



## OVERVIEW AND SCRUTINY BOARD

9 MARCH 2010

### FINAL REPORT OF THE CHILDREN AND LEARNING SCRUTINY PANEL : SUBSTANCE MISUSE EDUCATION

#### PURPOSE OF THE REPORT

1. To present the Children and Learning Scrutiny Panel's findings, conclusions and recommendations following its investigation of substance misuse education in Middlesbrough.

#### INTRODUCTION

2. In its 2008 report to Government<sup>1</sup> the national Drug and Alcohol Advisory Group stated:

*“Drug and alcohol misuse damages children and young people, their families and communities. By providing effective drug and alcohol education we can help to protect children and young people, supporting them to avoid harm in the first place or to get help and support before problems become too serious. We can also direct those who need it into treatment as swiftly as possible.”*

3. Drug education is therefore the planned provision of information and skills relevant to living in a world where drugs are commonly misused. The term covers a wide range of strategies for helping children and young people engage with relevant drug-related issues. Such education aims to enable children and young adults to develop the knowledge, skills and attitudes to appreciate the benefits of a healthy lifestyle and promote responsibility towards the use of drugs. It also provides opportunities for young people to reflect on their own and others' attitudes to drugs, drug usage and drug users.
4. The topic of 'drug education' was agreed as part of the Children and Learning Scrutiny Panel's work programme for 2009/10. In agreeing this final report, the scrutiny panel agreed that its title should be altered to 'Substance misuse education.' This is because the panel wishes to ensure that the report is not viewed as an examination of 'drugs' in its narrowest sense but also focuses on alcohol education because of its widespread use among young people. Accordingly, the scrutiny panel sought to assess how substance misuse education is being delivered to children and young people across Middlesbrough and also to assess the impact of this education.

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<sup>1</sup> 'Drug Education: An Entitlement for All'

## **TERMS OF REFERENCE**

5. The terms of reference of the scrutiny investigation were as follows:
- a) *To examine substance misuse education provision to young people of statutory school age (ie up to age 16), including how the effectiveness of this provision is assessed.*
  - b) *To examine substance misuse education provision for young people aged 16 and 17 in further education services, including how the effectiveness of this provision is assessed.*
  - c) *To examine Tier 1 and Tier 2 of substance misuse education delivered by universal and targeted services within informal settings. This should include how the effectiveness of this provision is assessed.”*

## **HOW INFORMATION AND EVIDENCE WAS OBTAINED**

6. The scrutiny panel undertook an in-depth investigation and met formally on four occasions between 19 October 2009 and 14 January 2010 to gather evidence. Information was submitted by Council officers, representatives of Platform (the organisation commissioned to deliver Middlesbrough's Young Peoples' Drugs Service) and teaching staff from local colleges.
7. A Scrutiny Support Officer from Legal and Democratic Services co-ordinated and arranged the submission of written and oral evidence and arranged witnesses for the review. Meetings administration, including preparation of agenda and minutes, was undertaken by a Governance Officer from Legal and Democratic Services.
8. A detailed record of the topics discussed at Panel meetings, including agenda, minutes and reports, is available from the Council's Committee Management System (COMMIS), which can be accessed via the Council's website at [www.middlesbrough.gov.uk](http://www.middlesbrough.gov.uk).

## **MEMBERSHIP OF THE PANEL**

9. The membership of the scrutiny panel was as follows:
- Councillors Ismail (Chair), Williams (Vice-Chair); and Councillors Biswas, Dunne, Majid, McTigue, Mrs H Pearson OBE, Sanderson and Taylor; plus the following Co-optees: C Hodds, Father G Holland and M White.

## **THE PANEL'S FINDINGS**

10. The scrutiny panel's findings in relation to drugs education in Middlesbrough are set out below:
- In respect of background information regarding this subject.
  - In respect of each of the agreed terms of reference.

## Background information:

11. Before determining its terms of reference for this topic, the panel considered background information on the general subject of substance misuse education. The scrutiny panel heard that this is often seen in its narrowest sense and as something that is delivered in schools. However, the wider definition of 'education' includes its delivery to all children and young people in a wider context of schools, colleges of further education and also by targeted services within informal, non-educational settings.
12. Substance misuse education therefore also includes interventions and information provision in cases where young people have started to experiment with drugs or alcohol.
13. Research at a national level<sup>2</sup> has shown that good drugs and alcohol education in schools goes a long way towards preventing the early onset of drug use, and can also help reduce consumption in those who are already using.
14. The aims of substance misuse education are generally identified as:
  - To enable pupils to make healthy, informed choices by increasing their knowledge, challenging attitudes and developing and practising skills.
  - To provide accurate information about substances.
  - To increase understanding about the implications and possible consequences of substance use and misuse.
  - To widen understanding about related health and social issues; for example, sex and sexuality, crime, HIV/AIDS.
  - To seek to minimise the risks that those using drugs face.
  - To enable young people to identify sources of appropriate support.
15. In April 2007 the responsibility for support in substance misuse education in Middlesbrough changed from a Tees-wide drug education team (DET), to the current specialist treatment provider DISC<sup>3</sup> which established the '**Platform**' agency to provide the service in Middlesbrough. This has enabled a more joined up and consistent approach to be provided at all levels of intervention.
16. In Middlesbrough substance misuse education can be categorised into five headings:
  1. Education in schools.
  2. Education in colleges.
  3. Peer-led education.
  4. Provision of a physical resource library and website that is accessible for young people and professionals working with young people.
  5. Education and brief interventions delivered in formal and informal settings by professionals who are already working with the child or young person.

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<sup>2</sup> As referenced in DCSF Press release dated 13 November 2009: "New and improved guidance for schools sends out a clear message about the dangers of drugs and alcohol."

<sup>3</sup> Established in 1984, DISC is an independent North of England based charity that focuses on deprivation and exclusion. DISC is a specialist agency, focusing on people who have fallen through the net of statutory provision and who many agencies struggle to help.

17. At a national level, drug education is driven by the Department of Children, Schools and Families (DCSF) and the Department of Health under two main agenda:
- The Healthy Schools Programme<sup>4</sup> - in particular through PSHE (Personal, Social, Health and Economic education). PSHE aims to equip children and young people with the knowledge and skills to deal with a range of issues they face as they grow up.
  - The National Treatment Agency governance arrangements and Treatment Planning Process.
18. There are numerous national strategies, policy and guidance documents concerning this issue. Examples of current key documents were outlined to the panel, including the following:
- Drugs: Guidance for Schools February 2004 - Curriculum Standards for KS1, KS2, KS3 and KS4 Ref DfES/0092/2004.
  - PSHE Guidance for Schools January 2008.
  - PSHE Guidance for Schools September 2009.
  - Drug Education: an Entitlement for All : A Report to Government by the Advisory Group on Drug and Alcohol Education 2008.
19. These documents are generally read by practitioners in conjunction with the following current national strategies:
- Drugs: Protecting Families and Communities - The Government's 2008-18 Drug Strategy.
  - Every Child Matters: Change for Children - Young People and Drugs (2005).
  - The National Alcohol Strategy: Safe. Sensible. Social. The Next Steps in the National Alcohol Strategy (2007).
  - The Youth Alcohol Action Plan (2008).
20. Although the scrutiny panel's focus was on substance misuse education, information was also presented which assisted the panel in understanding how education is integrated into the wider issue of drug treatment. Treatment is provided using a four tiers approach, which includes education as the first tier. This is as outlined by the National Treatment Agency (NTA) in the document 'Models of Care,' as follows:
- **Tier 1** is drug and alcohol education aimed at all young people. This is delivered to all students, by teachers, as part of the wider PSHE curriculum within a whole school setting.
  - **Tier 2** is aimed at those young people who may have started to experiment with drugs or to use alcohol but it is not really affecting their lives or impacting on the lives of their families or friends. Tier 2 treatment is through 'brief interventions', which should be delivered by universal services such as teachers or youth workers and supported through targeted youth support.

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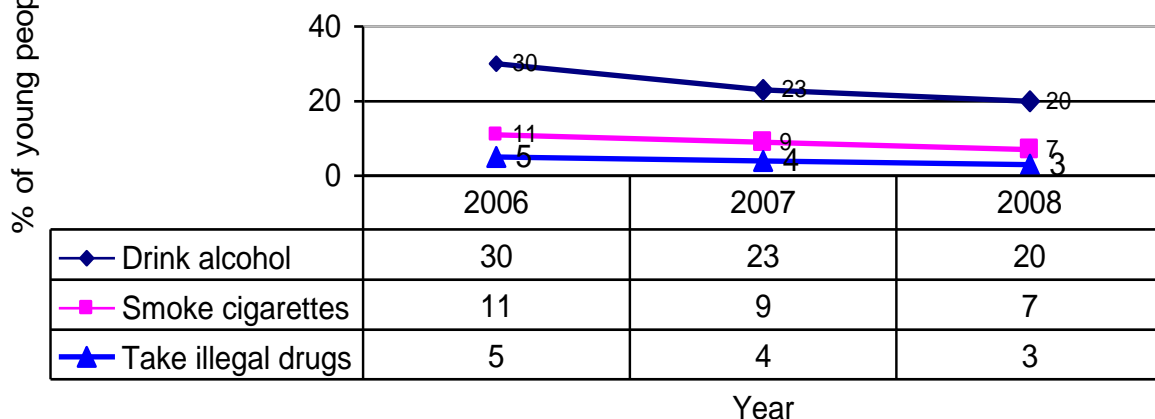
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<sup>4</sup> The Healthy Schools Programme was launched in 1999 as a joint initiative between the DCSF and Department of Health to promote a whole school / whole child approach to health.

- **Tier 3** deals with those young people who are using drugs or misusing alcohol more frequently. As a result these young people will need a longer term structured treatment plan. This is commonly known as specialist treatment and is delivered in Middlesbrough by Platform, which is the agency commissioned by the Council to deliver drug education to young people in Middlesbrough.
- **Tier 4** is the physical dependency on drugs or alcohol where treatment is required in a hospital and/or secure setting. This tier of treatment is very rare for young people but if it was required it would be delivered by one or two providers nationally and the young person would be supported by Platform.

21. Following on from the above, an Integrated Specialist Substance Misuse Treatment Service has been developed in Middlesbrough. This is effectively the service delivered by the Council and its commissioned specialist service provider, Platform. This service is based on integrated working between universal, targeted and specialist services and aims to provide consistent, age-appropriate, education messages to all young people in Middlesbrough; to deliver co-ordinated, multi-agency prevention programmes and - where a young person does start to use drugs or misuse alcohol - to keep that young person to the lowest level of intervention possible.
22. Within this model, the bulk of Tier 2/brief interventions will be delivered by trained professionals from universal, targeted and other specialist services. This leaves the specialist substance misuse treatment service to concentrate on training and supporting workers in universal, targeted and other specialist services and on delivering short periods of intense, structured care co-ordination to the young people who have more complex needs.
23. The scrutiny panel considered an extract from the 2008 Drugs Needs Assessment showing trends of substance misuse in Middlesbrough. The Needs Assessment is based on the findings of Children, Families and Learning's annual Every Child Matters Survey, which is completed by around 6000 secondary school pupils. As Figure 14 (below) from the needs assessment shows, the proportion of young people aged between 11 and 16 years, who drink alcohol, smoke cigarettes and take illegal drugs, are all on a downward trend.

Figure 14 Trend for proportion of young people aged 11-16 years substance misuse 2006 -2008



24. This downward trend in the proportion of young people using/misusing both alcohol and drugs in Middlesbrough, mirrors the national trend. However, as this type of data does not reveal anything about the amount, frequency or type of drugs/alcohol used, additional questions have since been added to the annual survey to help understand better understand the alcohol and drug habits of young people aged 11-15 years.
25. The more detailed data results are now used to target education and intervention, in accordance with the measures detailed in this report. For example, evidence from the 2008-09 needs assessment for Middlesbrough showed that alcohol is a problem for significantly more young people than drugs - 20% drink alcohol frequently in comparison to only 3% take drugs frequently.
26. Having considered the above background information, the scrutiny panel then agreed terms of reference for its investigation of substance misuse education. The panel's findings are set out below.

**TERM OF REFERENCE: *“To examine substance misuse education provision to young people of statutory school age (ie up to age 16), including how the effectiveness of this provision is assessed.”***

27. In examining this term of reference the scrutiny panel considered information regarding:
  - The development of Personal, Social, Health and Economic (PSHE) education in schools and the Healthy Schools Programme.
  - The work of Platform in schools.

#### **PSHE Education and Healthy Schools**

28. Drug and alcohol education is delivered in schools within the Personal, Social, Health and Economic (PSHE) education curriculum of the Healthy Schools framework. Although there are targets for the number of schools achieving Healthy Schools status - and schools must deliver PSHE if they want to achieve that status - PSHE is not currently statutory. However, PSHE is expected to become a statutory part of the National Curriculum from 2011.
29. The scrutiny panel was advised that in Middlesbrough, a lot of work has been undertaken in relation to Healthy Schools by the Council's Healthy Schools Manager. Linked to this is the large amount of work that has been undertaken in relation to drug and alcohol education in schools, by the Drug and Alcohol Education Co-ordinator working for Platform.
30. As a result, 84 % of local authority schools in Middlesbrough (i.e. excluding academies) are classified as 'Healthy Schools.' This equates to 49 out of 60 schools. In order to achieve Healthy Schools status, a school must demonstrate that it is delivering PSHE at all key stages. This includes drug and alcohol education in accordance with the publication "Drugs: Guidance for Schools - Curriculum Standards for Key Stages 1- 4" (February 2004). In addition, all qualifying schools have a drug policy in place.

31. In order to meet the required standard, the Council's Healthy Schools & Initiatives Manager is involved in ensuring that schools meet Government requirements on drug education. Schools are required to have an up to date drug policy, to ensure that lessons are timetabled and are age-appropriate, staff are trained and that there is a referral system in place. Consultation with parents and pupils, needs assessments and assessment are also monitored. If any of these requirements are lacking in any way, Platform's School Drugs Education Co-ordinator will then work with a school to develop the appropriate area.
32. A PSHE training course is also run for teachers, which includes a drug theme. This section is taught in partnership with Platform. The quality of teaching for those on the course is monitored through observation of lessons. This demonstrates that Healthy Schools monitors Government requirements - although the Healthy Schools & Initiatives Manager did indicate to the scrutiny panel that it would be useful to research the quality of provision in more depth in all schools to determine where targeted support would be beneficial.
33. The content of the PHSE curriculum includes the areas of knowledge, skills, attitudes, risk and resilience, with age-appropriate education being delivered. For example, in primary school, children learn about medicines and how they can affect the body, while in secondary school, young people are introduced to the law relating to drugs and how substances like alcohol, tobacco and cannabis can damage their mental and physical health.
34. A new, enhanced, Healthy Schools model will support schools in delivering targeted work which will be delivered and monitored through partnership working arrangements. These arrangements currently involve Platform, the local Primary Care Trust and Teenage Pregnancy. Awareness-raising work in respect of the new model has begun in January 2010.
35. It is envisaged that the enhanced Healthy Schools model will significantly change the role of substance misuse education in schools. It is anticipated that schools will be given more targeted support around national and local indicators regarding their enhanced healthy school status. Platform and the Healthy Schools Manager are preparing targets and indicators for the first quota of schools that are working towards the enhanced model. This will involve working with chosen schools on targeted work and supporting them to develop schemes of work or projects focused around substance misuse education.
36. Schools currently deliver substance misuse education via a variety of methods. Some schools use timetabled lessons, some teach through a cross-curricular approach and some have off-timetable days. OFSTED has indicated that it has found timetabled PSHE lessons to be most effective.
37. In terms of measuring effectiveness of Healthy Schools, this is done via a self - assessment tool which does not measure the quality of delivery. There have also been previous audits to determine which schools deliver and alcohol education. Again, these did not cover the issue of quality.

### **Platform's work in schools**

38. DISC has developed classroom resources to be used by Platform in Middlesbrough schools. A resource pack has been produced and made available to all schools. The packs have been available for 18 months in secondary schools and 8 months for primary schools. Examples of the school packs were made available to the scrutiny panel.
39. The scrutiny panel heard that it had been intended to evaluate the effectiveness of the school packs but that a lack of financial and human resources has prevented this. It is also planned to update and refresh the packs when resources allow this.
40. Information was submitted on work undertaken by Platform's dedicated Schools Drug and Alcohol Co-ordinator between April and September 2009. Platform has delivered a specialist, dedicated service to schools, pupil referral units (PRUs) and academies since April 2007. This has involved developing a variety of resources to help support school staff in the delivery of substance misuse education, the implementation of drug policies, and support to the wider school community via information and training sessions. Detailed information was submitted on the wide range of work which Platform has undertaken to date, including:
  - a) Development of new substance misuse education schemes and resources for Key Stages 1-4 - eg use of a Medicine Matters package developed by a local pharmacist to teach Key Stage 1 children the importance of medicines and medicine safety.
  - b) Staff training - eg providing basic drug awareness; assisting staff in identifying young people who may be starting to use substances; supporting school in developing up to date drug policies; and developing systems for recording, monitoring and responding to drug-related incidents.
  - c) Supporting wider school communities - eg providing awareness sessions for parents, carers, governors and school councils.
  - d) Brief interventions - eg delivering training on identification, assessment and intervention to professionals across Middlesbrough. This has included school nurses, parent support advisors and learning mentors.
  - e) Partnership working - eg working closely with the Council's Healthy Schools Manager to address issues with difficult to engage schools; and working with Teenage Pregnancy to deliver part of a Year 10 sexual education road show on drug and alcohol use linked to risky sexual behaviour.
  - f) Introducing the 'Crucial Crew' event in Middlesbrough. This has involved professionals from 6 different agencies carrying out a drama workshop for 85% of Year 6 students. A scenario which was run jointly by Platform and Middlesbrough Council surrounded how to deal with peer pressure to drink alcohol.
  - g) Supporting enhanced healthy schools status by developing a free training resource for teachers to deliver drug education. This resource will be focused on using drama methodologies and interactive activities to support the delivery of drugs education in the classroom.



41. In addition to the work outlined above, Platform has recently appointed a Peer Led Co-ordinator. The postholder is involved in training around 20 young people so that they can support other young people who may have started to use drugs or started to misuse alcohol. This aspect of Platform's work is strongly linked to schools and also the college project which is outlined in the following term of reference. It is hoped that two peer educators will be identified for each secondary school, academy and each of the colleges and 6<sup>th</sup> form academies. As this post is funded only until March 2010, it will be necessary to secure further funding to continue this work.

#### **Additional and future work**

42. Platform is also responsible for maintaining a resource library at its premises in Albert Road and has also developed a website that provides information for young people, parent carers and professionals who deliver education. This can be found at [www.platform-online.org.uk](http://www.platform-online.org.uk).
43. In addition to the above, Platform has a dedicated worker to work with parents/carers who are concerned about their child's substance misuse. Parents are offered informal sessions, usually taking place in their own homes. This may be a one-off advice and information session or a number of more structured sessions looking at drug awareness, myths and misconceptions and signs and symptoms of drug misuse.
44. In terms of future work, Platform has indicated that it would like to audit the quality of drug education delivered in schools. This is intended to not be a paper exercise, or self-evaluation form for schools to complete, but will include observing sessions in schools and carrying out an evaluation process with students. As Platform's Schools Drug Education Co-ordinator has already built up strong links with Middlesbrough schools, it is envisaged that this will be welcomed by most of the schools.
45. The Schools Drug Education Co-ordinator also plans to establish a Drug Education Forum. This will be open to Head Teachers, Healthy Schools Co-ordinators, PSHE Co-ordinators, all school staff that may be involved in substance misuse education, the Healthy Schools Manager and representatives from relevant agencies such as teenage pregnancy. The forum will support and maintain the quality of drugs education within schools, academies and pupil referral units - such as through discussions of new working methods and considering policy updates and examples of good practice.
46. The scrutiny panel was informed that the Council's current contract with Platform (as its commissioned specialist treatment provider) comes to an end in March 2010. Following a tendering process for the new contract, Platform has been re-commissioned as service provider. The new contract provides for the provision of a dedicated education co-ordinator.

**TERM OF REFERENCE: “To examine substance misuse education provision for young people aged 16 and 17 in further education services - including how the effectiveness of this provision is assessed.”**

47. In investigating the above term of reference, the scrutiny panel considered information in respect of :
- A 12 month substance misuse education project that has been developed at Middlesbrough College and St Mary’s College.
  - How effectiveness of the project has been measured
  - The future of the project.

**Further education colleges drug education project**

48. Substance misuse education is often seen in its narrowest sense and as something delivered in schools. However, there are approximately 5000 students attending Middlesbrough’s three colleges of further education and the two academies that provide sixth form education. This is a large and important age group who need information and education around the effects of drug and alcohol misuse.
49. Evidence shows that young people aged 16 and 17 years are more likely to drink more heavily than the 11 to 15 year age group, to start using harder drugs and are often under more peer pressure to use drink or drugs. Linked with this, they are also vulnerable to increased stress due to major changes in their physical and mental development and the potential of stress from increased levels of academic work (or from employment or unemployment for non-students).
50. The Annual Needs Assessment process carried out by Children, Families and Learning for 2009-10, identified a gap for support in “structured substance misuse education” to students in further education. As a result, a dedicated college drug worker was commissioned within the existing Platform contract to run a 12 month project in Middlesbrough College and St Mary’s College with funding that lasts until May 2010. This funding is from the Government and Primary Care Trust (PCT).
51. The aims and objectives of the project were provided in full for the scrutiny panel and include:
- Reducing substance misuse by young people in accordance with the Children and Young People’s Plan, Local Area Agreement (LAA) and relevant national indicator.
  - Filling the identified gap in service provision.
  - Reducing risk taking behaviour.
  - Improving pathways for young people to access appropriate support services.
  - Peer education.
  - Drop in services.
  - Providing awareness training for college staff and helping them to identify students where brief interventions are needed, as well as enabling them to provide such interventions.

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- Assisting colleges in developing Drug Policies.
- Delivering Northern Council for further Education (NCFE) Level 1 Substance Misuse Courses to approximately 200 students.
- Maintaining records to ensure effective planning and delivery of the project, as well as evaluation of activities.

52. The scrutiny panel heard from two staff of St Mary's College and one member of staff from Middlesbrough College regarding their involvement with, and experience of, the project to date. The staff highlighted the following points:

- The project is regarded as excellent by the colleges and has been very well received.
- It has highlighted a number of relevant issues for staff and the opportunity to develop joint working arrangements with bodies such as the PCT and also in relation to smoking cessation and teenage pregnancy.
- The picture regarding substance and alcohol misuse in the colleges is generally very positive - and not as bad as is generally portrayed in the media or perceived among parents.
- The project has, however, illustrated that there is a need and demand for the services and support which it provides - the colleges did not previously have the necessary expertise in this area.
- The work of the staff member from Platform who facilitates the project is highly valued and greatly appreciated. The view was expressed that any extension of the project (eg to other colleges) might result in a dilution of this resource.
- Students have been actively involved in positive initiatives relating to the project - for example A level groups have initiated research regarding binge drinking, healthy living and increasing participation in sport.

### **Project Evaluation**

53. A report was considered by the scrutiny panel which detailed the results of an evaluation exercise in respect of the above project. This was undertaken by the Review and Monitoring Officer of Children, Families and Learning. It was explained that the exercise had sought to evaluate the project against its aims and objectives and to measure the performance of Platform against the specific service delivery targets. Students of both colleges, as well as teaching staff, were interviewed as part of the evaluation exercise.

54. The evaluation report highlighted that the project is on course to deliver drug awareness courses to the required number of students. Students who were interviewed were universally positive in their responses about the course. Some indicated that, as a result, they were more aware of support services. Others indicated that they (or people they knew) had stopped experimenting with drugs as a result of participation on the course.

55. The scrutiny panel also learned that initially, it had been envisaged that eight NCFE level 1 accredited substance misuse courses would be delivered to approximately 200 students over the course of the project. Although the Learning and Skills Council (LSC) were expected to cover the £25 cost of each student completing the course, LSC funding has not been forthcoming. This was because overall maximum guided learning hour levels were exceeded within both colleges.

56. Despite this, both colleges have agreed to continue with the project with modular based sessions aligned closely to the original NCFE course, although students will no longer receive an academic qualification.
57. In addition to the course for students, an element of the project provides for staff training so that the staff can then also deliver basic drug awareness education to Middlesbrough College students. The same staff training is also provided at St Mary's College. At the time of the evaluation exercise, 39 staff at Middlesbrough College and four from St Mary's College had been trained in delivering awareness training to students. Although, the St Mary's staff had begun to deliver training to students, this was not yet the case at Middlesbrough College. It was hoped, however, that this would happen in the near future.

### **The future of the project**

58. A major threat to the college education project is that, as indicated earlier, funding for it runs out in May 2010. The scrutiny panel was advised that funding sources are being explored and that there is a possibility that short-term funding may be available from the Middlesbrough Primary Care Trust (PCT).
59. Following the evaluation exercise, Children, Families and Learning's (CFL) Review and Monitoring Officer made three recommendations, which related to:
1. Identifying future funding and mainstreaming the project.
  2. Widening the project to include all colleges and academies attended by 16-17 year olds.
  3. Seeking funding to cover the £25 per head cost of the accredited course so that learners can achieve an academic award.
60. The scrutiny panel was advised that the recommendations are to be discussed via the Young People's Substance Misuse Joint Commissioning Group and through the Positive Contribution Group of the Children's Trust. It was also indicated that the project is to be extended for a short period to facilitate the decision making of the various groups. Subject to the support of these groups, the identification of the most appropriate options for mainstreaming the service will then be considered.
61. The scrutiny panel was advised that, in addition to the St Mary's College and Middlesbrough College drug awareness project, Platform has also delivered basic drug awareness training to approximately 200 students of MacMillan Academy. Similar sessions are planned at Kings Academy 6<sup>th</sup> form during early 2010.

**TERM OF REFERENCE: "To examine Tier 1 and Tier 2 of substance misuse education delivered by universal and targeted services within informal settings. This should include how the effectiveness of this provision is assessed."**

62. This term of reference covers services delivered by agencies such as Connexions, the Youth Offending Service and the Youth Service. Delivery of drug and alcohol education in these settings is primarily carried out within the context of targeted youth support and/or by professionals working with groups of young people. Education in this area is closely linked to pro-active intervention principally aimed at those who may have just started to take drugs.

63. To date, around 500 professionals have been trained by project workers from Platform to a level where they are able to deliver low level interventions and drug and alcohol education in a wider sense.
64. The document, 'Drug Education: An Entitlement for All' (published in 2008) recommended that the Government should:
- a. Promote a wider understanding of the aims of drug and alcohol education among young people, parents, carers, the children's workforce and the wider media.
  - b. Focus universal education and information on sustaining the choices of the majority of young people who do not take illegal drugs.
  - c. Increase protective interventions with young people vulnerable to drug misuse, and:
  - d. Increase, where necessary, access to harm minimisation information and education for young people in targeted groups.
65. Points a. and b. are examined in the terms of reference covering substance misuse education in schools and colleges. Point d. covers Tier 3 treatment and is outside the remit of the scrutiny panel's investigation. This report therefore continues by examining point c. - i.e. targeted substance misuse education in the form of low level intervention.
66. Such low level action is known as 'brief interventions' and although these can be wide ranging, the main aspect is one to one education targeted at those young people who have started to take drugs and/or misuse alcohol. Their purpose is to prevent drug and/or alcohol use from becoming an established or entrenched habit and to keep the young person at the lowest level of intervention.
67. National guidance in the 2008 document: 'Guidance on Commissioning Young People's Specialist Substance Misuse Treatment Services' highlighted an expectation that there would be a move towards a model of provision "where substance misuse is everyone's business and that all children's, young people's and family services will be able to offer early intervention and prevention services in relation to substance misuse as part of individually tailored packages of care."
68. The advice then continued by providing details of the expected role to be played by universal and targeted services - namely a sharper focus on effective prevention and on intervening before problems become entrenched. Key elements of this approach were highlighted as:
- A new package of intensive and integrated support for families, including strengthening young people's resilience, supporting access of drug using parents into treatment and improving joint working between children's and adult services to prevent intergenerational harm.

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- Mainstreaming prevention - intervening earlier through mainstream services such as schools and youth services, rather than solely through treatment services once substance misuse problems occur; improving integrated responses for vulnerable young people through Targeted Youth Support. This should include joined-up local approaches to related issues such as youth crime, teenage pregnancy or those not in education, employment or training ('NEET') and should be supported by improved links with the development of the children's workforce.
69. All universal and targeted services have a role in identifying the substance misuse needs of children and young people and in ensuring that they can access the treatment services they need. These services need to ensure that there are clear policies and procedures in place to enable children and young people receiving specialist substance misuse treatment services to continue to receive the universal and targeted services they need both during and following their treatment.
70. The development of Integrated Youth Support Services encompassing universal, targeted and specialist services for young people will have a vital role in helping to prevent and reduce substance misuse. This is ongoing across children's and young people's services in Middlesbrough - for example in the merging of the Youth Service and Connexions and the development of the My Place youth facility. Targeted youth support will play an important role in helping those identified as vulnerable to avert or address substance misuse. It will have a key role in supporting young people accessing specialist substance misuse services, ensuring that they can access opportunities to improve their connectivity with the community and make achievements across all areas of their life.
71. In 2007, Middlesbrough Council commissioned Platform to provide training for staff in the universal and targeted services so that they could provide brief interventions, and where appropriate refer young people to specialist services. In the first year of training Platform delivered on this service by training 383 staff in universal and targeted services in identification, assessment and intervention.
72. The Needs Assessment of December 2008 concluded that it was not possible to measure how many brief interventions had been delivered in by universal and targeted services in Middlesbrough. As a result, two independent consultants were commissioned to examine the treatment pathways across tiers 1, 2 and 3. The consultants visited workers in a number of universal and targeted services and in addition to the work on pathways, they found:
- 'Very little evidence that services are offering tier 2 provision (ie brief interventions).' Two possible reasons were cited for this - staff competence and resource implications.
  - 'Formal data capture to ascertain what (if any) tier 2 provision is being provided is problematic.'

73. These findings supported the conclusions from the 2008 Needs Assessment. The second point raised above, regarding the recording of Tier 2 interventions, is further evidenced by the fact that most services are unable to provide details of how many young people are 'known for substance misuse' or 'how many brief interventions are being delivered'. Where details are provided, most services are returning very small numbers. This suggests that either young people are not being routinely asked about substance misuse, that Tier 2 interventions are not being delivered, or the young person's drug and alcohol issues and interventions are not being recorded.
74. Anecdotally, the main reasons for this could relate to resource implications - that is that services do not have the capacity to identify young people through any structured screening process due to the volume of work for each front line worker.
75. In conclusion, despite the fact that there are measures in place to record interventions, it is not possible to comment on whether universal and targeted services are actually delivering Tier 2 interventions, or whether the small numbers are a result of a recording issue.

#### **ADDITIONAL INFORMATION**

76. In the course of the scrutiny panel's investigations, reference was made to Middlesbrough's **Treatment Planning Process**. As this aspect of the scrutiny panel's investigation does not fall directly within one of the three agreed terms of reference - but is relevant to the panel's work - it is covered separately in this section of the report.
77. The panel was advised that, each year, all local authorities have to undertake a needs assessment and submit it to the National Treatment Agency for Substance Misuse (NTA)<sup>5</sup>. This assessment analyses young people in specialist treatment, young people known to services for substance misuse but not in treatment, information from young people's survey information and information from various sources such as schools, colleges, the police, missing from home and looked after children.
78. Following wide consultation on this assessment, a treatment plan is developed which identifies the priorities for the following year and contains an action plan as to how the priorities will be achieved and how they will be funded.
79. It was explained to the scrutiny panel that the phrase 'treatment plan' should not be seen in its narrowest sense as it covers everything from education to prevention, to specialist treatment and also some elements of enforcement. In short this plan is a strategy and an action plan that drives multi-agency work within the local authority area.

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<sup>5</sup> NTA: The special health authority within the NHS, established by Government in 2001 to improve the availability, capacity and effectiveness of treatment for drug misuse in England.

80. In 2008, the needs assessment identified a gap in knowledge about the wider aspects of drug and alcohol education and a priority was included in the treatment plan to commission a review of the quality of drug and alcohol education (in its widest sense), across Middlesbrough. Unfortunately it has not yet been possible to progress this review due to other competing resource demands.

## CONCLUSIONS

81. Based on the evidence gathered throughout the scrutiny investigation the panel concluded that:

1. There is a strong emphasis on substance misuse education in Middlesbrough being delivered according to national guidance across the full range of settings and involving a wide range of agencies.
2. There is a downward trend in drug and alcohol use among young people in Middlesbrough. As alcohol misuse is a problem for significantly more young people than drugs (in 2008/09 20% drank alcohol frequently compared to 3% who took drugs frequently) there needs to be as much, if not more, of an emphasis on alcohol education as drug education.
3. The National Treatment Agency's 2008 document: 'Guidance on Commissioning Young People's Specialist Substance Misuse Treatment Services' provides an expectation that drug education services for young people will move towards a model of provision where substance misuse is 'everyone's business' and that appropriate early intervention is provided. There is a need to ensure that this expectation is delivered in Middlesbrough.
4. A weakness in drug education provision is that this is not yet statutory in any setting. This allows for different styles of delivery in each school, each academy, each college and in each informal setting. The involvement of Platform, as the Council's commissioned specialist treatment provider, is welcomed as this has enabled a more joined up and consistent approach to drug education at all levels of intervention and across all education establishments. The inclusion of Personal, Social, Health and Economic (PSHE) education in the national curriculum from 2011 will also strengthen drug education and the Healthy Schools programme and are supported by the scrutiny panel.
5. Although a review of the quality of drug education in Middlesbrough was identified as a gap in the current treatment plan, this has not yet taken place due to competing resource demands.
6. The ongoing drug education project at Middlesbrough College and St Mary's College illustrates that there is a large amount of positive work going on at these further education colleges. There is also some positive evidence that the course is reducing the use of alcohol and/or drugs by young people who attend. Due to issues concerning funding, however, young people completing the course do not receive academic accreditation. There is a need to identify funding to enable the project to be continued and to build on the valuable capacity building work undertaken so far.
7. Following the renewal of Platform's contract as specialist treatment provider in Middlesbrough, and the good progress made on substance misuse education to date, there is a need to ensure that existing initiatives and posts ( such as the Peer-led Co-ordinator and College Drug Worker) are continued.

(Cont....)



8. Although there are measures in place to record brief interventions by universal and targeted services, only small numbers of these are actually being recorded. It is not possible to comment on whether this is the result of recording issues.
9. Although 39 staff have been trained to deliver basic drug awareness courses at Middlesbrough College, no courses have yet been delivered.

## **RECOMMENDATIONS**

82. Following the submitted evidence, and based on the conclusions above, the scrutiny panel's recommendations for consideration by the Overview and Scrutiny board and the Executive are as follows:
  1. That all Council services/departments involved in delivering services to children and young people, together with all other relevant agencies, should adopt the approach endorsed by the National Treatment Agency report as highlighted in Conclusion 3 above. In order to move towards achieving this, the departments/services identified above should ensure that:
    - a) Key managers and all relevant frontline staff undergo basic drug awareness training.
    - b) A champion, or small number of champions, is/are identified to receive drug and alcohol training and become responsible for the development of systems to deliver drug and alcohol education and low level interventions.
    - c) Relevant staff are encouraged to use the resource facility provided by Platform.
    - d) Involvement in national and local drug and alcohol awareness campaigns and events is encouraged.
    - e) They make use of an up to date version of the resource pack developed for use by professionals other than schools and colleges.
  2. That a process is developed to ensure regular reviews and an accountability process in relation to the number of brief interventions delivered by each local authority service/department and any other relevant organisations.
  3. That in order to provide a consistent approach, schools should seek advice from the school drugs co-ordinator of Platform, on the suitability of any external agencies or individuals before they are asked or commissioned to deliver drug and/or alcohol education to young people.
  4. That should (as looks likely) the teaching of PSHE (Personal, Social, Health and Economic Education) become a statutory provision, schools are encouraged to teach this as a separate subject (as favoured by OFSTED) and in accordance with Government advice that it should be 'an entitlement for all'. Also, those teaching PSHE should have appropriate training on drug education. Schools should also be encouraged to give the subject high importance among PSHE education.
  5. That, in accordance with the identified gap in the current Treatment Plan, an evaluation is undertaken of the quality of drug education in Middlesbrough.
  6. That funding is sought to continue (and if possible expand to other further education settings) the current drug education course being run for students at Middlesbrough College and St Mary's College and also to provide an academic qualification on completion of the course.
  7. That, following the training of staff to deliver basic drug awareness courses at Middlesbrough College, the college is encouraged to begin delivering such courses as soon as possible.

## **ACKNOWLEDGEMENTS**

83. The Panel is grateful to all those who have presented evidence during the course of this investigation, and who have assisted in its work, and would like to place on record its thanks for the willingness and co-operation of the following:

- J Bainbridge - Healthy Schools and Initiatives Manager, Children, Families and Learning
- S Cleary - Monitoring/Review Officer, Children, Families and Learning
- G Clifford - School Drugs Education Co-ordinator, Platform
- P Edwards - Project Leader, Platform
- C Gray - Project Worker, Platform
- K Joyce - Middlesbrough College
- K O'Neill - St Mary's 6<sup>th</sup> Form College
- G Rollings - Executive Director, Children, Families and Learning
- J Watson - Substance Misuse Strategy Co-ordinator, Children, Families and Learning

## **BACKGROUND PAPERS**

84. The following background papers were consulted or referred to in preparing this report:

- Reports submitted to the Children and Learning Scrutiny Panel meetings held on 19 October, 11 November, 21 December 2009 and 14 January 2010.
- DfES Publication - 'Drugs: Guidance for Schools' (2004).
- National Treatment Agency Report - 'Guidance on Commissioning Young People's Specialist Substance Misuse Treatment Services' (2008).

**COUNCILLOR JAVED ISMAIL**  
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**1 March 2010**

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