

POLICY ● RESEARCH



**The Evaluation of Four
Early Intervention Substance Misuse Projects
Part 1: The Process Evaluation**

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Executive summary

- **Background to the evaluation**

Four early intervention substance misuse projects were set up with funding from Lambeth, Southwark and Lewisham Health Authority in 1998. The four projects involved:

1. A substance misuse worker based within Lewisham Youth Offending Team, working with young offenders;
2. A therapist for children of substance-misusing parents, based at the Ashby Road Therapy Service, Lewisham;
3. The Inreach project, providing educational sessions and one to one work with excluded pupils and pupils at risk of school exclusion in Southwark;
4. The Outreach project, based within Lambeth's youth service, providing outreach work with socially excluded young people.

The young people targeted by the interventions were high-risk groups that form the focus of government concerns about substance misuse. The government aims to reduce substance misuse by young people as part of its ten-year drug strategy, and sees early intervention with vulnerable groups as a promising way forward. Lambeth, Southwark and Lewisham Health Authority covers an area with some of the highest levels of social and economic deprivation in the country, factors strongly related to substance misuse. According to recent reports, the area is likely to have a high need for substance misuse interventions with young people. Hence its significance as a testing ground for the four interventions evaluated in the current report.

- **Aims and objectives of the evaluation**

The main aim of the evaluation was to assess whether it was possible to implement the projects as planned. This involved providing a description of the first eighteen months of the lives of the projects, and recording the challenges they encountered in establishing themselves. It also involved recording the perceptions of the service providers and the service users. Through analysis of this material it was possible to draw out key learning points that provide guidelines for best practice. A profile of the clients using the services is reported in a second evaluation report¹.

- **Methods**

The primary method of data collection was interviewing, although some observation of sessions took place, as well as collation of relevant project documents such as job descriptions and publicity. Semi-structured and substantive depth interviews took place with project workers, their managers, agencies external to the projects and with service users. In total 33 interviews were conducted, although only six were carried out with clients. This was partly due to the lack of available clients on some projects, as not all projects had established a client base when the evaluation came to a close, and partly due to the difficulties of engaging high risk young people in research. Tape-recorded interviews were analysed using a thematic indexing technique.

- **Classification of substance misuse**

The literature concerning substance misuse by young people was reviewed, beginning with consideration of ways of classifying substance misuse.

1 Reporting of the evaluation took place in two stages in response to practical issues within the Health Authority, in particular delays in two of the projects getting started.

Clinical diagnostics systems used to define substance abuse disorders have been criticised as inappropriate for use with adolescents because they confuse some 'normative' adolescent behaviours with symptoms of substance abuse and dependence. An alternative system has been proposed that describes four types of drug user based on the likelihood of the drug use doing harm to the user. The categories include experimental or recreational users, regular or heavy users, problematic users, and dependent users. *Early* interventions may involve either intervention in the primary stages of developing a substance misuse problem or else intervention with a client group at a young age. The projects evaluated in the current report were aimed at a relatively young age group (i.e. 10 to 18 years of age). However, the stage of substance misuse the clients coming into contact with the projects were experiencing could lie anywhere on the spectrum of types of use described above.

- **Prevalence of substance misuse**

Surveys suggest that use of alcohol and drugs is occurring at an earlier age than ever before, and that a greater range of drugs are being tried. Escalation of use to problematic or dependent levels is more likely amongst groups of young people exposed to risk factors at the level of individual, family, school and community. These high risk groups include those that form the focus of this report, i.e. young offenders, children of substance-misusing parents, pupils at risk of exclusion, and socially excluded young people such as those who are homeless or sex workers. Research suggests that these groups are more likely to develop substance misuse problems than other young people, and they are therefore an important focus for early intervention.

- **The development of the early intervention drug projects**

A chronological account of the events involved in the setting up of each project is provided. This gives details of the service context in which each of

the projects was set, the aims and objectives of the projects, the recruitment and management of staff, the methods used for generating referrals, and the nature of the intervention that was delivered. This account shows that there were considerable delays in getting the projects off the ground. In some projects the delays involved were far lengthier than anticipated, as challenges arose at several stages in their development.

- **Challenges to implementing the interventions**

There were several factors that contributed to the difficulties in getting the projects established. These are described in terms of a number of overarching themes, including challenges to getting started, to generating referrals, to multi-agency and multi-disciplinary working, and to delivery of the intervention itself. These are outlined in more detail below:

1. *Challenges to getting the projects started* included the difficulties of establishing a new intervention in a service that was itself undergoing re-organisation, or was relatively new; difficulties in recruiting and retaining staff; concerns about the level of managerial steerage and support provided in directing the development of the projects; and the need for internal project monitoring procedures.
2. *Challenges to generating referrals* included difficulties in engaging young people with services because they either did not view their substance misuse as problematic or else felt stigmatised by using intervention services; lack of perception of the needs of the client group by potential referrers, whether this was Yot officers, teachers or social workers who may not be sufficiently skilled at detecting substance misuse unless it has reached relatively high levels.

3. *Challenges posed by multi-disciplinary and multi-agency working* included difficulties experienced in team integration due to different expectations of roles; tension experienced in providing a therapeutic service within a law enforcement service; differences in expectations about confidentiality and sharing of information about clients; and negative attitudes to joined-up working.

4. *Challenges to carrying out the intervention* involved a number of physical barriers such as difficulty finding a suitable environment for carrying out one to one sessions with young people (away from adult drug agencies); lack of a suitable room within schools for therapeutic work; lack of provision of either treatment services or diversionary service for young people to be referred on to.

- **Policy and practice context**

Each of the projects was assessed in the light of government policy and practice guidelines for working with the four high-risk groups. It is difficult to comment on the performance of some of the projects for two reasons. First, some projects were still without a client base and were struggling to establish themselves when the evaluation ended. Second, some areas of government policy and practice are less developed than others in terms of providing guidelines for intervening with the high risk groups that form the focus of this report. Each of the projects is commented on below:

1. *The Lewisham Yot intervention* was run in a way which was largely consistent with government practice guidelines. However, the implementation of the project highlighted two areas discussed in government guidelines that posed particular difficulties at the Lewisham Yot. These specifically related to confidentiality about client information, and the difficulties that arise from carrying out therapeutic work in a law

enforcement context. Alternative models for substance misuse work with Yots include a part-time secondment of a substance misuse specialist from a drugs agency so that a substance misuse worker may more easily retain their professional identity and methods of working.

2. *The therapy service for children of substance-misusing parents* is difficult to draw conclusions about. This is an area where there are few government guidelines, except in the context of social work where parental substance misuse is highlighted as a risk factor for children in need. There are also few service models to provide a bench mark for the service evaluated in the current report. Generating referrals to the service was the primary difficulty encountered. For this reason much more needs to be done to raise awareness of the needs of this group amongst potential referrers, to inform future provision of services, and to help overcome the potential stigma that such children may feel so that they may come forward for support.
3. *The Inreach project* provided drug education and awareness sessions in a manner that was consistent with what is known about effective interventions with young people in schools. However, it is debatable as to whether the focus for the project should be the provision of such sessions or the provision of intervention sessions with young people on an individual basis, given that the project was only intended to target high risk individuals. The project workers felt that the provision of both forms of intervention within the same project was beneficial. They saw group training sessions with pupils and with teachers as a way of facilitating the referral of young people for one to one sessions with project workers. One to one sessions were just underway as the evaluation came to a close, and the evaluation was unable to gauge the likely benefits or otherwise of having both forms of intervention in the same project.

4. *The Lambeth Outreach project* was at a very elementary stage in its development when the intervention came to a close. Hence it is difficult to draw conclusions about how far the project complied with government policy and practice guidelines. However, the initial work undertaken by the project manager within the youth service involved inter-agency collaboration with agencies working with children and young people, and was consistent with government recommendations in this respect.

- **Conclusions and key learning points**

Given the innovative nature of these projects, there is much to be learnt from the evaluation of their implementation. A number of key learning points were raised that focused on the following areas:

1. *Initial planning*, concerning the readiness of the host service; and the clarity of project's brief.
2. *Location of services*, including suitable location of early intervention services for young people, and for children of substance-misusing parents in particular; and the provision of suitable space for therapeutic work within schools.
3. *Staffing issues*, including speeding up recruitment processes; and employing workers with 'credibility'.
4. *Working practices*, including early negotiation of the worker's role; improved internal project monitoring, methods of retaining professional identity in a multi-disciplinary team; negotiation of confidentiality of client information; and greater multi-disciplinary working.

5. *Raising awareness*, involving greater drug awareness and education training of professionals working with young people; and in addition training around the needs of children of substance-misusing parents.

6. *Improving provision*, in the form of a greater number of places for treatment for young people with problematic or dependent drug problems; and increases in the number of diversionary activities and training opportunities.

The present study was unable to comment on the impact or efficacy of the four intervention projects, since the services were at such an early stage in their development. Further studies are required to establish the prevalence of substance misuse amongst high-risk groups, and the factors that lead to increases and reductions in substance use. Further evaluation is also required of interventions with high-risk young people so that we can continue to develop policy and practice in this area.

1: Introduction

Background to the evaluation

In 1998, the Lambeth, Southwark and Lewisham Substance Misuse Joint Commissioning Group commissioned four early intervention projects. These projects were aimed at intervening to reduce substance misuse amongst vulnerable young people in South London. The focus of the present report is the evaluation of the four early intervention projects. The four projects targeted high-risk client groups in different contexts, and each is outlined below.

- **Lewisham Youth Offending Team substance misuse intervention**

The first of the four projects focused on young offenders, and involved funding a substance misuse worker to be based within the Youth Offending Team (Yot) at Lewisham.

- **Therapist for children of substance-misusing parents, Lewisham**

The second project involved a drama therapist working with the children of substance-misusing parents or carers. It was based within in a statutory adolescent mental health team in Lewisham, sharing the same building as the Yot.

- **Southwark Inreach project**

The third project targeted vulnerable young people excluded from school or at risk of school exclusion. The intervention took place in schools, but was run from an office in Southwark's education services resource centre in Peckham. The project employed two project workers and a part-time manger.

- **Lambeth Outreach project**

The fourth project was an outreach project based within the Youth Service in Lambeth, and targeted socially excluded young people including homeless young people and young sex workers. It was run from an office base shared with the 'Smart' drug agency in Streatham (a branch of Mainliners drug agency for adults), and employed two sessional outreach youth workers and a project manager.

Policy context

A central aim of the government's ten year strategy for tackling drugs is: *'to help young people resist drug misuse in order to achieve their full potential in society'* (The Stationery Office, 1998). National strategic long-term targets, to be met by 2008, include the substantial reduction of young people under 25 years of age reporting use of illegal drugs, and in particular, halving the proportion of young people using heroin and cocaine. In the short-term, by 2002, the Government aims to reduce by 20 per cent the number of 11 to 16 year olds who use class A drugs (Home Office, 2000).

As a means of achieving these targets, emphasis has been placed on early intervention and prevention with high-risk groups, including: *'children and young people who are looked after by local authorities, those who truant or who have been excluded from school, those with drug-using parents, and those working in the sex industry or who are homeless'* (Home Office, 2000). Thus the four projects funded by Lambeth, Southwark and Lewisham Health Authority were aimed at clients identified as central to the government's early intervention strategy.

For vulnerable groups such as those that form the focus of the current report, the Home Office suggests that: *'interventions in response to their drug usage will be required early, and will have to be sustained over a longer period at more intensive levels'* (Stationery Office, 1998). The Home Office acknowledges that little is

known about the drug problems of high-risk young people and that little is done for them. It also acknowledges that such young people are reluctant to approach conventional services and that there are virtually no treatment services targeted to meet their needs. Furthermore, it concludes that there is a scarcity of information about effective interventions with young people, and that more evaluations are necessary.

Against this backdrop, in 2001, the government announced that it was making and extra £152 million available over the next three years for education, prevention and treatment services for young people at risk of substance misuse (Home Office, 2001). The money is to be distributed between youth offending teams, health authorities, schools and social services. The question remains of how to put the money to best use. The evaluation of the four projects featured in the current report, therefore, offers the opportunity for valuable learning in terms of how to intervene with high-risk groups of young people.

Local context

The characteristics of the area in which the four projects were set made for an interesting test-bed for the government's early intervention strategy.

Lambeth, Southwark and Lewisham Health Authority is the largest in London, covering a population of 737,000 people. Census information from 1991 reveals that the three boroughs are amongst the most socially and culturally diverse in the country. On average the ethnic minority proportion of the three boroughs is around a quarter (London Research Centre, 1998). Figures published by the health authority show that Lambeth has the highest proportion of dependent children in lone parent families in England - 42%, and Southwark the second highest proportion - 40% compared to a rate of 17% for England as a whole (Lambeth, Southwark and Lewisham Health Authority, 2001). All three boroughs appear within the list of top twenty

most deprived boroughs in the country with unemployment rates almost twice the average for Greater London. Figures also show that within Lambeth, Southwark and Lewisham, 38% of children are in households where no adult is in paid work, and that rates of exclusion from primary and secondary schools in the boroughs are more than double the average rate of exclusion for England (op cit).

These statistics paint a picture of an area of high socio-economic deprivation. Links between factors such as deprivation, unemployment and substance misuse are now well established. Esmail and colleagues, for example, report a direct association between areas of high deprivation and volatile substance misuse (Esmail et al, 1997), although it has been suggested that poverty only increases risk in conjunction with other factors such as childhood behaviour problems (Hawkins, Catalano, & Miller, 1992). Whatever the nature of the link, it is not surprising to find, given the profile of the area, that the boroughs have significant drug misuse problems. According to health authority figures for example, 20 per cent of people in London attending treatment services for drug problems for the first time are from Lambeth, Southwark and Lewisham (op cit). Figures from the Regional Drug Misuse database for the six months up until March 2000 indicate that there were 1,412 people accessing treatment services for drug misuse in the Lambeth, Southwark and Lewisham Health Authority area, 103 of whom were under 20 years of age (Department of Health, 2001).

The picture regarding rates of drug misuse rather than uptake of treatment services by young people in the three boroughs is more difficult to grasp, as there are few local statistical data on drug use. One of the few local studies, based on a community series of young people in Lewisham, recently found that as many as six per cent of 14 to 17 years olds met the diagnostic criteria for substance abuse (Attride-Stirling, Davis, Day & Sclare, 2000). A recent Health Action Zone report for the Health Authority, which focused on the

Lambeth area, comments that the borough's youth are particularly at risk of drug misuse due to the local level of socio-economic deprivation (Luger, 2001). The report concluded, based on anecdotal evidence, that substance misuse is at sufficiently serious levels to warrant increased provision of services for young people in the area.

Amongst its recommendations, the report suggests that methods such as outreach work should be employed to engage young people in services; that drug awareness training should be provided for teachers, youth workers and social workers; that one to one support should be offered to young people in a variety of settings such as youth centres and schools; and that close liaison of local agencies is required to provide a holistic approach, and to facilitate referrals. Many of the above elements feature in the four early intervention projects funded by Lambeth, Southwark and Lewisham Health Authority, and the present report assesses whether it was possible to implement such suggestions in practice.

Aims and objectives of the evaluation

In 1999 the Policy Research Bureau was invited to evaluate the four early intervention projects on behalf of Lambeth, Southwark and Lewisham Health Authority. The specific objectives of the evaluation were as follows:

(1) *to assess the implementation of the interventions.* The evaluation provides a descriptive account of the first eighteen months of the interventions, and assessed whether it was possible to implement the interventions as planned. In doing so, the report highlights the challenges the projects had to overcome in order to establish themselves.

(2) *to provide a profile of clients referred to and taking part in the interventions.* A baseline assessment of clients' substance misuse and areas of need was carried out to provide a profile of the types of clients in contact with the services.

(3) *to record the perceptions and experiences of both service providers and clients.* The evaluation captured qualitative elements of participation in the interventions. This involved recording first hand accounts of the reactions to the intervention, from the perspective of those providing the service and those receiving the service.

(4) *to develop best practice guidelines.* Drawing on the descriptions of the setting up of the projects and the challenges they faced, it was possible to draw out key learning points for good practice in setting up such interventions in the future.

Process evaluation

The evaluation of the projects is written up in the form of two reports. The current report is the first of the two, and provides details of the process evaluation, covering the objectives described in points 1, 3 and 4 above. The second report forms a supplement to the first, and provides an audit of clients, as set out in objective 2. The results of the evaluation are set out in the form of two reports rather than one in response to the needs of Lambeth, Southwark and Lewisham Health Authority. A process evaluation report was requested by the health authority earlier than had been originally planned, in advance of the concluding date for funding to the intervention projects. This was to allow decisions to be taken about the continued funding and development of services in this area. Hence the decision to proceed with the process evaluation report first, followed by the second report at a later date.

The four projects being evaluated differed immensely, not only in terms of their different client groups, but also in terms of their setting and the models of working that they chose to follow. A challenge for the evaluation therefore

was to develop an overarching framework, to draw out any common strands that linked these disparate projects. A puzzle from the outset was how similar or different the issues were that faced each project as they developed and implemented their particular intervention. Despite their very different characters, the process issues to emerge were surprisingly similar across projects, although there were of course issues that were unique to particular projects.

Methodological Approach

The process of fulfilling the research objectives meant adopting a very fluid, flexible approach to the evaluation. The projects were just starting up as the evaluation got underway, and firm decisions were still to be made within the projects about the nature of the interventions and the outcomes that were expected. At the outset, for example, project workers were uncertain as to whether they would be providing group-based work or one to one sessions, educational sessions or counselling sessions. There were also considerable delays in establishing the projects (as the description of events in Chapter three sets out). Whilst any new intervention or service requires time to establish itself and build a client base, it is fair to say that the delays encountered by the four early intervention projects were considerably longer than one might expect. This had a knock on effect for the evaluation. Whilst we had initially hoped to assess the impact of the projects in terms of client outcomes, the uncertainty and shifting of goal posts going on within projects meant that this idea had to be abandoned. By the time the evaluation came to a close, delays in establishing the projects were such that not all of the projects had begun to work with clients. Hence, the evaluation's aims and objectives had to be scaled down accordingly. However, through co-operation and negotiation with the project workers, and under the guidance of the steering group appointed to oversee the early intervention programme, it was possible to arrive at an agreement for the collection of process data.

Data collection methods

The primary method of data collection was face to face interviewing, but some observation of intervention sessions, and collation of projects' key documents (e.g. job descriptions, publicity leaflets, work plans, monitoring forms, etc) were also carried out. Between November 1999 and April 2001, interviews were carried out with a variety of individuals involved with the projects. These included interviews with individual project workers responsible for the delivery of the intervention, as well as other members of the services in which each of the projects was located. The latter included personnel in the Yot, the youth service, and the education service. It also included interviews with external agencies in contact with the projects, such as teachers in local secondary schools, and workers in adult drug agencies in the area. Interviews were also carried out with clients who were the users of the services offered by the early intervention projects.

In total 33 interviews were conducted. Some were semi-structured interviews and involved gathering information about the stages involved in establishing the projects. Others were substantive depth interview carried out with the aim of exploring the perceptions and experiences of those involved with the interventions. Twenty-four interviews were carried out with the 'front-line' project workers, their managers and other personnel from the services they were located in; three were with agencies external to the projects; and six interviews took place with the clients themselves.

One of the objectives of the evaluation was to reflect the views and experiences of the young people who were on the receiving end of the interventions. Unfortunately, interviews with clients were relatively few in number. We had planned to carry out many more client interviews in order to undertake a comprehensive analysis of young people's feelings and perceptions about drug use and drug services. We were only able to

interview a handful of service users for a number of reasons. First, not all of the interventions had established a client base from which we could make a purposive selection for interview: the evaluation was coming to an end just at a point when some of the services were beginning to take-off in terms of establishing a client base. Second, several attempts were made to set up interviews with young people but many did not take up the invitation, or if they accepted, they did not turn up for interview. This demonstrates the difficulties that many professionals face in engaging high-risk young people, whether this is for participation in an intervention, or participation in research about the intervention.

Analysis of depth interviews

The depth interviews were recorded on audiotape with the respondents' permission, and transcribed verbatim and in full. Transcripts were analysed using a thematic indexing technique, a form of qualitative coding. The indexed transcripts were then sorted under thematic headings to allow for detailed analysis, providing qualitative description and explanation of processes.

Limitations of the study

Evaluations can be used to answer many different sorts of research questions (Robson, 2000). An evaluation of processes, for example, can tell us what happens when a programme is being implemented, including how well it is operating and who is participating. An evaluation of outcomes, on the other hand, can tell us what kind of effect or impact the programme is having on those taking part. Third, an evaluation of efficacy tells us how the benefits of a programme compare with the costs of running the programme. The present evaluation was able to provide a comprehensive account of the first of these issues in relation to the four projects. However, we were not able to deal with the second or third of these issues.

The scope of the evaluation was limited by the fact that the interventions were newly devised pilot projects that were not established when the evaluation started. Whilst establishing new projects is bound to be a lengthy process, some of the projects included in the present evaluation took far longer to establish themselves than anyone could have anticipated. Despite considerable time and effort on the part of the project workers and their managers, not all of the projects, for one reason or another, had managed to attract clients at the time that the evaluation was coming to a close. Other projects had attracted clients, but in some cases this was relatively few. In such instances it was not possible to assess the impact of the interventions on clients nor the projects' efficacy. With new projects, caution should also be applied when interpreting the findings regarding the impact of the interventions on clients. As noted by Rossi, Freeman, and Lipsey, in general, it is preferable that: *'Interventions should be evaluated for impact only when they have been in place long enough to have ironed out implementation problems'* (Rossi, Freeman & Lipsey, 1999). Of course, in the real world this luxury is not always available (Ghate, 2001). Given that the projects were newly established, the current evaluation is best placed to comment on the processes involved in the development and implementation of the projects, and to provide some comment regarding the profile of the client base (with the latter reported in the second of the two evaluations reports).

Structure of the report

The next chapter in the report reviews what is known about drug use by young people, and high-risk groups in particular. The chapter following that (Chapter three) sets out in detail the development of each of the four projects that took part in the evaluation. It offers a chronology of events in the setting up and running of each project. Chapter four provides a description of the problems encountered in each stage of the development of the projects, from

the initial phase of getting started through to generating referrals, multi-agency working, and delivering the intervention itself. In Chapter five we assess the projects in relation to government practice and policy guidelines for intervening with high-risk groups. Finally, in Chapter six, we consider the lessons to be learnt from these projects by drawing out key learning points.

2: Young People and Drug Use

Introduction

In order to put the four Lambeth, Southwark and Lewisham early intervention projects into context, in this section of the report we review what is known about young people's drug and alcohol use. We begin by considering definitions of substance misuse and their application to young people. This is followed by a discussion of the prevalence of substance use found amongst children and young people in national surveys. We then move on to examine evidence about substance use amongst selected groups of high-risk individuals. In particular we focus on the four groups of vulnerable young people targeted by the Lambeth, Southwark and Lewisham's early intervention programme i.e., young offenders, children of substance-misusing parents, excluded pupils, and socially excluded young people.

Classifying substance misuse

An important step in understanding who an intervention should target involves defining levels of substance use. A common differentiation is made in the literature between drug use or experimentation and drug abuse or substance use disorder. Clinical diagnostic schemes such as DSM-IV (APA, 1994) set out criteria for substance abuse and substance dependence using operational definitions and severity criteria. However, it has been suggested that these clinical definitions may not be suitable for classifying drug use by adolescents. Their patterns of withdrawal symptoms, for example, may differ from those of adults. Also, some criteria used to define alcohol abuse, such as risky sexual behaviour, may be more common in adolescence and unrelated to alcohol abuse. This has led to the suggestion that an alternative diagnostic system is required for adolescents, based on a continuum of problem severity (Harrison, Fulkerson & Beebe, 1998).

Such a typology has been put forward by Silbereisen, Robins and Rutter (1995), based on the likelihood of the drug use doing harm to the user. It distinguishes four types of drug users. At the lower end of the scale there are the '*experimental*' or '*recreational*' users, where drug use is so infrequent and light that it is unlikely to cause any impairment in the long-term. Next come '*regular*' or '*heavy*' users who use drugs to the extent that they are in danger of developing problems associated with drug use. The '*problem*' user, in contrast, is someone whose drug habit has led to difficulties, although they may still be under the user's control. Finally, drug '*dependence*' is reached when in order to stop, the user is likely to experience significant physical emotional or social problems.

The focus of the four intervention projects was *early* intervention with young people. Early intervention can mean one of two things: either 'early' in the sense of targeting individuals when relatively young, or else 'early' in the sense of targeting people at the start of the development of their substance misuse problem (Little & Mount, 1999). The four intervention projects were clearly aimed at a young age group, i.e. children and young people from age 10 to 18 years. However, in terms of the stage of their substance misuse, the young people coming into contact with the services could potentially represent a broad range of substance users. They could range from non-users requiring advice and information about drugs and their associated risks, to problematic and dependent users requiring harm reduction interventions and treatment. The likely rates of different levels of substance use to be found amongst the four groups of vulnerable young people are discussed below. However, to provide something of a comparison, we begin with a description of the rates of substance use found amongst representative samples of young people.

Prevalence of substance use

Over the last decade, evidence for worrying trends in drug and alcohol use by young people have emerged from several sources including household surveys and school-based surveys. Not only are the availability of drugs and the range of drugs tried by young people increasing, but the age at which drug trying first begins is getting lower, shifting from between 14 and 15 years of age at the beginning of the 1990s to between 11 and 13 years of age at the end of the 1990s (McKeganey, 1998). A recent survey of drug trying and drug use amongst young people in two regions of northern England revealed that by the age of 13 years, one in four (26 per cent) had tried at least one drug, and this figure rose to one in two (51 per cent) by age 15 years (Aldridge, Parker & Measham, 1999). Cannabis was by far the most popular drug tried, with a quarter of 13 year olds and half of 15 year olds reporting that they had tried it. Amongst 14 to 16 year olds there was also between 2 and 3 per cent who had tried heroin, which was more than double the rate reported in previous surveys.

These results largely concur with those of a recent national government survey of secondary school children, which showed that 12 per cent of 11 to 15 year olds had used drugs in the last year, compared with 7 per cent in the same age group two years earlier (Department of Health, 2000). Drug use was also found to relate to alcohol use: 30 per cent of 11 to 15 year olds who drank at least once a week had used drugs in the last month. Findings from the 1998-99 Youth Lifestyles survey also show trends for increasing rates of alcohol misuse with age: 22 per cent of 12 to 15 year olds and 63 per cent of 16 to 17 year olds had felt 'very drunk' in the last year (Harrington, 2000).

It is all too easy to infer from these figures that Britain's young people are fast becoming a nation of drug addicts and alcoholics. This is certainly not the case. Whilst it is true that many young people are trying a greater range of

drugs at a younger age than ever before, most do not go on to develop problematic drug use. Nevertheless, it is important to be able to target the groups of young people who are most likely to misuse drugs, and to intervene before the problem escalates.

High-risk groups

Rates of problematic drug and alcohol use are likely to be far higher amongst socially excluded young people because they have higher rates of psychosocial factors that are thought to put young people at risk. The types of factors implicated range from those at the individual level to those at the family, school and community level. Several comprehensive reviews and commentaries on risk factors for drug misuse have been produced by a number of authors (see for example, Health Advisory Service, 1996; Gilvarry, 2000; Lloyd, 1998). Rather than repeat these reviews here, we choose instead to focus on what is known about substance use and misuse amongst the high-risk groups of young people that form the focus of the interventions evaluated in the current report, namely young offenders, children of substance-misusing parents, excluded pupils, and socially excluded young people. These groups form the focus of the interventions based in Lambeth, Southwark and Lewisham because we know, from the profile of the borough set out in Chapter one, that the area is likely to have an increased rate of 'at risk' young people by comparison to national rates.

Young offenders

Caution needs to be exercised in interpreting the results of surveys of young offenders, as the samples involved are small and not usually based on a random selection of offenders. However, even allowing for some degree of error, it would appear that young offenders form a priority group for intervention. Studies show that drug use by this group is much higher than that of other young people of similar age, and is more likely to involve use of

a wider range of drugs, as well as use to more problematic levels (Hagell & Newburn, 1994; Howard & Zibert, 1990, Inciardi & Pottieger, 1991).

A recent study of non-incarcerated young offenders in contact with Yots found that in the month prior to interview, the drugs most commonly used were cannabis (60 per cent), solvents (23 per cent), amphetamines (20 per cent), and heroin (20 per cent) (Newburn & Elliot, 1999). The authors conclude that there is likely to be a significant minority of young offenders who may be experiencing a range of problems in relation to their drug use, or who are at risk of doing so in the near future.

The results of the above study bear out those of an earlier study by the Audit Commission, involving 103 young offenders on supervision orders (Audit Commission, 1996). The *'Misspent Youth'* report revealed that almost two thirds of young offenders on supervision orders had used cannabis, one quarter had used amphetamine, around a fifth had used ecstasy, and a fifth had used LSD. One in ten had also used cocaine, whilst just over half this number had used heroin. Amongst a larger group of 600 young offenders included in the report, 15 per cent were described by their youth justice worker as having a problem with either drugs or alcohol.

In terms of studies conducted in the South London area where the current evaluation took place, Williamson et al (1996) found that amongst 50 young offenders, cannabis use was wide spread, with one in eight having used the substance in the month prior to interview. Almost half the young offenders had used other drugs in the prior month. The most common source of funding for drug purchasing amongst this sample was, not surprisingly, crime.

The nature of the link between offending and substance misuse is a complex one. It is generally agreed that most problem drug users have experienced

previous antisocial behaviour and conduct problems in childhood. However, the majority of antisocial or conduct disordered children do not develop problematic drug use (Glantz, 1992). Barnard & McKeganey (1994) conclude that drug use and delinquency are best viewed as having separate but related pathways, which are spuriously linked because they are both behaviours that adolescents engage in. They point out that the relationship between drug involvement and delinquency is not linear, since the same adolescents may be involved to dissimilar levels of either activity.

Children of substance-misusing parents

Since the 1980s, evidence has been accruing regarding the risks faced by children of substance-misusing parents, and their need for services. A review by Alison (2000) highlights the many ways in which having a substance-misusing parent may impact on a child. These include developmental delays, accidents and injuries, neglect and abuse, increased risk of becoming 'looked after' by a local authority, and higher rates of mental health problems. (e.g. Bifulco & Moran, 1998). A recent study of children on the child protection register in Southwark, for example, showed that substance-misusing families were significantly over represented in cases of neglect (Forrester, 2000). However, it is important to note, as pointed out by Mountenay (1999), that many drug using parents or carers lead relatively 'normal' lives, with no additional risk to their children.

There is now clear evidence to show that children of substance-misusing parents also have increased rates of substance misuse (e.g. Fawzy, Coobs, & Gerber, 1983), although the links between parental substance misuse and misuse by their children are likely to be complex (Mountenay, 1999). Possible mechanisms that have been implicated include family instability, parent conflict, parent-child conflict, inconsistent parenting practices, and genetic predisposition (Brook, Gordon, Whiteman, & Cohen, 1986; Chilcoat & Anthony, 1996; Merikangas & Dierker, 1998).

In terms of the number of children likely to be affected by parental substance misuse, a recent article suggested that nationally as many as one million children and young people are being raised in homes where parental alcohol misuse is impacting on them (The Guardian, 2001). A report concerning social services work with high risk families suggests that drug and alcohol problems (and also mental health problems) amongst parents tend to be under-estimated and under-recorded (Levin, Kearney, & Rosen, 2000). This leads to difficulties in providing appropriate services for this group of young people, and there are relatively few examples of specialist services for this group.

Young people excluded from school

There is much evidence linking educational factors to later substance misuse, including under achievement and low educational aspiration (e.g. Newcomb & Felix-Ortiz, 1992; Newcomb et al, 1987). A review by Lloyd (1998) of risk factors for problem drug use cites several studies that show links between truancy and school exclusion and substance misuse. Substance misuse rates are also reported to be high amongst children and young people who attend special schools for pupils with emotional, behavioural or other difficulties. In a North American study by Sussman, cited by Lloyd (1998), high levels of drug use and problematic drug use were found amongst pupils in 'continuation' schools, analogous to pupil referral units in the UK.

The pathways linking educational under-achievement, school truanting or exclusion and substance misuse are difficult to untangle. Wisely and colleagues (1997) found that 21 of the 26 young heroin addicts in their sample had either truanting or been excluded from school *prior* to their heroin use. Hawkins et al (1992) suggest that anti-social behaviour pre-dates poor school performance and attendance, and later drug misuse. Lloyd (1998) adds that family risk factors may predate the anti-social behaviour, implying a complex interconnection between several risk factors.

Homeless young people

Another factor to add to the risk profile for substance misuse is homelessness, which has been found to relate to school exclusion too. Shaffer and Caton (1984) for example, found that amongst a sample of homeless young people, as many as 71 per cent of boys and 44 per cent of girls had been suspended or expelled from school. Evidence suggests that rates of substance misuse amongst homeless youths is likely to be high. Greene, Ennett, and Ringwalt (1997) reporting on a sample of homeless youth found that three-quarters were using cannabis, and a third were using stimulants. In terms of substance abuse disorders, rates have been reported to be as high as 71 per cent amongst homeless youths in North American studies (Kipke et al 1997).

One British study notable for its prospective design and inclusion of a comparison group, followed up a sample of homeless young people between 16 and 21 years of age who were in contact with two London based agencies providing services for homeless youths (Craig, Hodson, Woodward, Richardson, 1996). The study's comparison group were domiciled young people in the same age range, drawn from General Practitioners' lists in two London boroughs. Clinically defined thresholds for assessing substance use disorders were used, assessing substance dependency (the need to use greater amounts of the substance to have effect, and experiencing withdrawal symptoms if the individual stops) and substance abuse (experiencing impairment to health and social functioning). The study reported a rate of 40 per cent for substance use disorders in the month of interview amongst the homeless group compared with 18 per cent of the comparison group. In most cases the disorder was accompanied by mental health problems such as anxiety and depression. Substance use disorders were also associated with a history of running away from care, sleeping rough and conduct disorder.

A significant proportion of homeless young people are likely to be the children of substance-misusing parents or carers. Stiffman (1989) found that a

third of 291 runaways reported having a parent with alcohol or drug problems. These young people are also likely to have high rates of other risk factors that increase their likelihood of developing substance misuse. Craig et al (1996), for example, found that 35 per cent of his homeless sample reported experiencing severe neglect in childhood. Over half had experienced episodes of severe physical abuse, and a quarter had been sexually abused.

Conclusions

This review of literature concerning young people and drug use suggests that children are taking drugs and alcohol at a younger age than ever before. Early intervention aimed at groups who are particularly vulnerable to developing problematic levels of use is therefore a pressing need. Given the levels of deprivation experienced in the Lambeth, Southwark and Lewisham area (as described in Chapter one), there is likely to be a high need for the services of the early intervention projects. Evidence reviewed in this chapter suggests that levels of substance misuse are likely to be particularly high amongst the four groups that are targeted by the early intervention programme. By evaluating these services we hoped to provide useful information about their implementation which may be generalisable to other high-risk areas where agencies may be considering establishing similar interventions to combat substance misuse amongst its young people. In the next chapter we document the milestones involved in the setting up of the projects, and in the chapter following that, we describe some of the challenges that the projects faced.

3: Development of the Early Intervention Drug Projects

Introduction

The aim of this chapter of the report is to provide a narrative account of the setting up of the projects, tracking their development from inception to fully operational services. It documents the main events in the history of the projects during the first eighteen months of their existence. There were a number of common stages to establishing the projects, though these stages were traversed by the projects at different speeds due to a variety of obstacles encountered along the way. Below, each of the four projects is described in turn under a common set of headings that relates to the stages in the setting up of each project. This involves details of the service context in which each of the interventions was located, the aims and objectives of the projects, the recruitment and training of project workers, how they were managed and supervised, how they generated referrals, how they engaged in multi-agency working, and the nature of the intervention they were offering. We confine ourselves in this chapter to simply chronically the events involved in setting up the projects. The impact and significance of these events for the projects is described in the next chapter.

Lewisham Youth Offending Team substance misuse intervention

Services context

Lewisham was one of the first pilot areas to establish a Youth Offending team (Yot) under the *Crime and Disorder Act, 1998*. Yots were established to reduce offending by young people and to tackle the factors that put young people at risk of offending. The Yot at Lewisham comprises a multi-disciplinary team

of workers from a number of related specialisms including probation, social work, police and courts, youth service, and the education service.

Prior to establishing the substance misuse worker's post at Lewisham, Yot officers tended to act on substance misuse amongst their clients when it appeared to have reached levels that caused significant problems, or else was clearly related to their offending behaviour, or else when clients themselves raised their drug misuse as an issue. Yot officers would then refer young offenders to external specialist agencies in the area, which tended to be services designed for adults rather than young people, as local provision of drug services for young people is generally lacking. There was clearly a potential role for a substance misuse worker who could bring more specialist knowledge and experience of drug and alcohol misuse to bear on the work of the Yot.

Project Aims and objectives

The early intervention service set up within the Yot was aiming to work with young people in the 10 to 17 years age group, and its remit included work around alcohol misuse as well as drug misuse. The specific aims and objectives of the project were as follows:

Aims:

To provide a range of services to help young people at risk of offending or already involved in offending behaviour to reduce both their drug use and associated criminal behaviour.

Objectives:

- 1. To develop and deliver individual and/or group work packages and other specific interventions for young offenders which address needs related to their substance misuse and offending*
- 2. To provide support and consultation to Lewisham Youth Offending Team staff and partner agencies, providing training, raising awareness and developing skills in working with young drug and alcohol misusers*

3. *To identify gaps in present levels of service provision for young offenders, particularly young offenders from excluded/minority groups*
4. *To develop specific programme interventions to meet the needs of excluded/minority groups*
5. *To assist in identification of baseline figures around young people and substance abuse in the borough*
6. *To assist in development of common substance misuse/personal and social health assessment tool to be used within the Youth Offending team and partner agencies.*

Recruitment and training

The original timetable for the project allowed for recruitment of the project worker in October 1999, and for induction and developmental work to take place in the first six months, so that the service would be operational by April 2000. There was some slippage in this timetable as there were initially difficulties in generating referrals and in developing the content of the intervention. (These difficulties are described fully in the next chapter).

The substance misuse worker was recruited in October 1999, as planned. The project worker's previous employment had involved working as a project worker for young people in a community drug project, and a drug advisor for schools, based in a drug and alcohol team. As part of an induction plan for the post, the project worker attended a four-day course run by the Youth Justice Board concerning the youth justice system. This provided her with information about the various stages of the judicial process that a young person might go through, and helped her to identify the potential points at which a young offender could access the substance misuse intervention service.

Supervision and management

The substance misuse worker was initially line-managed by a senior worker within the Yot, who provided support and guidance on the development of the project. Clinical supervision was provided by a substance misuse specialist from a different service running within the same building, the Ashby Road Therapy Service. After the substance misuse worker had been in

post for approximately six months, her line manager left, and the post was not filled. Responsibility for line management of the post fell to another Yot worker, who was not part of the management team. This arrangement changed again after six months, when the supervision of the substance misuse worker was handed over to a senior practitioner within the Yot. These changes in management were to cause difficulties for the worker, and are discussed in the chapter to follow.

Generating referrals

Over the course of a number of months, several methods were used to identify young offenders who were likely to benefit from the intervention. Initially the task of identifying suitable young people to refer to the intervention fell to the Yot's supervising officers, who had overall responsibility for key-working with young offenders. They were asked to refer to the substance misuse worker if, in the course of their routine work, they came into contact with any young offenders for whom drug or alcohol use seemed to be problematic. However, this approach generated only a handful of referrals and it was decided that a less subjective, more proactive approach had to be taken.

In response to this need, the substance misuse worker devised a screening tool for use by supervising officers that asked about the young offenders' use of alcohol and drugs. The aim was to get all supervising officers to routinely screen young offenders, rather than relying on the subjective appraisal they had been using previously. On the basis of the information recorded in the screening questionnaires, the project worker could then select individuals to take part in the intervention. Disappointingly, this approach also generated very few referrals to the project.

As a result of the lack of success of these approaches, the substance misuse worker decided that she herself would routinely screen young people on

supervision orders and action plan orders, rather than waiting for referrals from supervising officers. This approach had the benefit of identifying individuals who were potential users of the intervention, but also provided a profile of drug and alcohol use by the young offenders in contact with Lewisham Yot who were on supervision orders and action plan orders. Whilst screening was scheduled as part of each young offender's supervision plan, this process was sometimes bypassed if, at the earlier pre-sentencing stage, a young person's substance misuse had already been identified (e.g. if they were offending in order to buy drugs). In such cases the Yot officer would refer the young person to the substance misuse worker for a full assessment. This assessment involved gathering information about the young person's demographic characteristics, their current and past drug and alcohol use, including the pattern, level and frequency of use, reasons for use, their own perception of their use, their concerns about their use, and any links between their drug use and offending. It also covered details of their social and family situation, physical and mental health (including history of injecting), their motivation, goal setting and plans for the intervention. On average, the substance misuse worker was assessing four young offenders per week.

Multi-disciplinary working and multi-agency partnerships

Since the Yot is a multi-disciplinary team, the project worker collaborated on a daily basis with a number of different professions involved in youth crime reduction. This multi-disciplinary working was not without its problems, although many of them were 'teething problems' that were overcome after several months. More details of the barriers to multi-disciplinary working are discussed in the next chapter.

In terms of agencies external to the Yot, the project worker and the Yot's youth worker initiated a multi-agency social inclusion project called 'Midnight Basketball'. This was aimed at young people who were socially excluded, including those who were at risk of offending, and provided them

with the opportunity to receive education and advice sessions alongside coaching in activities such as basketball skills. The educational session topics included sexual health, citizenship, life skills, personal development and drug awareness. The programme involved the collaboration of a number of other agencies that input to educational sessions, and the setting up of a steering group to oversee the development of the programme.

The substance misuse worker also established links with other drug services in the borough to inform them of her role, and attended Drug Action Team meetings concerned with treatment, community safety and young people. In addition, she met with other Yot-based substance misuse workers to share information about practice issues and role development.

Nature of the intervention

Like the process of generating referrals, the process of developing the intervention itself underwent several transformations before it was finalised. One of the important factors in determining the type of intervention to offer was the level and type of need amongst the client group. At the outset of the project the nature of the clients' need was unclear. However, the screening assessments undertaken by the substance misuse worker provided baseline information about clients' alcohol and drug use that proved useful in informing the nature of the intervention.

The initial pilot strategy involved provision of brief interventions in one to one sessions. Later, the decision was also made to offer a group drug education and awareness programme for clients with different needs than the one to one sessions provided for. The group sessions was targeted at clients who were low-level drug users, who were using drugs and alcohol largely on a recreational basis with little adverse impact on their life. The aim was to provide drug education to raise awareness of potential problems related to substance misuse, and to prevent escalation of use. The group sessions were

planned to take place once per week for six weeks (including an initial assessment as the first session), and fitted in well with the structure of the various orders requiring the young person's attendance at the Yot on a weekly basis. The group programme sessions examined attitudes to drugs, the physical and psychological effects of drugs, offending and drug taking, and the consequences of drug taking for the individual.

A pilot group program involving six young offenders ran for six weeks, as planned, but the program was then abandoned for a number of reasons. First, whilst there were many young offenders who were suitable for the programme on the basis of having low-level drug use, it was difficult to assemble together a group who also had similarly low levels of drug knowledge *and* were all at the same stage in the judicial process so that they could attend at the same time. Second, the attendance pattern of individual members of the group was erratic, affecting the cohesiveness of the group and the educational process. Finally, there were practical problems concerning staff cover: group sessions ran until six o'clock in the evening, and it was difficult to arrange for staff cover beyond five o'clock, thus compromising the safety of the worker.

Although group sessions were abandoned, one to one sessions with young offenders continued. These involved use of motivational interviewing (Miller & Rollnick, 1991) to move clients through the cycle of change (Prochaska & di Clemente, 1986). Young offenders were selected to take part in these individual therapy sessions with the substance misuse worker on the basis of their drug use as measured in their initial assessment session with her. The target clients for these one to one sessions tended to be frequent drug users, or those whose drug use was having an adverse impact on their life, leading to, for example, offending, or problems in personal relationships. The initial session involved an assessment aimed at gauging how far substance misuse was impacting on the young person's life in general, as well as in relation to

their offending. It also involved agreeing on how many sessions they would attend, and identifying with the young person what they expected to achieve in that time. The goals set by the young person included drug-related outcomes such non-escalation or reduction in substance use, as well as non-drug related outcomes such as staying out of custody, starting work or returning to school.

Therapist for children of substance-misusing parents at ARTService

Service context

Ashby Road Therapy Service (ARTService) provides mental health support to young people who are offending or at risk of offending, and to young substance misusers. It was set up as a Child and Adolescent Mental Health (CAMH) service in 1999 on a three year Mental Health Grant from the Department of Health. A major source of referrals to the service is Lewisham's Youth Offending Team, with whom it shares its premises. Collaborating institutions supporting the service include South London and Maudesley NHS Trust, Lewisham Social Services Department, and Lambeth, Southwark and Lewisham Health Authority. The ARTService team is a multidisciplinary one comprising three young people's mental health specialists, a clinical psychologist, a child and adolescent psychiatrist, a substance misuse specialist, and a parent worker. As part of the expansion of the ARTService, the post of counsellor/therapist for children of problematic substance-misusing parents was established.

Project aims and objectives

The target group the project was aimed at differed somewhat to that of the other three projects in Lambeth, Southwark and Lewisham's early intervention programme. Whilst the other projects were directly targeting young people with substance misuse issues, in this project the client group themselves were not necessarily substance misusers, but were thought to be

at high risk because of their parent's substance misuse. The overall aim, nevertheless, did include reduction in risk of substance misuse by young people. The target age range of clients was 10 to 18 years of age. The aims and objectives of the project were as follows:

Aims:

To reduce the risk of substance misuse by young people already affected by the substance misuse of significant people in their lives, and to promote the emotional and physical well being of the young people referred to the service.

Objectives:

- 1. To provide a counselling/therapeutic service to young people affected by the substance misuse of parents/carers*
- 2. To work with parents of referred young people in order to increase the effectiveness of the intervention, as appropriate*
- 3. To provide a family therapy service to those who are affected by substance misuse*
- 4. To increase protective behaviours and reduce the risk of future problematic substance misuse, or other problematic behaviours by young people affected by substance misusing parents*
- 5. To work with substance misusing parents to enhance their strength in parenting and reduce the risk of harm, inadvertently or otherwise, to their children*
- 6. To increase the body of local knowledge about the needs of young people affected by substance misuse*
- 7. To develop close effective links between adult based substance misusing services, and services for children, young people and families*

Recruitment and training

A project worker was recruited in June 1999. The post holder was a qualified social worker who had several years previous experience in social services departments in South London, and she had recently trained as a drama therapist. Her initial weeks in post included a period of training in drug awareness and liaison with adult drug agencies.

Supervision and management

Initially the service unit manager of the ARTService was supervising the therapist, but in September 1999, a senior substance misuse specialist was recruited to the ARTService, and she took over the supervision of the post.

The service unit manager of the ARTService left in the Autumn of 1999 and was not replaced, despite advertisements for the post. The role was initially filled by two part-time temporary managers, one of whom resigned from this position in the Summer of 2000. In October 2000, one of the young people's mental health specialists took over a part-time position as service co-ordinator in addition to her casework, and the post of service unit manager remained unfilled. (The implication of these changes is discussed in the next chapter.)

Generating referrals

Several different approaches were taken to publicising the service and generating referrals, although the numbers of referrals remained low (peaking at around four per month). The project worker developed leaflets and posters aimed at professionals, parents and also children and young people. These were mailed out with introductory letters to a wide range of organisations in the hope of generating referrals, including G.P.s, health centres, adult drug agencies, social services departments, and public libraries.

An open day was held in February 2000 for the whole of the ARTService, which attracted enquiries from around 40 different professionals. Visitors had the chance to meet with the individual members of the ARTService team, and find out more about the service being provided, including the service offered by the therapist working with children of substance misusing parents.

The project worker also held 'road shows' as a way of generating interest amongst potential referrers. This involved making presentations to local social services departments, schools, adult drug agencies and other local organisations in order to raise the profile of the service, and to provide full details of what was on offer.

Because a number of referrals made to the service were inappropriate for a variety of reasons (e.g. the child was outside the age range), the project

worker devised a list of questions to be asked by the ARTService team member taking the referral details. This included details about the level of parental substance misuse, and its impact on the child. This enabled the project worker to clarify at an early stage whether or not the referral was appropriate for the service.

The project worker also set up a therapeutic surgery in a local secondary school once a week during lunch times in conjunction with Lewisham's 'Young Carers' organisation. The aim was to allow children and young people who had concerns about their parent's substance misuse to directly access the project. This led to a handful of young people coming forward for help, but was impossible to sustain as the school proved to be an unsuitable environment for delivering the intervention (as discussed in the next chapter).

Multi-agency partnerships

Many of the activities described above involved inter-agency networking to alert potential referrers to the existence of the service. Specific links were also built with organisations who could not only refer clients but who could also offer premises that might be used for delivering the intervention. For example, one young client was seen for therapeutic sessions with the project worker at an adult drug agency where her parent was receiving help. Another client was seen during lunch times at school. The project worker also devised and ran training sessions for social workers in district offices to raise awareness of the needs of the client group.

Nature of the intervention

When a referral was accepted, an initial assessment session was held with the young person and their parent/carer at which they discussed their reasons for needing help. After this, the young person met with the project worker alone for an agreed number of sessions. It was initially intended that the sessions would last for one hour, once per week, for 12 weeks. However, this

timescale was used flexibly, depending on the needs of the young person. A flexible approach was also taken to the location in which the therapy took place, and sessions were held in schools, at home, in adult drug agencies, as well as at the ARTService building.

The project worker was a qualified drama therapist, and was able to use a number of different methods for facilitating communication with the young people that were referred to her. She often used art and play therapy in addition to counselling. The therapeutic work dealt with the young person's concerns arising from having a substance-misusing parent. This encompassed a wide range of issues, including living conditions, education, and relationships with parents and siblings. Drug use by the young person was not necessarily the focus of the intervention, although it was addressed if this was a concern that the young person raised.

At the outset of the project, the therapist had considered carrying out group work. She saw this as an important form of intervention with this particular client group because of the need to overcome the sense of isolation expressed by many of the young people she saw. It was hoped that two groups would run, one for younger children and one for the older age group. However, the number of referrals from one particular age group was never sufficient to form groups, and the intervention was therefore delivered on a one to one basis instead.

Southwark education service 'Inreach' project

Service context

The Inreach project was based within Southwark's education service, and was run from offices within Southwark's education resource centre. The project was introduced during a turbulent phase for the local education authority. In December 1999, two months after the intervention project was due to begin, Southwark's local education authority (LEA) received a particularly critical OFSTED report. The report concluded that the LEA was not fulfilling its statutory duty to raise standards in schools, and that the failure was 'first of all, one of leadership' (OFSTED, 1999). This resulted in the departure of the Director and Assistant Director of Education, and the introduction of a private company to run education within Southwark schools from 2000 onwards. These changes were to have a considerable impact on the implementation of Southwark's Inreach project, as described in the chapter to follow.

Project aims and objectives

The remit of the Inreach project was to work with three specific secondary schools and two pupil referral units. The target age range for clients using the service was 11 to 17 years. The specific aims and objectives of the project are shown below. These were the aims and objectives as described by the project manager. However, the health authority funding the project saw the remit of the service slightly differently. Specifically, they did not include training of teachers as part of the remit. However, the project manager and project workers saw this as an important way of working with teachers, and felt this need was not being sufficiently met by other agencies, and continued to provide this service.

Aims:

To reduce substance misuse amongst young people, promote healthier lifestyles, improve adult and pupil awareness, and promote social inclusion.

Objectives:

- 1. To ensure schools are supported in a multi agency way in working to reduce substance misuse*
- 2. To work with teachers and pupils to identify issues surrounding substance misuse*
- 3. To provide early intervention for at risk pupils*
- 4. To provide opportunities for the training of key teachers*
- 5. To work with parents/carers to reduce substance misuse by referred young people*
- 6. To develop strategies to resist substance misuse by young people referred*
- 7. To offer residential opportunities for young people referred*
- 8. To facilitate prevention of offending counselling to young people*

Recruitment and training

The start of the project was delayed due to the re-organisation that was taking place within Southwark's education authority. Rather than recruiting to the project in the Autumn of 1999, recruitment of staff was planned instead for February 2000, with the service to be fully operational as soon as possible thereafter. Even with this amended timetable, there was still considerable slippage in the setting up of the project.

The education service planned to recruit three full-time project workers to provide the drugs intervention service to schools. There was a poor response to the job advertisement that appeared in December 1999, and a more flexible approach to filling posts had to be taken. It was decided that in the short-term a part-time consultant and some sessional workers could be recruited until a more permanent project co-ordinator was found. However, these short-term measures were never put in place, as the role of the person within Southwark education services who had responsibility for setting up the project changed radically following the OFSTED inspection.

Some six months after the original recruitment drive began, a project co-ordinator was seconded from Orchard Lodge to work three days per week on

the project. Initially this was conceived of as a temporary arrangement, but the secondment continued. In addition to the project co-ordinator, two project workers were recruited in September 2000. Both had backgrounds in youth work. In addition one worker had experience of providing drug education and treatment, and the other had previously worked in schools as a learning mentor. Their initial few weeks in post were largely taken up with training on a variety of courses: drug awareness, motivational interviewing, solution focused therapy, and IT courses to assist them in the method of delivery of the service.

Supervision and management

As described above, the person within Southwark education services who originally had responsibility for developing the project was given a new role following the OFSTED inspection. This led to a change in her work priorities with the result that there was very little managerial input to the project until finally a project co-ordinator took up post several months later. The project co-ordinator was responsible for the development of the project and for overseeing the work of the two project workers. He also provided supervision to the project workers on a regular basis.

Generating referrals

One of the initial tasks for the project was to make contact with specific secondary schools in Southwark who had been identified as having a number of 'at risk' young people. Establishing partnerships with one of the schools was initially more difficult than expected because the school concerned felt the service the intervention offered was already being offered by the local police. However, the project workers felt that the content of what they offered differed substantially to that of the local police force. Though negotiation with the police and school, the project workers made arrangements to display information about the project within the school on the day that the police were providing the school with a presentation. This

process was still being negotiated at the time of writing. In the meantime, the project workers contacted another school in the borough to offer their intervention as a substitution for this school.

In total the project workers managed to work with three schools and two pupil referral units. The point of contact within the schools varied from head teacher to pastoral worker, to class teacher. It seemed to be dependent on whoever within the school had the enthusiasm and energy to take up the cause. In one case, for example, the head teacher was not keen to be involved with the project, but was happy for one of the year heads to liaise with the project. The process of gaining access to schools was also facilitated by the links that one of the project workers had at a school where she had previously worked as a learning mentor. In October, 2000, the project workers began delivering drug education and awareness sessions in schools. The initial sessions taking place in that month involved a total of 70 pupils in two schools, involving young people in years 8, 9, 10 and 11.

A later development aimed at generating self-referrals involved establishing a base in one school for holding a lunch time drop-in session for young people. The success of this is unknown, as the evaluation was drawing to a close as the development got underway.

As a means of publicising the service, leaflets were drawn up setting out what the project offered, and these were sent to the target secondary schools and pupils referral units. Posters and cards advertising the service were also devised at a later stage. The design for these was generated by holding a competition amongst pupils from all the schools with whom the project had worked. There are also plans to set up a website for the project.

Multi-agency partnerships

In addition to providing drug education and awareness sessions in schools, the project also offered advice for young people on a one to one basis. Seven clients were engaged in such sessions at the time of writing. As part of this remit, the project workers researched service provision and treatment for young people so that they could refer young people on to other agencies for treatment or advice if necessary. The project workers contacted a number of voluntary and other agencies in the area to find out about treatment services for children and young people, and found that the agencies did not in fact deal with young people below the age of 16 years.

The project workers also obtained local information about a number of leisure, training or alternative activities for young people as part of their remit to provide diversionary activities. This involved contacting the careers service for information about training courses and job opportunities. It also involved contact with the youth service, which provided a booklet about leisure activities in the area, although the information was of limited value as many of the schemes mentioned had closed or were not yet operational.

The project workers also formed links with other organisations in the area with which their work was in danger of overlapping. The 'Healthy Schools Partnership', for example, also provided a schools-based drug education service for pupils and teachers. A meeting with a worker from the scheme indicated that there were indeed similarities with the early intervention project, but the project workers felt there were also important differences that made each project distinct. For example, the Inreach project worked with secondary schools rather than primary schools, and the content and methods used in training sessions with pupils and teachers were quite different.

A link with an organisation that was to prove problematic for the project was Drugscope, whom the project workers approached in order to obtain

materials that could be used in classroom education sessions. The difficulty with Drugscope arose because the organisation required payment for materials in advance of delivery, and Southwark's education department would not make an advance payment. This bureaucratic problem was circumvented by using materials from other agencies including Blackliners, the Health Development Agency, the Community Drugs Education Project, and other national drug resource agencies.

Nature of the intervention

To facilitate the relationships with schools, the workers adopted a flexible approach to what they offered and the way they worked based on the needs expressed by school staff. There were several strands to the work undertaken by the project, as described in their own brochure. The project offered:

- Standardised policy and practice development across educational establishments
- Drug awareness training for teachers, pupils, parents and governors
- Facilitating access to treatment services
- Access to diversionary activities
- One to one support, advice and information
- Group work
- Provision of a point of contact for pupils at risk
- A general advice and information service
- Needs analysis

The classroom-based sessions involved groups of up to 15 young people attending for two sessions held during one week. The project workers asked teachers to let the young people volunteer themselves for the sessions, rather than being selected by the teachers. The sessions provided information and advice about drugs and their associated risks, and were interactive in nature, involving work in small groups and work alone, as well as whole group

discussion. A number of materials were also provided for the young people who took part in the classroom-based sessions. An information pack was handed out which included leaflets giving factual information about different sorts of drugs (including alcohol) and a pen and a key-ring with the project's name and telephone number in case any pupils wanted further contact on an individual basis.

Within schools where classroom sessions had been held, the project workers offered counselling sessions with pupils on an individual basis. Pupils were referred for this by their schools, and sessions were held within the school itself on a weekly basis. The focus of the one to one work extended beyond the pupils substance misuse, and covered any issues the young people raised about other areas of their lives affected by their drug use, such as their close relationships. There was no set number of sessions planned, as this could vary depending on the young person's needs.

Yet another strand to the project's work involved drugs education and awareness for schoolteachers, school governors and parents. The project workers developed a training session for school governors in Southwark, using multi-media and interactive techniques including video and discussion groups. The aim of the training was to increase knowledge and understanding of drug use, and of the legal aspects of drug use, as well as increase awareness of the national policy and guidelines that inform good practice and policy development in schools. A similar training course was also established for teachers and for parents. Although such training was not specified as part of their remit, the project workers felt it was an important way of generating referrals from teachers, and for providing school staff with information for developing drugs policy and practice within schools.

Lambeth youth service outreach project

Service context

Lambeth's early intervention project took the form of an outreach project based within the youth service which formed part of the Lifelong Learning Directorate. Since the youth service lacked any suitable accommodation of its own in the Streatham area, the project shared office space with Smart, a drug agency offering support to adult drug users. Like Southwark's education department, Lambeth's youth service was undergoing restructuring at the time that the early intervention project was being introduced. This had an adverse effect on the implementation of the outreach project, and led to considerable delays in getting the project up and running. (This is discussed further in the next chapter.)

Project aims and objectives

The outreach project aimed to work with socially excluded young people in the 13 to 19 year age group. Its aims and objectives are set out below.

Aims:

To provide detached and other youth work interventions to young people who are vulnerable to a number of risk factors, primarily in substance misuse in the Brixton and Streatham areas of Lambeth.

Objectives

- 1. To develop and deliver individual and or group work packages and other interventions for vulnerable young people which address needs related to truancy/exclusion, substance misuse, sexual health and offending*
- 2. To develop effective detached youth work strategies in partnership with appropriate specialist agencies*
- 3. To develop specific social education programmes with young people which meets expressed and identified needs*
- 4. To identify gaps, trends and issues in provision associated with substance misuse and to develop service provision where capacity allows*
- 5. To track the personal and social development (progression routes) of young people engaged in the project*
- 6. To develop effective strategies in partnership with other specialists which reduces the levels of truancy/exclusion, sexual health and drug misuse amongst young people in the geographical area.*

Recruitment and training

According to the original timetable for the project, a full-time project worker should have been in place by October 1999. However, the first attempt to appoint was unsuccessful and the post had to be re-advertised. A temporary appointment of a full-time youth worker was made on a six months contract, starting in March 2000. In the meantime an advertisement was placed for two part-time project workers and a project co-ordinator. Two part-time sessional workers were duly employed for six hours each per week, beginning in May 2000. After four months, the youth worker on the temporary contract resigned. It was not until December 2000, some six months later, that a new appointment was finally made. The new project co-ordinator was seconded from an outreach project based in Kings Cross, North London, where he had worked as part of a team offering advice and support to sex workers and homeless young people.

Supervision and management

As with other projects, the management of the project underwent several revisions over the course of the first eighteen months of its life. First, as a result of the restructuring of the youth service, the workload of the person initially assigned the responsibility for appointing the full-time worker and two part-time workers expanded rapidly, and the project was assigned a low priority. In addition, she was later promoted, and it was some time before a new person was appointed to fill her old role. The situation was further complicated when the full-time youth worker she had appointed resigned after four months. The consequence of these changes was that the work of the two sessional workers went largely unsupervised for a considerable length of time, and the project lost ground in terms of establishing its identity and client base. The new full-time project co-ordinator appointed in December 2000 took on responsibility for overseeing the two sessional workers, and a new manager was also appointed in place of the promoted person within the youth service who originally had responsibility for setting up the project.

With these new workers in place the project picked up pace. However, there were considerable difficulties in arranging meetings with sessional workers, in part because they were employed for so few hours each week and had commitments to other projects, and one was also absent due to sickness. In April 2001, one of the sessional workers resigned, and the work of the other sessional worker was under review at the time of writing.

Generating referrals

A large part of the task of generating referrals to the project involved making links with other local agencies that had contact with children and young people. The first project worker in post (who later resigned) set up separate meetings with representatives of tenants' associations, police and local schools to identify vulnerable young people who might benefit from the intervention. The project co-ordinator who came into post in December 2000 also set up meetings with local agencies, but adopted a more 'joined-up working' approach, whereby he brought a number of the local agencies together at joint meetings. The aim was to decide how best agencies could meet the needs of young people by joining forces in a collaborative effort, and by avoiding duplication of each other's work. Details of the agencies that were contacted and the work carried out are described below in the section on multi-agency working.

In addition to multi-agency working, the other means of generating referrals relied on the sessional workers carrying out detached outreach work in local areas known as places where socially excluded young people were likely to congregate. The project co-ordinator established a work plan record to track the work being carried out by the sessional workers in terms of establishing a client base. This involved completing information about young people they came into contact with, such as the client's basic demographic information, a list of what their needs might be, and what course of action was planned in relation to meeting their needs. This record keeping was a new way of

working for the two sessional workers, and it was met with much resistance. (The impact of this is discussed in the chapter that follows.)

Only two referrals had been made to the project at the point when the evaluation came to an end. One had come from the Smart project, whose offices the early intervention service shared, and the other had come from the education department.

The project co-ordinator planned to have cards designed with information about the project for distribution to young people as a means of publicising the service. Posters were also planned as a way of raising awareness of the project amongst potential referrers. This publicity material had not been produced at the point when the evaluation came to an end because the nature of the intervention had yet to be determined.

Multi-agency working

The location of the project itself was determined by links with organisations that were willing to provide office space to the project, as the youth service lacked suitable premises in that part of the borough. An office base was provided by Smart, a branch of Mainliners that offered support to adult drug users. The first project worker (who later resigned) also forged links with the Brook Advisory Centre in Brixton, thus allowing the project to operate from two areas at either end of the borough.

When the project co-ordinator came into post, he set up meetings with other organisations in order to generate referrals, and to find out how best the needs of vulnerable young people might be met by joined-up working. One of the organisations that he built close links with was Streatham's Safe Space agency that works with sex workers. This contact again offered the possibility of providing a base for seeing young people, in this case young sex workers

who were working in the south of the borough. An agreement for co-working in the area was set up.

Another link was made with the Streatham Youth Centre, a voluntary sector project. In collaboration with the Centre, the project co-ordinator helped to organise a joint meeting involving a number of local agencies including the police, youth service, and social services. The collaboration resulted in plans to set up an educational/leisure activity programme for young people who were excluded from school or who were unemployed.

Another strand to the multi-agency working involved outreach work on a local housing estate. A joint meeting was set up between the neighbourhood youth worker, and staff from the local youth club, social services, youth offending team, police force, the Safe Space agency, and the local tenants' association. Representatives from each of the collaborating organisations met regularly to identify excluded young people on the estate, and to co-ordinate activities to offer young people 'joined-up' services. The agencies jointly agreed to set up a daytime drop-in for 14 to 25 year olds, at a youth club just off the estate, staffed by a multi-disciplinary team of drug workers, sexual health workers, and health workers. Peer education programmes were planned for young people. These plans were all at the stage of discussion and negotiation when the evaluation came to a close.

The project co-ordinator was also collaborating on detached outreach work with a local youth worker who was particularly interested in working with young refugees at risk of social exclusion. He joined in with outreach sessions aimed at mapping the scale of the problem locally. As a way of raising the profile of the project, the project worker also attended several local neighbourhood meetings on a regular basis, including the Police Consultative Group, Streatham Community Forum, Streatham Partnership Board, and the Clapham Park Neighbourhood Forum.

Nature of the intervention

At the time of writing, the service was not fully operational and the precise nature of the intervention had yet to be determined. It was in part to be informed by the nature of the collaborations with other organisations, and the type of need present amongst potential clients. A number of options were being considered. One to one sessions with young people were likely to be offered, to provide information and advice, and to facilitate access to other services. Group work was another possibility, involving peer education programmes. The work that had been carried out with the small number of referrals that had already been made to the project involved providing information and advice to young people who had been excluded from school or were at risk of exclusion because of their drug use.

Conclusions

One of the key aims of the evaluation of the early intervention programme was to assess whether it was possible for the projects to be implemented as planned. From the chronological account of events described in this section of the report, we can conclude that the process of establishing the projects was far from smooth. Whilst implementing a new intervention service is bound to take time, some of the difficulties encountered in implementing the four early intervention projects were quite exceptional. All of the projects experienced timetable slippage and difficulties in their implementation, whether this was at the initial stage of simply recruiting a worker, or in the later stages of generating a client base and becoming fully operational.

Some of the projects experienced more extensive delays than others. In the case of the Outreach project, delays in staffing the project were so great that the evaluation ended just as the first clients had made contact with the service. Delays in staffing the Inreach project were also considerable, but the project gathered pace once the project workers and manager were in place. In

the other interventions, at Lewisham Yot and the ARTService, the process of recruiting project staff was relatively unproblematic, but the process of generating referrals to the projects took a considerable amount of time, and the projects suffered under the impact of changes in management structure. In the chapter that follows we explore the implications of the disruption experienced in implementing the projects, and describe the challenges that were encountered.

4: Challenges to Implementing the Interventions

Introduction

The current chapter focuses on challenges that were encountered in the implementation of the four early intervention projects. We examine the impact of some of the events that occurred in the setting up of the projects as highlighted in the previous chapter. Despite operating in very different contexts and using very different methods of working, there were considerable similarities in the types of hurdles that the projects had to overcome in establishing themselves. Hence these challenges are described in terms of overarching themes that were applicable across projects. They cover: challenges faced in getting started, in generating referrals, in carrying out multi-disciplinary and multi-agency working, and in delivering the intervention sessions themselves.

Challenges to getting started

The service context

The timing of the introduction of the interventions in relation to developments in the services in which they were set meant that, in some cases, the interventions were extremely slow in getting started. The projects were being introduced into services that were ill prepared, for one reason or another, to host a new intervention. In some services there was considerable on-going re-organisation, which led to project managers taking on new roles and responsibilities. The competing demands on their time meant that the early intervention projects were effectively marginalized. Within the education service in Southwark, for example, changes in priorities occurred due to the re-organisation of services in light of the OFSTED inspection. This produced considerable delays in the start up of the Inreach project. Re-

organisation within the youth service in Lambeth led to shifting priorities, which also led to long delays in the development of the Outreach project .

Some services were themselves relatively new and were still in a developmental stage at the time when the early intervention projects began (e.g. the ARTService and the Lewisham Yot). The introduction of a new intervention into an already embryonic team meant that additional time was required to negotiate roles and establish inter-disciplinary working practices.

'Its difficult as the service is a new one, and everyone is trying to prove themselves...its not social work posts and its not probation...everyone has new title posts...everyone is new, and developing skills that perhaps they were not allowed to develop before...its hard for everyone and its good for everyone because we're being stretched and challenged.'

(Therapist, ARTService)

Recruiting and retaining staff

The process of establishing the interventions was also hampered by difficulties some projects experienced in recruiting staff, and in retaining staff once in post. Delays in filling posts on Lambeth's Outreach project were caused in part by the three months it took to get police checks carried out on new workers. In some cases there was discontinuity in staffing, when one project worker left and another was recruited some months later. For the Outreach project this discontinuity led to some duplication of the out-going project worker's development work by the in-coming member of the team. Contacts made with external agencies by the first project worker had to be re-established from scratch by the second worker, thus slowing down the progress of the project still further.

Sometimes the difficulties that projects experienced in getting started stemmed from changes in staff at the management level. In the Inreach schools project, for example, the person within Southwark education initially given responsibility for the project was moved on to another post at an early stage. It took several months to find a suitable replacement with the

appropriate knowledge and skills, and this person had to be seconded from another service.

Extent of managerial steerage and support

The development of the substance misuse worker's post within the Yot was hampered by confusion over what was expected of her role as this, she felt, had never been made clear to her. This concern was expressed by the worker herself and her colleagues within the Yot:

'People were unclear about what I was there to do... and maybe, you know, initially they thought that I was there to just fix problems that they perceived...'

(Substance misuse worker, Yot)

'I think its unfortunate in terms of the substance misuse worker's position – being placed in a team without her having a clear idea of what was expected of her... when she came on board no-one sat down and defined her role, and she had to do it herself.'

(Yot officer)

A senior Yot officer saw the issue from quite a different perspective, and felt that the substance misuse worker had in fact been given a great deal of autonomy to carve out the role for herself. Whilst the substance misuse worker enjoyed this independence to some degree, she nevertheless would have welcomed more support in defining and establishing her role, as there were few examples of similar roles within Yots. This would have assisted her in shaping her work, and would also have helped other Yot officers to understand her function within the team.

The issue of who had responsibility for the development of the role was further confused by changes in supervisor. The substance misuse worker's first supervisor had been very supportive in developing the worker's role, but the supervisor left early on in the life of the project. The replacement supervisor, although helpful, was a colleague in the team who had been given supervisory status, but wasn't given any management status. This was very

frustrating for the substance misuse worker, who felt that the changes in supervision and management blocked off channels of communication with senior management. This led to delays and difficulties in negotiating and defining her role within the team.

The absence of a permanent manager at the ARTService also impacted on the development of the role of the therapist working with children of substance misusing parents:

'Links and networks that we should have had in terms of the Service Unit Manager networking with other Service Unit Managers and promoting the service and the work that we were doing, wasn't done and was left by the wayside...there's nobody leading and moving it on really'.

(Therapist, ARTService)

As a result the therapist was largely left to develop her role in whichever way she thought best. Whilst she welcomed this independence, it also presented challenges because, as with the substance misuse Yot worker, there were very few services providing a similar intervention that could provide a model for developing the service.

The need for greater steerage and support from management also impacted on the setting up of the other projects. In some cases it led to lack of clarity about the aims and objectives of projects. An example of this occurred in the early stages of the development of the Lambeth Outreach project. The temporary outreach project worker first employed on the project found there were disagreements between youth service managers and workers concerning the methods the project worker should use to generate referrals, the agencies she should be in partnership with, and the time scale within which the work should be achieved. As the workload of managers increased, the management and supervision of the project dwindled, and these issues were never fully resolved prior to the project worker's resignation.

Internal project monitoring

One of the tasks involved in setting up each project was establishing a means of internal project monitoring in the form of record keeping. These records covered details such as number of clients seen, their demographic details, perceived needs, and details of the intervention provided. This internal recording of information allowed the project to review and develop their work. When the project manager tried to introduce systems like these into the Lambeth Outreach project, he found some of the outreach youth workers extremely reluctant to record any information about their work activities or clients.

‘They [the youth workers] don’t keep records – it’s all in their heads.’
(Outreach project manager)

This absence of record keeping about even basic information meant that the project manager could not monitor the project’s progress. Without these formal records, he had no clear picture of the work being carried out, and found it difficult to gauge the way in which the project was developing.

Challenges to obtaining referrals

Young people and families’ utilisation of services

The difficulty in getting young people to engage with drug services has been well documented (e.g. Ghate & Chan, 1997). One reason for non-engagement is that young people may simply fail to see their substance misuse as problematic:

Q: 'How does it(cannabis) affect you?'

R: 'I love puff. I smoke puff all the time. My brother says I'm the biggest puff head anywhere. I'm stoned everyday when I go in [to school]...you're just oblivious to what goes on around you, you're in your own little world. One week I'd have a pill every day.'

Q: 'Do you think you've got a problem with drugs?'

R: 'Not at all.'

(Polydrug user, age 14 years, Pupil Referral Unit)

Even if young people realise that their level of substance misuse is problematic, they may be reluctant to disclose such information to a supervising offer in a Yot in case it adversely affects their youth justice programme or order. Another reason for non-uptake of provision concerns young people's general suspicion and mistrust of services:

'I used to think of counsellors ... I used to think they're nosy and they're just wanting to know what I was up to and what I feel and write it down in a book, a little drugs book.'

(Yot client, age 15 years)

Suspicion and mistrust amongst substance-misusing parents was also put forward as a reason for little uptake of the intervention offered by the therapist at the ARTService. A drug worker in an agency for adult substance misusers suggested that substance-misusing parents were reluctant to let their children see the therapist at ARTService because of its social services context. This appeared to be driven by the fear that their children might be taken away from them:

'People [i.e. adult drug-using clients] talk about friends' experiences where social services were involved and they were felt to be very unhelpful. I think people remember more the incidents in which children were taken into foster care, and that was felt to be particularly unfair...the times it's remembered are the times when it [i.e. social services involvement] is felt as being punitive.'

(Drug worker in agency for adult drug users)

Young people's reluctance to engage with services may partly be fuelled by the stigma associated with having problems that require intervention. One Yot client explained the ridicule young people experience if using a service for help with drug-taking:

'People take the Mickey out of them – "Oh you need to go to this place for help" - and like that means they're just gonna get worser, that's what I explain to people, you're just gonna get worser so you might as well go - don't worry about what other people think, don't worry, right'.

(Yot client, age 15 years)

Stigma and a sense of shame may also attach to the children of substance-misusing parents, leaving them reluctant to become involved with services:

'Having a secret's difficult...as children get older and begin to form their understanding of what's going on, then they learn that drug use is stigmatised, and I think they learn not to talk about what mummy or daddy does.'

(Drug worker in agency for adult drug users)

Perception of the needs of the client group

Another reason for difficulties in generating sufficient numbers of referrals concerned the awareness and perception of clients' needs from the view of potential referrers. At the Yot, for example, the substance misuse worker felt that most supervising officers were generally better at detecting relatively high levels of substance misuse or chaotic patterns of substance misuse amongst clients rather than lower levels of substance misuse requiring early intervention.

This view was echoed by some of the supervising officers, who admitted to having limited knowledge of drugs. Some also believed that intervention was only necessary if a young person's substance misuse had reached levels that led to offending, which they rarely came across:

'That is the assumption, that all young people take drugs – and they don't....The young people I work with, their offences are not drug related, they don't offend to feed a habit.'

(Yot Officer)

The seeming inertia on the part of potential referrers to take action unless a client's needs had reached a very high threshold were also commented on by the therapist for children of substance-misusing parents:

'Unless it's hitting them in the face...unless you have a substance-misusing parent sexually abusing or physically abusing their kid...they [potential referrers] are not seeing it as a real issue...everything needs to be awful to get help...we're on a losing battle.'

(Therapist, ARTService)

Within the Southwark schools Inreach project, the generation of referrals for one to one sessions was also reliant on the skill or willingness of teachers to 'volunteer' young people who they thought were substance misusing or at risk. Thus, in three of the four projects, the process of generating referrals was initially dependent on the referrers' perception of the clients' substance misuse and/or related needs (although this later changed in some projects). This system placed great emphasis on the ability of potential referrers to identify the needs of the client group, and assumed that referrers had sufficient knowledge to know when a young person had reached a given threshold of substance misuse or emotional difficulty (in the case of children of substance-misusing parents) that would benefit from involvement with an intervention. It appears that such knowledge cannot be assumed amongst potential referrers, whether they are social workers, teachers or Yot supervising officers.

Even if potential referrers were aware of the clients' substance misuse issues, they did not always place sufficient importance on referring the young person to an intervention if there were competing demands on the referrer's time:

'They [supervising officers] were just getting their heads around the fact that they had new orders to implement and new ways of writing reports, so, you

know, having to refer to the substance misuse worker is kind of very low on their list of priorities.'

(Substance misuse worker, Yot)

This was backed up by a Yot worker who described the Yot as being: '*stretched across too many frontiers*', which led to referrals to the substance misuse worker being given a low priority. The ARTService therapist also found that teachers were not always receptive to her efforts to generate referrals from within local schools due to their workload.

A difficulty amongst referrers that was particular to the ARTService was the reluctance of other agencies to suggest to their adult substance-misusing clients that the ARTService therapist might be able to help their children. One agency worker expressed this in terms of the potentially negative impact that mention of the service might have on a parent:

'If someone has low self esteem and you focused it on their perception of being a poor parent and said there's this service [for your children], then that could reinforce low self-esteem and they wouldn't go to that service because it was saying they were a bad parent.'

(Drug worker in agency for adult drug users)

Challenges to multi-agency and multi-disciplinary working

The importance of multi-agency working and multi-disciplinary working in delivering effective services to children and young people has been highlighted by several reports (e.g. The Department of Health's '*Working together to safeguard children*' (1999)). 'Joined-up working', with professionals from different disciplines and different agencies, formed an essential part of the work carried out by the four projects taking part in the evaluation. The Yot, for example, is a multi-disciplinary team combining specialisms from probation, social work and the youth service. Similarly, the ARTService combines a range of specialist practitioners including social workers, psychologists and psychiatrists.

In addition to work that crosses disciplinary boundaries within teams, the projects worked in collaboration with external agencies involved in delivery of services to young people. In Lambeth's Outreach project, for example, collaboration with external agencies was a focus for generating referrals, for establishing a drop-in base to work from, and for determining the extent of existing provision in the borough. The Inreach school project also engaged with external agencies in order to co-ordinate the delivery of its classroom-based education sessions with that of other agencies providing a similar service, and to build referral routes for at risk young pupils. Although such partnerships were an essential component of service development and delivery, the project workers implementing the four early intervention projects all voiced concerns about the challenges involved in working in this way, and these are discussed below.

Team integration

The substance misuse worker in the Yot initially felt that her role and approach of motivational interviewing didn't fit easily within the team, which led to confusion and conflict about her function. She described the process of maintaining her identity and methods of working within the Yot as an '*on-going struggle*' that required '*a great deal of negotiation*'. She saw herself first and foremost as a substance misuse worker rather than as a Yot worker, but felt this view was not always shared by others:

'It feels that the ultimate vision seems to be to have a Yot worker with a substance misuse specialism, rather than a substance misuse specialist on the team.'

(Substance misuse worker, Yot)

One way in which the confusion and conflict around team roles showed itself was in the duties that she was expected to carry out. As the workload of the Yot increased there was increasing pressure on her to undertake tasks that she

saw as being outside her role, duties which were typically carried out by supervising officers, such as writing pre-sentence reports.

'My concerns around that are really that it's quite de-skilling for me in that I am trained in this [drugs] field and I've been working in this field for a long time. Now I'm being asked to write reports, which isn't what I came into this for in the first place. I came in to be a drugs worker and not a Yot officer...I feel that there is potential for my drugs worker skills to kind of be watered down ... I just see that it's not an effective use of the resources.'

(Substance misuse worker, Yot)

Another way in which this blurring of identities affected her work concerned the perception of her role by young offenders. She was particularly concerned that they should not view her as a supervising officer or part of the law enforcement process, as she felt this could hinder the therapeutic relationship she wanted to build with them. She described her method of working with young offenders as motivational interviewing combined with a person-centred approach, which was largely non-directive and dealt with the issues raised by the client in a therapeutic way. This contrasted with the law enforcement approach taken by Yot officers that one described as sometimes being *'quite oppressive and punitive...and authoritarian'*. This *'clash of cultures'* as the Yot officer put it, could potentially be confusing for the young offenders. On the one hand, they were compelled by a supervision order to attend the Yot for sessions with the substance misuse worker, yet on the other hand, they were dealt with by the substance misuse worker in a therapeutic way, at times attending sessions with her on a voluntary basis.

Another Yot officer saw the distinction between therapeutic working and enforcement as a *'false dichotomy'*. Although acknowledging that there was a need to maintain a balance between the substance misuse worker's own professional specialism and the demands of the Yot environment, the Yot officer felt that these different aspects of the substance misuse worker's role could happily co-exist.

This contrast in approaches to working with young people was not an issue at the ARTService. One benefit of being part of a multi-disciplinary team for the therapist at the ARTService was that the team members, although originating from different disciplines, were linked by the therapeutic nature of their work. She found this enormously supportive, although there were times when she felt less integrated into the team, and that the service she was providing was peripheral to the main service provided at the ARTService. This was partly because her client group was distinct from the clients worked with by the other team members, who were mostly dealing with young offenders or those at risk of offending. The difference in the nature of her client group in relation to the clients dealt with by the rest of the ARTService meant that other team members were less aware of the information they needed to obtain from potential referrers when it was their turn to be on 'duty', accepting referrals to the service. This led to the therapist devising a referral form to ensure that she had the necessary information required to decide whether the referral was appropriate or not.

Sharing information

Another contrast in working methods that stemmed from differences in the therapeutic versus law enforcement focus concerned issues of confidentiality and sharing of information about clients. This was again an area that required much negotiating between youth offending team members before a solution was arrived at. The substance misuse worker's approach was to offer confidentiality to the young person, but the client's information could be disclosed to the supervising officers on a 'need to know' basis. Her concern, like that of other practitioners, was to work in the best interest of the child or young person to ensure that their needs were met. Thus, information was sometimes disclosed to the supervising officer, for example, about negative risks to the young person stemming from their substance misuse levels or patterns, or their lifestyle associated with substance misuse. Whilst some supervising officers found this approach to confidentiality workable, others

felt that greater disclosure of the material covered in sessions with the substance misuse worker would have been beneficial:

'We have an issue of confidentiality but we all work in the same team for the same ends... I need to know that [information revealed to the substance misuse worker] so I can make an assessment in terms of risk, how high you are and if you are doing burglaries, are you going to escalate to doing night-time burglaries or residential burglaries. But there's nothing shared in terms of that because of the confidentiality barrier. And I can't make an appropriate assessment. I don't think personally you can work in gaps and voids.'

(Yot officer)

Partnerships with external agencies

For the Lambeth Outreach project, partnership with other agencies was necessary for several reasons: for establishing the profile of the project; for generating potential referrals; for developing a number of office and drop-in bases from which to operate; and for establishing the nature of the intervention that could jointly be delivered to meet the needs of the local young people. 'Joined-up' working was therefore a key activity for this service. The project manager had successfully worked with other agencies in this manner on a similar project in North London. However, it appeared that attitudes to collaborative working were not so positive amongst some of the organisations within Lambeth. One youth worker suggested that cynicism about multi-agency working was 'rife' within the borough, amongst both voluntary and statutory agencies, and also between individual workers within agencies. However, this was by no means true of all workers:

'Some of the newer workers are finding it harder to co-operate with the ones that have been working in this area for a long time because they have a set way of doing things...they're based in this thing of not co-operating with anybody. The more recently recruited group of workers want to co-operate with other people.'

(Outreach project manager)

There was also evidence of a reluctance to work with some external agencies, notably the police force. There were, however, some individuals and some agencies that were very amenable to multi-agency working. Through his

collaborative work with the Safe Space agency, for example, the Outreach project manager established an agreement for co-working with young sex workers in Streatham which had just got underway as the evaluation drew to a close.

Challenges to carrying out the intervention

Location of the work

One of the aims of the therapist at the ARTService was to be as flexible as possible in terms of where the therapeutic sessions with young people took place. This flexibility extended to offering sessions to young people in a variety of environments, not just the offices of the ARTService itself. One site where some sessions took place was an agency for drug using adults, attended by the parent of a child seen by the therapist. The use of the agency as a location was problematic for a number of reasons:

'I was seeing the young person within the drug agency, which had enormous issues, real issues about other staff feeling resentful about using their space, how information gets fed through, how the young person feels about being within a centre where other drug users are going. Initially I had a meeting with the worker and the parent and they said "Oh yes, the young person would love to go there because they see it as a helping place where I'm getting help." And it turned out that the young person didn't see it like that and they were really concerned about going there and didn't want to go there because of all the things that they were seeing.'

(Therapist, ARTService)

Following this experience, the therapist did not continue to use the adult drug agency for sessions with young people. Of the four projects in the early intervention programme, only Lambeth's Outreach project operated from offices based within an adult drug agency, as the youth service had no other suitable or available office space in the south of the borough from which to run the service. The appropriateness of locating a service for young people within an adult drug agency can be problematic, as the quote above describes. However, for the Outreach project some referrals had been forthcoming from

the adult drug project whose offices they shared. In the meantime the Outreach project manager was intending to develop more suitable sites that could be used as a drop-in by young people by forming links with other agencies.

The ARTService therapist also found that the school environment posed difficulties in terms of trying to deliver the service:

'Finding appropriate spaces within school to do therapeutic work is a real issue...I mean, do you do it in a classroom? I went into a classroom, there were teachers and children barging into the classroom and saying, "Oh, what are you doing?" There was another teacher who said "Oh yeah, you can use this space but I've got people coming in and out so you can go down the other end of the room and you won't be disturbed." And it was like no, you need proper therapeutic space.'

(Therapist, ARTService)

In addition to concerns about location, transportation for clients also posed a problem. Wherever the sessions were located, there were concerns about how to get young clients physically to and from the service, as parents were not always reliable about dropping off and collecting their children.

Referring on

Part of the remit of Southwark's Inreach project was to refer excluded pupils or those at risk of exclusion on to other services. The sorts of services they wanted to refer onto were either those that could provide treatment (for problematic or dependent substance misusers) or else to those offering diversionary activities including, sport, music, drama or other leisure activities, or training opportunities. The team made contact with several statutory and voluntary organisations that could potentially offer such services. However, when they made detailed enquiries they found that there were few if any local treatment services prepared to work with young people under the age of 16 years, and that there was also a lack of provision in terms of diversionary activities:

‘There isn’t anything out there for young people, and that’s why there’s a lot of problems out there. And even if they did have a few things, they aren’t properly advertised...you don’t get to hear about it regularly, so if we don’t, how are the young people going to?’

(Inreach project worker)

Conclusions

We have discussed a number of challenges that faced each of the four early intervention projects to varying degrees. At the beginning of the chapter we stated that the difficulties encountered by the four services were very similar. However, the different contexts and client groups that the projects focused on meant that the challenges impacted in different ways. For example, managerial support was an issue for all of the projects, but impacted on one project by producing difficulties in establishing the nature of the worker’s role within a multi-disciplinary team, and on another project by leading to uncertainty about the remit of the project as a whole.

To some extent the challenges faced were the same as those faced by any new intervention service trying to establish itself. It takes time, for example, to raise the profile of a new service in order to attract referrals. Multi-agency working may also be difficult when a new project lacks an established profile in an area, and other agencies may be unsure of the remit or credentials of the new project. However, what has posed even more of a challenge for the four projects in the early intervention programme is that, in most cases, the projects were innovative and ground-breaking interventions, with no blueprint to follow for guidance. Largely by a process of trial and error, the individual project workers and managers had to learn how to operate with their particular client group in their given context. Any lessons to be learnt from the process of implementing the interventions therefore, will prove to be extremely useful for others hoping to implement similar projects.

5: The Policy and Practice context

Introduction

In this chapter we assess the four early intervention projects in relation to government policy and practice guidelines. Drawing firm conclusions about these intervention services is made difficult for several reasons. First, not all of the interventions were fully operational (in the sense of working with clients) at the point when the evaluation came to an end. Second, knowledge of what works with these groups in terms of effective interventions is rather patchy. Little is known, for example, about the most effective interventions for working with children of substance-misusing parents, and rather more is known about interventions based in schools. In the light of these facts, the four services in the current report represent significant testing ground for the government's strategy for tackling drug use amongst young people. In this chapter therefore, we summarise existing government guidelines setting out policy and practice for working with each of the four groups of young people that feature in this report, and we assess the projects in relation to these guidelines. This is presented on a project by project basis, and draws on some of the issues discussed in the previous chapter.

Intervening with young offenders

Identifying, assessing and helping

In the Home Office/SCODA report '*Drugs and Young Offenders*' (1999), a number of guidelines are set out for Drug Action Teams and Youth Offending Teams concerning the development of policies and practice for working with young offenders who are involved with drugs. The report suggests that a dedicated drugs and youth justice worker should be appointed to identify, assess and facilitate a programme of help in conjunction with related professionals. More specifically it suggests that an initial drug screening

should take place '*followed up by a more detailed drug-related assessment where drug misuse is identified*' (HO/SCODA, 1999). This was precisely the work carried out by the substance misuse worker at Lewisham Yot. She developed an assessment tool for identifying substance-misusing offenders and was routinely screening all young offenders on supervision orders and action plan orders. For those that required follow-up, she undertook a detailed assessment as the first stage of working with the young offender.

Nature of the intervention

In terms of the content of the intervention offered, the Home office/SCODA report suggests that all young people, including offenders, should be provided with: awareness and education about drugs, solvents and alcohol; awareness of laws relating to possession and supply of drugs; information about sources of help, support and advice in coping with drug taking friends or relations; and access to appropriate services. In addition, those already engaged in problematic use may need a package of interventions including counselling, substitute prescription, detoxification, relapse prevention and rehabilitation, harm minimisation, self-help and support groups. In other words, a flexible package of help is required, based on the needs of the individual client.

The type of support offered by the substance misuse worker at the Lewisham Yot was very much in this vein. She responded flexibly in terms of providing a range of services to young offenders. For low level substance misusers she offered advice and information, whilst for more problematic users she offered counselling and brief therapeutic interventions. In the (rare) case of those with high dependency needs, she was able to refer on to treatment services. The group sessions that she started (but was unable to continue for practical reasons) also provided information covering the areas specified in the government guidelines, as did the educational sessions that formed part of the 'Midnight Basketball' scheme.

Confidentiality

A specific practice issue discussed in the Home Office/SCODA report that presented a challenge for the Yot substance misuse intervention was confidentiality and the sharing of information about clients. The government report suggests that grounds for sharing of information between practitioners and agencies needs to be negotiated on a case by case basis, but some general principles are involved. These include (1) the need to protect the child or young person from the risk of significant harm, (2) where information is relevant to criminal proceedings, (3) where information is required by supervising officers in order to monitor the young person's progress with sentence requirements (such as under drug treatment and testing orders), and (4) when young people need referral to another service.

It was clear from the discussion of confidentiality in the last chapter that this is an area that posed problems for some of the Yot staff at Lewisham. Expectations about confidentiality and sharing of information may be quite different amongst professionals from different disciplines such as health or youth justice. The government report suggests that clear policies and procedures regarding confidentiality should be agreed. At the Yot, team discussion and negotiation around such issues early on in the development of the substance misuse worker's post would have been useful. This would have avoided the situation where different team members had different expectations about the information they thought should be passed on from substance misuse worker to Yot officer and vice-versa. Thus, in conjunction with other Yot officers, some general principles could have been drawn up concerning the circumstance under which sharing of information would take place, although cases would need to be considered on an individual basis.

Therapeutic working

Another issue highlighted in the Home Office/SCODA report concerns the difficulty in recruiting a worker with knowledge and experience in both drug

and justice issues. This point touches on an issue raised in the previous chapter, namely the challenge for the substance misuse worker in retaining her identity as a therapeutic practitioner in the context of the youth justice system. The government report suggests that an extended induction period may be necessary to familiarise the worker with areas of both youth justice and substance misuse issues.

Given the experience of the substance misuse worker at the Lewisham Yot, we would suggest that much more than this is required to successfully integrate these components of the substance misuse worker's role. For example, negotiation of the duties the worker is expected to undertake would have been helpful early on. Even then, the inherent contradiction in having a therapeutic worker as part of a law enforcement team may still be problematic. Other models for employing the services of a substance misuse worker therefore need to be considered. For example, a drug worker could be seconded from a drug agency (either statutory or voluntary) on a part-time basis, but still remain as a core member of the drug agency. This would have the benefit of allowing the substance misuse worker to retain their professional identity and working practices. It would also provide the opportunity for discussion of practice issues and new developments in the drugs field with fellow drugs workers on an informal basis - aspects of working life which the substance misuse worker at the Yot felt she was missing out on.

Intervening with children of substance-misusing parents

Policy guidelines

Government concerns about the children of drug misusing parents were raised in the Department of Health's report: '*Working Together to Safeguard Children*' (DoH, 1999). The report highlighted the need for greater inter-agency working to help reduce risks for children. The Department's '*Framework for the Assessment of Children in Need and their Families*' (DoH, 2000b) also stresses the need for greater awareness by social services staff of the impact of particular parental problems (including substance misuse and mental illness) on children. However, there appears to be little in the form of specific practice guidelines for intervening with this group, apart from a report by SCODA providing advice for drug agencies who work with families, setting out guidelines for inter-agency working (SCODA, 1997). The main concern for children of substance-misusing parents from the social services viewpoint is the general risk of significant harm, given the over-representation of this group in cases of neglect or abuse. The specific risk of *substance misuse* per se by these children is rarely addressed – it forms just one of a host of risks they may be exposed to.

Examples of interventions

Given the dearth of government guidelines for working with this client group in relation to their risk of substance misuse, it is difficult to draw conclusions about the service provided by the therapist at the ARTService. There are also few examples of other services operating with this client group with which it can be compared, and even fewer (if any) that have been rigorously evaluated. At the time of writing, the NSPCC is launching a family alcohol project in Camden, North London, offering support to children of alcohol misusing parents and to the parents themselves.

A rare example of an intervention with this client group is reported by Harbin (2000). The intervention involves structured group sessions with children of substance misusing parents who have been referred by social workers. The primary aim is to help children and young people realise that there are others in a similar situation to themselves, and to provide a therapeutic environment in which to explore and address their common concerns. The therapist at the ARTService also saw group sessions as a useful form of intervention with this client group, especially given the sense of isolation reported by these young people. However, there were insufficient numbers of young people in specific age bands for her to be able to run group sessions. To implement group sessions, a greater number of referrals were required.

Increasing service uptake

The difficulties in generating referrals, as discussed in the last chapter, may relate to several factors: the general lack of awareness, or under-estimation of the needs of this group; the stigma or shame experienced by the children; or else the location of the service within a social services context, which may be threatening to parents who fear having their children taken into care. It may be helpful to locate a service for children of substance-misusing parents in a place that parents feel less alienated by. This could potentially be in a health service context rather than social services context, or in a voluntary agency, for example.

In terms of increasing the awareness of the needs of children of substance misusing parents, much more needs to be done to promote this group, both in the eyes of the public and of professionals who may be potential referrers. The benefits of more open discussion and public debate about the needs of this group might lead to a reduction in the stigma and shame associated with being the child of a substance-misusing parent, and encourage children themselves to come forward for help, as well as alert potential referrers to their need for help. Over the decades we have seen increased readiness of

children (and adults) to disclose incidents of childhood physical and sexual abuse. We now need to facilitate disclosure by children who may be experiencing emotional pain as a result of living with a substance-misusing adult and establish appropriate services to meet their needs. This is a developmental area in which there is still much groundwork to be done.

Intervening with excluded pupils or those at risk of exclusion

The role of schools

In recent years an abundance of advice and guidance on the development and implementation of drugs policies and programmes for schools has emerged, both from government departments and from specific drug agencies. The DfEE, for example, has issued key circulars and reports setting out standards for good practice in this area (e.g. *DfEE Circular 4/95 Drug Prevention and Schools*, 1995; *Protecting Young People: Good Practice in Drug Education*, 1998) as have OFSTED (*Drug Education in Schools*, 1997; *Drug Education in Schools: an update*, 2000) and SCODA (*The Right Approach: Quality Standards in Drug Education*, 1999).

The Inreach school intervention evaluated in the current report involved working with young people in secondary schools who were at risk of exclusion, and also young people in pupil referral units. Where drugs education in secondary schools is concerned, the government points out that teachers may not always be the best people to deliver the message: they may lack the necessary knowledge about drugs, and may also lack the credibility with pupils that is needed to deliver the information effectively (Stationery Office, 1998). Hence the potential role for outside agencies such as the Inreach project to provide this specialist service. It is estimated that local youth and specialist drug workers are currently involved in 20 per cent of secondary school programmes (Ofsted, 2000), and this has been identified as an effective method of delivery.

Effective programmes

Other features of effective programmes include drug education and awareness sessions based around active learning techniques, involving tasks carried out through participation with others in the group (Tobler & Stratton, 1997), as well as role-play, structured games, and use of audio-visual aids (DfEE, 1998). In terms of content, drug education approaches based on fear arousal, involving shock or scare tactics, are least likely to succeed (e.g. Dorn & Murji, 1992). Information-based programmes providing factual information about drugs and their impact on health and lifestyle have shown more success, but are best used in conjunction with a life skills approach that deals with coping skills, decision-making skills and self-esteem (Coggans & Watson, 1995).

In terms of the content of the education and awareness training offered by the Inreach team, the classroom-based sessions shared many of the characteristics of successful interventions described above, including active learning involving group participation and discussion, and use of audio-visual aids involving videos and computers. These classroom sessions focused on factual drugs information and their impact on health and lifestyle, whilst the one to one sessions with pupils encouraged coping skills and decision-making skills. Hence the content of the intervention was consistent with what is known about effective educational drug interventions.

Targeted interventions

Although the classroom-based sessions shared many features of effective interventions, the Inreach project's brief, as described by Lambeth, Southwark and Lewisham's Health Authority, was to deliver a *selective, targeted* intervention focusing only on those children within specified secondary schools and pupils referral units who were deemed to be at high risk. Whilst one to one intervention sessions were carried out with high risk young people, much of the work of the project involved providing drug awareness

and education training to pupils, parents, teachers, and school governors. This was a less targeted intervention than the health authority had hoped for. However, the Inreach project workers felt that young people were more likely to engage in targeted one to one intervention sessions if they had first made contact with the project workers via the group sessions held in class:

‘The good thing is if you’re doing the classroom sessions they do get to know you...they’re very familiar, they feel safe, they feel more confident in speaking to you because they’ve met you in that way. Whereas if you just get introduced, and they haven’t met you prior but they’ve got to see you on a one to one, the chances are they are going to be more dubious, take more caution, not feel so safe. That whole process takes a bit longer, because you have to have that “getting to know you” stage which can take a couple of weeks before they start divulging information.’

(Inreach project worker)

The project workers also felt that drug training was important for raising awareness amongst teachers who could potentially make referrals, as some seemed to lack the knowledge to make such referrals:

‘Teachers ... come to training and say “How do you recognise signs and symptoms and behaviour?”.’

(Inreach project worker)

The project workers also found that the involvement of senior teachers in training was critical for overcoming difficulties in gaining access to the at risk pupils:

‘It has changed as a result of them coming on the training, especially senior management...if you haven’t got their support, or they don’t think there is a problem, its not going to happen, even though you might get [other] teachers feeling ..this is what we’ve got in our policy, but its not implemented.’

(Inreach project worker)

There were benefits therefore to providing such a drug education and awareness service, though how far it should have been part of the Inreach project’s remit is debatable.

Intervening with socially excluded young people

Detached work and outreach work

A recent government report highlights the role of the youth service as a suitable context for drug intervention work with vulnerable young people (DfEE, 1998). It specifically highlights the importance of detached work (where youth workers make contact with young people in whatever environment they happen to be), and outreach work (where youth workers attract young people to a project that is run from a centre or office base). These forms of work may be particularly appropriate for accessing hard to reach groups of young people, such as pupils who have been excluded from school, homeless young people, and young sex workers. Given the reluctance of young people, and of socially excluded young people in particular, to engage with education, health or social services, detached youth work and outreach work represent potentially useful ways of intervening to reduce risk.

Lambeth's Outreach project was employing just such methods as a means of contacting hard to reach young people. The project employed outreach workers to make contact with young people that were congregating, for example, on housing estates and in parks. The project manager was also in touch with other agencies that could potentially provide a physical location from which to run a drop-in centre for young people. However, the project was so late in getting started that these plans had not yet been implemented at the point when the evaluation was coming to a close.

Multi-agency working

A government report 'The Contribution of the Youth Service to Drug Education' (OFSTED, 1997) and also the National Youth Agency's 'GEST 10B Drugs Awareness Training' (NYA, 1997) both set out specific recommendations and guidelines for good practice within the youth service. The first of these reports emphasises the need for co-ordination of youth work

with that of other agencies such as health and social services, for greater clarity about the types of interventions that should be offered, and for the development of written policies and guidelines for dealing with drug-related incidents. The National Youth Agency's report also highlighted the lack of co-ordination of agencies, and the lack of written policies and guidelines on drug education and incidents. In addition it called for greater training of youth workers in relation to drug education and awareness, and for youth work managers to become members of local Drug Reference Groups in order to keep their knowledge of Drug Action Team priorities up to date.

In terms of co-ordination of agencies, the Lambeth Outreach project manager had set up joint meetings with several agencies working with young people in the area. He had also attended meetings of the local Drug Reference Group, as suggested by the National Youth Agency's report. Unfortunately the evaluation came to an end at a point when some of these multi-agency meetings were just getting off the ground, and we are unable to comment on the success or otherwise of this joined-up working. However, it was clear that there was a mixed response to this form of working within Lambeth. Whilst some agencies and individuals appeared very keen, others were highly sceptical. Clearly a shift in attitude in some quarters is needed to bring about the methods of working that are suggested in the government guidelines. Such a shift would be beneficial to achieving the type of co-ordination of services that is likely to be required to carry out the task of intervening to reduce substance misuse by socially excluded young people.

Conclusions

We have reviewed the activities of the four projects in terms of government policy and practice guidelines for intervening with these high-risk client groups. As noted at the beginning of this chapter, this task has been made difficult by the fact that in some cases little is known about the best way to

intervene to reduce substance misuse amongst some of the groups of young people that feature in this report.

However, one area where fairly specific guidelines for intervention have been drawn up by government is in relation to substance misuse interventions within Yots. The work of the substance misuse worker at Lewisham Yot largely complies with government guidelines, but importantly highlights issues that require careful consideration if such a post is to be successfully implemented. These issues concern confidentiality and sharing of information about clients, and also the difficulties posed by being a therapeutic practitioner carrying out work in a law enforcement context.

The intervention offered by the Inreach project also complies for the most part with government guidelines on educational sessions for young people in secondary schools. The issue for that particular project, however, was whether this work should have been carried out by a project whose remit was to target a narrower spectrum of high-risk pupils. As we have seen, the project workers found the classroom-based group sessions to be a useful means of channelling individuals into one to one sessions, and drugs training for teachers also had the potential to facilitate referrals for one to one work with pupils.

It is difficult to comment on the performance of the two remaining projects in relation to government guidelines since, in the case of the Lambeth Outreach project, the project had only been running a few months when the evaluation ended. However, the project manager was facilitating multi-agency working in a way that complied with government guidelines, despite resistance from some quarters. The performance of the fourth project, involving intervention with children of substance-misusing parents, is perhaps the hardest to comment on in relation to government policy and practice guidelines since so little has been developed as a model for working with this client group. It

was clear however, that there were many barriers to overcome in generating referrals in order to develop successful interventions with this group. Once more interventions of this kind have been established and evaluated, it will be possible to provide clearer guidelines for policy and practice in this area.

6: Conclusions and Key Learning Points

Introduction

In this final chapter we examine ways in which the experience of the four projects in Lambeth, Southwark and Lewisham's early intervention programme can be of benefit to others planning to develop similar services. By considering the challenges faced by the projects as discussed in Chapter four, and in light of the policy and practice guidelines discussed in Chapter five, we draw out the key learning points that may influence future policy and practice developments in this area.

Key learning points

The key learning points raised below are a 'mixed bag'. Some are specific to individual projects, and some apply to all projects. Some are highly significant and have far-reaching implications for the development of services. Others are fairly mundane by comparison, but all contribute to the ease of implementing a new service. The key learning points are arranged in terms of five themes: initial planning, location of services, staffing issues, working practices, raising awareness, and improving provision.

Initial planning

- ***The service context.*** Implementing a new intervention when a host organisation or service is undergoing restructuring is clearly less than ideal. It may have been unavoidable in some cases, but consideration needs to be given to existing demands placed on staff members who have responsibility for initiating the implementation of the service if it is to have any chance of getting off the ground.

- ***The project's brief.*** When a service is a new one, discussion and review is required on a regular basis between workers and managers to clarify precisely what is and is not the project's remit. This avoids wasting time and resources in developing the project in directions that are not part of its brief.

Location of services

- ***Location of early intervention services.*** Substance misuse services attended by young people are best placed away from adult drug agencies, in locations specifically designed for young people. This view is supported by the results of other studies (e.g. Ghate & Chan, 1997; Luger, 2001). It is possible, as in the case of the Outreach project, for an office based to be located within an adult drug agency (which actually led to the generation of some referrals), but it is preferable for young people to attend or be seen in an alternative environment.
- ***Location of services for children of substance-misusing parents.*** In the specific case of children of substance-misusing parents, the placement of the therapist working within a social services context may have hindered referrals because of the fears that parents may have about their children being taken into care. The location of the service in another context might therefore improve the acceptability of the service to some parents. Suitable settings might be within the health service or within a voluntary agency.
- ***Therapeutic space in schools.*** Given the proportion of their lives that children spend in education, schools offer a useful site for intervening with young people. Two of the projects in the current series of four used schools as a place for providing children with brief intervention sessions on an individual basis. However, this was made difficult by the lack of

suitable room space. Thus a dedicated room suitable for counselling or other such intervention would be preferable, and ideally should be made available in all schools.

Staffing Issues

- ***Recruitment.*** The length of time required to obtain police checks on newly appointed staff led to considerable delays on some projects. Speeding up this process would be tremendously beneficial to the momentum required to get a new project up and running.
- ***The credibility of the intervention worker.*** The young people interviewed for this report often remarked on the approachable, 'personable' characteristics of the project workers providing the intervention. Comments such as '*She's like my pal*' and '*She's very nice, laid back*', were common. Some of the young people also stated a preference for disclosing information to a project worker rather than authority figures such as a teacher or supervising officer. Thus, whilst schools and Yots may be useful sites for intervention with at risk young people, in order to facilitate disclosure it may be preferable for the intervention to be carried out by someone who the young person does not view as an authority figure.

Working practices

- ***Developing the worker's role.*** Early negotiation of responsibility for developing a post, and the direction it should be developed are required to avoid ambiguity and confusion. This is particularly the case when the role is set within a team context such as a Yot, as the worker and other team members need to have clear expectations about how they are to work with and make best use of the substance misuse worker's specialist knowledge and skills.

- **Internal project monitoring.** Written records are needed to monitor the work being carried out and to provide details of clients that are using the service. This includes records about socially excluded young people in contact with youth service outreach workers. Such information is vital in understanding the needs of the clients, and in assessing the progress of the project, and for developing ways of taking the project forward.
- **Maintaining identity in a multi-disciplinary team.** The experience of the substance misuse worker at the Lewisham Yot exemplifies the difficulties of working in a therapeutic manner in a law enforcement context. If a substance misuse specialist is to be a core member of a Yot, then clarity is required from the outset about the nature of the role. In particular, clear delineation of duties needs to take place, so that the substance misuse specialist knows how far he or she is expected to take on core youth justice work such as pre-sentence report writing. Alternative models discussed earlier include the placement of a substance misuse specialist on a part-time or sessional basis within a Yot.
- **Confidentiality.** The issue of confidentiality and sharing of information about clients is something that requires careful negotiation with others, especially when project workers are part of a multi-disciplinary team, and also when workers make referrals to other agencies. Discussion and clarification of such issues would allow all team members to have a thorough understanding of the client information they can expect to be passed on to them from a substance misuse specialist, and vice versa. Providing a written protocol that could act as a guideline for such procedures would be useful as it would reduce ambiguity and tension around this issue.
- **Multi-agency working.** In some areas a shift in attitude is required to facilitate multi-agency worker. Relationship building between individuals

within agencies, and between agencies is needed, as is greater understanding of the benefits of this approach to working. However, this is clearly not something that can be achieved overnight.

Raising awareness

- ***Training for potential referrers.*** Greater drug education and awareness training of professionals who work with young people is required to increase their ability to detect substance misuse, thus increasing the chances of young people being referred to appropriate services. Such educational input should be a routine component of training for teachers, youth workers, social workers, and other professionals that come into contact with children and young people in the course of their work. In addition, training for professionals around the issues that affect children of substance-misusing parents may help to increase referrals to specialist services such as the one evaluated in the current report.
- ***Increased awareness of the needs of children of substance-misusing parents.*** Greater awareness of the needs of children of substance-misusing parents is required across the board. This may increase referrals to specialist interventions, and encourage children themselves to disclose (without shame) the difficulties they may be experiencing as a result of living with a substance-misusing adult.

Improving provision

- ***Provision of treatment services for young people.*** There appears to be a lack of treatment services for children and young people under age 16 years in the health authority area. Several models for providing such a resource in South London have been put forward by others (see Luger, 2001), and include, for example, a youth centre with an attached drug service, or a one stop shop advice and support centre.
- ***Provision of diversionary activities.*** One way of intervening to reduce substance misuse for young people is to increase protective factors that buffer against risk factors for developing problematic drug use. The provision of diversionary activities may potentially reduce risk by engaging young people in more pro-social activities, by steering them away from substance-misusing peer groups, and by encouraging the development of skills and competencies in other areas. The ‘midnight basket ball’ scheme set up by the Yot substance misuse worker in collaboration with colleagues and other agencies provided a combination of educational sessions and basket ball training. Greater provision of such activities for high-risk young people would be welcomed.

Conclusions and future directions

Setting up and establishing the four interventions that feature in this report has been something of an uphill struggle for the individual project workers and their managers. These are groundbreaking projects that involve working with four very different groups of young people who are at the forefront of the government’s initiative to combat substance misuse. There are, therefore valuable lessons to be learned from the evaluation of these projects, and we have attempted to draw out some key learning points that will help inform the design and implementation of future interventions.

This evaluation has been limited to the assessment of the first eighteen months of the lives of these projects. Given the extended delays in getting some of these projects off the ground, this time frame has to a lesser or greater extent limited the degree to which the evaluation could assess the performance of the projects. This was certainly true in the case of Lambeth's Outreach project, where the project manager had been in place less than four months when data collection on the evaluation came to a close. Other projects were in a more established and settled phase at the time that the evaluation came to an end, such as the substance misuse worker's post at Lewisham Yot. An assessment of its impact and efficacy would be a desirable next step had the evaluation been able to run on longer. Despite the limitations placed on the current evaluation, we hope that this report (in conjunction with the supplementary report) has helped to fill in some gaps in knowledge by providing an assessment of the implementation of four early intervention projects, and that the experiences documented here will be of use to others.

In relation to the high-risk groups that feature in this report, the government states that there is a need: *'to find out more about their drug use, about how to effectively engage vulnerable groups and which interventions have an impact'* (Home Office (2000)). From our review of literature in this area and from the results of this evaluation, we would endorse this statement. There are a number of outstanding areas that need to be addressed in order to further developments in this area. Specifically, these include the need for more research into the prevalence rates of substance misuse amongst these high-risk groups within the UK, as evidence in this area is still relatively thin. Further research is also required into the pathways for escalation of use and desistance of use, since effective interventions need to address not only the causes of substance misuse problems, but also the protective factors that prevent or reduce substance misuse. Where services are concerned, there is a need for more interventions with high-risk groups to be established. These need to be implemented with careful planning and monitoring, in light of some of the

findings of the present report. It is clear that resources are available for implementing projects – witness the government’s recent announcement of £152 million for substance misuse interventions with young people. However, such projects are likely to fail without the constant support and steerage from those responsible for overseeing their development. In the current evaluation, some of the projects would simply not have got off the ground without the dedicated commitment of individual project workers. Finally, rigorous evaluation of such services is of course required, so that we may continue to draw out messages for good practice in intervening with young people at risk of substance misuse.

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