



Substance Use and Young People: Guidance for Practitioners in South Gloucestershire 2007

Young People's Drug and Alcohol Service



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Introduction

This document replaces existing guidance and policies on substance misuse for professionals working with young people in South Gloucestershire, and has been approved by the Local Safeguarding Board.

Section 1 is for **all practitioners** who work with young people. It provides guidance on generic issues relating to substance use such as child protection and information sharing.

Section 2 outlines specific guidance around the **screening and referral** of young people with problematic substance use and is relevant for all practitioners working with vulnerable young people.

Section 3 is specifically for young people's **Tier 3 drug and alcohol workers**. It outlines the procedures that need to be followed in assessing and providing treatment for a young person with problematic substance use.

Section 4 gives information about **training, current projects, resources** and a list of useful **websites** and contact **telephone numbers**.

Section 5 contains the appendices listed in this guidance.

Delivery of substance misuse services across the four Tier model

Substance misuse services are delivered according to the Health Advisory Service (HAS) four Tier model which ensures that there is a continuous pathway of care from education through to specialist treatment services.

	Practitioners/ agencies	Aims and interventions
Tier 1	Generic and primary services including schools, GPs and the police:	Ensure universal access and continuity of advice and care to young people. Provide advice and information about drugs and, as part of their overall remit, identify and refer on those vulnerable to drug misuse or experiencing difficulties.
Tier 2	Youth orientated services (offered by practitioners with some drug and youth specialist knowledge)	Aim to reduce risk and vulnerability to drug use and to keep or reintegrate young people into mainstream services. Provide targeted education, counselling and assessment.
Tier 3	Young People's specialist drug service and other specialist services	Respond to complex and multiple needs, not solely drug problems, and work towards integration of the child into mainstream services. Provide specialist assessment and specific drug interventions as part of a planned package of care and treatment.
Tier 4	Very specialised services	Provide specialist medical forms of interventions for young people using drugs with complex care needs. E.g. substitute prescribing, detoxification and residential care.

DfES Drugs: Guidance for schools 2004

Terminology and definitions

Terms / abbreviations used in this document

Advice and Information This can be provided to young people in confidence irrespective of their age and without parental consent; provided that no intervention / treatment takes place and that no child protection concerns arise.

Assessment An assessment identifies the needs directly or indirectly associated with drug or alcohol use. The assessed needs will then determine the intervention to be provided.

CAF Common Assessment Framework

DCSF Department for Children, Schools and Families, (formally Department for Education and Skills, **DfES**)

CAMHS Child and Adolescent Mental Health Service

CSS Children's Social Services

HAS Health Advisory Service

Locality Social Work Service. There will be a duty team based in each of the three localities; Severnvale, Yate and Kingswood

Learning and School Effectiveness Service Location of Young People's Drug and Alcohol Service

NDTMS Nation Drug Treatment Monitoring Service

NTA National Treatment Agency

Problematic substance use The use of alcohol, drugs, solvents and prescription medicines that is harmful or problematic for the individual or others.

REQUEST FOR SINGLE SERVICE a unified referral form that is being used by a range of organisations in South Gloucestershire to refer young people to other service providers

SCODA Standing conference on Drug Abuse

Screening The process of identifying a young person's needs relating to their substance use

Screening Tool The authority Pro forma for carrying out a screening.

Substance use refers to all drugs including:

- a. Medicines – For example, Methadone, Valium, Librium, Ritalin
- b. Volatile substances – for examples aerosols, glues etc.
- c. Alcohol
- d. Tobacco
- e. Illegal drugs – For example, heroin, ecstasy, cocaine, crack, mushrooms, cannabis, LSD, amphetamine, ketamine, etc.

Treatment An intervention provided to remedy an identified problem or condition in relation to an individuals' physical, behavioural, and psychological well-being.

UBHT United Bristol Health Trust

YPDAS Young People's Drug & Alcohol Service.

YOT Youth Offending Team

Young People In this document this term refers to those under 18 years of age and under 21 if a young person is Looked After.

Definitions

1.) Children Looked After: Under the Children Act 1989 a child who is looked after is defined as a child who is subject of a care order or provided with accommodation by the local authority for a continuous period of more than 24 hours.

2.) A child in need is:

a) a child who is unlikely to achieve or maintain or have the opportunity of achieving or maintaining a reasonable standard of health or development without the provision of services

b) a child for whom health or development is likely to be significantly impaired or further impaired without the provision of services

c) a child with a disability.

3.) As defined in the HAS Review 2001 Vulnerable young people are defined as:

- school excludees
- children in need who are not in local authority care
- children in need in local authority care
- young offenders.

In addition to the above it is recognised that parents, carers, and children of drug or alcohol misusing parents/carers, may be in need of a service.

The Council Commitment to equalities and diversity

The council has made a commitment in its guiding principles to 'treat everyone fairly, challenging inequality's and promote opportunities for all. The Councils aims are to:

- Encourage mutual respect for all of our residents
- Recognise and work with diverse groups
- Give high quality inclusive services and facilities
- Make sure our employment policies and practices are fair
- Challenge harassment and discrimination.

Please refer to the South Gloucestershire Councils policies and procedures to refer to full guidance on equalities and diversity.

Section 1 - for all practitioners who work with young people

This section provides guidance around information sharing, child protection, treatment, consent and legal considerations. It outlines the legislation related to young people's substance use and the practical application of this for generic practitioners.

Legal considerations

A young person may commit a criminal offence if they are in possession of a controlled drug e.g. Heroin, Cocaine, Cannabis, and Amphetamine (full list set out in the schedule of the Misuse of Drugs Act 1971 as amended). If a young person is in possession of a controlled drug, it should be made clear to them that it is an offence and it cannot be condoned (there is a statutory defence of being in illegal possession of a controlled drug if the individual has taken possession to stop another person committing an offence, however, they must either destroy the drug immediately or hand it over to the Police as soon as possible).

The consequences of appearing to condone a young person using a controlled substance may be a disciplinary offence or a criminal offence of aiding and abetting in addition to being an embarrassment to the employer and employee.

If a young person is using a controlled drug in premises owned or managed by the Local Authority or your employer there is a criminal liability under Section 8 of the Misuse of Drugs Act 1971 of permitting or allowing premises to be used for the sale or smoking of a controlled drug. This can result in the individual employee being charged and sentenced if found guilty (See the Winter Comfort case in which two community workers were sentenced to periods of imprisonment for allowing residents of a residential home to use Heroin on the premises).

Section 21 of the Misuse of Drugs Act 1971 sets out that an employee of a company may be liable to an offence if they are shown to have been aware of or party to an offence caused by that company.

Substance use and Information Sharing

Due to young people's rights to confidential services any information, other than that which must be breached (due to a young person being at 'risk' of significant harm, or posing a risk to the safety of others), should only be shared with prior consent from the young person.

This includes when there is an identified need to refer a young person onto another service. In such circumstances, the information that is shared should

be on a *'need to know'* basis and a clear purpose for sharing specific information should be considered. This ensures effective coordination of services amongst the local providers.

“Need to Know” Information

In applying the **'need to know'** principle, it is recommended that information-sharing policies are developed which distinguish between different types of information sharing:

(Castleton J, Britton J (2002) Page 23)

Information shared for the purposes of monitoring, evaluation and research

Statistical information is provided to the NDTMS. The full name and address of the young person are not passed on although some details are used locally e.g. Initials, date of birth and gender, to minimise the double counting of data.

Information shared with parents and carers for onward referral, and/or within joint case work arrangements

When working in partnership with parents and carers and other agencies to meet the best interests of the young people using a service, information sharing is often necessary.

This is done by encouraging a young person to provide signed consent for information disclosure, unless there is a Court Order or a child protection imperative to do so or other specific statutory enactment/provision.

In cases where young people are undergoing interventions as a result of a court order or sentence, clear agreement must be reached at the outset on what information will have to be shared in order to monitor progress, and this should be explained clearly to the young person.

Information that must be shared in order to protect a child

Where there are concerns that a young person is 'suffering or at risk of suffering significant harm' appropriate action must be taken to protect them, through agreed criteria and protocols regardless of the young person's level of competence to consent to treatment and/or parental involvement.

Every effort should be made to keep the young person informed about the information being shared. Any objections that the young person has to disclose should be seriously considered, but the authority never the less, rests with the responsible adults and services to assess the best course of action.

The suggested local procedure for responding to concerns of a child protection nature is outlined in the Child Protection Information Sharing Flowchart (Appendix 1).

Any practitioner wishing to express a concern about a child or seeking guidance should contact the appropriate Locality Social Work Service. There will be a duty team based in each of the three localities; Severnvale, Yate and Kingswood. See page 26 for contact details.

Whilst it is good practice to consult parents/carers at the earliest opportunity in the case of any referral *'this should only be done where such discussion and agreement seeking will not place a child at increased risk of significant harm'* (South Gloucestershire Council Child Protection Procedural manual).

Information relating to drug use or drug dealing from or concerning service users will only be shared with other agencies including the police in line with guidance set out in 'Working Together to Safeguard Children 2006', Sharing Information the Legal Framework 7.29-7.46.

In cases where there has been a school drug related incident, as outlined in Drugs Guidance for Schools 2004 *'the school may involve the child's parent /carer and explain how the school intends to respond to the incident and to the pupils needs. Where the school suspects that to do this might put the child's safety at risk, then the school should exercise caution when considering involving parents/carers.'* DfES 2004 p74

Substance Use and Child Protection

Please refer to 'What to do if you're worried a child is being abused.' Every Child Matters, for further details. Key up to date local information and specific can be found at <http://www.swcpp.org.uk/>.

When concerned that a young person may be at risk of harm, the following questions may indicate whether a referral should be made to the locality social work service based on child protection concerns.

- Is the substance use, or the surrounding circumstances, placing the young person at risk of suffering significant harm?
- Is the substance use becoming increasingly chaotic or dangerous?
- Is the identified substance use a concern for a young person of this age?
- Does the young person have a mature understanding of the level and type of his/ her substance use?
- Is the substance use life threatening or seriously detrimental to health?
- Is the substance use leading to crime or exploitation by others?
- Are there non-substance related criteria for consideration of a child protection referral (consistent with local Safeguarding Board procedures)?

Where a referral is felt to be necessary, this should be made to the appropriate locality social work service (Severnvale, Yate or Kingswood) or to the allocated social worker if there is already active involvement with Children's Social Services. See page 26 contacts details.

The advice above does not however replace the child protection policy and procedures of each separate organisation and it is therefore a priority to refer to this for specific guidance.

Children of Substance Misusing Parents/Carers

If a young person discloses substance use by parents/carers or siblings, it is important that the associated risks to that young person are explored. Substance use within the home is not *automatically* a child protection issue; however, practitioner awareness of it should trigger a process of information gathering to assess risk. In order to ensure that confidentiality is maintained where possible, guidance around information sharing and child protection should be followed in the same way as if the young person were using substances. Advice around child protection can be obtained from the Locality Social Work Service.

Parental substance use may have a significant impact on a young person in terms of:

- a chaotic family life
- normalised drug and alcohol use
- a barrier to achieving the 5 Every Child Matters outcomes
- poor parenting skills
- risk of neglect & abuse.

Young people who experience parental substance use may have additional needs in terms of:

- their own vulnerability towards substance use
- caring responsibilities within the home
- additional harm reduction advice in managing the risks of parental use.

Issues around parental consent may be complicated due to parental substance use. Fear of agencies becoming involved may deter a parent from giving consent.

Young Carers run a specific project for children and families where there is parental substance use. The project offers support, breaks and activities for young people and is a great opportunity for a non-threatening intervention within a vulnerable family. See page 25. *(This project is solely reliant upon available funding and therefore may not run in subsequent years).*

For more information around the needs of children of problematic drug users please see the recommendations within the Home Office's Hidden Harm report - June 2003 and the DCSF Government Response to Hidden Harm 2005.

Substance Use and Definition of Treatment

Treatment is regarded as any structured session, which includes counselling, prescribing, detoxification, residential treatment and needle exchange. However, providing an assessment, general advice, information and education is not regarded as "treatment" as noted in the draft SCODA policy guidelines for working with young drug users (1998).

Services are provided for young people using a range of substances including: alcohol, drugs and volatile substances.

Safer South Gloucestershire also commissions specialist substance use services from the UBHT Young People's Drug Treatment Service. These include substitute prescribing, detoxification and mental health interventions. Any young person requiring this specialist tier 4 treatment should be referred through a young person's drug worker for a specialist assessment and treatment provision.

'Needle exchange for a young person must be planned and delivered as part as a package of treatment. Independent, anonymous needle exchange provision for young people is not good practice due to the different legal status of young people. Pharmacists should not provide a needle exchange service for those under 18.'

'A full assessment should take place to identify needs. If a need for provision of injecting equipment is identified, it should be considered as one component of a treatment plan. The care plan should be holistic and aim to meet all the identified needs.'

Drugscope June 2005

UBHT are able to provide young people with clean needles in accordance with the above guidelines.

Fraser and Gillick Guidelines for Treatment ¹

Treatment for young people aged 16 – 18 years:

Children over the age of 16 years are generally regarded as being able to consent to treatment without parental consent. (*Family Law Reform Act 1987* s.8.)

Treatment for young people under the age of 16 years:

Under the *1969 Family Law Reform Act*, a child *under* the age of 16 years is not deemed capable (or competent) of giving their consent. However, in 1986 a challenge was made to this (*Gillick v W. Norfolk and Wisbech AHA*) and the House of Lords ruled that in exceptional or emergency situations treatment can be provided to children under the age of 16 years. The *Children Act 1989* legitimises the right of children to have their wishes taken into consideration.

The decision as to what constitutes exceptional or emergency situations is left to the doctor or other 'suitability qualified professional'.

The guidelines from the Gillick judgement have been extrapolated for use by other health-based agencies. These are commonly known as the Fraser Guidelines and they are set within the Mental Health Act Code of Practice.

Fraser Guidelines (Mental Health Act 1983 Code of Practice 1999) Castleton J, Britton J (2002) Page 22).

¹ ***These guidelines are interchangeable referred to as 'Gillick' or 'Fraser' but actually reflect different parties within the same case law***

Young people under 16 have a right to confidential medical advice and treatment if the provider assesses that the young person:

1. Understands the advice and has the maturity to understand what is involved;
2. Their physical and/or mental health will suffer if they do not have treatment;
3. It is in their best interests to give such advice/treatment without parental consent;
4. Will continue to put themselves at risk of harm if they do not have advice/treatment;
5. Cannot be persuaded by the doctor/health professional to inform parental responsibility holder(s), nor allow the doctor to inform them.

If **all** these requirements are met, it is appropriate to provide a service to a person under the age of 16 years **without** parental consent (Britton, Castleton 2002 p22).

Whilst there is no legal decision, which sets a minimum age at which children can be regarded as competent to consent to treatment, it is unlikely that many children under the age of 13 years would be deemed competent without the involvement of the parent.

Parental responsibility holder's consent to treatment

(Castleton, Britton (2002) Page 22)

- It is good practice to consult and keep informed all those who carry parental responsibility, unless there are good reasons for not doing so.
- It is only necessary to obtain the permission of one person with parental responsibility. There is no need to have the consent of every person who holds parental responsibility for the child.
- One parental responsibility holder cannot veto the consent of another parental responsibility holder. The objecting parental responsibility holder could, however, seek a court order to prevent the treatment or counselling. The situation may be more complex where parental responsibility is shared between the local authority and parent.
- While person with parental responsibility may be informed about the nature of treatment and may consent to this, this does not necessarily entitle him or her to know the content of that treatment. Thus, this person may consent to a child receiving counselling for drug misuse, but need not be informed of what the child said in the counselling session, unless the child explicitly consents.

Parents/Carers can withdraw consent at any time, although a meeting should be arranged to discuss concerns etc. Whilst parents/carers can withdraw consent, should the young person be deemed competent to consent to treatment and it is in their best interests, it may be appropriate to continue treatment with them.

Section 2 - Screening and referral of young people with problematic substance use (Tier 2)

This section explains the context in which screening should take place; the rationale for doing this and provides guidance on to implement screening in work with young people. It has been developed in response to the Home Office document '*First Steps in identifying young peoples substance related needs*' (Home Office/Drugscope 2003).

Training is essential for professionals using the screening tool and can be arranged along with additional support or advice on the substance screening process by contacting the YPDAS.

Appendix 2 is a screening tool that can be completed with a young person to ascertain:

- If a young person is using any kind of substances
- If a young person has adequate knowledge and awareness about substances
- If a young person has any needs related to their substance use
- Whether the young person is likely to come to any immediate harm as a result of the use of a substance, or mix of substances
- The impact the substance use is having on the young person.

“Who” and “when” to screen

The Home Office guidance “First Steps” recommends that various Tier 1 and Tier 2 services implement substance use screening at specific times. Screening should take place when a substance related incident occurs and/or when a young person discloses that they are using substances.

“First Steps” also refers to groups of young people who are vulnerable to substance use and suggests that professionals should use screening when they come into contact with these young people. These groups include young people who are homeless, looked after, carers, offenders, excluded and those who are not in education, employment or training or have mental health difficulties.

The move towards screening for substance use by a range of providers, both statutory and voluntary, reflects developing integration of young people’s health and social care. However, repetitive screening of individual young people by many agencies is not encouraged; before screening is considered, a young person should be asked about any previous experiences they may have had of this.

Screening and the Common Assessment Framework (CAF)

The CAF is intended to promote early and more effective identification of needs.

Where the needs of the young person can be met by a single agency a 'Request for Single Service' form should be completed. Where there is need for a number of agencies to be involved, it may be appropriate to undertake a CAF.

More details including forms can be found at:

www.southglos.gov.uk/intergratedworking.

Substance misuse, along with many other specific behavioural and medical conditions, is not specifically mentioned in the tool. It is, however, expected that any issues young people may have will be discussed, as the tool leads the practitioner through aspects of their lives. Where explicit issues have been identified through the CAF (such as mental health or substance misuse problems) it is expected that a specialist assessment will take place.

(NTA 'Assessing Young People for Substance Misuse' Feb 2007)

Before screening a young person

It is important that the young person:

- consents to this taking place (see screening tool front sheet)
- understands the confidentiality that can be provided and the limitations around this
- understands how the information they disclose is recorded or shared by agencies
- understands that a referral on to others may be necessary and helpful
- understands that they can take a copy of their completed screening tool as their own record
- is aware that screening is not to judge their substance use but to identify and support their substance related needs. Identification of substance related needs should not stigmatise a young person.

Recording and sharing data

When using the screening tool with young people, compliance with data protection requirements will need to be considered. The young person is then informed about what will happen to the information they provide, who will see it, and how they can get access to it in the future. In general The Data Protection Act 1998 sites that '*personal data processed for any purposes shall not be kept for longer than it is necessary for that purposes or purposes.*'

Each separate agency will have a policy on the retention of information that should be in line with the above recommendations. More information on file retention can be found on page 24.

Guidance on information sharing for professionals in South Gloucestershire can be downloaded from www.everychildmatters.gov.uk or as a link from the Integrated Working website.

For government monitoring purposes Safer South Gloucestershire currently seeks to record two main sets of non-personalised data:

1. The number of young people receiving targeted prevention (e.g. including advice and information as a result of the screening process), and
2. Young people receiving drug specific treatment (Tier 3 services).

Confidentiality

Before screening a young person, it is important to explain the confidentiality that can be provided and the limitations around this. 'First Steps' suggests that,

'If a child or young person is to be encouraged to approach a service for help and advice in relation to substance related needs, it is essential that they are able to do this knowing that their confidences will not automatically be passed on to their parents/carers or school without their knowledge or permission. School based professionals should establish the limits of their confidentiality in line with the school policy and inform the young person of this.'

Parents and carers can have a valuable role in supporting their child, and all young people should be encouraged to discuss their substance use with their parents/carers. However, whilst it is good practice to involve parents/carers, parental consent is not needed to provide screening or advice and information.

Using the screening tool

Screening is a structured dialogue with a young person to identify needs relating to substance use, knowledge and understanding. Practitioners with experience in working with young people and some knowledge of substances, will be able to screen effectively by keeping the process simple, adopting a non judgemental approach and asking open ended questions.

The screening tool (appendix 2) can - but does not have to - be used to identify a young person's needs. It can be incorporated into your organisation's existing general assessment procedures, used as a stand-

alone tool, or as guide to questions that you wish to explore with a young person to identify their needs.

If you decide to use the tool, the training available through YPDAS will explain how to do this and provide opportunities to practice using the tool.

Responding to identified needs – screening outcomes

Following screening there are a number of possible options to respond to a young person's needs. These may include:

- no input required by young person
- young person given advice / information only
- discuss with YPDAS or Young People's Drug & Alcohol Worker only
- referral to YPDAS or Young People's Drug & Alcohol Worker for assessment (complete REQUEST FOR SINGLE SERVICE/YPDAS Referral form).

No input required by young person

When a young person has been screened and no past or current substance use is identified no further action is needed.

Young person given advice / information only

When it is identified that a young person is using or has used substances, but does not meet the referral criteria attached to the REQUEST FOR SINGLE SERVICE form, or the substance use is not affecting their day to day functioning or emotional health and wellbeing, advice and information should be provided e.g.

- Leaflets on a range of substances, including The Real Deal, Frank, Score, and other substance specific information
- Resources to use directly with young people

When screening a number of young people following a drug related incident within a school, and where none of these young people require referral to a Tier 3 service, Targeted Group work can be provided by YPDAS if considered appropriate.

Discuss with YPDAS or Young People's Drug & Alcohol Worker only

Having carried out the screening it may be appropriate to discuss supporting the individual without making a referral to YPDAS.

Referral to YPDAS or Young People's Drug & Alcohol Worker for assessment (complete REQUEST FOR SINGLE SERVICE / YPDAS Referral Form)

If a young person meets the criteria for referral to a Tier 3 service for a more in depth assessment of their needs (see list below) a REQUEST FOR SINGLE SERVICE form (appendix 3) will need to be completed to begin the referral process.

Criteria for referral

Substance use is problematic / concerning e.g.

- Young person reports that they are unable to control or reduce their substance use
- Substance use is having a significant and disruptive effect upon relations with family and peers
- Substance use is leading to financial difficulties and/or health concerns (weight loss, sleep difficulties etc)
- Young person is engaged in risky substance using practices (injecting, mixing different substances/and alcohol, using substances whilst alone)
- Young person is using class A drugs (cocaine, ecstasy, crack, heroin) on an escalating basis
- Substance use seems inappropriate for young person's age and maturity
- Young person is using substances with adults or significantly older peers

Substance use is affecting functioning e.g.

- Young person is intoxicated in school/college/work
- Substance use is affecting young person's attendance of school / college/work
- Substance use has led to a drug related incident in school/college/work

Offending Behaviour is an issue e.g.

- Substance use is leading to offending (to fund substance use or offending whilst young person is intoxicated), but young person is not yet involved with criminal justice system (Youth Offending Team)

Mental health causes concerns e.g.

- Substance use appears to be associated with mental health difficulties (low mood, poor motivation etc) or is a secondary issue for young people with existing mental health problems

Substance use is associated with other risk factors e.g.

- Poverty/economic deprivation, family conflict/instability, parental substance misuse or mental illness, poor individual coping skills or behavioural problems

The REQUEST FOR SINGLE SERVICE form should be completed and sent to the appropriate Tier 3 worker. In South Gloucestershire there are specialist tier 3 workers based within Children's Social Services, YOT and YPDAS. A duplicate copy of the REQUEST FOR SINGLE SERVICE form may then be held centrally by the local authority.

Where multiple REQUEST FOR SINGLE SERVICE forms are received for an individual this will trigger the process for the CAF. Future guidance will be disseminated locally.

On receiving a referral (via a REQUEST FOR SINGLE SERVICE form) for further intervention/assessment the Tier 3 drug worker will liaise with all appropriate services in order to contribute to the holistic needs of the young person.

As mentioned above, when a young person has complex needs, such as a need for substitute prescribing, the Tier 3 Drug Worker will work closely with the UBHT Young Peoples Drug Treatment Service based at Bristol Children's Hospital.

Young people aged **eighteen years and above** should be referred to South Gloucestershire Drug and Alcohol Service. See the transition framework (appendix 16).

Self-referral

In the case of self-referrals or a referral by a parent/carer, the Tier 3 Drug Worker will gather information over the phone with the young person or parent, and seek consent to treatment as soon as is practicably possible.

Refusal of a Referral

Screening may indicate that a young person has substance related needs requiring assessment and possibly treatment, but the young person may be reluctant to comply with a referral to Tier 3 services.

When this happens, Tier 3 services can provide support for other practitioners working with the young person on how best to motivate a referral, and how to respond to any immediate risks to the young person. It is advisable to continue to work with the young person towards referring them to Tier 3 services.

Section 3 - Specific guidelines for Tier 3 Drug and Alcohol Workers to ensure safe practice

This section provides specific guidance for Tier 3 drug and alcohol workers. It outlines the procedures that need to be followed in assessing young people and providing treatment to those with problematic substance use.

Initial contact

Prior to any assessment being conducted, a practitioner will first check a young person's details against a client index (in the risk section only) and the REQUEST FOR SINGLE SERVICE form to ensure that a young person is not known to pose any particular risks to personal safety. The Referral Flowchart (Appendix 5) and the separate Risk Assessments (appendix 11 -13) should be followed.

Arrangements will be made to see the young person at a suitable venue; School, Connexions, Youth Centre, Health Centre etc for an initial assessment.

Where a young person is under sixteen years and has been referred without parental consent, practitioners will give careful consideration to where that young person is seen.

If the young person is attending school, this venue should be used. When this is not possible and a young person is not in contact with another agency another suitable venue should be used (Health Centre, Connexions etc.) Where deemed appropriate and professional to do so the drug worker may consider using a public place, which allows an opportunity for privacy (café etc). In exceptional circumstances, when all above venues are not suitable, an *initial* home visit may be carried out. Subsequent meetings should take place at another suitable venue. See Property Risk Assessment (appendix 11).

Confidentiality

Parents/Carers will not always be aware that a professional has referred their son/daughter for an assessment. Young people often are reluctant for their parents/carers to know. However, it is good practice for a Tier 3 Worker and/or the referring agency to inform parents/carers that a referral has been made and seek consent to proceed with an assessment with the agreement of the young person.

In practice this means that initial assessments will sometimes be conducted without parental awareness. The drug worker will firstly need to establish a young person's competency to consent to their own further treatment. Where this situation arises, practitioners will refer to the Competency to

Consent to Treatment Flowchart (Appendix 4), which outlines the possible outcomes of this assessment process and what decisions may be taken (See Fraser Guidelines in section 1).

On first contact with a young person both written and verbal information will be given regarding the services that can be provided. This information refers to confidentiality issues, the recording and storage of client data and how young people can access the information that is kept about them using Subject Access Request Forms. Explanation around the requirements to record and share information for the purposes of monitoring, evaluation and research are given. (See 'Need to know' on page 11 for more detail.)

The young person is asked to sign a form to indicate that they understand the above issues and also to identify specifically which individuals and organisations they want information to be shared with.

Consent to inform

On commencement of an assessment, a consent form (appendix 7) allows consent from a young person to share information. If consent to share information with parents/carers is given, a parent/carer consent form (Appendix 8) will need to be signed and returned by the parent/carer. Where consent to inform parents/carers is not given, the tier 3 drug worker will meet with the young person and encourage them to inform parent/carers of their referral, or allow the drug worker to do this. If the young person refuses to do this, their competency to consent to further treatment will need to be assessed (See Competency Flowchart appendix 4). Once a young person has been assessed as being competent to consent to their own treatment, this can be provided, with the young person signing a consent form. This forms the initial part of an assessment.

At the end of the assessment process, a Care Plan will be agreed with the young person and other parties as appropriate (i.e. referring agency, parent/carer). The Care Plan will identify the changes that the young person wants to make and what support they need.

Data Entry

For data entry procedures refer to the Data Entry Flow Chart (*Appendix 15*)

Where a parent/young person consents to treatment but not to the entry of data a disclaimer form for parents/carers (Appendix 9) or young people (Appendix 10) will need to be signed. When consent to enter data is refused by either the young person and/or parent, the young person can continue to receive a service and should be made aware that their refusal may affect the provision of services. Where these issues arise, the practitioner will discuss them with his/her Supervisor and document them fully in the young persons case notes together with any decisions made. The Supervisor will then countersign the relevant case note entries.

File Retention

How long a young person's information is held depends on circumstances of that young person:

- If the young person is a Child Looked After by the local authority, their records will be destroyed 75 years after their 18th birthday.
- If the Young Person is a Child in Need, their records will be destroyed after 10 years. The Children Act 1989 defines a Child in Need as follows:
 - S/he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him or her of services by a local authority; or
 - his or her health or development is likely to be significantly impaired or further impaired, without the provision for him or her of such services; or
 - S/he is disabled.
- All other on-going records are destroyed after 10 years or when the young person is 25, whichever is later.

The source of this information is Retention Guidelines for Local Authorities – The Records Management Society of Great Britain (2002).

Section 4

Local and National Information

For local support around drug and alcohol issues contact the Young People's Drug and Alcohol service (YPDAS), Department for Children and Young People, Learning and School Effectiveness, Bowling Hill, Chipping Sodbury, South Gloucestershire, BS37 6JX 01454 868764
www.safersouthglos.org.uk or www.southglos.gov.uk

Training: YPDAS provide up to date training around the following themes:

Working with Young Drug Users to Promote Behavioural Change
Drugs & Young People
Drug education for key stage 1 & 2
Screening training
Policy development for schools
Staff drug education and awareness development
Parent/carer drug awareness evenings

For a course overview or to book a place on any of the above courses please contact YPDAS on 01454 868764

Projects: YPDAS – current school-based projects for young people:

Group work: Targeted drug education to groups of young people identified as being at risk of developing problematic substance use. These educational sessions complement PSHE whilst allowing a group to focus on particular substances or issues.

DIG: Drug Intervention Group-work Programme (DIG). The aim of the programme is to engage those young people who at this point do not require a full assessment or 1:1 support but who may benefit from having the space to explore their pattern of use and make changes.

6th Form Conferences: 6th form conferences can be delivered at any time of the year. The half-day conference consists of 4 workshops which the students rotate around in groups of 20. The workshops aim to increase knowledge, develop skills and explore attitudes around drug and alcohol use.

Young Carers Project

A project run by Young Carers for young people affected by parental substance use. Call Hannah on 07891 650205 or Jo on 0117 9285729.

Local organisations

Locality Social Work Service. There will be a duty team based in each of the three localities; Severnvale, Yate and Kingswood.

01454 868501 / 502 Phone numbers may change due to restructuring into locality teams; please refer to the South Gloucestershire Council web site.

Key information can be found at. <http://www.swcpp.org.uk/>

YPDAS

01454 868764 you will be directed to the appropriate Young Persons Drug Worker (Tier 3)

South Gloucestershire Drug and Alcohol Service (SGDAS) Over 18's
0800 0733011

Young Carers

0117 965 2200 / 07891650205

National organisations

FRANK

Provides information and advice for parents/carers and young people on drugs, health and the law

0800 77 66 00

www.talktofrank.com

ADDATION

Provides advice to individuals and communities to manage the effects of drug and alcohol misuse

0207 251 5860

NACOA

National association for Children of Alcoholics

0800 258 3456

www.nacoa.demon.co.uk

ADFAM

Provides advice and help for families and friends of drug users

020 7928 8898

www.adfam.org.uk

RE-SOLVE

The biggest charity that deals with solvent abuse, specifically tailored for parents/carers

0808 800 2345

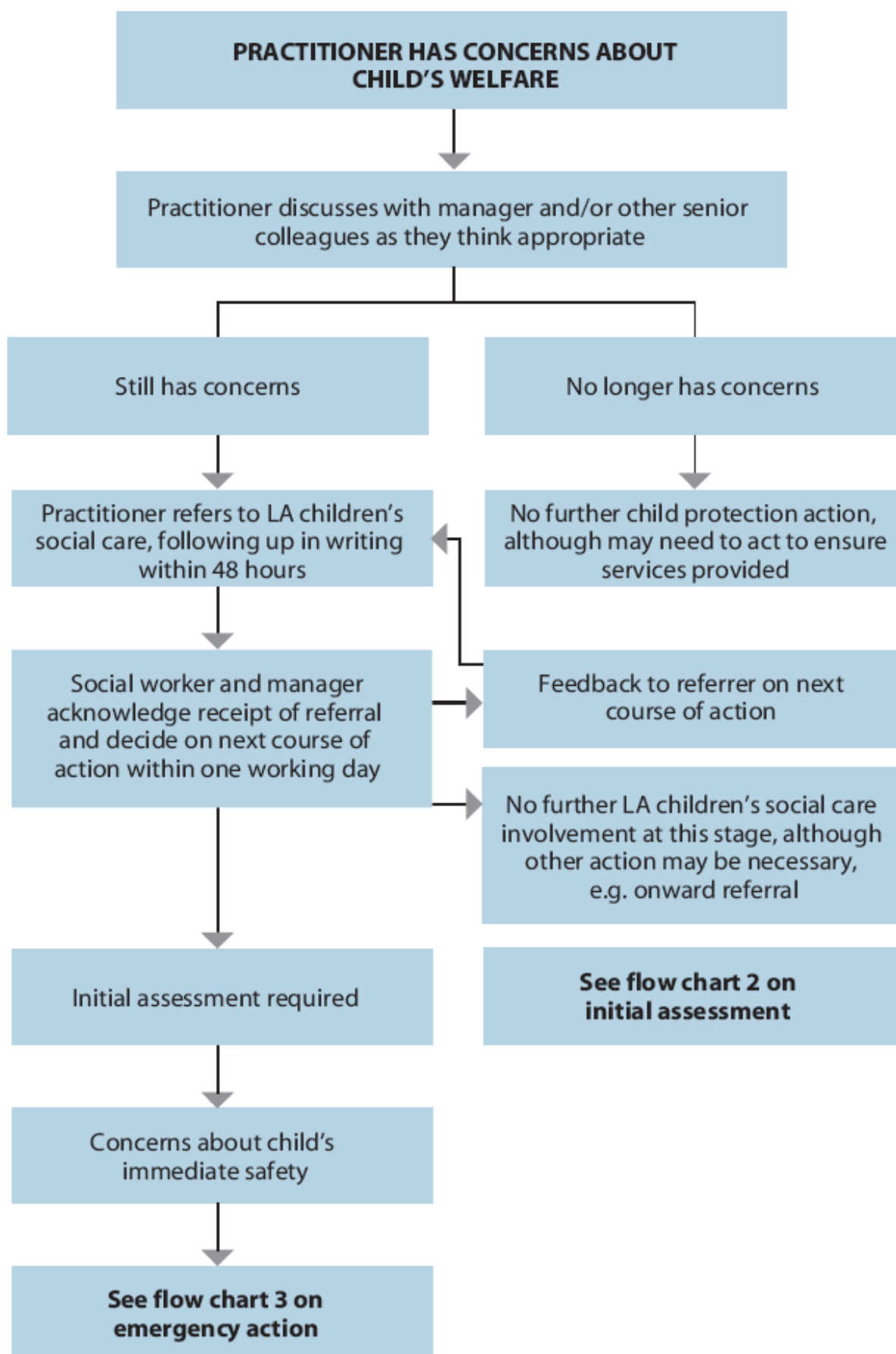
www.re-solv.org

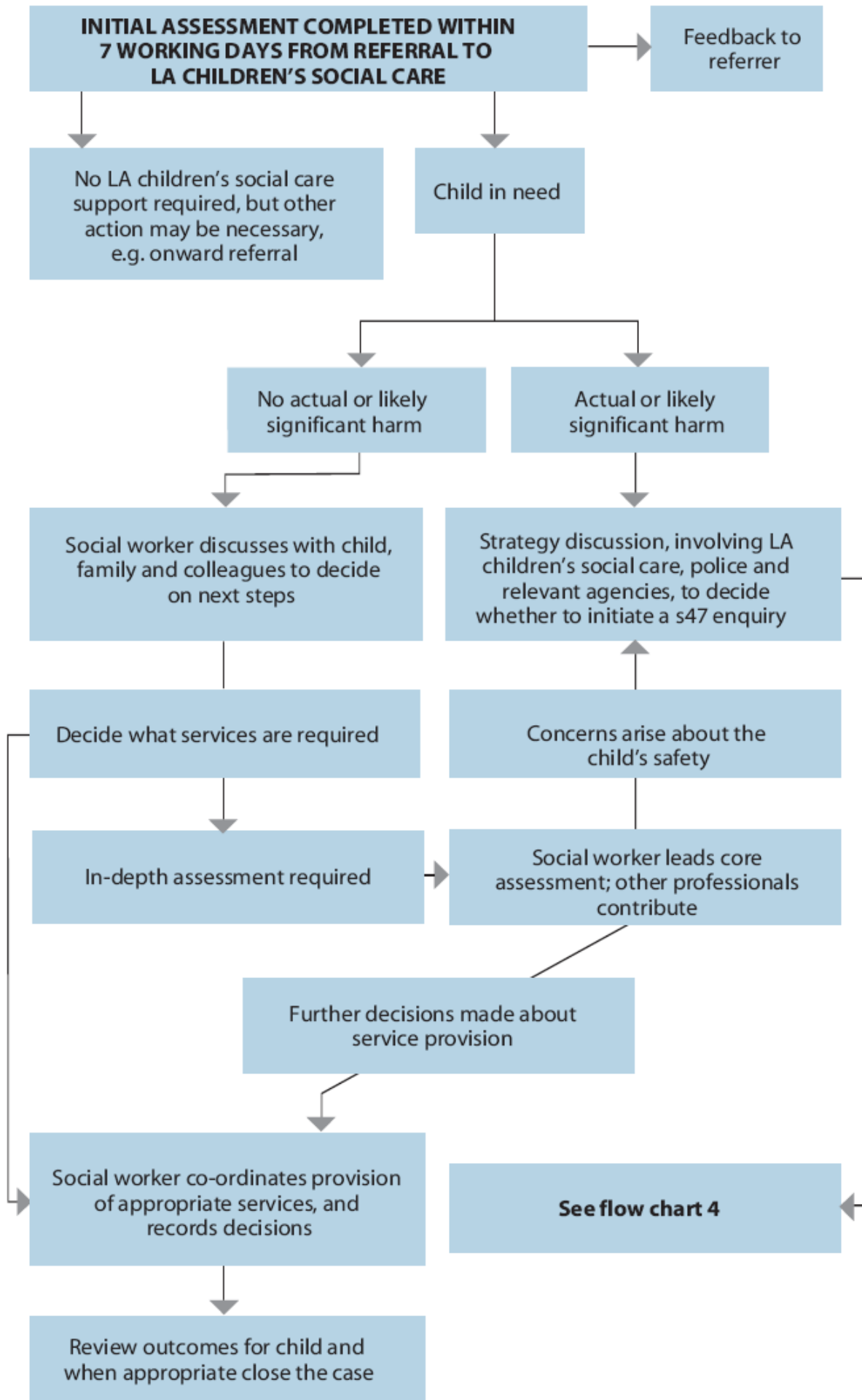
DRUGSCOPE

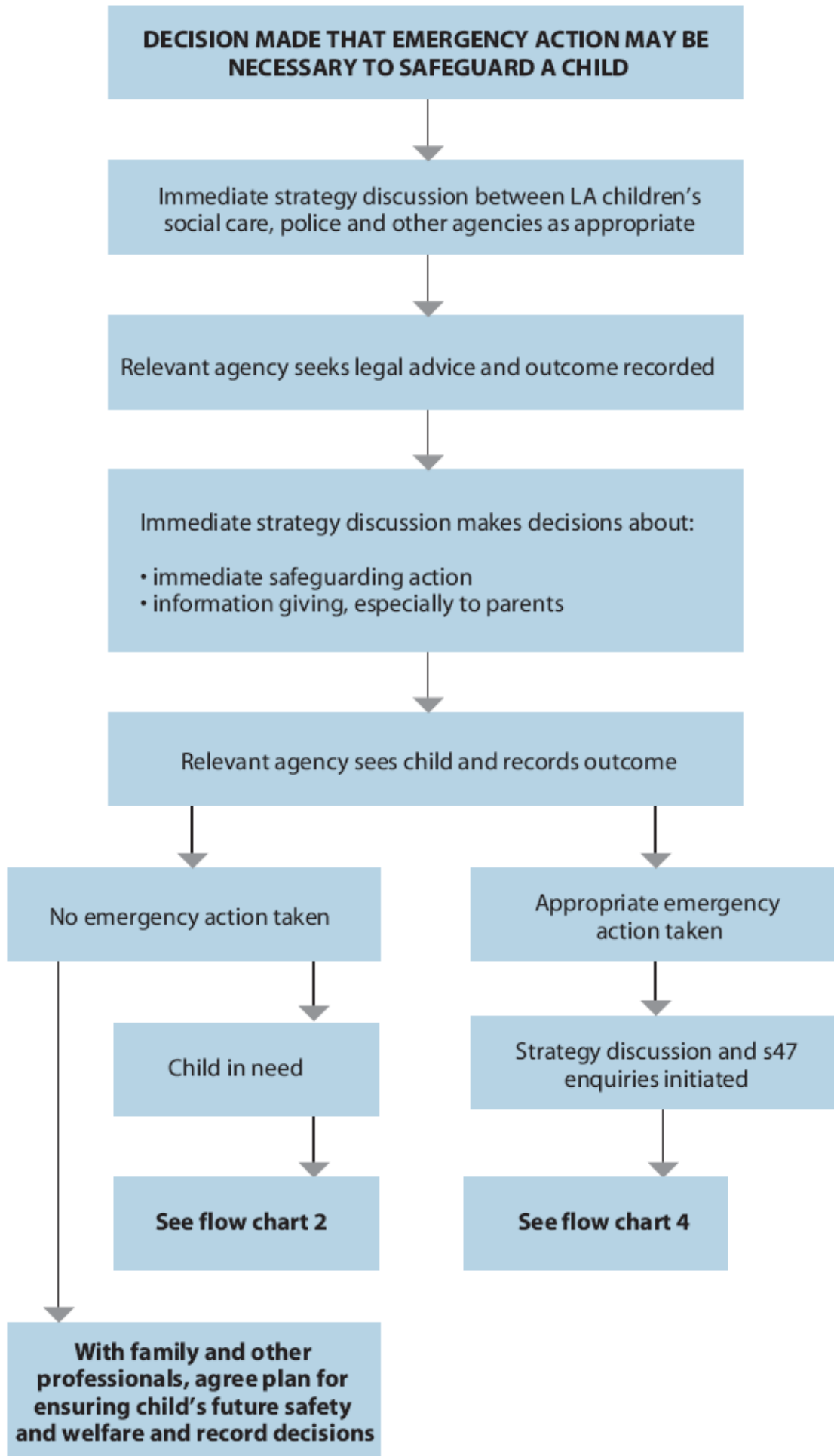
Provides balanced and up to date information on drugs, legal aspects and effective ways of responding to use. 0207 928 1211 www.drugscope.org.uk

Section 5 Appendices

Appendix 1a







Young People’s Substance Use Screening Form

Name.....
D.O.B......

Ethnicity.....
Gender.....

Address

.....
.....
.....

Telephone

(To be completed by the young person)

I agree to complete this form.

The worker has explained to me:

- *about my confidentiality*
- *about how this form will be stored*
- *that they may want to talk to me about different types of support that may be useful for me*

*I agree that the worker can share the information that I talk about with
(please specify)*

parents/carers.....

workers/organisations

.....
.....

Signed Date

1. Which of the following substances have you used in the last week?

Alcohol.... Cannabis.... Amphetamines..... Ecstasy..... Poppers.....

LSD..... Solvents..... Cocaine..... Others(specify).....

(What, when, how, how much & often, where & who with, substances mixed)

.....
.....
.....
.....
.....

2. Have you used any of these substances in the month before then? (What, when, how, how much & often, where & who with, substances mixed)

.....
.....
.....
.....
.....

3. Have you used any substances before then?

(What, when, how, how much & often, where & who with, substances mixed)

.....
.....
.....
.....

4. How has your substance use changed since you began using/drinking?

(Frequency, amount used, where and who with, substances mixed)

.....
.....
.....
.....

5. What do you know about the substances that you use/have used?
(side effects, risks, legal status etc)

.....
.....
.....

Your drug and alcohol use - What do you think?

6. *(Prompt - Some young people think they drink too much or too often, or that their drinking is getting hard to control and is leading to them taking risks. Other young people feel stressed, unhappy or unable to manage when they are not drinking.*

a.) What do you think about your alcohol use?

b.) What do your friends/family think about your alcohol use?)

a.)

I never worry about my alcohol use
I sometimes worry about my alcohol use
I often worry about my alcohol use

b.)

Other people never worry about my alcohol use
Other people sometimes worry about my alcohol use
Other people often worry about my alcohol use

7. (Prompt- Some young people think that they use drugs too much or too often, or that their drug use is hard to control. Other young people feel stressed, unhappy or unable to manage when they are not using drugs)

a.) What do you think about your drug use?

b.) What do your friends/family think about your drug use?

(a)

I never worry about my drug use
I sometimes worry about my drug use
I often worry about my drug use

(b.)

Other people never worry about my drug use
Other people sometimes worry about my drug use
Other people often worry about my drug use

(Can you tell me more?)

.....

.....

.....

.....

.....

8. Does your drinking ever stop you from doing other things?

(Prompt- getting up in the mornings, having money, getting on with friends/family)

Never
Sometimes
Often

(Can you tell me more?)

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

9. Does your drinking ever cause you to do things that you later regret?
(Prompt – e.g. embarrassing behaviour, sexual activity, conflict, criminal behaviour?)

Never
Sometimes
Often

(Can you tell me more?)

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

10. Does your drug use ever stop you from doing other things? *(Prompt- getting up in the mornings, having money, getting on with friends/family)*

Never
Sometimes
Often

(Can you tell me more?)

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

11. Does your drug use ever cause you to do things that you later regret?
(Prompt – e.g. embarrassing behaviour, sexual activity, conflict, criminal behaviour?)

Never
Sometimes
Often

(Can you tell me more?)

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

12. What are the good things for you, about your drinking/drug use?

.....

.....

.....

.....

13. What are the less good things for you, about your drinking/drug use?

.....

.....

.....

.....

14. Would you like any information (leaflets etc) about drugs or alcohol?

Yes Maybe No

15. Would you like to meet with a Drug and Alcohol Worker?

Yes Maybe No

Outcomes (For completion by worker only)

No input required by young person

Young person given advice/information only

Discuss with YPDAS only

Refer to YPDAS for assessment
(complete MARS/YPDAS Referral Form)

Completed by

Date.....

South Gloucestershire “Request for single service” Form

Request to: Service/agency:				Request from: Service/agency:		
Member of staff: (if known)				Your name:		
				Your telephone number:		
1 Child or young person’s details:						
Name:	Address:	D. o. B.	M/F	Ethnicity Please use list at end of form	Religion	Language
Telephone No:						
Nature of Disability (if relevant):						
Parents/carers aware of request? Yes/No				Do they agree to the request? Yes/No		
2 Important people linked to the child or young person (e.g.: parents/carers, siblings)						
Name	Address	Relationship to the child/yp		D. o. B.		
Who has parental responsibility?						
3 Universal services involved with child or young person						
GP:						
Health Visitor/School Health Nurse:						
Early Years or education/training provision:						
If you are aware of any other services involved you may need to start a CAF. Call 01454 865734 to see if one has already been started or for further advice.						
4 Reasons for Request for Service						
Please provide information on the following, focussing on strengths as well as any issues:						
Child/young person’s developmental needs:						

Parenting/caring:

Family, Environmental and Housing factors:

5 Recommendation from staff member requesting service:

6 Any additional relevant information that the receiving agency/service needs to know in order to respond to this request, e.g. communication, safety, access.

7 Child/young person and/or parent/carer:

I agree to this request for service being made on my behalf.
The information on this form may be shared with agencies relevant to this request.
The Information Sharing leaflet has been discussed with me.

Please add any comments you may have about this request for service:

Signature of parent/carer:

Date:

Signature of child/young person:

Date:

Where this request confirms a child protection referral, there is no requirement for signature by the parent/carer or child/young person provided this has been discussed with the police or social services.

Send the form to the agency you are requesting a service from.

UNLESS YOU ARE REQUESTING A SERVICE FROM ONE OF THE FOLLOWING HEALTH SERVICES:

Locality Team Assessment

(for multi-disciplinary assessment or if you are unclear which professional is required)

Uni-professional Assessment required

- Community Paediatrician
- Physiotherapy
- Speech and Language Therapy
- Child and Family Consultation Service (CAMHS)
- Child Disability Team
- School Health Nurse

Please send form to:
Single Point of Entry Clerk
Wendover
170 Downend Road
Bristol BS16 5EB

Telephone 0117 9573206

Is this request routine / urgent?

8 Receiving Agency/service: please complete the box below and copy to the agency/service that made the request to confirm action taken within seven working days.

Contact outcome:

Signature:

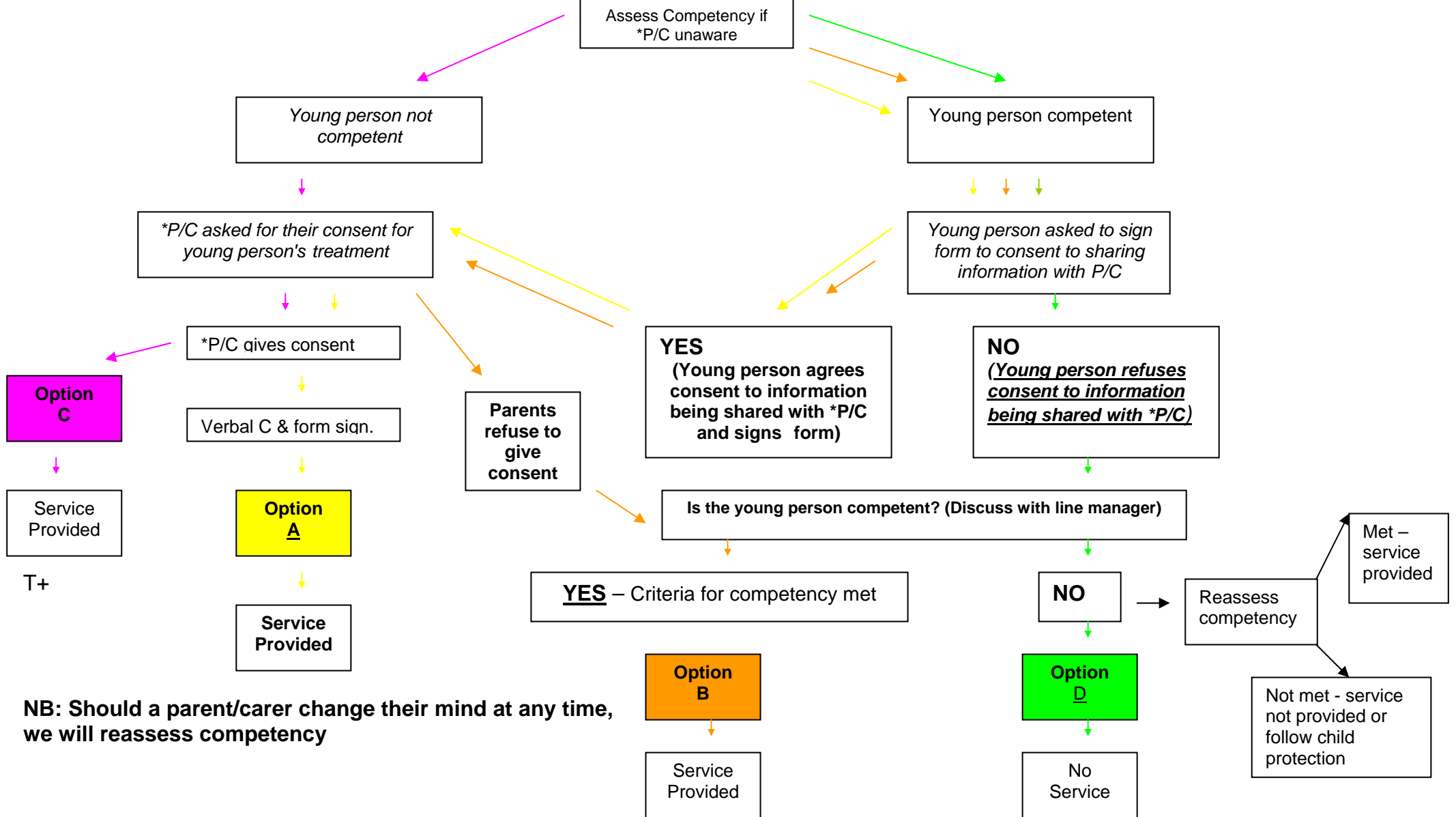
Date:

If you are unsure at any stage of the process, please call:

**Integrated Working Project Helpline
01454 865734**

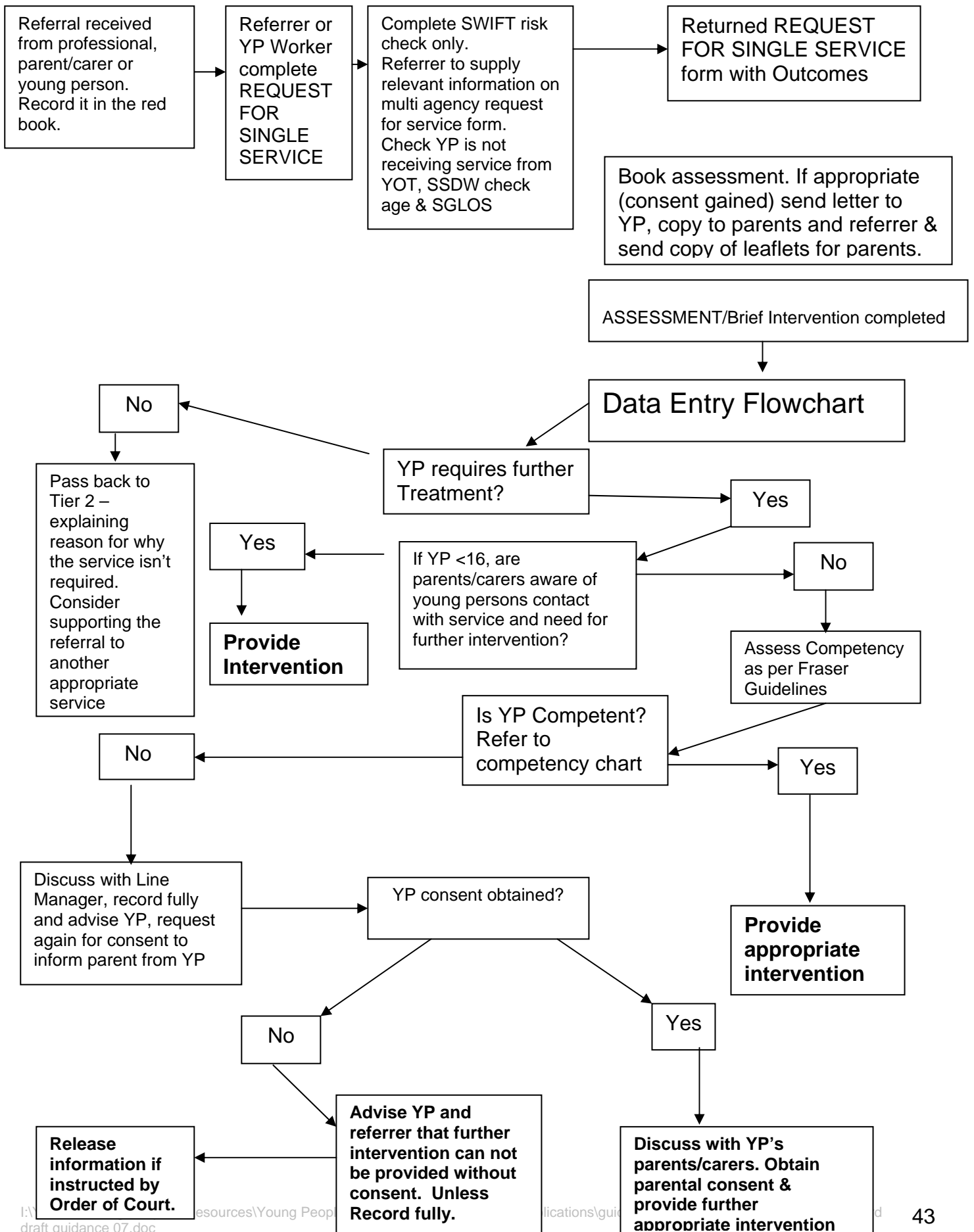
Competency to consent to treatment flow chart

* P/C - Parent / Carer



NB: Should a parent/carer change their mind at any time, we will reassess competency

Referral Process Flowchart (YPDAS)





Young People's Drug and Alcohol Service

Self or Parent/Carer Referral Form

Name of young person being referred:

Male

Female

Address:

.....

.....

Post Code:

Phone number:

D.o.B:

Language:

Disability:

Parents/Carers aware of referral? Yes No

Do they agree to referral? Yes No

Who has Parental responsibility?

Request from:

Reason for Request:

.....

Date request given:

Agencies involved with this child/young person, family:

.....

Address:

.....

Telephone number:

Where did you hear about our service?

Details of referral:

.....

.....

.....

.....

.....

.....

Other information:

.....

.....

.....

Action:

.....



Young Peoples Drug and Alcohol Service
Young People's consent form

This is your opportunity for you to say what information can be passed on and to whom. Nothing will be added or changed without your knowledge or agreement. If for any reason you change your mind you should inform your worker.

I have had the leaflet explained to me and understand what information is kept about me and when information is shared.

I agree that statistical information will be provided to the National Drug Treatment Agency and information being held on my file may be:

- Shared with my parent/carer
- Shared with Connexions
- Shared with the following organisations/individuals (specify)

Any information I don't want shared is outlined with reasons below

.....

.....

.....

.....

.....

Signed:.....

Print name:.....

Date:.....

Witnessed by:.....

Print name:.....

Date:.....



Young Peoples Drug and Alcohol Service, Department for Children and Young People, Learning School effectiveness Service, Bowling Hill, Chipping Sodbury, South Gloucestershire, BS37 6JX

Parent/Carer Consent Form

Date: / /

Dear

As you are aware, I have met with over a number of sessions and have now completed an assessment with them.

I am writing now to request your written consent to provide treatment for as indicated in the leaflet for parents (please ensure that you have read this leaflet or that another person has read this to you)

Please sign below if you to agree to your child participating in treatment, as indicated in the leaflet for parents.

Your child's name:.....

Parent / carer name printed:.....

Parent / carer name signed:.....

Date:.....

Please return the signed consent form in the pre-paid envelope provided. Thank you very much for your cooperation.

If you have any queries, please do not hesitate in contacting me.

Yours Sincerely,

Young Persons Drug Worker



Disclaimer Form for Parents/Carers

I consent to my child participating in treatment with Young Peoples Drug and Alcohol Services.

I do not however, consent to Young Peoples Drug and Alcohol Services entering my child's details on the client file/database

I understand that these procedures are done to assist effective and co-ordinated service provision and accept that my decision may affect the service that Young Peoples Drug and Alcohol Services is able to provide for my child.

Parent / carer name printed.....

Parent / carer name signed.....

Date.....

Please return the signed form in the pre-paid envelope provided. Thank you very much for your cooperation.



Disclaimer Form for Young People

I would like to participate in treatment with Young Peoples Drug and Alcohol Services but I do not consent to Young Peoples Drug and Alcohol Services entering my details on my file/database.

I understand that these procedures are done to assist effective and co-ordinated service provision and accept that my decision may affect the service that Young Peoples Drug and Alcohol Services can provide for me.

Name printed.....

Name signed.....

Date.....



**Young People's Drug and Alcohol Service
Property Risk Assessment**

Property:

Is this a home visit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are you with another member of staff?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Is there a parent/carer in the property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Have you arranged a communal room with staff?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Is there mobile phone reception?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Is there parking available close to property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Is the parking area well-lit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Is there a clear exit route from the property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Do they have a fire procedure and safe exit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Is the outside of the property free from threats?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Is the inside of the property free from hazards?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are there any concerns about the location of this young person's home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

If you have raised any issues please complete the sections below:

1) Notes / further information:

2) Date these issues were raised with:
 a) Your Line Manager:..... b) At Team Meeting:.....

Completed by (worker):

Date:



**Young People's Drug and Alcohol Service
Drug Worker Risk Assessment PDPR**

Name of Worker:

Have you received any training in dealing with aggression or violence?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you have any training needs?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you been issued with a personal alarm?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you have any concerns around risk assessments?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

If you have raised any issues please complete the sections below:

1) Notes / further information:
.....
.....

2) Date these issues were raised with:

a) Your Line Manager:..... b) At Team Meeting:.....

Completed by (worker):

Date:



**Young People's Drug and Alcohol Service
Young Person's Risk Assessment**

Name of Young Person:

Address:
.....
.....

Phone number:

- | | | |
|--|------------------------------|-----------------------------|
| Do you or your colleagues know the young person well? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the SWIFT ID reveal any concerns? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you had any other history about the young person that raised concern? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are/have other agencies been involved with the young person | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you discussed this information with other agencies | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are there any risks that concern you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are their details in the file correct? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you have raised any issues please complete the section below:

1) Notes / further information:

2) Date these issues were raised with your line manager:

Completed by (worker):

Date:



Young People's Drug and Alcohol Service

Practitioner Safety Strategy

In line with Health and Safety at Work Act 1974 and Management of Health and Safety Regulations 1992, these guidelines aim to organise and protect the Health and Safety of practitioners working with young peoples across South Gloucestershire.

Safer South Gloucestershire acknowledges that it is an employer's obligation to work within common law duty of care.

It is important that practitioners take responsibility for their own safety and that of colleagues. This policy will be reviewed every twelve months, based on feedback from all staff involved and referring to British and European directives changes.

This document covers necessary and appropriate risk assessments in the following areas:

	PAGE
1. LOCATION	62
2. TIME	63
3. PERSONAL SAFETY	63
4. TRAVEL	64
5. SUPPORT	64
6. TRAINING	64
7. RECORDING INFORMATION AND REPORTING INCIDENCES	64
8. EMERGENCY PROCEDURES	65
9. CONFIDENTIALITY	65
10.LOCATION DETAILS	66
11.COMMUNICATION	67

RISKS IDENTIFIED AND COVERED IN THIS DOCUMENT

- **PHYSICAL**

Being hurt by a person or harmed within the workplace environment

- **EMOTIONAL**

Verbal abuse or threats

- **STRESS**

Time management, reducing vulnerability, support networks

- **ENVIRONMENTAL**

Health and safety regulations, safety policies

1. LOCATION

1.1 Home visits

All meetings are to be arranged within a public building, not at home. All effort should be made to support the young person to get to the meeting point. An initial home visit could be made but this must be with two members of staff from the YPDAS team. Both workers should go into the property and a parent or carer should also be in the property. 'YPDAS Property Risk Assessment' forms must be completed before the visit.

1.2 Supported living accommodation visits

Home visits can be made if the young person is living in supported living accommodation. The meetings should take place in an appropriate room agreed by staff. 'YPDAS Property Risk Assessment' forms must be completed before visit.

1.3 Other venues

Be aware of the location where the work with young people takes place.

Give yourself time to check the area before you see a young person and complete the 'YPDAS Property Risk Assessment' form.

Do not be in any venue on your own for group work or one to one work.

Sign in on arrival or inform staff you are there.

Be responsible for the safe preparation of the room (if you are not happy with the room ask for another).

Be aware of the closing times of the venue and the finishing times of other members of staff.

1.4 Fire and safety procedures

Be aware of the procedures in an emergency in whichever venue you are working in.

2. TIME

Out of hours working must be discussed and agreed with your Line Manager.
Do not see young people beyond the closing time of the venue you are working in.

Should the need arise to work late or at weekends, at all times let your line manager know your working hours so they can be available by phone. If your line manager is not available, then another member of staff will need to be informed. Practitioners need to take responsibility for arranging this with an appropriate staff member.

3. PERSONAL SAFETY

You have a responsibility to look after yourself and the safety of other colleagues.
The 'Young Person's Risk Assessment' must be completed for every young person before they are seen.

If a young person has used substances or is intoxicated, the situation may become challenging and difficult, and you must feel confident that help is available should you need it.

Trust your instinct! If any thing worries or concerns you, do not start or continue the session with a young people.

If you do not return to the office after an appointment or do not phone in as agreed, the police will be called.

3.1 Using the telephone

Keep mobile phones charged during working hours.

Managers have a list of numbers to contact staff and will update them when necessary.

If you feel it is appropriate, keep your mobile phone switched on during a session, and let the young people know why, e.g. "I'm expecting a call to confirm my next appointment".

In an emergency, call the office and ask for BILL ROBBINS (see point 8)

3.2 Personal Alarms

Keep personal alarms charged and with you during sessions with young people.

Let agency staff know you are carrying an alarm and the sound should it be set off.

3.3 Gender Issues

Be aware of these issues and professional boundaries, and use the support of your line manager and colleagues in situations that may involve aggression or sexual harassment.

Should you feel uncomfortable with a young person or feel a boundary has become unclear then discuss this promptly with your line manager.

4. TRAVEL

4.1 Car insurance

Check that you are insured for journeys made within the working day with business insurance

4.2 Transporting Service Users

You should not be on your own in a car with a young person or transport them to appointments.
YPDAS have a list of premises that can be used for appointments.

4.3 Communication

In case of an accident (within and out of county) call the office and someone will offer assistance where required and appropriate.

5. SUPPORT

The priority of the line manager is to support staff at all times in their work.
Outside of supervision, informal support is a priority should a staff member need to talk to a manager about concerns relating to work.

After any accident / incident / potential incident, report the matter to your line manager who will then arrange a critical debrief. This should also be put in writing.

South Gloucestershire Council provide four to six counselling sessions free to employees and details can be found on the Intranet.

6. TRAINING

Relevant training is offered to staff. It is the worker's responsibility to work through the 'Drug Worker Risk Assessment PDPR' with the line manager.

7. RECORDING

Records are to be kept within case files / computer database files. These should be reviewed in supervision.

Share concerns with colleagues, informally or in a more formal setting.
Line managers will record concerns and incidents from staff about young people or situations that are of concern.

All information will be treated in confidence unless there is a risk to self or others. Should confidentiality need to be broken, the decision will be taken only after liaison with senior management.

Confidentiality of Information: SWIFT

SWIFT should be checked to identify potentially violent young peoples or young peoples with a history of abuse / aggression.

Within data protection legislation, (for young people who are assessed as being competent - see the Safer South Gloucestershire Guidance for Practitioners) young people should be informed initially that this search will be carried out. Verbal or written permission is required before any search of personal files may be carried out or information about the young people shared with other practitioners. This information must be recorded in the case notes.

If any information identifies risk, an 'R' should be written on the top right-hand corner of the young peoples file.

8. EMERGENCY PROCEDURES

In an emergency, call The Young Peoples Drug and Alcohol Service and ask for **BILL ROBBINS** This is the recognised code word. On hearing this word, your colleague will remain calm and ask closed questions such as:

Are you alone?

Where are you?

Do you need someone to interrupt?

Do you need someone to intervene?

Do you need the police there?

IF IN DOUBT, GET OUT!

9. CONFIDENTIALITY

All staff must be aware of, understand and work within the confidentiality policy of Safer South Gloucestershire or their direct employer.

Breaking confidentiality may only happen if one or more of the following criteria are evident:

- Someone is presenting as a danger to themselves or others
- A child / Young Person is at significant risk of harm
- Threats of terrorism

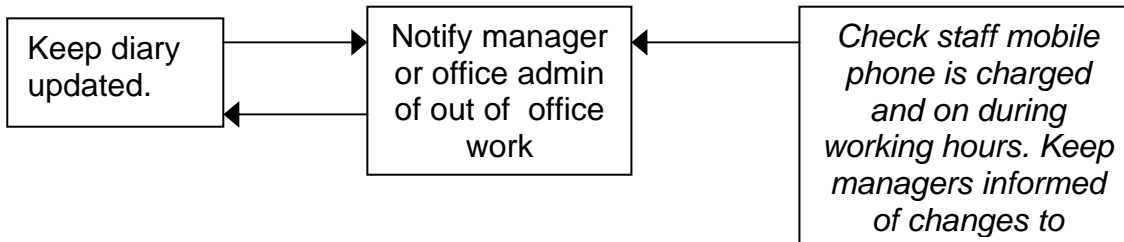
A hierarchy of support exists to manage the breaking of confidentiality. Share your concerns with your line manager so that an appropriate decision can be made. A decision to break confidentiality should not be made alone.

It is imperative that the young person is made aware that you may have to break confidentiality based on the information they have disclosed. Good practice guidelines recommend that all young peoples are made aware of both confidentiality and the implications of breaking confidentiality before any work begins.

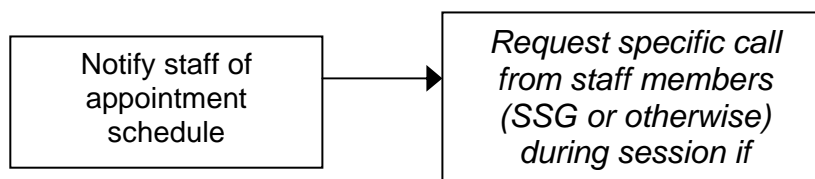
10. LOCATIONS USED BY PRACTITIONERS

<p>Patchway Health Centre Thirlmere Road Patchway</p> <p>0117 9692370</p>	<p>Priority Youth Housing 23 The Parade Coniston Road Patchway BS34 5LP</p> <p>Tel: 01454 865732</p>
<p>Connexions 28-30 Gloucester Road North Filton BS7 OSJ</p> <p>Tel: 0117 9 698101</p>	<p>43 The Park Kingswood BS15 4BL</p> <p>Tel: 01454 866303/866242</p>
<p>Connexions 21-23 High Street Kingswood BS15 4AA Tel: 0117 9612760</p>	<p>SGDAS 130 Tower Road North Warmley BS30 8XN Tel: 01454 868750</p>
<p>Conygre House Annex Conygre Road Filton BS34 7DF Tel: 01454 866051</p>	<p>The Bungalow 24a North Road Yate</p> <p>Tel: 01454 868750</p>
<p>Education Department South Gloucestershire Council Offices Bowling Hill Chipping Sodbury BS37 6JX</p> <p>Tel: 01454 863261</p>	<p>Thornbury Health Centre Eastland Road Thornbury BS35 1DP</p> <p>Tel: 01454 412599</p>
<p>Kingswood Health Centre Alma Road Kingswood BS15 4EJ Tel: 0117 9611774</p>	<p>Yate Health Centre 21 West Walk Yate BS37 4AX Tel: 01454 315355</p>
<p>Patchway Health Centre Thirlmere Rd Patchway</p> <p>Tel: 0117 9692370 / 0117 9695630</p>	<p>North Avon Magistrates Court Kennedy Way Yate BS37 4PY</p> <p>Tel: 01454 310515</p>
<p>Staple Hill Police Station Staple Hill South Gloucestershire Tel: 0117 945 4160</p>	<p>South Gloucestershire Council Nibley Court Westerleigh Business Park 3 Turner Drive Yate Tel: 01454 864905</p>

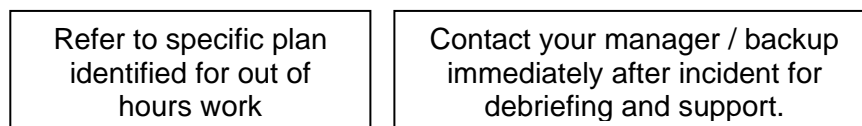
11. COMMUNICATION



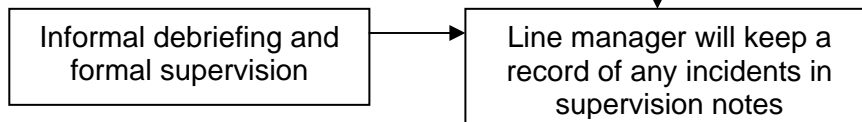
Workplace



Out of hours

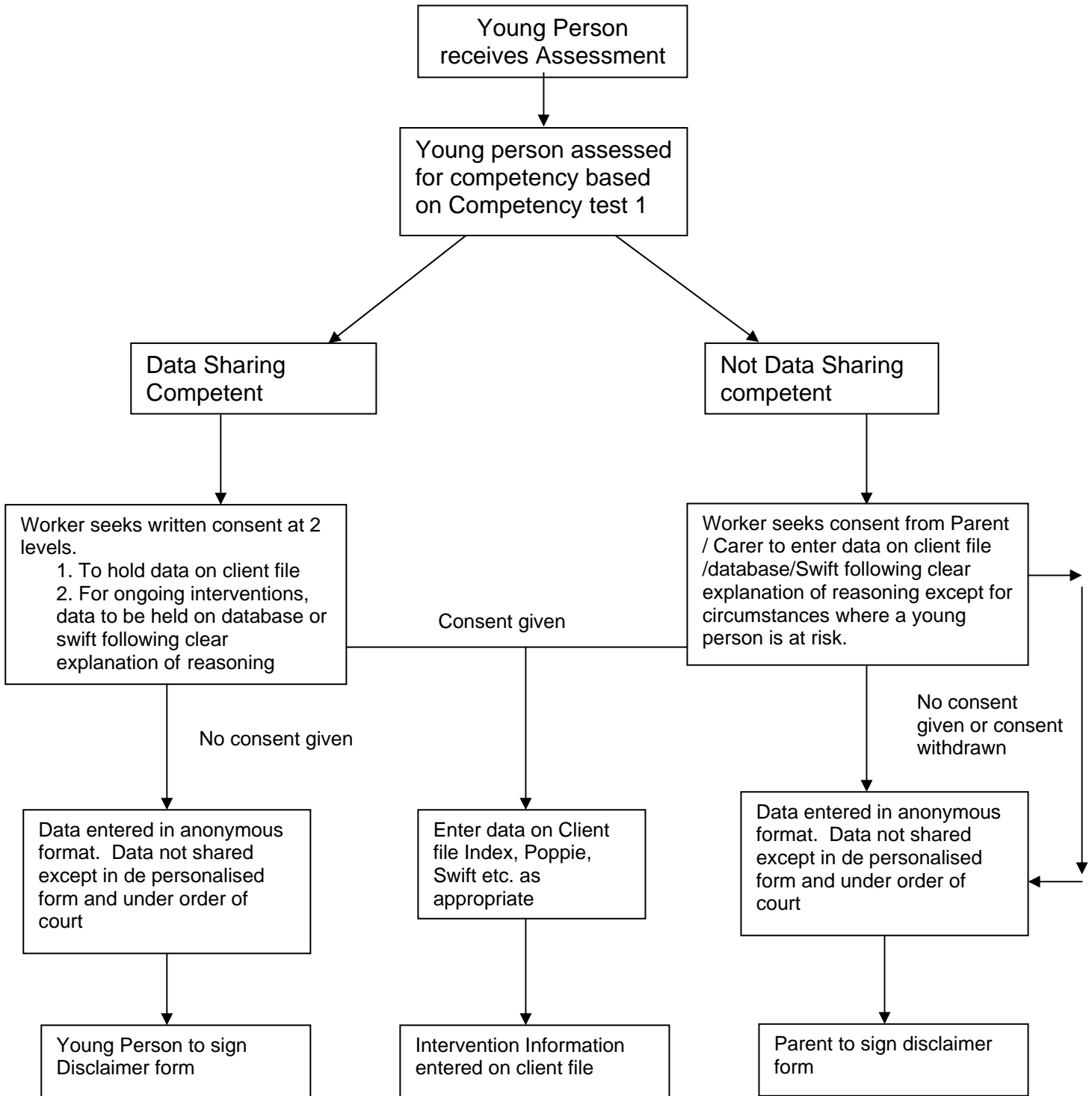


Support



NB. The police will need to be called if a practitioner does not return to the office or phone in as agreed.

Data Entry Flowchart



Continuity of Care from Young People's to Adult Drug Treatment Services in South Gloucestershire:
A Transition Framework

Introduction

This framework has been written to establish a continuity of care for young people in South Gloucestershire moving from young people's drug treatment services into adult services. It includes young people in the following tier 3 & 4 modalities: Psychosocial intervention, Harm reduction Services, Criminal Justice interventions, Work with parents and carers, shared care schemes, specific pharmacological interventions, Inpatient interventions, Supported generic childcare and Residential rehabilitation (NDTMS YP Process Guidance).

This framework seeks to:

- Identify the needs of young people moving from young people's drug treatment services into adult treatment services
- Identify the specific risks involved with substance misuse
- Ensure a smooth transition between services for the service user
- Ensure clarity between services for practitioners
- Ensure an appropriate time frame for transition to allow for a period of joint care
- Provide guidance around age of transition

Definition of transition

There is no clear indicator to mark the change in state from 'childhood' to 'adulthood' or clear definition of the period referred to as 'transition'. In this context transition refers to the time when the case holding responsibilities pass from young people's to adult services. It is a process within South Gloucestershire that takes place between 18 and 25 with individual services establishing their own age frame.

Consent

The legal position regarding the young person's right to consent to or to refuse treatment changes from the age of 18. The young person has full legal responsibility and rights to consent or withhold consent. Prior to the age of 18 a 'Gillick' competent young person has the right to consent to medical (including psychiatric) treatment but no right to withhold their consent. The parental right to consent on behalf of a young person can override the young person's own wishes regarding the withholding of consent.

Age of transition

Clear guidance from the NTA outlines the principles that govern substance misuse provision and commissioning:

‘Services should be provided on the basis of need and not on the criterion of age. If a person aged 18 or over has needs that can best be met by a young person’s service, then this would be the most appropriate placement, as long as this is not detrimental to the service being offered to other clients. The same would be the case for young people under 18 requiring a service best provided by an adult service.’ *Young people’s substance misuse treatment services – essential elements, 2005*

Young people despite the age in which they transfer to adult services need to have a transitional care plan prior to their eighteenth birthday. This should identify ongoing needs and which agencies are best able to meet these needs.

The needs of young people at the point of transition

Young people with problematic substance use often have a range of complex needs requiring access to a variety of agencies/services. Different cut-off ages across agencies can lead to young people entering adult drug services and being unable to access other services that they may require. It is important that the transition process is embedded within a holistic approach with wider needs being considered within care planning. Transitional arrangements will need to take account of the provision of services within other agencies.

The level of support, education and preventative work that addresses the wider issues being presented by a young person may not be comparable to the more treatment and harm reduction focus of adult services. It is important that young people are aware of potential changes that they may experience so that expectations are not misplaced. Young people’s services may be more flexible around appointment arrangements providing the young person with an age and locality-appropriate environment. It is important that young people are encouraged to accept more responsibility for their treatment and gain more confidence in expressing their needs. It is also important for adult services to be flexible in providing an appropriate level of intervention that can where possible mirror existing provision and offer continuity.

A safe environment and confidence in a practitioner is important in establishing a young person within a new service. Adult services can be intimidating with the demographic of substance use and client group being unfamiliar.

Identifying risks

Transition has all too often been a time when young people have disengaged and become lost in the system with neither the young people’ or adult services being accountable. A clear timetable for transition with named practitioners can prevent this with encouragement and support available if a young person seems to be disengaging.

Young people on entering adult services can be exposed to a new peer-group, which may influence their substance using behaviour. It is essential that young people feel safe and are greeted and taken to a safe space quickly. It is important that services encourage clients to foster positive relationships and particularly so with vulnerable young people exposed to a new adult

using client-group. Both the young person's practitioner and the adult practitioner need to work with young people to help them to develop strategies for keeping safe in this area. The flexibility to allow an adult practitioner to hold sessions with a young person within a young people's service should be considered.

Young people may have low expectations of the services that may be available to them when entering adult services. Young people's services may offer a high level of support for a level of need that may in adult services be seen as low due to the extensive range of complex and chaotic needs of adult-users. Young people need to be reassured that there will be a sufficient range of services to cater for their needs, which may be complex and chaotic in other ways.

Many young people become independent at an early age and may not have the support of family or close friends. Young people need additional support to adults in developing a care plan that ensures that these psycho/social needs are met through adequate provision.

Transition Protocol

This protocol is for use by young people's tier 3 drug workers, workers based within YPDTS and practitioners within adult treatment services.

- 1. All young people engaging in substance misuse treatment to have a transitional care plan devised prior to their eighteenth birthday to establish how best the Service User's needs can be met.***
- 2. Care-plan to inform at what point a young person is to make a transition to adult service including discussion with Service User that outlines the reasons.***
- 3. Consent to be obtained from the Service User re: sharing information to adult service in order to make formal referral.***
- 4. Referral letter outlining background history and treatment progress to date to be sent to Adult service for decision regarding allocation.***
- 5. If agreement to treat is gained adult services to identify key worker for young person and communicate to young people's drug worker.***
- 6. Young people's drug worker to meet with adult practitioner.***
- 7. Draft transition care plan for next three months with monthly review.***
- 8. Organise a three way meeting of Service User, Young people's drug worker and practitioner from adult service to discuss care plan and identify further needs of the young person. Practitioner from Adult service to provide information on provision of services and answer young person's queries.***
- 9. Organise multi-agency meeting to review care to date and discuss newly agreed care plan for continuity of care. Consideration of transitional arrangements in other agencies to ensure holistic needs of young person have continuity.***
- 10. Plan a number of joint sessions decreasing to single sessions as per service users needs.***

11. Agree date of Goodbye Session between Service User and young people's worker.

12. Plan formal handover date.

13. Young people's worker to formally close case by writing to relevant parties.