Young People's Drug and Alcohol Needs Assessment

June 2014
1. Background

Substance misuse in young people is of concern due to the detrimental effect it can have on the persons’ physical, sexual and mental health, their educational and employment opportunities and general wellbeing and lifestyle. According to Public Health England, substance misuse in young people is commonly a symptom of wider problems and rarely occurs in isolation\(^1\). This means services must ensure that a holistic approach is taken in relation to the recovery process and that all needs are met, not just substance misuse\(^2\).

This needs assessment will systematically look at substance misuse in St Helens and how service provision meets the needs of young people. The assessment will then inform commissioners, the Joint Strategic Needs Assessment and others which will allow for planning and resource allocation.

1.2 National Strategies

The National Drug Strategy 2010, ‘Reducing demand, restricting supply, building recovery: supporting people to live a drug-free life’, places emphasis on promoting the holistic recovery of drug users. It also recognises the impact of alcohol misuse and that in order to meet the needs of families and children, the key priority of services should include:

- Education and information for all – better prevention due to better education and information provided by schools and education services
- Early intervention for young people – prevent substance misuse of young people, particularly those who belong to vulnerable groups
- Intensive support for young people – ensuring integration of services to provide intensive packages of support to prevent the escalation of risk and harm
- Keeping children safe and rebuilding families

In order to deliver effective provision for young people and families, much greater use of assessment tools such as the Common Assessment Framework (CAF) and the need to respond to and implement the key areas of the Hidden Harm agenda should be central to service delivery.

Other national strategies and frameworks relevant to addressing substance misuse include Every Child Matters (2003) and Working Together to Safeguard Children (2013).

1.3 Local Strategies

Since 1st April 2013, local authorities have responsibility for providing substance misuse services. There are several plans of which the YPDAAT services are incorporated, such as

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2 National Treatment Agency. 2014.
Think Family Protocol, Youth Offending Service plan, the Young People’s Substance Misuse Treatment plan and the Community Safety Partnership Delivery plan. Through partnership working and linking strategies, it can be ensured all agencies are working towards the same goals.

The St Helens Children and Young People’s Plan 2011-14 is a strategic overarching plan for all services that directly affect children and young people in the Borough.

Three strategic themes were identified to improve outcomes:

- Early Intervention
- Integrated working
- Think Family

All three themes link with the services the Young Peoples Drug and Alcohol team provide.

One of the priorities of the Children and Young People’s plan is to reduce the harm caused by alcohol and substance misuse. The actions for this priority are; to implement a recovery orientated treatment system; deliver a structured mentor programme (adults) and deliver outreach work to young people at evenings and weekends.

This plan is currently being refreshed.

The Health and Wellbeing Strategy 2013-16 sets out the St Helens plan to improve health and wellbeing in the Borough. There are 8 priorities of which 4 are particularly relevant to the Young Peoples Drug and Alcohol service;

- Support for young people
- Tackling alcohol misuse
- Reducing unnecessary hospital admissions and readmissions
- Promoting mental health and wellbeing.
2. National young people’s substance use

2.1 The downward trend in the number of young people in England receiving support for substance misuse problems continued in 2012/13. According to Public Health England, 20,032 under-18s received help for alcohol or drug problems during 2012/13, compared with 20,688 in 2011/12\(^3\). This reflects the overall decline in alcohol and drug use by young people over recent years.

Key findings from the Public Health England national statistics report 2013\(^3\) include:

- In 2012/13, 13,581 young people presented to specialist services with cannabis as their primary substance (68% of all young people receiving help during the year), up slightly from 13,200 in 2011/12.

- Alcohol was the primary problem substance in 4,704 cases in 2012/13, down substantially from 5,884 in 2011/12.

- The number of young people with heroin as their primary substance fell to 175 (down from 211 in 2011/12); for cocaine the number fell to 245 (down from 300 in 2011/12).

- There were 755 cases in 2012/13 where amphetamines were the primary substance, up from 493 cases in 2011/12; this drug group includes ‘legal highs’ and other emerging substances, often referred to as ‘new psychoactive substances’.

- The overall number of young people receiving help for problems with ‘club drugs’ increased from 2,007 in 2011/12 to 2,834 in 2012/13 (note: these figures include adjunctive as well as primary use, as young people often use these substances interchangeably). Mephedrone cases went up from 1,065 in 2011/12 to 1,788 in 2012/13 and ecstasy cases from 732 to 997.

- Waiting times continued to improve, with 99% of young people waiting fewer than three weeks to start getting help and an average wait of just under two days.

- The proportion of under-18s who left specialist services having successfully completed their programme rose to 79% in 2012/13, up from 77% in 2011/12 and from 50% 2006/07.

2.2 Data from a Public Health England survey on people who inject drugs, suggest that in 2011, out of 2,838 participants, 0.6% were under 18 and 23% reported first injecting before age 18.

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\(^3\) PHE. 2013. Substance Misuse among Young People in England 2012-13
These numbers will represent a minority of young people who inject drugs, as evidence suggests that only a quarter are in treatment at any one time (Hickman 2004).

2.3 Children and young people in the youth justice system typically have poorer health and health outcomes than the average population, in particular behavioural and mental health problems. The provision of appropriate health and social care services is important to address health needs which may be linked to offending behaviour, such as misuse of drugs and alcohol, or poor mental health.

2.4 The rates of smoking, drinking and use of illegal drugs are substantially higher among young people who offend than among young people who do not offend. They are also more likely to suffer from substance misuse problems, in comparison to other groups of vulnerable young people.

According to the Youth Justice Board:

- 90% of young people in custody had used an illegal drug at some point in their life
- 72% used cannabis daily in the 12 months before their arrest
- 74% drank alcohol more than once a week, with the majority regularly drinking more than six units each time
- 51% used two or more drugs more than once a week
- 37% said they would commit less crime if they stopped using drugs
- 25% said they would commit less crime if they stopped using alcohol.

2.5 While the overall picture on young people’s substance misuse is fairly positive, cannabis and alcohol still present real challenges. Furthermore, services have to adapt to cope with the consequences of increased use of club drugs and new substances.

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3. St Helens Demographics

3.1 St Helens is one of the five districts of Merseyside and has a strategic position at the heart of the regional road network. The Borough covers an area of 136 square kilometres, approximately half of which is designated green belt or open space. It includes the town of St Helens itself and number of smaller settlements each with their own distinct identity.

3.2 The resident population is 176,114 (2012 mid-year estimate, ONS). This has stayed fairly constant for the past decade; however it is predicted to increase over the next 10-20 years (ONS, 2012). There are 14,869 people aged 13-19 in the Borough, 8% of the total population of St Helens.

The population projections estimate that the number of young people aged 13 to 19 will decrease to 13,505 by 2021; however the total population will increase to 181,840 (ONS, 2013). This will be largely due to people living longer.

The population pyramid also shows that the number of young people in St Helens will decrease in the next 8 years. There are currently slightly more males than females in those under 19 which may need consideration in terms of service provision.

Figure 1: St Helens population pyramid

3.3 Deprivation

Deprivation can have an effect on both mental and physical health and wellbeing with the more deprived areas are likely to have poorer health outcomes than the least deprived. According to the 2010 Index of Multiple Deprivation, St. Helens is more deprived than the North West average. In St Helens, there are areas in the most deprived 1% nationally, as well as the 7% least deprived in England.
3.4 Educational Attainment
At the end of the 2012/2013 academic year, 55.4% of students educated in St. Helens schools achieved 5 or more GCSEs (or equivalent) at grades A* to C including GCSE English and Mathematics. The latest performance reported for St Helens (55.4%) is slightly above the performance achieved in the previous academic year (55.1%). It is slightly lower than the England average for 2012/13 of 58.8%, and the North West average of 59.6%.

3.5 Not in Employment, Education or Training (NEET)
Overall St Helens NEET has decreased by 1.6%, from 8.5% in March 2013 to 6.9% in March 2014 and exceeded the 2013/14 outturn target. Outcomes for vulnerable groups remains the same as in previous months in this contract year and also year on year, with improvements for teenage mums, learners with learning difficulties and/or disabilities and a worsening picture for young people who offend and care leavers.

Effective partnership arrangements with Helena will continue, particularly in respect of free use of some community venues and engagement opportunities for teenage mums which are having a positive impact on this client group. Although Employment, Education and Training (EET) for Youth Offending Service (YOS) clients has seen a decrease from 77.8% (March 2013) to 61.8% (March 2014), St Helens continues to have the second highest ‘Supervised by YOS’ in EET percentage within the Liverpool City Region.

3.6 Employment
Around three quarters (72%) of all working aged residents in St. Helens (aged 16-64, July 2012-July 2013) are in employment. This is slightly higher than the England average (71%) and that of the North West (69%).

3.7 Crime
The overall rate of crime and anti-social behaviour continues to fall in St Helens. However, there remain challenges in addressing issues which have a significant impact on health and wellbeing, such as violent crime and domestic violence.
4. Drug and Alcohol misuse in St Helens

Substance use and alcohol consumption in the young seems to be decreasing in St Helens. This reflects the national trends seen in recent years.

4.1 The rate of hospital admissions in the Borough wholly attributable to alcohol in **0-17 years** has fallen from 133.6 per 100,000 to 90.4 since 2007/08. Despite the fall in admissions, the local rate is over double the national of 42.7. This demonstrates that there is still considerable work in reducing young people’s alcohol consumption.

**Figure 2: Rate of hospital admissions wholly attributable to alcohol by year.**

<table>
<thead>
<tr>
<th>0-17 years</th>
<th>2007/08-2009/10</th>
<th>2008/09-2010/11</th>
<th>2010/11-2012/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>St Helens</td>
<td>133.6</td>
<td>116.1</td>
<td>90.4</td>
</tr>
<tr>
<td>National</td>
<td>61.8</td>
<td>55.8</td>
<td>42.7</td>
</tr>
</tbody>
</table>

Source: Chimat, St Helens Child health profiles, 2012-14

The number of hospital admissions wholly attributable to alcohol for **0-18 year olds** in 2012/13 was 36. This is a decrease from both 2011/12 (n = 47) and 2010/11 (n = 68).

When analysing hospital alcohol admissions by ward, the Town Centre (444.6 per 100,000) has the highest rates whilst Sutton has the lowest (62 per 100,000). There appears to be a slight correlation with deprivation, with the more deprived wards having an increased rate of hospital admissions caused by alcohol.
4.2 Hospital admission rates for substance misuse in under-19 year olds show the numbers attending have been fairly constant for 3 years. Between 2010/11- 2012/13 there were 51 hospital admissions for substance misuse. When broken down, there were 42 individuals admitted, 6 of which were admitted on more than one occasion.

Poisoning by narcotics and psychodysleptics (hallucinogens) increased in 2012/13 from both 2010/11 and 2011/12. When analysed further, the specific drugs involved in these cases are predominantly Codeine or Morphine, and synthetic narcotics such as Pethidine. These drugs
are painkillers which may suggest a link to other health needs. These substances are not within the remit of the YPDAAT.

The self-harm pathway at hospital identifies young people who have self-harmed due to poisonings will be referred to child and adolescent mental health services (CAMHS) for assessment prior to discharge. There is a need to ensure that services are using relevant pathway systems in hospitals for those young people with co-morbidity of mental health/substance misuse related needs.

4.3 Accident and Emergency data was not defined enough to allow for accurate recording of substance misuse and alcohol attendances.

4.4 New Psychoactive drugs and Performance and Image Enhancing Drugs (PIEDs)

The total numbers of young people using PIEDs or New Psychoactive Drugs is unknown, however anecdotal evidence suggests that there is an increase in people using these substances.

An estimated 59,000 people aged 16–59 years in England and Wales have used anabolic steroids in the past year. There is no local data available to demonstrate use in young people in St Helens and therefore the need for targeted or specialist services is currently not known.

Nationally, information from Needle and Syringe Exchange services indicates that there is an increase in numbers of new products being injected including growth hormones and other substances for performance and body enhancement. There is also circumstantial evidence to suggest Melanotans are injected to look tanned and, in some cases for their effect on sexual behaviour and function. This data, however, is reliant on people presenting at Needle and Syringe Exchanges. Local information suggests that people, particularly the young, are obtaining equipment for injecting purposes via local gyms or other establishments. In addition, this does not include those people using PIEDs in tablet form etc.

A separate investigation into the use of body enhancement drugs in St Helens may be required to ensure adequate provision is available and targeted preventative work can be developed.

Anecdotal evidence also suggests a rise in new psychoactive substances of which the health effects are unknown. A needs assessment has been agreed by Cheshire and Merseyside Collaborative Public Health Service (CHAMPS) and will be completed by the end of 2014.

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4.5 Trading Standards Survey
The Trading Standards North West Young People’s Alcohol and Tobacco Survey is conducted every 2 years and provides a picture of attitudes and behaviours in relation to alcohol and tobacco use. It is a school based survey with the target population of young people aged 14-16 years old (school year 9 to 11). In 2013, 1,022 young people from St Helens completed the questionnaire, with all but 24 respondents being aged 15-16.

It appears the proportion of young people drinking alcohol frequently has decreased significantly in St Helens, which is similar to the trends seen across the North West region. Eleven per cent of respondents reported that they drink alcohol twice a week or more, slightly higher than the North West average (9%). The proportion stating they drink twice a week or more has continued to fall since the first survey in 2007 (30%). A third (32%) of respondents reported that they never drink alcohol. This has increased from 20% in 2011. These findings complement the hospital data demonstrating a fall in admissions due to alcohol.

To investigate binge drinking, the respondents were asked how often they drink five or more alcoholic drinks on one occasion. About one in seven answered that they do this regularly (13%), while half do so occasionally (50%). Comparing over time, the proportion in St Helens answering that they regularly drink five or more alcoholic drinks has fallen each year of the survey, from 41% on the 2007 survey down to just 13% in 2013.

On purchasing, only one in six of the young people who said they drink alcohol answered that they buy the alcohol themselves (15%). The most likely source of alcohol, for those who drink locally, is from parents or guardians (58%) or from friends or family aged over 18 (47%).

When asked about their attitudes to alcohol, three quarters (77%) of young people giving an opinion agreed or strongly agreed with the statement that “getting drunk is fun”. Three in five gave an answer agreeing that “it is normal to get drunk” (60%). However the majority disagreed with the statement “I am not really worried about the long term health effects of alcohol” (62% disagreed or disagreed strongly).

The results from the Trading Standards survey inform the service of young peoples’ behaviours and attitudes towards alcohol in the Borough. The results from the 2013 survey show the importance of working alongside the family and guardians of young people in reducing alcohol consumption in under 18 year olds.

4.6 Pupils Health and Wellbeing Survey, 2014
The Pupils survey is conducted annually to assess the health of pupils in Years 6, 8 and 10 in St Helens. In 2014, a total of 4,098 pupils took part in an online survey. Questions regarding the child’s general health and wellbeing, as well as specific health issues such as bullying and safety were asked. Drug and alcohol consumption was investigated in secondary school pupils of whom 2,471 participated.
The majority of secondary pupils had never taken any drugs (92%). When broken down into year group, 3% (n=21) of year 8 pupils and 11% (n=139) of year 10 pupils reported to have ever taken drugs.

The majority of those who stated they had taken drugs, reported to have smoked cannabis (96%). This equates to 7% of all pupils who took part in the survey, the same as the 2013 pupil’s survey result.

Figure 5: number of pupils that stated they had taken drug, by substance.

<table>
<thead>
<tr>
<th>Substance</th>
<th>Year 8</th>
<th>Year 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cannabis</td>
<td>19</td>
<td>133</td>
</tr>
<tr>
<td>Cocaine</td>
<td>6</td>
<td>31</td>
</tr>
<tr>
<td>Ecstasy</td>
<td>6</td>
<td>26</td>
</tr>
<tr>
<td>Legal highs (e.g. meow meow, mcat, bubble)</td>
<td>8</td>
<td>36</td>
</tr>
<tr>
<td>Other (e.g. amphetamines, crack, magic mushrooms, solvents, poppers, heroin and muscle building steroids)</td>
<td>7</td>
<td>31</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>21</strong></td>
<td><strong>139</strong></td>
</tr>
</tbody>
</table>

Source: St Helens Health and Wellbeing Pupils survey, 2014

According to the pupils’ survey, the number of secondary school pupils stating they had consumed alcohol in the previous week has reduced from 17% in 2013 to 14% in 2014. 86% of pupils stated they had not had an alcoholic beverage in the last week, (92% of year 8 and 81% of year 10 pupils), a positive increase from 73% in 2013.

Figure 6: Alcohol consumption throughout the week

Source: St Helens Health and Wellbeing Pupils survey, 2014
Fridays and Saturdays are the most common days of the week for young people to drink alcohol. 11% of secondary school pupils reported to have consumed alcohol on the previous Saturday and 9% on the Friday. For all days of the week except Fridays, the percentage of pupils stating they consumed alcohol has decreased from 2013.

This survey is being rolled out to vulnerable young people such as those in alternative education, those supported by YOS and YPDAAT. This will enable comparison data and targeting of resources depending on outcomes.

4.7 Schools Drug Related Incidents
The St Helens Drug Incident protocols for education settings have been in place since 2006. The protocols have been refreshed over time based on good practice guidance from Association of Chief Police Officers and Department of Education\(^9\). They have been implemented locally in partnership with Head Teachers, Leadership Teams, Merseyside Police, St. Helens Healthy Schools Team and St. Helens YPDAAT.

During the academic year of 2012/2013 there were a total of 49 drug related incident (DRI) forms received. 48 of these incidents were reported from secondary settings, and one incident reported from a primary school setting, which did not involve a pupil.

Incidents were received from 7 of the 9 high schools, the Pupil Referral Unit (PRU) and alternative education providers. The special schools did not report any incidents during this reporting period.

The substances reported were similar to previous years with cannabis being the main substance used in the incidents.


### Figure 7: School incidents by substance

<table>
<thead>
<tr>
<th>Substances Reported</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cannabis</td>
<td>29</td>
</tr>
<tr>
<td>Alcohol</td>
<td>12</td>
</tr>
<tr>
<td>“Legal” highs</td>
<td>2</td>
</tr>
<tr>
<td>Prescribed medication</td>
<td>4</td>
</tr>
<tr>
<td>Poly Substance Use</td>
<td>1</td>
</tr>
<tr>
<td>Unknown</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>49</strong></td>
</tr>
</tbody>
</table>

Source: School DRI forms, 2012/13

Following analysis of the incident recording forms, it was necessary for a large number of the forms to be re-coded from ‘incident occurring off school site’ to ‘intoxication’. The evidence being presented suggested that the primary cause of the incident was intoxication. Although these incidents did take place away from the school grounds, the majority involved pupils consuming substances during breaks or before the start of the day and entering onto site displaying a range of behaviours perceived to be associated with drug or alcohol use. Hence the difference in the recorded numbers for these two incident types as compared to the previous years.

The number of pupils disclosing a substance misuse incident has increased annually since 2010/11. This is likely to be because of the work carried out in schools to ensure a supportive system is in place to help those with substance misuse.
### Figure 8: Incident by type from 2010-2013

<table>
<thead>
<tr>
<th>Incident Category*</th>
<th>Number of incidents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2010-11</td>
</tr>
<tr>
<td>Intoxication</td>
<td>5</td>
</tr>
<tr>
<td>Pupil disclosure</td>
<td>6</td>
</tr>
<tr>
<td>Pupil Supplying substance</td>
<td>0</td>
</tr>
<tr>
<td>Parent/Carer Concern</td>
<td>8</td>
</tr>
<tr>
<td>Pupil in possession of drug or paraphernalia</td>
<td>3</td>
</tr>
<tr>
<td>Incident occurring off school premises</td>
<td>11</td>
</tr>
<tr>
<td>Paraphernalia found</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>34</strong></td>
</tr>
</tbody>
</table>

Source: School DRI forms, 2012/13 *in accordance with the Department of Education

Of the 48 individuals involved in drug incidents, there were a number of young people who were involved with multiple services. The most common service involved is social care with 18 of the 48 having some involvement either at that time or in the past.

### Figure 9: Number of young people with DRI and involved with multiple services

<table>
<thead>
<tr>
<th>Service Involvement</th>
<th>Number of young people</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current/ previous social care involvement</td>
<td>18 (of which 3 were LAC)</td>
</tr>
<tr>
<td>Previous Fixed Term Exclusions</td>
<td>14</td>
</tr>
<tr>
<td>Common Assessment Framework (CAF)</td>
<td>6</td>
</tr>
<tr>
<td>Involved with YOS</td>
<td>4</td>
</tr>
<tr>
<td>Involved with CAMHS</td>
<td>4</td>
</tr>
</tbody>
</table>

Source: School DRI forms, 2012/13


4.7.1 Gender
Of the individuals involved in incidents, 31 were male and 17 were female. Female students were more likely to use alcohol or prescribed medication, the majority of cannabis incidents involved male students.

4.7.2 Year Group
The highest numbers of incidents involved students in Years 10 and 11 (n =18 and 15 respectively). This is similar to the previous year.

There is a lack of incidents being reported amongst the Year 12 group which is of concern and it is therefore recommended that sixth forms ensure that they are appropriately managing incidents.

4.7.3 Outcomes of incidents
In terms of fixed term exclusions issued by schools for drug and alcohol incidents there has been a year on year decrease since 2003. Provisional local data indicates that during this academic year there were 687 fixed term exclusions reported to the Local Authority, of which 11 were in relation to substance use. However, this is an increase from the two exclusions occurring in the previous year.

4.7.4 Interventions to pupils
The reporting of incidents to the Young People’s Drug and Alcohol Team ensures that young people who require support following an incident receive timely interventions.

Throughout the academic year 2012/13, there were 57 referrals to YPDAAT for students from educational establishments. Not all referrals to YPDAAT from schools are reported through the procedures. In instances whereby an individual requests the need for support and to ensure confidentiality, referrals are generated directly to the team.

Of the 57 referrals:

- 18 were deemed No Further Action – staff in the education setting dealt with these.
- 39 were assessed by YPDAAT: 6 receiving brief interventions (3 or more awareness raising sessions to prevent or deter further use of substances); the remaining 33 had structured care-planned intervention appropriate to the individual’s needs.

4.7.5 Preventative work in schools
Drugs and alcohol education are covered age appropriately within both the statutory science and non-statutory curriculum in key stages 1 to 4 (ages 4 - 16). All schools within St Helens have been given curriculum resources specific to drugs and alcohol in order to deliver robust and comprehensive substance education. Due to the non-statutory nature of the subject, schools are autonomous in how and when they deliver this to children and young people. In the recent pupil Health and Wellbeing Survey (2014), just under two thirds of pupils in
Primary and Secondary schools reported their drugs and alcohol education to be useful (61% drugs, 60% alcohol).

Schools in St Helens benefit from strong partnership support to enhance their PSHE curriculum. Partners such as the Health Improvement Team, TAZ (Teenage Advice Zone) Team, School Nursing Service and Merseyside Police all provide direct input into the curriculum from both a universal and targeted perspective to underpin consistent key learning messages provided to children and young people in order to minimise risk taking behaviour and promote safer choices.

School nurses use a health assessment tool for children that encompasses questions regarding drug and alcohol use. If a child reports to substance misuse, the Drug Use Screening Toolkit (DUST) will allow the nurse to explore the issue further. The result is a scoring matrix and either a brief intervention from the nurse (involving information and advice) or a referral to the YPDAAT service will be made.

The school nursing team also provide ‘Clinic in a Box’, a sexual health service that explores drug and alcohol use of pupils attending. There is also a pathway in St Helens which ensures that all young people that attend A&E for a drug or alcohol related issue are followed up by the school nurses (unless they are referred to the YPDAAT). If they do not attend the YPDAAT service, the school nurse will then follow up using the DUST toolkit, in a school setting. Guidance regarding contacting the parent is currently being developed.

### 4.8 Young Offenders

#### 4.8.1 Health needs assessment of young offenders in the youth justice system on Merseyside

A Merseyside health needs assessment was completed in 2013 to determine the health needs of the Merseyside young offender population and to investigate the extent to which current service provision is addressing the health needs of this population. The needs assessment covered young people in youth offender institutions, a secure children’s home and young people being managed in the community by the Youth Offending Service.

**Key findings**

Children in the youth justice system have:

- Higher levels of problem drinking, use of illegal drugs and use of volatile substances.
- High prevalence of difficulties with speech, language and communication
- High prevalence of learning disabilities
- Increased mental health issues
There is an overrepresentation in the Youth Justice System of Black and Minority Ethnic young people, Looked After Children and those from more deprived areas. Exclusion from school is also a key risk factor of young people who offend.

In general, the health needs of young offenders in St Helens reflect the national picture.

4.9 Young Offenders in St Helens

The Youth Offending Team uses the ASSET assessment tool to identify the needs of young people who offend in the service. ASSET consists of a number of different sections from living arrangements to emotional wellbeing and mental health needs. Each section is scored 0-4 depending on identified need relating to offending (i.e. how relevant a particular health issue was to the offence committed). Data for 2013/14 showed that 265 young people had been referred to the Youth Offending Service (YOS). Of these, 219 had an ASSET completed; 44% (n=96) scored 2 or more for substance misuse; 26% (n=56) scored 2 or more for emotional wellbeing. 35 young people scored 2 or more for both substance misuse and emotional wellbeing highlighting the co-morbidity of young people who offend. As stated above, ASSET scorings are directly related to offending and therefore the numbers of young people with these issues will be much higher. All young people scoring 2 or more in ASSET for substance misuse are referred to the YPDAAT for assessment. A number of young people receive brief substance misuse intervention from trained YOS officers.

Although there is no dedicated substance misuse worker in the YOS, the Young People's Drug and Alcohol Team are co-located with the service. This allows for joint training and opportunities to share practise.

4.10 Substance misuse offences

Between January 2013 and December 2013, there were 334 recorded arrests of young people under the age of 18. Of these:

- 101 related specifically to drug or alcohol offences
- 85 involved young people
- 73 were as a result of possession of a controlled drug (64 for cannabis; 9 were in relation to other substances)
- 8 were concerned with the supply of substances.
- 17 offences were alcohol related, the majority of these being drunk and disorderly charges.

A number of other offences committed such as theft, burglary, criminal damage etc. could be attributed to substance use, therefore the overall number of substance relating offending is likely to be higher.
The majority of arrests (60%) resulted in an Out of Court Disposal (Triage disposals, Youth Cautions and Youth Conditional Cautions) thereby deemed as less serious based on offence gravity scores. The remainder of offences were dealt with via the Court process.

4.11 Looked After Children (LAC)

The term “Looked after” relates to all children in public care, including those in foster or residential homes (for a long period or for respite on a planned basis); those placed with prospective adopters until the adoption order is granted and those still with their own parents but subject to care orders.

Health, educational and social outcomes for looked after children remain poor with a high rate of teenage pregnancies, smoking and substance misuse, mental health problems, school drop-out rate, poor educational attainment and criminality.10

Children often enter the care system with a worse level of health than their peers. The impacts of poverty, poor parenting, chaotic lifestyles, abuse or neglect play a significant part in this.

At the end of March 2013 there were 440 looked after Children in St Helens. 276 of those children had been Looked After continuously for at least 12 months.

Of the total of 276 children looked after by St Helens Council continuously for 12 months, a total of 10 children (3.6 per cent) were identified as having a substance misuse problem during the year, compared with 3.8 per cent in 2012. This is similar to the national average of 3.5%.

Figure 10: Percentage of Looked After Children identified with a substance misuse problem

<table>
<thead>
<tr>
<th></th>
<th>2010/11</th>
<th>2011/12</th>
<th>2012/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>St Helens</td>
<td>3.7%</td>
<td>3.8%</td>
<td>3.6%</td>
</tr>
<tr>
<td>England</td>
<td>4.3%</td>
<td>4.1%</td>
<td>3.5%</td>
</tr>
</tbody>
</table>

Source: Children looked after in St Helens year ending 31 March 2013, 2013

Of the 10 children referred to the YPDAAT with a substance misuse problem, 5 received Tier 3 intervention. The remainder were provided with Tier 2 or universal awareness of substance use.

10 Royal College of Nursing and the Royal College of Paediatrics and Child Health(2012) Looked after children Knowledge, skills and competence of health care staff
4.12 Priority Families
St Helens signed up to the national ‘Troubled Families’ programme in March 2012, and was given a target to identify and work with 520 families over the subsequent 3-year period (2012-2015). The aim was to turnaround the lives of some of the Borough’s most challenging (and costly) families. To be eligible as a Priority Family, families must be experiencing at least 2 or more core criteria (young person's offending or anti-social behaviour, child’s non-school attendance and parental unemployment). In addition, a number of local criteria help to identify the level of need for a family including; drug or alcohol misuse, domestic violence, housing need, parental offending, mental health issues etc.

During 2013, the programme was restructured to include a strong multi-agency governance structure, a widening of the referral process, re-branding of the programme to “Priority Families” and the introduction of a “Lead Professional” system. Joint pathways with existing provision such as Addaction's Breaking the Cycle programme and help from Home-Start and the introduction of a new family intervention programme will ensure that those families identified will receive the right level of support.

Since the start of the programme, 370 families have been identified and 105 of these have achieved sufficient progress to be removed from the programme (as at April 2014).

St Helens Young People's Drug and Alcohol Team have had involvement with 60 young people who have been identified as belonging to a Priority Family.

4.13 Parental substance misuse
There is well documented research and evidence of the needs of children and young people with substance misusing parents.

Data for October-December 2013 shows that 19% (n=31) of new drug using clients and 26% (n=45) of alcohol using clients open to adult treatment services stated that they were parents. Although there may be potential to misreport parental status (for fear of reprisal or children’s safeguarding processes) there remains a large proportion of parents who do not present at treatment services and therefore potential unmet needs of children of substance using parents.

Although it is difficult to extrapolate data from current children’s services systems, there are a high number of children in the Looked After Children system and subject to Child Protection Plans where drug or alcohol use (often in combination with mental health and/or domestic abuse) is a contributory factor to the neglect and mistreatment of children and young people.

A recent serious case review published by St Helens Local Safeguarding Children Board found:
Parental use of Cannabis (and to a lesser extent alcohol) is not given sufficient weighting as a negative factor. It continued; “The Review Team are satisfied that professionals working with children and families understand the negative implications of parental drug use. However, it is apparent in the case and from conversations with professionals that the widespread use of cannabis has led to a degree of normalisation. This normalisation results in the use of cannabis being tolerated by professionals and therefore not challenged as strongly as the use of higher classification drugs. The emerging evidence in relation to addictive behaviour suggests that the behaviours associated with drug use, rather than the drug itself, should be the primary focus of interventions”.

The attitudes, perceptions and risk factors associated with cannabis and alcohol use will be a priority objective for learning and development needs of professionals over the coming year and beyond.
5. 5. Young People's Drug and Alcohol Team

5.1 Aim
The overall aim of the team is to provide a locally accessible, fully integrated Tier 2/3 service for young people up to the age of 19 who are experiencing significant problems which have been formally identified as directly resulting from the use of substances (including illicit or prescribed drugs and alcohol).

The service aims to:
- Provide a programme of psycho-social interventions that support young people to make positive changes.
- Provide training to universal services to enable such services to identify the needs of children and young people and deliver brief interventions or motivational work to prevent the young person’s substance misuse from escalating.
- Develop partnership working with key services to ensure that the substance misuse issues of those young people are given the appropriate support enabling them to remain in universal services for longer.
- Contribute to achieving positive outcomes for children and young people including the 5 outcomes from Every Child Matters (2003): be healthy; stay safe; enjoy and achieve; make a positive contribution; achieve economic well-being.

5.2 Location
The Young People’s Drug and Alcohol Team (YPDAAT) provide a specialist treatment service in St Helens. The YPDAAT are part of the Public Health team in the Chief Executives Department within St Helens Council, moving from Children and Young People’s Services during 2013.

The team are co-located with the Youth Offending Service. This provides the opportunity to reach young people who are serving court orders as well as those coming through a community / preventative route.

St Helens CYPS Young People's Team (14+ years Looked After Children & Care Leavers) is also based with YPDAAT. This allows for further joint working opportunities for those young people who are within the looked after system and experiencing substance misuse issues.

The YPDAAT service is based near the city centre however it is not a location in which many young people pass-by frequently. This may be a barrier to self-referrals.

5.3 Staff
Since 2011, due to the loss of government funding, Area Based Grants and other local budget pressures, the Young People’s Drug and Alcohol Team has seen a reduction in the overall
number of staff providing services to young people. As of April 2014, the staff team can be seen as:

Public Health Delivery Team

Team Manager (FT)

Senior Practitioner (PT)

3 x Substance Misuse Worker (2x FT, 1xPT)  1 x Project Worker (PT)

5.4 Services carried out by YPDAAT

Public Health England defines activity delivered by substance misuse services as:

“*Young people’s specialist substance misuse treatment is a care planned medical, psychosocial or specialist harm reduction intervention aimed at alleviating current harm caused by a young person’s substance misuse.*”

The focus for all activity with young drug or alcohol misusers should be preventing the escalation of use and harm, including stopping young people becoming adult dependent drug users. Drug and alcohol interventions need to respond incrementally to the risks in terms of drug use, vulnerability and particularly, age.

For those very few young people who develop dependency, the aim is to become drug or alcohol free. This requires structured treatment with the objective of achieving abstinence. For the most vulnerable young people a multi-agency package of care, including treatment, supported housing, education and support is required.

A transition protocol between the YPDAAT and Addaction (adult treatment service) has been established for young people requiring additional support into adulthood. Open cases to YPDAAT who are approaching their 19th birthday will be assessed individually for appropriateness to transfer to adult substance misuse services. For some, it may be appropriate for YPDAAT to continue to deliver care planned intervention; others will be safely managed into the adult service.

5.4.2 The types of interventions delivered by YPDAAT can be categorised as:
**Psychosocial**
A talking and solution-focussed therapy that focuses on understanding the root of problem behaviour. It can help young people to develop coping mechanisms for modifying and reducing such behaviour, and promotes ways of achieving positive change.

This assists young people to develop abilities to recognise, avoid or cope with thoughts, feeling and situations that are triggers to substance use. Focus on coping with stress, boredom and relationship issues and the prevention of escalation of harm, including relapse prevention. Motivational Interviewing helps individuals reflect on their substance use in the context of their own values and goals and motivate them to change.

Substance misuse specific contingency management provides a system of positive reinforcement/ incentivisation to make substance misuse specific behavioural changes or prevent escalation of harm.

The majority of young people engaging with YPDAAT will be receiving this type of intervention.

**Pharmacological**
These interventions include prescribing for detoxification, stabilisation and symptomatic relief of substance misuse as well as prescribing of medications to prevent relapse. These services are currently commissioned through Addaction (specialist treatment provider), with YPDAAT retaining keywork and care co-ordinator responsibility.

**Specialist Harm Reduction**
Care planned substance misuse specific harm reduction must be delivered as part of a structured care plan and after a full assessment of the young person’s substance misuse and risks. Specialist harm reduction interventions should include services to manage those at risk of, or currently involved in injecting (advice and information on injecting practice, access to appropriate testing and treatment for blood borne viruses), overdose and risky behaviours associated with substance misuse.

Currently in St Helens there are no specialist injecting services for young people (i.e. needle exchange). Data regarding the number of injecting drug users is unavailable therefore the need for services may need further investigation. As of March 2014, there are five pharmacies providing needle and syringe exchange services as well as Addaction (see Map 1). These services are for adults only, however anecdotal evidence suggests some locations may allow under-18s. Referral pathways are in place to enable such services to direct young people to YPDAAT as required.
Residential treatment for substance misuse (Tier 4)
There are limited Tier 4 services nationally for young people with substance misuse problems. In St Helens, however, a complex case pathway for under-18 year olds is in place for those with multifaceted needs. This pathway should assist in identifying appropriate accommodation with wrap-around local services available. To date, this service has never been required.

5.4.3 Health interventions
Young people who are misusing substances are at risk of a number of health problems. As a result of this, provision is available via the school nursing service and a dedicated specialist nurse is available to undertake health assessments, carry out vaccinations for blood borne viruses and identify any additional unmet health needs. During April 2013 and December 2013, 60% of Tier 3 cases had a completed health assessment. This is lower than expected and health pathways have been reviewed to ensure young people’s health needs continue to be met.
5.4.4 Family work
The team provides a range of support to families, in particular parents/carers. However, this tends to be ad-hoc via telephone support, home visits or engagement through the Think Family process. Advice and information is provided to enable them to better manage the young person’s behaviour. The introduction of the Priority Families agenda has assisted in providing additional resources to families and since September 2012, YPDAAT has worked with 60 families identified (as at April 2014).

5.4.5 Multi-Agency Work
The vast majority of young people who are open cases to YPDAAT require a multi-agency approach in order to address some of the complex and multiple needs that young people present with. Public Health England defines multi-agency working as:

“...facilitating access to the service, arranging appointments or making referrals to the service, working directly with the service in joint case reviews and liaising with the service to discuss the whole needs of the young person.”

This will sometimes require joint appointments or home visits, as well as multi agency planning meetings in line with the Think Family Process to ensure the young person and families’ needs are being appropriately met.

5.4.6 Safeguarding
As part of the assessment and intervention with YPDAAT, the welfare of the child is paramount and as such there are close working relationships with a number of different agencies in order to safeguard from harm. Between April 2013 and January 2014, YPDAAT staff attended approximately 200 multi-agency meetings, ranging from Child Protection case conferences, core groups, LAC reviews, Family Action Meetings, strategy meetings and Youth Offending Service internal meetings such as Risk Management Meetings. This figure does not include admission and discharge planning meetings for young people in the secure estate, including Redbank.

5.4.7 Prevention and Training
The YPDAAT provide training and awareness sessions in a range of settings across the Borough. In 2013, training has been delivered jointly with the TAZ Outreach Team (Sex, Drugs and Risk Control) and through “hot topic” sessions that have raised awareness of risks of mephedrone and other novel psychoactive substances (Bursting the Bubble on Mephedrone). Furthermore, a briefing session was delivered entitled “Boozed and Confused” highlighting recent research on the effects of alcohol consumption on adolescent development and advice from the Chief Medical Officer.

Organisations that have been in receipt of training include staff from housing projects, social care, education (schools, colleges and training providers), police, youth offending service, youth service. During 2013, 180 professionals attended training sessions and drug awareness
assemblies were delivered to all year 7 and a proportion of year 8 students in St Helens high schools.

Furthermore, the team are planning to deliver targeted group work sessions to young people at risk of substance misuse to raise their awareness of substances and risk-taking behaviours. This may include young people out of mainstream education, looked after children, young offenders, those residing away from the family home in accommodation projects. This aspect will be developed further during 2014/15 with the appointment of a new project worker, whose remit will be to develop preventative services and increase opportunities for awareness raising and education to young people, professionals and parents/carers.

5.5 Service Activity

In March 2013, there were 172 young people receiving Tier 3 interventions with the Young Peoples Drug and Alcohol Team.

The number of referrals into the service in 2012/13 was similar to that of 2011/12, with 246 young people being referred compared to 222. Of these, 97% were White British which is in line with the ethnic makeup of St Helens (YP Assurance Report, 2014, NTA). There were 6 re-presentations (young people who had previously been discharged and re-referred in a 6 month period).

Figure 11: Young people in the Service, rolling year 2012/13

Source: YP Quarterly Local Assurance report, 2012/13

5.5.1 Criminal Justice and Children and Families are the two largest sources of all referrals, both with 34%. The number of referrals from ‘other’ has increased. This is largely from local housing projects. There has been a decrease in the number of referrals from health services. This requires further investigation.
The largest source of referral of new episodes was from Youth Justice (50).

**Figure 12: Referrals to YPDAAT**

<table>
<thead>
<tr>
<th>Source</th>
<th>2010-11</th>
<th>% of all referrals</th>
<th>2011-12</th>
<th>% of all referrals</th>
<th>2012-13</th>
<th>% of all referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children &amp; Families</td>
<td>82</td>
<td>34%</td>
<td>78</td>
<td>35%</td>
<td>76</td>
<td>31%</td>
</tr>
<tr>
<td>Health and Mental Health</td>
<td>51</td>
<td>21%</td>
<td>44</td>
<td>20%</td>
<td>37</td>
<td>15%</td>
</tr>
<tr>
<td>Criminal Justice</td>
<td>82</td>
<td>34%</td>
<td>76</td>
<td>34%</td>
<td>75</td>
<td>30%</td>
</tr>
<tr>
<td>Self, Family</td>
<td>14</td>
<td>6%</td>
<td>11</td>
<td>5%</td>
<td>14</td>
<td>6%</td>
</tr>
<tr>
<td>Other</td>
<td>15</td>
<td>6%</td>
<td>13</td>
<td>6%</td>
<td>44</td>
<td>18%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>244</strong></td>
<td></td>
<td><strong>222</strong></td>
<td></td>
<td><strong>246</strong></td>
<td></td>
</tr>
</tbody>
</table>


5.5.2 The majority of young people in the YPDAAT service were male (70%), slightly above the national average of 66%. 13% (23) of the Young People in the service was a Looked After Child, similar to the national average of 12%, and 6% were self-reported being involved in Sexual Exploitation (national average is 4%).

5.5.3 The YPDAAT service offers treatment and support to young people under 19 years old (although exceptions do apply). 16 year olds were the most represented age of service users in 2012/13 (23% of people in the service). 15 year olds and 17 year olds represented 20% of services users during the year.

**Figure 13: Age of young people in YPDAAT service**

![Age of Young People in Service, 2012/13](image-url)

Source: YP Quarterly Local Assurance report, 2012/13
5.5.4 There is no particular area of the Borough in which young people receiving a treatment episode from the YPDAAT service (between March 2011 and March 2014) reside (see Map). However, there does appear to be a slight link with deprivation.

Map 2: Residential location of YP in a treatment episode between March 2011-March 2014


5.5.5 Of the 131 at the start of treatment that completed a substance misuse assessment 2012/13, over half were involved in offending (n=68), about a quarter were having unsafe sex (n=34) and just under a quarter were identified as having a mental health need (n=30). Almost a third (n=41) reported self-harming. A clear pathway of referral to CAMHS (children’s mental health services) must be in place to ensure suitable provision is available.
At treatment start the number of young people receiving treatment who had/were*:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>An identified mental health need</td>
<td>30</td>
</tr>
<tr>
<td>Self-harming</td>
<td>41</td>
</tr>
<tr>
<td>Involved in offending</td>
<td>68</td>
</tr>
<tr>
<td>Having unsafe sex</td>
<td>34</td>
</tr>
<tr>
<td>Parents</td>
<td>1</td>
</tr>
<tr>
<td>Not parents</td>
<td>130</td>
</tr>
<tr>
<td>Pregnant</td>
<td>1</td>
</tr>
<tr>
<td>Not pregnant</td>
<td>130</td>
</tr>
</tbody>
</table>

Source: NDTMS, 2014

*It should be noted that young people may have one or more factors identified.

Slightly under half (60) of young people at treatment start in 2012/13 were in mainstream education and nearly a quarter were in alternative education (n=31). 19 young people were NEET (not in employment, education or training).

Education status at treatment start:

<table>
<thead>
<tr>
<th>Education Status</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mainstream education</td>
<td>60</td>
</tr>
<tr>
<td>Alternative education</td>
<td>31</td>
</tr>
<tr>
<td>Permanently excluded</td>
<td>1</td>
</tr>
<tr>
<td>Persistent absentee</td>
<td>2</td>
</tr>
<tr>
<td>Apprenticeship or Training</td>
<td>13</td>
</tr>
<tr>
<td>Employed</td>
<td>5</td>
</tr>
<tr>
<td>Not in employment or education</td>
<td>19</td>
</tr>
<tr>
<td>Total with an education status recorded</td>
<td>131</td>
</tr>
</tbody>
</table>

Source: NDTMS, 2014

5.5.6 Other health needs of young people in the service that have been identified by YPDAAT and health professionals is Speech, Language and Communication. The team manager along with the YOS manager and School Nursing Service are in the process of researching a suitable assessment tool so that the needs of young people using these services can be correctly identified and referred to appropriate services.

5.5.7 Although data is unavailable it is known that there are a number of young people using the service that have physical health needs, in particular asthma, diabetes, epilepsy. A high proportion of young people report diagnoses of Attention Deficit Hyperactivity Disorder (ADHD), Attention Deficit Disorder (ADD) and other conduct disorders. The YPDAAT work in partnership with Paediatric services in St Helens as well as Alder Hey hospital to support the young people and their family.

5.5.8 Referral Outcomes

Not all young people who are referred to the service have an assessment completed or require Tier 3 interventions. There are 4 main categories following a referral:
1. **No Further Action (NFA)** – During 2012-13, 47 referrals were NFA at the point of referral. This is often as a result of receiving no consent; young person choosing not to engage at the point of first contact or inappropriate referral. A number of those young people involved in incidents in high schools often fall into this category.

2. **Assessed and brief intervention** – Young person does not require structured care planned intervention but receive brief interventions. 40 individuals were in this category. A&E admissions and a proportion of self-referrals typically fall into this category.

3. **Assessed but drop out** – Young person does not commence treatment. In 2012/13, 23 referrals started the assessment process but then dropped out of the service.

4. **Assessed and receive care planned intervention**. 136 young people had a holistic assessment and started a care planned intervention in 2012/13.

In 2012/13, the vast majority (98%) of young people had a waiting time to their first intervention of less than 3 weeks, similar to the national average of 99%.

Of all young people in the service (n=172), cannabis and alcohol were the prominent substances that young people reported taking. 131 young people misused cannabis (76%) and 128 (74%) misused alcohol. The percentage of young people with cannabis misuse is lower in the St Helens area than the national average of 83%. However, alcohol misuse (74%) is higher in St Helens than the national average of 59%. This reflects hospital admission rates for alcohol which show St Helens has a rate twice that of the national.

5.5.9 **Interventions**

The most common intervention that young people received in 2012/13 was motivational interviewing (80%) whilst over half of all clients (54%) received cognitive behavioural therapy (CBT). These are both considerably higher than the national averages of 53% receiving motivational interviewing and 25% receiving CBT. Harm reduction interventions were also more common in St Helens than nationally (45% compared to 51%) as was family work (34% compared to 12%). There were no counselling interventions in St Helens in 2012/13 whilst 21% of young people received this intervention nationally. This is due to the fact that counselling services are not provided directly by YPDAAT but are sourced via other services, such as Changing Lives. Although a number of young people receive counselling via this route, they are not reportable via the national drugs treatment monitoring system (NDTMS).

The average length of time in the YPDAAT service for 2012/13 was 24 weeks. This is slightly longer than the national average of 22 weeks. A third (33%) of young people stayed in the service for 13-26 weeks, whilst 6% stayed for a year or longer.
5.5.10 Outcomes

In 2012/13, there were 95 discharges from the service. Out of these, 89 (94%) were planned, higher than the national average of 79% and an increase from 87% in 2011/12. Successful planned discharges are those young people who have completed the goals identified in their care plan and have made significant progress in terms of addressing their substance use – either by abstaining or reducing use and/or related harms. 88% of planned discharges were successful, the same as the national average and similar to the previous year of 90% (2011/12). The most common destination of people discharged from the service in 2012/13 was young people’s services (48%). A quarter of young people (25%) were referred back to their referrer, whilst there was no need for a referral for 20%.

Of the planned discharges, the following behaviour changes were reported:

Figure 17: Table of behaviour change before and after treatment (PHE data)

<table>
<thead>
<tr>
<th>Behaviour/risk change</th>
<th>Number of young people partaking in certain behaviours 2012/13</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes at start of treatment and exit</td>
</tr>
<tr>
<td>Unsafe drug use</td>
<td>8</td>
</tr>
<tr>
<td>Offending</td>
<td>1</td>
</tr>
<tr>
<td>Self-harm</td>
<td>4</td>
</tr>
<tr>
<td>Sexual Exploitation</td>
<td>0</td>
</tr>
<tr>
<td>Unsafe sex</td>
<td>2</td>
</tr>
<tr>
<td>TOTAL</td>
<td>15</td>
</tr>
</tbody>
</table>

Source: YP Assurance Report, 2014

Figure 17 shows that the majority of people who said yes to participating in risky behaviours at the start of the treatment process, had stopped by the time of discharge from the treatment. Very few (3) started risky behaviours during their time in treatment whilst the
vast majority of young people (127) did not participate in risky behaviours at the start or finish of treatment.

Unsafe drug use was the most common risky behaviour that young people participated in 2012/13 (43).

Treatment Outcome Profiles (TOP’s) are used for young people (aged 16 and above only) to measure distance travelled throughout the treatment journey. However in November 2013 this measure was discontinued nationally and replaced with the Young People’s Outcome Record (YPOR). Data is currently unavailable due to these recent changes.

5.5.11 Self-harm audit

Between January and March 2012, an audit was completed that looked into the mental health needs of young people who were current cases to YPDAAT (Bridgwater Community Health NHS Trust Safeguarding team, 2012). A sample of 61 clients identified various methods of self-harm behaviour including; previous overdose, cutting, excessive sexual exposure and exploitation, wanting to die, head banging, attempted hanging, failure to comply with insulin regime and antisocial behaviour. Excessive drug and alcohol was the most common form of self-harm identified in the audit with 58 young people.

In terms of individual factors that may have contributed to behaviours, breakdown in a relationship was the factor that appeared the most (41). Offending behaviour (28), substance misuse (22) and anxiety were all common factors that young people presented with.

Other factors that were mentioned in the audit were; abuse from a family member or significant other, learning difficulties/disability, communication difficulties, bereavement/loss, offending behaviour, Looked After Child, physical illness, depression, ADHD, attachment disorder, low mood, anger, escapism and adoption.

When looking at familial issues that may have contributed to behaviours, one or more of the following factors were identified; parental/family conflict (39), family breakdown (34), parental mental ill health (5), parental substance misuse (17) and domestic violence (23).

The audit highlighted that the needs of young people presenting with substance misuse issues are complex and interlinked with a number of external factors.
6. Stakeholder Consultation

Young people leaving the YPDAAT are asked to evaluate their experience of the services they have received. 116 young people were discharged during 2013-14 after receiving Tier 3 interventions. Of those young people who completed an exit evaluation (67), 100% stated that they were either satisfied or very satisfied with the service.

A service user questionnaire has been completed for the purpose of this needs assessment with a sample of current clients to ascertain their views of the service both before and after referral. 15 young people completed a questionnaire and the key themes were:

- Their initial expectations of the service were mainly negative however after entering the YPDAAT and meeting the staff they were all happy with the service received.
- All stated that they would recommend the service to a friend.
- When asked to describe the service in one word all comments were positive and included “helpful”, “excellent”, “good” etc.

Further stakeholder engagement is required to ascertain the views of young people in the service, their parents/carers and the general public. This will ensure the YPDAAT are meeting the needs and providing an adequate service for young people in St Helens.
7. Gaps

- Data showing the number of young people injecting substances in St Helens is unavailable therefore the need for needle and syringe services and preventative work is unknown. This is an issue both locally and nationally.
- A clear pathway for Mental Health provision is required.
- Provision is limited for additional health needs that the young people present with, in particular communication skills. This gap has already been identified and work is underway to resolve the issue.
- Provision for children of substance misuse parents/family members to build resilience, coping skills and address unmet need.
- Service user evaluation and feedback is limited.

8. Recommendations

- Further investigation is needed to understand the decrease in referrals from health services.
- More targeted prevention work is required e.g. targeting at risk young people, increasing education opportunities, assessing ways key messages are reaching young people and targeted programmes to prevent/delay the onset of use.
- Investigate the attitudes of parents of service users and service users themselves to identify their views towards substance misuse and the YPDAAT service.
- Ensure sixth forms are appropriately managing incidents.
- Identify appropriate means of learning and development opportunities for professionals and parents to understand the risks and implications of all substance use, focusing on addictive behaviours rather than individual substances
- Reduce the prevalence of young people accessing alcohol from parents/carers or other family members through education and awareness raising exercises
- To conduct a full service review of the Young People’s Drug and Alcohol Team
- Ensure schools and other education establishments are delivering high quality education suitable for the needs of their schools and communities and implement Alcohol and Drug Education and Prevention in Schools.

9. Conclusions

The current service provision largely meets the needs of the population although there are some areas of improvement that have been identified. In St Helens alcohol and substance misuse rates are decreasing although they are higher than the national average. There is still substantial work to be done to reduce alcohol and substance misuse in young people and to ensure that local need is understood for new drugs.