

**CORPORATE PARENTING BOARD**  
9th JUNE 2005

**POLICY AND GUIDANCE RELATING TO SUBSTANCE  
MISUSE**

**JAN BRUNTON - EXECUTIVE MEMBER FOR  
CHILDREN'S SERVICES**

**PAUL THOMPSON – EXECUTIVE MEMBER FOR EDUCATION & SKILLS**

**TERRY REDMAYNE - EXECUTIVE DIRECTOR FOR  
CHILDREN, FAMILIES & LEARNING**

---

**PURPOSE OF THE REPORT**

1. The purpose of this report is to present the Corporate Parenting Board with the Policy and Guidance relating to Substance Misuse for staff working within Middlesbrough's Children Looked After Service (Appendix 1).

**BACKGROUND AND EXTERNAL CONSULTATION**

2. The Policy explains the need to focus upon substance misuse issues within the Looked After Children population, whilst the guidance aims to offer practitioners a clear, safe and consistent approach to addressing specific issues. The aim of the guidance is to ensure best practice across the service in relation to our response to substance misuse and therefore to safeguard children from its impact.

**OPTIONAL APPRAISAL**

3. This Policy and Guidance will provide a framework from which practitioners can work. It is to be read in conjunction with the Screening Protocol (Appendix 2) which was produced by the Drug Action Team.

## **FINANCIAL, LEGAL AND WARD IMPLICATIONS**

4. This Policy and Guidance, along with the Screening Protocol, signposts to existing services. Its implementation does not, therefore, have financial implications. There are no legal implications arising from this report. This report will be of interest to all Members.

## **RECOMMENDATIONS**

5. It is recommended that the Corporate Parenting Board advise the Executive to:
  - a). Approve the Policy and Guidance relating to Substance Misuse.
  - b). Approve the Screening Protocol for Young People's Substance Use and Misuse in Middlesbrough.

## **REASONS**

6. Elected members should be aware of positive action being taken to address substance misuse among our children, in order that they can recommend to the Executive the approval of this Policy and Guidance. Also requested is the recommended approval of the screening protocol, appended.

## **BACKGROUND PAPERS**

The background papers used in the preparation of this report are outlined in Page 4 of the Substance Misuse Policy.

**AUTHOR:** Jane Wilson, Team Manager, Fostering Service

**TEL NO:** 01642 300870

---

*Address:* Sandringham House, 170a Overdale Road, Park End, Middlesbrough  
TS7 5EA

*Web Site:* [www.middlesbrough.gov.uk](http://www.middlesbrough.gov.uk)

**MIDDLESBROUGH COUNCIL  
CHILDREN, FAMILIES AND LEARNING DEPARTMENT  
CHILDREN LOOKED AFTER UNIT**

**Policy and Guidance Relating  
To Substance Misuse**

**May 2005  
(DRAFT)**



# Contents

- 1) Introduction
- 2) Dealing with drug related incidents
  - 2.1) Actions to take in the event of finding a drug or suspected illegal substance
  - 2.2) Actions to take in the event of finding or suspecting a young person is in possession of a drug
  - 2.3) Procedures for dealing with a child suspected to be under the influence of a drug or substance
  - 2.4) Contacting the Police
  - 2.5) Limits of Confidentiality
- 3) Hypodermic Needles
  - 3.1 Training
  - 3.2 Vaccination
  - 3.3 Needle stick injury
  - 3.4 Reporting
  - 3.5 Action upon discovering a discarded needle/syringe
- 4) Implementation of the Policy
- 5) Monitoring and Evaluation
- 6) Glossary of Terms
- 7) Who Does What in Middlesbrough

# 1. Introduction

## The Policy

The purpose of this policy is to create a safe and responsive environment for young people, foster carers, staff and management when the Local Authority is required to respond to substance use issues. The policy will be a fundamental part of the organisation's procedures and culture. It should be used in conjunction with the screening protocol produced by the Drug Action Team in March 2004.

Substance related incidents may present health and safety risks to looked after young people, other service users, carers, employees and members of the public.

The Children, Families and Learning Department has a duty of care to prevent or respond appropriately to these risks.

Each Local Authority has a duty to ensure that the substance-related needs of looked after young people are appropriately addressed and adequately met. This is placed in the context of:

- The requirements of national legislation, policy and strategy.
- The 'Framework for the assessment of children in need and their families'.
- The Health Advisory Service's four-tier model for young people's substance responses and the young people's substance misuse plan.
- Current knowledge on young people's substance related needs.

Substance related interventions for all looked after young people will include universal provision such as education, information and advice.

There is substantial research to indicate that looked after young people may be more at risk of becoming substance users than young people in the wider population and less likely to have the benefit of protective factors that ameliorate the adverse effects of substance taking.

The needs of looked after young people who become substance users may therefore include:

- Referral to specialist substance misuse services.
  
- Multi-agency packages of intervention.

Guidance such as Quality Protects (DOH 1999b), Working Together to Safeguard Children (DOH 1999), The National Minimum Standards for Fostering Services (Standard 12) and National Minimum Standards for Children's Homes (DOH 2002), focus on looked after young people and their health and social needs in relation to substance use. The Drug Action Teams 'Screening Protocol for Young People's Substance Use and Misuse in Middlesbrough' (March 2004) offers specific signposting.

This document (Policy and Guidance Relating to Substance Misuse) has been prepared in accordance with the Health Advisory Service report 'The Substance of Young Needs' 1996, 2001; 'Every Child Matters'; The Laming Report; and 'The Policy Guidelines for Working with Young Drug Users' (Standing Conference on Drug Abuse, SCODA).

# Policy Guidance

## 2. Dealing with Drug Related Incidents

### Value Statement

Children/young people need to be protected from the harmful effects of illicit (and legal) drug and solvent abuse.

### Principles

- The possession of non-prescribed drugs is a criminal offence.
- Allowing one's premises to be used for their consumption is an offence, as is;
- Withholding information regarding possession.

### 2.1) Actions to take in the event of finding a drug or suspected illegal substance

- 1) Take possession of the drug/substance and, if the young person is in a residential placement, contact the manager of the home for a decision in respect of involving the police.

A Foster Carer should, likewise, take possession of the substance and contact the young person's Social Worker and their Supervising Social Worker in respect of police involvement. If the discovery is outside office hours EDT should be informed and advice sought.

- 2) The substance should be packed and labelled with the date of its discovery and stored in a secure place until a decision is made regarding suitable disposal/destruction.
- 3) In the residential environment, the manager of the home will destroy the substance, having consulted with Police (i.e. if the Police do not require it as evidence.) Foster Carers will hand the substance to the child's Social Worker or Supervising Social Worker who will be responsible for its destruction – with Police guidance/approval. This is in keeping with Section 5(4) and Section 28 of the Misuse of Drugs Act.
- 4) Any instances of drug dealing must be reported to the Police and information given to the Service Manager responsible for Looked After Children.
- 5) Residential staff and Foster Carers should prevent drugs/solvents and alcohol being brought into the home by the young people in their care, wherever this is reasonably practicable.

## **2.2) Actions to take in the event of finding or suspecting a young person to be in possession of a drug**

Ask the young person to hand over the substance/items. (See later information regarding hypodermic needles).

Once confiscated the Foster Carer, Social Worker or Residential Worker should:

- establish any facts the young person is willing to give regarding the circumstances of their possession.



- advise the young person of the potential physical dangers and possible criminal consequences of the taking/possession of illicit substances and of their duty of care to the child/young person. Again, refer to the screening protocol (DAT).
- seek advice and agreement regarding sanctions and/or Police involvement as follows;

Foster Carers should give their view to the Social Worker and together agree action to be taken.

Residential Worker should consult the Social Worker **and** advise the latter of their manager's decision regarding Police.

If a child/young person refuses to hand over the item you suspect them of possessing:

Residential staff can search the home and the young person's room without their permission.

A Foster Carer, likewise, can search their own home, including the young person's room, without permission. This is on the basis that their role is to protect that person from harm and that they have a clear reason to suspect a young person of possession.

The circumstances will be outlined clearly in the home's logbook the Foster Carer's diary. Foster Carers see Section 3 of the Foster Carer's Handbook regarding recording.

Neither residential staff nor Foster Carers should conduct a personal search of a young person or their possessions as this could be interpreted as an assault.

### **2.3 Procedures for dealing with a child/young person suspected to be under the influence of a substance**

One of the most likely substance-related incidents in a residential home or foster home is that of a young person who presents as intoxicated by alcohol – drunk. If it is the view of the Residential Worker or Foster Carer that the young person needs medical assistance, this should be given priority over all other action. See 5.11 of the DAT Screening Protocol for options.

While the young person is intoxicated, challenging his or her behaviour may be perceived by them as threatening. The young person may therefore respond with aggression or by trying to leave the residential home or carer's home. Staff/Foster Carers should respond carefully in a bid to contain rather than exacerbate the situation and thus prevent risk to themselves, the young people and others around them.

Whilst it is not appropriate to discuss the young person's behaviour with them when they are intoxicated, staff or Foster Carers should try to establish what the young person has taken. Handy hints:

- Stay calm.
- Ensure the young person is in a quiet area.
- Do **not** leave the young person on their own.
- Try to establish what the young person has taken.
- Seek medical advice/assistance.

- If treatment is sought, any suspect substance should be shown to the medical practitioner.
- Vomit should be safely collected if possible for medical analysis.
- **If an overdose is suspected call an ambulance immediately**

## 2.4 Contacting the Police

There is no legal obligation for residential staff or Foster Carers to contact the Police when a drug incident or offence has been discovered. Contact is at the discretion of the residential home manager or the young person's Social Worker or Team Manager if they are in a foster placement.

If the incident is within the home, the staff member/Foster Carer should cooperate with the Police should a search of the premises be needed. Senior managers will be informed along with the Commission for Social Care Inspection (for residential situations). A staff member should accompany officers carrying out any search and note the process and any damage, if this occurs. A Foster Carer would be expected to cooperate likewise.

In the event of a serious incident the Police may ask to interview the young person(s) in which case parents must be notified and/or the Service Manager of the young person(s) should they be subject to a Care Order (S31 CA 1989) or parental agreement cannot be found for any reason. Parents can be the 'responsible adult' or give authority to another person to undertake this task.

Foster Carers ought **not** to undertake the role of responsible adult in this situation but should seek this via EDT (if outside office hours) or via the Social Worker.

From August 2004, all children/young people aged between 14-17 will receive a mandatory drug test in the event of being arrested for 'trigger' related offences i.e. theft offences, excluding shoplifting and auto offences. Please refer to the information relating to this procedure.

## **2.5 Limits of Confidentiality**

Young people who disclose information about their own substance use, or that of people they know, must be reminded that Foster Carers and staff cannot offer absolute confidentiality. Foster Carers should follow Middlesbrough Council's guide on confidentiality (outlined in their Handbook Section 3) and residential staff the guidance provided by their agency.

## **3. Hypodermic Needles**

**In the event of discovering a hypodermic needle the incident should be recorded and actions taken as follows:**

**Safe collection and disposal of discarded needles or syringes.**

Staff or Foster Carers maybe at risk of infection from this type of waste disposal. Specific training is therefore required along with information and instruction on safe handling.

## **Do's and Don'ts**

- Don't attempt to pick up a needle or sharp by hand. Litter handling tongs and sharps containers must always be used.
- If you do not have the necessary equipment, telephone Middlesbrough Council's Environmental Services Department on 01642 726001. They will despatch a Rapid Reaction Team to remove the syringe/needle/sharp.
- If you do have the necessary equipment; take the sharps container and tongs to the discarded sharp NOT vice versa.
- Place the sharps box on the ground, open it and pick up the needle/syringe with the tongs.
- Place the needle/syringe inside the sharps box with the needle facing down.
- Close the sharps box ensuring the lid is locked into position. Environmental Services should be contacted to collect the sharps container.

### **3.1 Training**

All staff who have responsibility for the collection and/or disposal of discarded needles and those Foster Carers who anticipate that they may, at some point, be in this situation, should undertake training in how to safely dispose of discarded needles and what to do in the event of a needle stick injury. Foster Carers can refer to their handbook Section 5 'Health,' for general guidance and Section 9 which refers specifically to drugs and substance use and misuse.

### **3.2 Vaccination**

Any staff with responsibility for the collection and/or disposal of discarded needles should be offered a free Hepatitis B vaccination course. Foster Carers have been invited to have the Hepatitis B vaccination (via own GP, funded by PCT) and should be reminded that this is still on offer.

### **3.3 Needle Stick Injury**

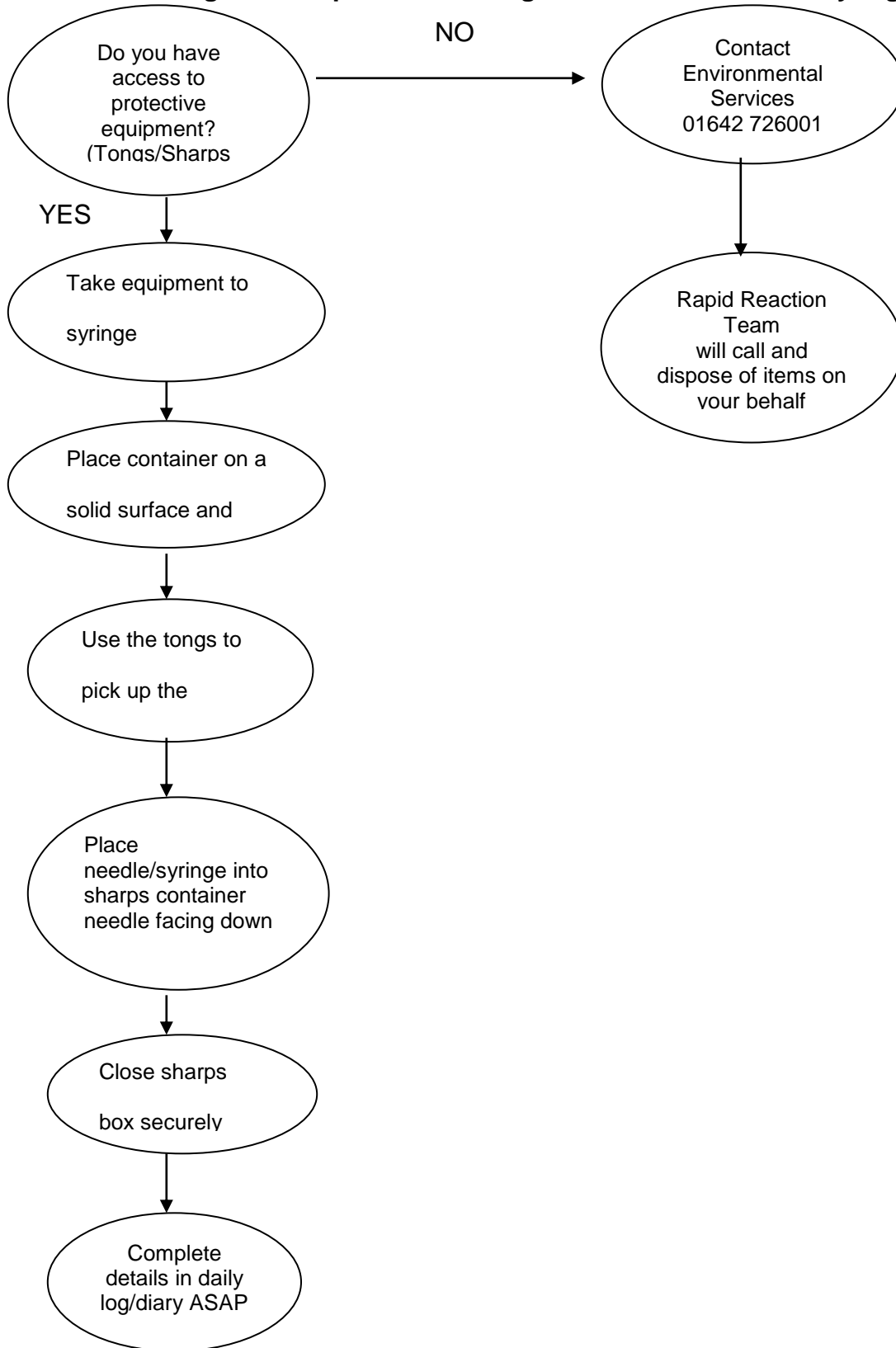
Use of the correct protective equipment reduces greatly the risk of sustaining a needle stick injury. However, if an injury does occur:

- encourage the wound to bleed but do NOT suck the wound.
- hold the wound under clean running water.
- cover the wound with a clean, dry dressing.
- residential staff report the injury following usual accident reporting procedures and report incident to the manager of the home.
- Foster Carers record injury in their diary and report to their Supervising Social Worker.
- Attend the nearest Accident and Emergency Department immediately.

### **3.4 Reporting**

Incidents of discarded needles should be monitored effectively. All discarded needles found and disposed of must be recorded and log sheets completed (in residential homes) or diary recordings should be made by Foster Carers. At the time of writing, it is not a requirement to report discarded syringes to Environmental Services if they have been safely disposed of. However, Environmental Services will respond to calls to dispose of the items (as outlined earlier) and, in so doing, will also keep an electronic log of essential information.

### 3.5 Action – at a glance – upon discovering a discarded needle or syringe





## **4. Implementation of the Policy**

This policy is to be provided to all Middlesbrough Foster Carers, all residential homes used by Middlesbrough's children and all practitioners working with Children Looked After. It is to be used in conjunction with the DAT Protocol which contains specific information about screening and referral.

## **5. Monitoring and Evaluation**

This policy will be reviewed every 3 years by the Children Looked After Planning and Implementation Group. Evaluation of the policy will arise via discussion within the Health Facilitators Group and Foster Carer feedback.

## **6. Glossary of Terms**

### **'Drug'**

This document uses the word 'drug' to refer to any psychotropic substance i.e. one which alters one's mood which would include illegal drugs, illicit use of prescription drugs and volatile substances but excludes tobacco.

### **Substance Use and Misuse**

The Health Advisory Service (HAS) report (1996) states: "one off and experimental use of drugs and alcohol cannot, in itself, be seen as indicative of having caused harm or being related to any personality disorder."

The fact that a young person has taken a substance should not lead to an assumption that there is a problem or condition to be treated. It is essential,

though, to recognise that all substances taken by a young person can cause them harm.

This document therefore distinguishes between varying conditions on a continuum of seriousness and looks at interventions most appropriate to each. (Drug Scope 2002)

### **Substance Misuse**

Is defined as 'substance taking that harms health or social functioning.' Substance misuse maybe dependent use (physical or psychological) or use that is part of the wider spectrum of problematic or harmful behaviour (HAS 1996). Substance misuse, as defined here, will require appropriate treatment interventions.

### **Substance Use**

Is defined as 'the taking of a substance that requires a lower level of intervention than treatment.' Harm can still occur through substance use, be that through intoxication, legal action against the user or health and social problems. These issues may not be immediately apparent. Substance use will require an appropriate level of intervention, e.g. education. Advice, information and prevention work will reduce the potential for harm.

**Information**

Refers to verbal and written statements which present the facts (as they are understood at the time), without opinion or interpretation.

**Advice**

Refers to a brief consultation to provide someone with appropriate, accurate information and give suggestions about how to act on that information. Advice may include: offering a view of the situation or problem faced by the young person; advocating a particular course of action; presenting a range of options and possible consequences.

**Treatment**

Is an intervention intended to remedy the identified problem or condition related to the young person's physical, behavioural and psychological wellbeing. Treating a young person for substance misuse begins with a full assessment and delivery of treatment within a care plan. Treatment options may include a variety of interventions offered through a specialist substance misuse service, medical and/or mental health professionals.

## 7. Who Does What in Middlesbrough?

- **Action Together**

- ❖ client group - children aged 5-13 years.
- ❖ service offered – fun activities for those affected by significant adults using alcohol and/or drugs.
- ❖ contact 01642 516365/516375.

- **Community Drug Team**

- ❖ client group – those affected by taking drugs or affected as a result of someone taking drugs.
- ❖ service offered - support off drugs.
- ❖ contact – 01642 230555.

- **Curriculum Development Drugs and Alcohol**

- ❖ client group - young people aged 13-19 years.
- ❖ service offered - information/counselling sign posting.
- ❖ contact - 01642 817749.

- **Drugs Action Team**

- ❖ client group - young people up to 19 years.
- ❖ service offered - strategic planning.
- ❖ contact – 01642 324028

‘Screening Protocol for Young People’s Substance Use and Misuse in Middlesbrough’ is attached as Appendix 1.

- **Eclipse**

- ❖ client group - young people aged up to 19 years. (Tiers 1 and 2).
- ❖ service offered - harm immunization assessment counselling, referrals for medical or psychiatric support.
- ❖ contact - 07834 540728.

- **Make a Change**

- ❖ client group - young people up to 18 years.
- ❖ service offered - Tier 3 interventions, drug treatment and diversionary activities.
- ❖ contact - 01642 317293.

- **Youth Offending Service – South Tees**

- ❖ client group - through arrival justice route – 10-17 years.
- ❖ service offered - information, advice for young people, parents, carers and professionals and referral to Tier 3 Services.
- ❖ contact - 01642 501500.

## **National Numbers**

- **‘Frank’**

- ❖ client group - anyone concerned about drug or solvent misuse.
- ❖ service offered - advice and information.
- ❖ contact - 0800 776600.

- **Hope UK**

- ❖ client group - all ages.
- ❖ service offered – provision of training materials to parents, groups, schools, youth leaders and churches.

❖ contact - 02079280848.

Middlesbrough Council's Website may be accessed for further information on:  
[www.middlesbrough.gov.uk](http://www.middlesbrough.gov.uk)

## APPENDIX 2

### Draft 1      **Screening Protocol for Young People' Substance Use and Misuse in Middlesbrough**

#### **1. Background:**

The Middlesbrough Integrated Care Model for Young Substance Users has been designed to ensure that young people with substance related issues do not fall through the net and are maintained at the lowest possible tier of intervention. In order for the model to work effectively all agencies working with young people need to use common screening and referral protocols to provide a seamless service for the young person.

The screening and referral protocols developed in this document are for use by:

##### **a) Tier One Staff**

Staff in generic, and primary care services, who work directly with, or come into regular contact with children, young people (under 19), and their families. Working with children and young people in their own environment makes these professionals best placed to recognise and screen for substance related issues and to provide advice and information to the young person and their family.

##### **b) Tier Two Staff.**

Staff working in frontline youth orientated services are essential to providing screening, brief interventions, advice and information about substance use and misuse, particularly for vulnerable young people. Without the involvement of these services a specialist service could never hope to reach all the substance related needs of young people in an area.

## 2. Purpose of screening and referral protocols

2.1 The aim of the screening protocol for children and young people in Middlesbrough is to:

- promote equality of access for all children and young people to appropriate services and interventions

2.1.1 These are to be achieved by:

- considering the views and wishes of children and young people
- identifying the needs of children and young people
- identifying the gaps in children and young people's knowledge of drugs, alcohol, tobacco and solvents
- identifying substance related harm
- identifying appropriate interventions for drug and alcohol use and misuse
- enabling tier 1 and 2 services to screen for substance use and where necessary refer to tier the most appropriate tier of intervention ensuring that the young person is always held at the lowest possible tier.

2.2 The aims of the referral protocol are to:

- ensure a joint working approach to meet the needs of the young person and keep them at the lowest possible tier
- ensure that young people receive specialised services and care packages where appropriate
- identify criteria for engagement with specific services

2.3 Referral criteria to a tier 2 services, are for when a young person;

- needs highly detailed information and advice, including harm reduction
- needs to explore alternative options to using drugs e.g. diversionary activities
- requires life skills support
- requires support from outreach services
- requires brief intervention
- requires counseling



2.4 Referral criteria to Make a Change (MAC) the young person's community drug team tier 3:

- under 13 age and taking substances
- young person regularly presents as incoherent following use of drug and/or alcohol
- substance use is dangerous .i.e. likely to lead to overdose
- young person perceives substance use affecting daily life
- ANY heroin, crack, cocaine, amphetamine or volatile substance use
- drugs are injected
- young person is only receiving needle and syringes from a pharmacist
- young person requests safer injecting advice
- substance use is causing or contributing to health problems
- substance use is contributing to mental health problems
- young person requires advice, information, or pre and post test counselling on Hepatitis B and C and HIV
- there is a need for comprehensive assessment of substance misuse.

### 3. Definition of Screening

Screening is a process to identify gaps in knowledge of drug, alcohol and solvents, whether drug and alcohol use occurs, if there is any related harm and whether and intervention is required. The process can be informal such as observation and discussion or formal such as part of an assessment process or short interview.

### 4. Introducing the Screening Protocols

- 4.1 Each service should incorporate the process of screening into existing assessment processes, both informal and formal.
- 4.2  Screening for substance knowledge, substance use and misuse should be conducted in a child/young person centred way and viewed in relation to other areas of their lives.
- 4.3 Screening for vulnerable groups should form part of the overall systematic assessment, and not be an isolated exercise.
- 4.4  Where formal assessment processes do not exist, screening should illicit information through informal means including, observation and discussion on:
  - young person's knowledge of drugs alcohol and solvents use
  - gaps and accuracy of their knowledge of drugs, alcohol and solvents
  - whether the young person uses drugs
  - whether the young person misuses drugs
  - if their use or misuse is part of complex troubling behaviour
- 4.5  Each service should ensure all policies and procedures on confidentiality address, substance use and misuse.
- 4.6  All staff should be inducted and trained on protocols, policies and procedures related to substance use. They may include:
  - confidentiality
  - information sharing
  - dealing with substance related incidents
  - joint working arrangements
  - screening procedures
  - referral procedures
  - consent to intervention and treatment

- 4.7 Sharing information within services and externally should be addressed in information sharing protocols, addressing:
- Information shared for the purposes of monitoring, research and evaluation
  - Information shared with parents for onward referral and/or within joint casework
  - Information that must be shared in order to protect the child

## 5. The Screening Process

- 5.1 Screening should be conducted when:
- A young person requests advice for self or others on drugs or alcohol
  - There is a substance related incident
  - When young people vulnerable to substance misuse come into contact with services.
- 5.2 Screening should be conducted by all tier 1 and 2 services, by staff who have basic drug and alcohol competence (appendix B)
- 5.3 Screening should be routine for vulnerable groups.
- 5.4 Screening should be conducted in a child or young person centred environment
- 5.5 Confidentiality must be addressed first, understanding checked and recorded in line with agency policy.
- 5.6 Services should adopt a discussion format to illicit information, avoiding direct questions, such as “do you use drugs?”
- 5.7 Screening should provide information on:

- 5.8
- Young persons knowledge of drugs alcohol and solvents
  - Gaps and accuracy of knowledge of drugs, alcohol and solvents
  - If the young person is using drugs
  - If the young person misuses drug
  - If there are immediate risks related to substance use (health, social, legal, or emotional)
- Agency should illicit information on the following in order to identify education, and intervention needs:

- The substances used
- The amount of use
- The frequency of use

- 5.9  In addition the screener should consider whether there are any child protection issues both in relation to substance use, misuse or other presenting factors.
- 5.10 Following the screening process, workers should consider all the information, identify any need in relation to substance use or other related areas and discuss with the young person the options.
- 5.11 Options may include:

- The need for drug education
- Referral to Eclipse
- Targeted information and advice, including harm reduction
- Referral to a tier 2 service for counselling, diversionary activities,
- Life skills work etc
- Referral to Make a Change (tier 3)
- For complex treatment interventions
- No further action
- Referral for a child protection concern

**NOTE: More than one of the above options is possible simultaneously**

5.12 Following screening, Tier 1 and 2 staff should contact Ecylpse for advice and support if:

- They are unsure about the need to refer or where to a young person refer to
- The screening agency feels it can meet the young person's needs but needs some support to do so

5.13  Name and address need not to be disclosed, so the young person can be discussed without disclosing confidential information.

5.14 Following screening key worker responsibilities should be defined and noted.

## **6. Confidentiality**

6.1 Each service should ensure that confidentiality is addressed with the child or young person before formal assessment or screening is conducted.

6.2 Confidentiality must be fully explained, including breaches to this relationship and understanding checked with the child or young person before proceeding with the screening.

6.3  Confidentiality should be explained in a young person centred way.

6.4 Where screening is formal, the recording of confidentiality is good practice, for example the young person signs a copy of the confidentiality form.

6.5  Where informal processes have been used and there are concerns about a young person, this should be formalised and confidentiality discussed with the young person.

6.6  Screening is not an intervention, as such it does not require permission (consent), but of course a young person may refuse to answer questions.

## **7. Advice and information**

- 7.1 Children and young people are entitled to seek information without telling their parents or legal guardians.
- 7.2 It is good practice for workers to encourage a young person to involve parents / carers, even if the young person is seeking advice and information.
- 7.3 Parental/legal guardianship involvement should be addressed within each services confidentiality policy and procedures of the service conducting the screening.
- 7.4 Services are under no legal obligation to inform parents or social services that a young person has sought advice. In order to give advice and information appropriate to the young person's needs a screening should be conducted.
- 7.5  Confidentiality should be maintained if the young person is requesting advice, information and onward referral, unless there are child protection concerns.

## **8. Monitoring of the screening protocols for tier 1 and 2 providers**

- 8.1  All services should provide data to the DAAT on a quarterly basis. This should include;
- Numbers of child/young people screened
  - Data on age, gender, ethnicity
  - First 3 digits of their postcode
  - Substances used
  - Outcomes of screening
  - Which services children/young people were referred to

## **9 Evaluation of screening protocol for young people**

- 9.1 When screening has been completed the young person should be asked to comment on:
- what has been useful/not useful re: the screening process
  - if their needs have been identified during the screening process

## **10 Evaluation of screening protocol for services**

- 10.1  All protocols will be reviewed and updated annually by Young Person's Joint Commissioning Group in collaboration with services.

