Network has produced a Drugs Misuse Needs Assessment following research under the auspices of the University of Central Lancashire. This notes the high concentration of black and ethnic minority people in East Oxford and the Blackbird Leys/Greater Leys areas. It notes the limited levels of service provision, their poor uptake by black people and the lack of responsiveness of

current provision. Similar conclusions emerge from work undertaken with the Asian community.

The availability of illegal drugs appears to be Oxford wide, with significant supply activity reported by Youth Service Detached Workers in the City Centre. Changes in market price have made heroin more easily available and relatively cheaper than cannabis.

### **Banbury**

Bretch Hill in Banbury is regarded as an area of risk and high levels of deprivation exist, resulting in a range of work arising from the Community Safety Audit. There would generally appear to be wide availability of drugs in the Banbury area. Use of cocaine and heroin appears, as in other areas, to commence between the years of 17 and 19, though in the previously quoted Youth Service study of young people in Banbury usage levels in that age range were 5% for cocaine and 2% for heroin. Other findings of note from this survey were:

- The relatively high use of solvents (38% of respondents)
- A growth in the use among young people of speed, ecstasy, poppers, LSD and mushrooms.

Both those findings were against the trend reported from most areas.

### **Caldecott, Abingdon**

This is a relatively small area on the southern side of the town of Abingdon. All agencies have a history of high involvement in the area with an accompanying element of stigma and high crime rates. Work by the Community Safety Partnership has tackled the area's problems. In the Abingdon and wider Vale area as a whole more concern has been reported over alcohol use than illegal drugs, and Abingdon is also a Garrison town with a sizeable Army presence from the nearby base.

### **Berinsfield, South Oxfordshire**

While Berinsfield does not feature strongly in the various estimates of young drug users from health and other agencies it is an area of significant relative deprivation both in terms of youth resources and the indicators of deprivation. This relatively small community has always had these characteristics resulting from earlier housing strategies, and other very prosperous parishes surround the community, which adds to the sense of social isolation.

## **b) Other Significant Localities by District Council Area**

### **South Oxfordshire**

The DRG Report produced in March 2000 remains the main source of data about young people and work included a questionnaire survey conducted through the Youth Service covering the 13 to 19 age range. The work also included interviews with Youth Workers. The overall picture that emerges is that cigarettes and alcohol are the

most widely used drugs but amphetamines was reported as being regularly used by young people in Henley, Thame and Didcot. In contrast with the previously cited work in Bicester there was relatively low reporting of crime committed to fund drug use. Although this may understate the position because of the limitations of the survey approach used it is a perspective borne out by the local YOT. There was limited evidence of Class A drug-use among young people. The same was said of solvent use. However, illegal drugs are clearly available throughout the District Council area.

Consultation with drug users about availability and use was conducted in Wheatley, Chinnor, Chalgrove and Thame. While there was a range of drug use reported primarily among 15 to 30 year olds the largest report was alcohol use and abuse, with limited evidence of amphetamines use. Responses indicated the presence of fifteen to twenty regular heroin users in the first three communities but 100 or so in Thame. As was indicated earlier, this may owe a good deal to small, powerful dealer networks. More recent police evidence suggests that this number may have significantly reduced due to intense police activity, but the Thame 'hot spot' experience says a good deal about the impact of such networks on quite small centres and further research on this phenomenon would be desirable.

The position on incidence is complicated in terms of data by PCT boundaries, which are not coterminous with the districts. Similarly drug users in parts of South Oxfordshire in 'border' areas tend to use services in larger centres, notably Reading and Aylesbury. These issues will need to be borne in mind in the future planning of services.

The DRG studied Didcot in more detail as it figured in greater numbers in all the data sets for the area. Wider availability of both cannabis and heroin were reported there with an estimation of some 100 regular and 100 occasional users of heroin. While it remains clear that the numbers of young people below the age of 19 may be low, ease of access, the reducing age of contact reported in many studies, and the hidden nature of problems in an area of high employment and relative affluence do point to serious concerns. Consultation with the Development Worker for the South West PCT, which includes Didcot, indicated that in the six-months up to September 2001 at the inter-agency Resource Centre for substance misuse in Abingdon 75% of the seventy-eight attendees came from Didcot, and seven of the seventy-eight were aged 15 to 19.

The overall picture for South Oxfordshire therefore indicates wide availability, significant growth in concern about heroin, an emerging concern about crack cocaine, and significant pockets of need which may change over time depending on local factors. While numbers of problematic young users may be low there is specific concern about Didcot, a community significantly increasing in size with a lower age structure than other parts of the District. In crime terms across the District behaviour resulting from alcohol misuse is a bigger issue than drug related crime but crime figures in the area may not be a good guide to the levels of need.

### **Vale of White Horse**

Data obtained from the PCT indicates that the majority of those seeking treatment across the whole age range are experiencing alcohol or heroin problems, but that for young people under 19 the emphasis is on cannabis and alcohol. In common with South Oxfordshire there is no evidence of a major crime connection, but there is

nonetheless wide drug availability. While Abingdon, the main population centre has significant numbers of users the overall figures are smaller than for Didcot, though the Caldecott Ward mentioned earlier is an area of specific concern.

As with South Oxfordshire there are smaller pockets of concern in other centres but the main concerns reported by the DRG and Community Safety Partnership are around the restriction of supply and the need for extension of drug prevention programmes. There is particular concern about the large rural areas of the District and the need to ensure that they are not disadvantaged in prevention work, but that service development takes this factor into account.

### **West Oxfordshire**

Of the Oxfordshire Districts West Oxfordshire has the smallest population, a relatively older age structure and is the most rural in overall character. There is no reported evidence of major difficulties. The main population centre is Witney. A study of young people's drug use was carried out by two Youth Service Workers and was published in June 2000. A range of discussion and questionnaire techniques was used among young people aged 11 to 25, but the majority of respondents were aged 14 to 16. The findings indicated that although there were Class A drugs available in the town young people were not using them at that point. Young males were found to be more experimental in their drug-use than females and most young people felt that alcohol, cigarettes and cannabis were acceptable and a normal part of their weekly life.

The issues are similar overall to those described for many parts of Oxfordshire outside the City, with relatively low use and associated crime. Police report a significant operation in Carterton where a successful operation led to the arrest of a major local dealer. As noted earlier market disruption may be particularly important for the smaller towns in Oxfordshire. In terms of potentially problematic areas Carterton is of importance with some significant indicators of relative deprivation, including high levels of domestic violence. The Springboard Project, supporting families in need in Carterton, reports high levels of mental health concern, though the absence of an equivalent service elsewhere may mean that there is actually much wider need across the county in respect of family problems with mental health and substance misuse than has previously been recognised. This issue is mentioned in the Supporting Families Research Project produced by Alison Partridge for Oxfordshire Social Services in June 2001. This report is referred to in more detail in subsequent sections.

### **Cherwell**

Specific areas of concern relating to Banbury and Bicester have been outlined earlier. Consultation with the SCAS and PCT Development Workers suggests that there is a further pocket of need in Kidlington, which is very close to Oxford. The recognition that there are some significant areas of need has led to some increase in CPN provision from Cherwell for young people and the delivery of specialist counselling to the North Oxfordshire YOT based at Bicester. Otherwise resources are limited. The PCT Development Report suggests between twenty-one and seventy-eight episodes of care for the 15 to 19 age group in a year.

## **Oxford City**

Specific issues and areas of Oxford are dealt with earlier, and the particular needs of vulnerable young people in Oxford are dealt with in later sections. Clearly Oxford draws in many young people with problems and strategies for dealing with this characteristic of the county will need to be addressed within housing and rehabilitation plans between Oxford and the other Districts.

The report 'Heroin, Crack and Crime' produced by Brookes University in 2000 suggested that of an estimated 1800 to 2300 heroin and crack users in Oxford 70% had begun use in the age range 13 to 24. It also reported massive increases since 1993/95, and a considerable association with crime. Though the survey did not cover young people under the age of 19 it clearly indicates the importance of the crossover 15 to 17 age group, and YOT workers confirm this.

Development work for the Oxford PCT has included two surveys relevant to the estimation of overall numbers. The first was not age banded but covered all City GPs. Sixty-two out of 130 responded indicating 500 Class A users. Extrapolated to cover non-respondents the figure would be around 1,000. Since other users will not be in touch with GPs the overall Brooks figure might be regarded as high, but not unrealistic.

The second figure across the GP population, again with figures extrapolated, suggested between sixty and seventy 15 to 19 year-olds. Again, given the numbers unlikely to be involved with GPs at those ages, the figures are worryingly high given that they are at the tip of the needs pyramid.

Most agencies dealing informally with young people reported the very high availability of heroin in Oxford at a price and availability advantage over cannabis, and with some sophisticated marketing approaches.

## **2.3. Vulnerable young people within the DAAT area**

### **Identification of Young People's Needs Identified within Local Plans**

#### **a) Children's Services Plan 1997**

A further plan is in preparation and the DAAT will need to take account of references in the new plan when published. The 1997 plan notes the difficulty of providing services in rural areas on an equitable basis and notes the disadvantage that disadvantaged families from rural areas face in terms of access, isolation and stigma. These issues are of course relevant in terms of young people and their families in respect of substance misuse.

The plan notes the increased demand for services in respect of both substance misuse in young people and substance misuse by the parents of young people. The need for improved information provision and greater co-ordination between agencies are noted as priorities. In the section on 'Young People in Conflict with the Law' access to services to deal with drug and alcohol misuse is noted as a key pressure and need. In the same section there is also reference to the need for collaboration with Health Services to address the mental health and substance misuse needs of young offenders.

#### **b) Area Child Protection Plan**

There is limited reference to drug and alcohol issues in the Area Child Protection Plan, and data collection on Child Protection cases does not itemise the numbers of cases where substance misuse is an issue, though the Partridge research quoted later in this section indicates that the numbers and proportion are considerable. Partridge also indicates that although Social Services introduced Draft Policy and Practice Guidelines based on SCODA guidelines in 1998 these did not appear to be widely known or used.

#### **c) Education Development Plan**

Within the EDP there is a specific activity relating to drugs, i.e. the development of a co-ordinated multi-agency Drugs Education Programme. The activity is to be targeted at pupils, school staff, parents, youth and community workers and proposes a range of training, accreditation and policy development activities to be put in place between 1999 and 2000. Longer time scales to 2001 were given for activities including the provision of mediation in related to drug related incidents and exclusions; an increase in youth counselling provision and the continuation plus expansion of detached drug education work. The success criteria for these activities were identified as follows:

- Model Policies in schools.
- Primary schools to use a programme and handbook.
- Database to be held of accredited drug educators.
- Cross agency Drug Education Group to be established.
- Reduction to be achieved in drug related exclusions.

Later reference is made to the progress made against these plans in the sections on service provision. It is clear however that on the policy framework and linkage with the DAAT there has been substantial progress.

#### **d) Behaviour Support Plan**

This generally cross-references with the Education Development Plan.

#### **e) Youth Justice Plan**

The Youth Justice Plan recognised the issues of both mental health and substance misuse, though the available data was limited. The YOT has developed an inter-disciplinary Mental Health Team which deals with relatively few cases where the primary issue is substance misuse, confirming other needs assessments which suggest that the number of dual diagnosis cases among young people are few. The picture is rather that drugs are part of a complex range of needs for many young people with problems.

The YOT also had a partnership in its first year with SMART, a local drug agency, for the delivery of specific services at Tier 3 through a single worker. Workers recruited with YJB funding under the new funding initiative are replacing this arrangement. The bid reflected an independent needs assessment commissioned by the YOT. The assessment suggested as follows:

- Assessment skills among YOT staff needed to be further developed.
- If possible new funding should be used for specialist staff who should be located alongside other substance misuse practitioners to facilitate an inter-agency approach.
- The likely need to be met within the YOT population was between thirty to forty young people per year at Tier 3 levels of service, and around ten at Tier 4, with a significant cross-over to the YOT's Persistent Young Offender Group.
- YOT staff with training could deliver important components of Tier 2 and Tier 3 Services and this was an important capacity building issue.

#### **f) CAMHS Plan**

The CAMHS Plan prioritised pilot work to promote earlier detection of children displaying disturbing behaviour but as yet this work remains unfunded. The plan is limited in terms of its reference to substance misuse among young people, and this does reflect the limited level of co-ordination on the ground. The integration of CAMHS planning with the substance misuse planning for young people would appear to be an urgent priority in Oxfordshire. Access to in-patient treatment is currently denied to those with substance misuse problems, though it is estimated that they constitute 10% (twelve to fifteen cases) of the Highfield Unit Outpatients caseload.

The Partridge research suggests that there is not only a crossover of cases between the CAMHS and the Oxfordshire Special Schools population, but that substantial numbers of the parents involved will have their own mental health or substance misuse problems.

### **g) Connexions Business Plan**

The Connexions Plan covers the Milton Keynes, Buckinghamshire and Oxfordshire areas and includes a detailed needs assessment for each of these components. The plan covers young people up to the age of 25 and notes considerable under-reporting of substance misuse. It notes rising trends in the use of heroin, amphetamines and cocaine, and that 322 of the 473 individuals identified as using heroin in 1999/2000 were under 25 years old, 122 of them first used the drug between the ages of 16 and 18.

The assessment notes the under-funding of general provision, the very limited provision for those under 18, and the tendency for drug agencies to deal primarily with the older age range.

The plan notes the crosscutting targets on drug abuse and the need for liaison with the DAAT. Connexions is involved with the recently established DISH project providing housing access and support to vulnerable young people. The operation of this project is referred to in a later section, but early reports are encouraging. Similarly the Connexions Pilot in Huntercombe YOI, while covering a wider catchment area may have important messages about the treatment and support paths needed for young offenders.

### **h) Health Improvement Programme**

The HImP has a section on Substance Misuse, Alcohol and Treatment, describing the roles of the DAAT and DRGs as well as describing some initiatives in Cherwell and Oxford City on disposal of sharps, and awareness initiatives in Oxford pubs and clubs.

The section goes on to describe overall priorities and service development priorities. The specific references to young people refer to the promotion of substance misuse as a priority for YOTs and Community Safety Partnerships, the provision of a dedicated counselling service for young people and the maintenance of the Drugs Education Strategy. There is no clear reference to young people either in the summary on alcohol issues or in the priorities described for treatment services, beyond general references to service development, improved data collection and the need for closer working between addictions and mental health. On this latter point there is no reference to CAMHS.

The HImP document is weak both in its reference to young people and substance misuse and there is little evidence of any crosscutting between strategy components.

### **i) Oxfordshire Social Services Main Plan for Drug and Alcohol Services**

This plan has now been finalised and reflects the new county commissioning arrangements, with progress towards a pooled budget and a coherent plan for service delivery, training and a standardised assessment process. The Young People's Substance Misuse Plan will need to be cross-referenced to this document.

## **j) Oxfordshire Social Services Draft Accommodation Strategy**

This is specifically for vulnerable young people, and has recently been finalised. There is also an implementation strategy document to accompany the Plan.

While there is limited specific reference to drug and alcohol needs there is reference to a broader special need category. Particular priorities of cross-cutting importance to the DAAT are the need for further development of floating support, the provision of direct access provision outside Oxford City, and the need for more move-on provision. In strategic terms the priority for the DAAT must be to consider its response to this strategy and any funding potential it may have for housing, particularly in conjunction with the Community Safety Partnerships.

## **k) Supporting Families Research Project, Alison Partridge for Oxfordshire Social Services, published June 2001**

This is a major piece of research, which not only sheds much light on the prevalence from various settings of parents with mental health and/or substance misuse problems, but also the inter-agency and inter-departmental issues which exist in delivering service to such families. Since large numbers of vulnerable young people live in such families the research has great relevance for the development of a Young People's Substance Misuse Plan.

A summary of the main issues is as follows:

- Accurate data is limited but indicators suggest that between 3,000 and 5,000 children and young people in Oxfordshire are living in families where a parent has a mental health, drug or alcohol problem. This covers approximately 1,200 families.
- A significant number of families had a parent with dual or sometimes triple diagnosis, or lived in families where both parents were disabled/ill.
- The study includes over 65% of the children on the Child Protection Register as at March/April 2001.
- The level of dissatisfaction among professionals about inter-agency liaison was extremely high.
- The level of recording of data on ethnicity was poor.
- Good practice depended too heavily on individual workers' commitment.
- There were many anomalies about service provision and access to it.
- The services valued most highly were those which offered practical and direct support to families, for example; Homestart; Family Centres; Carers Centres; youth counselling services, and the Springboard Project in Carterton. In terms of a more integrated model for family and young people's services as well as early years prevention these initiatives offer important models.
- Children and young people of parents with mental health and addiction problems

need to be consulted carefully about the support they want and may need information about their parents' condition.

In developing an integrated Young People's Substance Misuse Plan the Partridge findings will obviously be important in a targeted Tier 2 Strategy, but the number of young substance misusers who have begun to develop a problem in their own right is also substantial and is evident from consultation across a range of agencies. It will therefore be necessary to bear this in mind in creating the appropriate provision at Tiers 3 and 4. This should apply both to the Adult and Young People's Plans, which should cross-reference.

## **2.4. Vulnerable Young People in Contact with Children’s Services**

### **School Excluees**

Data for the last academic year is still not to hand. However data from the previous academic year, ending in summer 2000 indicates a total of 58 substance misuse related exclusions. A breakdown from that population indicates the following numbers:

Tobacco	9 fixed term exclusions
Alcohol	17 fixed term exclusions
Class A/B (supply)	5 fixed term and 1 permanent exclusion
Class A/B (possession)	26 fixed term exclusions
Solvents	0 exclusions
<b>TOTAL</b>	<b>58 exclusions</b>

Consultation indicates that by far the main illegal substance involved is cannabis. There is concern, however that in schools and PRUs there may be an under counting of the numbers who may have substance misuse experience or difficulties. Figures quoted earlier indicate a high ratio of males to females and a significant over-representation of young black and ethnic minority pupils. There are few referrals on for specialist help. While this too may reflect under-recognition, the primary need for development would seem to be for more targeted education and prevention work for staff, pupils and carers. The Energy and Vision agency have conducted a successful pilot programme in a PRU, which was well received, and extension of this form of intervention may be an important priority, coupled with enhanced staff training. At present there is no worker in Oxfordshire with a specific substance misuse role in the PRU system. In planning further work with the excludee population there is a need for further study of the issues based on case study, and consultation with staff, pupils and carers.

### **Children in Need, not in Local Authority Care**

#### **a) Referrals to Family Support Teams**

Information was obtained from Oxfordshire Social Services Family Support Teams in respect of referrals during the year 2000.

The two city teams reported a total of 1500 referrals in all. 500 referrals involved adolescents and drugs were regarded as a factor in 300 of the cases.

The teams in the north and south of the county with 1677 and 1500 referrals respectively, reported similar levels of concern. The point was made by all teams that the primary concern was cannabis use, and parental concern was very often a more substantial issue than the actual level or nature of drug use.

#### **b) Social Services Cases**

Little data is available about the extent of young people’s substance misuse among the 800 or so key worked Social Services cases, and this is a gap in information requiring further research. One of the major issues is clearly the vulnerability of young people

living with parents or carers who have substance misuse and/or mental health problems. The Partridge Report cites national prevalence studies, which indicate that this may apply to 50% of cases. Applied to Oxfordshire that would indicate some 400 of the cases worked. Although the needs of young people in this group are distinct from those young people already using drugs there is clearly some overlap, and the group as a whole is extremely vulnerable. A cross-reference to these figures is quoted by Partridge who indicates that 100 parents with mental health or substance misuse needs had been known to CPNs in the previous twelve-months to the study.

### **c) Child Protection Cases**

Child Protection Register figures for children not in the care of the local authority indicated the following numbers by Family Support Team at the end of September 2001:

North Team	39
Oxford City Team 1	63
Oxford City Team 2	32
South Team	40
<b>TOTAL</b>	<b>174</b>

Present data collection methods do not make it possible to calculate the numbers where substance misuse among parents is a significant issue, nor the substance misuse experience of the children involved. Anecdotal evidence however confirms the Partridge findings, which suggest that parental substance misuse and/or mental health problems, may be a factor in a majority of the cases. Given the other findings on the lack of reliable inter-agency working this has major implications for service development including the targeting of preventative resources for both parents and children.

### **d) Counselling Referrals**

Statistical data was obtained from the main Oxfordshire counselling agency, Face 2 Face about children and young people dealt with by the agency in the period 1 April 2000 to 31 March 2001:

#### **Referral Source**

Education Dept/School	63	(3 of these came from Independent schools)
Self-referral	18	
Health	12	
<b>TOTAL</b>	<b>113</b>	

Figures by age, gender and ethnicity are as follows:

AGE	SEX		ETHNICITY			
	Male	Female	White	African Caribbean	Asian	Other
9	2	1	3	0	0	0
10	2	0	2	0	0	0
11	5	4	6	3	0	0
12	9	4	10	3	0	0
13	8	5	12	1	0	0
14	2	14	16	0	0	0
15	7	22	23	2	3	1
16	0	8	8	0	0	0
17	3	8	11	0	0	0
18	1	8	5	0	2	2
<b>TOTALS</b>	<b>39</b>	<b>74</b>	<b>96</b>	<b>9</b>	<b>5</b>	<b>3</b>

Figures by substance misuse as a main recorded issue:

The only recorded cases were:

13 year olds      1 (Drugs and Alcohol)  
 14 year olds      1 (Alcohol)  
 18 year olds      1 (Alcohol)

The figures present an interesting overall picture with female cases becoming the significant majority from 14 onwards. The method of data collection for the agency limits the extent of breakdown by issue. This is to be changed and it will be important that the different levels of substance misuse need are captured in future. While it is undoubtedly true that young people going to counselling will have complex needs and a holistic view of substance misuse is needed these figures are likely to underestimate the level of need being tackled. In considering longer term counselling options for young people this information will be important for planning.

### **Children in Need in Local Authority Care**

On 31 March 2001 464 children were in the care of the local authority. Child Protection figures for the end of September 2001 showed twenty-one children on the register and in care.

The Partridge Report indicated that a substantial majority of children in care came from backgrounds where substance misuse and/or mental health problems were present, and two Social Services teams responding to enquiries indicated that each had some six active court cases where this was the case. Similar rates might be the case

for five other non-responding teams.

Consultation with the Manager of the Looked After Service indicated that although until recently the level of substance misuse problems reported from Social Services establishments was low, there had been a recent considerable escalation in Adolescent Units, particularly around cannabis and alcohol use.

Overall data from this sector is limited and further research is necessary into the numbers involved and the nature of problems, particularly given the high incidence of more problematic substance misuse reported among care-leavers as is suggested in later sections.

## **Young Offenders**

### **a) Youth Offending Team**

The YOT provided a detailed analysis from 657 ASSET assessments undertaken across the county in the year August 2000 to August 2001. The analysis indicated levels of concern from 4 (highest concern) to 1 (lowest concern), as is the case for all identified risk issues on ASSET. Though there were some concerns about data collection arising from IT issues the results can be regarded as representative of the levels of need assessed by YOT workers. A summary is given below of the findings where there was a significant issue i.e. levels 2 to 4.

#### **Level 4**

- 25 out of 657 were assessed as having a high level of drug associated risk, including polydrug use and Class A drug use. They tended to be between 16 and 18 years old.
- 14 out of 25 were offending to fund drug use.
- 17 out of 25 were regarded as engaging in harmful practice.
- 19 out of 25 were assessed as having damaged functioning because of substance misuse.

#### **Level 3**

- 39 out of 657 had a significant level of drug/alcohol experience though this was much less to do with opiates and other Class A drugs.
- 3 had recent cocaine or heroin experience and 2 had heroin experience.
- Of other substances 70% used alcohol, 63% tobacco, 50% cannabis, 11% had used ecstasy, and 13% amphetamines. This group was generally within the 14 to 18 age range, but 2 out of 3 were aged 17 or older.
- 22% were offending to fund use.
- 5 out of 39 were engaging in harmful practices.
- 10 out of 39 were assessed as having damaged functioning.

#### **Level 2**

- 71 out of 657 were assessed at this level, within the age range 13 to 18.
- 2 out of 3 had used alcohol or tobacco to some extent.
- 1 in 3 had used cannabis. 70% were 16 years or older. Within this group 2 were

engaged in harmful practices.

- 11 were offending to fund use - similar to the Bicester Youth Survey, which suggested quite high levels of minor crime associated with lower level drug and alcohol use. Alcohol influenced crime was a mentioned factor in 1 in 3 of these cases.

These figures tend to confirm an earlier Needs Assessment undertaken in 2001 which suggested similar levels of need for Tier 3 and 4 services i.e. about thirty to forty needing Tier 3 and ten or so needing Tier 4 service in a year.

Contact was made with each of the three Oxfordshire YOTs. The Oxford team reported the importance of high levels of alcohol use, and the association of substance use difficulties with accommodation problems. The picture of priority areas tallied with those described in the earlier section, and the team reckoned that it was dealing usually with several substance misuse crisis cases at any time. In South Oxfordshire reported levels of substance misuse were much lower, though again the same localities were mentioned as in the earlier section. In North Oxfordshire higher levels of concern were reported to the extent that the LIBRA agency was now delivering a counselling service for those with significant need, and Bicester, as in other reports was regarded as a particular concern. The impression gained overall was that, if anything there may be some under-reporting because of different levels of knowledge and awareness among the different staff groups.

## **b) Probation**

- Figures for Oxfordshire in the year 1 April 2000 to 31 March 2001 indicate that out of a total caseload of 1,467 182 cases i.e. 12.4% of the total were aged 18.
- 40 out of the 182 were assessed as having drugs problems - 22% of the age group worked with.
- 55 out of the 182 cases were assessed as having alcohol problems - 30% of the age group worked with.

Of the 40 drugs cases the following had other problems:

- 6 out of 40 drugs plus accommodation problems.
- 10 out of 40 drugs plus alcohol problems.
- 14 out of 40 drugs plus employment problems.

In terms of geographic spread the main Districts were Cherwell and Oxford City. These two areas had over half the drug cases and some 60% of the alcohol cases, with lower levels reported for the other District areas.

An internal inspection of Pre-Sentence Reports across all ages indicated drugs problems in 44% of cases and alcohol in 22% of cases. Subsequent tracking through case records suggested that a much higher incidence of problems actually emerged during longer-term contact; drugs or alcohol were issues in 68% of the cases. Such figures suggest important issues about training need in respect of assessment and point to a tendency to under-record the problem.

DTTOs had been used in less than ten cases below 19 years by the end of September. DTTOs have been well taken up in Oxfordshire overall, though there is concern about

their appropriateness for younger offenders.

The other Probation issue of major note is that 25% of the Service's overall caseload is aged 18 to 20. Although the Young People's Substance Misuse Plan will only apply up to aged 19 this crossover age range may be particularly important to bear in mind in planning services, and Probation linkages with the YOT and other agencies are likely to be very important targeting factors. Probation will often, on these figures be the bridging agency between young people's and adult services.

### **c) Arrest Referral**

This service is provided for those aged 18 and above in Oxfordshire by SMART. Figures provided by SMART indicate that in the year 1 April 2000 to 31 March 2001 they saw forty-two 18 year olds, thirty-four of whom were male, and all but one were White Europeans. The main substances involved were by percentage heroin and cannabis, both 17.9%, ecstasy 14.3%, crack 11.6% and amphetamines 9.8%. Main crimes leading to arrest by percentage were; Class B drug - 20%, Shoplifting - 12%, Domestic Burglary -10.7%.

## **2.5. Harder to Reach Young People**

### **Referrals to Specialist Drug Services**

#### **a) Specialist Community Addictions Service**

The report 'Adolescent Substance Misuse in Oxfordshire' produced by Joe Gibson and Mark Stevens in 2000 indicated that the average age of those seen had been steadily reducing in recent years. Five years ago the average referral age was 24 with no under 17s referred, whereas in the past twelve-months the average age had been 20, with five 16 year olds being referred during the four week period of the study. J. Gibson, the CPN who had undertaken the majority of the service's work with young people reported forty-four under 18 referrals in the twelve-months to October 2000, with the majority being under 16 years. Given that the service had not been specifically responsible for young people, and referrals were unlikely to have been comprehensive from across the county these figures suggest both a growing need for substantial intervention and an underestimate of potential demand. The point was made that with very limited provision for young people with serious problems it was very difficult to estimate the true nature of unmet need. Once services were put in place and gradually built a presence and trust then a more accurate picture would emerge. This seems to be the case in such examples as the Vale Resource Centre, quoted earlier, though again this is not specifically a service for young people. The Specialist Service workers pointed to the lack of specific provision within the CAMHS, despite the concern over the association between substance misuse and depression noted in many studies.

#### **b) Cranstoun Drug Service - Libra Project**

This is the only major non-statutory community based specialist agency operating in Oxfordshire and has until recently concentrated its provision on those over 18 years old. A worker with a specific brief for young people was appointed earlier this year and at the time of contact in September this aspect of the service had only been operating for just over three months. The worker was at that stage regularly visiting Thornbury House, within the 'looked after' sector and was seeing a number of young people there. So far as community based referrals and self-referrals were concerned numbers were averaging about one per week, but some of these were from the YOT. Frequently self and non statutory referrals involved problems broader than drug use and the main drug issues so far had been to do with alcohol, cannabis and ecstasy. A number of parents had been attempting to refer, and this may reflect the established name and presence of the agency, though it was not the aim of the project to work in this way.

Other Cranstoun Libra initiatives in Oxford and North Oxfordshire were either focussing on YOT referrals, those over 18 or Tier 2 Prevention Work as at the Barton Estate. The 360 Project, which delivers a structured day programme had three 17 year old and eleven 18 year old referrals in the year ending August 2001, but there were issues about this programme's capacity to cope with young people, and these were not in any event self or non-statutory referrals.

Overall there would appear to be a significant number of young people who might access treatment services on a non-statutory or self-referred basis, but the lack of a

specific young people's provision leads the potential to be under-estimated. Both Detached Youth Workers and agencies such as the Gap dealing with young people in multiple need endorsed this point.

### **c) The Gap**

The Gap provides day support for a range of homeless young people, though its specific mission is to engage with entrenched rough sleepers. Its team establishment includes substance misuse and mental health workers, as well as nine hours per week of CPN time. At the time of consultation vacancies meant that the team was under considerable pressure in these areas.

Staff estimated that the project was dealing with an average of forty-five under 25 year-olds per day of which approximately twenty were estimated as having substance misuse need at Tier 3 or 4. Numbers overall were said to be increasing. Around one third had offending histories and one third had been in the care system. Overall the project had dealt with 293 different presentations in the previous three months, and very few had access to supported housing.

The project accessed individuals to a range of services from needle exchange to primary care through referral to the Luther Street Medical Centre for homeless people. Workers also made referrals to a variety of other agencies and stressed that lack of substance misuse provision and co-ordination of services were major problems.

The majority of cases were 18 plus, but there were significant numbers of 18 year-olds and a small number of younger people.

### **d) The Bridge**

The Bridge provides accommodation for young people aged 15 to 25. It has recently been undergoing refurbishment and has been operating from temporary premises, but on re-opening there will be provision for twenty-five beds. Detailed information about the age levels dealt with was difficult to obtain. It is clear that a significant number of residents at the project are 18 or under, and as with the Gap the client group includes many in multiple need including substance misuse problems. A number of observers suggested that the project had not been attractive to very young or highly vulnerable groups, and there seems to be a need for specific provision for these groups.

### **e) DISH**

This is a Connexions/County Council Service providing support and access to eighteen housing units per year around the county. The project has only recently been established but was able to confirm that at the end of September it was in contact with eleven 16 to 19 year-olds in Oxfordshire. Two came from the Vale and two from West Oxfordshire, three from Cherwell and four from South Oxfordshire.

- 8 out of 11 had been able to maintain regular contact.
- 9 out of 11 had had contact with the Specialist Community Addictions Team
- 8 out of 11 were known to the Probation Service.
- 3 out of 11 had had contact with SMART.

DISH was well connected with other projects including the Bridge, and the Vale Resource Centre.

#### **f) Dolphin Project**

This is a staged resettlement project specifically for young substance misusers and is operated by Stonham Housing. Sustained support work is aimed at working towards access to the project's twelve flats and then permanent housing. The project deals with 16 to 25 year olds and evaluative work indicates a good degree of sustained contact over time but only a small number of 17 and 18 year olds have been referred. It seems that the nature of the phased work and the waiting times involved make this a difficult model for younger people, particularly those in multiple need.

#### **g) Other Housing Projects**

Other projects offering supported housing for young people do not cater for substance misusing young people. Stonham's Windmill House which provides eighteen beds on site and further accommodation in dispersed flats does not take Class A drug-users and requires clients to be free of drugs for three months before moving in. Nonetheless data about the thirty young people aged below 20 who were helped in the year up to 31 August 2001 indicated that fourteen had been involved with cannabis during their stay, and three had engaged in experimental heroin use. Five had exhibited serious alcohol use. Clearly, all young people's residential provision has to cope with some level of substance use, and this needs to be borne in mind in planning wider service provision.

Lucy Faithfull House, an ECH facility has in recent times begun to cater for 18 and 19 year olds, and ECH also run the small detoxification facility in Walton Street, Oxford, which is referred to in a later section.

#### **h) Probation Perspective**

Figures cited earlier indicate the high overall level of housing needs presented by offenders worked with by Probation. The problem is at its worst among young people, particularly those with substance misuse problems. Probation also operates two Approved Hostels in Oxford. The hostels have the capacity to work with a small number of prescribed young drug users, but the competing demands for bail provision and high-risk older offenders limit this capacity and the range of young people who could be helped in this way. It remains to be seen whether the Approved Hostels could play a more systematic role in this field in the wider context of the Thames Valley.

#### **i) Developments**

There is an urgent need for Direct Access Provision outside Oxford and this is planned for Banbury and Witney. This will still leave a significant gap in the Abingdon/Didcot area. Although Stonham Housing is to establish a project in Didcot, this is unlikely to cater for young substance misusers. The establishment of the Supporting People Team will provide a clearer picture of need and will also require a closer co-ordination of provision.

## **j) Key Issues**

- More Direct Access Provision, which has the capacity to link with substance misuse services, and also has some provision for younger and more vulnerable people.
- The development of more self-contained accommodation with well funded floating support.
- Closer links between the DAAT and those involved in housing strategy.
- Improved co-ordination of services.

### **Truants from School**

Though truancy is a significant issue in Oxfordshire with unauthorised absence levels slightly above the national average very little data is available about the substance misuse levels or activities of truanting young people, beyond anecdotal accounts, particularly in respect of strongly enhanced offending risk. This is a key information need so far as future work is concerned and this is noted in the later section on information needs.

### **Young Homeless**

There is a considerable level of homelessness among young people in Oxfordshire, and also a more concealed problem of unsettled and unsatisfactory accommodation. The estimations in this section are gained from those projects dealing with the issue either as support agencies or accommodation providers. The bulk of provision, including Direct Access Accommodation is in Oxford and the city therefore draws in young people from around the county, as well as others who come from outside the county.

### **Children involved in Prostitution**

Though this is a notoriously difficult issue to assess, the general consensus among agencies and professionals was that at present this was not a major issue in Oxfordshire. Nonetheless it may be wise to monitor the situation carefully, on the basis of intelligence sharing between agencies.

### **Children of Drug Using Parents**

Extensive reference has already been made to the research undertaken by Alison Partridge for Oxfordshire Social Services. The research identified 1,200 families where parents had mental health or substance misuse problems, and indicated that some 3,000 children and young people might be affected.

In the interviews conducted with a wide range of professionals a number of strong views were expressed, including the tendency to under-estimate the level of damage to children in drug using households. Partridge notes a number of other issues:

- There was a wide variety in cultures and approaches across the county e.g. pro-

active/early intervention or reactive/crisis approaches.

- The starting points in working with drug using families differ across agencies from the adoption of a deficit model requiring parents to prove themselves as responsible parents, to the assumption of competency unless proved otherwise.
- Drug using parents are often excluded from services for a variety of reasons e.g. required abstinence before access, perceived risk to others, community exclusion and self exclusion.
- Drug using parents with learning disabilities are a particularly disadvantaged and vulnerable group.
- Perinatal services for drug-using parents were highly regarded by a number of respondents for the quality of liaison, assessment and service provision ante and post natal. There were subsequent problems around follow up referral and pick-up within local areas by both CMHTs and Children and Families Social Services Teams.

Partridge notes that the figures for alcohol misusing parents suggest a serious and more hidden problem, which is at present likely to be seriously underestimated. It is clear that the implications may be very serious indeed, and this issue certainly merits closer investigation.

The Partridge research raises important questions about the need for better inter-agency co-ordination, more consistent assessment, a common understanding of terms and the need for new approaches. All these issues are relevant to the Young People's Substance Misuse Plan, including the serious training implications.

### **Young Women with Drug-Related Problems**

There is no evidence of specific service provision for young women, and data about the numbers involved is also very limited. This is a key information gap, which will need to be addressed. There are short and long term issues about the improvement of data collection and the assessment of need. These issues are addressed in the later section on information gaps.

### **Stimulant Users**

The available evidence suggests that stimulant use is at a relatively low level among young people in Oxfordshire, though local research indicated somewhat higher levels in Banbury. Police representatives felt that the position might be changing and felt that information sharing on this issue across agencies was an important priority.

### **Young People with Disabilities**

No specific information about the drug related needs of this group came to light in consultation and this is a further information need that should be addressed in conjunction with the groups involved and their representative organisations.

## **Young People in Rural Areas**

This issue was dealt with in earlier sections of the report.

## **Travellers**

Oxfordshire has twelve sites in all. The Education Advisory Service for the Education of Travellers reported that they deal with a relatively stable population of 400 to 500 children and established arrangements exist with local schools to whom the service provides support. It is estimated that including 'new travellers' there are probably a further 200 or so children from more highly mobile families who present serious access problems. In addition there are regular numbers of fairground and circus families.

Assessment of the level of difficulties is not easy but it was felt that the level of drug use among this population was low, though alcohol was a more substantial problem. A key issue was that of access to preventive work in schools. This was not problematic at primary school level, but was more serious at secondary school where the level of absence from this population was high and parents were often not accepting of the content of some sex and drugs education. In trying to reach parents on these issues the service made considerable efforts but strong attitudes and high levels of illiteracy made for difficulties. These factors would clearly need to be taken into account in the delivery of future services, but it is clear that the Advisory Service would need to have a central role.

An interesting long-term relationship has built up between young travellers on the Redbridge Oxford permanent site and the Wolvercote Young People's Club. A group of boys from the site are regular attendees of a sports programme, which has a fitness emphasis. This approach may indirectly be able to achieve a good deal in terms of health education.

## **Refugees**

Information is given about the refugee population in earlier sections, including the numbers of young people involved and the specific services available to them. At present there is no evidence of drug taking problems among refugees. However the Kosovan population with large numbers of young men may be particularly vulnerable over time and thought needs to be given to their access to targeted prevention work in conjunction with Social Services and the Asylum Welcome Agency.

### **3. The Co-ordination of Drug Service Provision**

#### **3.1. Strategy and Policy**

A summary of the planning arrangements that exist between the DAAT and local planning mechanisms:

##### **a) Community Strategies**

The main sources of community strategies in connection with substance misuse are the Community Safety Partnerships based on the five Oxfordshire Districts. Typically the Drug Reference Groups in each District undertake substance misuse work on behalf of the Partnerships. This is linked with the DAAT through representation of DRG Chairs on the DAAT, and the DAAT formally agrees Communities Against Drugs funding plans before their submission.

This arrangement has strengths in terms of clarity and process, as well as ensuring that local plans relate to local priorities. The CAD bids show a wide range of priority and approach from crime prevention initiatives through to plans for direct work in schools, service delivery and the co-ordination of activity. Weaknesses stem from the lack of an over-arching strategy, and the lack of a comprehensive countywide picture of need, with the result that strategies do not connect well with each other. This can result in a patchwork of provision. A good example is in the provision of school based prevention work, where there are countywide policies in place, but delivery in terms of method and providers may become further fragmented and variable.

##### **b) Children and Young People's Strategic Plans**

Limited links exist, and there are no formal arrangements or protocols in place. This issue has already been recognised by the DAAT, and will be tackled in plans for re-organisation of the DAAT, with the Young People's Commissioning Group carrying responsibility for the development of formal linkage. The lack of current connections can lead to uncoordinated development, for example the introduction of a North Oxfordshire specialist drug post without this being known to DAAT staff.

##### **c) Universal Plans for Young People**

The Education Development Planning Process has been connected to the DAAT through the Senior Education Officer for the Youth Service who is the Chair of the DAAT Young People's Sub-Group. The recent recruitment of a Schools Drug Education Adviser will ensure stronger linkage, as confirmed in the specifications for the post, and this worker is accountable to the DAAT and the LEA through the Senior Education Officer.

Links to the Health Improvement Planning Process have been primarily through the DAAT Co-ordinator, but commissioning arrangements should ensure a more proactive working relationship for the future. The current HImP is limited in the extent to which it cross-references substance misuse to other needs, and this is certainly an area for improvement.

DAAT made a full contribution to the Connexions Business Plan. The Chair of the

DAAT Young People's Sub-Group, in her role as Senior Education Officer is on the Board of Connexions and this should ensure an effective continuing formal link. The development of DISH is an encouraging initiative, but the Connexions Needs Assessment stressed the limited nature of drug provision for young people. Given the envisaged wide ranging role of Connexions and the complexity of the Oxfordshire infrastructure continuing close planning between Connexions and the DAAT will be particularly important. The DAAT decision to appoint a Young People's Co-ordinator reflects such issues.

The Healthy Schools Programme should be linked through liaison between the Schools Drug Adviser and the Adviser for the Programme. It will be important, however, in terms of strategy co-ordination and funding that links are also sustained at senior level between the DAAT and the Education Department.

#### **d) Thematic Plans for Young People**

There is a gap in linkage so far as the Quality Protects Action Planning process is concerned, and the DAAT will need to assess how best this can be addressed.

Both the Youth Justice Plan and the Behaviour Support Plan demonstrate suitable links to the DAAT.

#### **e) Area Child Protection Committee**

As indicated in earlier sections there are significant Oxfordshire issues in respect of this area, with the Partridge Report providing a comprehensive analysis of the main issues, which include there being very little specific provision for parents of vulnerable children and a deficiency in data collection. There is no regular formal linkage with the DAAT in terms of planning or policy review. This should be regarded as a priority need.

#### **f) Police and Probation**

The DAAT has strong working links and agreed targets with the Police, who would be likely to welcome a stronger and overarching DAAT strategy, particularly around the co-ordination of Community Safety Planning.

The Probation Service has within recent years undergone two successive amalgamations, and Probation in Oxfordshire is now operated as a division of the Thames Valley Probation Area in the context of a recently established National Probation Service. While retaining responsibility for local partnerships, and becoming a more significant purchaser of local services in the establishment of DTTOs, which have proved popular so far with Oxfordshire Courts, the service is also having to meet nationally established targets and priorities. At the same time the Probation Service is restructuring both its management and service delivery. These factors all make linkage with the DAAT difficult and complex, but the service representative is well informed about the needs of the cross-over population with the YOT, and the high level of need at 18 years plus in the county. In the new Young People's Substance Misuse Plan, and the planned DAAT reorganisation it will be important to take account of the needs of this population in service design and committee structures.

### **g) Equal Opportunities/Race Action Plans**

While the various plans and policies all reflect concern, the lack of detailed data limits the impact on service delivery and awareness. A number of observers and the ACCAN research in Oxford suggest that black and ethnic minority people with problems show reluctance to use existing services. The Partridge research shows that statistical accounting by ethnicity was at a poor level in Social Services. The position is similar in respect of the needs of young women. The DAAT may need to consider specific specialist advice on the equal opportunity agenda by way of a more detailed audit on data needs, mapping and service delivery priorities.

## **3.2. Protocols and Guidance**

### **a) Arrangements for Assessing Need for Drug-Related Services**

Needs assessment arrangements vary considerably across the range of drug-related services.

- **Vulnerable Children in Education**

There is no common model in place and assessment of need is likely to be undertaken by a range of staff whose access to training may have been limited. Some training input has now been made at PRUs, but there is some evidence of significant under-identification of need particularly so far as truants are concerned. These issues fall within the brief of the Schools Drug Adviser who will need extra resources for training and development.

- **Children in Need and Children in Touch with Social Services**

There is no common model in place, and similar issues apply in respect of both overall training need and under-recognition. A particular issue is the assessment of children from drug using backgrounds who are likely to be at considerable risk. Overall, at present there is a serious lack of information about the drug service needs among vulnerable children in Oxfordshire.

- **Young Offenders**

Assessment skills are well developed in the specialist staff of SMART for the older end of the age range. The standard assessment tool used within the YOT is ASSET, which properly applied, is an effective primary assessment tool, which also addresses risk. The impact of assessment can be adversely affected however by lack of specific training on drug related need as was clear from independent evaluation of the referrals made in the first year of the YOT to a drug specialist worker. Significant proportions of referrals made were on individuals who were not in need of Tier 3 or 4 services. In Probation there is no specific assessment tool for drug needs and individual workers carry out assessments. Similar training needs apply.

A common assessment tool and format for young people has now been introduced through the work of the Joint Commissioning Manager and the early indications are that this is working well. An equivalent process is needed for young people, and is planned, but would need to be accompanied by guidance for practitioners on the HAAS model of need and a comprehensive programme of training in respect of primary assessment. A particular issue, raised by many specialists and non-specialists alike was the need for greater clarity about the flow of referral and the roles of different agencies, since the present arrangements are complex with significant gaps, and are over-reliant on informally acquired local working knowledge. These issues seem to fit most obviously into the role of the planned Young People's Service Co-ordinator.

## **b) Cross-Service Agreement on Definitions**

As will be evident from the present report there is little evidence of formal agreement across services in respect of key definitions, and this does impact unhelpfully on both assessment and inter-agency working, most obviously around targeting and referral. A good example is the issue raised in the Partridge report of workers' lack of knowledge about the status or existence of guidelines in relation to risk of harm from drug using parents in Child Protection, with the result that assessment is not consistently undertaken.

The HAAS model is not well understood within and between agencies. The Young People's Substance Misuse Plan should include both agreed definitions and explanations, and these should then be used consistently across agencies. Practitioners across all agencies should have clear written guidance on terminology, including definitions of levels of need.

## **c) Joint Case Working/Protocols between Agencies**

Formal protocols in respect of health provision are currently being developed in the context of the recently established Primary Care Trusts, but these would need to be further reviewed as part of the establishment of a Young People's Service. Many of the other protocols reflect specific partnership agreements between non-specialist services and the limited number of service providers. There appear to be a range of such agreements but they are not all known to the DAAT, and there is no guidance on format.

## **d) Policies on Drug-Taking and Drug-Related Incidents**

A policy is in place specifically in relation to Drug Incidents in schools. This is clear and comprehensive, but there is some evidence of late notification. This area of work falls within the brief of the Schools Adviser. There may be a need for further resources at this level to ensure prompt and consistent intervention.

## **e) Training Arrangements**

Training need is considered further in a later section. At present there is no overall training strategy adopted by the DAAT. Demand from the various agencies has been considerable particularly for initial and then more advanced courses. Plater College has provided an OCN accredited weekend programme for generalist workers across agencies, and Energy and Vision have provided regular basic courses for the OTC, the main cross-agency training provider in Oxfordshire. Energy and Vision have recently piloted a new more intensive cross-agency course.

In Health, there has been considerable input into GP training and two trainers are to be appointed across the Thames Valley by the Health Authorities. However these initiatives and training in general has not been young person specific, with the exception of some short courses provided by the Youth Service.

Given the substantial training needs across agencies there is an urgent need for a coherent training strategy linked to the Young People's Substance Misuse Plan, and this will need to be based on a substantial increase in resources, as well as a more

standardised structure.

#### **f) Procedural Guidance for Practitioners**

- **Confidentiality**

There is no standardised procedural guidance on confidentiality and inter-agency agreements are currently agreed as necessary.

- **Assessment and Screening**

As indicated above an initiative is planned on assessment and screening which will need to be linked to the training strategy.

- **Tracking of Referrals.**

There are no tracking arrangements in place at present and this will need to be a key area of work for the Young People's Co-ordinator. The development of Connexions will have key implications for this work, and the vulnerable young homeless group is an important group, disadvantaged at present by complex referral processes.

- **Consent Arrangements**

There is no specific guidance to practitioners at present in place.

- **Provision of Specific Drug Interventions**

There is no specific guidance to practitioners in place.

- **Decision Making and Procedures on Child Protection Concerns**

There is no specific guidance on drug issues in place.

### 3.3. Commissioning

Specific commissioning arrangements for young people's drug provision are planned but not yet in place. The Young People's Substance Misuse Co-ordinator will be part of the group engaged in commissioning within the new DAAT commissioning structure, and arrangements for the systematic monitoring of performance will be put in place at the same time. Monitoring arrangements will include service providers' compliance with training strategy and provision of assessment on need.

The new commissioning arrangements will need to take account of some areas of the county where there is a pattern of referral to agencies in neighbouring towns outside the Oxfordshire borders. Choices will need to be made about developing a more flexible pattern of Oxfordshire services, or the agreed purchase of outside provision. The client choice and ease of access will be significant factors, but there will also be issues about consistent standards and the content of provision. The main areas concerned would seem to be:

- Thame and parts of East Oxfordshire where there is a pattern of self-referral to ACT in Aylesbury.
- Parts of Southern Oxfordshire, which are nearer to Reading and the Neutral Zone service provided there.
- Parts of South West Oxfordshire, which look to the Swindon area.

Similarly if specific provision for residential assessment/treatment were to be considered as part of planned Tier 4 services the costs involved would probably be prohibitive on the levels of need indicated for a stand alone Oxfordshire facility. The same is likely to be true for the other Thames Valley DAAT areas, notably the former Berkshire which has a number of smaller Unitary Authorities. It would therefore make sense to investigate the potential for collaborative development between a consortium of areas, and models for this approach may be available from other areas of the country. Earlier preliminary work in Oxfordshire did suggest that the needs of those young people most at risk required intensive assessment and high levels of care. Such a high level of multi-disciplinary intervention may only be practical in a residential setting. Those involved in the funding of residential treatment intervention under present arrangements spoke critically of the options available, the poor outcomes, and the high costs.

### **3.4. Finance**

As indicated above, planned commissioning arrangements will cover all drug-specific services and mechanisms for the monitoring of expenditure. New funding is now dealt with as a virtual pooled budget and this will be a transitional arrangement leading to a fully pooled budget.

Current lengths of service contract in respect of young people's drug services vary widely across the statutory and non-statutory sectors, depending on the usual range of factors; level of funding security, the limits set down in funding criteria, and budgetary uncertainty. This can range from twelve months for Detached Workers to three years for the new Schools Adviser post. This does lead to instability and a high turnover of key professionals. It also has a serious impact on the county's ability to attract and retain the appropriate levels of skill, particularly given the county's high living costs. A series of major resource losses affecting budget settlements in recent years have had a serious effect on all Oxfordshire services. These are intractable problems but in building a planned approach to young people's services attempts should be made to consolidate posts and achieve longer standard contract periods

There has been a tendency to use part posts, or segment full posts by allocation of hours to specific tasks. This is related to the same range of factors but can impact seriously on continuity and effectiveness. Again it would be sensible to look for opportunities to consolidate posts wherever possible.

Similar issues apply to contracts with some non-statutory service providers who will need more substantial core funding if they are to sustain and develop the necessary services. An example is Energy and Vision whose funding has had to rely over heavily on charges to schools, with the result that the service has not necessarily been delivered to the schools most in need. The limited number of established service providers has meant short-term funding being used to create young people's provision in agencies such as Libra which primarily deal with an older age range. However the planned and sustained building of Face 2 Face's capacity to deal with the need for more counselling provision is an example of a more coherent approach.

### **3.5. Training**

Where needs analysis has taken place it has been within individual agencies and departments. There has been no recent inter-agency analysis of training need. Earlier sections have indicated substantial levels of unmet training need in respect of the following areas:

- Skills to work with children/young people and their families.
- Knowledge of drug misuse around both prevalence and the action/effects of drugs and alcohol.
- Awareness of appropriate referral options and the specific functions of services.
- The different levels of need and levels of intervention and their main characteristics.
- Issues relating to child protection.
- Assessing the place of drugs/alcohol in young people with complex needs.

So far as the main areas of identified need are concerned the following training issues should be considered:

#### **a) ACPC/Child Protection**

As noted earlier there are gaps in the overall strategy and there does seem to be a need to review ACPC training as it relates to substance misuse issues for both parents and young people.

#### **b) Youth Justice System**

Evaluative work undertaken within the YOT earlier in 2001 indicated considerable training need among YOT staff in respect of consistent assessment and the need to build capacity to undertake Tier 2 and Tier 3 interventions in-house. The subsequent spending plan submitted to the Youth Justice Board acknowledges both the need for new specialist workers and the need to build capacity within the existing staff group. Since the YOT is the main contact point for a considerable proportion of hard to reach young people, truants and persistent young offenders YOT staff will also need to have a good understanding of targeted prevention issues, and the range of referral options.

DTTO staff within the Probation Service operate on a specialist basis, and referral rates have so far been high in Oxfordshire. Caution is needed in ensuring that younger offenders have the level of problem to make this intervention necessary, and the necessary motivation and maturity to cope with the Order. Referring Probation staff have had the necessary preparation and there has been some in-house training provision. It is intended that DTTO staff will have a wider servicing role in Probation's new case management structure, which is currently being implemented. Key continuing needs for Probation staff will be the further development of primary assessment skills and an awareness of the wider range of provision. They will also have specific needs around recognition and assessment of child protection drug related needs in an inter-agency setting.

### **c) Social Services**

There would generally seem to be a high level of training need within Social Services in respect of both young people and work with parents. This would need to include residential social workers, foster carers and others. There is a proposed significant increase in training funding within the Social Services Adult Treatment Plan, and this should be linked to an equivalent plan for younger people, and based on a training needs analysis. Given the dearth of specific provision for vulnerable and drug using parents the needs of those agencies, voluntary and statutory who provide family care need to be taken into account as well.

### **d) Local Education Authority**

The Schools Adviser has undertaken needs analysis. Demand for training is particularly strong in respect of drugs recognition and an understanding of wider service provision/referral options. There is some INSET provision, but still a large amount of unmet training need. Training work has been initiated with Pupil Referral Unit staff. This would need to be further extended and evaluated.

### **e) Other Service Providers**

A more integrated approach to young people's needs will call for a wider range of training around the capacity building of other agencies and staff groups. This will be at different levels and will need to take a variety of forms. The priorities would include the following:

- Further work as planned with GPs.
- Crossover training work involving CAMHS staff and those delivering in-patient care to young people.
- Development work with specialist staff both statutory and non-statutory on improving their awareness of the wider network of care.
- Inter-agency training to enable practitioners to work more closely together on multiple need; the interface with accommodation services is likely to be an important aspect of this, as is the role of Connexions.
- Oxfordshire has a well-developed and successful young people's mentoring scheme, which offers a substantial resource in respect of young offenders and children in need. Support for the training of mentors should be considered within an overall training strategy.

### **3.6. Improving Information - Short Term**

A number of short and longer-term information deficiencies have been identified in the course of the needs analysis in this report. Longer term and structural information difficulties are identified in the next section, but the priority areas requiring attention in order to progress the development of the Young People's Substance Misuse Plan can be summarised as follows:

- To date there has been limited direct consultation with young people themselves, though a number of the quoted surveys, primarily from the Youth Service do give some picture. In the shorter term this could be addressed in the following ways:
  - a) Invitation for comment on key issues via Youth Service Website.
  - b) Invitation for comment through the Oxford local television channel.
  - c) Preparation of a leaflet about the main consultation issues, which would have a space for comment and be made available through services dealing with children and young people, including agencies dealing with the young homeless.
  - d) A series of focussed discussion groups in young people's settings.

Availability of time and resources will dictate the short-term options. Preparation and production of material will have some cost implications. It would probably be easier for direct consultation to be undertaken by workers who are known to the young people, which would necessitate some briefing work. Collation and analysis of the findings would also involve some cost. If a whole programme were not possible, though, it would be important to make a start.

- There is no central picture of public venues available for the county. Information is available about Youth Centres and Libraries but not other venues, including the range of sporting and leisure facilities. This is relevant not only for access to information by young people, but carers as well.

This information should be sought from County Council Departments and District Councils, possibly through Community Safety Partnerships.

- Limited information has been available so far from the range of Social Services settings. In the longer-term a survey of equivalent depth to the Partridge research is necessary, but in the shorter-term work should be undertaken with teams to establish a fuller initial needs assessment. This would need to cover Children and Families, Children in Care, and Child Protection, but should also include some assessment of issues for foster carers and partner agencies.

This work could be undertaken as phase one of the longer-term work required, and could usefully inform the scope and planning of that work. Costs might be in the region of £10 to £12,000 for the overall project.

- Similarly there is little firm information available about the nature of truancy and drug use, and the general impression gained from consultation is that there may be a significant under-estimation of the issues involved.

In the short-term the best option may be further consultation with Education Social Workers, and other teams or agencies that are in contact with young people absent from school. YOTs and Detached Youth Workers are the most obvious sources of further information.

- Children involved in prostitution. There was little reference to this issue as a substantial area of need in the consultations but it would be wise to check this further. At this stage this might best be achieved by an initial focus group of invited individuals from key agencies, possibly on the basis of advice from Barnardo's, the main national charity involved.
- Information about young women specifically is limited, and the best short-term course might be a specific request for information from all agencies, including health service providers. The wider young people's consultation is also likely to assist.
- Disability information is very limited at this stage, and a first short-term step would be an approach for preliminary response to the various specialist agencies and representative organisations. A collection of initial responses would help in determining the scope of any longer-term work, and would also help to inform service design from the outset. It would be important to cover the range of need, including learning disability and mental health.
- There is some information on stimulant use but the picture is not complete. In the short-term it would be helpful to ensure that specific questions about stimulant use are included in all the activities proposed in this section.
- While some work is available on black and ethnic minority young people there remain concerns about more detailed issues such as response to existing services, and over-representation of young black males in the school excluded population. All the short-term information proposals in this section should specifically include reference to ethnic minority needs, and the same is true for longer-term information work in the next section. Basically, there is a general overview, and it is now important to follow up on specific needs within this population.

### **3.7. Improving Information – Long Term**

As indicated above, a number of issues require longer-term attention, notably in respect of the Social Services field of operation, but there are other significant longer-term information issues as well:

- Health Service reorganisation presents formidable challenges about the co-ordination of information on young people, particularly at Primary Care Trust level, where there is the added complication of boundary differences in the south of the county.
- The introduction of a standard format for young people's assessment, as planned would certainly improve service targeting but, applied across all agencies would also provide a fuller picture of need.
- As to wider estimates of need, the Drug Reference Groups at present operate in a range of different ways. An agreed format for regular returns to the DAAT would provide a more coherent picture, which would not only be useful for the DAAT but also the Community Safety Partnerships. In this way it might be possible to share information, including 'soft data', about changing patterns earlier than is the case at present.
- ASSET data from the YOT is a valuable information source. Work about data quality is being undertaken at present but this information could usefully be shared on a regular basis. Work could usefully be undertaken between the YOT and Probation on the feasibility of at least co-ordinating the collection of information.
- There is clearly a major piece of work to be undertaken on the feasibility of developing compatible data collection. Consultation suggested that some Quality Protects funding had been intended to take this forward, but there seems to have been no progress to date. One option on this, and the wider information agenda indicated in this section, would be for the DAAT to take a strategic role by instituting a Task Force to take matters forward. This would need time from key strategic managers and appropriate IT specialists, and may need additional resources. The brief should include pro-active work on emerging data issues such as systems implemented by Connexions and the Primary Care Trusts. The issue of improving data collection in respect of ethnicity is also an important matter

On the question of service evaluation there is evidence of some good practice within statutory agencies, notably the Youth Service, but overall the position is patchy. In all future commissioned work with young drug-users it will be important to ensure that agreed formats for evaluation are incorporated in contracts and agreements, which ensure that evaluation is planned from the outset, funded adequately and carried out to an acceptable standard, preferably by an independent source.

In terms of specific evaluative need the following work should be considered:

- Evaluative work on Face 2 Face to establish the level of substance misuse work being undertaken and the response to its service from referrers and the client group.

- Evaluative work on the quality of, and limitations in, the referral criteria and accessibility of specialist and non-specialist services, including the exclusions that operate. This would probably need to concentrate first on the multiple needs group, as seen at the GAP and Bridge projects, and could usefully identify gaps, and waiting times. Such work should be cross-referenced with the proposed work on data collection.
- Evaluative work should be undertaken on the nature of school-based programmes as to content, quality and response. This would apply to existing providers, including the Police and Energy and Vision. Energy and Vision already undertake considerable in-house evaluative work, but decisions will need to be taken by the DAAT in respect of developing provision further, and it would be appropriate for this to be informed by independent work.

## **4. Information and Local Services for Parents/Carers**

### **a) Sources of Information**

A range of national and local information is in use locally, including Police material, but its availability depends on local practice and there is no overall strategy relating to the information, its quality or a programme of distribution. Much of the material in use relates to specific agency provision. Police stations exhibit some help-line information.

The Library Service confirms that it has standard collections of material available at each library. Components include the following items: National Drug Help-line leaflet, The Score leaflet on solvents, and the Parents Guide to Drugs and Alcohol. The DAAT is currently considering budget proposals for extending the material available in libraries and possible use of website and IT material through libraries.

A strategy should consider the extension of standard material more generally, including systematic provision through identified locations likely to be used by parents and carers.

Information is generally available through GP Centres and other Health sites, but again there is no specific plan in place to ensure consistency of material or its targeting to parents and carers.

There is no specific reference in the Health Improvement Programme to these issues, and once a strategy has been agreed this should be cross-referenced.

### **b) Drug Education for Parents**

The DAAT Drug Education Group undertook policy work, with a policy and guidance document published in September 1998. This outlines key issues and advice on content in some detail.

There is provision in a number of areas, but evidence of a considerable shortfall at present, and the level of demand is high. Response from the Asian community has been reported as particularly good. In addition to a half-time post within Education some Communities Against Drugs budgets also include proposals for work in conjunction with schools.

Co-ordination and forward planning are important priorities at this stage, and the Schools Adviser will have an important role in this. It will be important to ensure that guidelines are adhered to in the delivery of this work, but additional resources will also be needed. Forward planning will need to ensure that consideration is given to centres other than schools for some targeted need, Family Centres being an obvious example.

### **c) Local Services Offering Drug-Related Support for Parents**

There is little specific service on offer for parents, and a particularly important issue is the provision of specific support for parents or carers who themselves have drug or alcohol difficulties as identified in the Partridge Report. A response to this need will

involve capacity building in a number of settings including Family Centres and other family support projects.

Social Services deal with large numbers of parents across the county teams and the staff in Family and Community Assessment Teams are clearly an important resource for information and advice for concerned parents, though a very high proportion of the presenting cases do not reveal problematic levels of use. Social Services staff in this role would be helped by support in the way of written material and training back-up, as well as a referral option for further advice. Similar issues apply to YOT staff in contact with parents.

Statutory and non-statutory specialist service providers do provide some support for parents and carers in the context of treatment activity, but this activity is limited in scale.

#### **d) Media and Communications Strategies**

The emphasis so far has been almost entirely on written information through leaflets and fliers, with little consistency over content or design quality. A more consistent approach led by the DAAT would be desirable and should form part of the suggested overall information strategy.

Press, radio and television input is similarly left to local or agency initiative, both in respect of the spreading of information and responses to media enquiry. This is an important issue given the sensational nature of most press interest, and there is no doubt that single agency or unilateral Police responses add to the difficulty. A more pro-active media strategy is required, led from the DAAT, which should invite the co-operation of all agencies, and ensure not only that news issues are responded to in a measured way, but that there is a concerted effort to use the media in a more pro-active way. The Young People's Substance Misuse Plan should be targeted as a significant opportunity.

#### **e) DAAT Level Communication to Parents**

DAAT plans are circulated widely in the community, but the proposed overall strategy should wherever possible ensure that 'universal' information to parents and carers comes either from the DAAT or with the prominent endorsement of the DAAT.

## **5. Targeted Education, Advice, Information and Support In and Out of School**

### **a) Screening, Assessment and Referral**

At present a range of referral processes is in place and the DAAT intention is to introduce a consistent assessment and referral framework as indicated earlier. This will need to be accompanied by guidance to professionals. There is evidence cited earlier of complexity and some confusion over present arrangements and an early priority should be the production of a flow chart to accompany guidance notes which clearly establishes levels of need and a tiered representation of the different services.

### **b) Targeted Drug Education**

- Examples of provision have been quoted earlier, including the pilot work being carried out by Energy and Vision in PRUs. The extension of work in PRUs is an important priority need.
- Similarly Youth Workers and Detached Youth Workers are carrying out important and well documented targeted work across the county, though resource shortages inhibit this, particularly in more rural areas. The Health Questionnaire survey with responses from Years 8 and 10, and some of the local prevalence studies do indicate the importance of Youth Workers activity in this field outside the school setting, and this should be borne in mind in forward planning.
- The Body Zone initiative seems clearly to reach a wide range of young people in need, and again may be particularly important in more rural settings. A review of the level of drug prevention work being done in Body Zone schemes may inform forward planning.
- The YOT is in a position not only to carry out assessment on young offenders, but also to promote a range of health issues including drug prevention, and considerable work is already undertaken. However the appointment of specialist workers to the YOT should offer an opportunity to review and develop practice further, with agreed levels of input. Similar issues may apply in respect of the Probation Service where there remains a considerable need for input on drug and sexual health matters, given that the service is dealing with a high-risk group not normally in regular contact with education or health professionals. Links between the YOT, Probation and Health Promotion could usefully be reviewed.
- The Oxfordshire Mentoring Scheme is in contact with young people from the YOT, some school excludees and other vulnerable referrals including a proportion of looked after children. This is an important resource, recently extended to reduce waiting lists. The scheme deals with 10 to 17 year olds and prioritises referrals from high risk areas, specifically East Oxford, Caldecott (Abingdon) and Bretch Hill (Banbury). A review of the current sixty caseload indicated ten young people admitting drug use, six of which had experience of cannabis or amphetamines and four of crack or heroin. One of the heroin users was in residential rehabilitation. Clearly the scheme is dealing not only with some young drug users but an overall group who are at significant risk. Mentors have had some substance misuse training but the needs of mentors should be taken into account specifically in

forward planning for training.

### **c) Management of Drug Related Incidents**

The recently appointed Schools Adviser has formal responsibility in this area, and there are established standard policies in place. There may be resource issues about the servicing of drug issues as indicated earlier.

### **d) Prevention Interventions**

Harm minimisation approaches are available in some of the settings discussed earlier in this section. There have been some pilot peer mentoring models in Oxfordshire but these are not widely available and this reflects the differing priorities within schools.

### **e) Generic/Holistic Counselling**

An analysis of the work of Face 2 Face has been provided earlier in this report, and a funded Co-ordinator has been in post since September 2001. There had been widespread concerns about a major backlog but the situation is greatly improved. This appears to be a successful and well thought of service for generic counselling purposes.

## **6. Summary of Arrangements for Young Person Specific Substance Misuse Related Treatment**

Descriptions of available services are given at appropriate stages throughout this review and the present section is therefore a brief summary of the limited young person specific provision.

### **a) Services to Young Drug Users**

- **Substance Misuse Counselling**

Some provision through LIBRA by the Young People's Worker, and for YOT referrals in the north of the county. YOT capacity will increase following appointment of specialist workers. Some input is available at the Gap and some facilities are available at the Vale Resource Centre for the older end of the age range.

- **Family Interventions**

No specific substance misuse related services.

- **Harm Reduction Approaches**

Needle exchange provision in Oxford, which is currently the subject of evaluation and review. Provision in Bicester and planned provision in Didcot.

- **Detoxification**

No specific service for young people but provision is made through the Specialist Community Addictions Service. The Walton Street Detoxification Unit in Oxford, recently established by ECH, can take young people at the older end of the age range, which is an important addition to local provision.

- **Substitute and Ameliorative Prescribing**

This can be arranged through SCAS and a small proportion of GPs who prescribe. This issue is being pursued through the development work in the Primary Care Trusts. DTTO referrals have prescribing arranged for them, but this is not young person specific, and DTTO staff express concern at the difficulty and delays in arranging prescription. At the upper end of the age range The Gap and The Bridge are able to refer to the Luther Street Homeless Medical Centre in Oxford.

- **Relapse prevention**

There is no specific provision for relapse prevention among young people.

- **Stimulant Use**

Agencies referred to above would take responsibility for responding to stimulant use but there is no specific young people's provision.

- **Wider Needs**

The range of provisions is described earlier in this review. Key needs are the development of focused educational work with vulnerable young people, targeted care for care-leavers, linked work with Connexions as indicated in the Connexions Business Plan, and higher levels of provision for direct access and supported housing, particularly for younger people and those outside Oxford. There is very limited provision for drug-related mental health needs, despite much evidence of requirement.

## **b) Services to Parents and Families**

- **Mediation and Crisis Support**

The support and interventions offered are provided by a range of statutory and non-statutory services but are not drug specific, and there is a dearth of crisis support.

- **Parenting Support and Training**

Again there is limited support available and that which exists is not drug specific.

- **Self-help and Support Groups/Networks**

The LIBRA agency does undertake some work in this area, but otherwise arrangements are limited and not well known.

- **Wider Needs of Parents and Families**

Statutory and non-statutory services are available to respond to wider needs, but with no specific emphasis on drug needs and the Partridge reports to policies in some support agencies which would tend to exclude parents or carers with substance misuse problems of their own. Links between the CMHTs and substance misuse services are similarly limited. The connection with domestic violence provision is not known at present.

## **c) More complex needs**

- **Treatment Interventions in Secure Residential Care**

This is responded to by referral for specialist help through the Health Service and other treatment provision, though numbers requiring this level of intervention are reported as being very low.

- **CAMHS**

Capacity within CAMHS is very limited and there is no specific provision.

- **Young Offender Institutions**

Huntercombe YOI has no specific drug treatment programme. Though the level of demand for significant health intervention is low this would normally be dealt with by

transfer to hospital facilities at Feltham YOI. There is certainly a need for Tier 2 prevention programmes at Huntercombe, and a potential need for some Tier 3 work. The levels of need should be further investigated, but the need would apply across the whole of the YOI's catchment area within the Prison Service.

- **Specialist Foster care**

There is no drug treatment specific foster care provision.

- **Structured day programmes**

The LIBRA day programme is available at the higher end of the age range and is well established. There is no specific structured programme for younger people.

- **Residential rehabilitation**

Access is available for young people to residential treatment through Social Services assessment and funding, and is used in a small number of cases each year. Concern was expressed in consultation about the lack of suitable residential provision so far as the needs of younger people are concerned and outcomes were not often favourable. This is clearly a national rather than a local difficulty. One option as indicated earlier is for the county to look for Thames Valley partners in developing a designed regional service.



## 7. Concluding Note

This report brings together data and perspectives from a wide range of agencies and perspectives, and seeks to identify the main priorities for change, which the Young People's Substance Misuse Plan will need to address. A number of overall points made within the consultation are summarised here to provide a brief over-view.

- The overall need for Tier 3 services would appear to be in the order of 200 to 250 cases per year. The need for Tier 4 services is in the region of 50 to 70. Both figures attempt to take account of need which is presently unmet or addressed in a non-specialist way. Previous DAAT reports which suggest that the emphasis for the younger age range should be at Tiers 1 and 2 with more capacity at Tiers 3 and 4 for the 16 plus group seem generally correct, and the gateway group at 17 plus is particularly crucial. However it is clear that there are small numbers of younger children who need significant intervention, and no specific service is available for them at present.
- There are very few referral options for young people at present, an issue repeatedly stressed by professionals. There were a number of particularly relevant insights about the shape of future provision, notably that it would need to be visible, obviously specifically for young people and able to respond quickly in a multi-disciplinary way, with good connections to support services. Although need is often expressed in the context of a variety of problems specific counselling provision for substance misuse was seen as a priority. The point was made that services need to be started before needs assessment can go much further, since many problems will not emerge until contact can be made and trust developed. There was considerable recognition also that future services will need to attract young people in a non-judgemental way with a considerable emphasis on addressing practical need and a strong commitment to harm reduction.
- Oxfordshire has considerable problems with children growing up in substance misusing households. A determined effort will need to be made to follow through on the findings of the Partridge report, including the allocation of further resources and the re-configuration of some services.
- There are considerable information shortages and the DAAT will need to show leadership both in addressing information gaps, and helping agencies produce a more co-ordinated pattern of services.
- The training of non-specialist professionals as part of an overall capacity building programme will be crucial in building overall capacity.
- Good policies are in place in respect of Education provision and universal preventive work but extra resource is needed for implementation. A piece meal approach should be avoided and work should be undertaken by quality proven providers such as Energy and Vision.
- There are areas of good practice and realistically much general provision, some of it at Tier 3 will need to be provided in non-specialist agencies, but a small visible Young People's Service should co-ordinate and support those activities.