

## **Substance Misuse and Looked after children**

### **Data collection: guidance for Local Authorities**

This guidance document has been written to support Local Authorities with the new data collection in relation to looked after children and substance misuse. It includes;

1. Background Information
2. Explanatory notes of terms used in the questions
3. An example of a screening tool
4. References to other useful documents

#### **1. Background information**

Following the outcome of SR04 DfES now have responsibility for policy for preventing drug misuse among young people, particularly the most vulnerable.

Substance misuse and associated problems harm children and young people's welfare and prevent them from achieving their full potential. In recognition of this 'Choose not to take illegal drugs' is a core objective of the 'be healthy' *Every Child Matters* outcomes framework and as such is embedded in the improvement cycle for local authorities including the Annual Performance Assessment and the Joint Area Reviews.

The **National Delivery Plan for Young People and substance misuse** which has been developed by DfES, HO, and DH includes proposals to ensure that every young person with increased vulnerability to developing substance misuse problems, has their substance misuse needs identified early on and receives an appropriate service or intervention to prevent the problems escalating. Looked after children are identified as a high risk group and this work will support the delivery of the National Plan.

*Promoting the Health of Looked After Children* guidance was published in November 2002. The document sets out a framework for the delivery of services from health agencies and social services to promote the health of looked after children. It sets out clearly the responsibilities of councils in relation to their corporate parenting role;

***Council's have a duty to promote and ensure the wellbeing of all children who are looked after by them. This means that councils must put in place arrangements to ensure that every child who is looked after has***

- a. His/her health needs fully assessed***
- b a health plan which clearly sets out how health needs identified***

***in the assessment will be addressed, including intended outcomes for the child, measurable objectives to achieve the outcome, actions needed to meet the objectives, the person responsible for the each action and timescales for achieving this”***

**c His/her health plan reviewed**

The guidance sets out the requirement that every looked after child has a health assessment when they enter into care and that a health plan is set out stating how their health needs will be met.

The assessment should be carried out by a suitably qualified medical practitioner and should promote the current and future health of the child or young person who is looked after and not focus solely on the detection of ill health. Health assessments should cover a range of issues beyond those of physical health which include developmental health and emotional well being.

The guidance includes a chapter on young people and drugs as it is a key issue for consideration when assessing the health and wellbeing and safety of looked after children.

***Increased vulnerability to substance misuse***

Screening and assessing young people for substance misuse should be a core part of the care planning for young people in the looked after system as they are likely to have higher rates of prevalence than their peers. Some studies illustrate that looked after young people are four times more likely than those living in private households to smoke, drink and take drugs (Meltzer and others 2003, Williams and others 2001).

Looked after children and young people tend to start using drugs at an earlier age, at higher levels and more regularly than their peers who are not in care, leading to concerns that their drug use may become more established and dangerous (Big Step Partnership 2002, Newburn and Pearson 2002, Ward 1998, Save the Children 1995).

Looked after children and young people who have experienced parental drug and alcohol misuse may view excessive drugs and/or alcohol use as ‘normal’ (Ward and others 2003, Newburn and Pearson 2002). Recent FRANK research illustrated that a significant number of ‘older’ children of drug misusing parents regularly use cannabis but don’t regard it as a drug, as their experience of drugs is one of opiates and Class A.

**Glossary of terms**

**Drugs, alcohol and substances**

In this guidance document, the term ‘drug’ is used to refer to any psychotropic substance, including illegal drugs, illicit use of prescription drugs and volatile substances. Young people’s drug taking is often inextricably linked with the consumption of alcohol. Therefore the term ‘substance’ refers to both drugs and alcohol but not tobacco.

### **Substance Misuse- what constitutes a problem?**

The Health Advisory Service (HAS) report (1996) states 'one off and experimental use of drugs and alcohol cannot in itself be seen as indicative of having caused actual harm or being related to any personal disorder'. In other words the fact that a young person has taken a substance should not lead to the automatic conclusion that there is a problem or condition to be treated. However, it is essential to recognise that all substance taking by young people carries potential harm.

Therefore the best definition of **substance misuse** is 'Substance taking which harms health or social functioning' -substance misuse may be dependency (physical or psychological) or substance taking that is part of a wider spectrum of problematic or harmful behaviour.

### **A Range of Interventions**

#### Identification and assessment

The identification and assessment of substance misuse must take place within the context of the assessment of the young person's overall needs and not as a stand alone activity. Therefore the range of interventions made available to the young person should meet the holistic assessment of need. There are 3 possible options following the initial screening process;

1. No need is identified but the assessment/screening process is recorded
2. Need is identified and a care plan is agreed, substance misuse being one area of action but not the major focus.
3. Substance misuse is identified requiring an intervention from a specialist worker focussing on a substance misuse based care plan.

Interventions can cover a wide range of information, advice, support and services. [A full description of the meaning of the 4 Tiers as outlined by the Health Advisory Service is outlined below]. Wherever possible support at **tier 2** should be provided 'in house' by staff known to the young person i.e. social workers, care and other staff. This should include support for the identified substance misuse problem and other problems identified in the assessment

Intervention can include such activities as drug education/harm reduction information, one to one support, therapeutic counselling, and targeted support including support with a range of problems which are causing the young person difficulties and may be exacerbating the young person's drug misuse i.e. family contact, placement stability, and school attendance, emotional and mental health problems.

Some young people with more serious substance misuse problems will need more specialist services. These services should be well known to the Social Services Department and clear referral protocols established between the department and the specialist agency.

The Health Advisory service published a four-tier infrastructure of

commissioning substance misuse interventions. The 4 tier infrastructure was developed to ensure that both the low and high levels of young people's substance –related needs were met in the local area. This ranges from universal education to highly specialist provision.

### **Four Tier infrastructure**

**Tier 1:** meeting universal substance – related need, providing information and advice. Identifying further substance –related needs and making referrals to services to assess and meet those needs.

**Tier 2:** Addressing the targeted prevention needs of those defined at risk of developing substance misuse; meeting the needs of those using but misusing substances

**Tier 3:** Assessing substance misuse, within a holistic child-centred approach; meeting the needs of young people who are substance misusers and co-ordinating other interventions.

**Tier 4:** Meeting the needs of young people who are substance misusers with other complex needs, and who require an intensive highly focused piece of work or setting for a fixed period.

Young People 'looked after' could have needs relating to any of the tiers and the identification via a screening tool during the care planning or health assessment process is the first step towards identifying what level the young person's drug taking is at and within what circumstances is it taking place. Initial screening and assessment will enable the practitioner to determine what type of help and support the young person needs or to identify which agency could assist in determining this.

### **Sample Screening tool**

**To add**