



Substance Misuse

Edition 1

Key
elements
of
practice

**YOUTH
JUSTICE
BOARD**

Substance
Misuse

©Youth Justice Board

November 2003

All rights reserved. This document may be photocopied or reproduced for education or training purposes. The Youth Justice Board should be acknowledged as the source on all occasions.

Contents

Introduction	2
Key Indicators of Quality	5
Substance Misuse	6
Guidance for Practitioners	7
Guidance for Managers	13
Guidance for Strategic Partnerships	17

Substance Misuse



Introduction

The aim of the youth justice system is to prevent offending and reoffending by children and young people. The Youth Justice Board was established to provide leadership for this objective and to help you, the people making a difference to young people's lives, to develop a new way of working with young people to ensure a better future for them and their families.

The Youth Justice Board has identified effective practice as a key element in developing and improving youth justice services. We are committed to identifying and promoting effective practice across the whole of the youth justice system to ensure that work with young people is as effective as possible and based on best practice and research evidence.

The *Key Elements of Effective Practice* describe the features of effective services and support the identification of staff learning and development needs. They are also the foundations of a simple quality assurance system that the Youth Justice Board wishes to see implemented in all youth justice services. The detail of this quality assurance system will be described in *Key Elements of Effective Practice - Quality Assurance Framework*.

The Youth Justice Board's National Qualifications Framework provides youth justice services with a range of tools to ensure that their staff are equipped to deliver the services described in the *Key Elements of Effective Practice*. A specific effective practice in-service training package will encourage targeted work on these themes. The centrepiece of the Youth Justice Board's National Qualifications Framework is the *Professional Certificate in Effective Practice (Youth Justice)*, a higher education qualification which provides a broad understanding of effective practice issues and features readers on all the topics covered in the *Key Elements of Effective Practice* series.

Finally, it is important for everyone working in the youth justice system to recognise that these documents describe effective practice as we can define it now – informed by the latest research, national standards and existing legislation. As new research becomes available or as legislation or national standards change, the Youth Justice Board will revise and reissue these documents to reflect what has been learnt or what has changed in the youth justice system. They are a living, learning tool that will be updated every two to three years.

■ Key Elements of Effective Practice

The *Key Elements of Effective Practice* are simple manuals that can be used by anyone working with young people in both the community and the secure estate. They do not

provide teachers, health professionals or police officers in mainstream services with descriptions of how to work, nor do they detail the processes needed to deliver a service. They describe the features of effective youth justice services, allowing delivery to be shaped by need and local context. They are intended to support consistency of delivery across youth justice services.

The approach they suggest has been guided by experience and evaluations of programmes that have been running in the newly reformed youth justice system since April 2000 and by research gathered over time by professionals, including academics. The *Key Elements of Effective Practice* are a series of documents covering the following subjects.

- **Assessment, Planning Interventions and Supervision**
- **Targeted Neighbourhood Prevention Programmes**
- **Final Warning Interventions**
- **Offending Behaviour Programmes**
- **Restorative Justice**
- **Young People who Sexually Abuse**
- **Parenting**
- **Education, Training and Employment**
- **Remand Management**
- **Mentoring**
- **Swift Administration of Justice**
- **Substance Misuse**
- **Mental Health**
- **Resettlement**
- **Intensive Supervision and Surveillance Programme**

They are all structured to have specific sections for their three main users:

- **practitioners – those of you working directly with young people in a professional or voluntary capacity;**
- **managers in the community and the secure estate – first line managers, Yot Managers, Governors;**
- **strategic partnerships who guide the work of the youth justice system and allocate resources – Yot Steering Groups, Area Managers, Young People's Partnerships (YPP) in Wales.**

There are also two issues that are common to the series: learning styles and consultation with users. It has been recognised that people have different preferred learning styles and effective learning is achieved by encouraging the use of a person's preferred learning style. Involving young people who offend and their parents/carers has positive outcomes for young people and youth justice services. Research is under way and we will provide guidance on this area of work as soon as the information is available.

Finally, each title in the series is underpinned by a source document that contains the references, bibliography and examples of good practice that inform the published document. They will be available on the Youth Justice Board website and on CD ROM.

■ Quality assurance

The Youth Justice Board intends to publish the *Key Elements of Effective Practice – Quality Assurance Framework* to support the implementation of these documents. It will contain the detail of the quality assurance process that the Youth Justice Board wishes services to put in place. It is to be used by managers to monitor the performance of their services against the requirements of each of the *Key Elements of Effective Practice*. This evidence should then be used to identify strengths and develop an action plan to address any weaknesses. The information gathered as part of this process will also help the Youth Justice Board refine and share evidence of effective practice.

The quality assurance process is structured around eight core areas which reflect all aspects of the service.

- **Assessment**
- **Individual needs**
- **Communication**
- **Service delivery**
- **Training**
- **Management**
- **Service development**
- **Monitoring and evaluation**

This structure will enable thematic reviews to take place, in the future, in a systematic and uniform manner across youth justice services. The sequence in which these core areas are presented does not indicate an order of importance, as we recognise that this will vary from one theme to another.

Under these eight core areas, ‘Key Indicators of Quality’ have been identified for each of the *Key Elements of Effective Practice*. These are drawn directly from the relevant document. These indicators are not a comprehensive list of quality issues and they are not an end in themselves. They are designed for use within a wider framework of evaluation of service practice and performance. They will, however, enable a wider and continuous process of evaluation to take place from individual to corporate, and even to national level. The ‘Key Indicators of Quality’ for *Substance Misuse* are shown opposite.

■ Key Indicators of Quality

■ ASSESSMENT

Screening for substance use and misuse should take place in the early stages of a young person's contact with the youth justice system and at repeated times throughout contact.

Young people with identified substance misuse problems should be referred for an in-depth assessment related to their substance misuse needs.

■ INDIVIDUAL NEEDS

Assessment and planning of any subsequent interventions must encompass a holistic view of the young person, taking full account of their individual circumstances and needs.

The young person should be allocated a designated practitioner who can develop a relationship, provide a consistent point of contact and co-ordinate interventions from different agencies to meet the young person's individual needs.

■ COMMUNICATION

Effective partnership working must be established between services involved in delivering interventions e.g. establishing clear protocols for referrals, sharing information.

Practitioners should liaise with parents/carers as far as practicable – policy and procedures regarding confidentiality and consent to treatment must be understood and adhered to.

■ SERVICE DELIVERY

Young people in the youth justice system should have access to a wide range of substance misuse services, ranging from brief to intensive interventions.

Interventions for substance misuse will range from the brief to the intensive according to the identified needs.

■ TRAINING

Substance misuse awareness (including how and when to refer to more specialist services) should be incorporated into the training and development of all those involved in the youth justice system.

Youth justice practitioners should develop sufficient knowledge to provide interventions that meet Tier 1 substance misuse needs of young people.

■ MANAGEMENT

Managers must ensure that substance misuse interventions are delivered within structured intervention or supervision plans which are subject to regular review.

Clear policies and procedures must be developed and implemented, where appropriate in consultation with external agencies e.g. substance misuse services and the local DAT in England or equivalent responsible authority in the Community Safety Partnership in Wales.

■ SERVICE DEVELOPMENT

Strategic partners should develop and commission services that ensure young people have access across the four tier system.

Research on the needs and diversity of the local population should be used to inform service development.

■ MONITORING AND EVALUATION

Data must be collected on young people with substance misuse needs, to inform planning and co-ordination of local services.

Data collection and monitoring should be included from the early stages of new projects and initiatives to enable effective evaluation and provide evidence of effective practice.

Substance Misuse

The Youth Justice Board is working in partnership with the public and voluntary sectors to develop effective practice responses to meeting the substance misuse needs of young people in the youth justice system.

The correlation between substance misuse and offending by young people is well documented. Although there is no simple causal relationship, the factors relevant to young people's involvement with substance misuse and offending appear to overlap significantly. Many young people with substance misuse needs also have health and mental health needs. To respond to the complex health and social needs of this group of young people, practitioners, managers and strategic planners need to develop innovative and accessible services.

The planning of youth justice and substance misuse services should ensure that:

- **responses to all young people who offend are sensitive to their possible involvement in substance misuse;**
- **identification and assessment processes result in direct access to early intervention and treatment;**
- **early interventions address common risk factors of benefit to both youth justice and substance misuse initiatives.**

The most appropriate substance misuse interventions will depend upon the individual circumstances and needs of the young person. Therefore, procedures to identify where young people have substance misuse issues are an important requirement for youth justice services. Where substance misuse issues are identified, a process of assessment will be required to plan interventions appropriate to the young person's circumstances and needs.

The links between drugs and crime are described in the government's updated drug strategy (2002) and a commitment has been made to targeting action on the most vulnerable young people, including young people who offend. Since 2002, all Youth Offending Teams (Yots) have a named drug worker to ensure that young people are screened for substance misuse, to start early prevention and intervention work and to broker access to specialist substance misuse services as required. Specialist substance misuse treatment services able to respond to the needs of young people have also been expanded.

Throughout this document, the term 'substance misuse' refers to the taking of any substance which harms health or social functioning. 'Substances' include tobacco, alcohol, illegal drugs, illicit prescription drugs, volatile substances and any other psychotropic material.

Guidance for Practitioners

Substance misuse services for young people should be planned and delivered in line with the Ten Key Policy Principles for Working with Young People (Standing Conference on Drug Abuse (SCODA)/The Children's Legal Centre, 1999).

- 1. A child or young person is not an adult.**
- 2. The overall welfare of the individual child or young person is of paramount importance.**
- 3. The views of the young person are of central importance and should always be sought and considered.**
- 4. Services need to respect parental responsibility when working with a young person.**
- 5. Services should recognise and co-operate with the local authority in carrying out its responsibilities towards children and young people.**
- 6. A holistic approach is vital at all levels, as young people's problems tend to cross professional boundaries.**
- 7. Services must be child-centred.**
- 8. A comprehensive range of services needs to be provided.**
- 9. Services must be competent to respond to the needs of the young person.**
- 10. Services should aim to operate, in all cases, according to the principles of good practice.**

■ Assessment

Screening for substance use, misuse and any related problems should take place in the early stages of a young person's contact with the youth justice system and at repeated intervals throughout contact. Screening should be conducted within the context of a holistic review of a young person's circumstances, including offending behaviour, family functioning, education, lifestyles and mental health. *Asset* provides a basis for conducting the screening process, but may need to be complemented by other methods. The Youth Justice Board has developed a specific mental health assessment tool, which includes a section on substance misuse.

Initial screening for substance misuse is likely to be conducted by a youth justice practitioner, not necessarily a substance misuse specialist. An effective screening process will identify those young people with substance misuse-related problems in order that they can be referred to a specialist substance misuse service for an assessment. The assessment enables appropriate interventions to be planned in response to the young person's identified needs. Once any programme of interventions begins, regular assessment reviews should occur to take account of any changing circumstances.

Evidence suggests that an interactive style of assessment, one in which the young person participates, is likely to be most effective in eliciting sensitive information such as drug use. Assessment forms are designed to be an aid to recording information and a memory prompt. The assessment itself should engage the young person conversationally and give time and opportunity for them to express their own views and feelings. This may result in a slower process while trust develops and consequently it needs to take place over a number of sessions. It is also a continual process involving regular review.

■ Individual needs

A substance misuse assessment must take a holistic view of each young person's needs including:

- **their personal capabilities, competence, developmental stage, culture and educational needs;**
- **their substance misuse (e.g. type, frequency and duration);**
- **the young person's view of their substance taking;**
- **the social situation (e.g. family, education, accommodation, work, recreation and peer group relationships);**
- **their possible physical, emotional and mental health problems;**
- **potential risk factors.**

It is important that a substance misuse assessment takes into account the impact on a young person's physical health. Substance misuse can contribute to or compound other physical health problems. It can lead to poor nutrition, including appetite loss and vitamin deficiency. The sharing of injecting equipment such as needles and syringes can result in blood borne infections and viruses such as HIV, and hepatitis B and C. Attention should be paid to ensuring that young people have access to health information and primary care, including being registered with a GP.

Mental health problems can similarly be compounded or masked by substance misuse. There is evidence that some people with mental health problems attempt to control their symptoms by using substances. This could include conditions such as anxiety, Attention Deficit Hyperactivity Disorder (ADHD), depression and psychosis. It is, therefore, important that mental health is assessed and close links are established with child and adolescent mental health services (CAMHSs). Where a young person is affected by substance misuse and also has mental health problems (this is often described as dual diagnosis) the two conditions should be monitored and handled in a co-ordinated way with clear communication between specialist practitioners.

Any interventions to address a young person's substance misuse should, as far as practicable, take account of the young person's own needs and wishes. Clearly, their wishes cannot wholly determine the interventions offered, but any intervention will have more chance of achieving its objectives when the young person is engaged as fully as possible in the process. Different young people have different circumstances and substance misuse problems and so may require different interventions.

At all stages of screening, assessment, planning and delivering interventions, it is vital that the practitioner takes account of the age and developmental stage of the young person, recognising that services and approaches for adults are not usually appropriate for children and young people. Assessment of dependency is not a priority as many young people's patterns of drug use will not lead to physical dependence. Any information provided must be appropriate to the young person's age, abilities and culture. Practitioners should ensure that they are aware of substance misuse services available locally and have an understanding of the Health Advisory Service four tier infrastructure (see page 18).

Evidence also demonstrates the importance of 'lead practitioners' developing close relationships with young people who offend in order to provide a high level of personal support and to help them sustain their changes in substance use and achieve a less chaotic lifestyle. A lead practitioner may also have an important role in co-ordinating a number of agencies or services in the delivery of interventions.

It is not always possible to have one lead practitioner throughout a sentence, or indeed if more than one sentence is given to a young person. There will no doubt be more than one person involved in the screening and assessment of a young person, whether this be at arrest, the Yot, at reception into a custodial setting or between settings. It is important that, wherever possible, information from previous work (whether that is screening, assessments or interventions) is available to the practitioner. This will negate the requirement to duplicate information gathering and assessment which a young person can find distressing.

■ Communication

Where English is the second language of a young person or their parents, practitioners must be skilled in working with interpreters or translators. There will need to be access to interpreters who have appropriate skills to work with young people as well as fluency in the technical language of substance misuse.

The youth justice system provides opportunities to discuss substance misuse with young people. It is important that information about health promotion and harm reduction are understood by young people and that opportunities for getting such messages across are not lost.

Working with children and young people raises two key issues for practitioners: confidentiality and consent to treatment. Information and advice can usually be provided to young people in confidence, irrespective of their age and without parental consent. However, absolute guarantees of confidentiality should not be given as disclosure of information may become necessary to protect children from 'significant harm'. Confidentiality and information sharing protocols should detail what information will be shared, to whom, for what purpose and how the young person will be involved in this process. The Yot information sharing protocol should provide details about local information sharing procedures.

Communication with parents and carers of young people is important, particularly where treatment interventions are required. According to the age of the young person, parental consent to treatment may be required. Consent to treatment is required for any psychological or physical intervention, including the provision of medication.

- **People over the age of 18 (adults) are, by law, regarded as competent to consent to treatment.**
- **Young people between 16 and 18 are generally regarded as competent to consent to treatment.**
- **Children under 16 can give consent to their treatment, but only if they have sufficient understanding and intelligence to enable them to understand fully what is proposed. Therefore, when a young person under the age of 16 requests treatment without parental consent an assessment of 'competency to consent' must be undertaken by the provider of the treatment.**
- **If a child has been assessed as competent to consent to their own treatment, this assessment of competence should be kept under review.**

- **If the child is deemed to be no longer competent, any treatment must cease until the child is either assessed as competent once again, or consent is obtained from a parent or legal guardian.**

The parents of young people who offend also have the same general needs as other parents in the community, including the need for factual substance misuse information, an understanding of youth culture and reassurance that problems can be overcome. Many young people involved in substance misuse are likely to have significant family problems, so liaising and working with parents is important in addressing underlying issues. Young people should be encouraged to discuss issues with their parents and carers wherever possible. Even if they refuse initially, they may do so at a later stage, with encouragement.

Conventionally, parents and carers have had little involvement in the care or remedies provided to their children in custodial settings. All those working in custodial settings should be focused on improving this situation and making concerted efforts to involve parents and carers as much as possible.

■ **Service delivery**

Young people in the youth justice system should have access to a wide and integrated range of possible substance misuse interventions. All young people must be provided with information about substances that include harm reduction messages. This information should be provided in a range of media and through discussion.

The most appropriate intervention or combination of interventions will be agreed during the assessment process and subsequent reviews. Interventions delivered to young people should be provided in specific young people's service delivery settings. It is not appropriate to engage young people in substance misuse treatment for adults. Substance misuse interventions should never be provided in isolation from meeting a young person's other identified needs. Due consideration should be given to ensuring all of a young person's needs are met and these should be documented in intervention plans. These needs include:

- **accommodation;**
- **education;**
- **home life;**
- **training and employment;**
- **health;**
- **interests and sports;**
- **mental health;**
- **their peer group.**

It is effective practice to negotiate a series of attainable goals. The momentum of moving through a series of goals helps to sustain motivation and provides a sense of achievement. This process may need to take place over a considerable time and allowance should be made for setbacks.

Interventions for substance use and misuse will range from the brief to the intensive according to the identified needs. Examples of interventions include:

- **families and systemic;**
- **information and education;**
- **diversionary activities;**
- **counselling and group work;**
- **prescribing and detoxification;**
- **overdose prevention;**
- **complementary and alternative therapies.**

It is important that interventions are jointly planned with treatment services whenever an intensive intervention and referral to a treatment service is required. Joint planning will also be required when an intervention is likely to be continued after the end of a sentence by a community substance misuse treatment service. This should be organised in good time to enable a seamless transition.

■ Training

All practitioners in youth justice should be trained in substance misuse awareness, for instance knowledge of types of substances, their effects and how to refer to specialist substance misuse services. All youth justice workers should develop sufficient knowledge to deliver interventions to meet the Tier 1 substance use needs of young people, and some to meet Tier 2.

■ Monitoring and evaluation

The attendance of young people at planned treatment sessions should be monitored by practitioners. A flexible approach to attendance at treatment sessions may be required to encourage young people to persevere with planned treatment. To be effective, all substance misuse interventions require informed consent from parents or the young person and a genuine willingness from the young person to participate.

Attendance and outcomes should be monitored to show the progress being made. Rarely, if ever, will an individual progress in substance misuse treatment without some periods where previous reductions in misuse are undone. These periods of reverting to earlier behaviour will not in themselves indicate that treatment is unsuccessful. When deciding whether to impose sanctions, consider the young person's level of commitment to change and the length and level of lapse as well as other mitigating factors which may be placing them under increased personal stress.

Guidance

for Managers

■ Communication

Managers in the youth justice system will have to work in partnership with other agencies to ensure that the range of interventions required to address the substance misuse needs of young people is available. This should be described in an integrated model. Effective partnership working will require managers to ensure that there are:

- **agreed criteria and pathways for referrals (e.g. effective use of Asset);**
- **protocols agreed regarding confidentiality and information sharing between agencies, in accordance with the Yot information sharing protocol.**

Confidentiality policies and procedures should be agreed locally with the Drug Action Team (in England) or with the responsible authorities that form the core of the Community Safety Partnerships (in Wales) and take account of the following guidelines:

- **confidentiality policies should not contain any blanket statements;**
- **young people need access to statements of the confidentiality policy and procedures;**
- **if consent for treatment is provided by parents, the content of the treatment may nevertheless remain confidential to the young person.**

A key requirement for effective partnership working is open and regular communication between the partners, and especially between managers. There are many examples of projects and joint services which have failed owing to a lack of communication.

Managers must also recognise and respond to differences in organisational culture. For example, there may be differences in approach between services from substance misuse and youth justice sectors about issues such as flexibility of service provision and expected levels of attendance by young people.

Managers will need to arrange access to interpreters who have appropriate skills to work with young people as well as fluency in the technical language of substance misuse.

■ Training

Managers must plan for the training and development of youth justice practitioners. The Health Advisory Service recommends that all workers in the criminal justice system should receive generic training in drug and alcohol use and misuse as well as risk assessment for suicide and other mental health problems. As a minimum, youth justice practitioners need sufficient knowledge to meet the Tier 1 substance misuse needs of young people, which includes the ability to make appropriate referrals to specialist substance misuse services, and some practitioners should also be able to meet Tier 2 needs.

■ Management

The youth justice system provides an opportunity to target ‘hard to reach’ young people with substance misuse services. Therefore, managers should develop a comprehensive range of substance misuse interventions. All young people should have access to information on substances, including harm reduction, in a format that they can engage with and understand.

Managers are responsible for ensuring that treatment interventions are delivered within an intervention or supervision plan, which should identify:

- **the needs of the young person;**
- **the actions planned to address those needs;**
- **an identified person to conduct interventions;**
- **the goals and expectations of the interventions.**

It is important to ensure that substance misuse needs are assessed and responded to alongside other needs and interventions, and not in isolation. These include assessments of physical and mental health. There is strong evidence that substance misuse can contribute to or compound physical and mental health problems.

Intervention or supervision plans should be subject to regular review (at least every three months). Managers working in secure training centres, local authority secure children’s homes and young offender institutions should consider:

- **balancing the need for disciplinary responses to drug-related incidents within the establishment with assessment and appropriate interventions to encourage progress with treatment;**
- **continuity with treatment programmes started before admission;**
- **continuity of treatment in the community following release.**

Where possible, placements to secure settings should consider the suitability of the setting to the young person's needs. This may include:

- **consideration of the age, developmental stage and vulnerability to substance misuse of any other children or young people in the accommodation;**
- **access to interventions to meet the young person's substance-related needs e.g. drug free environment or detoxification facilities;**
- **competence of staff to meet the young person's needs.**

Substance misuse needs should be addressed within the context of the wider range of interventions that are required to reduce the risk of reoffending.

Managers must ensure that clear policies and procedures are developed and implemented, where appropriate in consultation with external agencies such as substance misuse services and the local Drug Action Teams in England or the equivalent responsible authority within Community Safety Partnerships in Wales. These policies and procedures should encompass all activities undertaken, including external liaison.

■ Service development

In developing service provision, managers will need to take account of research into the needs of the local community. Screening through *Asset* and information from second tier assessments will provide useful aggregated data of the substance misuse profile of young people who offend. These may change over time. In particular, the needs of young people from minority ethnic groups should be considered to ensure that services are accessible to the whole local population.

Choices may need to be made regarding the most appropriate location and accommodation for delivery of services. Many young people may be reluctant to attend a location that is obviously associated with substance misuse services or the criminal justice system.

■ Monitoring and evaluation

Increasingly, young people with substance misuse needs should be identified and supported by non-substance misuse services unless the identified needs are high and partnership working is required.

Services and projects should be monitored and evaluated to ensure that appropriate services can be planned for the locality and evidence can be collected to contribute to the development of evidence-based good practice.

Establishing procedures for monitoring and evaluating is often seen as a low priority when developing a new project or service. However, provision should be made for data collection and monitoring from an early stage if effective evaluation is going to be achieved. Information collected to inform monitoring, evaluation and local needs assessment should be stored anonymously.

Managers should ensure that their regular staff supervision and appraisal processes are routinely informed by the *Key Elements of Effective Practice*. In the community, they should also implement the quality assurance process set out in the *Key Elements of Effective Practice – Quality Assurance Framework*.

Guidance

for Strategic Partnerships

■ Service development

Strategic partnerships will be operating within the context of the following documents.

The Government's recent *Updated Drug Strategy* (2002) presents a number of initiatives focusing on young people and substance misuse in England, including:

- **expanding the provision and quality of drug education;**
- **expanding prevention programmes;**
- **improving services for parents and carers;**
- **expanding the provision of substance misuse treatment within the youth justice system.**

The Welsh Assembly Government's substance misuse strategy *Tackling Substance Misuse in Wales: A partnership approach* (2000) similarly presents a vision where society is increasingly free from the harm caused by the misuse of drugs and alcohol. The key objectives for children and young people are to:

- **reduce the proportion of young people under 18 reporting drunkenness;**
- **increase the knowledge of people about the risks and consequences of substance misuse, particularly children under 16;**
- **reduce the number of children and young people under 25 using heroin and cocaine;**
- **increase information and access to services for vulnerable groups of children and young people, including pupils excluded from schools, truants, looked after children, those in the youth justice system, young homeless and children of substance-misusing parents and young people not in education, work or training.**

In custodial settings, the provision of substance misuse services will be set by the Youth Justice Board's *National Specification of Substance Misuse for the Juvenile Estate*. Strategic partners should develop and commission services that ensure young people have access across the four tier system as described by the Health Advisory Service.

Tier 1

Mainstream services for young people concerned with education, maintenance of health, identification of risks or child protection issues

This includes provision of advice and information about substances as part of a general health improvement agenda and screening of those with vulnerability or difficulties in relation to substances.

Tier 2

Practitioners with some drug and alcohol experience and youth specialist knowledge

The aim and purpose of this tier is to be concerned with reduction of risk and vulnerabilities, and reintegration and maintenance of young people in mainstream services.

Tier 3

Young people's specialist drug services and other specialised services that work with complex cases requiring multi-disciplinary, team-based work

Tier 3 services aim to deal with complex and often multiple needs of the child or young person, and not just with the particular substance problems.

Tier 4

Services providing very specialist medical forms of intervention for young drug misusers with complex care needs

It is recognised that for a very small number of people, there is a need for intensive interventions which could include short-term substitute prescribing, detoxification and treatment or respite care away from home.

Most practitioners working with in the youth justice system are likely to be working within Tiers 1 and 2. Substance misuse specialists within the youth justice system, such as named drug workers, may also be expected to deliver Tier 3 services.

Strategic partners will naturally ensure that commissioning of services for young people who offend is integrated within children's service planning. The needs of young people supervised by Yots and in secure units will of course be identified and catered for within Young People's Substance Misuse Plans and local prevention strategies aimed at preventing social exclusion.

In Wales, responsibility for the formulation and implementation of a strategy for combating substance misuse in the area shifted from Drug and Alcohol Action Teams to the responsible authorities within Community Safety Partnerships from 1 April 2003.

All commissioning should be based on:

- **an assessment of local need;**
- **a strategic plan;**
- **collaborative commissioning of services;**
- **clear service specification;**
- **adequate resource allocation.**

It is imperative to ensure that the needs of young people from black and minority ethnic communities are addressed, and those of young women as these groups are often overlooked and may have difficulties accessing services.

Agreements between local agencies on how the costs of substance misuse treatment services are to be shared and protocols to enable the rapid allocation of funds are good practice. They ensure that vital opportunities to intervene are not missed, and this is particularly relevant where young people's involvement in the youth justice system may be short. In this situation any motivation they have to address their substance misuse problems may be lost if there are delays in interventions due to funding disputes.

■ **Monitoring and evaluation**

Drug Action Teams (in England) and the equivalent responsible authorities that form the core of the Community Safety Partnerships in Wales are required to collect information about the substance-related needs of young people in their area. This focuses on a number of vulnerable groups, including young people who offend. This information is collected annually and includes information on the number of young people:

- **receiving targeted drug and alcohol education;**
- **requiring intervention or care in relation to substance misuse.**

These data are used to inform central government planning and to support the co-ordination of 'joined up' local approaches to substance misuse services for children and young people.

Young People's Substance Misuse Plans specify local operational outputs to be achieved by 2004 in England.

Strategic partnerships should consider the data from the monitoring and evaluation of local service provision, including outcome effectiveness. They should also review these

services for the under- or over-representation of particular groups to ensure that they meet the needs of young people and their communities.

Strategic partnerships should take responsibility for disseminating and supporting the implementation of the *Key Elements of Effective Practice* and, in the community, the quality assurance process set out in the *Key Elements of Effective Practice – Quality Assurance Framework*.



For further copies contact:

Telephone 0870 120 7400 or Facsimile 0870 120 7401



Youth Justice Board for England and Wales

11 Carteret Street
London SW1H 9DL
Tel: 020 7271 3033
Fax: 020 7271 3030

www.youth-justice-board.gov.uk