

Who, When and



Where

**A guide to screening and referring
young drug users
in Bradford**

This document has been written to assist workers to screen and refer young people to substance misuse services in the District.

The document was originally produced and written by Dianne Draper and has since been updated by Linda Peacock, Children and Young Person's Commissioner (Substance Misuse) in partnership with the following agencies:

Bridge Young People's and Family Service
Bradford's Child and Adolescent's Mental Health Service
Alcohol and Drugs Team, Services for Children and Young People

In addition to these agencies we would like to thank all other agencies that helped with the development of this document through the consultation questionnaire.

This document has been commissioned through the Young People's (Substance Misuse) Commissioning Group.

Any questions regarding this document can be made to:

Linda Peacock
Children and Young Person's Commissioner (Substance Misuse)
Olicana House
Chapel Street
Bradford
BD1 5RE

Or e-mail linda.peacock@bradford.gov.uk

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Guide to words used in this document



Advice	Brief consultation to provide someone with appropriate and correct information, and to give suggestions on how to act on the information.
Assessment	In depth 1:1 method of assessing levels of harm and consequences of use. Used to determine appropriate care management.
Central Referral Point	The Alcohol and Drugs Team can receive all referrals
Counselling	The principled use of a relationship to provide someone with the opportunity to work towards living a more satisfying and resourceful life.
Drug Service	Service staffed by drug and alcohol professionals. Usually offering a range of interventions including <u>advice</u> , <u>counselling</u> and <u>alternative prescribing</u> and other forms of treatment
Initial Assessment	Specialist <u>assessment</u> , requiring trained and experienced professionals. Situations include 1:1, telephone consultations. It can respond to an emergency situation (perfect for fast track <u>referral</u>) and aims to establish why the patient has presented, their use of drugs or alcohol, and immediate consequence of use. All to effect an appropriate referral.
Prescribing	The use of medicine to help a drug user to stabilise and reduce their drug use
Referral	Process of recommending a young person to attend a specialist agency (can be made by anyone)
Screening	Simple and short questionnaire – in order to establish if a problem exists
Substances	All psychotropic substances (alcohol, cannabis, anabolic steroids etc...) that are intentionally used to illicit a change in mood, feeling, and consciousness.
Substance Misuse	As above, but misused, e.g. medicines and dosage. Also the use of illegal substances. (Substance misuse is a neutral term which replaces others such as addiction and substance abuse.)
Treatment	An intervention that is designed to treat a problem.
Children and Young People	Anyone under the age of 19

To screen or to assess?



This document refers to **screening** as a semi structured discussion, the aim of which is to verify the **existence** of a problem¹.

Screening is:

- A standardised procedure
- Short and easy to complete, collaboratively with the young person
- Designed to highlight the **existence** of substance misuse

Questioning a young person about their drug use can be a difficult thing to broach; this screening tool has been produced to help guide the process.

Always remember **you** are the one who has the **skills and abilities** to communicate with children and young people on a one to one basis, it is your skills that will help you talk to the young person and help establish if they are experiencing difficulties.

In order to help create a safe environment remember the following, basic, concepts:

- Keep it safe, but never ensure total confidentiality²
- Be sensitive to the individual's culture, ethnicity, sexuality, gender and age
- Remember there are two people (at least) involved in this conversation and you will have your own thoughts and feelings about drug use which should be considered before approaching the subject, training could help with this.³

Finally, the following key issues apply:

- In-depth, specialised knowledge about substance misuse is **not** necessary
- Drug workers are there to help, and can always be phoned for advice
- Screening may throw up other issues, which can always be referred on
- Services can change, so try and keep abreast of things
- Always take into account what the child or young person wants

The Common Assessment Framework and Screening:

The CAF has been designed to help deliver frontline services that are integrated and focused around the needs of young people.

It is not intended that all young people are assessed with this tool; rather it can help practitioners assess young people with a range of needs that prevent them reaching their potential in relation to the 5 Every Child Matters Outcomes.

¹ Screening protocols does not mean a process of urine testing young people.

² See section on confidentiality (page 12)

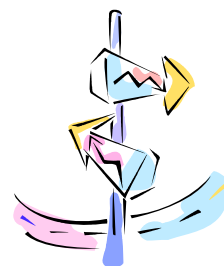
³ Call the Training Unit on 01274 432795

Substance misuse, along with any other specific behavioural and medical conditions, is not specifically mentioned in the tool. It is however expected that any issues young people may have will be discussed, as the tool leads the practitioner through aspects of their lives.⁴

Where substance use has been mentioned as part of a CAF it may be useful to refer to the Screening Tool in order to identify if a referral should be made. Where substance misuse has been raised as an issue or concern within the CAF tool a direct referral to the Young Persons Drug and Alcohol Service can be made without the need to complete the Screening Tool. The purpose of the Screening Tool within the context of a CAF is to give clarity.

Screening

Consider the answer to these questions carefully, if the answer is **yes**, to a few of them, then it may be useful to consider referring to YPDAS



1.	Have you ever taken -	Drugs	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
		Alcohol	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
		Tobacco	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2.	Are you still taking -	Drugs	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
		Alcohol	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
		Tobacco	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3.	Do your friends take drugs, alcohol or tobacco?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
4.	Are you worried that you are drinking, taking drugs or smoking too much?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
5.	Have you been in any trouble (i.e at school, work, or at home or in your neighbourhood) because you have been drinking or taking drugs?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
6.	Has a relative or friend been concerned about your drinking or drug taking or suggested that you cut down?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
7.	Have you in the last year failed to do what was normally expected of you because of drinking or drug taking?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
8.	Have you in the last year been unable to remember what has happened the night before because of drinking or drug taking?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	

⁴ Assessing young people for substance misuse, NTA, Feb 2007

Referral

Completing the referral form:

- a. **Anyone**⁵ can complete this form and fax it to the central referral point for the Districts Young Peoples Drug and Alcohol Service (see pages 13 and 14 below);
- b. Go through the referral form with the young person, and then complete together (or if the young person wants to, they can do it alone);
- c. Ethnicity should be as per Census 2001 categories:

White
British Irish Other White

Black or Black British
Black Caribbean Black African Other Black

Mixed
White and Black Caribbean White and Black African White and Asian Other Mixed

Chinese or Other Ethnic Group
Chinese Other Ethnic Group

Asian or Asian British
Indian Pakistani Bangladeshi Other Asian

- d. The signature of the young person is not essential, but is considered good practice, their comments on the referral could also be helpful;
- e. Explain the role of the service you are referring to, service information is available at the end of this document;
- f. Fax referral to the Young Peoples Drug & Alcohol Service (YPDAS) on: **01274 742584 or phone the agency directly 01274 436744**
- g. If feedback is required (attendance etc.) agree with agency and young person. Remember to write on referral form details of feedback required.

⁵ It is recommended before a member of staff faxes this form that they have followed their own agencies protocols regarding referral

An assessment date will be set within 5 working days.

Referral Form

Date of Referral _____

Young Person's details

Name _____

DOB _____ Age _____ Ethnicity _____

Address _____

_____ Post Code _____

Telephone _____ Mobile Phone _____

Which contact number should be used – mobile / home (delete as appropriate)

Any other agency involved? _____

Name of referrer _____

Referral agency _____

TEL _____

Feedback required (if any) _____

Signature of consent to referral by young person _____

Young Person's comments on referral

Are Parent/Carer aware of this referral? Yes No. if No, give details

Referral Details



Fax this form directly to: **Young Peoples Drug & Alcohol Service:**
01274 742584 OR Telephone **01274 436744**

Occasionally a child or young person will need to speak to someone in confidence, in these instances they can call FRANK, the Free National Helpline which offers confidential advice and information for young people about drugs (and the number doesn't show up on a phone bill):

FRANK 0800 77 66 00

They can also text 0800 917 8765

Or email frank@talktofrank.com.

Leaflets advertising the helpline can be ordered on line on:
www.talktofrank.com

Emergency Information

A young person may need immediate help; in these instances there are three options:

1. If a child is in immediate physical risk (such as serious intoxication) call **999** immediately and ask for an ambulance.
2. If the child is at risk of harm follow **child protection advice on page12**.
3. If you are highly concerned about a young person, it is possible to phone the services Monday –Thursday 9am – 5pm, Friday 9am-4.30pm to ask for an emergency appointment. In cases where a prompt response is essential it is unnecessary to fax a form, just call.

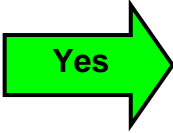


Accompanying a young person

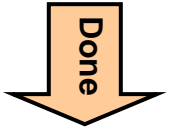
YPDAS will come to meet young people in any suitable place. Young people may also attend YPDAS by appointment. Some young people may need a little more assistance going to the new agency. If the young person would like you to go with them to the first appointment and this is possible you can always do this, just make sure you let the agency know.

Identification and Screening Flowchart

- Is the young person...**
- Suspected of drug or alcohol misuse?
 - Wanting information about drugs?
 - Involved in a drug related incident?
 - At additional risk of substance misuse?



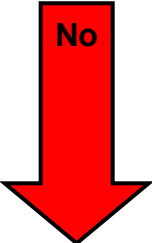
Raise the subject and if necessary ask young person to complete the screening form



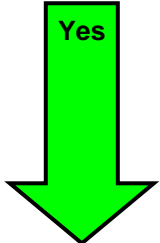
Is referral necessary?



No further action, at this time



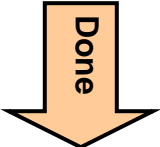
- Checklist (only need 1 tick)**
- Drug use is confirmed
 - Screening document has 2 or more ticks in yes box
 - High level of concern



- Checklist**
- Explained confidentiality policy and limits
 - Asked young person if parents can be informed
 - Determined if it is only information they need or treatment
 - Made referral by fax
 - Filed screening and referral form in confidential space

**No further action at this time
Keep screening form on file**

**Fax referral form to:
01274 742584
Or phone a referral direct to agency
01274 436744
Keep screening form on file**



Will the young person allow their parents to be involved at this stage?



Only break confidentiality if young person is at significant risk of harm



Inform them of referral

Roles and Responsibilities



Primary Care and General Practitioners

There are invaluable opportunities for active screening and triage of young people in primary care settings, including: casualty, family practice, school nurses etc. These opportunities may occur during routine health screening, for example when registering at a practice, as well as when young people are seen for treatment.

All paediatricians, general practitioners and nurses involved in the care of young people should familiarise themselves with the agreed care pathways and protocols. In addition to this they must have a working knowledge of:

- How to screen effectively and if necessary evaluate the nature and extent of misuse in order to make an appropriate referral
- Services available to young people, including treatment and other community resources
- Confidentiality issues
- Working with parents and carers



Universal Services' Workers

These workers can be professionals and volunteers engaged in the care or education of children and young people (teachers, nursery staff, out of school hour staff, child care). This sector covers the largest number of children and young people; as such concerns about a young person or child's behaviour, actions or health can be raised at any given time.

There is no expectation for universal workers to have any specialist drug or alcohol knowledge, therefore their individual role is a brief **but vital** one. However, workers are expected to be able to comply with the following course of action:

- Raise their concerns with a senior practitioner (e.g. in school the child protection co-ordinator or the PSHCE co-ordinator, in a play group the lead worker)
- If unsure contact a YPDAS for advice (contact details on page 14). Agencies can always remain anonymous at this stage in order to gain advice as to the best course of action
- Make a referral, when considered necessary



Any person working with vulnerable young people

These workers include: Youth Workers, Social Workers, Connexion Personal Advisors, Residential Practitioners, YOT staff, Learning Mentors etc... Workers will be engaged in targeted work and it is more likely for them to come in contact with young people who are engaged in some form of substance misuse. Therefore the

levels of knowledge and expectation of action is greater than with the universal workers, for example it is likely that they will have experience of working with young people who misuse substances or have completed a training course about drugs and alcohol.

Therefore it is expected that workers will feel confident to:

- Discuss drugs and drug use with young people
- Screen and refer young people to appropriate drug agencies
- Engage in multi-agency care planning where necessary.

Additional Support

Although there is an expectation for workers to provide the above services there is a recognition that not all staff will feel confident enough to engage with young people about substance misuse. In order to support workers additional training will accompany this document, please phone Training Unit on 01274 432795 for information.



A Child's Consent to Treatment⁶.

The Department of Health (2001) guidelines clearly define where consent is required:

“consent (to treatment) is **not** required for advice and information relating to substances and their use, as this is not treatment. Consent is required for treatment, which includes counselling or other psychological intervention, physical interventions including the provision of medication.”

Advice and referral to an appropriate agency **does not** require consideration of consent to treatment – this will occur at initial assessment stage. However it is good practice to obtain the young person's consent to the referral, this is covered by the young person's signature on the referral. If the young person would like to make comments about the referral there is also space on the form.



Involving Parents and Carers⁷

All young people should also be encouraged to discuss their substance use with their parents and carers.

Those who refuse to inform their parent or carer may, with help, do so at a later stage. Parents and carers have a valuable role in supporting the young person. However, not all parents will be able to support their child, their initial reaction may be worry and/or anger and they may not feel they know enough about drugs and alcohol themselves. Services need to consider the support and education needs of parents and carers with regards to substance use.

⁶ Shield JPH, Baum JD. Children's consent to treatment. *BMJ* 1994; 308:1182-83.

⁷ Briton, Noor. *First steps in identifying young people's substance related needs*, Home Office 2003

With regards to substance interventions for children and young people, services can provide advice and information about drugs and alcohol to children and young people without the consent of a parent.

Confidentiality⁴

Services should be clear that they cannot offer guarantees of confidentiality, as disclosure may be necessary to protect children from harm.

Professionals may need to share information with parents and colleagues, to create a co-ordinated, holistic package of care to meet the best interests of young clients.

Professionals must be willing to exchange relevant information only on 'need to know' basis. It is good practice to inform the young person prior to any confidentiality breach and if possible gain their consent to do so.

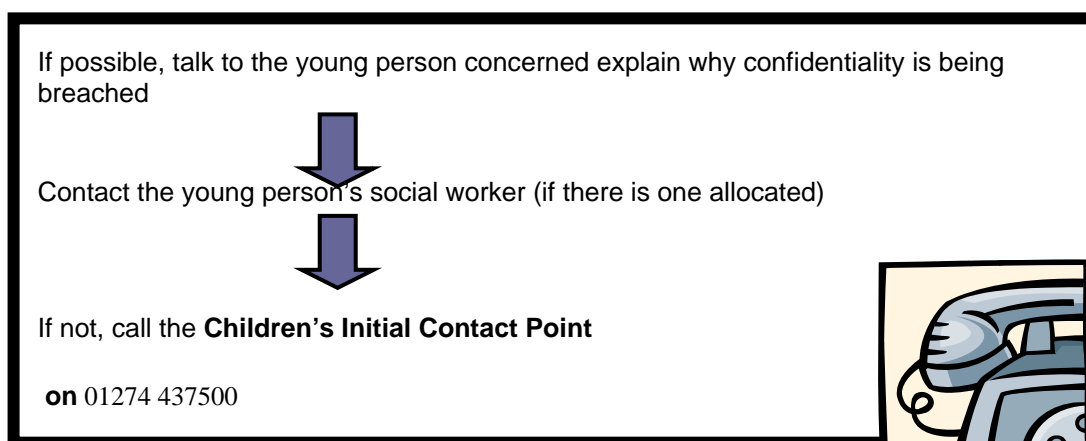
Confidentiality should not be breached for example to report a crime, where it is in the best interest of the child to ensure needs are met to stop further crimes being committed.

Child Protection Concerns



If you are concerned about a young person's drug use and believe that it falls into the descriptions below, then you may need to make a child protection referral. If you need more guidance, phone the social worker attached (if there is one), call YPDAS or seek the advice of the Children's Initial Contact Point 01274 437500

- The age and stage of development of the child and young person is such that any level of substance use constitutes significant harm.
- The degree of seriousness of drug misuse
- Whether harm or risk is continuing or increasing
- The setting in which the drug or alcohol use takes place.



⁷ Briton, Noor. *First steps in identifying young people's substance related needs*, Home Office 2003

THE YOUNG PEOPLES DRUG AND ALCOHOL SERVICE (YPDAS) is a multi disciplinary team comprised of 16 staff from 3 agencies;

- Bradford Metropolitan Council, Department of Services to Children and Young People, Alcohol and Drugs Team
- Bridge Young Person and Family Service; a Voluntary sector Drugs Agency
- Bradford District Care Trust, Child and Adolescent Mental Health Service

This team is commissioned by the Districts Children and Young Peoples Strategic Partnership to deliver alcohol and drug interventions; education, harm reduction and treatment, to vulnerable young people across Bradford Metropolitan District.

The Team is located at;

The Mayfield Centre
Broadway Ave
Bradford
BD5 9NP

Tel 01274 436744
FREEPHONE (LANDLINE ONLY) 0800 073 0721
Fax 01274 742584
E-mail ad.team@bradford.gov.uk.

YPDAS is an outreach service which seeks to meet with young people under 19 years of age in their own homes, neighbourhoods or other youth and community settings. All referrals receive a first appointment within 5 working days of referral with urgent cases being seen within 24 hrs. A Duty System operates to enable Referrers to discuss cases. They work with individuals and groups, including parents and carers, to promote safety and health and will do what they can to ensure that young people get all the services that they require. Health personnel from The Child and Adolescent Mental Health Service are an integral part of the team and are able to respond quickly to treat those young people that require specialist substitute prescribing or other medical intervention

The service incorporates:

- Central Referral Point
- Outreach Workers
- Specialist Alcohol Worker
- Young People's Arrest Referral Workers
- Drug Prevention and Education Team
- Nurse Specialist
- Consultant Child and Adolescent Psychiatrist

YPDAS DELIVERS;

- TARGETTED SUPPORT IN THE FORM OF STRUCTURED AND SEMI-STRUCTURED ALCOHOL AND DRUGS EDUCATION; ITS DRUG PREVENTION WORKERS ARE HIGHLY SKILLED INFORMAL EDUCATORS WITH A PROVEN TRACK RECORD OF ENGAGING VULNERABLE YOUNG PEOPLE IN CONSTRUCTIVE AND INFORMATIVE ACTIVITY

- PROACTIVE PRACTICAL ADVOCACY AND SUPPORT FOR INDIVIDUALS

- INDIVIDUAL PSYCHO-SOCIAL SUPPORT

- PSYCHOTHERAPY

- ALTERNATIVE THERAPIES

- FAMILY INTERVENTIONS

- SPECIALIST COMMUNITY BASED MEDICAL INTERVENTIONS INCLUDING PRESCRIBING AND NEEDLE EXCHANGE