

Health Needs Assessment for Children and Young Peoples Substance Misuse and Children and Young People Affected by the Substance Misuse of Others

Executive Summary

December 2015

Children & Young Peoples Public Health Team

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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 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 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 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.
- 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 of the tier 2 service.
- 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.
- 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.
- The concerns of partners with regard to the use of novel psychoactive substances (NPS) often referred to as "legal highs" in children and young people will be further investigated to ascertain the extent of the issue.
- Where under 18 hospital admissions for alcohol are higher in some localities, the data will be further interrogated and the issue explored with local hospital providers.
- 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 build 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.

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