1. Introduction

1.1 Substance Misuse services for children, young people and their families in Newham are commissioned by the Joint Commissioning Group (JCG) which reports to the Newham Drug Action Team (NDAT). The multi-agency NDAT is responsible for strategic planning and overseeing the delivery of Adult Treatment Plans and Young Peoples Treatment Plans for Newham, and for monitoring and reporting performance to the Central Government.

1.2 All relevant key agencies in Newham are represented on the DAT, including LBN Social Services and Education, Newham Primary Care Trust, East London and the City Mental Health Trust, the Metropolitan Police, the Probation Service, and several major independent sector providers.

2. Scope and Aims of Specification

2.1 Substance misuse services for young people in Newham follow the four tier system outlined in the HAS (1996, 2001)\(^1\) and include all drugs including medicines, volatile substances, alcohol, tobacco and illegal drugs.

2.2 This specification covers the delivery of education, information and training services at Tiers 1 and 2 with the aim of increasing capacity to address substance use and misuse within generic services.

2.3 Tiers 1 and 2 include primary and secondary schools, pupil referral units, special schools, education welfare services, youth services, Connexions, care homes and foster carers, voluntary sector services, Youth Offending Teams, GPs and primary health care teams, A&E services, social services including care leavers services, behavioural support services and behavioural improvement programmes, services for those at risk of teenage pregnancy and services that advise and support families and carers including teenage parents.

2.4 It aims to increase the capacity of Tiers 1 and 2 staff and services to

- provide effective substance misuse education and targeted harm prevention;
- identify and address the information needs of children, young people and their families in relation to substance misuse;
- undertake screening and initial assessments, develop and implement care management plans and make referrals to relevant services as appropriate;

\(^1\) Health Advisory Service, Children and young people: substance misuse services: The substance of young need
- develop and implement drug policy in partnership with young people, parents and carers, teaching and non-teaching staff, partnership agencies and the local community.

2.5 The Service will also raise the profile of young people’s substance misuse services and systems amongst service providers via a telephone contact and reference point.

2.6 It is expected that the need for direct delivery of drug education and prevention will reduce as the capacity of Tier 1 and 2 services to carry out this role and function increases.

2.7 Direct delivery of services such as drug education, targeted prevention and policy development should aim to enhance the capacity of Tier 1 and 2 staff to deliver services. NSMEITS will work in partnership with DAT staff to develop schedules, protocols, procedures and staff roles in order to ensure this.

2.8 NSMEITS will undertake a process of accrediting training through the Open University or other training provider as agreed and retaining and updating accreditation as required by the NDAT.

3. Strategic Framework

3.1 Substance Misuse services for children and young people must be delivered within a national and local strategic framework that encompasses the National Drug Strategy\(^2\), the Green Paper Every Child Matters\(^3\), and a range of local visions and plans including the Young People Substance Misuse Plan\(^4\), Newham Local Preventative Strategy for Children and Young People at Risk of Social Exclusion (in draft), Interagency Childrens Services Plan, Newham Teenage Pregnancy Strategy, Newham Youth Crime Prevention Strategy, Youth Justice Plan, and the Community Safety Strategy.

3.2 One of the key elements of the National Drug Strategy is preventing young people from becoming tomorrow’s problematic drug users. This calls for credible and realistic drug education and information for children, young people and families; well integrated and accessible prevention and early intervention services; better partnerships between agencies to work together to identify and solve the problems; and better support for parents, carers and families.

3.3 National Key Performance Indicators are:

- The number of schools assessed as Level 3 against the National Healthy Schools Standards.
- The number of vulnerable young people receiving targeted drug education as a percentage of all vulnerable young people
- The number of young people receiving early intervention and treatment as a percentage of all young people

3.4 All services must target children who live in families where adults regularly misuse drugs.

4. Local Needs

4.1 Newham DAT completed a Needs Assessment and its first Young Peoples Substance Misuse Plan in 2000. The plan has been revised on a yearly basis and

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\(^2\) Updated Drug Strategy (Home Office 2002)
\(^3\) Every Child Matters (DfES 2003)
\(^4\) 2004 Young Peoples Substance Misuse Plan under development
is currently under development for 2004. The need for a longer term Young Peoples Substance Misuse Strategy to inform yearly plans has also been identified.

4.2 Newham has a younger age profile compared with the UK. In London, Newham has the youngest population, with just under 41% of the population under the age of 25.

4.3 The borough also has a very ethnically diverse community, with 61% of the population drawn from non-White ethnic groups. There are over 110 different languages spoken in our schools. By 2011 it is estimated that 72% of children and young people in Newham aged 0 – 19 years will be from ethnic minority groups.

4.4 Although Newham has recently improved its position in relation to deprivation indices, the borough still remains one of the most deprived in the country, with 12 of its wards in the top 10% for deprivation.

4.5 There are estimated to be higher than average levels of drugs misuse in Newham compared to other Outer London boroughs, with the majority of regular drug users likely to be aged between 15 and 29. Recent research has suggested that by the age of 16, nearly half of all young people have taken drugs at some point in their lives, and the average age of first use is becoming younger.

5. Partnership Approach

5.1 NSMEITS will be guided by a Local Steering Group from commencement for at least the first 18 months of the contract. The Steering Group will be agreed with the DAT and will be made up of representatives from relevant services with membership from each of the local areas and the DAT. A Chair and Vice Chair will be elected and will report to the DAT. A terms of the reference will be developed during the first three months of service provision. The role of the group will be to guide development of the service by ensuring that plans are consistent with local developments and strategic plans and supporting links to existing services and training programmes.

5.2 Classes, sessions and training sessions will be developed in consultation with the NDAT, Newham Healthy Schools Steering Group, Schools Drugs Adviser, Substance Misuse Specific staff and relevant training providers within Newham and will be ratified by these bodies before accreditation and delivery.

5.3 Development of classes, sessions and training sessions will be informed by consultations with children, young people, parents and carers and relevant professionals.

5.4 Programming of drug education, targeted prevention and training will be agreed with the NDAT, Newham Healthy Schools Steering Group and Schools Drugs Adviser.

5.5 As lessons, sessions and training sessions will be delivered in Newham from within Tier 1 and 2 services or other premises as required, it is not necessary for the provider to be based in Newham.

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5 Focus on Newham (LBN 2003-04)
7 People who misuse drugs or alcohol in Newham (G. Darcy SSD Research Needs Report 2003-04)
8 Young People and Drugs: Policy Guidance for Drug Interventions (SCODA 1999)
5.6 Some provision of services outside normal hours including some weekend provision will be necessary in order to meet the needs of children, young people, parents, carers and Tier 1 and 2.

6. Principles of Service Delivery

The service provider must plan and deliver the services specified here in accordance with a set of common principles. Many of these have been drawn from Young People and Drugs: Policy Guidance for Drug Interventions (published in 1999 by the Standing Conference on Drug Abuse and endorsed by the then-government-appointed United Kingdom Anti Drugs Coordinator).

6.1 The service must be compatible with relevant national and local strategies and initiatives (see 3.1 – 3.3 above)

6.2 Drug education delivery at Tier 1 and 2 must be consistent with DfES Drugs: Guidance for Schools, NHSS Standard for Drug Education and QCA Drug, Alcohol and Tobacco Education.

6.3 A partnership based approach is a key principle for service delivery in Newham, and is crucial to achieving the aims and objectives of this service.

6.4 A child or young person is not an adult and services must be delivered in such a way that recognises this difference.

6.5 The overall welfare of the individual child or young person is of paramount importance and services must be child centred.

6.6 The views of the young person are of central importance and should always be sought and considered, and service developments should also include consultation with parents and carers.

6.7 Services need to respect parental responsibility when working with a young person and all training must ensure this is recognised.

6.8 Services should recognise and co-operate with the local authority in carrying out its responsibilities towards children and young people.

6.9 A holistic approach is vital at all levels, as young people’s needs do not respect professional boundaries and a comprehensive range of services needs to be provided.

6.10 Services must be competent and should aim to draw on and disseminate good practice within Newham and outside.

6.11 Training and service provision must be consistent with child protection measures developed by the Area Child Protection Committee.

6.12 The service must pro-actively address the needs of young people from black and minority ethnic communities and their families and services must be equitably delivered across Newham.

7. Services to be provided

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9 (Published in 1999 by the Standing Conference on Drug Abuse and endorsed by the then-government-appointed United Kingdom Anti Drugs Coordinator).

10 DfES February 2004

11 HDA 2003

12 QCA 2003

13 May become Local Safeguarding Childrens Boards (Green Paper: Every Child Matters)
7.1 The education, information and training services will be targeted at all Tier 1 and 2 services (see 2.3 above) that are in contact with children and young people aged 5 – 25 years who live or attend school or receive other services in Newham. There will be a specific focus on young people aged 12 – 19 years.

7.2 The development and implementation of training packages will be informed by the Newham Training Needs Analysis which is currently being commissioned. Broad outlines of anticipated training programmes are included as Appendix C according to the sequence outlined in Appendix D.

7.3 Classes, sessions and training sessions will be developed in consultation with children, young people, parents and carers, NDAT, Newham Healthy Schools Steering Group, Teenage Pregnancy Coordinator, Schools Drugs Adviser, Substance Misuse Specific staff and relevant local training providers and will be ratified before these bodies before accreditation and delivery. Broad outlines of anticipated training programmes are included as appendices.

7.4 Training sessions will be marketed and delivered within existing training calendars wherever possible with a range of day and evening sessions at venues within Newham. Other options for skills development will be offered including shared delivery lessons and sessions.

7.5 NSMEITS will undertake to accredit all components of the training programme developed through the Open University and will be required to maintain the accreditation process through the period of the contract.

**Tier 1**

7.6 At this level of provision, it is the role of Tier 1 services to
- provide effective drug education, information and advice to all children, young people, parents and carers
- recognise and respond to the substance misuse-related needs of children, young people, parents and carers
- develop and implement drugs policy in partnership with all relevant stakeholders

7.7 The components of service at this level will cover:
- Appropriate drug education for children and young people,
- Appropriate drug education and for parents and carers
- Facilitating involvement of parents and carers in drug policy development
- Appropriate training for Newham Statutory and School Staff to enable them to carry out Tier 1 substance misuse functions to include:
  - Basic Drugs Awareness
  - Drug Education Delivery
  - Policy Development Using a Partnership Approach

**Tier 2**

7.8 At this level of provision, services are working to address substance misuse-related needs of vulnerable young people and those currently using drugs. Tier 2 services aim to reduce risk factors and increase protective factors for social exclusion and a range of problem behaviours. It is the role of Tier 2 services to
- deliver targeted prevention for children, young people, parents and carers
• carry out initial assessments, develop and implement care plans and undertake key working as necessary
• develop and implement drugs policy in partnership with all relevant stakeholders

7.9 The components of service at this level will cover:
• Targeted prevention for children and young people identified as vulnerable. This should be delivered as part of a holistic programme addressing the needs of children and young people and delivered in close partnership with the agencies providing the primary services. A range of creative approaches may be necessary to address barriers to learning and engagement. Targeted prevention should acknowledge current use and takes a harm reduction approach. It aims to increase knowledge and skills, and to challenge attitudes in relation to drug use and enable young people to minimise harm in relation to drug use. It should increase understanding of the links between drug use and other social issues including sexual health and relationships, and raise awareness of alternative coping methods and sources of help and support.
• Targeted prevention for parents and carers
• Facilitating involvement of parents and carers in drug policy development
• Appropriate training for Newham Statutory and School Staff to enable them to carry out Tier 2 substance misuse functions to include:
  ➢ Young People and Substance Misuse
  ➢ Basic Screening and Assessment
  ➢ Initial Assessment and Case Planning
  ➢ Policy Development Using a Partnership Approach

Across Tier 1 and Tier 2

7.10 Contact and Reference Point
• There is a need to raise the profile of the Young Peoples Substance Misuse Integrated Service System and increase the awareness of statutory and voluntary staff in Newham of the system itself, training and support services available and substance misuse services for children, young people, parents and carers.

7.11 The components of service at this level will cover:
• A telephone information service providing information on how staff can access training, additional support re case management and local referral points. This is primarily an information service and should not have a clinical or treatment remit, this function will be provided by other Newham services.
• Short document or brochure outlining the training available and referral points within the Young Peoples Substance Misuse Integrated Service System.

8. Objectives and Outcomes

8.1 The objectives and outcomes sought are:

8.1.1 Improve the quality and increase the quantity of Tier 1 and Tier 2 drug education for children and young people
8.1.2 Improve the quality and increase the quantity of Tier 1 and Tier 2 education and support for parents and carers
8.1.3 Increase the numbers of staff and professionals at Tier 1 and 2 able to deliver drug education, targeted harm prevention, information and support for children and young people, parents and carers
8.1.4 Increase the numbers of staff and professionals at Tier 1 who are able to identify and screen for substance misuse and make appropriate referrals at both Tiers 1 and 2
8.1.5 Increase the numbers of staff and professionals at Tier 2 who are able to complete initial assessments, and undertake care planning and reviews and refer to appropriate Tier 3 and 4 specialist agencies and services
8.1.6 Increase the capacity of children and young people, parents and carers, staff and professionals, agencies and the local community to participate in developing and reviewing local drugs policy including schools and services, housing and community forums.
8.1.7 Increase awareness of frameworks and structures and services available at each tier.

9. Staffing

9.1 All NSMEITS staff working with young people will be subject to Criminal Records Bureau Checks.

9.2 The Service Provider must maintain and keep information on individual staff which should include personal details; recruitment and induction details; training details including frequency; supervision and appraisal details; Criminal Records Bureau Check; copies of certification and references.

9.3 All NSMEITS staff delivering drug education, prevention and training should possess skills and qualifications to make them credible and able to engage with the target group and should be qualified or working towards OCN 2&3 or NVQ 2&3 at minimum.

10. Performance Framework

10.1 Contract Arrangements

10.1.1 The specification will be delivered through a contract managed by an Authorised Officer, appointed by the London Borough of Newham Social Services, on behalf of the DAT partnership.

10.1.2 Service delivery requirements are outlined in Appendix A.

10.1.3 The effectiveness of the service will be measured through quarterly contract monitoring meetings.

10.1.4 Observations of drug education and prevention and training sessions and reviews of other processes may also be undertaken
10.1.5 Contract Monitoring requirements are outlined in Appendix B and includes finance, activity, staff issues and outcomes.

10.2 Service Development

10.2.1 In view of the need to progress from the direct delivery of drug education and targeted prevention to the training of professionals, the service will be evaluated annually and the performance targets reviewed according to service delivery over the previous twelve months.

10.2.2 Service quality will also be monitored including complaints and service user satisfaction, and required improvements will be added to the contract in the form of an annual Development Plan

10.3 Defaults in Performance

10.3.1 The Authorised Officer will always attempt to resolve any concerns about the service, with the service provider, in a constructive way that ensures service continuity and development.

10.3.2 However, where these concerns cannot be resolved in this way the Authorised Officer may serve the provider with an Improvement Notice, followed by a Default Notice if the provider fails to take corrective action within three months. The contract may be terminated – in its entirety or in part – if more than four Default Notices are served within a twelve month period, or ten during the term of the contract.

10.3.3 The full procedure for addressing Defaults in Performance, and termination of the contract, is set out in the Conditions of Contract
TABLE 1. SERVICE ACTIVITY AND MINIMUM STANDARDS BY OBJECTIVES

Service activity is described as activity per quarter. It is recognised that much activity is centred around schools and that provision may be less during holiday periods. However, it is expected that full year equivalents of quarterly targets are met across the year.

<table>
<thead>
<tr>
<th>TARGET GROUP</th>
<th>SERVICE ACTIVITY</th>
<th>OBJECTIVE</th>
<th>MINIMUM STANDARDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHILDREN AND YOUNG PEOPLE</td>
<td>Drug Education Tier 1</td>
<td>8.1.1 8.1.6</td>
<td>i. Drug education classes will be consistent with DfES Guidance, QCA Guidance, Newham National Healthy Schools Standards, NHSS Guidance for Drug Education; Newham Young Peoples Substance Misuse Plan and will take a harm reduction approach. A class teacher or relevant professional will be present for 100% of drug education classes.</td>
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<tr>
<td>Drug Education Tier 1</td>
<td>i. 45 drug education classes (groups of 25-50 for 50 minutes) within Newham Secondary Schools per quarter.</td>
<td>8.1.1 8.1.6</td>
<td>ii. Drug education classes should be developmentally appropriate and interactive and use a variety of teaching methods and be based on current theoretical models and research such as Home Office Blueprint Project.</td>
</tr>
<tr>
<td>Drug Education Tier 1</td>
<td>ii. 16 drug education classes (groups of 25-50 for 50 minutes) within Newham Primary Schools per quarter.</td>
<td>8.1.1 8.1.6</td>
<td>iii. Drug education classes should be informed by young people's current knowledge, skills and understanding of drug issues, awareness of the services drug policy and the ongoing input of young people into content and delivery.</td>
</tr>
<tr>
<td>Drug Education Tier 1</td>
<td>iii. 16 drug education sessions (groups of 3-25 for 90 minutes) within Youth Services, Connexions, Positive Futures, other voluntary sector services and community groups.</td>
<td>8.1.1 8.1.6</td>
<td>iv. NSMEITS will comply with the National Healthy Schools Protocol and Planning Procedures and ways of working with schools and other services.</td>
</tr>
<tr>
<td>Drug Education Tier 1</td>
<td>iv. Drug education classes will be delivered in one year groups of all primary school and in two year groups in all secondary school. Year groups to be agreed.</td>
<td>8.1.1 8.1.6</td>
<td>v. Drug education classes and workshops will be delivered by staff trained to OCN 2&amp;3 or NVQ 2&amp;3 at minimum.</td>
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<tr>
<td>Drug Education Tier 1</td>
<td>Programming to be determined by DAT and will be informed by Local Mapping.</td>
<td>8.1.1 8.1.6</td>
<td>vi. 25% of drug education classes will be evaluated in order to assess changes in knowledge, skill and attitudes.</td>
</tr>
<tr>
<td>CHILDREN AND YOUNG PEOPLE</td>
<td>8.1.1</td>
<td>8.1.6</td>
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<tr>
<td>Targeted Harm prevention Tier 2</td>
<td>i. 15 targeted harm prevention sessions (groups of 3-24 for 90 minutes) of which 6 are delivered to YOT clients, the remainder for Looked After Children, Excluded Young People and other vulnerable young people per quarter.</td>
<td>i. Targeted harm prevention sessions will be consistent with Scottish Executive Getting Our Priorities Right, Home Office Responding to the Needs of Children of Problem Drug Users; Drugscope Taking Care with Drugs and Youth Justice Board key Elements of Effective Practice Substance Misuse; Newham Improving the Health of Looked After Children and will follow a harm reduction approach.</td>
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<td></td>
<td>ii. A relevant professional will be present for 100% of targeted harm prevention sessions.</td>
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<td></td>
<td>iii. Targeted harm prevention sessions should be developmentally appropriate and interactive and use a variety of teaching methods and be based on current theoretical models and research.</td>
<td>iii.</td>
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<td></td>
<td>iv. Targeted harm prevention sessions should be informed by young people's current knowledge, skills and understanding of drug issues, awareness of the services drug policy and the ongoing input of young people into content and delivery.</td>
<td>iv.</td>
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<td></td>
<td>v. Targeted harm prevention sessions should be developed and delivered as part of existing programmes for target groups in the context of young people's broader social and emotional needs.</td>
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<td>vi. Targeted Harm Prevention Sessions will be delivered by staff trained to OCN 2&amp;3 or NVQ 2&amp;3 at minimum.</td>
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<td></td>
<td>vii. 25% of targeted prevention sessions will be evaluated in order to assess changes in knowledge, skill and attitudes.</td>
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<tr>
<td>TARGET GROUP</td>
<td>SERVICE ACTIVITY</td>
<td>OBJECTIVE</td>
<td>MINIMUM STANDARDS</td>
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<td>PARENTS</td>
<td></td>
<td>8.1.2</td>
<td>i. Parent Consultation sessions will be consistent with DfES Guidance, Newham National Healthy Schools Standards, NHSS Guidance for Drug Education; Newham Young Peoples Substance Misuse Plan.</td>
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<td></td>
<td>8.1.6</td>
<td>ii. A relevant professional will be present for 100% of parent consultation sessions.</td>
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<td>iii. NSMEITS will comply with the National Healthy Schools Protocol and Planning Procedures and ways of working with schools and other services.</td>
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<td>iv. Parent consultation sessions will be delivered by staff trained to OCN 2&amp;3 or NVQ 2&amp;3 at minimum.</td>
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<td>v. Parent consultation sessions should be developed and delivered as part of existing programmes for target groups.</td>
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<td></td>
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<td></td>
<td>vi. 25% of parent consultation sessions will be evaluated in order to assess effectiveness.</td>
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<tr>
<td>Facilitate Parent Consultation Sessions Tier 1</td>
<td>i. To facilitate 20 Parents Consultation sessions (groups of 3-24 for 90 minutes) in Tier 1 and Tier 2 Services per quarter.</td>
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<tr>
<td>Parental Targeted Harm Prevention Tier 2</td>
<td>i. To deliver 20 parental targeted harm prevention sessions (groups of 3-24 for 90 minutes) as part of existing parenting and foster carer programmes</td>
<td>8.1.2</td>
<td>i. Parental targeted harm prevention sessions will be consistent with Scottish Executive Getting Our Priorities Right, Home Office Responding to the Needs of Children of Problem Drug Users; Drugscope Taking Care with Drugs, Youth Justice Board key Elements of Effective Practice Substance Misuse, Newham Improving the Health of Looked After Children and will follow a harm reduction approach.</td>
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<td></td>
<td>8.1.6</td>
<td>ii. A relevant professional will be present for 100% of parental targeted prevention sessions.</td>
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<td>iii. Targeted Harm Prevention Sessions will be delivered by staff trained to OCN 2&amp;3 or NVQ 2&amp;3 at minimum.</td>
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<td>iv. Targeted Harm Prevention Sessions should be developed and delivered as part of existing programmes for target groups.</td>
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<td>v. 25% of Parental targeted harm prevention sessions will be evaluated in order to assess changes in knowledge, skill and attitudes.</td>
</tr>
<tr>
<td>TARGET GROUP</td>
<td>SERVICE ACTIVITY</td>
<td>OBJECTIVES</td>
<td>MINIMUM STANDARDS</td>
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<tr>
<td>NEWHAM STATUTORY AND SCHOOL STAFF</td>
<td>Basic Drugs Awareness Tier 1</td>
<td>i. To deliver 5 training sessions (groups of 10-20 for 1 day or equivalent) per quarter.</td>
<td>8.1.1-8.1.7</td>
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<tr>
<td></td>
<td>Drug Education Delivery Tier 1</td>
<td>i. To deliver 1 training sessions (groups of 10-20 for 1 day or equivalent) per quarter.</td>
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<td>ii. To deliver 5 shared delivery classes (team teaching with teacher or other relevant professional) per quarter</td>
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<td></td>
<td>Targeted Prevention Delivery Tier 2</td>
<td>i. To deliver 1 training sessions (groups of 10-20 for 1 day or equivalent) per quarter.</td>
<td>8.1.3</td>
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<td></td>
<td>ii. To deliver 5 shared delivery classes (team teaching with teacher or other relevant professional) per quarter</td>
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<td></td>
<td>Young People and Substance Misuse Tier 2</td>
<td>i. To deliver 1 training sessions (groups of 10-20 for 1 day or equivalent) per quarter.</td>
<td>8.1.5</td>
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<td>v. 100% of training sessions will be evaluated in order to gain participant feedback and assess changes in knowledge, skill and attitudes.</td>
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<td>Basic Screening and Referral Tier 2</td>
<td>i. To deliver 1 training sessions (groups of 10-20 for 1 day or equivalent) per quarter.</td>
<td>8.1.4</td>
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<td></td>
<td>Initial Assessment, Care Planning and Multi-agency Working Tier 2</td>
<td>i. To deliver 1 training sessions (groups of 10-20 for 1 day or equivalent) per quarter.</td>
<td>8.1.5</td>
</tr>
<tr>
<td></td>
<td>Policy Development Using a Partnership Approach Tiers 1 and 2</td>
<td>i. To deliver 5 training sessions (groups of 10-20 for 1 day or equivalent) per quarter.</td>
<td>8.1.6</td>
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<td>CONTACT AND REFERENCE POINT</td>
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</tbody>
</table>
| Telephone Service           | i. 10 drug information and advice contacts from service providers per quarter. | 8.1.7 | i. Information about service systems will need to be consistent with Newham DAT minimum standards and any information to developed will be ratified by the DAT prior to distribution.  
ii. Standard queries should be answered within 48 hours.  
iii. Urgent queries should be answered within 24 hours.  
   ii. Brochure to be developed annually. |
### TABLE 2: QUARTERLY MONITORING REQUIREMENTS BY OBJECTIVES AND OUTCOMES

<table>
<thead>
<tr>
<th>SERVICE AND TARGET GROUP</th>
<th>OBJECTIVE</th>
<th>QUARTERLY REPORTING</th>
</tr>
</thead>
</table>
| **CHILDREN AND YOUNG PEOPLE** | 8.1.1 | i. Total number of drug education lessons by venue or service, year group and number of participants  
ii. Total number of young people attending drug education lessons by venue or service; number of lessons attended; age; gender and ethnicity. |
| Drug Education Tier 1 | 8.1.1 | i. Total number of targeted harm prevention sessions by venue or service, year group and number of participants.  
ii. Total number of young people attending targeted harm prevention sessions by venue or service (categories of YOT, LAC, PRU to be included); number of sessions attended; age; gender and ethnicity. |
| Targeted Harm prevention Tier 2 | 8.1.1 | i. Total number of Parent Consultation sessions by venue or service number of participants.  
ii. Total number of parents/ carers attending Parent Consultation sessions by venue or service; number of sessions; age; gender and ethnicity. |
| **PARENTS** | 8.1.2 | i. Total number of Parent Consultation sessions by venue or service number of participants.  
ii. Total number of parents/ carers attending Parent Consultation sessions by venue or service; number of sessions; age; gender and ethnicity. |
| Facilitating Involvement in Policy Development Tier 1 | 8.1.2 | i. Total number of Parent Consultation sessions by venue or service number of participants.  
ii. Total number of parents/ carers attending Parent Consultation sessions by venue or service; number of sessions; age; gender and ethnicity. |
| Parental Targeted Harm Prevention Tier 2 | 8.1.2 | i. Total number of Parental Targeted Harm Prevention sessions by venue or service number of participants.  
ii. Total number of parents/ carers attending Parental Targeted Harm Prevention sessions by venue or service; number of sessions; age; gender and ethnicity. |
| **NEWHAM STATUTORY AND SCHOOL STAFF** | 8.1.1-8.1.7 | i. Total number of Drugs Awareness sessions by venue or service number of participants.  
ii. Total number of staff attending Drugs Awareness sessions by venue or service; number of sessions; age; gender and ethnicity. |
| Basic Drugs Awareness Tier 1 and Tier 2 | 8.1.1 | i. Total number of Drug Education Delivery sessions by venue or service number of participants.  
ii. Total number of staff attending Drug Education Delivery sessions by venue or service; number of sessions; age; gender and ethnicity. |
| Drug Education Delivery Tier 1 | 8.1.3 | i. Total number of Targeted Prevention Delivery sessions by venue or service number of participants.  
ii. Total number of staff attending Targeted Prevention Delivery sessions by venue or service; number of sessions; age; gender and ethnicity. |
| Targeted Prevention Delivery Tier 2 | 8.1.3 | i. Total number of Substance Misuse and Vulnerable Young People sessions by venue or service number of participants.  
ii. Total number of staff attending Substance Misuse and Vulnerable Young People sessions by venue or service; number of sessions; age; gender and ethnicity. |
| Basic Screening and Referral Tier 2 | 8.1.4 | i. Total number of Screening and Basic Screening and Referral sessions by venue or service; number of participants.  
ii. Total number of staff attending Basic Screening and Referral sessions by venue or service; number of sessions; age; gender and ethnicity. |
### Table 2: Quarterly Requirements by Objectives and Outcomes Continued

<table>
<thead>
<tr>
<th>Topic</th>
<th>Details</th>
</tr>
</thead>
</table>
| **Initial Assessment, Care Planning and Multi-agency Working** | 8.1.5  
  i. Total number of Initial Assessment, Care Planning and Case Management sessions by venue or service number of participants.  
  ii. Total number of staff attending Initial Assessment, Care Planning and Case Management sessions by venue or service; number of sessions; age; gender and ethnicity. |
| **Policy Development Using a Partnership Approach Tiers 1 and 2** | 8.1.6  
  i. Total number of Policy Development and Stakeholder Involvement Tiers 1 and 2 sessions by venue or service number of participants.  
  ii. Total number of staff attending Policy Development and Stakeholder Involvement Tiers 1 and 2 sessions by venue or service; number of sessions; age; gender and ethnicity. |
| **Contact and Reference Point** | 8.1.7  
  i. Number of contacts from service providers by venue or service; information requested (type of drug or service information), type of contact (face to face, telephone), response (drug information provided, service system information provided; training information provided). |
| **Other Contract Monitoring Information** | |
| **Topic** | **Details** |
| Finance | • All incoming resources including grants, fees and donations.  
  • All resource expenditure by salaries, premise, training, travel. recruitment, volunteers, publicity, printing, telephone, postage, stationary, office equipment and accountancy/audit. |
| Cancellation | • Number of classes, lessons and sessions cancelled or not completed.  
  • Reasons for cancellation and notice period given to school or service for each cancellation. |
| Staffing | • Full staff list and any staff changes occurring or planned each quarter.  
  • Training and supervision completed. |
| Complaints | • Notification of any formal and informal complaints received, responses and future action. |
| Service User Feedback | • Positive and negative feedback from children, young people, parents, carers and staff gathered through service user consultation, involvement and evaluations. |
| General observations | • Observations regarding needs, trends and gaps in service.  
  • Barriers to progress and solutions.  
  • Reasons for increases and decreases in service activity. |
TABLE 3: LESSONS, SESSIONS AND TRAINING SESSIONS AND WORKSHOPS TO BE DEVELOPED BY OBJECTIVES AND OUTCOMES
As described, lessons, sessions and training sessions will be informed by a training needs analysis and stakeholder consultation. The following gives an outline of content.

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>OBJECTIVE</th>
<th>CLASSES AND WORKSHOPS TO BE DEVELOPED</th>
</tr>
</thead>
</table>
| CHILDREN AND YOUNG PEOPLE    | 8.1.1     | i. A progressive scheme of work for Key stages 1-4 using a range of methodologies consistent with DfES, NHSS and QCA Guidance and appropriate to the diverse needs of Newham children and young people and suitable for range of subject areas and service types using a harm reduction approach including sexual health, violence and anti-social behaviour for older age groups.  
  ii. A series of developmentally appropriate classes to ascertain the drug education needs of children and young people from Key stages 1-4 including knowledge, skills, attitudes and understanding as well as awareness of relevant drug policy and support services and how to access them and barriers and incentives to learning.  
  iii. A series of developmentally appropriate classes to address drug related incidents that occur in local services and communities such as drug related deaths and accidents in schools, services or local communities suitable for all Tier 1 Services.  
  iv. A series of developmentally appropriate classes for Key stages 1-4 to for the purpose of consulting with young people regarding all elements of drug policy. |
| Drug Education Tier 1         | 8.1.6     |                                                                                                                                                                                                                                       |
| Targeted Harm prevention Tier 2 | 8.1.1     | i. A range of targeted harm prevention sessions to include:  
  ii Decision-making information including drug, individual and setting and sexual health.  
  iii Drug use and emotional health including how to identifying problematic drug use, alternative coping strategies and how to access help. This should be linked to education and prevention activities provided in Newham.  
  iv Drug use and consequences including sexual health, relationships, criminal and anti-social behaviour, models of change and goal setting.  
  v Responses to address drug related incidents that occur in local services and communities such as drug related deaths and accidents in schools, services or local communities suitable for all Tier 2 Services  
  vi Gender specific workshops on harm reduction on drugs, sexual health and relationships and violence. |
### TABLE 3: LESSONS, SESSIONS AND TRAINING SESSIONS AND WORKSHOPS TO BE DEVELOPED BY OBJECTIVES AND OUTCOMES continued

<table>
<thead>
<tr>
<th>PARENTS</th>
<th>WORKSHOPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilitating Involvement in Policy Development Tier 1</td>
<td>8.1.2 8.1.6</td>
</tr>
<tr>
<td></td>
<td>i. Basic drugs awareness, children's development and the role of drugs; determinants of drug use and misuse, drugs awareness and how to access substance misuse information and support services nationally and in Newham.</td>
</tr>
<tr>
<td>Targeted Harm Prevention Tier 2</td>
<td>8.1.2 8.1.6</td>
</tr>
<tr>
<td></td>
<td>ii. Understanding the role of drug treatment and support services including confidentiality; role of parents; family dynamics and recognising and identifying own support needs.</td>
</tr>
</tbody>
</table>
| NEWHAM STATUTORY AND SCHOOL STAFF | 8.1.1-8.1.7 | i. Basic information on drugs commonly used in Newham, introduce basic models and frameworks for understanding drug use and misuse by young people including harm reduction, patterns and prevalence of drug use and risk and protective factors; challenging myths and attitudes to drug use; impact of other peoples/ parental drug use on children and young people introduction to Newham Young Peoples and Families Integrated Substance Misuse System and the role of all staff and how to access NSMEITS Contact and Reference Point. | 8.1.3 Training to enable staff to deliver drug education for Key Stages 1-4:  
   i. To include interactive teaching methods; creating a safe environment; introduction to school/ service drug policy; introduction to evaluation, assessment and monitoring; introduction to schemes of work including pupil consultation strategies.  
   ii. Shared delivery sessions to facilitate active involvement of teaching staff in drug education delivery and enable increase in knowledge and skills development. |
| Drug Education Delivery Tier 1 | Targeted Drug Prevention | 8.1.4 i. Consolidation of Basic Drugs Awareness, more detailed patterns and prevalence of drug use; increase understanding of reasons for young peoples drugs use, the impact of drug use on children's and young peoples social and emotional development, increased understanding of service provision, care pathways and the distinction between universal and targeted provision; introduction to screening and assessment procedures. | Training to enable staff to deliver targeted harm prevention:  
   i. To include interactive teaching methods; creating a safe environment; introduction to school/ service drug policy; introduction to evaluation, assessment and monitoring; introduction to general harm reduction (such as coping methods) and drug specific harm reduction methods.  
   ii. Shared delivery sessions to facilitate active involvement of teaching staff in targeted harm prevention delivery and enable increase in knowledge and skills development. |
| Young People and Substance Misuse Tier 2 | 8.1.4 i. Consolidation of Basic Drugs Awareness, more detailed patterns and prevalence of drug use; increase understanding of reasons for young peoples drugs use, the impact of drug use on children's and young peoples social and emotional development, increased understanding of service provision, care pathways and the distinction between universal and targeted provision; introduction to screening and assessment procedures. | Initial Assessment, Care Planning and Multi-agency Working | 8.1.5 Training to enable staff to work as Tier 2 Substance Misuse workers with a focus on skills development to include consolidation of all previous sessions, outline of multi-agency provision and care management, overview of screening and assessment and threshold criteria for referral to Initial Assessment, case studies to identify key issues and carry out skills rehearsal, introduction to current theories on behaviour change and fitting intervention to change cycle; completing initial assessment, risk assessment, developing, implementing and reviewing care plans. |
| Basic Screening and Referral Tier 2 | 8.1.5 Training to enable staff carry out screening procedure with a focus on skills development to include consolidation of Basic Drugs Awareness and Young Peoples and Substance Misuse Tier 2, introduction to key principles of screening and assessment, overview of how screening fits within delivery model, how and when to raise the issue of drugs with children, young people, parents and carers, provide them information on where to get further support, examination of screening case studies, how to make supported referrals within confines of generic role and carry out screening procedure and where to get additional support and referral points in the local area as well as introduction to initial assessment. | Policy Development Using a Partnership Approach Tiers 1 and 2 | 8.1.6 Training for Tier 1 and 2 staff to develop and review drugs management policy including overview of local and national policy, links to existing policies, action planning and consultation and involvement methods. |
ANTICIPATED TRAINING PATHWAYS YOUNG PEOPLES SUBSTANCE MISUSE

**DRUG EDUCATION DELIVERY**
- Basic Drugs Awareness
  - Drug Education Delivery
    - Shared Delivery

**TARGETED HARM PREVENTION DELIVERY**
- Basic Drugs Awareness
  - Young People and Substance Misuse
    - Targeted Harm Prevention Delivery
      - Shared Delivery

**DRUG POLICY DEVELOPMENT**
- Basic Drugs Awareness
  - Drug Policy Development
  - Young People and Substance Misuse
    - Basic Screening
      - Initial Assessment, Care Planning and Multi-Agency Working

**TIER 2 SUBSTANCE MISUSE WORK**
- Basic Drugs Awareness
  - Young People and Substance Misuse
  - Basic Screening
  - Initial Assessment, Care Planning and Multi-Agency Working