

Substance misuse of children and young people and children and young people affected by the substance misuse of others:

A Health Needs Assessment 2012-2015

Refresh December 2015

Acknowledgements

It would not have been possible to bring together this refresh of the health needs assessment without the assistance of a number of people. Thanks therefore are given to the providers of services for the information that they collect to enable us to have a local picture of provision and need; to the public health and community safety team analysts and to the public health knowledge services team for background literature and evidence.

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The information obtained and reviewed in the course of undertaking this work is widely available, although some of the data is restricted in who can access it. This particularly relates to data pertinent to the local services delivered where numbers of children and young people are less than 5.

It is intended that it will be of interest to those who both commission and provide substance misuse services for children and young people as well as those who commission and provide other support services for children and young people, particularly those who are affected by the substance use of significant adults in their lives.

It is anticipated that this will be useful to inform decision making within the County Council with regard to what services are needed for these groups of children and young people.

Executive Summary

Derbyshire County Council is committed to reducing the harm caused by substance use and misuse. It recognises the need to support not only individuals but also families and believes that a holistic approach leads to better outcomes. Young people at risk may be identified within universal services, which will have appropriate training and support to identify, assess and refer to the most appropriate level of service. This means that individuals at lower levels can be supported opportunistically with universal services and those with higher levels of risk being referred and supported either through targeted support or specialist services. These pathways are essential to increase the availability of support, reduce stigma and improve the likelihood of children and young people accessing the services they need.

Derbyshire (excluding Derby City) last undertook a health needs assessment for children and young peoples' substance use (drugs and alcohol), including universal, targeted and specialist services in 2012. The National Treatment Agency (NTA, now with Public Health England (PHE)) suggests that a needs assessment is carried out on a 3 yearly cycle with annual refresh of that assessment in between.

Although originally setting out as a refresh, it was clear that a number of aspects had changed significantly since the last Needs Assessment, including the move of Public Health and services commissioned by them, moving to the County Council. With this in mind, an updated Health Needs Assessment has been produced, including new additional information and evidence to reflect the additional services that are now commissioned and the change in organisational structure since the last Health

Needs Assessment was produced. The intention will be to add yearly updates (Refresh) and data updates on an annual basis.

This refresh of the 2012 needs assessment examines the needs of children and young people under 19 years of age living in Derbyshire (excluding Derby City) in relation to accessing the specialist substance misuse services or the specialist service for children and young people affected by the substance misuse of others. The needs assessment has refreshed the data from the previous needs assessment and also crucially, updated the evidence in respect of wider determinants, including children and young peoples' wider vulnerabilities, not only in respect of their own substance misuse, but additionally, for those affected by the substance misuse of others.

Public Health England (PHE) note that the evidence suggests specialist substance misuse interventions can contribute to:

- Improved health & wellbeing
- Better educational attendance and achievement
- Reductions in the number of young people not in education, employment or training
- Reduced risk taking behaviour (e.g. offending, smoking and unprotected sex).

In addition, the Department for Education also report findings from cost benefit analysis indicating that every £1 invested saved £1.93 within two years, and in the long term up to £8.38. This indicates that investing in specialist interventions is a

cost effective way of securing long-term outcomes, reducing future demand on other services (e.g. health, social care, mental health services and youth justice).

Derbyshire County Council currently commission Tier 2 targeted substance misuse services from the Multi-Agency Teams within Derbyshire, Tier 3 specialist substance misuse services from CRI T3 Derbyshire and Space4U, a service for children and young people affected by the substance misuse of others, from Action for Children.

Main Findings

- The National Drug Treatment Monitoring Service (NDTMS) and local data indicates that Derbyshire is following the same trend as that nationally with regard to children and young peoples' substance misuse.
- The prevalence data indicates that since 2001 there has been a steady decline in substance misuse amongst children and young people.
- Using psychological and counselling techniques encompassed in talking therapies that young people feel comfortable with, is an effective means of engaging young people who are either using substances or with children who are affected by other peoples' substance misuse.
- There is a continuing need for services to be delivered that provide support and specialist treatment for children and young people using substances as well as a service for children and young people affected by the substance use of others.

- The main substances used by children and young people in Derbyshire mirrors what is happening nationally with the main drugs of choice being cannabis, mcat (mephedrone) and alcohol.
- The illicit nature of much of the drug and alcohol use in children and young people means that the extent of it will continue to remain a partially hidden problem.
- The number of cases seen by the children and young people's specialist substance misuse service for the years 2013/14 and 2014/15 remain almost static.
- The percentage of structured closures for the specialist substance misuse service has increased. 2013/14 saw 159 closures of which 92% were structured and in 2014/15 saw 155 closures, of which, 97% were structured.
- The majority of referrals to specialist treatment for substance misuse came from MATs and school and the majority of referrals for children affected by the substance misuse of others came from MATs followed by schools.
- Some localities appear to refer less than others to both of the services.
- There have been no referrals from adult substance misuse services to the children and young people affected by the substance misuse of others service.
- The age range of children and young people accessing specialist services for substance misuse is 13-18yrs. The age range for children and young people affected by the substance misuse of others, accessing the service is 6-17yrs.
- The number of children and young people who are subject to child protection proceedings and referred to the "affected by" service in the first few months was 6 out of 45 cases referred.

- The number of children and young people affected by an adults' alcohol use was 25. The number affected by an adults drug use was 14.
- The specialist services appear to be delivering a robust and successful service to children and young people misusing substances across Derbyshire, with almost no waiting time.
- The service for children and young people affected by substance misuse of others is a welcome service and has quickly reached its 18month target in less than 6 months of taking referrals, having implications for future referrals and capacity, leading to waiting times for the service.
- There is little data and information from the targeted tier 2 services.
- Derbyshire locality, High Peak, has one of the highest U18 hospital admission rates in the region for alcohol as the main cause.
- The evidence strongly indicates that taking a holistic approach and ensuring that wider vulnerabilities are included in any service delivery will contribute to more successful outcomes for children and young people across all services and all tiers of service.

Recommendations

- The refresh of the Health Needs Assessment should be an ongoing, annual process.
- A focus on developing mapping for children and young people accessing targeted services, specialist substance misuse services (including youth offending team services) and services for children affected by the substance misuse of others will give a clearer and ongoing picture of where children and

young people are moving into and out of services and how this relates to their needs.

- Robust pathways are developed and shared between partners and agencies across the health and social care sector to ensure that all children and young people have the same opportunity of access to services wherever they are.
- Systems are developed to ensure the collection of data and information is consistent across all services where children and young people are accessing services, to enable more accurate local sharing.
- All health, social and community partners should know where, when and how to refer children and young people to substance misuse services or children affected by the substance misuse of others service at the right time, with appropriate safety measures in place.
- Investigate the apparent higher levels of under 18 hospital admissions due to alcohol by further interrogating the data and by discussing with partners in hospital trusts.
- Ensure all children and young people have equity in access to tier 2 and 3 services, enabling services to respond appropriately to changing levels of need.
- Review investment and undertake further evaluation of the children and young people affected by the substance misuse of others given demand and the potential for numbers to continue to increase.
- It is recommended that any significant trends in the changes of substances used by young people is reported to the adult team as an early indicator of possible subsequent future changes potentially in adult substance use.

- The concerns of partners and stakeholders about the possible higher levels of novel psychoactive drugs (NPS or “legal highs”) should be investigated to ascertain whether this is a bigger issue for Derbyshire than the data indicates.
- Ensure clear pathways and supported transition for those in young people’s substance misuse services that will make the transition to adult drug and alcohol services. For those who have not yet fully developed in maturity socially, a more flexible provision between the two services for the 18-24 year age group should be developed. It should be considered that extending their time with the young persons’ specialist provider could be an option.
- A clear referral pathway needs to be established between the adult substance misuse service to the children and young people affected by the substance misuse of others service to ensure children are seen and supported.
- It is recommended that ways are sought to bring the data together from the Youth Offending Team and are collated along with the data collected by specialist service providers to give an accurate picture of the level of substance misuse in young people requiring specialist intervention as well as the targeted support work that they so valuably do.
- It is recommended that where possible, children and young people within the Youth Offending Service and in need of tier 3 specialist services are referred to that service as soon as it is identified that they have a need.
- It is important that wider vulnerabilities of children and young people within a family unit are assessed and considered when looking at services to meet their needs.
- That every opportunity is taken within services to ensure that there is a strong emphasis on prevention of further harm and building resilience.

Further considerations

The refresh of the needs assessment has identified that there remains a need for a distinct service for children and young people who are using substances and a further service for those children and young people who are affected by another persons' substance misuse. What is also apparent is that the fluid nature between the targeted service and the specialist service makes assessment and communication vitally important, particularly where closures are made from the specialist service and young people are referred back to the targeted service for ongoing support.

The ability of a specialist service to be flexible to the changing needs of young people is essential, continuing to be accessible to very brief targeted support, where young people are known to them. This has proved a valuable development for those young people who need this approach and is making a positive difference to them.

The service for children and young people affected by other peoples' substance misuse has also proven to be of great need, across a wide age range of children. This reflects only a small number of children who are affected in this way and potentially is not yet set to reduce in the near future.

The background evidence within the needs assessment focuses on wider vulnerabilities and emphasises an approach that promotes holistic health and wellbeing. This means that when considering the needs of children and young people and the services to meet those needs, it is important to look beyond the substance use and to look widely at what influences their life chances and life choices. It is well recognised that there are a number of factors that can have an

impact upon a young persons' likelihood to use substances or, once started, to continue to use them.

It is recognised that physical and mental well-being, good social relationships and support are all protective factors. The importance of family relationships, a sense of belonging and positive relationships with adults as well as interests, and pass-times are all positive and protective factors for children and young people. This is why universal, targeted and specialist substance misuse services that use holistic approaches, building resilience and encouraging the young person to make informed decisions and choices, are most effective (JSNA support pack 2015). It is important to understand and to keep in perspective what makes people happy, feel well and satisfied with their lives. For children and young people, the evidence discussed in the health needs assessment indicates that for children, the impact of a close adults poor health and well-being, particularly the mother, does have an impact on the child. This is identified as a significant factor.

With the downward trend for substance misuse amongst children and young people continuing in Derbyshire, it is imperative that we continue to have a strong, flexible service that is responsive to the changing needs and dynamics of children and young peoples' substance misuse.

To ensure that we continue that downward trend, we must ensure that services at all levels are equipped to work with a range of young people, that services are accessible, in a place that they feel safe and that they can return to for help and advice when they need to. This must be accomplished whilst continuing to support the health and well-being of those children and young people who are particularly

vulnerable and exposed to wider social and emotional pressures that impact upon their decisions and life chances.

Introduction

Derbyshire County Council is committed to reducing the harm caused by substance use and misuse. It recognises the need to support not only individuals but also families and believes that a holistic approach leads to better outcomes. Young people at risk may be identified within universal services, which will have appropriate training and support to identify, assess and refer to the most appropriate level of service. This means that individuals at lower levels can be supported opportunistically with universal services and those with higher levels of risk being referred and supported either through targeted support or specialist services. These pathways are essential to increase the availability of support, reduce stigma and improve the likelihood of children and young people accessing the services they need (HNA 2012).

Derbyshire last undertook a health needs assessment for children and young people's substance use, including universal, targeted and specialist services in 2012. The National Treatment Agency (NTA, now with Public Health England (PHE)) suggests that a needs assessment is carried out on a 3 yearly cycle with annual refresh of that assessment in between.

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Needs Assessment was produced. The intention will be to add yearly updates (Refresh) and data updates on an annual basis.

The Health Needs Assessment aims to inform about the current situation with regard to specialist substance misuse services and services for children affected by the substance misuse of others. It aims to describe who services are provided for, the numbers and needs of children and young people who may be accessing services. It looks at prevalence and seeks to identify the potential unmet need in this population group. It also aims to help inform future children and young people's substance misuse action plans. This will be set in the national and local context with child wellbeing at its core.

It also outlines the provision of universal and targeted services, and their relationship to specialist services. It explores the factors that have an impact upon the lives of children and young people. Some of these will influence their substance misuse and also have an impact on their ability to make decisions about what they can do to make changes to their situation and the effect that these factors or vulnerabilities may have on their needs and services.

The definition of the term 'substances' or 'drugs' is taken from the DfE and ACPO guidance (Jan 2012) and includes alcohol, tobacco, illegal drugs, medicines, novel psychoactive substances ("legal highs") and volatile substances, unless otherwise specified.

Data and Information sources

Data analysis is based on both national trends and local data in order to provide an accurate estimate of prevalence and need for young people's substance misuse in Derbyshire County. Wherever possible, local data has been used to give a realistic picture of the numbers of children and young people involved in services.

Quarterly monitoring reports, in addition to information from the National Drug Treatment Monitoring Service (NDTMS), are able to give actual numbers of young people in specialist services in Derbyshire during the last year. This information, when compared against national drug and alcohol estimated prevalence, can be used to inform decisions regarding whether or not the services in Derbyshire are responding well to local need and also highlights areas for improvement.

Methodology

In order to gain a representation of current trends of young people within the treatment system in Derbyshire, information, data and wider evidence has been taken from the following sources, with assistance from the Public Health Analyst Team, Public Health Knowledge and Information Service and through accessing reputable Government and Public bodies via searching the internet:

- National Drug Treatment Monitoring Service
- Public Health England (PHE) with National Treatment Agency (NTA) now incorporated into PHE.

- Derbyshire Heath Profiles
- Local Quarterly Monitoring data
- Child Wellbeing Index
- ONS (Office for National Statistics) Census data 2011 (with 2012/13/14 updates)
- CRI T3 Specialist Services provider.
- Space4U (Action for Children) Service provider-Children affected by others substance misuse.
- Health and Social Care Information Centre (HSCIC)
- ChiMat Child Health Profiles

Local Demographics

Derbyshire is a large, mainly rural county with significant areas of agricultural land and expanses of hills and moorland to the north, with small villages and busy market towns being wide spread across the county. Levels of affluence and deprivation vary across the county from thriving tourist centres in areas of outstanding natural beauty to areas of economic decline such as those still overcoming the demise of the coal industry some 30 years ago. In addition to the City of Derby, there are also a number of cities from neighbouring counties that are relatively easily accessible, such as Sheffield, Nottingham, Manchester and Stoke.

For administration purposes, Derbyshire is divided into localities which on the whole, reflect local District and Borough Councils. There are a number of CCGs (Clinical

Commissioning Groups) across the county. See map 1 Deprivation in Derbyshire (page 27).

The health of people in Derbyshire is varied. Compared with the England average, deprivation is lower. However, an estimated 16.3% (21,900) children live in poverty (ONS mid-year estimates 2012. Derbyshire Health Profile 2015 & Derbyshire Child Health Profile, 2015). Life expectancy for both men and women is similar to the England average, however, inequalities exist. Life expectancy is 7.9 years lower for men and 5.8 years lower for women in the most deprived areas of Derbyshire than in the least deprived areas.

The mid-year population estimates for Derbyshire 2013 (ONS, 2011 census data) provide an update to the original Census data from 2011 (ONS, 2011).

The overall population continues to grow. It is estimated to be in the region of 776,160 (ONS, mid-year 2013 estimate) of whom (22.2%) are aged between 0–19 years. The population is projected to increase further but with a decreasing proportion of 0–19 year-olds. The minority ethnic population is small, 4.2% (ONS, Mid-year estimates, 2013).

Table 1. Numbers of children at different ages in Derbyshire compared to overall population all ages excluding Derby City)

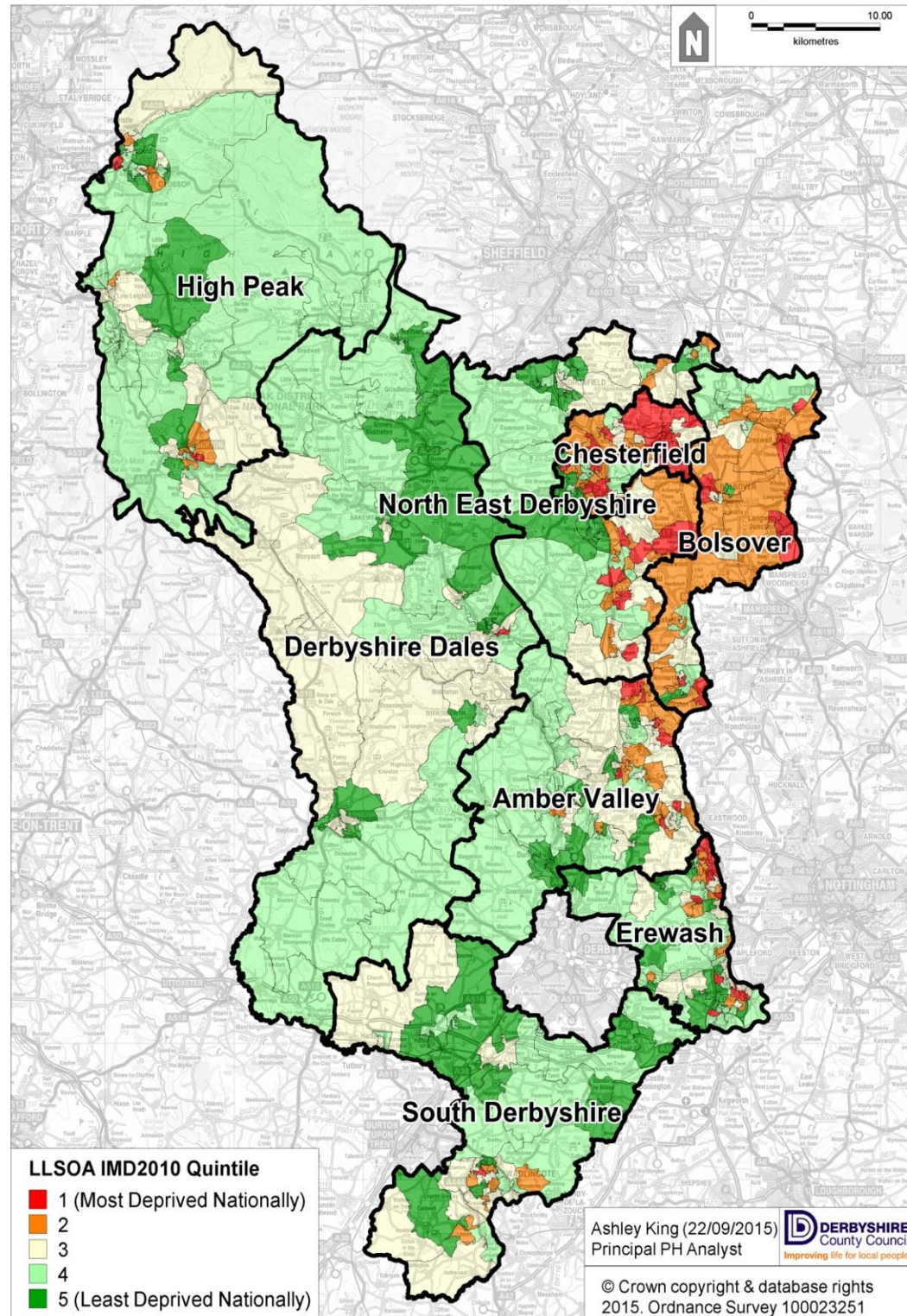
Overall Population- All ages	776,160
0-4	41,934
5-10	50,153
11-19	80,549
16	9,487
17	9,662
18	9,682
19	8,155
16-24	78,971
19-24	50,140

(ONS Mid-year 2013 population age estimates for 0-24 year group, Derbyshire)

These are important to note for future planning of services. Table1 describes the total population in each age group, rather than those who are actually needing specialist substance misuse services. However, although reducing, there are still large numbers of children in the 5-10 year age group, some of whom will potentially be in need of specialist services in the future and that any future changes to services and funding needs to understand that the numbers although reducing are not reducing rapidly. This table also shows that there is a significant number of 19-24 year olds in the Derbyshire population and that this is important also when considering any changes to service organisation or provision.

Deprivation within Derbyshire County

Based on Index of Multiple Deprivation (IMD) Scores 2010 by Lower Super Output Area (LLSOA)



National Indices of Multiple Deprivation

Map 1 (page 27) highlights the nature of social deprivation in Derbyshire, showing where it is most prevalent and the areas that are most in need. The “traffic light” system of demonstrating the difference between the location of the most and least deprived wards in Derbyshire, shows that those areas that are red are the most deprived and those that are green are the least deprived communities in Derbyshire. As with any of these illustrations, it cannot show where, in most affluent areas for example, there are small pockets of deprivation and vice versa.

Map 1 shows different levels of deprivation across the county, based on national comparisons, using quintiles (fifths) of the Index of Multiple Deprivation 2010. The red coloured areas are some of the most deprived neighbourhoods in England. (Contains ONS data © Crown copyright and database rights 2015)

Of the 354 England districts, Derbyshire Dales is the least deprived Derbyshire district, ranked 25 in the Country. The Bolsover district is the most deprived district in Derbyshire, ranked 262.

This is important to note when considering the impact that the wider determinants of health have on the health and wellbeing of children and young people living in these areas and how their life chances are potentially significantly more challenged as a result (Marmot, 2010). As a result of this, we need to ensure that the children and young people in these areas have as much chance to access appropriate services and that those services consider the impact of the wider determinants.

Child health

The Child Health Profile for Derbyshire 2014 (PHE 2014, ChiMat, 2014) suggests that health and wellbeing of children in Derbyshire is generally better than the England average. The infant mortality rate is better and the child mortality rate is similar to the England average.

The level of child poverty is better than the England average with 16.3% of children aged under 16 years of age living in poverty (ONS 2012). The rate of family homelessness is better than the England average.

Children in Derbyshire have better than average levels of obesity: 8.5% of children aged 4-5 years and 16.9% of children aged 10-11 years are classified as obese (ONS 2013/14).

A lower percentage of mothers initiate breastfeeding compared to the England average, with 70.0% of mothers breastfeeding (ONS 2012/13). By six to eight weeks after birth, the percentage of mothers who breastfeed their babies is lower than the England average, with 39.0% of mothers continuing to breastfeed (ONS2012/13). GCSE achievement is worse than the England average. Only 53.7% of young people gain five or more GCSEs at A* to C grade including maths and English (ONS 2013/14).

The rate of alcohol-specific hospital stays among those under 18 was 45.4 (crude rate per 100,000). This represents 70 stays per year. Levels of teenage pregnancy are better than the England average (Derbyshire Profile 2015).

The national figures relating to alcohol and the extent to which children and young people drink alcohol is an encouraging picture.

The extracts following are taken from the HSCIC (2014) report (data source 'The Smoking, Drinking & Drug use Among Young People in England 2012 – secondary schools in England with children aged 11-15yrs) and gives a wealth of information and data upon which to further interrogate at a local level.

- *43% of pupils said that they had drunk alcohol at least once. This continues the downward trend since 2003, when 61% of pupils had drunk alcohol.*
- *Boys and girls were equally likely to have drunk alcohol. The proportion of pupils who had drunk alcohol increased with age from 12% of 11 year olds to 74% of 15 year olds.*
- *10% of pupils had drunk alcohol in the last week. The prevalence of recent drinking has reduced significantly since 2003, when 26% of pupils had drunk in the last week, and is lower than in 2011 (12%).*
- *Similar proportions of boys and girls had drunk alcohol in the last week. The proportion increased with age from 1% of 11 year olds to 25% of 15 year olds.*
- *Pupils who had drunk in the last week had drunk an average (mean) of 12.5 units. Median consumption – which gives a more representative indication of how much pupils drink – was lower (8.0 units).*
- *Most pupils who had drunk alcohol in the last week had consumed more than one type of drink. Compared with boys, girls were less likely to have drunk beer, lager or cider, and more likely to have drunk, spirits, alcopops or wine. Both boys and girls consumed the majority of their alcohol intake in the form of beer, lager or cider.*

- 33% of pupils said that they had obtained alcohol in the last week. This continues the downward trend since 2004 when 49% said they had obtained alcohol in the last week. The most common ways of obtaining alcohol were to be given it by parents (19%), given it by friends (19%), to ask someone else to buy it (13%), or to take it from home (13%).
- Under half of pupils who drank alcohol (44%) said they bought it. Pupils who had bought alcohol had usually done so from friends (53%), someone other than family or friends (34%), off-licences (32%) or shops or supermarkets (24%).
- Pupils who drank alcohol were most likely to do so in their own home (54%), someone else's home (48%), at parties with friends (47%), or somewhere outside (18%). Since 2006, there has been an increase in the proportions who usually drink at home or in other people's homes or at parties with friends, and a reduction in the proportion drinking outside.
- Pupils were most likely to drink with friends of both sexes (57% of current drinkers), their parents (53%), brothers, sisters or other relatives (37%) or friends of the same sex (37%). Younger pupils were most likely to drink with family members, older pupils were most likely to drink with friends.
- Half (50%) of pupils who had drunk alcohol in the last four weeks said that they had been drunk at least once during that time. Although 61% said that they had deliberately tried to get drunk, 39% said they had not.
- Pupils are more likely to drink if they live with other people who drink alcohol. 83% who lived with no one who drank alcohol had never had a drink of alcohol, compared with 30% of pupils who lived with three or more drinkers.

This data indicates to what extent alcohol remains an entrenched issue in British society, with binge drinking and young people getting drunk not necessarily seen as an issue for young people themselves. It also indicates some of the possible social norms that children and young people are brought up with, hence of particular note that younger pupils were most likely to drink with family members and an increasing proportion of children who drink at home.

Whilst there appears to be a relatively encouraging picture in England as a whole, the most recent County and regional data released with regard to alcohol specific hospital stays is less so. This is a useful set of data to give a further indicator of need across the county compared to nationally.

Local Alcohol Profiles for England														
Category	Time Period	Persons (P)/ Male (M)/ Female (F)	Indicator	England	East Midlands	Derbyshire	Amber Valley	Bolsover	Chesterfield	Derbyshire Dales	Erewash	High Peak	North East Derbyshire	South Derbyshire
Hospital Admissions	2011/12 -13/14	P	5.01 - Alcohol-specific hospital admission - under 18s	40.1	33.8	45.4 ↑	39.7 ↓	46.8 ↓	53.3 ↑	22.4 ↓	36.2 ↑	75.1 ↑	48.2 ↑	39.2 ↓

Table 2 - Rates of Alcohol Specific Hospital Admissions for Under 18's (crude rate per 100,000 population)

Table 2 shows the rates of hospital admissions for under 18s. It compares Derbyshire to the East Midlands as a whole as well as England, which shows that Derbyshire has a higher rate than the average in the East Midlands, for the time period 2011/12-13/14. The local area profiles for England, specifically the Under 18's alcohol specific hospital admissions (LAPE, 2015) are also broken down into the districts across Derbyshire in an attempt to highlight any variation across the county, as this could have an impact upon services delivering in those localities. For example, where

alcohol appears to be more of a significant issue in one district, such as High Peak, is this due to lack of resource in prevention work, in which case, the current work undertaken there may need reviewing, or is it how the hospitals where young people are taken to following taking alcohol, are recording the reason for admission. This needs further interrogation.

Local Alcohol Profiles for England												
Category	Time Period	Persons (P)/ Male (M)/ Female (F)	Indicator	Derbyshire *East Midlands rank (9 in total)	Amber Valley *county rank	Bolsover *county rank	Chesterfield *county rank	Derbyshire Dales *county rank	Erewash *county rank	High Peak *county rank	North East Derbyshire *county rank	South Derbyshire *county rank
Hospital Admissions	2011/12 -13/14	P	5.01 - Alcohol-specific hospital admission - under 18s	1	5	4	2	8	7	1	3	6

Table 3 - Rank within Region and County for Rate of Alcohol Specific Hospital Admissions for Under 18's
(crude per 100,000 population)

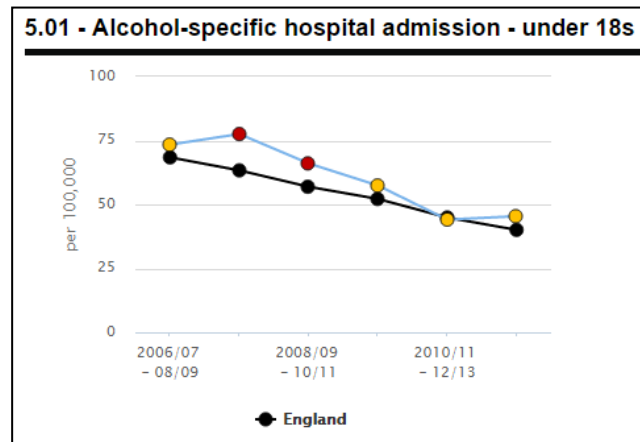
Compared to England:			Compared to the previous reporting period:			East Midlands Region Rank for Derbyshire and County Rank for Districts/Boroughs:						
Better	Similar	Worse	Same ↔	Increased ↑	Decreased ↓	Highest Rate	Second Highest Rate	Third Highest Rate				

Table 4- RAG rating compared to England. State compared to last reporting period and regional rank

Table 3 and 4 above, taken together, demonstrate that hospital admissions for under 18s in Derbyshire rank the Highest in the East Midlands and further shows that High Peak is 1st highest, Chesterfield 2nd and North East Derbyshire is 3rd highest in the county, for the time period 2011/12-13/14.

Graph 1 - Derbyshire Rate of Alcohol Specific Hospital Admissions for Under 18's

(crude rate per 100,000 population)



The Graph above (Graph 1) shows that whilst Derbyshire had seen falling rates in recent years the latest data (3 years aggregated 2010/11-12/13) saw a small increase. In addition, whilst the Derbyshire rate is not significantly higher than the England average, Derbyshire does have the highest rate in the East Midlands region (see Table 3 page 33).

This is something that needs to be monitored to see if there is a developing upward trend and whether the numbers in High Peak continue to be higher and what the cause of this is. High Peak has the highest rate within the County and also the highest rate of all Districts/Boroughs within the East Midlands region. As with Derbyshire overall, reductions in rates had been seen in recent years until this latest aggregated three year period 2010/11-2012/13.

Caution must be taken, however, to remember that the rate is based upon 40 admissions over a three year period in a large geographical area, therefore caution needs to be afforded when looking at how to identify and address this latest apparent increase.

Year 8 survey

A pilot year 8 survey has been undertaken across the county via a number of secondary schools from a variety of localities. As a county, all Derbyshire (excluding City) schools were invited to take part. 2,234 young people during the summer term at 22 schools took part, which is 44% of schools and 27.32% of year 8s.

The survey crucially asks a number of key questions that relate to a child of 12-13 years of age and their health and wellbeing, giving a snapshot of how this age group perceives their life and in particular their views with regard to mental wellbeing and substance use. The questions, on the whole, are taken from similar surveys undertaken in other counties. This gives an opportunity to compare and contrast the results of Derbyshire to those in other parts of the country.

The following gives a brief overview and summary of the responses received.

Tobacco

- 15% of young people report that they have tried a cigarette
- Only 4% smoke once a day.

Alcohol

- The majority of young people in Derbyshire in school year 8 have not drunk alcohol with their peers. (57%).
- 25% only having a few sips 1-5 times with peers.
- 18% of young people have drunk alcohol with peers more than 6 times in the past year
- 10% of young people have drunk alcohol with peers on more than eleven occasions.

Cannabis

- The vast majority of young people completing the survey have never smoked cannabis, with only 4% of young people reporting they had tried it.

Online presence

- 92% have a social networking profile
- Nearly a quarter of young people surveyed admitted to adding people they don't know to their social network profiles and a further quarter admitted to having done this in the past.
- 20% regret sharing something online
- 10% felt they had been pressured to share something online

School

- 66% had not been bullied in the last 2 months but 14% didn't know if they had been bullied
- 53% indicated that they felt safe at school with an additional 28% indicating that they felt safe sometimes.

Who to talk to

- 54% of young people report that they find it easy to talk to parents / carers or trusted adults about things which bother them.
- A quarter of young people do not find it easy to talk to a trusted adult. (including teachers and parents) with an extra 22% of young people not knowing.

- 61% of young people talk to their friends about things that bother them.
- 58% of young people talk to their parents about things that bother them.
- 29% of young people surveyed usually keep things to themselves.

(young people could select several options in relation to who they usually speak to when needing help or advice).

- Almost half of young people are either not aware or not sure of where help and advice can be accessed locally if their main source of support is not available.

Feelings

- 41% feel happy most days.
- 50% feel ok most days.
- 9% feel sad most days – correlates to national data of prevalence of mental health problems.
- 12% of young people surveyed report experiencing strong feelings of anger everyday of their lives.
- 48% of young people said that they have responsibilities at home to care for people (parents, brothers or sisters or older relatives) – this is much higher than expected but needs further follow up work to explore.

Community

- Young people in Derbyshire are engaging in a number of outside activities– 48% with sports clubs, youth clubs, volunteering, art music clubs, scouts, guides etc.

- The majority of young people report being happy with their local area.
- The majority of young people agree or strongly agree that there are places for them to go in their local area.
- The majority of young people surveyed feel safe during the day in their communities (62%) but 31% feeling safe when out at night in their community.

With regard to substance misuse, the survey indicates that at year 8, whilst 96% of children have not tried cannabis, a small percentage of children (4%) say that they have. Similarly, although in larger numbers, whilst a larger proportion of children have not tried alcohol, 10% have tried it more than 11 times in the past year and 18% have tried it 6 times in the past year. Whilst we can be reassured at one level that the numbers are not high, it actually does give cause for concern that firstly, any children of this age have reported trying substances, but of even more concern is that a significantly small number have reported trying this with some regularity.

This suggests that the age at which preventative work on substance use is reviewed with regard to its effectiveness and also the regularity with which preventative messages are delivered is considered.

Of concern are the results about caring responsibilities and also how young people feel in themselves, with 48% indicating that they have some caring responsibility (although this couldn't be explained further in the survey about what and how much) and the number who described themselves as feeling sad everyday (9%). The reason for the latter 2 being of equal concern is that where children have issues impacting upon their lives, they are increasingly vulnerable to other influences and opportunities that may offer them a way out of, or a way to ease their sadness or stress, which could be through substances if the opportunity arises.

For these reasons, it will be important to note the survey results and to look further into some of the results as discussed here, to further investigate how preventative work can be strengthened where needed and also raise the profile of support services so that children who have concerns or need support can know easily how to access this. The survey is an important snapshot into child wellbeing and would be a useful tool to continue to use in the future, as it also gives an indication with regard to future potential service need.

Child Wellbeing

As indicated and discussed with regard to the year 8 survey, child wellbeing, as an addition to and part of child health, is an important aspect and is in recognition that, as wider determinants affect people's health and wellbeing, "issues" that matter to children and young people are in fact important to us as decision makers too. In particular, reflecting upon this years' Director of Public Health Report and the focus on Mental Health and the Five Ways to Wellbeing (DPH Derbyshire, 2015), this section also considers how children and young people feel about their lives and their social and emotional wellbeing.

The 2013 report "Measuring National well-being-Children's wellbeing 2013" (ONS, 2013) discusses children's well-being and what contributes to that. During the 2010-11 consultation, children were asked to contribute to say what mattered to them in terms of their happiness and well-being. This built upon previous consultations in 2009.

The key findings in 2010–11, identified that 89 per cent of children said that they were relatively happy with their lives overall and 4 per cent reported being relatively unhappy. A much higher percentage reported being completely happy with their friends and family than with their school, their school work or, particularly, their appearance. Boys were more likely than girls to report being happy with their life overall, their friends and their appearance, while girls were more likely than boys to report being happy with their school work. Children's responses to all the UKHLS 2010–11 questions about their feelings to aspects about their lives were very similar to those in 2009–10. (Authors, ONS, 2013)

The Children's Society "Good Childhood Report 2014" uses sources from their ongoing 9 year research programme and most recent data on children's feelings about their lives from other sources, including international comparisons. Amongst some of their key findings are: Children in England ranked 32nd out of 39 countries in Europe and North America for subjective wellbeing and ninth out of a sample of 11 countries around the world.

The results reflect those referred to previously in the Childhood well-being Report (ONS,2013), with around 13% of 10 to 13 year olds being unhappy with their appearance, with girls faring much worse (18%) than boys (9%). They also found that children who are regularly active have higher well-being compared to children who are not and children who use computers and the internet regularly for social purposes have higher well-being than children who do not.

The impact of a parent or close adults health and well-being is also recognised in this report, suggesting that around 15% of children living with a severely depressed mother had low well-being, compared to around 9% of children who did not.

The economic prosperity or lack of it within families has also found to have an impact on reported childhood well-being, with children who felt poorer being twice as likely to say they were unhappy and almost three times more likely to say they had low life satisfaction.

The mothers mental well-being and physical health is also referred to by the Joseph Rowntree Foundation, Avon Longitudinal Study of Parents and Children (ALSPC) 2008 report, identifying that amongst a host of other factors, a deterioration in a mothers health and well-being had a negative impact upon parenting and therefore upon the child's well-being, with an improvement in mental well-being having an improving effect upon parenting and child well-being. In all other variables, such as levels of affluence, social support and marital status, where there was deterioration, followed by an improvement, the improvement did not improve parenting scores (unlike the maternal health factor).

The Child Well-being Index takes into account seven domains of well-being including: health, education, crime, housing, material well-being and child in need. As well as at a national level, this is also produced at a local level, enabling us to identify districts and lower super output area levels of wellbeing.

The table below (Table 5) shows how the districts in Derbyshire rank against all districts in England in terms of the overall child wellbeing index (2009).

Table 5. 2009 Child Wellbeing Index Rank by Districts in Derbyshire
(1 is least deprived)

Locality	Rank
Amber Valley	98
Bolsover	262
Chesterfield	213
Derbyshire Dales	25
Erewash	141
High Peak	108
North East Derbyshire	142
South Derbyshire	75

As with Indices of Multiple Deprivation, the Child Wellbeing Index above, tells us that the higher the number, the more deprived an area is and therefore the lower it is for child wellbeing. Therefore, Derbyshire Dales score of 25 makes this much higher in the child wellbeing rankings and suggests that it is the least deprived of all of the districts in Derbyshire. Both Bolsover and Chesterfield have rankings of over 200, with Bolsover ranked at 262 in England, making it the district with the lowest child wellbeing in Derbyshire. The results of this index correlate with the IMD scores for the same localities.

What it does clearly identify however is that children and young people in those localities with higher deprivation, are feeling the impact of the wider determinants

and will add to their vulnerabilities and risks with regard to substance misuse. This needs to be considered when looking at the provision of services at all levels, from generic to specialist.

The importance of good health and wellbeing

It is important to understand and to keep in perspective what makes people happy, feel well and satisfied with their lives. For children and young people, the evidence discussed indicates that for children the impact of a close adults poor health and well-being, particularly the mother, does have an impact on the child.

It is recognised that physical and mental well-being, good social relationships and support are all protective factors. As discussed previously, the importance of family relationships, a sense of belonging and positive relationships with adults as well as interests, and pass-times are all positive and protective factors for children and young people. This is why universal and targeted substance misuse services that use holistic approaches building resilience and encouraging the young person to make informed decisions and choices are most effective (JSNA support pack 2015).

The impact of disadvantage and perception of life chances-vulnerability

Meeting the needs of children and young people in the sparsely populated rural areas of Derbyshire provides a significant additional challenge for all agencies involved in supporting children, young people and their families. With the population being dispersed across some significant rural areas and also across some of the most deprived communities in England, getting services in the right place at the right time, delivering in an appropriate way for children and young people is a challenge.

However, this challenge is set with also meeting the needs of children and young people who have felt the impact of their life circumstances, be that lower income, poor school attainment, poorer housing or the health and well-being of a significant adult. This calls for services to ensure that whilst targeting substance misuse and its effects, the life behind the person and a holistic view is always essential to also take account of and be part of the package put in place for a child or young person.

Compared with European neighbours, the UK population of young people appears to fair worse for health and well-being, and that despite the UK having its lowest teenage conception rates for 40 years, it is still twice that of 16 other European countries. In addition, in England in the last ten years, there has also been a threefold increase in the numbers of teenagers who self-harm. This suggests that there are significant health and well-being issues that young people are trying to deal with and in doing so, they are trying to find a way either through it or out of it. Substance misuse, it could be argued, is also part of that picture, where, despite recent declines, the proportion of children and young people drinking, and drinking to excess/binge drinking remains higher than other European countries.

It is worth noting that whilst substance misuse in children and young people is part of experimental risk taking behaviour patterns, for some it is also part of a response to life factors that they are trying to deal with in life.

It is estimated that at in the region of 70% of young people who are misusing substances, have at least two other vulnerabilities ((National Treatment Agency) NTA, 2011). Therefore, it could be argued, these young people are likely to benefit from an integrated and targeted provision (in Derbyshire, currently available through the Multi Agency Teams (MATs), who link with a number of departments and organisations, such as CAMHS and links to specialist services.

Although specialist substance misuse services in Derbyshire only technically provide services for under 18s, the mainly adult based survey “Drug misuse: findings from the crime” for England and Wales (2013) did include data from the 16-24 year age group and found that 18.9% were more likely to have used drugs in the last year than older adults. Although patterns of substance misuse change in this age group, there also remain some similarities in the issues that this age group face that compare rather than contrast with their younger counterparts. For this reason, some services include this “transition group” as part of the young peoples’ service provision and link very closely to the adult services in an overarching integrated services model (Merton, 2015).

The potential for increased vulnerability when young people need to move from one provider to another cannot be overemphasised. In the Derbyshire services, there are number of points where children and young people transition from either one tier service to another. It is important to ensure that children and young people are supported and are comfortable about this.

NICE have developed two pathways that are highly relevant to this area of work and must be taken note of prior to any local pathway development. Pathways “Working with vulnerable and disadvantaged children and young people” and “Reducing substance misuse among vulnerable children and young people” (Copyright © NICE 2014), both identify that vulnerable and disadvantaged children and young people aged under 25, at risk of misusing substances include:

- Those whose family members misuse substances
- Those with behavioural, mental health or social problems
- Those excluded from school and truants
- Young offenders
- Looked-after children
- Those who are homeless
- Those involved in commercial sex work
- Those from some black and minority ethnic groups.

These are important factors that need to be considered locally when looking at where and how services are delivered. The Derbyshire Child Health profile (ChiMat, 2015) illustrates the position in Derbyshire with a number of these factors.

In the Wider determinants section, (see Appendix for ChiMat Derbyshire Child Health profile, 2015), it is highlighted how Derbyshire children and young people are developing compared to the England average.

Table 6 (below) Wider Determinants-Children in Derbyshire: Information Extracted from Derbyshire Child Health Profile 2015

GCSE 5A*-C English and maths	4459 (below England average)
GCSE 5A*-C English and maths-Children in care	Provisional estimate=Slightly below England average
16-18yr olds not in employment , education or training (NEETs)	1270 (better than England av)
1 st time entrants to the youth justice system	253 (better then England av)
Children in poverty U16	21,860 (better than England average)
Family homelessness	221 (better then England av)
Children in Care	630 (better than England av)
Children killed or seriously injured in road traffic accidents	19 (better than England av)

Source: Derbyshire Health Profile, 2015. www.ChiMat.org.uk

As commissioners and planners of services it is important that we try and understand where the most vulnerable and in need children are, so that we can ensure that on one level our targeted services are working on supporting children and their families, whilst also ensuring that assessments are undertaken in a timely manner and children and young people are quickly referred to specialist services when needed.

The importance of local knowledge from children and young peoples' services (CAYA) cannot be overemphasised in this regard. Their work supporting families, for example, puts them at the frontline of being able to identify actual and potential need

and where that is likely to be. When looking at the numbers of children who potentially have increased vulnerability due to their life circumstances, it highlights the importance of prevention and targeted substance misuse work, otherwise, the specialist service could receive more referrals than it does.

It is imperative then, that there are ways to ensure that this knowledge about the numbers of vulnerable children and young people and the localities in which they reside, is shared in a way that enables future services to be commissioned in a responsive way to the needs identified.

Prevalence

To assess the level of need in Derbyshire and to make informed commissioning decisions to meet that need, it is necessary to understand the prevalence of substance misuse that causes harm to children and young people. This can be done by analysing previous actual numbers receiving treatment, and in addition to this, we can analyse those young people at risk of harm but not accessing services to indicate treatment need. By then looking at the population as a whole and past numbers, we can estimate what future need may be.

Prevalence data gives us the number of cases at any one given time. By looking at this and comparing it to the actual incidence of, in this case, substance misuse in children and young people, we can attempt to judge how Derbyshire compares nationally and what this may tell us with regard to future demand and need, by looking at the trend up to a given point in time.

National Data - Young People 11-15 year olds

The HSCIC commission an annual survey (Drug Use, Smoking & Drinking among Young People in England) designed to monitor smoking, drinking and drug use among secondary school pupils aged 11 to 15 years old. Key findings from the latest in this series (2014) can be used to estimate local prevalence. The questionnaire covers the following drugs or types of drugs: amphetamines, anabolic steroids, cannabis, cocaine, crack, ecstasy, heroin, ketamine, LSD, magic mushrooms, methadone, poppers (e.g. amylnitrite), tranquillisers, volatile substances such as gas, glue, aerosols and other solvents, and 'other' drugs (not obtained from a doctor or chemist). Within the questionnaire, pupils are asked about each drug in turn, including a series of questions on whether they heard of the drug, been offered it, ever tried it and, if so, when they had last taken the drug.

The latest report confirms a continuing and significant decline in the prevalence of illegal drug taking since 2001. The following table illustrates pupil's responses:

Table 7 Prevalence rates from the smoking, drinking and drug use among young people in England Survey

IC Survey 2010 with 2014 update	2001	2010	2014
Ever taken drugs	29%	18%	15%
Taken any drugs in the last year	20%	12%	10%
Taken drugs in the last month	12%	7%	6%
Most likely to have taken Cannabis	13.4%	8.2%	6.7%
Taken Class A drugs	4.3%	2.4%	2%
Ever been offered drugs	42%	28%	Not available

(Source: Prevalence rates from the smoking, drinking and drug use among young people in England Survey applied to ONS mid-2014 population estimates)

Table 7, above, illustrates the downward trend in children and young people who have ever taken drugs from 2001 to 2014 (England).

The annual (2014) HSCIC survey indicates that illegal drug use becomes more common with age from 4% of 11 year olds reported to have taken drugs in the last year to 19% of 15 year olds. Although some similarities in the proportions of boys and girls having ever taken drugs (all ages 16% boys and 13% girls), there are variations as they get older, with a 5% difference at age 15yrs between boys and girls (boys 27%, girls 22%). The same is true for drug use in the last year (11% and 10% respectively). With regard to having taken drugs in the last month, it was 6% for both boys and girls all ages.

Factors linked to an increased probability of drug use in the last year include being male, older, a regular smoker, having recently drunk alcohol, and truanted or excluded from school (HNA 2012).

Estimated Prevalence in Derbyshire

The following table (table 8) uses the 2014 prevalence rates from the smoking, drinking and drug survey data to show the estimated usual frequency of drug use among secondary school pupils by age (and both genders) in the last year for young people aged 11 – 15 in Derbyshire:

Table 8 - Estimated usual frequency of drug use among secondary school pupils by age

Derbyshire School Population by Age	Used drugs in last year but only once		Used drugs at least once last month		Weekly drug use, at least once a week (regular)		Frequent drug use (most days)	
	Nat % 2014	Estimated Derbyshire prevalence	Nat% 2010	Estimated Derbyshire prevalence	Nat % 2010	Estimated Derbyshire prevalence	Nat % 2010	Estimated Derbyshire Prevalence
Age 11-12:	1%	245 CI: 151-398	1%	163 CI:89-297	0%	0 CI:0-61	0% CI:0-61	0 CI:0-61
Age 13:	2%	165 CI:98-282	1%	124 CI:68-229	0%	0 CI:0-50	0%	42 CI:20-114
Age 14:	2%	178 CI:102-309	2%	223 CI:135-364	1%	45 CI:21-125	0%	0 CI:0-57
Age 15:	2%	234 CI:151-361	3%	327 CI:226-472	0%	48 CI:24-117	0%	48 CI:24-117
Totals		822		837		93		90

Source: 2014 Prevalence rates from the smoking, drinking and drug survey data to show the estimated usual frequency of drug use among secondary school pupils by age (and both genders) in the last year for young people aged 11 – 15 in Derbyshire

Using these national percentages we can extrapolate and estimate that in 2014 within Derbyshire there may have been up to 93 (but with a confidence interval of 45-353) young people aged 11 – 15 who might have benefitted from receiving a specialist intervention for problematic drug use. However, this is slightly complicated by the number who said that they had used substances at least once in the month previously (N=837) and possibly, a small number of those may also have benefitted from the specialist service. In actual fact, the commissioned service in their annual report for 2013-14 reported 180 young people needing specialist service, with 178 in the year 2014-15.

This therefore means that whilst prevalence data is useful, caution needs to be taken. For future years, using local data will be vital, along-side the prevalence data to plan future services.

Alcohol prevalence in children and young people between the ages of 11 and 15 years is demonstrated in the table below, which shows the total numbers, both genders. It shows the estimates of how frequently children of this age are drinking and the 95% confidence interval (CI) for this at a national and Derbyshire level. It shows that there are an estimated 7,269 drinking a few times a year, 2374 drinking around once a month, 541 drinking about twice a week and an estimated 45 children and young people drinking alcohol almost every day, which is a very worrying statistic.

Table 9. Usual frequency of alcohol consumption among secondary school pupils, by age and gender (2014) All Ages 11-15 years

Persons	National %	Derbyshire 95% Confidence Intervals	Estimated Derbyshire number	Derbyshire 95% Confidence Intervals
Almost every day	0.0%	(0.0% - 0.1%)	45	(20 - 346)
About twice a week	1.0%	(0.8% - 1.3%)	541	(333 - 1022)
About once a week	3.0%	(2.6% - 3.5%)	1,084	(773 - 1661)
At least once a week	4.0%	(3.5% - 4.5%)	1,664	(1,236 - 2,351)
About once a fortnight	5.0%	(4.5% - 5.6%)	1,838	(1,347 - 2,569)
About once a month	6.0%	(5.4% - 6.6%)	2,374	(1,840 - 3,161)
Only a few times a year	18.0%	(17.0% - 19.0%)	7,269	(5,950 - 8,548)
Doesn't drink now	67.0%	(65.8% - 68.2%)	29,420	(27,674 - 30,669)

Source: Prevalence rates from the smoking, drinking and drug use among young people in England Survey 2014 applied to ONS mid-2014 population estimates

The 95% confidence interval for this figure, as shown in table 9 (page 52) is 20-346. That means that there could be as few as 20 children and young people drinking every day in Derbyshire, or as many as 346. The reality is that it is somewhere less than 346. However, for the services that are meant to be engaging children and young people in substance misuse work, these figures should be of concern and help to focus the services on maintaining their efforts to support children and young people to prevent their alcohol use escalating and to ultimately reduce it. Table 10, further details the estimates by looking at the difference between age groups in a little more detail, breaking down the 11-15 year old age group.

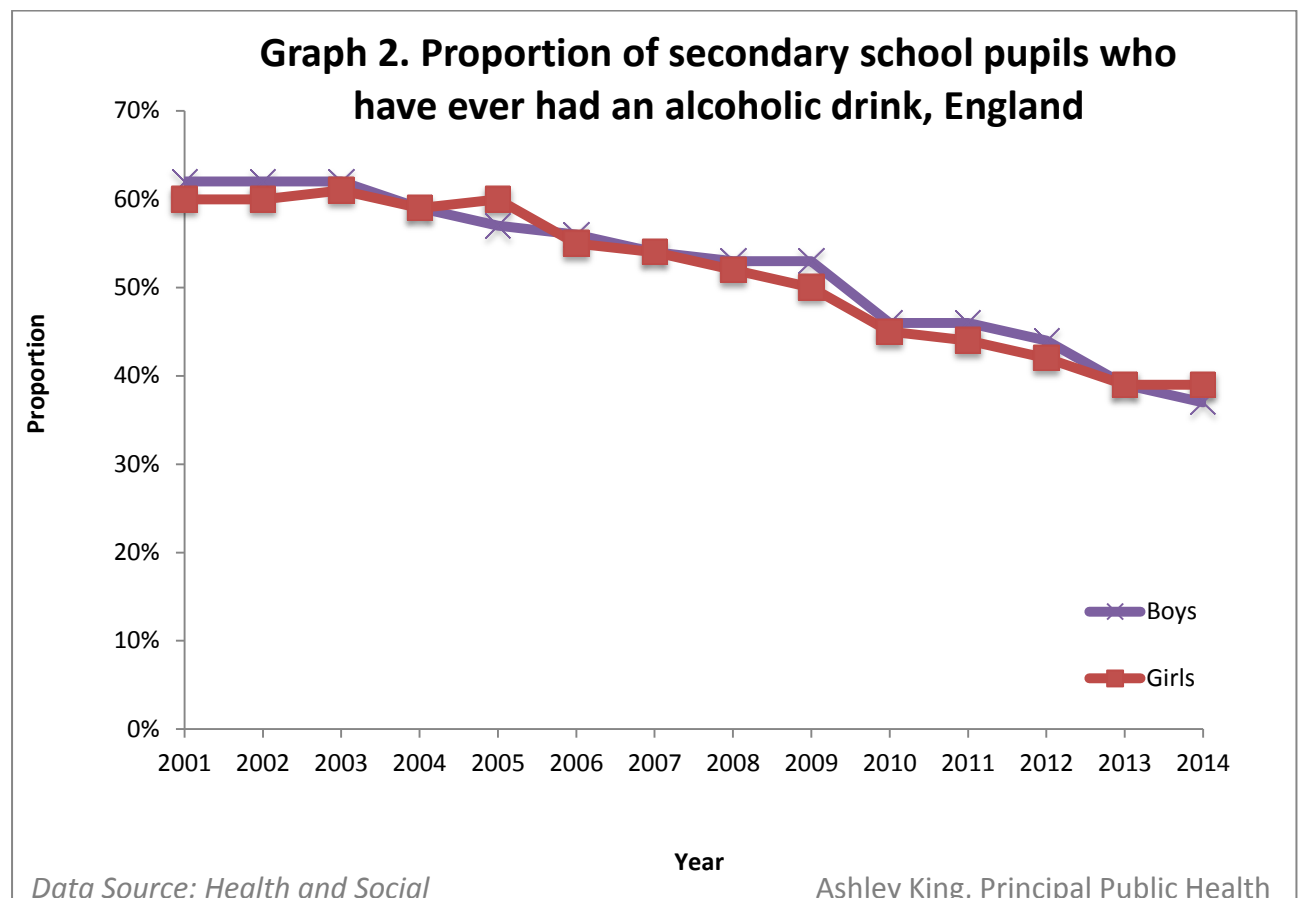
Table 10. Usual frequency of alcohol consumption among secondary school pupils, by age and gender (2014)

Derbyshire School Population by Age	Alcohol Every day		Alcohol at least once a week		About once a fortnight		About once per month		A few times a year	
	Nat % 2014	Estimated Derbyshire prevalence	Nat% 2010	Estimated Derbyshire prevalence	Nat % 2010	Estimated Derbyshire prevalence	Nat % 2010	Estimated Derbyshire prevalence	Nat %	Estimated Derbyshire prevalence
Age 11	0 CI 0-0.8%	0	0% CI 0-0.8%	0	1% CI 0.4-2.4%	41	0% 0-0.8%	0	6.0% CI 4.2-8.6%	247 CI 10-354
Age 13:	0%	0	1% CI 0.6-1.8%	82 CI 36-178	2% CI 1.4-2.9%	165 CI 96-283	3% 2.2-4.1% %	289 CI 192-434	15.0% CI 13.1-17.1%	1234 CI 1021-1482
Age 15:	0%	0	10% 8.6-11.6%	932 CI 751-1151	11% CI 9.5-12.7%	1023	15% CI 13.3-16.9%	1353 CI 1135-1604	29% CI 26.8-31.3%	2749 CI 2456-3062

Source: Prevalence rates from the smoking, drinking and drug use among young people in England Survey 2014 applied to ONS mid-2014 population estimates

Table 10 above; shows that the consumption of alcohol increases with age from an estimated 0 children of 11 years old drinking alcohol at least once a week, to an estimated 932 children aged 15 drinking at least once a week.

Whilst these estimates do appear very concerning, we should also consider that the situation with regard to alcohol consumption amongst children and young people has been following a downward trend for a number of years now. Graph 2 below shows this downward trend.



Graph 2, above, illustrates that for both boys and girls, the downward trend in drinking alcohol continues to be a steady one. The trends with alcohol can also be seen to be mirrored in those for drug taking amongst children and young people.

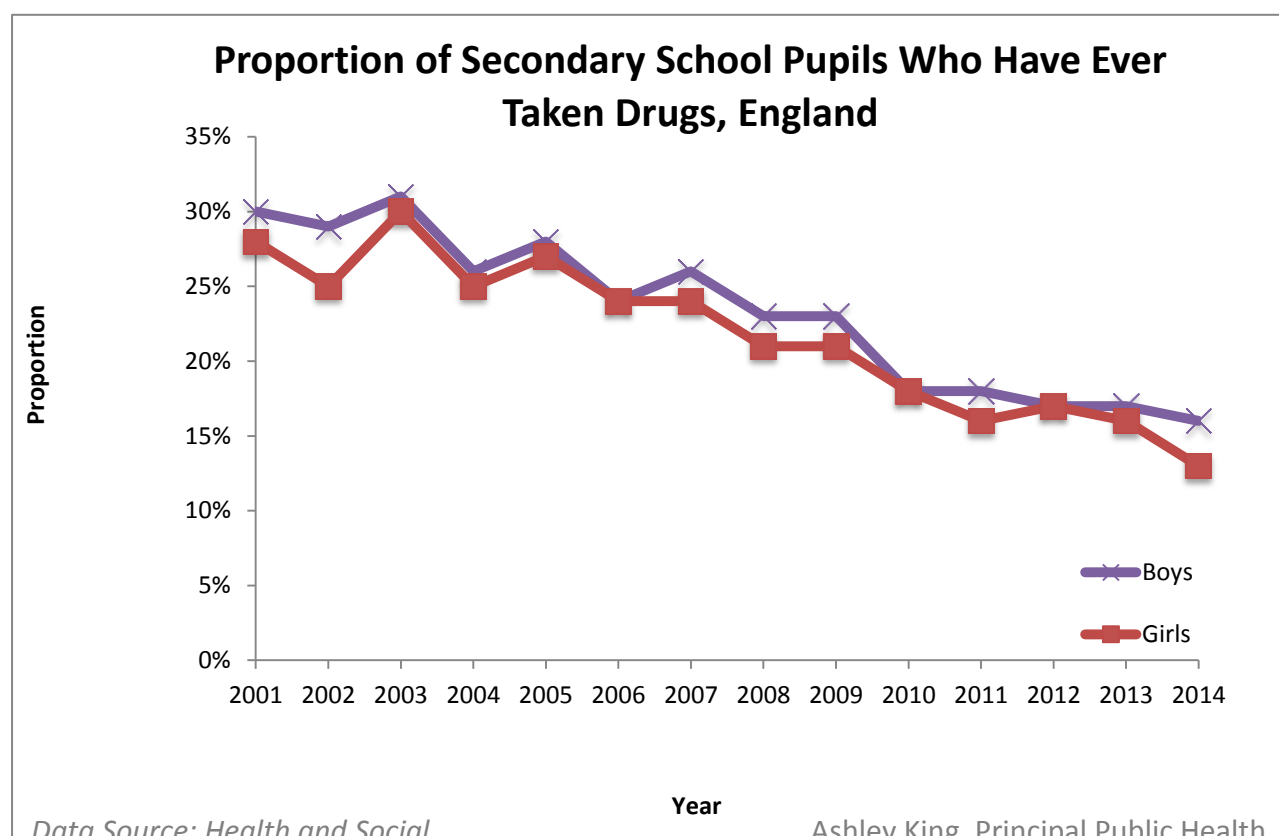
Table 11 - Proportion of Drug Use amongst secondary school pupils- National and Derbyshire comparisons

Age	Ever taken	Ever Taken	Taken in	Taken in last Year	Taken in the	Taken in the last
Both genders	National %	Derbyshire Number and %	Last Year National %	Estimated Derbyshire Number and %	last month National %	month Estimated Derbyshire Number and %
11-15yrs	15%	5911 13.9%	10%	4136 9.7%	6%	2426 5.7%

Source: Prevalence rates from the smoking, drinking and drug use among young people in England Survey 2014 applied to ONS mid-2014 population estimates. Based All figures have a 95% confidence level

The above table (table 11) illustrates that the figures for Derbyshire are very similar to that nationally. They contrast greatly with 2001, where (in England), 29% of boys and girls were reporting ever taking drugs, to 2014, where 15% reported ever taking drugs.

Graph 3 (below) Proportion of Secondary School Pupils who have Ever Taken Drugs, England



Graph 3 (page 55) shows the steady decline in drug taking in England. From the prevalence figures, Derbyshire has the same profile over time also, reflecting the national decline in drug taking amongst secondary school children. We can assume therefore, that if preventative targeted support and successful specialist services continue, the figures should continue to go down further. The question is to what extent. The age of children and young people starting to experiment with substances needs to be monitored closely, as the data indicates that 11-12 year olds are already doing so. It also suggests that more needs to be done earlier to support those with wider vulnerabilities to help prevent them using substances.

Whilst the majority of young people do not use drugs (90% of secondary school children in the 2014 smoking, drinking and drug use survey amongst young people (with most of those that do, not being dependant)), drug and alcohol misuse can have a significant negative impact on the life of young people and their families; affecting education, health and long term prospects. Public Health England (PHE) report on the effectiveness of specialist interventions for young people's substance misuse; noting specialist services engage young people quickly, with the majority leaving in a planned way and not returning to treatment services.

PHE note that the evidence suggests specialist substance misuse interventions can contribute to:

- Improved health & wellbeing
- Better educational attendance and achievement
- Reductions in the number of young people not in education, employment or training
- Reduced risk taking behaviour (e.g. offending, smoking and unprotected sex)

In addition the Department for Education also report findings from cost benefit analysis indicating that every £1 invested saved £1.93 within two years, and in the long term up to £8.38. This indicates that investing in specialist interventions is a cost effective way of securing long-term outcomes, reducing future demand on other services (e.g. health, social care, mental health services and youth justice), whilst also supporting the troubled families agenda.

Tiers of Substance Misuse Interventions

The four-tiered model of drug and alcohol interventions outlined in the “Substance of Young Needs” (Health Advisory Service (HAS) 1996 and 2001) provides a framework to conceptualise the service components of an integrated and comprehensive child-based service. The model should be viewed as a flexible and dynamic strategic approach to commissioning and service provision of substance misuse interventions for children and young people. The following is a brief description of the HAS (2001) four-tiered framework, related to Derbyshire.

Tier 1, a universal service is offered, with general information that is delivered to general population groups, in this case it could be a school assembly or at a youth group, where substance misuse is included in a range of other health and wellbeing information. This is available through non-specific venues, but where young people are thought to access the information.

Tier 2 is a targeted approach, where specific services are available to young people to discuss issues around substance use. The aim and purpose of this tier is to be concerned with reduction of risks and vulnerabilities, reintegration and maintenance of young people in mainstream services. The workers involved in this work should have some knowledge and skills related to substance misuse and young people.

Tier 3 services are specialist services, specifically designed with children and young people at the centre of the delivery of the service, with workers who have specialist skills and training enabling them to quickly engage, support and treat children and young people's substance misuse. Young people's specialist drug services and other specialised services, which work with complex cases requiring multidisciplinary team-based work, should be working at this level. The aim of Tier 3 services is to deal with complex and often multiple needs of the child or young person and not just with the particular substance problems. Tier 3 services also work towards reintegrating and including the child in their family, community, school or place of work.

Tier 4 services are required for those with more complex and treatment needs that require medical interventions, detoxification, hospitalisation, substance replacement. This tier could include short term intervention, prescribing and even respite or care away from the home setting. All workers in this tier will also be knowledgeable about

the other tiers and have specialist knowledge in supporting young people who need this level of intervention.

Tiers of substance misuse model applied to services-Derbyshire

Tier 1 Universal services in Derbyshire entail generic information that is delivered to general population groups, in this case it could be school assemblies or at a youth group, where substance misuse is included in a range of other health and wellbeing information. This is available through non-specific venues, but where young people are thought to access the information. Much of this work should focus on preventative strategies that enable young people to not choose risky substance use behaviours. A whole range of organisations, groups or teams will use this approach in their work with children, young people and families across the county (example).

Tier 2 Targeted prevention has been developed for young people who are considered to be vulnerable or who have been identified as having needs that require some low intensity intervention and monitoring (such as social inclusion programmes) .

Currently delivered by the Multi Agency Teams (MATs), the Vulnerable Young People's Holistic health and wellbeing service, commissioned in April 2014 by Public Health, is designed to deliver a targeted service placed within each locality to specifically work with the needs of the most vulnerable young people within Derbyshire.

The service aims to address issues surrounding risky behaviours including substance misuse, sexual health and emotional health and wellbeing of young

people. The service has been developed in accordance with local need and as part of the Multi-Agency Team (MAT).

Data from the MATS has been limited for this needs assessment. However, the limited amount reported from 2014/15 indicates that some localities are either not engaging young people about substance misuse, or they have not recorded it. The two localities who provided data around engaging young people about substance misuse were Chesterfield and Amber Valley.

In the year 2014 – 2015 a detached team worked with over 600 Young people in Chesterfield Town Centre, with much of the work supporting young people with substance misuse, the issues mainly resulting from using 'legal highs', cannabis and alcohol. Unit Ten, which opens on a Saturday reports that 50% of young people attending, do so as a result of cannabis use issues.

Amber valley reported that they provide targeted group work as well as 1-1 and specific projects (eg Vibe Project-Alcohol). They both also indicate that they make referrals to the specialist service as well as some teams in the locality providing information about continuing to support following discharge from the specialist provider.

As well as engaging and enabling young people to access a range of health information advice generally, the holistic health service also has specific aims with regard to raising awareness to the risks and long term effects of alcohol, drugs and STI's. In addition, the holistic service aims to prevent young people becoming alcohol or drug dependant, minimise harm to young people from substance misuse, by providing a range of support and interventions which meet the needs of young people in young person friendly locations using the "You're Welcome" (DoH) criteria.

Whilst not within the scope of this piece of work, the Youth Offending Team has two specialist substance misuse workers, who work with young people and provide universal, targeted (and occasionally specialist support). They link in and refer to the tier 3 service, they do not report to NDTMS if they do support a young person in tier 3 level work.

Tier 3 Specialist Services have been designed to be accessible to young people with identified substance misuse needs that cannot be met by universal or targeted provision (such as mental health services, specialist schools, in-patient services, substance misuse treatment services).

The County currently commission Crime Reduction Initiatives (CRI Derbyshire T3) services to deliver locality based specialist services across all areas of the county for children and young people. Derbyshire T3 is a specialist outreach service for young people who are using drugs or alcohol, feel they have a problem and want some support to stop using or cut down. They also offer specialist help to reduce the risks and harm associated with alcohol or drug misuse, or to help young people avoid relapsing if they have already made changes.

The service aims to help young people make informed choices about their alcohol or drug use, and to raise their awareness of all the risks involved - this includes providing high quality and responsive support and assistance to other Young Person's Services and Youth and Community groups to enable effective community treatment planning that reflects an inclusive approach to care co-ordination.

All staff have qualifications, skills and training, associated with drug/alcohol and young person knowledge and provide initial comprehensive assessments of need, structured care planning, therapeutic interventions and motivational support.

The then new county-wide specification was developed for the specialist provision to reflect the priorities outlined in the 2010 national strategy, particularly the involvement of the family and community. Most young people only need to engage with specialist drug and alcohol interventions for a short period of time, often weeks, before continuing with further support elsewhere, within an integrated young people's care plan. The specialist service provider works with the Multi-Agency Teams (MATs), CAMHs and others, particularly the lead professionals within those teams, to ensure that children and young people receive the support they need.

In addition, Derbyshire County Council (DCC) also recognises the significant impact that the substance misuse of one individual has on others around them. Of particular concern are the children of people who misuse substances. To support this vulnerable and at times hidden group, DCC Public Health commissions the service Space4U (Action for Children). The service specifically aims to:-

- Reduce and manage the impact of the substance misuse of others on children/ young people
- Improve outcomes for young people by enabling them to develop coping strategies to deal with the impact of substance misuse
- Improve access to activities, education and development opportunities
- Improve the emotional health of young people affected by someone's substance misuse.
- Provide a safe, confidential space for young people to express their feelings, reduce isolation and build self-esteem

- Professionals are well informed to identify children and support/refer young people who may be affected others substance misuse
- Children and young people live in a safe environment and receive adequate supervision and guidance as appropriate for their age.

Derbyshire Specialist Substance Misuse Service for Children and Young People

As discussed earlier in this report, specialist substance misuse services are delivered by CRI T3 Derbyshire. They have a well-developed service and systems in place, with a highly skilled workforce. They deliver services on a locality basis at a place that is convenient to the children and young people involved.

The below table provides an overview of young people (aged up to 18yrs) and young adults (18-24yrs) resident in Derbyshire in specialist substance misuse services from 2011/12-2013/14. The number of young people in specialist services in both the community and within the secure estate account for approximately 1% of the national total for the 2013/14 period.

	2011/12	2012/13	2013/14
Number of young people (aged under 18yrs) in specialist services in the community	149	148	197
Number of young adults (aged 18-24yrs) in 'young people only' specialist services in the community	11	7	11
Number of young people (aged under 18yrs) in specialist services within the secure estate		7	17

Table 12 - 2011/12-2013/14 Young People & Young Adults (Derbyshire residents) in Specialist Substance Misuse Services

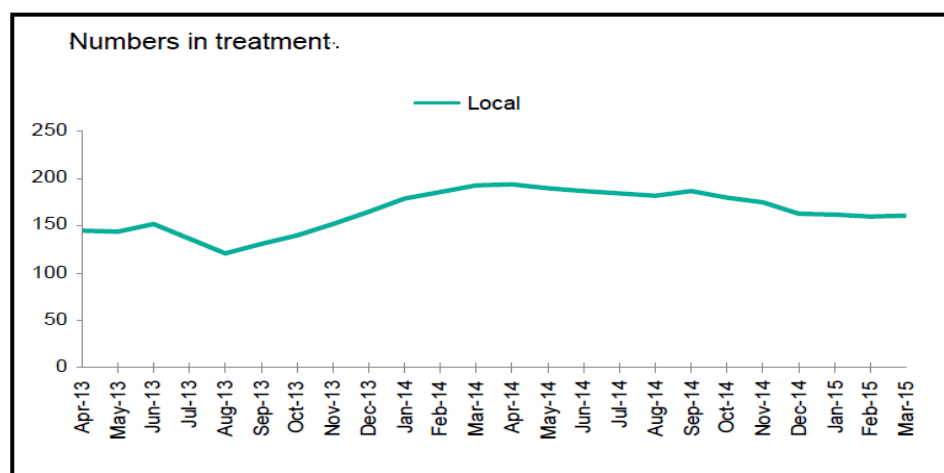
The previous table (above) shows the numbers of young people in specialist substance misuse services since 2011/12 until 2013/14. It shows an increase in the number of young people under 18 seen by services. The second row in the table shows the number of young adults who had been seen by the specialist young

peoples' service. The majority of these were seen by the young peoples' service because they had already been seen by the team previously and needed a more familiar service to support them through further change, or, they were working their way towards meeting their substance reduction goals and therefore stayed with the service until that was completed, rather than change service.

Please note that data from within the secure estate began in Young Offender Institutions (YOI) in 2012/13, and was rolled out to Secure Training Centre (STCs) and Secure Children's Homes (SCHs) from April 2013. These dates are likely to be the reason for the numbers engaged in specialist substance misuse services in the secure estate more than doubling in 2013/14, when compared to the previous 12 month period.

In addition to the above table recent NDTMS reporting indicates that at the end of the 2014/15 period there were 161 young people in specialist substance misuse services (rolling 12 month total). This is a reduction of approximately 18% within Derbyshire, compared to a reduction of 5% seen nationally. In addition, 18 young adults were in specialist substance misuse services during this same time period. The below graph provides a more up to date and longitudinal overview of the number of young people in specialist substance misuse services within the community on a rolling 12 month basis.

Graph 4 Derbyshire Numbers in Specialist Treatment Services (rolling 12 month) April 2013- March 2015



The above graph 4 illustrates that from August 2013, following which, the current specialist provider commenced providing services, the number of young people being seen by specialist services initially increased. This is explained by a backlog having been created by one service ending and the new one starting. The graph then shows a steady downward trend and a levelling off of numbers being seen by the specialist substance misuse service to March 2015. When considering the Derbyshire year 8 survey, and the numbers of children who are already reporting drinking alcohol on more than 11 occasions in a year (10%) it is likely that although numbers will fall (according to national trends) numbers will not drop by huge amounts in year and therefore, would suggest that investment in services needs to be maintained in this area at the current levels.

As discussed, PHE emphasise the importance of clear pathways being in place between targeted and specialist services that are supported by joint working protocols and good communication; noting that changes in universal and targeted

young people's services can affect screening, referrals and demand for specialist interventions.

Referral Sources

The below charts provide an overview of referral sources into specialist services during 2013/14 at both national and at a local (n-210) level.

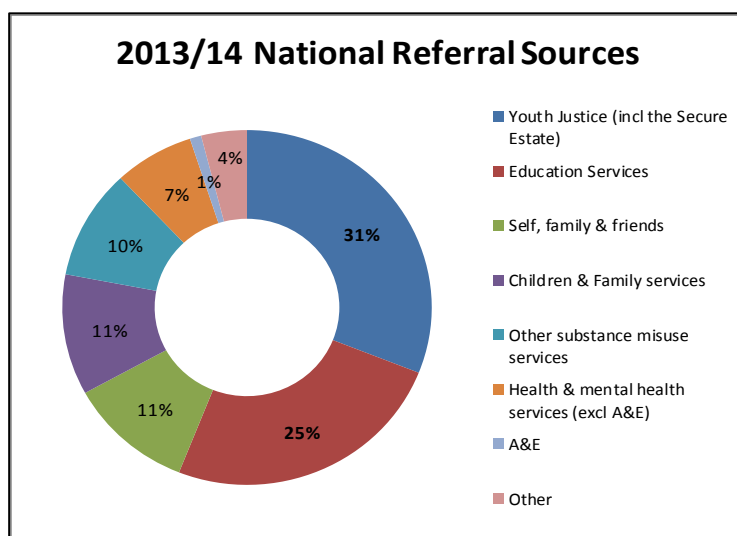


Figure 1 (above)- National 2013/14 - Referral Sources into Specialist Substance Misuse

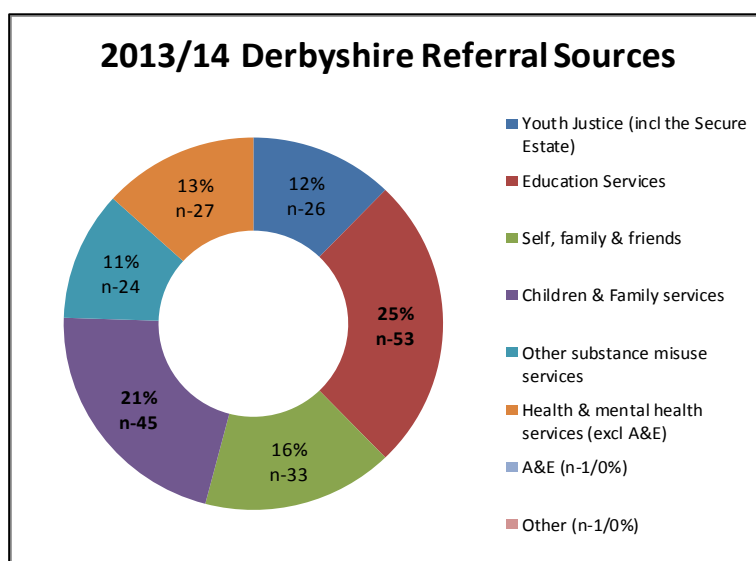


Figure 2 (above) - Derbyshire 2013/14 - Referral Sources into Specialist Substance Misuse

The two figures (page 68) illustrate where the referrals to specialist substance misuse services come from, both nationally and locally.

The national picture of referral sources to specialist substance misuse services shows that the distribution of source of referrals has some similarities with that shown for Derbyshire in the second chart, with Youth Justice and Education accounting for just over 50% of all referrals nationally. Derbyshire sources of referral appear more evenly spread across a number of referrers, with Education and Children & Family services accounting for 46% of referrals, a smaller percentage from the Secure Estate, but a larger percentage of referrals coming from Health and Mental Health services (13%) than nationally (7%), along with a larger percentage of self- referrals than nationally (Derbyshire=16%, National=11%). The greater numbers of referrals from Health and mental health, in part, is most likely to be due to a very well developed relationship between the different services, including the local CAMHS teams across Derbyshire.

Nationally, just over half of all referrals are from 'Youth Justice (including the Secure Estate)' and 'education services.' And whilst the percentage of referrals from 'education services' are identical at a local and national level (25%), referrals from Youth Justice (including the Secure Estate) are considerably greater at a national level; accounting for nearly a third of all referrals during the 2013/14 reporting period.

At this time, Derbyshire had a change of provider. There is no secure young persons' institute in Derbyshire and possibly this has an impact upon the difference in referral sources (particularly in relation to youth justice). The local structures include a Youth Offending Team that has 2 community drug workers who although in the main

deliver universal and targeted substance misuse services, do also undertake tier 3 work with young people whom they have already worked with and at their request are not referred to T3 specialist services.

Whilst it is positive that young people who are being seen by the youth offending team feel able to continue working with them when their substance misuse is more problematic, this will have an impact on the numbers of referrals received by CRI for this group. In addition, is that the youth offending service doesn't report their tier 3 activity to enable the numbers to be collated along with other national data. Depending upon the numbers concerned, this could make the Derbyshire data less accurate when we are comparing to the national picture. It also means that as commissioners of services, we are not fully aware of the actual numbers of young people who are using this level of service and nor is the national database.

It is recommended therefore that ways are sought to bring the data together from the Youth Offending Team and are collated along with the data collected by T3 to give us an accurate picture of the level of substance misuse in young people requiring specialist intervention as well as the targeted support work that they so valuably do.

From reviewing more recent data (2014/15) on referral sources over the latest 12 month period to end March 2015 just under two thirds of referrals have been from 'children and family services' and 'education services' within Derbyshire, whereas nationally these two referral sources only account for 43% of referrals. This could be a reflection of the close working relationship between the MATs (Multi Agency Teams, Children and family services) and education, with the specialist service, which is essential to meeting the needs of children and young people.

The latest CRI T3 Executive Summary for Derbyshire 2014/15 report shows that referrals from substance misuse services in 2013/14 (baseline figure) accounted for 3% of all referrals and not the 11% reported within the Young People's JSNA pack (Figure 1 page 67). However this is reflective of the fact that the higher percentage in the previous year was from young people in the old service moving into service with CRI, and was therefore artificially high and not reflective of usual referral sources.

In addition to the above and in relation to continuity of care, on release from the secure estate a small number of young people were referred to treatment within Derbyshire, of which none were recorded as being triaged or starting treatment with a community service within three weeks of release. In contrast nationally 24% (n=41/n=174) of young people referred to treatment in the community upon release from the secure estate were either triaged or started treatment at a provider within three weeks. PHE note that whilst the number of young people detained in secure settings is low, those that are placed within these establishments often have complex health needs. Whilst the reported numbers of young people released to Derbyshire with a referral to community based specialist services are very low, it is imperative that every effort is made to engage these young people in service.

Source of Referrals: Locality

In relation to the geographical spread of referrals, T3 Young People's Substance Misuse Service note that the fluctuations reported by the service previously have continued to some extent during 2014/15. In addition, from April 2015 T3 also became the provider of Specialist Substance Misuse services in the Glossop area for young people.

With the exception of Glossop, who have recently been added to the specialist services portfolio of work, the number of referrals is quite evenly spread across the county localities.

In reviewing wait times in to treatment for all young people within Derbyshire it is evident that in the main all are able to access the service to start their first treatment intervention within three weeks.

Referrals: Vulnerabilities

Young people in specialist substance misuse services are acknowledged to have a range of vulnerabilities. PHE report that specialist services should be provided for those whose substance misuse has escalated and is causing them harm, and there should be effective pathways between specialist services and children's social care for vulnerable young people, with age-appropriate care available for all young people in specialist services. Young People receiving specialist interventions are reported to be more likely to not be in education, employment or training (NEET), have contracted a sexually transmitted infection (STI), experiencing domestic violence, experiencing sexual exploitation, be in contact with the youth justice system, be receiving benefits by the time they are 18, and half as likely to be in full time-employment.

With regards to substance specific vulnerabilities, very small numbers of young people in specialist services locally were reported to be an opiate and/or crack user, and were reported to be alcohol users, which is in line with national reporting (2% and 5% respectively). However just under three quarters (73%, n=61) of young

people in specialist services within Derbyshire were reported to be using two or more substances at the start of treatment, which is considerably higher than the 61% reported nationally. In addition, 98% (n=81) of young people in specialist treatment within Derbyshire had begun using their main problem substance when they were under 15 years of age (compared to 90% nationally). This is of particular importance to note when considering the universal and targeted substance misuse work.

In relation to injecting practices, whilst within Derbyshire there were higher percentages of young people citing that they were a current or previous injector at the start of treatment (slightly higher than the 1% nationally), it should be noted that this is based upon a very small number of young people.

Within Derbyshire just under a third (30%) of the young people in specialist substance misuse services had an identified mental health problem, which is double the national percentage.

It is understood from discussions with providers of services that in part, this is due to a very effective working relationship between the CRI and CAMHS including some joint working with young people, as indicated in the higher proportion of referrals to specialist substance misuse services from 'health and mental health services' within Derbyshire than is seen nationally (Figures 1&2).

However, the latest reporting from NDTMS for the 2014/15 period indicates a reduction in the percentage of young people with an identified mental health problem to 19%, which is now more in line with the latest national reporting (17%).

The impact of wider vulnerabilities on children and young people cannot be underestimated, in particular with regard to ensuring that children and young people are seen by the most appropriate service at the most appropriate time.

There has also been seen to be a lower percentage of young people in specialist services involved in offending locally during 2013/14 (17% compared to just under a quarter nationally). In addition, whilst locally there is a lower percentage of young people in specialist services affected by someone else's substance misuse (11% compared to 16% nationally) there is a higher percentage locally of young people subject to a child protection plan (10% compared to 5% locally).

A development for T3 (CRI – specialist substance misuse provider within the community) has been to offer brief specialist harm reduction sessions to young people who it was felt would not engage in longer term treatment. This has enabled T3 to provide these young people with some knowledge and skills that may help them to behave in a less risky way. In addition it introduced these young people to T3 workers, building their confidence around how the provider works; resulting in some young people taking time to contemplate their use and deciding to engage in further work with T3.

The implications of these wider vulnerabilities for the specialist substance misuse service is that it has to maintain a responsive, highly skilled and adaptive approach to the changing needs of children and young people, to respond to and meet their needs and provide a service that they are comfortable with and happy to engage with. The numbers of young people who are referred by other services, who refer themselves and indeed re-engage if they need to, suggest that the current service

being provided by T3 does this and that any future service needs to be able to deliver the same.

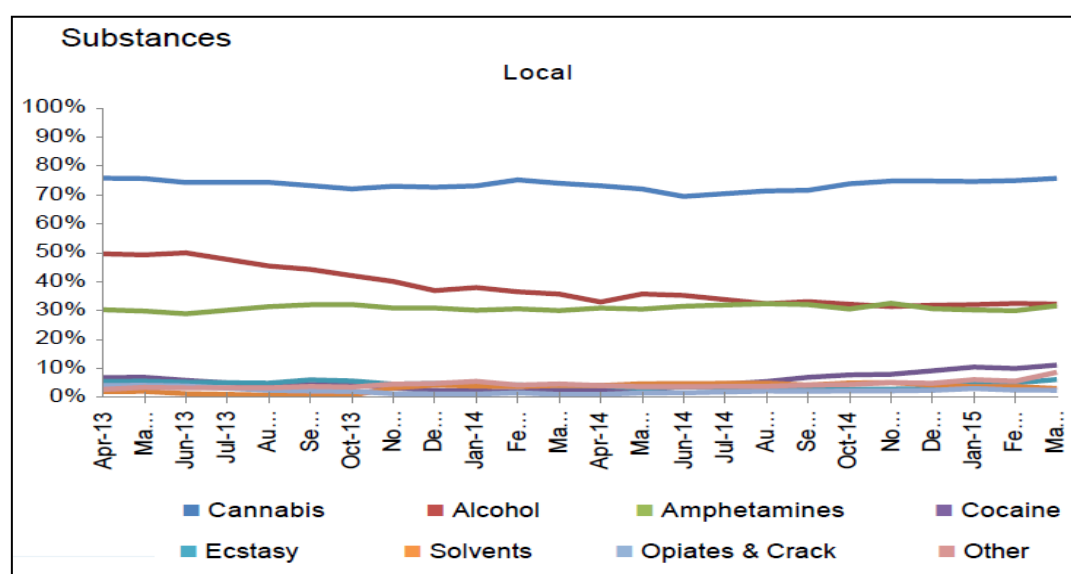
Substance Type and Age of Children and Young People

Data provided of substance type and the age of young people accessing young people's specialist substance misuse services within Derbyshire 2013/14, shows that young people in Derbyshire follow a similar pattern to the national picture, except for the case of stimulant use, (cocaine etc) which was higher in Derbyshire than nationally. A further example of a variation from the national figures was seen in 13 year old substance use. Nationally, 13 year olds account for 6% of all children and young people referred for substance misuse, whereas in Derbyshire, the percentage of 13yr olds of those referred is 10%. This is an interesting variation to the National figure and along with the year 8 survey results, should be considered further with regard to targeted and preventative work. For the specialist substance misuse services, it also means that they are dealing with a very young, vulnerable group of children, with very different levels of understanding and maturity to some of the 18 or 19 year old young people who access the service.

It is clearly apparent from the data that services are being accessed in the main due to cannabis, alcohol and stimulant use. This is also the case nationally. However, within Derbyshire, there appears to be a considerably higher percentage of young people accessing services citing stimulant use than is seen nationally, with lower percentages citing cannabis and alcohol.

Worth noting from 2013/14 reporting is that no young people in service locally report tobacco use. This is due to local data collection rather than reflective of smoking prevalence of young people accessing specialist substance misuse services. If the service does identify that tobacco use is an issue that a young person does wish to deal with alongside their other substance misuse, CRI will refer to stop smoking services. However, a pragmatic approach to which substances to tackle first is taken.

The below graph (Graph 5) provides a more up to date and longitudinal overview of substances cited by young people in any episode in the last 12 months (percentages of all young people in treatment) in Derbyshire. This shows the continued downward trend for alcohol, but a noticeable (but still relatively small) increase in cocaine.



Graph 5 - Derbyshire - Substances cited from any episode in the past 12 months (any citation drug 1, 2 or 3). Percentages are all YP in treatment

When looking at more recent 2014/15 data at provider level (T3), there is a slightly higher percentage of younger people citing amphetamine than alcohol (at 37% and 27% respectively). This reduction in alcohol being cited is further corroborated in the latest 'CRI Annual Report 2014-15' which evidences that mephedrone is the second

most cited primary substance to cannabis. This latest data indicates a shift in drug type with young people (previously cannabis and alcohol were the predominant substances cited upon entering young people's specialist substance misuse services), and also has the potential to impact upon adult treatment services, as regards those that are of an age where they may need to transition from young people's to adult services.

It is recommended that any significant trends in the changes of substances used by young people is reported to the adult team as an early indicator of possible subsequent future changes potentially in adult substance use.

With regards the age breakdown, locally there is a much lower percentage of young adults (18-24yrs) accessing young people's specialist substance misuse services (5% n=11) than is seen nationally (14%). Whilst within PHE reporting it is noted that the needs of this age group are very different to those within service aged under 18yrs, a good public health approach should consider the needs of this older age group. The importance of clear transition and joint care plans with adult substance misuse services is of utmost importance for those that are in young people's services who are likely to need ongoing specialist support post turning 18.

It is further recommended that we need to ensure clear pathways and supported transition for those in young people's substance misuse services that will make the transition to adult drug and alcohol services. For those who have not yet fully developed in maturity socially, it should be considered that extending their time with the young persons' specialist provider could be an option.

Gender

In addressing the gender breakdown of young people in specialist substance misuse services, for the 2013/14 period there was a slightly higher percentage of females in treatment in Derbyshire than is seen nationally (38% and 34% respectively). However, for the latest 2014/15 reporting this percentage has reduced slightly to 34% (35% nationally).

The needs of females accessing both young people's and adults substance misuse services can often be different to males presenting to services, and these differences within the treatment population need to be both acknowledged and addressed. Services within the county need to be tailored to the needs of those presenting to services, ensuring that young people are able to access the support they need, with clear referral pathways and joint working in place for those with complex needs/vulnerabilities or who are at a high risk of substance misuse related harm.

PHE cite a number of specific issues that can affect females in young people's specialist substance misuse services, including increased citation of alcohol as a problematic substance, involvement in self harm, being affected by domestic violence and involvement in sexual exploitation. The below table and graph provide an overview of the gender breakdown within young people's specialist substance misuse services at both a local and national level. Of note is that there are lower percentages of females within Derbyshire citing alcohol and cannabis as a problematic substance (as is also the case for males) than seen nationally. With regards to mental health, whilst there is a higher percentage of both males and females diagnosed with a mental health problem (as has already been noted within

this report), there is a lower percentage (particularly for females) involved in self harm than reported nationally.

Figure 3 – 2013/14 Gender differences in local and national Young People's Specialist Substance Misuse Treatment Population

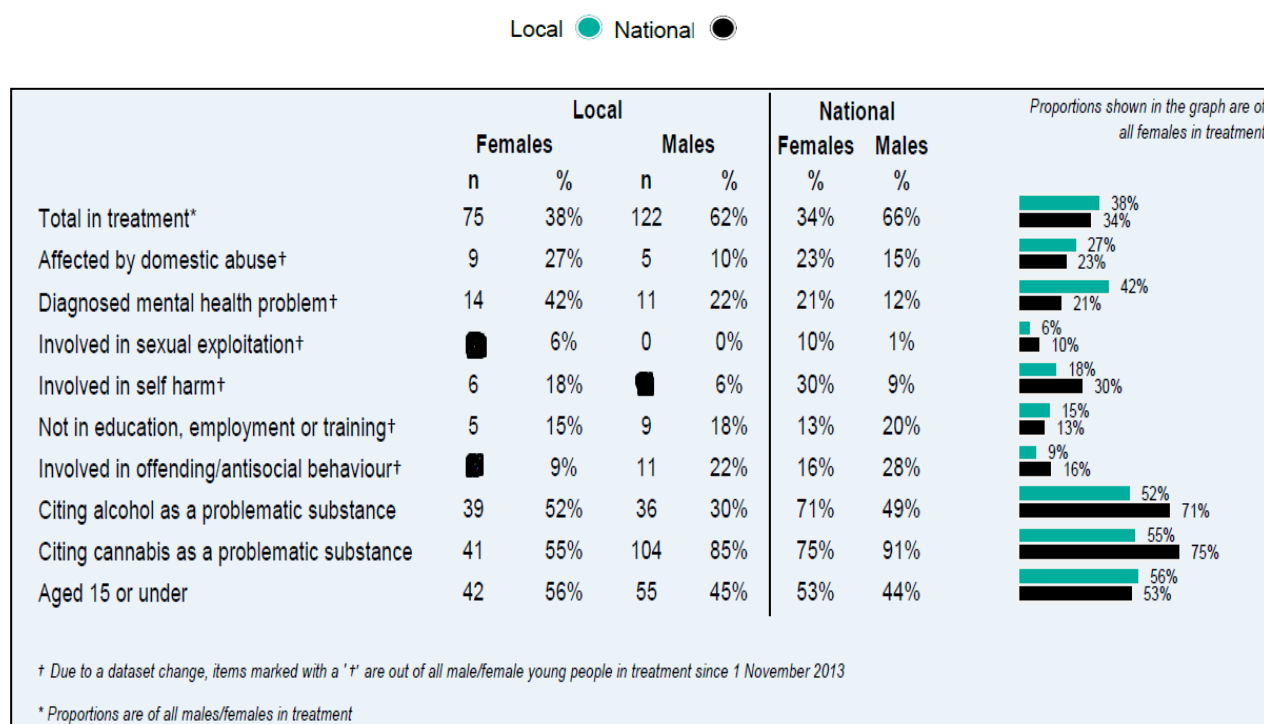


Figure 3 describes gender and wider vulnerabilities that are particularly pertinent to females, nationally and locally. The graph within the table describes females only, representing the national and local figures with regard to all females accessing specialist substance misuse services. Of most significance to note is the difference between the national figure of 21% of females having a mental health problem, compared to 42% locally. Additionally, although a lower percentage than nationally (10%), of note are the number of females involved in sexual exploitation (6% locally). These indicate and reaffirm the need for ensuring that there are strong links and working together between agencies, departments and providers, with strong

pathways, shared training and policies that all are signed up to, to ensure that those most vulnerable are protected.

Derbyshire County Council in the first instance, via the Children and Young Peoples Substance Misuse Steering Group can help to bring much of this together to then be ratified by senior managers.

Length of Contact with the service

Compared to adults, young people generally spend less time in treatment than adults in substance misuse services, as their substance misuse is not as entrenched. In addition unlike adult drug treatment services the majority of young people in treatment are not using opiates (who in adult treatment have much longer treatment journeys than non-opiate clients). However it is recognised that young people with complex needs are likely to need longer in treatment and to keep in contact with specialist and targeted services for longer.

With regards to the length of time in specialist substance misuse services, young people within Derbyshire overall tend to spend less time receiving specialist interventions than is seen nationally; almost two thirds (62%) of young people within Derbyshire spent between 0-12 weeks receiving specialist interventions compared to 43% nationally during 2013/14. Figure 6 provides a national and local breakdown of time in service.

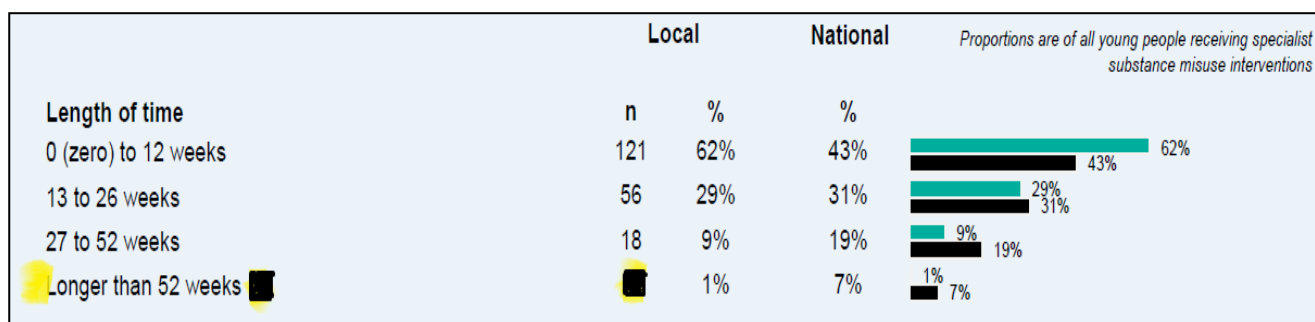


Figure 4 – 2013/14 Derbyshire & National Breakdown of Length of Time in Services


Local  National 

Figure 6 (above) clearly illustrates that compared to national figures there is a larger percentage of young people receiving substance misuse interventions for 0-12 weeks in Derbyshire. This should be seen as a positive indication rather than negative, as it suggests, as user evaluations indicate, that children and young people are happy with the service and feel that it provides the support and interventions that they need.

From reviewing performance reports end 2014/15 this indicates that the percentages of young people in specialist substance misuse services in Derbyshire for between 0-12 weeks further increased to just over three quarters (78%), whereas nationally the figure has remained relatively static at 41%. The difference in length of time in treatment recorded locally and nationally is further emphasised by the latest average treatment length provided for the 2014/15 period. Within Derbyshire the average length of treatment for young people is 8.55 weeks (for CRI it is 6.08 weeks with 86% of young people in service 0-12 weeks), whereas nationally the average length of treatment is 22.72 weeks.

This is considered to be due to the structured way in which the team works with children and young people, that enables them to decide when they feel they have

reached their goals at the time, but also enables them to return to tier 2 services for ongoing support to consolidate their successes in substance use reduction.

Due to the substances used by those accessing young people's services being non-opiate the vast majority of young people are receiving psychosocial interventions (talking therapies) only, and do not require any pharmacological interventions for opiate use. Less than 5 young people, 2013/14 were reported as being in receipt of both psychosocial and pharmacological interventions.

Robust exit planning from treatment is essential to reduce the risk of relapse. However, it is also imperative that if a young person does need to re-engage with specialist substance misuse services that they can do so promptly, in order to address their substance use.

During the 2013/14 period a considerable improvement was seen in planned exits from treatment locally, with 91% (n=148) of young people within Derbyshire exiting specialist substance misuse services in a planned way.

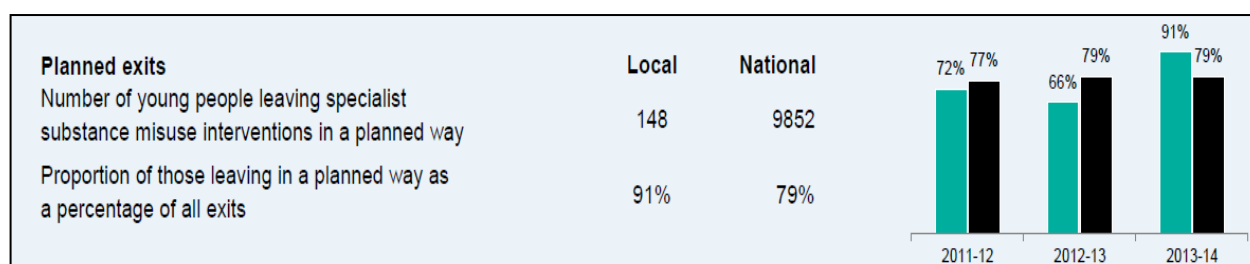


Figure 5 – 2013/14 Planned Exits from Specialist Substance Misuse Services

Local ● National ●

Planned exit percentages within Derbyshire have remained above national levels for the last three years, with the most marked difference in percentages seen in the 2013/14 period. This is illustrated above (figure 7), clearly showing that there has

been a marked improvement in planned discharges for the 2011-14 period with T3 and remains an improving picture.

This was following the change in service provider for the young person's specialist substance misuse service, which was taken over by CRI T3 at the beginning of 2013/14 period.

In addition, with regards to re-presentations to treatment after a planned exit from treatment services, within Derbyshire 8% (n=10) of young people who successfully completed treatment Jan-Dec 2013 re-presented within the following 6 month period. This is compared to a 7% representation percentage seen nationally for the same time period.

To provide a more up to date focus on planned exits from treatment, at the end of the 2014/15 period the national percentage has remained the same at 79% however locally Derbyshire has seen a further increase to 97% of exits from treatment being in a planned/successful way. However, there has also been a slight increase in re-presentations which are at 9% within Derbyshire, which continues to be higher than the 6% reported nationally.

When considering this, it is an indication of need that is perhaps also representative of the number of young people who also have mental health issues as well as the structured and empowering way that the service enables young people to set their own realistic targets. They also feel able to return to the service if they wish to make further changes and it is not necessarily a sign that they have worsened their habit, but an indication that they feel the service to be responsive to their needs and that they can go back for further help to reduce their substance use further.

To provide further context to NDTMS reporting, the 2014/15 Annual Report from T3 (specialist substance misuse service provider within the community for Derbyshire) provided a breakdown of onward referrals for those exiting treatment with the service. This evidenced that only 9% of those exiting treatment required no further referral, with a high percentage referred back to Multi Agency Teams, or new Multi - Agency Team referrals were made. Just under a quarter were also referred back to the service that had initially made the referral to specialist substance misuse services in the first instance. This highlights the importance of and need for ongoing support for young people, once treatment with specialist substance misuse services has completed.

With the majority of young people leaving specialist substance misuse services doing so in a planned way, and the re-presentations percentage not being too dissimilar to the national percentage, this would indicate that whilst time in treatment is generally less than seen nationally, exit planning is robust. In addition the onward referrals for those exiting treatment evidences continued support for young people, which is pertinent considering some of the figures reported with regards to vulnerabilities of local young people in specialist substance misuse services discussed earlier in this report.

Services for Children and young people affected by substance misuse of others

The discussion about child well-being is crucial and is as relevant for this group of children and young people, as it is for children and young people who experiment with taking substances. Indeed, it could be that some of the children and young people affected by an adults' substance misuse are in fact users themselves, although there is currently a gap in this level of information and is an unknown at this stage.

A third of people with drug dependency or alcohol dependency in treatment have childcare responsibilities and the lives of these children are much improved when providers and children's services get together early on to ensure the whole family gets the support it may need.

In 2011, the National Treatment Agency for Substance Misuse (NTA) (now part of Public Health England, PHE) published a practical guide regarding parental substance misuse. It suggests that those responsible for drink and drug treatment must take a wider, more preventative approach, identifying early on when families need help as well as protecting children from neglect and harm.

The guide also calls on children and family services to view treatment for parents as a way of improving life for the whole family and to get involved when problems are first identified ensuring these are dealt with before a crisis point is reached (NTA 2011).

One could argue that children with substance misusing parents in treatment are potentially in a safer position to be supported and protected than those whose

parents are not known to treatment services. However, this is assuming that all adult substance users are assessed and identified for their parenting responsibilities or contact with another adult who is a parent. Whilst parents drug and alcohol misuse is a factor in a significant number of children in need and child protection cases, research suggests that nationally, alcohol is a factor in at least 33% of child protection cases, and drug and alcohol misuse is a factor in up to 70% of care proceedings. Parental substance misuse has been found to feature in 25% of serious case reviews (NTA/PHE 2013).

For some adults, having parenting responsibilities encourages them to seek treatment, and being in treatment will be a significantly protective factor for the children. National data shows that parents enter treatment, are retained and successfully complete at a similar level or better than other people in treatment. However, some of the children affected may be at risk of neglect, they may be taking on inappropriate caring roles and in some cases they may be experiencing serious harm.

The guide makes recommendations on how those seeking treatment are assessed and when and how children and families services should be involved. It advises to ensure that services identify, assess, refer, support and treat adults with the aim of protecting any children involved. It is clear that joint working is critical in treating adults, whilst protecting children and improving children's outcomes (PHE, 2013).

It is recommended that all adults presenting for treatment or support are assessed with regard to parenting responsibilities, that parents are supported in their parenting role and that any children of substance users have their needs assessed within the

family as a whole and are referred for support services to be put in place and safeguarding procedures followed as appropriate.

With this recommendation in mind, Derbyshire County Council currently commissions Action for Children “Space4U” programme, to “provide high quality, age-appropriate and evidence based targeted and specialist interventions to strengthen protective and resilience factors, reduce harm and develop coping strategies for children and young people who are affected by another’s substance misuse (including alcohol)”.

The service specifically aims to reduce and manage the impact of the substance misuse of others on children and young people; improve outcomes for children and young people by enabling them to develop coping strategies to deal with the impact of substance misuse; enable them to access activities, education and development opportunities; improve the emotional health of children and young people affected by someone’s substance misuse; provide a safe, confidential space for children and young people to express their feelings, reduce isolation and build self-esteem. They will work towards ensuring that children and young people live in a safe environment and receive adequate supervision and guidance as appropriate for their age and give advice and support to others who are also supporting them.

The Space4U service is commissioned to provide services across the whole of Derbyshire County (excluding Derby City). There are currently two workers, who split

the county between them. The range of skills and experience enable them to deliver a child centred, holistic and safe experience.

The service was commissioned late in 2014 to commence delivery in 2015. Since the contract began, the service developed an awareness raising plan, with literature to accompany that, to ensure that all relevant health and social care providers were aware of the service and for whom it was appropriate. The service was initially tasked with seeing up to 20 children in the year up to March 2016, with a further 30 (50 in total) seen by the end of March 2017.

The most recent report (Space4U, July 2015, Report) shows that services in contact with children and young people affected by the substance use of others are aware of the service, as the number of referrals in the first 6 months is almost at the level that they were expected to be at by March 2017.

Referrals to August 2015 n=45 referrals. Of these referrals, 6 cases were subject to child protection proceedings, 25 cases, the substance involved was alcohol; in 14 cases the substance used by adults was drugs and in 6 cases both drugs and alcohol were involved. The gender and age break down shows that 28 referrals were for girls, 17 referrals were for boys and the age range of referrals was between 6 and 18yrs of age.

There were 6 cases waiting to be seen. The likelihood of the numbers waiting to be seen increasing in number is a certainty with this level of referral rate and numbers of staff available.

Referrals are received from a number of referral sources, MATs, School, Parents.

The number of sessions that are offered to children and young people are 12 sessions with the first few appointments often being weekly, then moving to fortnightly, depending upon the needs of the children involved.

Data analysts have been able to extract information that gives a brief snapshot, indicating the numbers of families that the MATs have identified children with parents who are substance users.

Table 14 CAYA substance misuse referrals (parent misusing) 2014-15

CAYA Substance Misuse Referrals (Parent misusing), 2014/15

Crude rate per 1,000 children aged <18 years

Operational District	Rate per 1,000	<i>95% Confidence Interval</i>		Number	Statistical Comparison to Derbyshire
		<i>Lower</i>	<i>Upper</i>		
Chesterfield	9.9	8.7	11.4	213	▲
North East and Bolsover	8.6	7.7	9.7	277	▲
Erewash	7.6	6.5	8.8	175	△
High Peak & North Dales	5.5	4.6	6.5	142	▽
Amber Valley	5.4	4.5	6.4	136	▽
South Derbyshire & South Dales	3.1	2.4	3.8	84	▼
Derbyshire Total	6.7	6.3	7.2	1,043	-

Derbyshire total includes district unknown.

Data Source: Children & Younger Adults Department, Derbyshire County Council

The information contained here, in table 14 (above), indicates that Chesterfield, North East & Bolsover and Erewash districts have potential to create more referrals to the Space4U support service. The figures with a red triangle indicate that there are more or significantly more rate of referrals per 1000 children for parental substance misuse. The green inverted triangles indicate a lower than or significantly lower than rate per 1000 children, of parental referrals. This type of information is invaluable, as can be seen from this, the reason that Space4U will quickly reach capacity, is that there is the potential for many more children and young people

needing help and support. We will need to work closely with CAYA in identifying further in the future. For now, the figures suggest that there are potentially many more children and young people who may need support at some time. One question to ask is whether, as with substance misuse services for children and young people, there is a targeted service, could there be a similar service for children and young people affected by. This will potentially have training implications for some staff.

Table 15 Referrals and Reason (up to 31st August 2015)

Reason for Referral	Number
Parental Alcohol	25
Parental Drug use	14
Both Alcohol and Drugs	6
Child Protection	6

Table 15 above clearly identifies that alcohol use is by far the largest group for parental substance misuse. The numbers of referrals are up to 45, with 6 awaiting allocation to a worker.

There is a wide age range of children receiving support from Space4U, as can be seen from the table below.

Table 16. Age range of Children Affected by receiving support from Space4U

Age of Child/Young Person	Number of Children/Young People
6 to 9 years	9
10 to 12 years	7
13 to 15 years	22
16 to 18 years	7

Table 16 above gives a striking picture of a wide range of ages of children affected by adult substance misuse. It shows however, that there is currently a peak in number of children aged 13-15 years being supported by the service. This may be for a number of reasons, one being that there could be extra needs identified as these children will also be going through a potentially increased stressful time at school, with GCSEs.

The referral sources remain varied, described in the table below, with MATS (multi agency teams) being the biggest referrers (N=17) and adult substance misuse services being the lowest referrer (N=0).

Table 17 Referral Sources for Children Affected By substance misuse of others

Source of Referral	Number Referred
Self	Less than 5
SPODA	Less than 5
MATs	17
School Health	Less than 5
Secondary School	6
Primary School	Less than 5
CAMHS (Hospital)	Less than 5
Social Care	9
Adult Substance Misuse Services	0

In many respects, it is expected that MATs are a significant referrer to the service, as family support workers working with families in need are ideally in a position to identify the needs of children early and refer them for support. Whilst there haven't been any referrals from adult services, it is worth investigating to see if some children of substance users who access adult substance misuse services have already been referred by other routes, or the children and family have been referred to other support services.

If they haven't, it potentially means that there is a large cohort of children who have yet to be referred for support. This will have an adverse effect upon the service and on children who have been identified as needing the service.

With regard to the delivery of the service, it is a county wide service, taking referrals from all localities and delivering within those localities. Table18 (page 92) illustrates which localities referrals are coming from.

Table 18 Referrals by Locality

Locality	Number of Children
South Derbyshire / South Derbyshire Dales	9
Erewash	11
North East Derbyshire	Less than 5
High Peak/North Derbyshire Dales	13
Chesterfield	8
Amber Valley	Less than 5
Bolsover	Less than 5

Although the service is nearing capacity, there is a concern that there have been very few referrals from North East Derbyshire and Bolsover, who, as discussed earlier in this report, the latter of the 2 areas is one of Derbyshire's most Deprived areas, where, children who live in this area, are likely to have increased exposure to wider vulnerabilities associated with higher levels of deprivation. This could leave them in increased need of support from the service. As a result of these lower referral rates, the Space4U service will again target the current services supporting children and young people, to raise awareness of referral routes and to explore the low rate of referrals.

The advisory council on the misuse of drugs (2003) made the following statements, following their inquiry "Hidden harm-responding to the needs of children of problem drug users" and although now over ten years old, the statements remain very pertinent now.

- Parental problem drug use can and does cause serious harm to children at every age from conception to adulthood.

- Reducing the harm to children from parental problem drug use should become a main objective of policy and practice.
- Effective treatment of the parent can have major benefits for the child.
- By working together, services can take many practical steps to protect and improve the health and well-being of affected children.
- The number of affected children is only likely to decrease when the number of problem drug users decreases.

At the time of the report, it was estimated that there were between 250,000 and 350,000 children of problem drug users in the UK – about one for every problem drug user.

This is important for us to continue to consider as we look ahead to future commissioning of services. It is also important for us to consider how children and young people are identified locally and what vulnerabilities they have.

There also appears with these recommendations to put some onus upon adult services to ensure that the needs of the family, particularly those of any children and young people affected by their parents' substance misuse are considered and assessed and referred for support accordingly.

Further discussion

The data and information from both providers of the specialist substance misuse service and the service for children affected by the substance misuse of others, coupled with national data and contextual information, helps to provide a picture of current need, how that is being met and also of the potential future needs and how that may need to be met in future.

The confusing use of language surrounding drug and alcohol use, and the inherent illegal nature of this use, means that much of the drug use potentially remains hidden and this will possibly always be the case. However, it is imperative then that services, whichever tier, are easily accessed and can be accessed in a way that meets the needs of children and young people.

Whilst the specialist service for substance misuse appears to have sufficient provision for the demand, the service for children affected by is already heading towards its final target for March 2017, less than 6 months in. In particular, this highlights how much of a hidden issue this has been and demonstrates that there is hidden need in this area. It has also demonstrated the need for closer links with adult treatment with regard to looking at the numbers of adults who are parents using substance misuse services and that being reported back to enable children's services to plan and respond accordingly.

The literature and evidence about children's wellbeing and what impacts upon this cannot be ignored and needs to be considered, not only when looking at the whole of children's services, but in the context of substance misuse and mental and emotional wellbeing, which quite clearly then can have a direct impact upon the substance use of the young person or the impact that another's use has. With this in mind, greater

emphasis may need to be placed more on a model that joins the whole system together, including much closer links to adult substance misuse services.

The local information gives much to consider and inform us about the needs of children and young people with regard to substance misuse. It highlights that there is a need for both types of service; that the services could in fact be increasingly in demand if assessment and referrals changed. For children and young people using substances, the trend nationally and locally is a downward one, though as we have seen the wider determinants and the impact that these have on children and young people make them vulnerable. The need with regard to children and young people affected by the substance misuse of others is potentially greater than was anticipated, which would have an impact upon access to that service. If changes in employment, finances or other wider determinants in children's lives, we may see an increase in need for these services, as children and young people react to circumstances around them.

Recommendations

- The refresh of the Health Needs Assessment should be an ongoing, annual process.
- A focus on developing mapping for children and young people accessing targeted services, specialist substance misuse services (including youth offending team services) and services for children affected by the substance misuse of others will give a clearer and ongoing picture of where children and young people are moving into and out of services and how this relates to their needs.
- Robust pathways are developed and shared with partners and agencies across the health and social care sector to ensure that all children and young people have the same opportunity of access to services wherever they are.
- Systems are developed to ensure the collection of data and information is consistent across all services where children and young people are accessing services, to enable more accurate local sharing.
- The concerns of partners and stakeholders about the possible higher levels of novel psychoactive drugs (NPS or “legal highs”) use should be investigated to ascertain whether this is a bigger issue for Derbyshire than the data indicates.
- All health, social and community partners should know where, when and how to refer children and young people to substance misuse services or children affected by the substance misuse of others service at the right time, with appropriate safety measures in place.

- Ensure all children and young people have equity in access to tier 2 and 3 services, enabling services to respond appropriately to changing levels of need.
- Review investment and undertake further evaluation of the children and young people affected by the substance misuse of others given demand and the potential for numbers to continue to increase.
- It is recommended that any significant trends in the changes of substances used by young people is reported to the adult team as an early indicator of possible subsequent future changes potentially in adult substance use
- Investigate the apparent higher levels of under 18 hospital admissions due to alcohol by further interrogating the data and by discussing with partners in hospital trusts.
- Ensure clear pathways and supported transition for those in young people's substance misuse services that will make the transition to adult drug and alcohol services. For those who have not yet fully developed in maturity socially, a more flexible provision between the two services for the 18-24 year age group should be developed. It should be considered that extending their time with the young persons' specialist provider could be an option.
- A clear referral pathway needs to be established between the adult substance misuse service to the children and young people affected by the substance misuse of others service to ensure children are seen and supported.
- It is recommended that ways are sought to bring the data together from the Youth Offending Team and are collated along with the data collected by specialist service providers to give an accurate picture of the level of

substance misuse in young people requiring specialist intervention as well as the targeted support work that they so valuably do.

- It is recommended that where possible, children and young people within the Youth Offending Service and in need of tier 3 specialist services are referred to that service as soon as it is identified that they have a need.
- It is important that wider vulnerabilities of children and young people within a family unit are assessed and considered when looking at services to meet their needs.
- That every opportunity is taken within services to ensure that there is a strong emphasis on prevention of further harm and building resilience.

Further considerations

The refresh of the needs assessment has identified that there remains a need for a distinct service for children and young people who are using substances and a further service for those children and young people who are affected by the substance misuse of others. What is also apparent is that the fluid nature between the targeted service and the specialist service makes assessment and communication vitally important, particularly where closures are made from the specialist service and young people are referred back to the targeted service for ongoing support. The ability of a specialist service to be flexible to the changing needs of young people is essential, continuing to be accessible to very brief targeted support, where young people are known to them. This has proved a valuable development for those young people who need this approach and is making a positive difference to them.

The service for children and young people affected by other peoples' substance misuse has also proven to be of great need, across a wide age range of children. This reflects only a small number of children who are affected in this way and potentially is not yet set to reduce in the near future.

With the downward trend for substance misuse amongst children and young people continuing in Derbyshire, it is imperative that we continue to have a strong, flexible service that is responsive to the changing needs and dynamics of children and young peoples' substance misuse.

To ensure that we continue that downward trend, we must ensure that services at all levels are equipped to work with a range of young people, that services are accessible, in a place that they feel safe and that they can return to for help and advice when they need to. This must be accomplished whilst continuing to support the health and well-being of those children and young people who are particularly vulnerable and exposed to wider social and emotional pressures that impact upon their decisions and life chances.

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