

NEWHAM SUBSTANCE MISUSE PARTNERSHIP**SERVICE SPECIFICATION****YAP INTERIM TIER 2 SUBSTANCE MISUSE COUNSELLING SERVICE FOR YOUNG PEOPLE AND THEIR PARENTS/ CARERS****October 2004****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 system is currently under development, this service specification is for an interim period from 1 October 2004 to 31 March 2005.
- 2.3 The level or tier of intervention to be provided for each young person will be determined by the Newham Adolescent Alcohol and Drug Assessment (NAADA) which is currently being implemented. NAADA consists of a screening tool (NAADA1) and an initial assessment (NAADA2) and a specialist assessment (NAADA3).
- 2.4 This service specification covers Tier 2 substance misuse services for young people who are currently experiencing drug related problems and their families with the aim of:
 - reducing drug related harm
 - preventing development of more serious drug related problems
 - reducing risk factors and increasing protective factors for problem behaviours with a focus on substance misuse.
- 2.5 The target group are young people aged 12-19 years living in Newham with identified need of tier 2 level substance misuse intervention according to NAADA as well as parents and carers of these young people. Clients referred from YOT and Young Peoples Arrest Referral Service should be prioritised. Looked After Children and children known to Social Services should be referred to the Children and Family Substance Misuse Worker (See Appendix D)
- 2.6 Until NAADA screening and assessment protocols are underway, threshold criteria are to be used to guide care pathways for young people and their families. (See Appendix D)
- 2.7 The service will provide the following services for young people
 - undertake initial assessments (NAADA2) to determine need and inform case management plans;

¹ Health Advisory Service, *Children and young people: substance misuse services: The substance of young need*

- develop, implement and review case management plans (with an emphasis on the substance misuse aspects) in partnership with young people, parents and other service providers including the Adolescent Specialist Addiction Service (ASATS); YOT; Connexions; Education Support Team.
 - provide case management services for young people with no current case manager and liaise as appropriate with existing case managers
 - make supported referrals to other services as appropriate including housing, CAMHS, and Connexions.
 - provide one-one brief interventions such as targeted information and advice on substance misuse including harm reduction and sexual health; structured counselling and motivational interviewing.
 - Provide targeted harm prevention sessions for YOT clients.
- 2.8 The service will provide the following services for parents and carers of young people aged 12-19 years living, working or receiving services with identified need of tier 2 level substance misuse intervention according to NAADA:
- undertake initial assessments to determine need and inform case management plans;
 - develop, implement and review case management plans (with an emphasis on the substance misuse aspects) in partnership with young people, parents and other service providers including the Adolescent Specialist Addiction Service (ASATS); YOT; Connexions; and the Education Support Team.
 - provide case management services for parents with no current case manager and liaise as appropriate with existing case managers
 - make supported referrals to other services as appropriate including parental support as appropriate.
 - provide one-one brief interventions such as targeted information and advice on substance misuse, role of parents and carers in support and treatment services; parenting and substance misuse and structured counselling.
 - provide targeted harm prevention sessions for parents of YOT clients.

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

² Updated Drug Strategy (Home Office 2002)

³ Every Child Matters (DfES 2003)

⁴ 2004 Young Peoples Substance Misuse Plan under development

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 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 25⁵.
- 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.⁶
- 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 29⁷. 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 younger⁸.

5. Partnership Approach

- 5.1 Service provision for young people, parents and carers should be organised according to client need rather than by professional functions.
- 5.2 At Tier 2 level of provision, a range of statutory and voluntary services are working to address substance misuse related needs as part of a package of services to reduce risk factors and increase protective factors for social exclusion and a range of problem behaviours. Some young people and their parents and carers will be in need of both Tier 2 and Tier 3 provision.
- 5.3 Multi-agency care management procedures including case management plans will identify a positive set of outcomes that young people, parents, carers and professionals can work towards.
- 5.4 YAP will lead on the development and provision of Tier 2 substance misuse elements of case management plans taking a case management role when there is no existing case manager.
- 5.5 Clients with identified Tier 3 needs according to NAADA will be case managed by the Adolescent Specialist Addiction Service (ASATS) who will also facilitate necessary service provision from CAMHS.
- 5.6 YAP will have appropriate care management protocols to cover referral, case management and care planning with the necessary range of services including Youth Offending Team, Schools and Pupil Referral Units, Positive Futures, Housing, Connexions, ASATS, CAMHS and Newceys.
- 5.7 Referral pathways and shared care in relation to young people, parents and carers substance misuse needs are currently under development. YAP will actively participate in activity to enhance effectiveness including meetings, data collection, service user involvement and pilot schemes.
- 5.8 Services for young people, parents and carers will be provided from a range of venues such as YAP offices, Connexions, Schools, CAMHS as determined by client needs with a view to minimising barriers to accessing services.
- 5.9 Programming and content of targeted prevention sessions delivered to parents and young people within the YOT will be agreed with NDAT Commissioners and YOT Substance Misuse Worker.

⁵ Focus on Newham (LBN 2003-04)

⁶ GLA ID2004 Update (2004)

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)

- 5.10 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 and carers.

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*⁹(published in 1999 by the Standing Conference on Drug Abuse and endorsed by the then-government-appointed United Kingdom Anti Drugs Co-ordinator).

- 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*¹⁰, *NHSS Standard for Drug Education*¹¹ and *QCA Drug, Alcohol and Tobacco Education*¹².
- 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 Committee¹³
- 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

YOUNG PEOPLE

7.1 Initial Assessment – Young People

An initial evaluation of the needs of a child or young person, considers the nature of their substance use, the extent and impact of any possible substance misuse, whilst incorporating wider factors such as the child's developmental, educational, social and recreational needs, parenting capacity and family and environment factors. The initial assessment will identify what level of intervention is needed for the child or young person such

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

¹⁰ DfES February 2004

¹¹HDA 2003

¹² QCA 2003

¹³ May become Local Safeguarding Children's Boards (Green Paper: Every Child Matters)

as Tier 2 or 3. Initial Assessments are part of a staged process and not isolated events. Initial Substance Misuse Assessments can compliment the comprehensive general assessments conducted in agencies working with children and young people, e.g. the ASSET (YOT), the National Assessment Framework (Social Services Children and Families) and APIR (Connexions). It is intended to fill any gaps that exist in those assessments in order to fully identify the substance related needs of children and young people known to those agencies.

Initial assessment outcomes will include no action necessary, review date set for a follow up assessment, targeted prevention session, one-one targeted harm prevention or structured counselling or a referral to Adolescent Specialist Addiction Treatment Service (ASATS) for specialist assessment (NAADA3) to determine Tier 3 need or supported referral.

The Adolescent Specialist Addiction Treatment Service (ASATS) will provides Tier 3 services for young people with an identified substance misuse problems and take the form of specialist non-medical as well as medical services. This service commences with a specialist assessment, followed by development of a care plan including procedures for case management. YAP will develop and implement referral, case management and shared care with this service.

7.2 Brief Interventions – Young People

Following initial assessment, young people for whom YAP is an appropriate service will negotiate a care management plan which will include agreement on the purpose of the sessions, frequency and review date. It will be developed in consultation with young person, their family and other providers as appropriate. Care plans should make explicit reference to risk management and identify the risk management plan and contingency plans. Care plans should set out the goals of each intervention, milestones to be achieved and indicate which agency and professional is responsible for carrying out the interventions and should be reviewed on a regular basis according to need.

Interventions will include developmentally appropriate one-one information and advice order to reduce drug related harm, supported referral to access education, employment or other positive activities, structured counselling, case management and targeted intervention sessions. Models of structured counselling provided should be based on evidence based theoretical models. The focus should be on short term targeted interventions.

7.3 Targeted Harm Prevention Sessions – Young People

Targeted prevention sessions 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. All young people commencing targeted prevention sessions should have a case manager from YAP or other service providers and have a case management plan

PARENTS

7.4 Initial Assessment - Parents

An initial evaluation of the needs of parents of young people with substance misuse issues, considers the extent and impact of any possible substance misuse on parents and carers and the remainder of the family unit, whilst incorporating wider factors such as social, emotional, financial and environmental issues as well as relationship issues between family members. The assessment should also include parenting capacity and understanding of the parental role in relation to the young persons substance misuse. The initial assessment will identify what intervention is needed for the parents and carers in relation to substance misuse and other issues and an

appropriate role for parents to play in supporting young people in relation to substance misuse and support needed to enable this role.

Initial assessment outcomes will include no action necessary, review date set for a follow up assessment, targeted prevention session, one-one targeted harm prevention or structured counselling or supported referral.

7.5 Brief Interventions - Parents

Following initial assessment, parents for whom YAP is an appropriate service will negotiate a care management plan which will include agreement on the purpose of the sessions, frequency and review date. It will be developed in consultation with parents, young person and other providers as appropriate. Care plans should make explicit reference to risk management and identify the risk management plan and contingency plans. Care plans should set out the goals of each intervention, milestones to be achieved and indicate which agency and professional is responsible for carrying out the interventions and should be reviewed on a regular basis according to need.

Interventions will include appropriate one-one information and advice; structured counselling, case management and targeted intervention sessions to enable parents to meet their own support needs; understand and adapt their roles as parents to address their sons or daughters drug use behaviour and the needs of others in the family; and understand details of their sons or daughters treatment and their role in it. Models of structured counselling provided should be based on evidence based theoretical models. The focus should be on short term targeted interventions.

7.6 Targeted Harm Prevention Sessions – Parents

Targeted prevention sessions for parents should include drug information, increase understanding and awareness on drug issues in relation to adolescent development and support and advice on communication and parenting in relation to drug issues. All parents commencing targeted prevention sessions should have a case manager from YAP or other service providers and have a case management plan.

8. Objectives and Outcomes

The objectives and outcomes sought are:

- 8.1 Provide initial assessments, brief interventions and targeted intervention for young people for young people with Tier 2 substance misuse needs according to specified service activity.
- 8.2 Provide initial assessments, brief interventions and targeted intervention for parents of young people with Tier 2 substance misuse needs according to specified service activity.
- 8.3 Pilot Newham Adolescent Alcohol and Drug Assessment Tool 2 (Initial Assessment) make recommendations around implementation.
- 8.4 Develop referral, assessment and case management and shared care protocols between YAP and Adolescent Specialist Addictions Service (ASATS) in conjunction with ASATS Newham representative and DAT staff.
- 8.5 Support the development of Newham Young Peoples Substance Misuse Services by enabling information gathering on the needs of young people and parents through client consultation, case notes and staff consultation.

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 staff delivering targeted drug prevention groups for young people and parents should have 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.
- 9.4 All staff delivering counselling for young people and parents should be eligible for British Association for Counselling and Psychotherapy Accreditation (BACP), UK Council for Psychotherapy or equivalents.

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 targeted prevention sessions for children and young people may also be undertaken as well as audits of client files.
- 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 Service quality will also be monitored including complaints and service user satisfaction.
- 10.2.2 Complaints procedures will be made available in writing to all stakeholders including young people, parents and carers and partner agencies.

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

APPENDIX A

TABLE 1. SERVICE ACTIVITY AND MINIMUM STANDARDS BY OBJECTIVES

Service activity is described for the length of the contract from 1 October 2004 to 31 March 2005.

TARGET GROUP	SERVICE ACTIVITY	OBJECTIVE	MINIMUM STANDARDS
CHILDREN AND YOUNG PEOPLE			
Initial Assessments and Counselling Sessions	i. 1000 counselling sessions or initial assessments for young people.		<ul style="list-style-type: none"> i. All young people will receive initial assessment within 5 days of referral. ii. For 100% clients referred by YOT will receive written recommendations within 3 days of appointment time of whether young person attended initial assessment, rescheduled the assessment time or did not attend, appointment time and outcome. iii. Contact with young people will be weekly at minimum and as often as necessary for young people prioritised as being at the greatest risk as identified by assessment. iv. Care plans reviewed every two months minimum.
Targeted Harm prevention Sessions	i. 5 targeted harm prevention <u>sessions</u> (groups of 3-24 for 90 minutes) delivered to YOT clients.		<ul style="list-style-type: none"> 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. ii. 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. iii. 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. iv. 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.

TARGET GROUP	SERVICE ACTIVITY	OBJECTIVE	MINIMUM STANDARDS
PARENTS			
COUNSELLING	<ul style="list-style-type: none"> i. 300 counselling or initial assessment sessions for parents. 		<ul style="list-style-type: none"> i. All parents will receive screening within 5 days of referral. ii. Contact with parents will be weekly at minimum and as often as necessary for young people prioritised as being at the greatest risk as identified by assessment. i. Care plans reviewed every two months minimum.
Parental Targeted Harm Prevention Tier 2	<ul style="list-style-type: none"> ii. To deliver 5 parental targeted harm prevention <u>sessions</u> (groups of 3-24 for 90 minutes). 		<ul style="list-style-type: none"> ii. 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. iii. Targeted Harm Prevention Sessions should be developed and delivered as part of existing programmes for target groups.

APPENDIX B

TABLE 2: QUARTERLY MONITORING REQUIREMENTS BY OBJECTIVES AND OUTCOMES

SERVICE	OBJECTIVE	QUARTERLY REPORTING
CHILDREN AND YOUNG PEOPLE		
Initial assessments		<ul style="list-style-type: none"> i. Number of young people referred for initial assessment by age, gender, post code, ethnicity and referral source. ii. Number of young people completing initial assessment by age, gender, ethnic background, post code, referral source and assessment outcome. iii. Number of young people referred but not completing initial assessment by age, gender, ethnic background, post code, and referral source X% ethnic minority background and reason for non-completion. iv. Average number of days between referral and initial assessment. v. Average number of days between initial assessment and recommendations sent to referral source or primary service.
One to one interventions		<ul style="list-style-type: none"> i. Number of young people commencing structured counselling and case management by age, gender, ethnic background, post code, and referral source. ii. Number of young people completing structured counselling and case management by age, gender, ethnic background, post code, number of sessions completed, referral source primary drug. iii. Number of young people not completing structured counselling and case management by age, gender, ethnic background, post code, referral source and reason for non-completion. iv. Average number of days between specialist assessment and first structured counselling appointment by YOT clients and non-YOT clients. v. Percentage of service users whose drug use has stabilised, reduced or ceased at 1 month and 3 months after first contact with counselling service vi. Percentage of service users receiving counselling who report improvements in social functioning and life context and physical/psychological health.
Targeted Harm prevention Tier 2		<ul style="list-style-type: none"> i. Total number of targeted harm prevention <u>sessions</u> by venue or service, year group and number of participants. ii. Total number of young people attending targeted harm prevention <u>sessions</u> by venue or service (categories of YOT, LAC, PRU to be included); number of sessions attended; age; gender and ethnicity.

SERVICE	OBJECTIVE	QUARTERLY REPORTING
PARENTS		<ol style="list-style-type: none"> i. Number of parents/carers referred for initial assessment by age, gender, post code, ethnicity and referral source. ii. Number of parents/carers completing initial assessment by age, gender, ethnic background, post code, referral source and assessment outcome. iii. Number of parents/carers referred but not completing initial assessment by age, gender, ethnic background, post code, and referral source X% ethnic minority background and reason for non-completion. iv. Average number of days between referral and initial assessment. v. Average number of days between initial assessment and recommendations sent to referral source or primary service.
Parental Targeted Harm Prevention Tier 2		<ol style="list-style-type: none"> i. Number of parents/carers commencing structured counselling and case management by age, gender, ethnic background, post code, and referral source. ii. Number of parents/carers completing structured counselling and case management by age, gender, ethnic background, post code, number of sessions completed, referral source primary drug. iii. Number of parents/carers not completing structured counselling and case management by age, gender, ethnic background, post code, referral source and reason for non-completion. iv. Average number of days between specialist assessment and first structured counselling appointment by YOT clients and non-YOT clients. v. Percentage of service users whose drug use has stabilised, reduced or ceased at 1 month and 3 months after first contact with counselling service vi. Percentage of service users receiving counselling who report improvements in social functioning and life context and physical/psychological health.

OTHER CONTRACT MONITORING INFORMATION

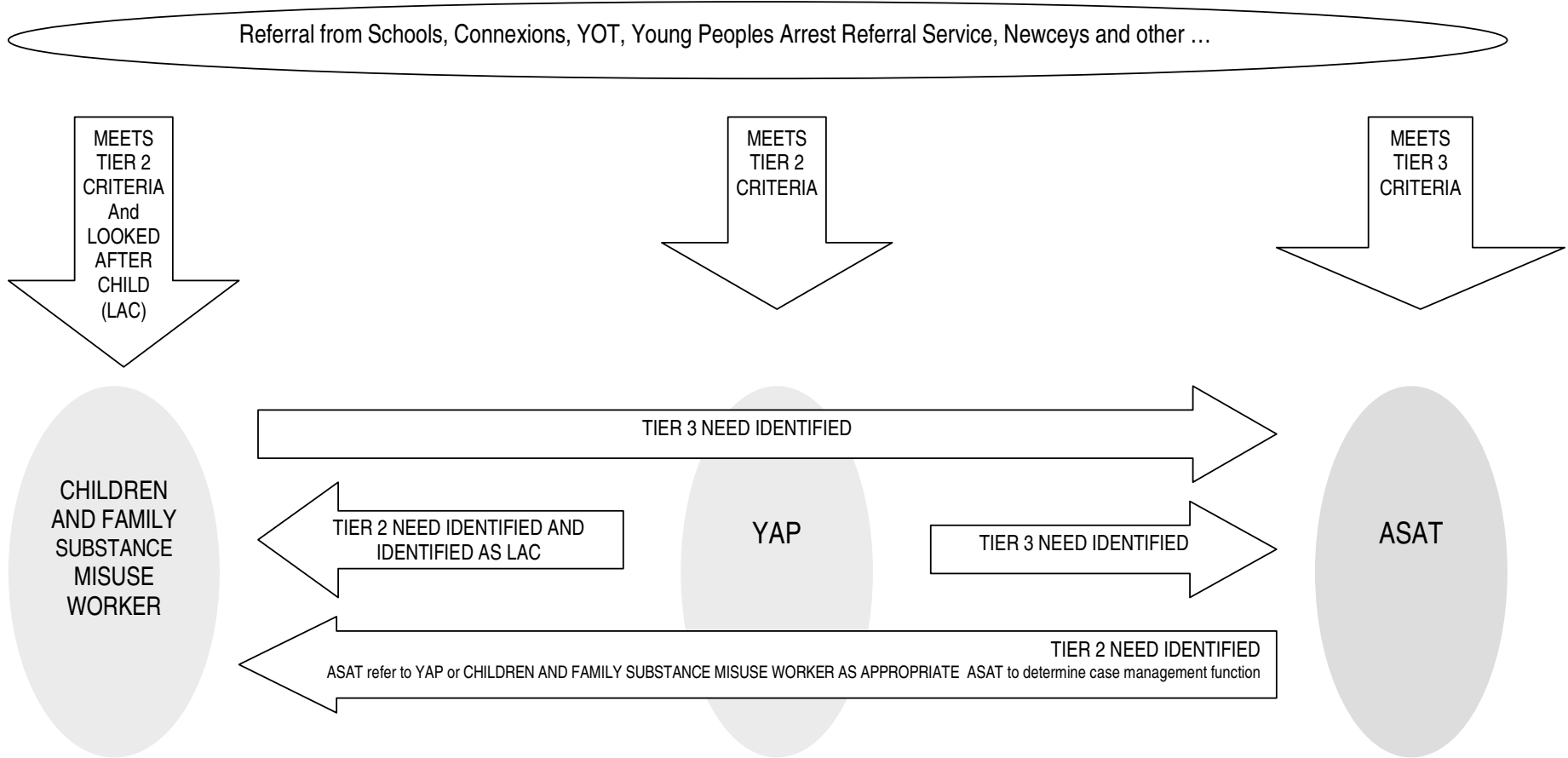
TOPIC	DETAILS
Finance	<ul style="list-style-type: none"> • All incoming resources including grants, fees and donations. • All resource expenditure by salaries, premise, training, travel. recruitment, volunteers, publicity, printing, telephone, postage, stationary, office equipment and accountancy/ audit.
Cancellation	<ul style="list-style-type: none"> • Number of sessions cancelled or not completed.
Staffing	<ul style="list-style-type: none"> • Full staff list and any staff changes occurring or planned each quarter. • Training and supervision completed.
Complaints	<ul style="list-style-type: none"> • Notification of any formal and informal complaints received, responses and future action.
Service User Feedback	<ul style="list-style-type: none"> • Positive and negative feedback from children, young people, parents, carers and staff gathered through service user consultation, involvement and evaluations.
General observations	<ul style="list-style-type: none"> • Observations regarding needs, trends and gaps in service. • Barriers to progress and solutions. • Reasons for increases and decreases in service activity.

TABLE 3: CONTENT TARGETTED HARM PREVENTION SESSIONS**APPENDIX C**

SERVICE	OBJECTIVE	CLASSES AND WORKSHOPS TO BE DEVELOPED
CHILDREN AND YOUNG PEOPLE		
Targeted Harm prevention Tier 2	8.1.1 8.1.6	<p>A range of targeted harm prevention sessions to include:</p> <ul style="list-style-type: none"> i Harm reduction information including drug, individual and setting and sexual health. ii Decision-making and relationships. 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.
PARENTS		
Targeted Harm Prevention Tier 2	8.1.2 8.1.6	<ul style="list-style-type: none"> i. Basic drugs awareness building on Tier 1 parental programmes, Parents and Drug Use including Children's development and the role of drugs, children's development and parenting styles, support and advice on communication and parenting in relation to drug issues; determinants of drug use and misuse, risk and protective factors, drugs awareness and accessing services in Newham. ii. Understanding the role of drug treatment and support services including confidentiality; role of parents; family dynamics and recognising and identifying own support needs.

CARE PATHWAYS AND THRESHOLD CRITERIA

APPENDIX D



Criteria Tier 2 Service – Young people currently using or considering use of any drugs including medicines (other than those prescribed by appropriate medical professional), volatile substances, alcohol, tobacco and illegal drugs who are currently Newham residents.

Criteria Tier 3 Service ASAT – Young people currently using or considering use of any drugs including medicines (other than those prescribed by appropriate medical professional), volatile substances, alcohol, tobacco and illegal drugs who are currently Newham residents or social services clients **and** who are at risk of immediate harm, involved in prostitution or sexual exploitation, using class A drugs or in need of medical or clinical management of drug use or patterns of use which cause significant impairment of their ability to function in an age appropriate manner, pregnant, or experiencing or suspected of experiencing mental health issues.