

# Norfolk Drug and Alcohol Partnership (N-DAP)

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## Young people's specialist substance misuse treatment plan 2009/10 Part 1

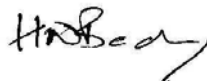
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This strategic summary incorporating the planning grids and funding/expenditure profile have been approved by the Partnership and represent our collective action plan.

**Lisa Christensen,  
Director of Children's Services**



**Harold Bodmer,  
Chair, N-DAP**



**Tony Oram  
Chair, N-DAP Young People's Joint  
Commissioning Group**



<b>1</b>	<b>Overall direction and purpose of the strategy for meeting young people's substance related needs and specifically their needs for specialist treatment interventions</b>
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<b>1.1</b>	<b>Strategic Context</b>
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### 1.1.1 National Guidance

N-DAP looks to the Home Office, Department of Health, Department for Children, Schools and Families (DCSF) and the National Treatment Agency (NTA) for guidance on substance misuse commissioning and good practice. This plan is informed by the following (although this list is not exhaustive):

- *Drugs: protecting families and communities. The 2008 drug strategy*<sup>1</sup>
- *Safe. Sensible. Social. The next steps in the National Alcohol Strategy*<sup>2</sup>
- *The Youth Alcohol Action Plan*<sup>3</sup>
- *Every Child Matters: Change for Children*<sup>4</sup>
- *Young People's Substance Misuse Services - Essential Elements*<sup>5</sup>
- *Interim Guidance on Commissioning Young People's Specialist Substance Misuse Treatment Services*<sup>6</sup>

### 1.1.2 Local Strategy

The N-DAP Outcomes Strategy provides the focus for the commissioning of substance misuse services in Norfolk. This has guided the development of N-DAP's Young People's Joint Commissioning Strategy Parts 1 and 2. Part 1 explains how available funding will be used to plan, purchase and monitor substance misuse services in Norfolk and Part 2 describes the 'commissioning intentions' for N-DAP and the evidence on which they are based. N-DAP's approach to addressing the alcohol-related needs of young people is outlined in N-DAP's Alcohol Harm Reduction Strategy. All N-DAP strategies are available at [www.nordat.org.uk](http://www.nordat.org.uk).

<b>1.2</b>	<b>Outcome framework</b>
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### 1.2.1 Aims

#### 1.2.1.1 N-DAP Aim

N-DAP seeks to achieve one overarching aim:

- To reduce the harm caused by the misuse of drugs and alcohol in Norfolk

#### 1.2.1.2 Public Service Agreements (PSAs)

N-DAP contributes to the following PSAs:

- 14 - Increase the number of children and young people on the path to success
- 23 - Make communities safer
- 25 - Reducing the harm from drugs and alcohol

<sup>1</sup> *Drugs: protecting families and communities. The 2008 drug strategy* (Home Office: 2008)

<sup>2</sup> *Safe. Sensible. Social. The next steps in the National Alcohol Strategy* (Department of Health: 2007)

<sup>3</sup> *Youth Alcohol Action Plan* (The Stationery Office: 2008)

<sup>4</sup> *Every Child Matters: Change for Children* (Department of Education and Skills: 2004)

<sup>5</sup> *Young People's Substance Misuse Services - Essential Elements* (National Treatment Agency: 2005)

<sup>6</sup> *Interim Guidance on Commissioning Young People's Specialist Substance Misuse Treatment Services* (National Treatment Agency: 2008)

Information about Public Service Agreements (PSAs) is available at <http://www.cabinetoffice.gov.uk>

## **1.2.2 Outcomes**

### **1.2.2.1 N-DAP Outcomes**

N-DAP has clear local outcomes to work towards. These are:

- A reduction in drug-related ill health
- A reduction in drug-related deaths
- A reduction in drug-related offending
- A reduction in the supply of illegal drugs
- A reduction in alcohol-related harms
- Today's young people prevented from becoming tomorrow's problematic substance misusers

N-DAP's work in addressing young people's substance related needs contributes to each of these outcomes

### **1.2.2.2 Every Child Matters Outcomes**

Substance misuse has the potential to impact negatively on young people's chances of reaching their full potential. N-DAP works to contribute to the five Every Child Matters outcomes:

- Be Healthy
- Stay Safe
- Enjoy and Achieve
- Make a Positive Contribution
- Achieve Economic Wellbeing

Information about Every Child Matters outcomes is available at <http://www.everychildmatters.gov.uk>

### **1.2.2.3 Child and Adolescent Mental Health Services (CAMHS) Outcomes**

N-DAP works to contribute to the Norfolk CAMHS Implementation Plan Outcomes<sup>7</sup>, in particular the following:

- More of the general school aged population are emotionally secure, resilient & able to make and maintain positive relationships
- More children with learning disability & mental health problems have positive emotional well-being as they enter adulthood & make the transition to adult learning disability services
- 16 and 17 year olds with a mental health problem that is having a moderate to severe impact on their daily life feel emotionally and psychologically well and are enabled to thrive and achieve and make a positive contribution
- More children & young people with complex, persistent & severe behavioural & Mental Health needs are emotionally secure, resilient & able to make and maintain positive relationships
- More children & young people with medical conditions and psychosocial difficulties and their siblings and parents/carers feel able to remain & thrive within their existing home and are able to sustain or retain engagement with school, family/carers and communities

## **1.2.3 Measurable Outcomes**

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<sup>7</sup> *Improving the emotional health & well-being of children & young people* CAMHS Implementation Plan 2007-2010 (CAMHS Strategic Partnership: 2007)

### **1.2.3.1 Local Area Agreement (LAA)**

Norfolk's LAA has prioritised substance misuse by young people (national indicator 115). This involves the setting and monitoring over three years of a pair of targets relating to young people's substance use. N-DAP will play a major role in the achievement of this target.

N-DAP will also contribute to the achievement of targets relating to:

- NI 19 Rate of proven re-offending by young offenders
- NI 39 Alcohol related hospital admission rates
- NI 40 Drug users recorded in effective treatment
- NI 51 Effectiveness of Child and Adolescent Mental Health Services
- NI 54 Services for disabled children
- NI 110 Young people's participation in positive activities
- NI 111 First time entrants to the Youth Justice System aged 10 to 17 years
- NI 112 Under 18 conception rate
- NI 117 16 to 18 years who are not in employment, education or training

### **1.2.3.2 DCSF and NTA performance expectations**

N-DAP aims to ensure that at least 65 per cent of young people leave treatment in an agreed and planned way.

### **1.2.3.3 Treatment Outcome Profile**

The partnership works towards the achievement of positive outcomes for young people aged 16 and over in specialist structured treatment as measured by the NTA's Treatment Outcome Profile (TOP).

## **1.2.4 Outputs**

### **1.2.4.1 DCSF and NTA performance expectations**

N-DAP aims to ensure that the following performance expectations are met:

- At least 90 per cent of young people requiring specialist substance misuse treatment should be catered for in a young person's service
- The range of services available should include: Psychosocial Interventions; Specialist Harm Reduction; Family Work; Pharmacological Interventions; Access to Residential Substance Misuse Treatment
- At least 20 per cent of referrals to specialist substance misuse treatment should be from Children and Families services
- All young people referred for specialist substance misuse treatment should have a comprehensive assessment undertaken within 5 working days of referral
- All young people who are assessed as requiring specialist substance misuse treatment should commence treatment within 10 working days of the comprehensive assessment
- All young people in specialist substance misuse treatment should have a care plan specifically related to their substance misuse treatment needs
- All young people who have a history of injecting should be offered a personal Hepatitis C Test with appropriate pre and post test counselling

<b>1.3</b>	<b>Commissioning Principles</b>
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**1.3.1** The advent of Every Child Matters: Change for Children<sup>8</sup> and the Children Act 2004 has led to the planning and commissioning of young people's health, social and education services in Norfolk falling under the Children and Young People's Partnership Trust. This whole system approach is designed to improve outcomes for young people in Norfolk by producing more effective and integrated services, which both secure a shift from intervention to prevention and meet the needs of the most vulnerable.

**1.3.2** N-DAP has transferred accountability for the joint commissioning of young people's substance misuse services to the Children and Young People's Partnership Trust Board. It is the responsibility of the Young People's Joint Commissioning Group (YPJCG) to take this forward in line with the trust's developing integrated commissioning framework and the Norfolk Children and Young People's Plan<sup>9</sup>.

**1.3.3** The core principles for commissioning young people's substance misuse services under which N-DAP has operated under are:

- To develop and commission young people's substance misuse services in accordance with the principles set out within Health Advisory Service (HAS)<sup>10</sup> and NTA commissioning guidance<sup>11</sup>
- All commissioning decisions are based on a clear rationale for improving outcomes for children and young people with drug and/or alcohol related needs (through own use or as a result of others)
- The principle of prevention and harm minimisation will underpin service provision commissioned in Norfolk
- N-DAP aims to provide equal access to all young people's misuse services across Norfolk, taking into account the needs of a diverse population
- Services are developed on the basis of identified need
- Services will be developed in line with good practice and the effectiveness of practice will be monitored
- All commissioned services will have a contract, reviewed and monitored by the YPJCG
- The development of new services will aim to complement and enhance existing service provision where appropriate
- All partner agencies need to take account of the impact of substance misuse on the delivery of their individual services
- Strategies and actions are developed to ensure that children, young people, their parents/carers, the wider community and partners can meaningfully participate and are consulted on all aspects of the N-DAP joint commissioning process

<b>2</b>	<b>Likely demand for specialist substance misuse treatment interventions for young people. Please identify and consider the differential impact on diverse groups and ensure that the overall plan contains actions to address negative impact</b>
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2.1 The gap analysis attached at appendix 1 provides the detail of current and future demand for specialist substance misuse treatment interventions.

<b>3</b>	<b>Key findings of current needs assessment and a brief summary of the prevalence of problematic substance misuse by young people in the local area, changing trends, treatment mapping, characteristics of met and unmet need, attrition rates and treatment outcomes</b>
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<b>3.1</b>	<b>Overview</b>
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<sup>8</sup> *Every Child Matters: Change for Children* (Department for Education and Skills, 2004)

<sup>9</sup> *Norfolk Children and Young People's Plan 2006-2009 year 3* (Norfolk Children and Young People's Partnership Trust: 2008)

<sup>10</sup> *Review 2001 The Substance of Young Needs* (Health Advisory Service: 2001)

<sup>11</sup> *Interim Guidance on Commissioning Young People's Specialist Substance Misuse Treatment Services* (National Treatment Agency: 2008)

3.1.1 In 2007/2008, Norfolk Drug and Alcohol Partnership commissioned a series of needs assessments to inform our Young People's Joint Commissioning Strategy and Young People's Specialist Substance Misuse Treatment Plan including the following: -

- The University of East Anglia undertook an assessment of the characteristics, needs and harms associated with young people vulnerable to problematic substance misuse in Norfolk<sup>12</sup>
- The University of Bath were commissioned to conduct an investigation into the needs of children of parental substance misusers and substance misusers who are parents<sup>13</sup>
- An alcohol needs assessment 'The Harm Done By Alcohol in Norfolk' was completed by the Eastern Region Public Health Observatory<sup>14</sup>

3.1.2 The findings from these are still relevant in 2008/2009. In addition:

- DAAT Research and Information Officers have completed a mapping of existing services and description of client profile
- DAAT Research and Information Officers have completed a literature review around the needs of Lesbian, Gay, Bisexual and Transgender (LGBT) young people
- Tellus 3 data gives us information about young people's substance misuse data in Norfolk

3.1.3 The above has been analysed and interpreted by DAAT Research and Information Officers and was subject to discussion and challenge at our Young People's Implementation Group (YPIG) on December 11<sup>th</sup>. The membership of this group reflects the NTA's recommendations for membership of an 'expert group'. The process was overseen by the YPJCG.

3.1.4 Relevant key findings from all of the needs assessment activity are outlined below. They have all informed this young people's substance misuse treatment plan.

<b>3.2</b>	<b>Context</b>
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### 3.2.1 People and geography

Norfolk is the fifth-largest Shire County in England at 535,000 hectares. Its population is 824,200, forecast to grow by 11 per cent by the year 2016. A rural county - Norfolk has 1.5 persons per hectare compared with an average for England of 3.8 persons per hectare (London has 46.1 persons per hectare). Three major centres (Norwich, Great Yarmouth and King's Lynn) account for 39 per cent of the county's population. There are 21 market towns and 539 parishes. 37 per cent of the population live in communities with fewer than 2,500 people. 150 parishes have fewer than 250 people and 40 per cent have no shop or post office. The size and rurality of the county pose particular challenges to the county council for transport and service delivery.

### 3.2.2 Ethnicity

The 2001 census showed that only 2.7 per cent of the population were from Black and Minority Ethnic communities with 'other white' and 'white Irish' forming the largest proportion of these (1.8 per cent and 0.5 per cent respectively). Norfolk's education language support unit has identified that at least 85 languages are spoken in Norfolk. Norfolk's largest ethnic minority is Portuguese.

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<sup>12</sup> *Norfolk Young People's Needs Assessment 2007* (N-DAP:2007)

<sup>13</sup> *Children of Parental Substance Misusers and Substance Misusers who are Parents: Study of Need and Response for Norfolk* (N-DAP: 2007)

<sup>14</sup> *The Harm done by Alcohol in Norfolk* (N-DAP: 2007)

### **3.2.3 Economic variations and deprivation**

Of non-metropolitan counties, Norfolk is the 6th most deprived in England (out of 34) - this is significantly higher than the rest of the counties in the Eastern Region; the next most deprived county being Suffolk which is ranked 18th. Some 60.5 per cent of Norfolk's population are economically active compared with 64.3 per cent regionally.

### **3.2.4 Urban issues**

In terms of Urban Deprivation there are significant problems in Great Yarmouth, Norwich, King's Lynn and parts of Thetford with each of these areas having between 11 and 1 'super output areas' in the top 10 per cent most deprived wards in England in the overall Index of Deprivation. Using an assessment of the average of super output areas scores, Norwich is the most deprived local authority area in the 48 authorities in the East of England and Great Yarmouth is the second most deprived. Using this score Norwich is in the top 20 per cent most deprived authorities in the Country.

### **3.2.5 Rural issues**

The East of England Development Agency (EEDA) has examined social exclusion in the rural parts of the eastern region and has identified those rural districts which have a relatively high proportion of the population affected by particular problems. These, together with other key social exclusion and deprivation issues for the rural areas include:

- low income and low pay in Breckland and North Norfolk
- low income, low pay, pensioners on low income and high premature deaths in King's Lynn and West Norfolk
- lack of access to local services, with 40 per cent of rural parishes having no shops or post offices
- limited provision of affordable housing in many rural areas

Source: Norfolk County Council Self-Assessment for 2008 Comprehensive Performance Assessment

## **3.3 Prevalence**

**3.3.1** The UEA study argues that substance use amongst young people is determined by multiple interrelated factors and that it can be best understood via a risk, protection and resilience-focused approach. Risk factors can be internal or external to individuals and a wide range of different risk factors are associated with substance misuse by young people. Risk factors can be seen as markers of vulnerability to substance use, the influence of which is mediated or moderated by young people's own decisions regarding whether to initiate, maintain or cease drug use. Risk factors related to specific identifiable group memberships can be used to aid the targeting of interventions at high risk populations of young people.

**3.3.2** The authors identify the following groups of young people as highly vulnerable to substance misuse: those who are homeless and 'runaways', young offenders, those who are involved in sex work, those looked after (or 'ever' looked after) by local authorities, children from families where there is substance misuse, truants and school excludees, and young people with mental health problems. Young people belonging to more than one of the groups listed above are most highly vulnerable to substance misuse. Members of refugee groups and asylum seekers to the UK may also comprise such a group but there is insufficient data available on this population. Very little information is available on young Gypsies and Travellers.

**3.3.3** A large volume of secondary data is analysed with the aim of determining the prevalence and location of young people vulnerable to substance misuse in Norfolk. The study finds that the range of vulnerabilities to substance misuse is distributed across the whole of the county of Norfolk. Some vulnerabilities (e.g. deprivation) can be pinpointed at quite precise geographical locations (e.g. North Lynn)

but this is not the case for the majority of vulnerabilities. There is more possibility for simple prevalence comparisons between larger geographical areas. For example 'half-day unauthorised absence' in primary schools is taken as an indicator of the risk factor 'school problems' and found to be highest in the Central area and lowest in the Southern area. 'Looked after children in foster placements' is taken to be an indicator of the risk factor 'in care' and found to be highest in the Central area and lowest in the Southern area. However, it is noted that the available data exhibits a number of significant weaknesses in measurement terms and the authors advise circumspection when using to guide planning.

**3.3.4** Ofsted's Tellus 3 survey was carried out in Spring 2008<sup>15</sup>. Results show that young people in Norfolk are significantly less likely to never have had an alcoholic drink than those in the rest of the country (19 per cent as compared to 25 per cent). In other areas of alcohol consumption levels in Norfolk appear to agree with national comparators: 37 per cent report never having been drunk; 20 per cent report having been drunk but only once or twice and not recently; 7 per cent report having been drunk once within the last four weeks; and 6 per cent report having been drunk three or four times in the last four weeks. The proportion of Norfolk's young people who report having taken drugs (11 per cent) is also consistent with national comparators.

**3.3.5** The University of Bath needs assessment finds that monitoring of work with the children of parental substance misusers is inconsistent and/or lacking. It is not therefore possible to make reliable estimates of met and unmet need. However, it is clear that large numbers of children and young people are affected by parental substance misuse in Norfolk. This is validated by the partnership's alcohol needs assessment which estimates that as many as 13,000 children live in a household with at least one dependent drinker (adult or sibling).

**3.3.6** The alcohol needs assessment finds that Norfolk generally has lower indicators of alcohol related harm than England as a whole. However, the effects of alcohol misuse are greatest in the more deprived areas of Norfolk. Norwich and Great Yarmouth fare worse than the rest of the county and in some cases than England. There are significant information gaps.

**3.3.7** Emergent trends in underage drinking are found to be particularly affecting young women. Rates of alcohol poisoning in Norfolk amongst this group are increasing, reflecting increased binge drinking. Young women are more likely to attend accident and emergency departments for alcohol poisoning and to be admitted to hospital. Of the 144 young people in treatment for alcohol problems in 2006/2007, 63 per cent are female

**3.3.8** By contrast the effects of binge drinking on young men appear to be ameliorating with reductions in assaults and violent crime and reductions in road collisions although some of the data on this is conflicting. Underage sales from off licenses are declining.

**3.3.9** The teenage conception rates in Norfolk show a strong correlation with deprivation; Great Yarmouth and Norwich being significantly above the regional and national averages, whilst the results for Broadland and South Norfolk are significantly below the average. National research suggests that higher rates are associated with alcohol consumption<sup>16</sup>.

**3.3.10** Gypsies and Travellers have been part of Norfolk life for hundreds of years. However, it is difficult to determine how many are travelling and/or living in Norfolk. The most reliable figures come from the twice yearly Gypsy Caravan count which recorded 492 caravans in Norfolk in January 2007<sup>17</sup>. These figures exclude Gypsies and Travellers living in houses. Norfolk's strategy for Gypsies and Travellers in Norfolk highlights problems in accessing health care for Norfolk families as a particular cause for concern<sup>18</sup>.

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<sup>15</sup> *Tellus 3 Local Authority Report Norfolk* (Ofsted: 2008)

<sup>16</sup> *Alcohol and Teenage Pregnancy* (Alcohol Concern: 2002)

<sup>17</sup> <http://www.norfolk.gov.uk/consumption/groups/public/documents/abstract/ncc054480.xls>

<sup>18</sup> *A Strategy for Gypsies and Travellers in Norfolk 2005-2008* (South Norfolk Council: 2005)

**3.3.11** In recent years economic migration has seen a number of groups establish themselves as part of Norfolk's diverse community. These groups include the Polish, the Lithuanians and most significantly the Portuguese.

**3.3.12** Even with this recent immigration, Norfolk remains a relatively homogenous county. Around 6.1 per cent of the general population<sup>19</sup> and 4 per cent of the young people's substance misuse treatment population are from Black and minority ethnic (BME) backgrounds (if we take the term 'BME' to refer to all groups that are not recorded under the 'White British' ethnic group category). These low numbers make it difficult to determine from quantitative data whether Norfolk's young BME population has unmet substance misuse treatment needs.

**3.3.13** The LGBT literature review revealed scant information about the substance misuse needs of young LGBT people in Norfolk. It was noted that the realisation that one is lesbian, gay or bisexual may be traumatic for young people. This is often compounded by the distressing experience of homophobic bullying placing LGBT young people at risk of suffering low self-esteem and mental ill health; and of engaging in harmful behaviour including substance misuse.

## **3.4 Engagement**

**3.4.1** The UEA Young People's needs assessment uses questionnaires and interviews to investigate the extent to which services in Norfolk are successfully engaging with vulnerable young people. Organisations working within areas of vulnerability identified by the study were targeted.

**3.4.2** Data emergent from the fieldwork highlights three key areas, which need to be addressed in order to improve service delivery and engagement. These are:

- Maintain *broad based service provision* and if possible augment it; ensure that support and information is available through a range of different statutory and voluntary organisations, and different professions.
- More fully exploit *the family* as a vehicle for the delivery of information about substances and other problematic issues (but recognise that parents are likely to be a more effective vehicle for delivering information about cigarettes and alcohol than they will be for drugs).
- Address issues around *confidentiality*. Young people need to be able to discuss problems confidentially. They especially need to be able to obtain information about cigarettes, alcohol and drugs through confidential mechanisms and to be able to ask questions about substances confidentially, to a known person, preferably one with whom they have had the opportunity to develop a relationship. Young people's concerns about confidentiality are the key deterrent to help seeking for a whole range of problems including those directly associated with substance misuse.

**3.4.3** The study also recommends that the partnership:

- Considers providing all households in the county with a hard copy directory of all statutory and voluntary services relevant to vulnerable groups and monitor whether or not distribution of this material is followed by an increase in uptake of services.
- Devises mechanisms for young people to ask questions confidentially/anonymously about cigarettes, alcohol and drugs (not internet or telephone help-line, preferably to a known person). *One example* of such a mechanism would be: a drugs worker could visit schools to build up relationships/become known to students and once this foundation is established provide e.g. a box for young people to post questions to anonymously (a comparable facility would need to be provided

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<sup>19</sup> <http://www.norfolkdata.net>

to those specific groups with weaker school attendance). *Another example* suggested by service user representatives would be an SMS text based variant of the same thing. Use feedback from practitioners to monitor the effectiveness of these measures.

- Considers using more one-to-one (or small group) sessions as a medium for providing information on cigarettes, drugs and alcohol to vulnerable young people. Uses feedback from practitioners to monitor the effectiveness of these measures.
- Include testimonies from doctors and ex-users in information materials and uses feedback from practitioners to monitor the effectiveness of these measures.
- Use information materials that try to provide young people with specific social skills for avoiding substance use in the situations in which substance offers are most likely to occur (usually outdoor group gatherings). Outreach should target known areas where groups congregate either in person or by providing information in those locations (e.g. posters). Uses feedback from practitioners to monitor the effectiveness of these measures.

**3.4.4** The University of Bath study found that services in Norfolk go some way to meeting the needs of the children of parental substance misusers. However, there is only one service that specifically attempts to meet the needs of the children of substance misusers, though a handful of others do actively work with the population groups. A large proportion of the professionals (including Social Workers, Youth Offending Team workers, Youth Inclusion Support Panel workers, Young Carers workers, adult drug & alcohol workers etc) have had some involvement with offering some support to or referring on children of substance misusers, but this tends to happen mainly in cases where risk is identified, or where a child is identified as a young carer. The target groups had a significant presence on the caseloads of a range of agencies.

**3.4.5** The researchers also found that many of the front line professionals who come into contact with children of substance misusers most frequently (i.e. teachers, GPs) tend to perceive that they lack specialist knowledge about what to do, and who to refer on to, and so generally steer clear of getting too involved, or even asking questions. This may result in the potential for many children and young people are found to be at risk of falling through the net and coming to the attention of services only when their circumstances have reached complex and critical levels.

**3.4.6** The University of Bath study finds service providers report being happy with the range of services available (including treatment and generic services) but would like to see increased capacity, continuity of funding and inter-agency alignment. The authors suggest that recognition and support to generic services supporting the children of substance misusers would be beneficial.

**3.4.7** A variety of additional services are suggested including: practical support (e.g. first aid, responding to overdose); respite (“[children] need a break from their families rather than being permanently removed from the family”); and for younger children, more guidance around staying safe and in education.

**3.4.8** The extent to which the needs of different age groups are met varies, with service provision good for pre- and neo-nates and for adolescents, but with a gap identified for the 5-12 age group. It is also noted that there are few services that support whole families or respond to alcohol specifically. The size of the county and the extent of and distance between rural areas brought further challenges in service delivery.

**3.4.9** Monitoring of work with substance misusing parents in Norfolk is found to be lacking and/or inconsistent. It is not therefore possible to make reliable numerical estimates of met and unmet need.

**3.4.10** The majority of young people surveyed by Tellus 3 report that the information and advice received around drugs and around alcohol is 'good enough' (68 and 67 per cent respectively). This is consistent with national comparators.

### **3.5 Young People's Substance Misuse Treatment Map 2007/2008**

**3.5.1** The young people's substance misuse treatment map shows the number of young people entering, exiting and moving through treatment services in 2007/2008. The figures represent young people in structured care planned (tier 3 and 4) treatment. A client is defined as being a young person if they were under 18 at the mid point of the financial year.

**3.5.2** There were 308 under 18s in treatment in 2007/2008. Of these young people, 51 per cent were male and 49 per cent female. The proportion of females has increased from 44 per cent in 2006/2007. Of those triaged in 2007/2008, five individuals (1.6 per cent) define themselves as non-white British.

**3.5.3** Of those triaged in 2007/08, 52 per cent presented with cannabis as their first drug, 35 per cent with alcohol and 6 per cent with opiates. 84 per cent of young people stated they had never injected. 3 per cent stated they had previously injected with only 1 per cent currently injecting.

**3.5.4** Analysis of the young people's substance misuse treatment system map for 2007/2008 shows that the highest number of young people enter the system via education referrals. Significant numbers also enter via: self parent and carer referrals; social services referrals; and youth offending team referrals.

**3.5.5** Males are more likely than females to enter the system via education referrals. Education accounted for 54 per cent of male referrals and 20 per cent of female referrals.

**3.5.6** The majority of young people in treatment in Norfolk are served by young people's services. Where young people do appear in adult treatment populations, they seem to be being referred on. Around 59 per cent of young people are being discharged from treatment in a planned way. This falls short of the national average of 63 per cent as well as the DCSF and NTA performance expectation of 65 per cent. The data shows that Norfolk's young people's substance misuse treatment system is more successful in treating young men than young women with 70 per cent of males discharged in a planned way and only 46 per cent of females. It is not clear why this is the case.

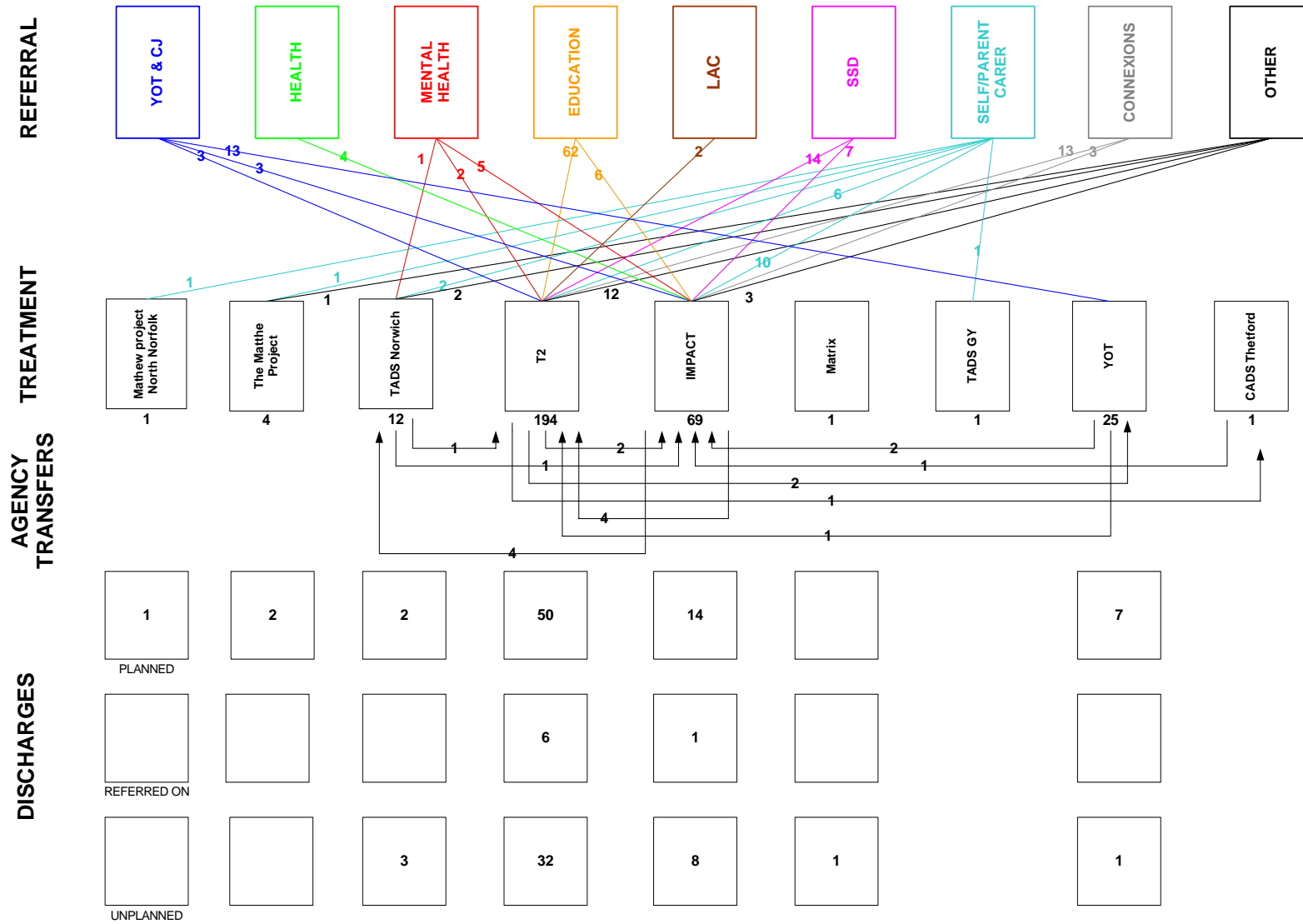
**3.5.7** No young person was recorded as having accessed residential substance misuse treatment in 2007/2008. It is not clear whether this accurately reflects need. Comparison with statistical neighbours shows that we should expect a maximum of one or two placements per annum.

**3.5.8** Of those triaged in 2007/08, 1 per cent were recorded as having been referred from services for looked after children. This is inconsistent with the high number of looked after children in Norfolk. OC2 results for 2008 indicate that there are 659 looked after children in Norfolk, 4 per cent of whom have been identified as having a substance misuse problem<sup>20</sup>.

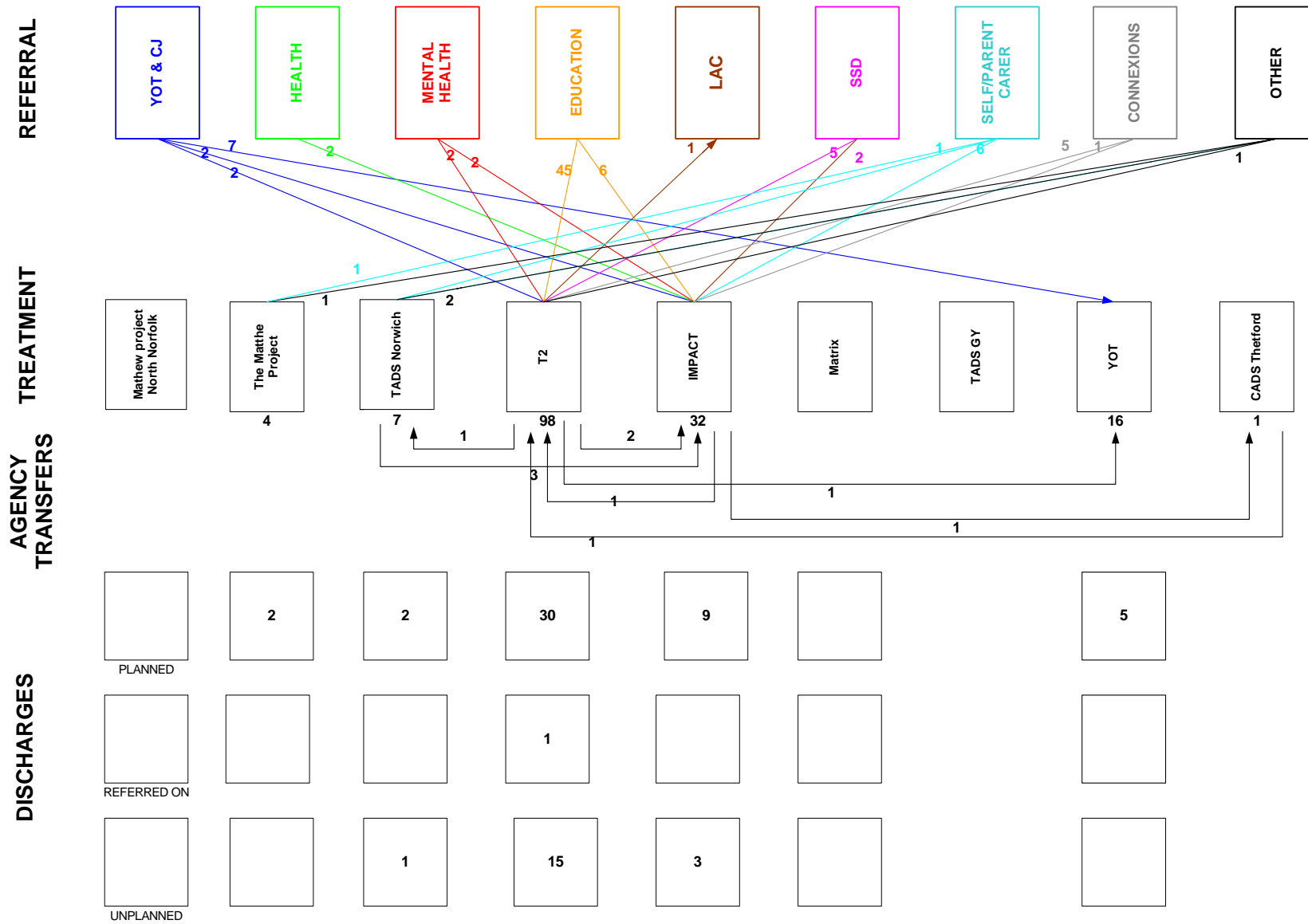
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<sup>20</sup> OC2 2008 results summary and comparison (Norfolk Children's Services: 2008)

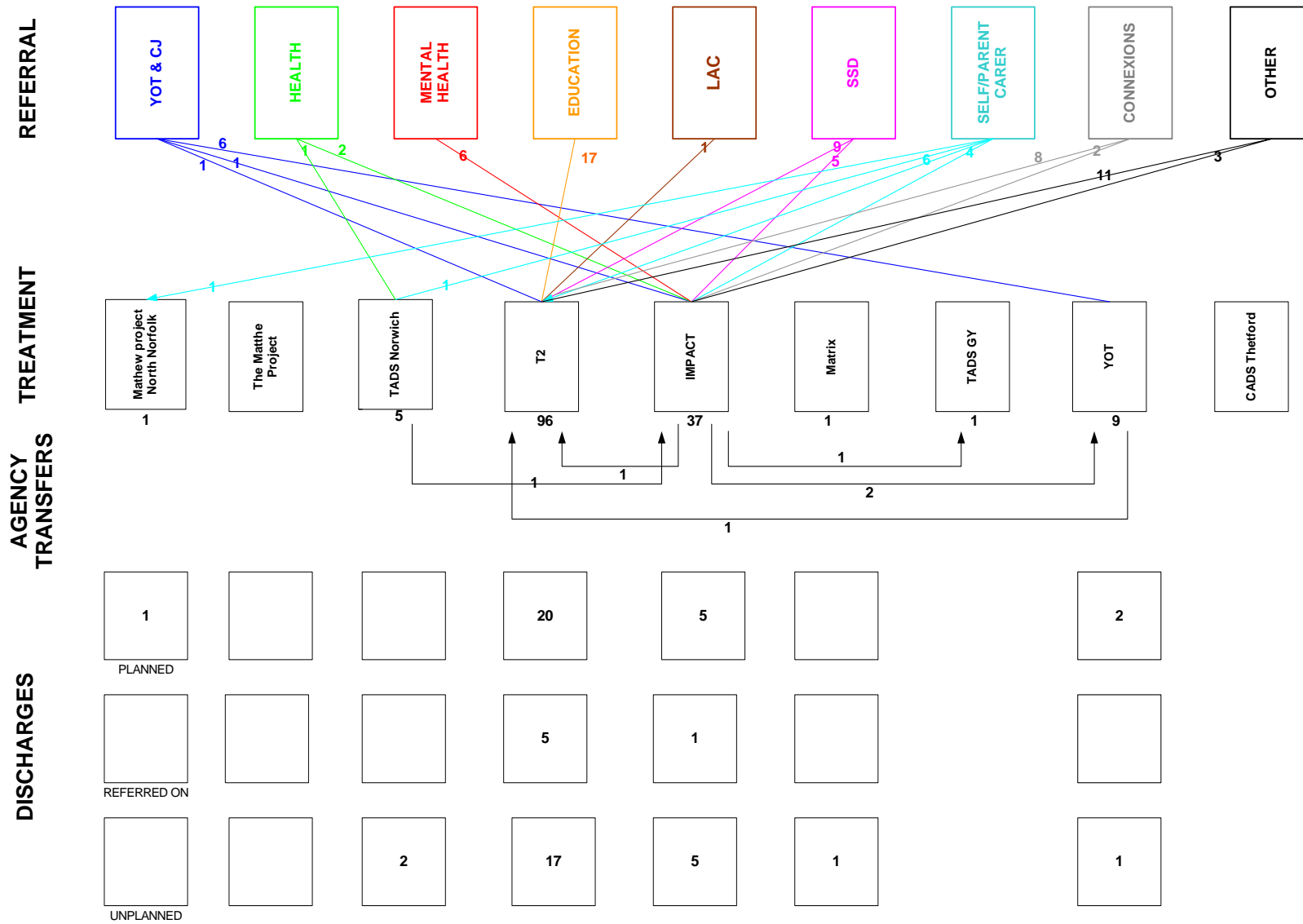
### 3.5.7 Young Peoples Substance Misuse Treatment Systems Map 2007/2008



### 3.5.8 Young Peoples Substance Misuse Treatment Systems Map 2007/2008 – Males



### 3.5.9 Young Peoples Substance Misuse Treatment Systems Map 2007/2008 – Females



<b>4</b>	<b>Improvements to be made in relation to the impact of treatment in terms of its outcomes which will deliver improvements in individual young people's health and social functioning</b>
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#### **4.1 System changes aimed at improving outcomes**

**4.1.1** As proposed in N-DAP Young People's Joint Commissioning Strategy Part 2<sup>21</sup>, N-DAP invited tenders for the delivery of a Young People's Integrated Substance Misuse Service in January 2009. The contract has been awarded to the Matthew Project. The service will commence delivery in October, 2009 and will offer universal, targeted and specialist interventions to young people. These will include substance misuse education (formal and informal) and prevention in universal and targeted settings; consultancy and support for universal services; advice and information; outreach; groupwork; community prescribing; psychosocial interventions; specialist harm reduction; and family intervention services. The service will be comprised of geographically focussed teams.

**4.1.2** The Young People's Integrated Substance Misuse Service is a new service which will replace the following: Tier 1 & 2 Prevention and Education Service provided by The Matthew Project; Tier 2 specialist substance misuse services provided by T2; and Tier 3 & 4 specialist substance misuse services provided by Impact.

**4.1.3** The new service structure will contribute to the outcomes described at 1.2 through better continuity of care between universal, targeted and specialist provision; a single point of contact for young people and professionals accessing substance misuse services; family interventions; better opportunities for integrated working; and more flexible and efficient use of staffing resources.

#### **4.2 Improvements to be made in terms of measurable outcomes**

**4.2.1** A decrease in substance misuse by young people as measured by national indicator 115 to at least 10 per cent

**4.2.2** An increase in the proportion of planned discharges to at least 65 per cent

**4.2.3** Continual improvement against baseline in the achievement of positive outcomes for young people aged 16 and over in specialist structured treatment as measured by the NTA's TOP

#### **4.3 Improvements to be made in terms of outputs which will contribute to the outcomes described at 1.2**

**4.3.1** An increase in the proportion of young people assessed as requiring specialist substance misuse treatment who commence treatment within 15 working days of the referral to 100 per cent

**4.3.2** An increase in the proportion of young people in specialist substance misuse treatment who have a care plan within 2 weeks of treatment start date specifically related to their substance misuse related needs to 100 per cent

**4.3.3** An increase in the percentage of young people starting a new treatment journey with a history of injecting who are offered a personal Hepatitis C test with appropriate pre and post test counselling to 100 per cent

**4.3.4** An increase in the number of referrals into specialist substance misuse treatment from services for looked after children

**4.3.5** An increase in the number of young people accessing residential substance misuse treatment

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<sup>21</sup> N-DAP Young People's Joint Commissioning Strategy Part 2 (N-DAP: 2008)  
Part 1 Young People's Specialist Substance Misuse Treatment Plan  
Partnership name: Norfolk Drug and Alcohol Partnership  
Date of submission to NTA: April 30<sup>th</sup>, 2009

<b>5</b>	<b>Key priorities for developing young people's specialist substance misuse treatment interventions to meet local needs during the next financial year</b>
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- Commission N-DAP Young People's Integrated Substance Misuse Service offering universal, targeted and specialist substance misuse interventions to young people
- Re-tender N-DAP Young People's Criminal Justice Service ensuring that procurement requirements are met and best value is achieved
- Ensure N-DAP's continued involvement with Norfolk Children and Young People's Partnership Trust
- Increase access to appropriate young people's residential substance misuse treatment
- Commission family interventions pilot that provides psychosocial interventions to support family members to manage the impact of a parent's substance misuse
- Assess needs of Norfolk's young diverse populations
- Increase access to young people's substance misuse services for looked after children with substance misuse problems
- Implement Common Assessment Framework processes
- Ensure safe and effective transitions for young people whose specialist substance misuse needs continue past their 18<sup>th</sup> birthdays
- Increase proportion of planned discharges
- Ensure effective service governance