

## **CORPORATE PARENTING BOARD**

**23<sup>RD</sup> APRIL 2009**

<p><b>Substance Misuse Treatment Plan Implications for Children Looked After</b></p>
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### **PURPOSE OF THE REPORT**

1. The purpose of this report is to update the Corporate Parenting Board regarding the key findings of a 'needs assessment' completed in relation to young people's substance misuse in Middlesbrough and the 2009-2010 'treatment plan' for Middlesbrough.
2. The report covers the headline issues from both documents and then provides a greater focus on those areas that are of most relevance to Looked After Children (LAC).

### **BACKGROUND AND EXTERNAL CONSULTATION**

3. With effect from January 2008, the National Treatment Agency (NTA), has required that each local authority area submits a 'needs assessment' to identify the needs of young people in relation to substance misuse.

**Note: Levels of treatment:**

4. In the context of this plan, treatment is seen in its widest sense and is categorised into 4 tiers:

**Tier 1:** Education and preventative work delivered by professionals in universal services to all young people, regardless of whether they misuse substances.

**Tier 2:** Brief interventions delivered by those in services such as LAC, Connexions and pupil referral units etc. to young people who have started to use substances, but whose lives are not affected by it. (Using a national assumption, 45% of LAC aged over 10 years, will need this level of intervention).

**Tier 3:** Specialist treatment delivered by the commissioned specialist treatment provider (Platform), to young people whose lives are adversely effected by their misuse of substances (e.g. their substance misuse is causing them not to attend school, to have poor health, or to be violent etc), (Using a national assumption, 5% of LAC aged over 10 years, will need this level of intervention).

**Tier 4:** This level is rare in young people under the age of 18 years and relates to physical dependency which requires detoxification within a secure hospital setting.

5. The NTA also requires that this assessment informs a treatment plan, which identifies the priorities to be used locally, in order to reduce the levels of drug and alcohol use by young people. This plan details what action will be taken under each priority, how it will be achieved and details of how the various grant (and other), funding will be used.
6. Part 1 of the treatment plan (Appendix A) is effectively a summary of the Needs Assessment. Part 2 of the treatment plan (a summary of which is attached at Appendix B), is the document, which will drive service improvements and focus the allocation of funds during 2009-2010.
7. Both the 'needs assessment' and the 'treatment plan' have been completed through a full multi-agency approach with extensive consultation across a wide range of stakeholders, and are therefore very comprehensive.
8. The treatment plan has also been developed in light of recent Government strategies on drugs and alcohol and reflects the increased emphasis on a family approach to these issues (background papers).

## **FINDINGS**

9. The following key findings were highlighted in the needs assessment:

### **a. Performance**

The performance of the current treatment provider remains good; with 5 of 7 NTA key performance indicators being allocated a green status across all quarters. The remaining two fluctuate between red, amber and green due to the effect of very small numbers of young people (less than 5 will change a green status to a red).

### **b. Estimating unmet demand**

The number of young people in Middlesbrough who regularly misuse substances and who are likely to be in need of specialist treatment (Tier 3), is

estimated at between 300 and 341. This is significantly higher than the 96 who received tier 3 treatment during 2007-08.

In analysing current referral trends and adding an educated assumption regarding improved pathways, a realistic estimate of the overall number of young people accessing specialist treatment in 2009-2010 is that it is likely to increase from 96 to between 115 and 150.

**c. Capacity to deal with increased referrals**

The current capacity of the specialist treatment provider may be able to deal with the lower estimate of demand (115), but they would not be able to meet the demand if the higher estimate (150), was realised.

**d. Under Representation**

The following groups of young people are currently under represented in specialist treatment

- 10 – 14 year olds
- females
- young people from BME minority groups

**e. Trends: Type of drug**

The major trend for young people under 18 years entering treatment in Middlesbrough is for cannabis as the main drug linked with the misuse of alcohol as a second substance. This is different to all other local authority areas in Teesside, where the use of cannabis is less prevalent by those in treatment.

A very recent trend (November 2008 – January 2009), has seen a rise in the number of young people presenting for treatment in relation to their use of heroin, crack cocaine and benzodiazepine.

**f. Low Referrals**

The needs assessment identified that during 2007-2008, there were very low referrals from a number of key agencies, including LAC, CAMHS, Connexions and locality social work teams.

**g. Awareness of Platform and FRANK**

Only 26.9 % of 16 – 24 year old drug users said they had heard of Platform and only 38.8 % said they had got helpful information from FRANK. There is a clear need to market the services offered by both Platform and 'FRANK' across the 10 – 18 years population of Middlesbrough.

**h. Age of first use / education**

There is evidence of a progressive type of approach to trying drugs, i.e. from alcohol, poppers and glue at ages under 10 years, to softer illicit drugs such as cannabis and amphetamines at aged 11 to 14 years, and heroin, crack cocaine and cocaine at aged 16 and above. It is not clear if education messages are delivered in a way that would target this trend.

**i. 16-17 year olds**

All studies of young people under 18 years come from school surveys and as a result there is a lack of base-line data about the drug and alcohol habits of 16 and 17 year olds.

**j. Brief Interventions (Tier 2)**

Brief Interventions should be conducted by staff in universal and targeted services to prevent those young people who have started using drugs and/or alcohol, from becoming problematic users.

The needs assessment identified that none of the services were able to provide data in relation to how many brief interventions had been delivered.

Research conducted after this 'needs assessment' found that despite over 400 professionals being trained to identify substance misuse and deliver brief interventions, very few had actually delivered these interventions. Additionally, where they were delivered agencies were not recording them on mainstream computer systems.

**k. Data**

There are gaps and inconsistencies in the information and data collected by most agencies, a lack of a systematic method of collecting, collating and analysing multi-agency data and there is little resilience in the resources allocated to carry out this task.

## **TREATMENT PLAN PRIORITIES**

10. As a direct result of the needs assessment, the following priorities are contained within the treatment plan, all of which are under pinned by key objectives and detailed actions:

**PRIORITY 1** Ensure young people's alcohol and drug issues are a core component of the Children's Trust Commissioning Strategy and linked to the Crime and Disorder Partnership.

**PRIORITY 2** Increase the involvement of young people and parent/carers in the planning and improvement of substance misuse services.

**PRIORITY 3** Enhance the emphasis on preventing young people from using/misusing substances.

**PRIORITY 4** Increase targeted support for young people in vulnerable groups.

**PRIORITY 5** Increase the numbers of young people receiving specialist treatment services.

**PRIORITY 6** Continue to provide high quality and effective specialist treatment for young people.

**PRIORITY 7** Increase the proportion of young people leaving treatment in a planned way.

## **CHIEF MEDICAL OFFICER'S ADVICE**

11. The Chief Medical Officer's (CMO), advice on young people's use of alcohol was published in January 2009 and a wide consultation process is due to close on 23<sup>rd</sup> April 2009.
12. Basically, the CMO makes the link between alcohol, risk taking behaviour, violence, crime, increased risk of pregnancy and more. He then advises young people that:
  - Being alcohol free until you are 18 is the healthiest and best option.
  - If you decide to drink, it should not be until you are at least 15.
  - After you are 15, you should know that not drinking is the healthiest option and you should never drink any more than 2-3 units if you are female or 3-4 units if you are male, in any single day; and
  - If you are 15 to 17, you should not drink every week and never on more than one day a week.
13. This is a major culture change for many of our young people, parents, carers and professionals, and it will effect the way in which we deliver education, guidance and brief interventions to our young people regarding alcohol use. It will also influence the guidance professionals give to parent/carers (including foster carers), regarding the advice they should give to their children.

## **ISSUES FOR THE CHILDREN LOOKED AFTER**

14. The needs assessment and the subsequent work by a consultant identified the following issues which are of specific interest for the Board.
  - a. **Education/prevention**

The CMO's advice for young people and parent carers is currently in consultation format and consideration needs to be given as to how the advice should be given to young people in the LAC system and to their parent/carer's, whether they are biological parents, other family members or foster parents.
  - b. **Identification**

The consultant who is currently looking at the pathways from services into Platform, found that, unlike some services, the LAC service had a mechanism in place to conduct full health assessment of every young person. This is done on entry to the service and reviewed at 6 monthly intervals, and facilitates the identification of substance misuse by LAC.
  - c. **Brief Interventions**

Having identified the substance misuse, staff report that they are unable to do provide brief interventions due to workloads and in some cases a lack of expertise in the drug and alcohol field. They do, however; sign post young people to where they can get further advice and guidance.

**d. Referrals**

Whilst referrals from other key agencies were as low, or in some cases lower, than those from the LAC service, it is of note that during the 12 month period April 2007 to March 2008 only 1 young person was referred directly to Platform from the Looked After team and 4 from locality based social workers.

This is qualified by highlighting that there were a number of other LAC already in specialist substance misuse treatment, having been referred by other agencies, primarily by the youth offending service.

Further research by a consultant found that where the service identifies that a young person should be in specialist treatment, they do make attempts to refer the young people to Platform. However, as mentioned, some young people are already receiving treatment with Platform and others do not wish to be referred to 'yet another service'.

Once the consultant's report is complete, the substance misuse strategy coordinator will be working with the LAC service and Platform to improve the provision of specialist treatment for young people in the LAC system.

**e. Data**

The Needs Assessment identified a number of data recording issues including the need for additional flags to be added to the existing computer software.

Because these changes have only recently been introduced it is not possible to evaluate their impact.

**f. Staff training**

Ongoing training of professionals in all agencies, including LAC staff is required in relation to basic drug awareness. The treatment plan seeks to achieve this through an IT solution.

The training for identification, assessment and intervention (IAI), has been well received by staff within the LAC service and unlike many other agencies staff report feeling qualified to identify, assess and provide interventions. The main reason for young people not always receiving tier 2 interventions is that of workloads and capacity.

A small amount of awareness training will be necessary in relation to the CMO's advice and to refresh knowledge of changing drug trends.

**g. Alcohol & Substance Misuse Policy and Guidance for staff**

The current Alcohol & Substance Misuse Policy and Guidance for LAC staff was approved by the Corporate Parenting Board in December 2005. This policy is now in need of updating to take account of the information summarised in this report and new Government strategies (Background papers). The updated policy will be presented to the Corporate Development Board at a future meeting.

## **OPTION APPRAISAL/RISK ASSESSMENT**

15. Option appraisal is not relevant to this report.

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

16. There are no immediate legal or financial implications arising from this report. This report will be of interest to all Members.

## **RECOMMENDATION**

17. It is recommended that the Corporate Parenting Board advises the Executive to note the information relating contained within this report.

## **REASON**

18. It is important that the Corporate Parenting Board is aware of the current substance misuse issues and how they relate to LAC.

## **BACKGROUND PAPERS**

- The Government's new drug strategy 2008-2018 '*Drugs: protecting families and communities*'  
Available at <<http://drugs.homeoffice.gov.uk/drug-strategy/>>
- *Youth Alcohol Action Plan 2008*  
Available at <<http://publications.dcsf.gov.uk/>>
- *Drug Education: an entitlement for all 2008*  
Available at <[http://www.teachernet.gov.uk/\\_doc/13032/ACFE3AC.pdf](http://www.teachernet.gov.uk/_doc/13032/ACFE3AC.pdf)>
- *Chief Medical Officer's advice: young people and alcohol guidance*  
Available at < <http://www.dcsf.gov.uk/>>

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Partnership name: **Middlesbrough**

**Young people’s specialist substance misuse treatment plan 2009/10  
Part 1**

This strategic summary, incorporating the planning grids and funding/expenditure profile, has been approved by the Partnership and represent our collective action plan.	
<b>Director of Children’s Services</b>	<i>Signature</i> <i>Signed by Gill Rollings</i>
<b>Chair, Partnership name</b>	<i>Signature</i> <i>Signed by Ian Parker</i>
<b>Chair, Young People’s Substance Misuse Commissioning Group</b>	<i>Signature</i> <i>Signed by Neil Pocklington</i>



## **Overall direction and purpose of the strategy for meeting young people's substance related needs and specifically their needs for specialist treatment interventions**

The purpose of this strategy is to reduce the proportion of young people in Middlesbrough who frequently use illicit drugs, alcohol or volatile substances. Targets have been set in line with Public Service Agreement 14 (PSA14), and the targets set under National Indicator 115 (NI115), within the Local Area Agreement (9.1% in 2009-10 and 9.0% in 2010-11).\*

The strategy is also integrated with the priorities and objectives contained within the Safer Middlesbrough Partnership (CDRP), and those contained within the Middlesbrough Children and Young People's Plan 2008-2011.

Priorities and objectives in relation to prevention/education, targeted interventions and specialist treatment, have been planned and developed in partnership with a range of stakeholders, including, professionals, service users, young people and parent/carers. This approach will continue through its implementation.

Prevention though education is at the centre of this strategy, but where a young person does misuse substances, the strategy aims to identify that misuse at the earliest possible stage and provide targeted interventions to prevent the young person from becoming a problematic user and to minimise the harm caused to them, their families and/or local communities.

This strategy also seeks to review the substance misuse education currently delivered in schools, colleges and by agencies, to ensure that it is aligned to the recent guidance from the Chief Medical Officer, the document, Drug Education: An Entitlement For All and according to identified need.

In relation to preventing progression to problematic use, and minimising harm to young people, the strategy aims to keep young people at the lowest level of intervention possible. This will be done through continuing to train professionals in universal services in relation to early Identification, Assessment and Intervention, through Targeted Youth Support', integrated working, and through the 'lead professional role of the Common Assessment Framework (CAF).

Families are also seen as essential to the success of this strategy and in this respect, drug and alcohol awareness training will be provided for parents, families and carers, and a 'think family' approach will be encouraged across all agencies.

By continuing to take lower level interventions away from the specialist treatment service, it is expected that those services will be able to concentrate on developing innovative ways of engaging the more problematic young people, particularly those who use harder drugs and those in under represented groups.

The strategy also places emphasis on developing quick and easy access to a full range of high quality, specialist treatment modalities, though ensuring strong commissioning processes, and clearly defined pathways for problematic users to access specialist treatment services.

\* *Note: As with all Local Authorities, the targets have been set using data from the Tell Us 3 Survey. Unfortunately, in Middlesbrough this only had 412 respondents, 187 of who were aged 10 years or under. Such small numbers could have introduced false base-line data and future performance (based on the Tell Us 4 and 5 surveys), may provide higher estimates.*

## **Likely demand for specialist substance misuse treatment interventions for young people. Please identify and consider the differential impact on diverse groups and ensure that the overall plan contains actions to address negative impact**

Following the completion of a comprehensive 'needs assessment', it was found that there was no evidence of increased use of drugs, alcohol, or volatile substances by young people in Middlesbrough. There was, however, an increase in young people accessing specialist treatment and a further estimation that the likely overall demand for specialist treatment in 2009-10 will increase to between 115 young people and 150 young people. This increase is believed to be due to better identification and referral processes.

The assessment also identified a number of key findings and gaps in information/services, which inform the priorities contained within this 'treatment plan'.

The methodology used to research and compile the 'needs assessment' included the examination of national and regional trends; a review of the 2008-09 young people's 'treatment plan'; an analysis of the age of first use, ethnicity, alcohol specific, levels of adult drug use, hidden harm, glue, gas, aerosol and solvent specific and teenage conceptions; and culminated in an attempt to predict the level of unmet demand for 2009-10 through systematically analysing the 5 groups of young people suggested by the National Treatment Agency (NTA)\*\*.

Key findings under each group included

### **In treatment**

There was:

- Small number of young people in treatment (96).
- An under representation of females and black and minority ethnic young people.
- A significantly higher proportion of those in treatment for Cannabis than national average.
- A significantly lower proportion of those in treatment or alcohol than the national average.
- Very low referrals to specialist treatment by some key agencies.
- High levels of positive outcomes.

### **Known to services for substance misuse,**

There was:

- A lower than expected number of vulnerable young people recorded on mainstream computer systems as **known** for substance misuse.
- Issues with the way in which agencies/organisations assess and recorded young people who misuse substances.

### **Not in treatment and not known to services for substance misuse,**

Four methods were used in an attempt to identify how many young people used substances, how frequent and how many were probably in need of tier 2 interventions or tier 3 specialist treatment:

#### **1) Tell Us 3 Survey**

- Unfortunately this survey was flawed due to the very small number of young people completing the questionnaire (412 completed the questionnaire, 187 of whom were aged 10 years or under).
- 9.4% of young people completing the questionnaire stated they used drugs, alcohol or volatile substances regularly.

#### **2) National School Survey**

- When extrapolated to the Middlesbrough 11-15 year old population, it is estimated that 299 young people aged between 11-15 years will be using drugs (excluding alcohol), on a daily basis and 454 will be using 'frequent'.

#### **3) Middlesbrough secondary school survey (2007)**

- This survey was carried out in Middlesbrough secondary schools and with 1167 questionnaires completed the response rate was just over 10%.
- Girls reported higher levels of drug and alcohol use than boys (females 23.3% – males 14.1%). This was true across all drugs except the harder drugs such as heroin, crack cocaine and methadone. This is a different pattern to other studies and caution needs to be taken until further surveys report.
- Over 19% of young people reported having tried sniffing poppers and 9.2% sniffing glue, gas or solvents. It is of note that there were no young people in treatment for these substances.
- Cannabis and alcohol were the substances most used in last month.

#### 4) Statistical calculations using vulnerable groups

- This calculation used an existing method of statistically estimating the number of young people who are likely to require a) tier 2 or brief interventions and b) tier 3 or specialist treatment.
- The rates of young people in vulnerable groups in Middlesbrough are higher than the regional and national averages in every group. Based on the fact that statistically, there is a higher proportion of vulnerable groups who use drugs and alcohol, higher numbers in vulnerable groups can be an indicator of high levels of drug and alcohol use.
- Based on this calculation, 898 were estimated as requiring tier 2 / brief interventions.
- It was also estimated that 341 would likely to require tier 3 treatment / specialist treatment

#### Had a life changing experience e.g. release from a secure unit.

- 20 young people had been released from secure accommodation in 2007-08, 14 (70%), of whom were assessed on released, as having substance misuse issues which were linked to the likelihood of them re-offending.

The age at which young people first tried drugs and alcohol was examined through use of 3 local studies. This part of the assessment suggested a general trend where a significant proportion of young people who use drugs, first tried alcohol, poppers and volatile substances at aged 10 years or under. The first use of cannabis, amphetamines and other softer drugs was between the ages of 11 and 14 years, and the use of harder drugs, such as heroin, crack cocaine and methadone, was not until aged 16 years or over.

In acknowledging that there has been a vast amount of work done within schools in relation to substance misuse, there has been little done within in colleges and sixth forms. Additionally, although an evaluation was undertaken in relation to which schools were delivering drug and alcohol education, this did not examine the quality of such education and did not cover the whole range of education (i.e. not the colleges). The questions remain as to whether the current drug education messages are being targeted around the right drugs at the right age and work is suggested in this plan to ascertain the answers.

*\*\* The groups of young people laid out in NTA guidance include young people who are:*

- 1) *in treatment and for whom treatment is working,*
- 2) *in treatment and for whom treatment **is not** working,*
- 3) **known to services** for substance misuse,
- 4) *Not in treatment and not known to services for substance misuse,*
- 5) *Had a life changing experience e.g. release from a secure unit.*

## **Key findings of current needs assessment and a brief summary of the prevalence of problematic substance misuse by young people in the local area, changing trends, treatment mapping, characteristics of met and unmet need, attrition rates and treatment outcomes.**

### **Performance**

The performance of the current treatment provider remains good, with 5 of 7 NTA indicators have been green across a number of quarters.

### **Estimating unmet demand**

The number of Young People regularly misusing substances and likely to be in need of tier 3 interventions was estimated at over 300, which is significantly higher than the 96 who received interventions during 2007-08.

In applying current referral trends, access rates and adding assumptions regarding the result of improved pathways, a realistic estimate of the overall demand for specialist treatment in 2009-2010 is that, there are likely to be between 115 and 150 young people accessing treatment.

### **Capacity to deal with increased referrals**

The current capacity of the specialist services may be able to deal with the lower estimate of demand (115), but they would not be able to meet the demand if the higher estimate (150) was realised.

### **Under Representation**

The younger age group (10 – 14), females and young people from BME minority groups, are all currently under represented in specialist treatment.

### **Trends: Type of drug**

The major trend from those entering treatment in Middlesbrough is for the poly use of cannabis as the main drug and alcohol as the second. This is different to all other local authority areas in Teesside.

A very recent trend (November and December 2008), has been reported verbally by Platform, in relation to increases in the number of young people are entering treatment with Benzodiazepine addiction.

The number of young people in treatment for heroin, crack cocaine and powder cocaine is very low and much lower than school surveys would suggest.

### **Low Referrals**

There are low referrals from key services to Platform

### **Awareness of Platform and FRANK**

Only 26.9 % of 16 – 24 year old drug users said they had heard of Platform and only 38.8 % said they had got helpful information from FRANK. There is a clear need to market the services offered by both Platform and 'FRANK' across the 10 – 18 years population of Middlesbrough.

### **Age of first use / Education**

There is evidence of a progressive type of approach to trying drugs, i.e. from alcohol, poppers, glue at ages under 10 years, to softer illicit drugs such as cannabis and amphetamines at aged 11 to 14 years to heroin, crack and cocaine aged 16 and above. It is not clear if education messages are delivered in a way that would target this trend.

### **16-17 year olds**

There is a lack of base-line data about the drug and alcohol habits of 16 and 17 year olds.

### **Brief Interventions**

There were very low levels of targeted interventions recorded in many agencies regarding substance misusing young people.

### **Data**

There are gaps and inconsistencies in the information and data collected by most agencies, a lack of a systematic method of collecting, collating and analysing multi-agency data and in the resilience to do so.

## **Improvements to be made in relation to the impact of treatment in terms of its outcomes which will deliver improvements in individual young people's health and social functioning**

The following improvements will be made over a 2 to 3 year period in order to positively impact on individual young people's health and social functioning

- Ensure that substance misuse commissioning processes become fully integrated with developments in the Children's Trust, particularly around integrated working and the commissioning of wider children's services
- Ensure strong links are forged with the Safer Middlesbrough Partnership.
- Improve the systematic collection and analysis of data in order to better identify need.
- Introduce practical information sharing protocols; specific to all agencies involved in the young people's commissioning processes.
- Improve consultation and engagement with young people and parent / carers
- Conduct a review of what substance misuse education is currently provided by schools, colleges and other organisations in Middlesbrough.
- Introduce a project for 6th form schools and colleges that seeks to deliver substance misuse courses, supports the organisations in policy development, enhances workforce capacity, and supports young people who may need specialist treatment.
- Increase targeted support and education to vulnerable groups
- Work with adult drug and alcohol services to support young people who may be vulnerable to substance misuse due to the effects of drug and/or alcohol misusing parents
- Recruit 30 peer educators including 10 female and 5 from a BME background)
- Increase the engagement of young people and parents / carers in the substance misuse planning processes.
- Ensure that all NTA performance expectations are met.
- Continue to provide and develop all the 'Essential Interventions of Care' as outlined in current NTA documentation and the NICE guidelines.
- Ensure the clinical governance of the specialist treatment provider is fit for purpose
- Improve the Every Child Matters outcomes for individual young people
- Develop effective, integrated, transitional arrangements with adult drug and alcohol services, and effective pathways to other relevant children's services
- Implement relevant, agreed recommendations from the study into the treatment needs of 16-25 year old young people in Middlesbrough

## **Key priorities for developing young people's specialist substance misuse treatment interventions to meet local needs during the next financial year:**

- PRIORITY 1** Ensure young people's alcohol and drug issues are a core component of the Children's Trust Commissioning Strategy and linked to the Safer Middlesbrough Partnership
- PRIORITY 2** Increase the involvement of young people and parent/carers in the planning and improvement of substance misuse services.
- PRIORITY 3** Enhance the emphasis on preventing young people from using / misusing substances.
- PRIORITY 4** Increase targeted support for young people in vulnerable groups
- PRIORITY 5** Increase the numbers of young people receiving specialist treatment services.
- PRIORITY 6** Continue to provide high quality and effective specialist treatment for young people
- PRIORITY 7** Increase the proportion of young people leaving treatment in a planned way.

Middlesbrough  
Council



**Summary of Part 2 of the Young People's  
Substance Misuse Treatment Plan 2009-10**

The following represents the priorities and objectives contained within part 2 of the treatment plan but does not cover the detailed action plan under each.

**PRIORITY 1 Ensure young people's alcohol and drug issues are a core component of the Children's Trust Commissioning Strategy and linked to the Crime and Disorder Reduction Partnership (CDRP).**

**Objective 1.1** Enhance the resources/support for the young person's substance misuse commissioning processes, particularly around practical information sharing arrangements, data collection and data analysis.

**Objective 1.2** Develop/promote the integration of alcohol and drug data into mainstream data collection and monitoring systems.

**Objective 1.3** Develop a partnership performance management framework, which feeds into the Children's Trust Board and the Responsible Authority Group under the Crime and Disorder Reduction Partnership (Safer Middlesbrough Partnership).

**PRIORITY 2 Increase the involvement of young people and parent/carers in the planning and improvement of substance misuse services.**

**Objective 2.1** Increase and widen consultation with vulnerable groups of young people and service users, through existing young people's forums and the current peer led project.

**Objective 2.2** Increase service user and parent/carer involvement in the planning processes

**PRIORITY 3 Align the drug and alcohol education according to the latest government guidance and identified need.**

**Objective 3.1** Review the current drug and alcohol education (including parent and carer awareness), against government guidance and the findings within the Needs Assessment.

**Objective 3.2** Work with schools, colleges and other organisations to implement education that is substance and age relevant, and as identified in the review (see 3.1).

**Objective 3.3** Introduce a substance misuse project within the two 6th form schools and three colleges.

#### **PRIORITY 4 Increase support for young people in vulnerable groups**

**Objective 4.1** Further develop the workforce capacity to identify, assess and deliver brief interventions to young people who are in vulnerable groups.

**Objective 4.2** Work with adult drug and alcohol services to support young people who may be vulnerable to substance misuse due to the effects of drug and/or alcohol misusing parents.

#### **PRIORITY 5 Increase the numbers of young people receiving specialist treatment services.**

**Objective 5.1** Ensure young people's drug and alcohol misuse is identified at the earliest possible opportunity and that young people are referred for the appropriate level of intervention.

**Objective 5.2** Develop more effective treatment pathways across all organisations, for those young people who misuse substances, ensuring they are fully integrated with the CAF processes

**Objective 5.3** Increase access to treatment by under-represented groups

**Objective 5.4** Increase awareness of young people's drug and alcohol issues, and treatment services within the wider community

**Objective 5.5** Increase the identification and engagement of young solvent users

**Objective 5.6** Reduce the levels of alcohol misuse by young people

#### **PRIORITY 6 Continue to provide high quality and effective specialist treatment for young people**

**Objective 6.1** Continue to commission an effective tier 3 specialist treatment services which is fit for purpose.

**Objective 6.2** Ensure that all NTA performance expectations are met.

**Objective 6.3** Continue to provide and develop all the 'Essential Interventions of Care' as outlined in current NTA documentation and the NICE guidelines.

**Objective 6.4** Ensure clinical governance is fit for purpose

**Objective 6.5** Improve the Every Child Matters outcomes for individual young people

#### **PRIORITY 7 Increase the proportion of young people leaving treatment in a planned way.**

**Objective 7.1** Develop effective, integrated, transitional arrangements with adult drug and alcohol services, and effective pathways to other relevant children's services

**Objective 7.2** Implement relevant, agreed recommendations from the study into the treatment needs of 16-25 year old young people in Middlesbrough