

A Review of Substance Misuse Involving Children and Young People

by a working group of the
Children, Young People and Learning
Overview and Scrutiny Panel



Mephedrone



Alcohol

1. **Lead Member's Foreword**

- 1.1 Bracknell Forest Council's Children, Young People and Learning Overview and Scrutiny Panel were concerned to learn of the prevalence of mephedrone use in the Borough and the harmful impact this, and other substances, can have on our children and young people's health, wellbeing, education and life chances. We were also troubled about the impact which parents' substance misuse can have on children, young people and families, particularly as it has been a factor in many child protection cases. For these reasons we formed a Working Group to carry out this in-depth review of substance misuse involving children and young people in order to explore the depth of the problem, to discover what work was in place to tackle/prevent it and to seek enhanced outcomes.
- 1.2 I have found this a very worthwhile and informative review and would like to thank the Working Group and representatives from Bracknell Forest Council, Thames Valley Police and SMART for all their time, preparation and support in this review project. I would also like to express my appreciation for all the help and support we have received from our Overview and Scrutiny officer, Andrea Carr, during the course of the review.
- 1.3 This report illustrates the work of the Working Group and sets out our findings and recommendations which I commend to the Executive Member for Children, Young People & Learning, Councillor Dr. Gareth Barnard, and to the Executive Member for Adult Services, Health & Housing, Councillor Dale Birch, where appropriate. We look forward to your responses.

Councillor Mrs Gill Birch
(Lead Working Group Member)

2. Executive Summary

2.1 Problem drug and alcohol use has a destructive impact and endangers the health, safety and social wellbeing of the individual and the wider community. Substance misuse by children and young people was selected as a review topic in the 2014-15 Overview and Scrutiny work programme owing to concerns regarding the growing use of mephedrone by young people in Bracknell Forest and the resulting impact on children, young people and their families, and also the effect of parental substance misuse on children and young people. The Children, Young People and Learning Overview and Scrutiny Panel therefore established this Working Group in September 2014 to undertake a review of substance misuse by, and impacting on, children and young people and their families. The review includes suggested actions to minimise the effects of substance misuse and lead to successful outcomes. It follows on from a review of substance misuse by adults previously undertaken by a working group of the Adult Social Care and Housing Overview and Scrutiny Panel.

2.2 This report describes the work of the Working Group between autumn 2014 and spring 2015 which has consisted of fact finding meetings with relevant Council officers and partners such as the police, the Youth Offending Service and the Substance Misuse Arrest and Referral Team; undertaking research; and visiting New Hope, Bracknell Forest's drug and alcohol treatment service. The report also sets out the findings of the review and is organised in the following sections. Members hope that the report will be well received and look forward to receiving responses to their recommendations which recognise the key importance of education, prevention and early intervention in tackling substance misuse:

Part 1 Lead Member's Foreword.

Part 2 Executive Summary.

Part 3 Background information in respect of substance misuse and treatment services.

Part 4 A summary of the information and evidence gathered by the Working Group.

Part 5 Conclusions reached following the review.

Part 6 Recommendations to the Council's Executive.

Part 7 Glossary

2.3 The Working Group comprised:

Councillors Mrs Birch (Lead Member) & Mrs Temperton and Mr Briscoe (Parent Governor Representative), Miss Richardson (Teacher Representative) & Mrs Wellsteed (Parent Governor Representative).

3. Background

- 3.1 Establishing a life course approach to drug prevention that covers early years, family support, universal drug education, and targeted and specialist support for young people is one of the key aims of the Government's 2010 Drug Strategy.
- 3.2 The responsibility for commissioning drug treatment services transferred to local authorities in April 2013. This offered opportunities to deliver effective and integrated services including Children's Social Care, education, housing, sexual health and offending to achieve positive outcomes for young people across a range of risk factors.
- 3.3 Substance misuse is often a symptom rather than a cause of vulnerability among young people. Many have broader difficulties in their lives such as family breakdown, inadequate housing, offending, low educational attainment and mental health concerns that are compounded by drugs and alcohol and that need addressing simultaneously as part of a care package. Young people's substance misuse services engage vulnerable young people misusing drugs or alcohol regularly and intervene early to stop escalating risk and harm from substance misuse. Interventions can include medical, psychosocial or specialist harm-reduction that build young people's resilience and reduce the harm caused by substance misuse. Young people's lives can improve when they have access to substance misuse services alongside support to address their wider health and wellbeing needs.¹
- 3.4 Specialist interventions for young people's substance misuse are effective and provide value for money. A Department for Education cost-benefit analysis found that every £1 invested saved £1.93 within two years and up to £8.38 in the long term. Specialist services engage young people quickly, the majority of whom leave in a planned way and do not return to treatment services.
- 3.5 The immediate benefit of specialist interventions is reduced substance misuse, but there are other positive short-term outcomes for young people, including:
 - reduced drug and alcohol-related crime.
 - fewer drug and alcohol-related deaths and hospital admissions.
 - more involvement in positive activities.
 - increased confidence and self esteem.
 - reduced risk-taking behaviour.
 - improved attendance at school.
- 3.6 The longer term benefits of specialist interventions for young people are:
 - they are less likely to have long-term substance misuse problems as adults.
 - they are likely to see improvements in their education results, employment opportunities, wellbeing, mental health and family relationships.
- 3.7 An effective young people's specialist substance misuse service should have the following components:
 - Strong strategic leadership, with clear lines of accountability, which can demonstrate that services are outcome-focused, efficient and effective.

¹ PHE: Good practice in planning young people's specialist substance misuse interventions 2013

- Services that are delivered within an integrated support package along with wider children's services to engage young people early and minimise risk and harm.
- High-quality, age-appropriate and evidence-based substance misuse interventions.
- A skilled workforce to deliver the services.

3.8 Parental substance misuse is also a problem as parents who are dependent on drugs and alcohol present a risk to themselves and their children. Over half of adults in substance misuse treatment are either parents or live with children.² However, parents who live with their own children do well in treatment which helps parents to stabilise their lives and care for their children better. For children of drug-misusing parents, treatment is a protective factor. The problems addiction causes will motivate many parents to find help, while entering treatment has major benefits for them and for their children. Their lives become more stable, and they can get support to address their wider problems and help them look after their family better.

² Parents with drug problems: How treatment helps families NHS NTA 2012

4. Investigation, Information Gathering and Analysis

Introductory Briefing and Discussion

- 4.1 The Head of Drug and Alcohol Services gave an introductory briefing in respect of young people and substance misuse. The presentation and the Young People's Needs Assessment 2012/13 previously received by the Children, Young People and Learning Overview and Scrutiny Panel were re-circulated to the Working Group together with the relevant extract of the minutes of the Panel meeting.
- 4.2 Mephedrone (commonly referred to as M-CAT) was the drug in widest use in Bracknell Forest. It was an amphetamine type stimulant which was highly addictive and gave users a significant 'high' greater than that caused by cocaine, followed by a distinct 'low' after use. Mephedrone was popular with young people and had largely replaced ketamine and ecstasy as a party drug although mephedrone and ketamine mixes were often consumed. The Drug and Alcohol Action Team (DAAT) had met police officers the week prior to this meeting to discuss the on-going issue of mephedrone use by young people in Bracknell Forest. The police had acknowledged that this was a problem requiring attention and would act accordingly.
- 4.3 Educating younger people, particularly those in the 14-15 years age group, by emphasising the side effects and damage caused by drug use could be effective in deterring its use. By the time side effects were experienced the user was addicted to mephedrone. Following treatment young people could be subject to temptation and peer pressure to resume drug misuse.
- 4.4 The DAAT had undertaken work in local schools to raise awareness of the associated dangers and its work was acknowledged nationally. An upsurge in the use of mephedrone had also been witnessed in Wokingham in recent weeks. Bracknell Forest had shared some of its work including a substance misuse information leaflet with schools and parents in Wokingham in response. Although mephedrone use in this Borough had recently reduced by 5% overall, young people, mainly female, continued to present for treatment and usage amongst adults had grown proportionately as they were using it as a more financially affordable alternative to cocaine.
- 4.5 Intelligence gathering was pursued with a view to discovering sources, availability and cost of mephedrone and other drugs. Most dealers travelled to the area from London, often by train. Intelligence suggested that there were no main dealers located in the Borough. The Council shared relevant information with the police, who patrolled local areas known as drug dealing sites such as Bill Hill and Albert Road car park.
- 4.6 The number of people in treatment for substance misuse varied and at the time of the meeting there were 24 adults and 15 young people being treated for 12 weeks. 16 adults and 4 young people were retained for longer in treatment and 12 adults and a number of young people had successfully completed treatment. There were currently no cannabis users in treatment. If they presented, they would undergo a dual assessment involving the mental health services as related issues could be caused by that drug and users were likely to have complex needs. Data concerning the number of parents presenting for treatment would be gathered and shared with the Working Group although this information may not confirm the number of children and young people affected by parental substance misuse. The Working Group was advised of a situation

where counselling had assisted a 5 year old adversely affected by a parent's alcohol consumption. All adults entering treatment were asked if they had come into contact with Children's Social Care and the DAAT would liaise with Children's Social Care. The gender split of people in treatment was 75% male and 25% female. It was felt that this percentage may not be reflective of people misusing substances as women may be more reluctant to seek treatment owing to a fear that their children may be taken into Children's Social Care if they admitted substance misuse. The DAAT recognised the need to advise people that they worked with a family as a whole. Resources included a Parenting Intervention Officer who worked with parents and targeted children whose parents misused substances. There was also one person who worked with young offenders.

- 4.7 There was a brief to review services as it was felt that there were insufficient resources for early intervention work in schools, particularly in primary schools where the Alcohol and Substance Misuse Youth Worker was the only staff member. Existing resources were utilised to best effect and included counselling and work through the Family Focus initiative. Some schools provided a degree of substance misuse educational sessions for Year 6 pupils and this offered an opportunity for the DAAT to build on this via Personal, Social and Health Education (PSHE). Family Support Advisers were well equipped to identify substance misuse and referred relevant children and young people for treatment.
- 4.8 Intergenerational behaviour patterns indicated that young people were more likely to misuse substances if their parents did and this was a cycle which needed to be broken through education. Bracknell Forest's dedicated Targeted Youth Support Workers would be able to assist in this area and the creation of links with families would be beneficial. When substance misusers reached 18 years of age they were automatically transferred to Adult Services and many experienced difficulties with the transition and therefore it was suggested that the age range for Children's Services should be extended to 24-25 years. An example of a 17 year old young woman who had achieved good progress in treatment until she was transferred to a group of significantly older people and discontinued treatment as a result was shared with the Working Group. The fact that her children were then taken into Children's Social Care emphasised the need to address such issues in a holistic and innovative manner with a greater emphasis on families in preference to age grouping.
- 4.9 Consideration was being given to the use of financial resources and whether they could be targeted to greater effect. The budget was ring-fenced and grants allocated in respect of substance misuse treatment for adults was on the basis of payment by results. Services were currently provided on an in-house basis and consideration could be given to commissioning services from an external provider, possibly serving all age groups, if it would offer improved and financially beneficial outcomes. The possible merits of separating the 2 aspects of the service, prevention and treatment, was identified together with the need for more prevention work.
- 4.10 The Working Group noted that the number of young people attending and engaging with the recently introduced substance misuse counselling service sessions had grown and attendance levels were high. Members suggested that offering sessions during the school holidays would provide beneficial continuity and were disappointed to note that due to funding constraints the service was operating at full capacity and that it may become necessary to introduce a waiting list.

- 4.11 Although the number of adults misusing substances appeared to have reduced overall, the number of children and young people now entering child protection owing to parental substance misuse had increased. The Head of Children's Safeguarding met representatives of mental health service providers every 2 weeks and the latest number of families referred was 40, a reduction from 48. However, this figure fluctuated and did not necessarily reflect the number children and young people involved per family.
- 4.12 A Family Group met weekly and offered people the opportunity to share their substance misuse issues and problems. There was also a group for young mothers which met on a weekly basis although it was challenging to encourage them to attend due to their fear that admitting substance misuse would lead to their children being taken into Children's Social Care. Involving Children's Centres and working together in the community were seen as a way forward. The support and services provided via Children's Centres had recently transferred to The Willows at Priestwood at an earlier and more convenient start time. Although initial take up was limited, it was expected that the number of mothers attending would grow over time. The inclusion in Child Care Plans of the requirement to attend was sought. Resources were limited and there was one person to deliver the programme. Structured hour long sessions with different focuses were provided over a 12 week period which could be published in advance to attract people to relevant sessions. It was possible to rotate the entire 12 week programme between different Children's Centres to increase access. In the event that transport was an issue the DAAT would cover the cost of taxis. It was not possible to compel people to engage in substance misuse support and treatment services and more publicity and personal recognition of a dependency assisted.
- 4.13 Inappropriate unnecessary referrals to New Hope, Bracknell Forest's drug and alcohol treatment centre, were an issue and training was highlighted as a means to educate workers, particularly recent recruits, to identify correctly when people's substance use required treatment. Some new staff members had recently joined the workforce including a Local Area Single Assessment and Referral Service (LASARS) worker and a post working for half a day every 2 weeks in Children Social Care on an appointment basis. If the latter proved successful the Young People's Worker could perform a similar task to reduce inappropriate referrals. For example, twice weekly drug testing was considered inappropriate as a single use of cocaine resulted in traces of the drug remaining in the user's body for 2 months after. A triage approach to referrals was beneficial. Reflective practice sessions with the Substance Misuse Arrest and Referral Team (SMART) to discuss the success of treating specific cases was useful and substance misuse training for new social workers at New Hope would be beneficial.
- 4.14 When visiting the sex education nurse in secondary schools and colleges young people were invited to report any substance misuse issues for referral to the Alcohol and Substance Misuse Youth Worker. Although the formal tiered system in adults' substance misuse treatment did not apply to children and young people, a system consisting of GPs and schools constituting Tier1, targeted work by the Alcohol and Substance Misuse Youth Worker comprising Tier 2 and New Hope representing Tier 3 existed for children and young people and there would be merit in raising awareness and use of this approach. Existing training consisted of basic substance misuse awareness training for all involved with more intensive targeted training where required. Specific targeted training in respect of mephedrone could be provided. Police officers may benefit from being familiar with the appearance and smell of mephedrone and recognising people's reactions to it. Whilst teachers could be trained to detect

substance misuse and pursue early interventions, schools could not be compelled to spend their budgets in respect of this type of training.

- 4.15 Another session of Operation Ladybird, a police-led operation in partnership with the DAAT, the Probation Service and housing providers which sought to reduce crime by monitoring the movements of known offenders and discouraging them from leaving their homes and re-offending, would take place on 15 September 2014 and would target mephedrone users who had failed to attend treatment following assessment. It was not recorded how many substance misusers relapsed although if they re-presented within 6 months of completing treatment they were not considered to be new referrals. Some young people successfully completing treatment later relapsed as adults. Over the past year more substance misusers had presented with chaotic lifestyles, often involving mental health issues, than previously. Mental health conditions could pre-date and lead to drug use. Staff, including the Young People's Worker, received personality disorder training to identify low level disorders such as Asperger's Syndrome, Attention Deficit Hyperactivity Disorder (ADHD) and Oppositional Defiant Disorder (ODD). However, these conditions did not warrant specific mental health treatment. Genetic chemical strains were thought to increase the likelihood of substance dependencies.
- 4.16 The demographics of young people using mephedrone was unprecedented and involved those from affluent backgrounds where previously young drug users tended to be from broken homes or those with limited incomes. The former were different to work with and their parents were often in disbelief over their children's drug use. The Parenting Service assisted with working with families and was able to encourage them to operate more cohesively and be more resilient. However, some families were resistant to support and did not acknowledge that they had a problem.
- 4.17 An interactive website to address heavy drinking was under development and could lead to more referrals. It was impossible to reach all alcohol misusers and many who had successfully completed treatment were prone to relapse for a considerable time after.
- 4.18 Operation Yewtree, a Metropolitan Police investigation into sexual abuse allegations, predominantly the abuse of children, against some British media personalities and others, had led to a changing pattern of referrals where a number of men were entering treatment with alcohol problems which they attributed to childhood memories of abuse being re-kindled by the investigation. It was possible that women may also seek treatment as a result of the Rotherham abuse scandal for the same reason. There was no suggestion that there were gangs of men grooming girls for sexual abuse in the Borough although there were cases of girls being abused by individual older men who they considered to be their boyfriend and risk assessments and other work had taken place in this field. The links between substance misuse and other issues, such as prostitution, were highlighted.
- 4.19 The Alcohol and Substance Misuse Youth Worker outlined her recent work in schools which had grown over the summer holidays. Sessions with every year group in each of Bracknell Forest's schools had taken place to highlight the dangers of substance misuse. Although fewer referrals for treatment had been received during August it was anticipated that numbers would increase when students returned to school. The Alcohol and Substance Misuse Youth Worker was the first point of contact in instances of substance misuse before children and young people were then referred to the Substance Misuse Worker. Most secondary schools in Bracknell Forest were receiving smoking cessation

sessions via local health services. Although a survey had indicated that fewer young people smoked than previously, it remained common in Years 10 and 11 and students, particularly boys, were requesting nicotine replacement services. Girls were more reluctant to stop smoking as they feared resulting weight gain. E-cigarettes were not provided or promoted as an alternative to cigarettes. The health implications of e-cigarettes were yet to be determined. Nicotine-free seecha pens were used by young people as cigarette alternatives and were available to 14 year olds in local shops. Some publicity and sessions to raise awareness of the negative aspects of smoking seecha pens was proposed.

- 4.20 By way of a brief update, the Head of Children's Safeguarding advised that there were currently 305 child protection plans in place and approximately 70% involved substance misuse. Of the 12 child protection conferences held up to June 2014, 7 involved alcohol misuse and 7 referred to drug misuse.

Thames Valley Police (TVP)

- 4.21 Inspector John Goosey, TVP's Deputy Local Policing Area Commander for Bracknell, met the Working Group to provide information concerning the TVP's involvement with, and response to, substance misuse, including work with local schools.
- 4.22 The Inspector reported that 114 drugs offences perpetrated by 29 offenders had been recorded in Bracknell Forest for the period from 1 April to the end of October 2014. Of these 29 offenders, 12 were aged 17 years or younger. Youth Cannabis Warnings (YCWs) had been issued and the youngest recipient had been 16 years of age. A 17 year old had been charged with the intent to supply drugs. If found to be in possession of drugs, people of 18 years and older would be issued with a Penalty Notice for Disorder, a rapid and effective disposal option for dealing with and deterring low-level, anti-social and nuisance offending, and this had been the case with two 19 year olds during the period.
- 4.23 The issue of YCWs were categorised as local disposals and not crime detections. They applied to young people aged between 10 and 17 years who admitted the offence and agreed to attend a drugs intervention session with the Youth Offending Service (YOS). The YOS was notified within 24 hours of a YCW being issued and was responsible for pursuing an interaction with the offender. The YOS's remit was working with young people of 18 years and younger. YCWs were issued on the street or in the home where the associated paperwork should be completed in the presence of the offender's parents and no arrests were made. If the young people did not co-operate with the YCW process they would be arrested and the YOS would inform their parents of the offence.
- 4.24 Whilst the majority of the recorded drug offences were associated with cannabis, which was categorised as a Class B drug under the Misuse of Drugs Act 1971, 6 of the 29 offenders had been in possession of Class A drugs, such as heroin. Of the 12 offenders who were aged 17 years or younger, 9 had received a warning, 1 had been charged with supplying drugs and another had been charged with possession of drugs. A Youth Restorative Disposal (YRD) could be applied in the case of possession of a Class A drug by young people between the ages of 10 and 17 years. A YRD was not classed as a conviction and was only applied to young people who did not have a history of offending, had accepted responsibility for their offence and were prepared to address their behaviour through the use of restorative justice in conjunction with the YOS if that was felt necessary by the police. A young person may only receive one YRD and any future offence reverted to an established criminal justice

measure. Both the victim and offender needed to agree to participate in the YRD, which was facilitated by an authorised police officer or Police Community Support Officer trained in restorative techniques. Children's Services and the YOS were informed after the YRD was issued to provide an opportunity to identify early risk factors and allow the right agencies to step in and provide appropriate support and intervention, such as a rehabilitation programme, to the young person who may be at risk of becoming further involved in criminal or anti-social behaviour.

- 4.25 Mephedrone first appeared in Bracknell Forest in 2010 and partners had worked to address its production, supply and use for approximately 2 years having become aware that it was an issue in the Borough. Although local use exceeded that in neighbouring Boroughs, a recent overspill into Wokingham had led to police undertaking some joint working with that Borough. Work to break the supply chain in Hampshire, another area with relatively high usage levels, had been successful. As use remained high in Bracknell Forest it was assumed that mephedrone was produced in the Borough and sold locally. The main dealers of Class A drugs, such as heroin and crack cocaine, travelled from London and were often young people pressured into doing so. Although mephedrone was not as harmful or physically addictive as heroin, users became addicted to the 'high' which was considerable, however, the 'low' that followed was equally extreme. Low self-esteem could sometimes be a trigger for drug use. Mephedrone was formed from legally available plant food and was less costly than other drugs. It was grey or white in colour, available in powdery or crystalline form and could be snorted, smoked or injected. The drug was a compound and analysis of batches of it in the past had revealed wide variations in its composition. Fragments of broken light bulb glass and traces of heroin, to increase its addictive qualities, had been found.
- 4.26 There was a Bracknell Forest Mephedrone Strategy which had been refreshed recently through the Drug and Alcohol Strategy Group. The Strategy Group was considering extending sessions in schools to include Year 6 in the interests of prevention. There were also operational groups relating to mephedrone, domestic violence, missing children and child sexual exploitation (CSE). The Mephedrone Group featured multi-agency work with individuals. Domestic violence could be prompted or exacerbated by substance misuse. Although a few children and young people went missing it was generally for a short time frame only and usually due to extended parties. CSE was a particular focus for the TVP and relevant partners and there were links with substance misuse. Work with risk management groups and the Local Safeguarding Children's Board had taken place to avoid abuse situations such as that in Rotherham occurring locally.
- 4.27 Intelligence had suggested that drug dealing took place at South Hill Park in the past, however, frequent visits by the police and checks for needles had led to dealers moving elsewhere. Parents could contact Crimestoppers or the police if they suspected their children were attending a party involving drug misuse.
- 4.28 The refreshed Mephedrone Strategy featured provisions for communication including e-mail contact between all staff involved to notify each other and the police of developments and required actions. There was also an alert system for circulating community messages concerning matters including substance misuse. 'Parent mail' could also be utilised to inform parents of related issues. An ongoing action required a letter and leaflet identifying the symptoms and dangers of drug misuse to be circulated to the parents of all secondary school pupils via schools on a regular basis. A concertina card concerning mephedrone, including the symptoms, dangers and sources of help, which was

directed at both parents and young people was being produced and would be available for circulation in the next few weeks. The police and specialist workers visited schools to educate against substance misuse. The police's Schools Officer briefed young people on the dangers of drug misuse. It was suggested that one possible recommendation from the review could be that the Schools Officer circulated a substance misuse leaflet in schools and to parents, possibly on parents' evenings in the interests of early intervention. Also, the option of attending parents' evenings to provide information could be explored. Further work with schools was undertaken by the Alcohol and Substance Misuse Youth Worker and her team who educated pupils from Year 7 upwards in respect of all substance misuse aspects of the Personal, Social and Health Education curriculum as teachers were not trained to deliver this. These sessions featured a different substance misuse related topic each year to avoid duplication and took the form of whole lessons whereas the Alcohol and Substance Misuse Worker attached to New Hope worked with individuals. It was felt that pupils paid more attention to substance misuse sessions delivered by outside people than they would to their own teachers as they perceived them in a different light. Sexual health education which covered all aspects including grooming and the impact of substance misuse was also provided to inform pupils and warn them of the associated dangers. It was thought that raising the profile of substance misuse issues may encourage affected pupils to seek help and support to abstain. Pupils responded to requests that they report suspicions and concerns regarding substance misuse by fellow pupils and friends, anonymously if preferred. Although Ranelagh School had previously resisted visits by the Alcohol and Substance Misuse Team, it was now amenable to this type of education. School plays depicting the dangers and consequences of drug and alcohol misuse were felt to be useful preventative tools.

- 4.29 Children's Services worked with children and young people up to the age of 19 years, or 25 years in the case of people with special needs. Older people were referred, often by the police, to New Hope.
- 4.30 There appeared to be no particular family background pattern to substance misuse by children and young people locally. Some belonged to dysfunctional or deprived families whereas others were from affluent families without a history of intergenerational substance misuse. This was also the case with teenage girls being subjected to CSE. Some parents were willing to engage with the process to tackle their children's substance misuse issues.
- 4.31 Police meticulously followed stop and search procedures when tackling drug possession and dealing and made affected young people aware of their rights. Intelligence from the public concerning drug dealing and use was pursued by police. TVP officers received a daily update briefing at the beginning of each shift to assist them to tackle drug related crime. Generally drug supply and use could influence crime levels and as Bracknell Forest was a low crime area there were resources to combat drug related crime. However, a side effect of mephedrone use was aggression which could cause some problems. The Amsterdam pilot of legalising drug use in cafés was failing as it was attracting drug tourism.
- 4.32 Information leaflets identifying the symptoms and dangers of substance misuse, some specifically relating to mephedrone, were discussed. The DAAT produced one such leaflet directed at young people, which had been circulated recently, and another for parents. The leaflets were produced in a black and white easy read format and a colour version designed to engage young people. They were intended to achieve the correct balance between warning of the risks

of substance misuse without appealing to some young people's appetite for risky behaviour and encouraging them to indulge in it. Leaflets were also circulated to schools on request and had been made available to Police Community Support Officers to increase circulation. The usual procedure was for such literature to be approved by Bracknell Forest's Communications and Marketing Team and by Members to ensure a consistent approach amongst partners. Copies of leaflets and the covering letter to parents were supplied for circulation to the Working Group. Substance misuse information for parents was also available on the Council's website.

- 4.33 A review of young people's services was being undertaken with a view to completion in January 2015 and would include consideration of additional communication channels such as social media and youth workers providing drug and alcohol sessions in schools. Although a post-examination end of year campaign had been operated in schools in previous years to discourage substance misuse by students at celebration parties, funding for this was no longer available. Being mindful that the pressure and tension in the period leading up to examinations could be a trigger for substance misuse, Youth Services would visit secondary schools regularly and respond to intelligence received from headteachers. Members of the DAAT would visit schools every 12-18 months to discuss and provide information concerning tackling and preventing substance misuse with headteachers and PSHE teachers. Unfortunately, free resources were no longer available from the 'Talk to Frank' drug information website and the DAAT were preparing alternatives as part of the Drug and Alcohol Strategy refresh.
- 4.34 The Working Group was interested in the activities of neighbouring authorities in relation to tackling substance misuse, particularly as some children and young people from Bracknell Forest attended secondary schools in other Boroughs. The approaches of different Boroughs reflected their particular substance misuse issues and in Bracknell Forest the focus was on mephedrone. Wokingham and Slough Boroughs and Buckinghamshire had experienced some increase in mephedrone use although this was not the case in Reading or the Royal Borough of Windsor and Maidenhead. As the Royal Borough had fewer young people in treatment than Bracknell Forest, this released more resources for it to employ more staff and undertake further work in schools. The review of young people's services would inform in this area.
- 4.35 The majority of substance misuse treatment referrals were via the YOT. There were currently fewer community referrals as intervention, involving the Alcohol and Substance Misuse Youth Worker, often took place at school and community level without escalating to the YOT. Referrals to Children's Social Care were also made. The Working Group sought a statistical breakdown of the source of referrals.
- 4.36 National Christmas campaigns concerning matters including drink / drug driving and risky sexual behaviour would be launched in the near future and provide an opportunity for the DAAT to raise the dangers of substance misuse, particularly mephedrone.
- 4.37 Mephedrone users tended to have affluent family backgrounds whilst Class A drug users generally stemmed from deprived and dysfunctional backgrounds.

Children's Social Care / Substance Misuse Data

- 4.38 The Head of Drug and Alcohol Services and the Head of Safeguarding Services had met in order to refine their respective substance misuse data. However, as

the DAAT's data and figures did not correspond with those of Children's Social Care as the former counted families involved and the latter measured the number of children affected, work was being progressed to synchronise and further refine data. This was the first occasion when the two service areas had worked so closely together and offered mutual benefits such as recognising commonalities and sharing facts and evidence.

- 4.39 There were currently 270 people in substance misuse treatment, of whom 168 were parents. There was a growing number of parents with substance misuse issues, some of whom had a range of problems that services had failed to resolve to date. Where only one parent misused substances the other generally supported him / her and the family. However, greater issues were experienced when both parents were substance misusers and joint working between Children's Social Care and the DAAT was undertaken in these instances. There were currently 20 families jointly comprising approximately 30-60 children known to both the DAAT and Children's Social Care who were not engaging with services as well as hoped. These families had other issues such as domestic violence, depression, anger management and unprotective partners requiring officers to tackle multiple issues in addition to substance misuse. Work to increase engagement was being pursued and included a DAAT Team Leader who was also a qualified social worker making half day planned visits to referees in order to break down barriers and encourage them to attend New Hope for treatment. The majority of new child care proceedings involved drug, alcohol and domestic violence issues.
- 4.40 Some parents had been sexually abused as children. A substance misuse link to bereavement had been identified recently where bereavement at a young age had led to substance misuse or recent bereavement at a later age had caused former substance misusers to relapse.
- 4.41 There were currently 800 open Children's Social Care cases with 20-30 children and young people in care proceedings, many of which involved substance misuse issues. The focus was on care proceedings and child protection as child safeguarding was of paramount importance. SMART was presently working with approximately 30 families.
- 4.42 There was a 9 year database relating to children and young people and the DAAT sought to track them through substance misuse services to ascertain whether they transferred to adult services and to gauge how effective the services had been. However, obtaining all the necessary information could be problematic. The police had local knowledge of intergenerational substance misuse although official records were not necessarily made. There was an intelligence sharing form produced in liaison with the drug enforcement police officer. Completed forms were passed to a 'reader' in Slough who anonymised them for records. Several forms per week were completed by each of the DAAT, youth workers and other partners. Use of the form was promoted. Some substance misuse was hidden and only came to light when crisis point was reached and referrals were made. Referrals of employees to the DAAT by local companies were not uncommon.
- 4.43 Substance misuse by pupils and students were often reported by peers unless the entire group of friends were involved. 31 young people had been reported anonymously following a substance misuse themed school assembly. Members of the Youth Council now visited schools and delivering messages to combat substance misuse could be a role for it. Although the Youth Council had been invited to take part in a substance misuse workshop to input views and respond to a related consultation, no response had been received to date

and the invitation would be repeated. Shadowing in New Hope by young people was taking place as an educational experience.

- 4.44 Although some people were entrenched in substance misuse behaviour, others ceased as a result of certain factors and life changes, such as becoming a parent. An example was given of one mother who had successfully completed substance misuse treatment and assisted others by attending the Mother and Pre-School Group to offer support and advice.
- 4.45 The Head of Drug and Alcohol Services worked closely with the local Criminal Investigation Department and other police contacts who were interdependent on each other to tackle substance misuse. The use of Class A drugs tended to lead to crime as a means of funding it and although crime levels were low locally, there were repeat offenders. Class A drugs were introduced into the Borough from London by train and dealers were most likely to disembark at Martins Heron station to avoid Bracknell town centre and from there travel around the area by hire car or bicycle. Hire cars offered anonymity and would not alert automatic number plate recognition cameras at Borough boundaries unlike cars of known or suspected criminals. Dealers could become violent towards customers who were unable to cover the cost of Class A drugs. However, where mephedrone was concerned young people were more likely to fund its purchase by saving pocket money, obtaining forms of credit from dealers or exchanging property such as mobile phones which parents would then replace in the belief that they had been lost or stolen.
- 4.46 There were 1,000 individual visits to New Hope per month. The number of visits tended to increase in February as people realised they had a substance misuse problem. The number in August 2014 had been unusually low with 25 people entering treatment. It had taken approximately 3 years to develop the New Hope service and the number of referrals had generally increased over this time.
- 4.47 Arising from an action in the notes, copies of a substance misuse leaflet were circulated. The leaflet was due for review prior to re-printing to ensure that young people could relate to it and understand it. The Working Group also received a mephedrone information document which described its use, smell, effects, chances of addiction, risks, visual signs of use, cost and purchasing, supply, links to CSE, legal status, number of users in treatment, interventions and general information. Copies of a Bracknell Forest DAAT service directory were also provided for information.

Alcohol and Substance Misuse Worker

- 4.48 The Alcohol and Substance Misuse Worker, who was part of the DAAT, gave an overview of her role which was varied. She had been in post for 8 years during which time many changes to Drug and Alcohol services had been witnessed, the most significant of which was the increase in the use of mephedrone from 2011, prior to which cannabis and alcohol had been the most prevalent drugs in use. There was currently 1 cannabis user and 1 heroin user receiving treatment, the latter being rare in young people. Ms Ettia's role had included work in schools prior to the establishment of the Alcohol and Substance Misuse Youth Worker post which was created to provide lower level preventative work in schools whilst Ms Ettia concentrated on higher level work and interventions. This doubling of resources had proved to be beneficial.
- 4.49 Work was based around the assessment of, and engagement with, referees to Drug and Alcohol services to ensure that they accessed the correct service. A

basic referral form had been replaced with a more in-depth form which acted as a screening tool to assist with capturing the correct information, making appropriate referrals and offering the required services. The Working Group were provided with a blank copy of the new form for their information. If referrals into Drug and Alcohol services were considered to be inappropriate, referees would be signposted to other services which matched needs. Following the assessment a recovery plan would be produced. Plans would typically consist of an initial harm reduction session which offered a good opportunity to influence a person's substance misuse followed by an information session concerning the particular drug(s) being misused to inform people to make informed decisions and choices. Advice was provided on the safest method of using substances such as how to avoid blood borne viruses. Interventions often consisted of 4 sessions stretched over a period of months but were delivered based on individual needs. The object of intervention was to address substance misuse and endeavour to reduce it. Family backgrounds were taken into account. Some of the young people referred to the service were obliged to attend the YOS owing to a court referral order associated with a crime for a specific amount of time but were at liberty to continue attending after the expiry of the order if they wished. Reparation through unpaid work or anger management were other interventions which may be required depending on the circumstances.

- 4.50 20-30 professionals had attended a substance misuse workshop held the previous week to obtain input and views in response to a consultation related to the review of young people's services which would consider matters including the age range for accessing services. There had been a 19% response rate to an associated survey which indicated that Drug and Alcohol services were generally held in high regard and the majority of responders knew how to refer people to them. However, some gaps in services had been identified. Some responders had indicated that they would appreciate further training in relation to substance misuse and consideration would be given to providing this, possibly via the Council's e-learning system, which could then be cascaded to schools by learners. Personality disorder training had been provided to all adult and young people workers in East Berkshire to improve staff skills, build resilience in services and reduce inappropriate referrals.
- 4.51 Substance misuse could often be the cause of mental health issues and CAMHS were reluctant to undertake interventions with young people unless they were drug free. Mephedrone could impact on mental health by causing aggression, anxiety / panic attacks and paranoia possibly leading to self-harm and suicide. A dual diagnosis approach and support had been sought from CAMHS and joint working had increased. All referrals to the CAMHS service were received by the Common Point of Entry (CPE) team who assessed and directed the referral to the most appropriate service. The CPE team was also available for advice and consultation regarding urgent concerns and would offer support in determining whether the referral met CAMHS criteria or provide advice in identifying other relevant local services. Consideration could be given to alternative, possibly double, approaches to assessments and interventions offered. There was an adult mental health worker based within the adult substance misuse services who offered a dual diagnosis service.
- 4.52 A case study involving a former substance misuser was shared with the Working Group. Although the person had progressed well and developed some resilience to deal with future life and drug issues, they continued to misuse drugs to a degree.

- 4.53 Assessments were undertaken in different locations such as schools or YOS premises and sometimes home visits were made as they offered a relaxed atmosphere. As the Alcohol and Substance Misuse Worker worked for the DAAT the team was aware of young people receiving services and at the age of 17 ½ years they would be referred to adult services if necessary avoiding any loss of continuity of services.
- 4.54 Although younger siblings of substance misusers sometimes followed the same pattern of behaviour, this was not necessarily the case as there were other drivers for individuals' drug use such as personality traits and risk taking boundaries. If siblings were considered to be at risk of harm they would be referred to Children's Social Care or the YOS prevention service. However, some people known to the Substance Misuse Services had family wide issues such as substance misuse, domestic violence, poverty or mental health conditions.

Alcohol and Substance Misuse Youth Worker

- 4.55 The Alcohol and Substance Misuse Youth Worker advised that she was 1 of a team of 3 and that her role included conducting some PSHE sessions in every school in Bracknell Forest. Every school year had a set programme she developed which covered all aspects of substance misuse. The curriculum commenced with smoking cessation with younger pupils before growing more intense and addressing the risk ladder, drugs and alcohol as pupils progressed through the school. There were smoking cessation clinics in 5 schools which were operating successfully and replaced the sessions previously provided in youth clubs. All feedback was complimentary.
- 4.56 Some young people approached the Alcohol and Substance Misuse Youth Worker directly. She would refer young people to the Alcohol and Substance Misuse Worker if their assessment indicated that this was necessary and would intervene with harm reduction and other sessions where lower level interventions were required. The Alcohol and Substance Misuse Youth Worker completed paperwork concerning substance misuse prevention and referral in schools and it was felt that promoting her role more widely amongst schools would bring benefits.
- 4.57 As there were links between substance misuse and risky sexual behaviour, sexual health awareness and guidance cards inviting 13-19 year olds to anonymously text related questions were produced. The Working Group received copies of the cards for information. There were sexual health drop-in centres in all secondary schools. It was noted that the number of people accessing screening for chlamydia in Bracknell Forest had doubled indicating that there was an increased awareness of the infection. Neighbouring boroughs had not experienced this increase. A lack of school nurses had been raised by Healthy Schools Co-ordinators as an issue at the recent workshop as there were currently only 3 serving the Borough's schools.

Consultant in Public Health

- 4.58 The Consultant in Public Health advised that CAMHS had a tiered treatment criteria and it was felt that there was a gap in Tier 2 services (see Appendix 2) which catered for children vulnerable to mental health difficulties and consisted of liaison and joint working with universal and targeted services in education, social care and health. The gap was in preventative mental health services which lacked a counsellor and needed to be made more accessible. Closing this gap by supporting mental wellbeing was a priority as factors such as low

self-esteem could lead to substance misuse. Other gaps such as assisting young people to break free from substance misusing peer groups also needed addressing. Public Health had a limited budget of £60k to commission such counselling services in 2015/16 and although a pilot was planned for next year funded by the Public Health budget alone, in the longer term the Consultant was seeking a partner provider such as the Children, Young People and Learning department for joint working and to contribute funding for the co-commissioning of a strong and sustainable joint service which would benefit all Council departments. Such a whole system approach was required to support children and young people to improve quality of life and wellbeing and to prevent mental health issues in adulthood as poor mental wellbeing in children and young people could lead to mental health conditions in adults. The Consultant had met providers and would commission services based on 3 quotes. Offers had been received and would be shared with the Working Group for its in-put. The care pathways were diagnostic in nature. Use of internet and telephone services would increase capacity and accessibility and an electronic system was favoured as it would provide privacy and offer features such as computer textual analysis to ascertain whether the user was a child or adult by their differing speech patterns. People whose condition was not sufficiently severe to warrant treatment from CAMHS would be signposted to alternative sources of support. Some providers offered face to face work in schools. Although there were voluntary workers, qualified practitioners and a structure were required. Child Line could assist in a crisis, however, a sustained and structured service was required to prevent crisis point being reached. The pupil premium could be utilised in this area, particularly with Looked After Children, to fund out of class activities to tackle anxiety and build self-esteem, confidence and resilience. It was suggested that Parish and Town Councils in the Borough may have some resources which Public Health could utilise for this purpose.

- 4.59 The DAAT sought to re-introduce assertive peer mentoring specific to substance misuse and the associated dangers such as risky sexual behaviour as it was effective. Existing peer mentoring could be expanded and training to operate related courses provided. The assistance of Public Health was invited to explore the opportunities to provide this service.
- 4.60 Although there were good national data sets concerning substance misuse, information concerning children's mental health was less readily available. Primary data collection offered the most useful information but was costly to acquire.

Youth Offending Service (YOS)

- 4.61 The Head of the Youth Offending Service (YOS) introduced her report which explained the role of the Bracknell Forest YOS and provided information relating to current caseload, governance and staffing, interventions to address a range of offences, re-offending and outcomes, and the links between substance misuse and youth offending.
- 4.62 The main role of the YOS was to work with young people to reduce offending and re-offending. The YOS Statutory Service worked with young people aged between 10 and 17 years who had offended and were subject to Statutory Youth Court Orders. The YOS Prevention Service worked with young people from 8 years of age who had not been convicted but were assessed as being 'at risk' of offending and entering the Youth Justice System. The YOS also worked with the parents and carers of young offenders and those at risk of offending.

- 4.63 Referrals to the Statutory Service came from the Youth or Crown Courts. Referrals to the Prevention Service were from a range of agencies, e.g. the police, schools, Children's Social Care and the Bracknell Forest Early Intervention Hub. YOS representatives regularly attended the Hub which was well known and established locally. At the time of the meeting the YOS's caseload was approximately 130 young people which comprised young people with statutory Court Orders, Police Cautions and those on voluntary prevention programmes. Although crime rates in Bracknell Forest had reduced in recent years, this number remained static as the YOS had re-shaped its services to access and work with younger children as earlier intervention and prevention was felt to be more effective. Work with parents / carers was carried out simultaneously. Youth Court Orders ranged in length from 3 months to 3 years, with the average length of work on Police Cautions being approximately 3 months. Prevention and intervention programmes were usually of a 3 to 6 month duration although complex cases could take up to a year to resolve. Re-offenders would return to court and receive a new court order and interventions would continue.
- 4.64 Governance of the YOS was provided by the YOS Performance Management Board which reported to the Bracknell Forest Community Safety Partnership. The YOS Management Board met quarterly and comprised the members of the Community Safety Partnership which had statutory responsibility for YOS funding i.e. the local authority, National Probation Service and NHS. Performance was measured against national statistics.
- 4.65 In accordance with the requirements of the Crime and Disorder Act 1998, the YOS planned its work around young people and their families and had a full skill set within the workforce which comprised professionals from a variety of agencies whose skills and experience complemented each other. Regular analysis of need and review of service provision had underpinned staff training and development to ensure that partnership resources were used effectively. The YOS was a multi-agency team and had a good range of specialist services 'in house' featuring case workers and specialists co-located in a single building in Binfield. Specialist services located within the YOS team included: a named accommodation officer; a substance misuse worker; a physical health worker; an education, employment and training worker; a parenting worker; and a restorative justice co-ordinator. The DAAT hosted a young people's substance misuse worker post for Bracknell Forest, 0.4 of the full time equivalent of which was commissioned by the YOS. Going forward from April 2015, the DAAT and YOS would continue to share the post of young people's substance misuse worker, according to the current secondment arrangements, which would allow for assessment and intervention to be targeted at young offenders and those young people who were at risk of offending. Although there were no plans to change the way in which these services were delivered at the time of the meeting, the service would remain flexible to respond to local trends in substance misuse as they developed during the year.
- 4.66 YOS intervention commenced with a full assessment of the young person's needs, and focused upon the criminogenic factors which contributed to the risk of offending and re-offending. Each young person underwent an initial assessment for substance misuse and the extent to which this was a feature of the behaviour which was influencing them towards offending. If that assessment suggested that substance misuse was a factor, then the young person would be referred to the YOS substance misuse worker for a full assessment and a programme of intervention.

- 4.67 Substance misuse could be an influential factor in the whole range of offences committed by young people, from shoplifting to offences of violence in more serious cases. Where substance misuse was a factor in the offending, it was common for alcohol and / or drugs to have been used recreationally with peers and this could impact negatively on the judgement, self-control and behaviour of the young people who ultimately committed offences together. The YOS also worked with a small number of young people whose misuse of substances was more entrenched and problematic, affecting other areas of their lives and their relationships with their families. Another factor could be the home environment where parents and / or siblings were substance misusers which could have the effect of normalising frequent and excessive use from an early age.
- 4.68 Given the known evidence based link between substance misuse and offending, it was crucial that the YOS had a clear and accessible pathway for referral to specialist substance misuse intervention at the earliest opportunity to enable the appropriate level of advice, guidance and treatment to be provided, ideally as soon as the young person began engagement with the YOS. Outcomes were generally very positive, particularly through early intervention where a programme of harm reduction was put in place and parents engaged with the preventative work. In a small number of cases where the substance misuse was more entrenched and the young person had become physically and / or psychologically addicted, positive outcomes were more difficult to achieve, as the lifestyle tended to be more chaotic with relapses occurring frequently. In these cases, long term motivational interviewing was the approach taken to address the problem with some good outcomes achieved in very challenging cases.
- 4.69 In terms of re-offending, the most recent national data on the Ministry of Justice website indicated that Bracknell Forest had a significantly lower percentage of young people re-offending compared with the average for the Thames Valley, South East and England, (i.e. Bracknell Forest 25.3%, South East 35.3%; Thames Valley 31.2%; England 35.4%). The YOS Management Board also tracked a local cohort of young people to measure re-offending in 'real' time, as the national data was retrospective.
- 4.70 A cohort of 58 young people who started supervision with the YOS between January and March 2013 were 'tracked' during 2014. Of these, 17 (29%) re-offended. During the same period 17 young people commenced substance misuse treatment programmes. Of these, 7 young people successfully completed treatment with a 'drug free' outcome. Of the remaining 10 young people, 4 completed treatment with an 'occasional user' outcome, 2 remained actively in treatment, 2 moved out of the area and 2 disengaged from treatment. Of the 17 young people who commenced treatment during the period, 5 re-offended.
- 4.71 In relation to outcomes of the YOS Prevention Service, during 2013 there were 75 referrals of young people assessed as being at risk of offending. The YOS Prevention Service was entirely voluntary, and of the 75 who were referred 38 young people voluntarily engaged in a programme of intervention, with parental support. Of these 38, only 1 young person went on to offend. Of the 37 who failed to engage with the programme offered, 11 young people became offenders. All of the young people who engaged with the prevention programme had a substance misuse assessment carried out. As these young people were being worked with at an early stage, most of the work carried out in respect of substance misuse focused on awareness raising and harm reduction to prevent any emerging problems escalating.

- 4.72 Although parents could refer their children there were few direct parental referrals and it usually occurred in conjunction with the school. Parents needed to sign up to the Prevention Service and the majority did and were pleased to engage. However, in the case of a custodial sentence, parents who refused to engage and co-operate may be served with a Parenting Order if the need could be demonstrated to the court. 1 in 20 parents would not co-operate with the process and approximately half did not engage to a sufficient degree. 2 Parenting Orders had been issued during the last 2 years. Families with intergenerational crime proved to be the most challenging to work with. A snapshot of how many young people with substance misuse issues themselves or in their families was provided. The current caseload had parents who were in treatment for substance misuse and cross references were made. In January 2015 there were 3 cases where young people misused substances and their parents were in treatment for it.
- 4.73 The majority of younger children in prevention work had family issues and a multi-agency approach involving Children's Social Care was required. Specific work with other young people could relate to bullying, aggression or stealing at school. Early signs of problems often emerged at school. As resources were limited, risk of offending was prioritised. The caseload at the time of the meeting mainly consisted of 10-11 year olds who would be the subject of harm reduction work to make them aware of the dangers of substance misuse.
- 4.74 Mental health and other conditions such as ADHD and autism could lead to criminal behaviour and the YOS was finding that in the region of 15 young people receiving services at any one time were being diagnosed with, or awaiting the results of possible diagnosis of, these conditions. The YOS was trained to deal with young people with these conditions and had access to a range of resources tailored to their needs. Efforts were made to enhance understanding of the criminal justice system and the consequences of criminal behaviour. At the time of the meeting the YOS was currently working with 5 young people with mental health problems such as ODD which rendered them opposed to any type of discipline and their behaviour could be very challenging. Substance misuse by young people with such conditions exacerbated the problem and if in a position where they were unable to build friendships it could make them vulnerable to becoming part of a manipulative peer group. Increased service provision at CAMHS was sought to meet the need to refer such young people for support before they were in a position where they entered the court system.
- 4.75 The links between substance misuse and youth offending were well researched and evidence based. The YOS responded to this by commissioning a specialist young people's substance misuse worker from the DAAT for 15 hours per week. All young people were assessed for the degree to which substance misuse was an influential factor in their offending (or risk of offending in Prevention Service cases). The range of offences was wide and the length and type of treatment offered was dependent upon the needs and risks of each young person. In terms of outcomes, it was clear that early intervention and prevention were more effective than intervention with those with entrenched problems, or in cases where there was intergenerational substance misuse within the family. However, in the latter case, successful outcomes were being achieved although these took longer and were more resource intensive.
- 4.76 Substance misuse was a key factor with young people who re-offended. These young people tended to have many criminogenic factors present in their lives including family dysfunction and breakdown in addition to substance misuse. In

these cases there was a range of agencies involved with the families and the YOS was often part of a multi-agency plan around the child and family.

- 4.77 It was a breach of the Bail Act to retain young people in police cells overnight unless they were dangerous. Those retained were likely to be 17 years old and an appropriate adult would be required as part of the interview stage. If an adult family member was unable to attend the YOS the Council's Emergency Duty Team would undertake the role. If necessary, emergency foster care could be provided overnight to keep younger children out of cells. There were currently 15 volunteers who had been recruited, and trained and were supported to act as appropriate adults and work in reparation. Volunteers were vetted and very few who approached had criminal records.
- 4.78 Courts were reluctant to give custodial sentences to young people unless they were necessary as they could harm their life chances and credible punitive alternatives such as court orders, warnings, supervision and intervention were pursued. Community reparation such as working in the community was an alternative. Persuading young people and their families to realise the negative effects of their behaviour and transform was effective although this approach was time consuming with young people who had become more hardened to crime. Young people in need with a custodial sentence would be visited 5 days into their sentence and then every 6 weeks after for progress monitoring. Consideration would be given to their lives and family background and they would be assisted with reintroduction to the community under custodial supervision. Those who had been in prison for 3-6 months would be on licence at the completion of their sentence. 29 offences had been monitored during the last quarter of 2014 and 5 monitored in January 2015. Young people were fully assessed against 13 criteria including substance misuse, family background and issues at school before a plan was tailored to their needs and priorities. The plan could be a combination of restrictions and interventions to address problems and issues such as one to one counselling which was key to good outcomes.
- 4.79 As detecting internet crime was a challenge for the police, there was limited evidence of young people committing it, however, many put themselves at risk on the internet. Work by the Community Safety Partnership and in schools raised awareness of the risks of CSE, the internet etc.

Children's Social Care and Substance Misuse Including Data

- 4.80 The Chief Officer: Children's Social Care gave a presentation regarding the impact of substance misuse on Children's Social Care services. The presentation outlined the national picture, the impact of substance misuse on families, sources of referral of young people to the DAAT, care proceeding court work, Child Protection Plans as at October 2014, missing children / child sexual exploitation, young carers, Department of Education and Association for Clinical Pastoral Education drug advice for schools, targeted youth support concerning substance misuse, multi-agency working opportunities, case studies, Children's Social Care / DAAT monthly surgeries and next steps for the Children, Young People and Learning department's work.
- 4.81 In terms of the national picture, the National Drug Treatment Monitoring System (NDTMS) estimated that one-third of the treatment population had parental responsibility for children; many families required specialist support to help them stabilise, keep children safe and maximise the life chances of those affected by substance misuse; services needed to provide effective responses for parents who needed treatment as this was crucial to strengthening families

and protecting children from harm and damaged futures, particularly when delivered within a whole family approach and in collaboration with Children's and Adults' Social Care; two-thirds of child protection cases and serious case reviews had parental drug use, poor parental mental health or domestic abuse as a contributory factor; and parental involvement in the criminal justice system was also a risk factor (162,000 children had a parent in prison).

4.82 Substance misuse impacted on families as parental substance misuse could reduce the capacity for effective parenting. Children and young people with substance misusing parents were more likely to develop problems such as poor school attendance, low educational attainment, behavioural issues and may become substance misusers themselves. This was a reason for the whole family approach which had been developed. Some children's health or development could be impaired to the extent that they were suffering or likely to suffer significant harm. If a substance misuser was a parent their treatment outcome was likely to be affected (positively or negatively) by the demands being placed on them in caring for their children. Whole family approaches, by working closely together (drug and alcohol services, young carer services and parenting and family services), could help meet the needs of parents whose substance misuse was adversely affecting the whole family. The Think Family programme had helped to fund local authorities to provide targeted support to families which may include substance misuse problems. Nationally accessing treatment was seen as a protective factor in families where there was drug or alcohol misuse.

4.83 Sources of referral of young people aged 13-17 years (average 69 young people) to the DAAT in 2013/14 were as follows:

Education	30%
YOS	23%
Family/friends/self	20%
Children's Social Care	9%
Health	7%
Housing	4%
Other	7%

4.84 With regard to care proceeding court work, of court cases ending October 2012 to October 2014, 16 (32%) out of 50 families had substance misuse as a primary factor resulting in costly proceedings to take children into adoption, special guardianship or foster care. In December 2014, 4 out of 12 families were in the Pre Court proceeding stage. 3 London Boroughs, Gloucester and Milton Keynes had trialled a Family Drug and Alcohol Court (FDAC) with good outcomes. An evaluation report of the 3 London Boroughs indicated that funding had been obtained from the Home Office and Ministry of Justice and that approximate savings of £5,000 per family had been achieved through this approach. Although the long term benefits had not been calculated this would be carried out in the future. The Working Group received a copy of the evaluation report. Bracknell Forest was working with the other Berkshire unitary authorities to develop a local FDAC feasibility / proposal. Components of a successful FDAC included:

- Families had to agree to use the FDAC and accept they had a substance dependency problem which was adversely affecting their ability to care for their child.
- Between court hearings, work took place under the supervision of the FDAC Team and in conjunction with related local services. The Team

reported directly to the district judge who met with the parents every two weeks to review progress.

- There was an expectation that lawyers on both sides would largely drop back and only be involved when legal matters needed to be resolved (known as lawyer hearings).
- The FDAC Team would consist of input from Health and the local authority. There was no additional funding for this.
- Work was currently being undertaken in terms of the estimated costs of establishing a Berkshire Wide FDAC and the number of families who would be eligible.

4.85 Child Protection Plans as at October 2014 were as follows:

- 135 Children & Young People - 41 children (26 parents) had substance misuse as a primary concern.
- 3 of the parents had intergenerational substance misuse.
- 2 young people in the families went on to become substance misusers.
- 11 families had domestic violence as a key issue.
- Other factors were criminal behaviour, involvement with drug dealers, involvement in sex working, bereavement, mental health issues, poverty and poor parenting skills.

4.86 The following factors related to missing children / CSE:

- During October to December 2014, the CSE Operational Group discussed 19 girls, 10 of whom had links to both drugs and alcohol, 3 to substance misuse only and 4 to alcohol misuse only. Young people's substance misuse workers were core members of the CSE Operational Group / Missing Children's Panel and worked assertively to engage with these young people to reduce risk and harm.
- Mephedrone became a concern in 2011 and subsequently became strongly linked to CSE. Initially older males of 18 to 25 years of age were associating with younger females aged 14 to 16 years and providing them with free mephedrone in return for sexual favours.
- Recently, there had been reports of parties with under age females and sexual favours exchanged. It was yet to be established whether mephedrone was used to entice young females to attend these parties or if the use meant that they became less inhibited and more likely to engage in sexual activities.
- There appeared to be a strong correlation between children going missing and substance / alcohol misuse.

4.87 Where young carers were concerned, details of the needs of whoever the child was caring for were not currently routinely held. This could change as new legislation was introduced and whole family assessments may be required. The number of young carers was currently low and some examples of young carers receiving support were:

- 1 child whose parent had an alcohol problem had now been placed with another family member.
- 1 child who had cared for a parent with a problem was now in the care of another family member due to other reasons but remained a carer.
- 1 family had drug and alcohol problems in the past but this was not the case now and the children were young carers due to other physical needs of the parent.

- 4.88 Numbers were low and the co-ordinator had identified the need to work more closely with New Hope.
- 4.89 As part of the statutory duty on schools to promote pupils' wellbeing, schools had a clear role to play in preventing drug misuse as part of their pastoral responsibilities. To support this, the Department of Education and Association for Clinical Pastoral Education provided drug advice for schools and the Government's Drug Strategy 2010 ensured that staff had the information, advice and power to: provide accurate information on drugs and alcohol; tackle problem behaviour in schools, with wider powers of search and confiscation; and work with local voluntary organisations, health partners, the police and others to prevent drug or alcohol misuse.
- 4.90 Challenges were staff training, promoting a clear understanding of the curriculum and programmes of study, adoption of a clear drugs and alcohol policy which included guidance on confidentiality, establishing links with local partners and organisations, and a network of support for pupils.
- 4.91 Targeted youth support concerning substance misuse featured a team which delivered a service in conjunction with the DAAT. School referrals were triaged and issues were addressed or referred upwards depending upon the complexity. The team could deliver the PSHE programmes in all schools for Years 7 -13 which included awareness of the dangers of the misuse of drugs, alcohol and legal highs, and smoking cessation courses. Bracknell and Wokingham College had made a commitment to provide two weeks of substance misuse workshops, these had been offered to all new students during their registration and covered drugs, alcohol and legal highs.
- 4.92 Multi-agency working opportunities pursued by the Drug & Alcohol Strategic Group (chaired by the Chief Officer; Older People & Long Term Conditions) were:
- To work within the agendas of health, social care and criminal justice to improve and tackle the systems, processes and service level agreements relating to the commissioning of specialist alcohol and drug treatment systems.
 - To monitor emerging trends in terms of legal highs and other psychoactive drugs and develop and monitor local strategies to reduce the impact locally.
 - To share intelligence on activity in service areas to identify critical areas for work.
 - To monitor the effectiveness of existing services and identify areas in need of improvement.
- 4.93 The Partnership Joint Tasking (chaired by Local Area Police Commander) worked: to adopt a multi-agency approach to crime and anti-social behaviour, to share information with other agencies to support robust enforcement in respect of emerging trends in criminal behaviour, and to reduce the impact of or the fear of crime in the community.
- 4.94 Work undertaken by the Drug and Alcohol Operational Group (chaired by the YOS Team Manager) consisted of:
- Sharing good practice between agencies.
 - Carrying out the tasks delegated by the Strategic Group e.g. leaflets for schools in relation to legal highs.
 - Sharing information regarding substance misuse in the community.

- Identifying gaps in service to be raised at strategic level.
- 4.95 Roles undertaken by the Mephedrone Operational Group (chaired by the Young People's Substance Misuse worker DAAT / YOS) were:
- Identifying gaps in service to be raised at strategic level.
 - Monitors those reporting to be using mephedrone and shares concerns and relevant information (December 2014, 17 adults and 12 young people under 18 years).
 - Red / Amber / Green system relating to each individual to identify concerns, progress and monitoring requirements.
 - Cases were removed where mephedrone was no longer being used or where there was no longer any information on the individual.
 - Partners believe the drug may be manufactured in or just outside the Borough. Any knowledge reported to drug workers was passed on to the Area Intelligence Team.
- 4.96 These groups monitored any changes in trends and any increases in substance misuse. Professionals were given the opportunity to discuss specific cases and look at specific interventions.
- 4.97 The Working Group was provided with 2 case studies of parents with substance misuse issues and noted the outcomes.
- 4.98 The Children's Social Care / DAAT had monthly surgeries during which the representative from DAAT:
- Discussed initial Child Protection Conferences, plans of work where substance misuse had been an issue or was a current concern and investigations under Section 47 of the Children Act 1989 which placed a duty on local authorities to investigate and make inquiries into the circumstances of children considered to be at risk of 'significant harm' and, where these inquiries indicated the need, to decide what action, if any, it may need to take to safeguard and promote the child's welfare.
 - Informed social work professionals of the remit / interventions New Hope offered ensuring that Child Protection / Children in Need plans were as effective as they could be, with appropriate referrals to New Hope.
 - Explained the process of accessing the prescribing service, in addition to ways of monitoring and addressing risks, particularly alcohol users (for example using a breathalyser test).
 - Discussed longer term cases to identify a way forward. Some were already in treatment and contact had been made with others to discuss concerns.
 - Made joint home visits with the Duty Team in relation to concerns with parents and binge alcohol misuse. This was a developing piece of work, taking forward a joint working approach to best promote the welfare of the children and young people that Children's Social Care (and New Hope) worked with.
 - Discussed cases New Hope may have and any referrals needed to Children's Social Care.
 - Met social workers, making face to face contact and establishing a rapport was valuable and promoted and strengthened working relationships.
- 4.99 Next steps for the department's work were:
- Continue for Children's Social Care / DAAT to work closely together – monthly surgeries / joint home visits.

- Expand information sharing when referrals were made to New Hope.
- Ensuring substance misuse testing continued to be available, £3.5k (April – December 2014).
- Staff being able to access reflective practice sessions once per month at New Hope.
- Training / raising awareness in schools would continue to be targeted where it was most needed. Options in respect of providing sessions in primary schools would be explored.
- Explore the option of an integrated adult and young people's service to increase capacity, resilience and adopt a whole family approach in future commissioning plans.
- Explore setting up a Pan Berkshire Family and Drug Alcohol Court, which would have cost implications.

4.100 The Working Group noted that substance misuse referrals were often from fellow pupils and acknowledged that a network of pupil support was a key factor which it wished to improve. School staff turnover was identified as an issue and the importance of training to identify substance misuse and offer support and make treatment referrals was highlighted. Although peer mentoring and training within schools was felt to be good, newly qualified teachers did not receive any substance misuse teacher training. Although the DAAT training programme was accessible to teachers and there were national resources to fund and cascade e-learning were available in the event of a large number of new teachers requiring training, additional training for both newly qualified and established teachers was sought to enable them to detect early signs of substance misuse and then offer support and signposting to services. As substance misuse could have a negative impact on the misuser's appearance and health, it was suggested that awareness raising in schools include 'before and after' substance misuse pictures to highlight this as a disincentive.

4.101 The link between GP surgeries and substance misuse was critical and doctors were encouraged to recognise the signs of substance misuse and make referrals where necessary. Education services and the police made the greatest number of referrals to New Hope. Audits of assessments occasionally referred to substance misuse which could be across the wider family and as grandparents were being increasingly relied on to provide childcare this could be an issue. Drug and alcohol testing services were procured by SMART and recharged to Children's Social Care where necessary. Drug testing policies were rolled out to Children's Social Care and key workers. Random testing was recommended as frequent testing was considered to be too punitive and discouraged people from attending treatment. As cannabis remained in the body for 28 days after use frequent testing could be misleading. Testing strands of hair was effective but costly. Adult Social Care, Children's Social Care and the DAAT worked in partnership leading to favourable outcomes. The review of Children's Social Care had found that closer working with Adult Social Care would be beneficial. The emphasis was changing to a broader team with individual expertise and increased multi-tasking.

4.102 The proportion of parents in treatment as a percentage of all in treatment was higher in Bracknell Forest than the national average and this was seen as positive as a higher number of parents in treatment was a protective factor for children. The DAAT raised concerns with Children's Social Care where parents became involved in substance misuse treatment. Male parents were generally more included to seek treatment opportunities than females who were concerned their children may be taken into care if they admitted to substance misusing. As part of the review of Children's Services, the DAAT was exploring

means of making treatment services more accessible in the community to encourage people to seek early assistance before matters escalated.

SMART (Substance Misuse Arrest and Referral Team)

4.103 SMART was contracted by the DAAT to provide Bracknell Forest's drug and alcohol recovery services on a payment by results basis. Originally a charity providing substance misuse services in arrest and prison situations, SMART had expanded to deliver all types of drug and alcohol services across the Thames Valley. It had been developing and delivering innovative drug and alcohol treatment services since 1996 and believed everyone had the ability to change and worked with people to assist them to achieve and maintain a better quality of life and to meet their hopes and aspirations. Its clients were instrumental in designing, implementing and evaluating their own tailored recovery journey in collaboration with their family, their community, SMART workers and partners. Reaching and maintaining recovery required more than absence of drugs and / or alcohol and recognising that substance misuse did not occur in isolation, SMART addressed all factors leading to it such as wellbeing needs, relationship difficulties and mental health issues. Recovery plans assisted vulnerable people to face many challenges such as access to secure housing, education, employment opportunities and a supportive community.

4.104 SMART's Bracknell Forest Recovery Service provided a range of services for people with drug and alcohol issues living in the Borough which included:

- Drop-in service
- Structured day Programme
- Group support (including Cannabis, Stimulant and Women's Groups)
- One-to-one support sessions
- Harm Reduction advice
- Complimentary Therapies

This service was for anyone in Bracknell Forest experiencing problems with their drug or alcohol use. Most services (excluding the Open Access Drop-in and Family and Carer services) required referral from the Bracknell Forest LASARS. In addition to the Bracknell Forest Recovery Service, SMART offered other services including education and awareness raising for students and teachers which could feature bespoke sessions.

4.105 The way forward was greater integration of children's and adults' substance misuse services. SMART consisted of a team of 3 based at New Hope who were multi-skilled and multi-tasking sharing all areas of service provision. Although children and young people's substance misuse services did not differ from those provided for adults, services were tailored to the individual's needs irrespective of age. Some young people discontinued treatment at the point of transferring from children's to adults' services and efforts were made to prevent this. The SMART team attended regular triage meetings with representatives of the YOS in advance of referrals of new clients. In addition to mephedrone, children and young people being support by SMART misused cannabis and alcohol. Although none were alcohol dependent, they tended to 'binge' drink at weekend parties. Many substance misusers had not been taught any boundaries and these needed to be instilled into them to enable them to control their anger and articulate their emotions. SMART had an interface with CAMHS and treated substance misuse before referring young people with mental health issues to CAMHS.

4.106 Of the 218 adults in treatment, 44 were parents with dependents of whom 30 (64%) were involved with Children's Social Care. It was possible for families not involved with Children's Social Care to have problems and these were referred to a counsellor if necessary. There was close partnership working between SMART and Children's Social Care who shared client reports and follow up work. Every parent in treatment and their children were risk assessed and children were invited to discuss their parents' substance misuse. A successful initiative was the 'recovery café' which was held on Friday afternoons and where mothers may, for example, sell cakes they had baked to pay for treats for themselves or their children whilst working towards a health and hygiene certificate. Domestic violence was in issue with some families and support could be provided through the Family Support Group which operated outside services, involved the entire family and was led by parents.

4.107 The payment by results system had been piloted successfully for 2 years. SMART's contract was for a 3 year duration with a possible extension to 5 years and tenders would be invited for renewal in April 2015. SMART and the DAAT worked well together and although the SMART Service Manager was answerable to the Head of Drug and Alcohol Services for performance, she had autonomy in service delivery. SMART produced leaflets in respect of all types of drugs which outlined their unit values, characteristics, effects, side effects and signs of use. Although client information was not shared with family members without permission, in the event of people not attending for treatment their family would be contacted to ensure that they were safe and home visits could be made if necessary. The support of spouses and partners was a significant factor in people's recovery. It was the more affluent parents who were in denial of their children's substance misuse as there may be no indication of it and they perceived it as occurring in poorer chaotic families. Substance misuse by young people from poorer backgrounds was more likely to become apparent as there was greater likelihood of them becoming involved in the criminal system owing to crimes to fund substance misuse. Although some people felt they had failed as parents when their children misused substances, this was largely not the case and attention was focused on the misusing young people and not their parents.

Research Findings

4.108 According to Public Health England³:

- 20,032 young people (under 18 years) accessed specialist substance misuse services in 2012-13. This was a decrease of 656 individuals (3.2%) since 2011-12 and a decrease of 1,923 individuals (8.8%) since 2010-11.
- The most common routes into specialist substance misuse services were from youth offending services (30%) and mainstream education (17%).
- Of the 20,032 young people accessing specialist substance misuse services in 2012-13, the majority were white British (81%). Two thirds were male (66%). Just over half (52%) were aged 16 or over.
- The majority of young people accessing specialist services did so with problems for cannabis (68%) or alcohol (24%) as their primary substance.
- 81% of young people accessing specialist services stated they were living with their family or other relatives. 5% stated they had an accommodation status of either living in care or living independently as a looked after child.

³ Young People's Statistics from the National Drug Treatment Monitoring System

- Of those entering services in 2012-13 just over half (51%) were in mainstream education. 19% stated they were not in education or employment.
- The majority of those entering specialist substance misuse services did so reporting multiple vulnerabilities (74%).
- Of the 29,157 first and subsequent interventions starting in 2012-13, 28,820 (99%) began within three weeks of referral. The average (mean) wait to commence specialist interventions for first interventions was 1.8 days.
- The majority of young people in specialist services received a psychosocial intervention only (43%) or a psychosocial intervention in combination with a harm reduction intervention (41%). 165 of the young people in specialist services received a pharmacological intervention (0.8%).
- The average (mean) number of days a young person accessed their latest episode of specialist interventions for during 2012-13 was 154 days (just over 5 months). Crack cocaine users tended to spend the longest time accessing interventions, on average around 6.5 months (201 days).
- 12,947 young people exited specialist substance misuse services in 2012-13 and 10,208 (79%) of these did so because they no longer needed young people specialist interventions.
- Of these 10,208 clients, 6,512 (66%) received a referral back into wider young people's services. Less than 1% received a referral onto adult drug or alcohol treatment

4.109 Problematic alcohol misuse by parents can contribute to child abuse, neglect and harm. Estimates suggest 3 in 10 children (under 16) may have a parent with an alcohol problem. Alcohol problems may also overlap with deprivation such as bad housing, poverty, ill health and poor educational attainment by children. The prevalence on social work case loads is likely to be higher. Problematic alcohol use often features in⁴:

- Serious Case Reviews
- Child neglect, physical and sexual abuse
- Domestic abuse and domestic violence
- Mental and physical health issues

4.110 Factors that influence substance misuse among children and young people include:

- environment (for example, availability of drugs).
- family (for example, sibling and/or parental substance misuse and lack of discipline.)
- individual experience (for example, early sexual encounters and peer group pressure to misuse substances).
- mental health (for example, low self-esteem, depression).
- education (for example, parental expectations) (adapted from Canning et al. 2004).

4.111 Those young people at particular risk include those:

- who are, or who have been, looked after by local authorities, fostered or homeless, or who move frequently.
- whose parents or other family members misuse substances.

⁴ 'Essential Information for Social Workers' supported by the British Association of Social Workers

- from marginalised and disadvantaged communities, including some black and minority ethnic groups.
- with behavioural conduct disorders and/or mental health problems.
- excluded from school and engaging in truancy.
- young offenders (including those who are incarcerated).
- involved in commercial sex work.
- with other health, education or social problems at home, school and elsewhere those who are already misusing substances.

5. Conclusions

From its investigations, the Working Group concludes that:

- 5.1 The Council and its partners provide robust and effective substance misuse interventions and treatment services which meet the key aims of the Government's 2010 Drug Strategy and have the four components of an effective young people's specialist substance misuse service identified by Public Health England in its guide to good practice in planning young people's specialist substance misuse interventions (paragraph 3.7). Also, a Department for Education cost-benefit analysis has found that specialist interventions for young people's substance misuse are effective and provide value for money.
- 5.2 Prevention and early intervention are crucial to protect children and young people from the harm associated with substance misuse by themselves or their parents / guardians.
- 5.3 Although substance misuse can be intergenerational, it is not limited to households of limited means or chaotic lifestyles and occurs amongst all types and ages of people in all sectors of society.
- 5.4 There is a link between substance misuse, particularly mephedrone locally, and child sexual exploitation. Substance misuse also has links with children going missing, poor educational attainment and crime.
- 5.5 Education is vital to prevent substance misuse by children and young people and to alert their parents to it.
- 5.6 A programmed, consistent and joined up partnership approach to substance misuse prevention education in schools would be beneficial.
- 5.7 A substance misuse peer mentoring scheme in the Borough's schools would be a beneficial method of supporting children and young people with related issues.
- 5.8 Additional training for both newly qualified and established teachers would enable them to detect early signs of substance misuse and then offer support and signposting to services.
- 5.9 The substance misuse information leaflet produced by the DAAT is in need of updating and should reflect a common approach by all partners to educating against and preventing substance misuse.
- 5.10 The production of awareness raising booklets to alert parents to the signs and symptoms of substance misuse by their children and featuring a step guide to recognising and acknowledging a substance misuse issue and its potential impact on the family with signposting towards assistance and treatment would be beneficial.
- 5.11 Closer family-wide substance misuse working between Children's Social Care, Adult Social Care and Public Health would be advantageous.
- 5.12 Further sharing and comparing of substance misuse data with partners and neighbouring authorities would enhance opportunities to identify and respond to related issues.

- 5.13 Substance misuse can often be the cause or result of mental health issues and low self-esteem. The identified gap in CAMHS Tier 2 preventative mental health services requires closing to support mental wellbeing. Increased CAMHS service provision is also required to assist young people to break free from substance misusing peer groups and to support young people at risk of offending and entering the court system owing to substance misuse.
- 5.14 Some difficulties have been experienced in engaging with mothers with substance misuse issues and encouraging them to admit to the problem and to make use of the assistance and support on offer.

6. Recommendations

It is recommended to the Executive Members for Children, Young People & Learning and for Adult Services, Health & Housing, where appropriate, that:

- 6.1 Following consultation with the Youth Council and / or other relevant groups of local young people, the substance misuse leaflet be updated on a partnership basis to ensure that up to date information is disseminated and that all partners are working together with common understanding and goals.
- 6.2 Awareness raising booklets including 'before and after' pictorial content be produced to alert parents to the signs and symptoms of substance misuse by their children and to provide a step guide to recognising a substance misuse issue, acknowledging its potential impact on the family and seeking advice / assistance / treatment to overcome it be produced.
- 6.3 A substance misuse peer mentoring scheme be introduced in Bracknell Forest schools to support children and young people with related issues.
- 6.4 Additional training for both newly qualified and established teachers be provided to enable them to detect early signs of substance misuse and then offer support and signposting to services.
- 6.5 A programmed, consistent and joined up partnership approach to substance misuse prevention education in schools involving substance misuse youth workers, the Youth Offending Service, police and other relevant organisations be adopted.
- 6.6 Opportunities be taken to pursue closer family-wide substance misuse working practices between Children's Social Care, Adult Social Care and Public Health.
- 6.7 Efforts be made to secure the closure of the gap in CAMHS Tier 2 preventative mental health services and to increased CAMHS service provision to assist young people to break free from substance misusing peer groups and support young people at risk of offending and entering the court system owing to substance misuse.
- 6.8 A Berkshire-wide substance misuse data sharing protocol be developed to enable comparisons with other local authorities and to facilitate identification and response to issues.
- 6.9 In recognition of the link between substance misuse and child sexual exploitation, relevant groups such as Children's Social Care, the police and the Local Safeguarding Children's Board strategic group be requested to monitor this situation and report to the Children, Young People and Learning Overview and Scrutiny Panel on request on a regular basis.
- 6.10 Where appropriate, child protection plans include the requirement for parent(s) / guardian(s) to attend a relevant substance misuse support or treatment programme.

7. Glossary

ADHD	Attention Deficit Hyperactivity Disorder
CAMHS	Child and Adolescent Mental Health Service
Council	Bracknell Forest Council
CPE	Common Point of Entry for referrals
CSE	Child Sexual Exploitation
DAAT	Drug and Alcohol Action Team
FDAC	Family Drug and Alcohol Court
FSA	Family Support Adviser
GP	General Practitioner
LASARS	Local Area Single Assessment and Referral Service
Meow Meow / Drone / Sniff / M-Cat / Meph	Mephedrone – a powerful synthetic stimulant drug closely chemically related to amphetamines
New Hope	Bracknell Forest's Drug and Alcohol Treatment Centre
NHS	National Health Service
NTA	National Treatment Agency (for substance misuse)
ODD	Oppositional Defiant Disorder
O&S	Overview and Scrutiny
PHE	Public Health England
PSHE	Personal, Social and Health Education
SMART	Substance Misuse Arrest and Referral Team
YCW	Youth Cannabis Warning
YOS	Youth Offending Service
YRD	Youth Restorative Disposal

BRACKNELL FOREST COUNCIL

CHILDREN, YOUNG PEOPLE AND LEARNING OVERVIEW AND SCRUTINY PANEL

WORK PROGRAMME 2014 – 2015

Terms of Reference for:

CHILDREN AND YOUNG PEOPLE'S SUBSTANCE MISUSE OVERVIEW AND SCRUTINY WORKING GROUP

Purpose of this Working Group / anticipated value of its work:

- | | |
|----|---|
| 1. | The purpose of this working group is to carry out a review of substance misuse by, and impacting on, children and young people and their families. It includes actions taken to minimise the effects of substance misuse and the success of their outcomes. |
|----|---|

Key Objectives:

- | | |
|----|---|
| 1. | To define substance misuse in the terms of this review (e.g. alcohol and illicit drugs, not prescription drugs or 'legal highs'). |
| 2. | To establish the extent and type of substance misuse by children and young people in Bracknell Forest (through case studies and focus groups). |
| 3. | To measure the impact of substance misuse on children, young people and their families in terms of educational achievement in addition to physical and mental health and wellbeing. |
| 4. | To explore the extent to which drug and alcohol misuse by parents is the reason for children and young people being referred into children's social care locally. |
| 5. | To review the degree to which substance misuse by parents and other family members influences the likelihood of children and young people assuming the same habits as they are seen to be the norm. |
| 6. | To identify and evaluate measures to prevent and intervene in substance misuse. |
| 7. | To explore the relationship between criminal activity and children and young people's substance misuse. |

Scope of the work:

- | | |
|----|---|
| 1. | Substance misuse by children, young people and their family members in Bracknell Forest. |
| 2. | The physical and mental health implications of substance misuse by children and young people. |
| 3. | Relevant Public Health data and information. |
| 4. | Actions to intervene in substance misuse and the outcomes. |
| 5. | Criminal activity associated with children and young people's substance misuse. |
| 6. | Partnership working. |

Not included in the scope:

- | | |
|----|--|
| 1. | Substance misuse by adults unconnected with children and young people. |
| 2. | Investigating the supply of drugs. |

Terms of Reference prepared by:

Andrea Carr

Terms of Reference agreed by:

Children and Young People's Substance Misuse Overview & Scrutiny Working Group

Working Group Structure: Councillors Mrs Birch & Mrs Temperton and Mr Briscoe (PGR), Mrs Wellsted (PGR) & Miss Richardson (Teacher Representative)

Working Group Lead Member: Councillor Mrs Birch

Portfolio Holder: Councillor Dr Barnard

Departmental Link Officer(s): Jillian Hunt and Mairead Panetta

BACKGROUND:

1. Substance misuse by children and young people was selected as a review topic in the 2014-15 Overview and Scrutiny work programme owing to concerns regarding the growing use of mephedrone by young people in Bracknell Forest and the resulting impact on children, young people and their families, and also the effect of parental substance misuse on children and young people. This review also follows on from a review of adult substance misuse previously undertaken by a working group of the Adult Social Care and Housing Overview and Scrutiny Panel.

SPECIFIC QUESTIONS FOR THE PANEL TO ADDRESS:

1. What percentage of local children and young people misuse substances?
2. What is available to support children and young people misusing substances?
3. How many Bracknell Forest children and young people are referred to Children’s Social Care as a result of substance misuse by their parents or carers?
4. Is there any evidence of intergenerational substance misuse?
5. What impact does substance misuse have on the wellbeing, mental health, educational attainment and life chances of children and young people?
6. What more can be done to prevent and reduce substance misuse?
7. Is there a co-ordinated partnership approach to give consistent messages to children and young people concerning substance misuse?

INFORMATION GATHERING:

Witnesses to be invited / met

Name	Organisation/Position	Reason for Inviting / Meeting
Janette Karklins	BFC, Director of Children, Young People & Learning	To provide information on the impacts of substance misuse by, and on, children and young people.
Lorna Hunt	BFC, Chief Officer: Children’s Social Care	As above.
Jillian Hunt	BFC, Head of Drug & Alcohol Services	To advise on substance misuse data, services and outcomes.
Debbie Coleman	BFC, Alcohol and Substance Misuse Youth Worker	To bring the youth service’s perspective to the review.
Lisa McNally	BFC, Consultant in Public Health	To advise on the mental health and Public Health aspects of substance misuse.

Dani Ettia	BFC, Substance Misuse Worker	To share information concerning substance misuse.
Mairead Panetta	BFC, Head of Service, Safeguarding	To receive an understanding of the safeguarding implications associated with substance misuse.
Karen Roberts	BFC, Head of Youth Offending Service	To explore the links between substance misuse and youth offending.
Patsy Carvell	SMART (Substance Misuse Arrest & Referral Team) Service Manager	As above.
Police Representative	Thames Valley Police	To gain information concerning the police's involvement and response to substance misuse.

Site Visits

Location	Purpose of visit
New Hope	To explore drug and alcohol treatment services.

Key Documents / Background Data / Research

1. Young People's Needs Assessment 2012/13
2. Various publications relating to data, good practice, guidance and interventions associated with young people's substance misuse issued by the NHS, Public Health England, the National Treatment Agency for Substance Misuse and the National Drug Treatment Monitoring System etc.
3. The report of the O&S review of adult substance misuse previously undertaken by a working group of the Adult Social Care & Housing Overview and Scrutiny Panel.

TIMESCALE

Starting: September 2014

Ending: March 2015

OUTPUTS TO BE PRODUCED

1. Report of the review with conclusions and recommendations.

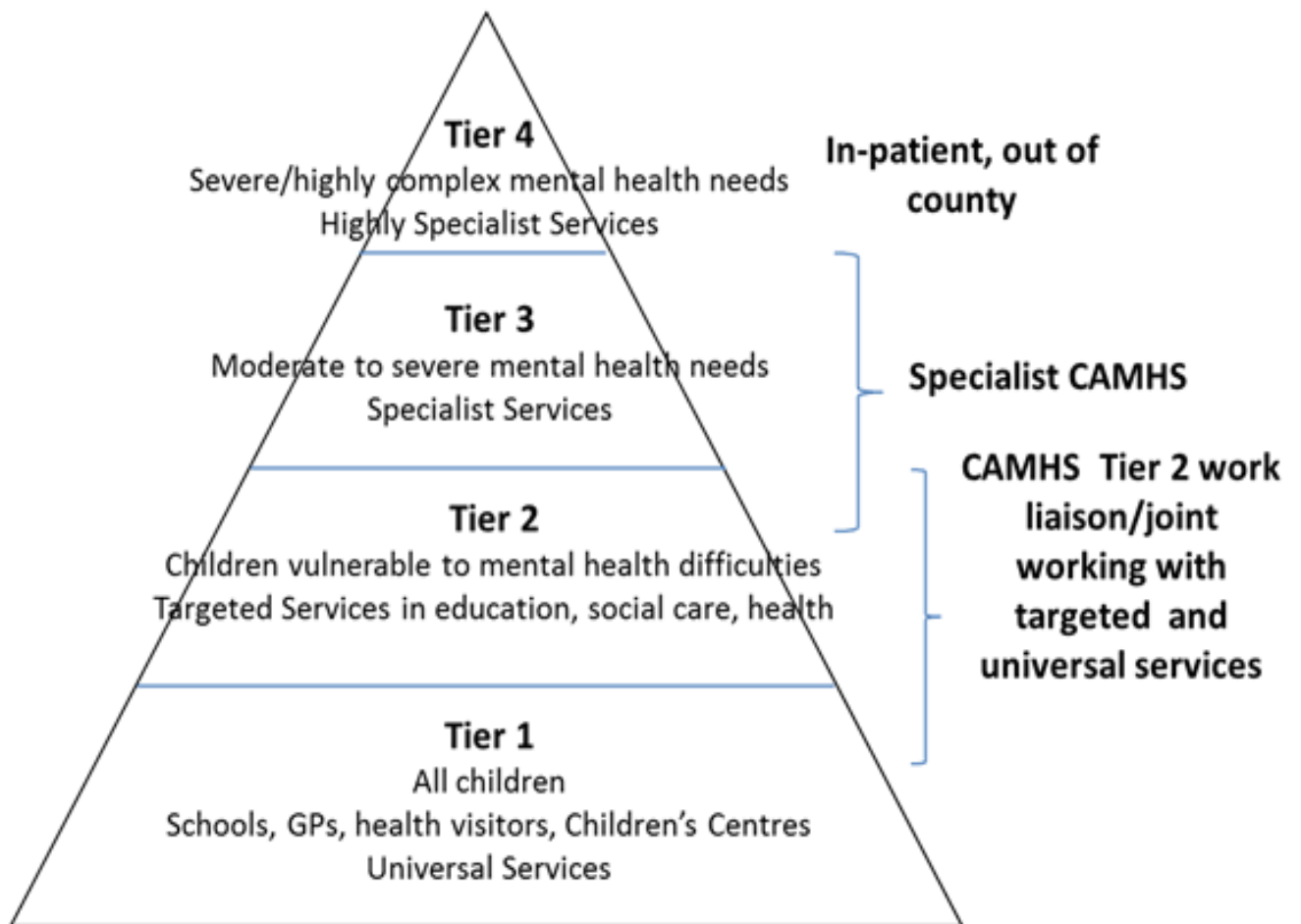
REPORTING ARRANGEMENTS

Body	Date
Report to the Children, Young People and Learning Overview and Scrutiny Panel	4 March 2015

MONITORING / FEEDBACK ARRANGEMENTS

Body	Details	Date
Reporting to Children, Young People and Learning Overview & Scrutiny Panel by Executive Member.	Oral or written report	Spring / Summer 2015

The Four-Tiered CAMHS Framework



For further information on the work of Overview and Scrutiny in Bracknell Forest, please visit our website on:
<http://www.bracknell-forest.gov.uk/scrutiny>

or contact us at:

Overview and Scrutiny Chief Executive's Office
Bracknell Forest Council
Easthampstead House
Town Square
Bracknell
Berkshire
RG12 1AQ

or email us at overview.scrutiny@bracknell-forest.gov.uk

or telephone the O&S Officer team on 01344 352283