Youth Justice Board
Bwrdd Cyfiawnder Ieuenctid

Substance misuse services in the secure estate

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Acknowledgements

The staff of Galahad SMS Limited and contributors to this report were:

- Anne Fox, research director
- Lorraine Khan, research manager
- Lee Savage, research manager
- Dr Georgina Slaven, research analyst
- John Milton, project manager
- Louise Coss, project administrator
- Field researchers: Oluremi Adebayo, Nikki Rees-Jones, Tanya Hector, Robert Kelly and Rebecca Frain.

We are grateful to Liz Fox, who edited the report, and also to Professor Clive Hollin for his advice, and to Professor Emeritus Howard Parker, who provided advice and recommendations at various stages of the research.

Although many people and organisations were instrumental in the completion of this project, we wish to extend particular thanks to:

- all the young people, in custody and in the community, who participated in this research and spoke so honestly about their experiences
- the staff of the secure estate for children and young people, and staff from community services who gave their time generously
- the staff of the Youth Justice Board for England and Wales who made this research possible.

Anne Fox, Galahad SMS Ltd

Executive summary

Introduction

In 2003, the YJB secured funding for an initial three-year period to develop integrated substance misuse services for the secure estate for children and young people. As part of this project, the YJB allocated funding to secure estate establishments to aid the development and delivery of substance misuse services. To support the roll-out of these new services and promote best practice in service delivery, the YJB developed the *National Specification for Substance Misuse for Juveniles in Custody* ('national specification'). This was introduced across the secure estate in 2004. This national specification framework was based on best practice guidance and quality standards gathered from a number of sources, covering five main elements:

1. identification and assessment
2. education and prevention
3. support and programmes
4. detoxification and clinical management
5. throughcare and resettlement.

In 2005, Galahad SMS Ltd was contracted by the YJB to carry out an assessment of the implementation of substance misuse services in the secure estate. The purpose of this research was to assess the degree to which the national specification had been implemented in the secure estate for children and young people, as well as to highlight any areas of difficulty with the implementation. The evaluation was conducted over two years from June 2005 to March 2007, but drew on information and data, such as business plans held by the YJB, which dated back to 2004. This report is the final outcome of the research. The report focuses on both the experiences of staff within the secure estate and the extent to which young people in the secure estate have been having their substance misuse needs met since the inception of the new substance misuse services.

Methods

A range of methods were used to conduct different elements of the research, details of which can be found in the chapter entitled 'Methodology'. Seven case study sites were selected for in-depth reviews of programmes. Quantitative and qualitative data was gathered from face-to-face interviews with 231 young people in custody aged between 12 and 18 years. This data was augmented by 255 self-report questionnaires completed by young people in the secure estate and 96 follow-up interviews with young people from the original sample. Sixty-nine in-depth interviews with staff from the secure estate for children and young people were also conducted. Information on the range of substance misuse services available in each establishment was collected via a survey of establishments within the secure estate for children and young people ('Services Audit Survey').[1] In addition, researchers analysed annual audits completed by establishments,

[1] The Services Audit Survey was sent to every establishment in the secure estate in 2005, and this was repeated 12 months later to chart progress.

where service provision was mapped against the national specification to identify any areas of non-compliance.

A literature review was produced in 2005 to provide greater background and context for this report. This literature review was submitted to the YJB as a stand-alone report. Previous research undertaken by Galahad SMS Ltd for the YJB, *Substance Misuse Service Provision in the Juvenile Secure Estate: A Needs Assessment* (Galahad SMS Ltd, 2003), has also been drawn on throughout the report.

The research included an assessment of the:

- implementation of the national specification
- integration of substance misuse services in the secure estate for children and young people
- effectiveness with which the secure estate for children and young people meets the substance misuse and related needs of young people.

The research also:

- looked at possible exceptional needs of certain groups of young people including females, Black and Minority Ethnic (BME) young people, those serving long-term sentences (under sections 90/91 of the Powers of Criminal Courts (Sentencing) Act 2000[2]) and young people on remand
- compared community and custodial substance misuse services
- reviewed promising practice in substance misuse provision in the secure estate for children and young people
- examined data monitoring in the secure estate for children and young people.

All recommendations from the research are reviewed in the 'Conclusions and recommendations' chapter of this report.

Key findings

Implementing the national specification

- Progress has been made in all areas of compliance with the national specification during the two years of implementation (2004 to 2006) that were the focus of this study.[3] Secure training centres (STCs) had achieved the greatest level of success in complying with the service requirements set down by the national specification framework, rising from 71% compliance in 2004 to 89% compliance in 2006. By

[2] Sections 90 and 91 of the Powers of Criminal Courts (Sentencing) Act 2000 provide for young people (aged under 18 at the time of the offence) convicted for 'serious' offences (for which an adult could receive at least 14 years custody) to be detained at Her Majesty's pleasure. For further information, see Chapter 7: Needs among sub-groups of young people in the secure estate.

[3] There have been some problems with the implementation of the national specification that have hampered accurate analysis of performance in relation to compliance throughout the secure estate for children and young people. (Further details are supplied in the chapter 'Implementing the national specification'.) The figures reported need to be considered within the context of these difficulties and may not altogether fairly represent progress made within the secure estate for children and young people.

2006, the secure children's estate had managed to attain an 81% overall compliance rate with national specification service requirements. The level of compliance found within young offender institutions (YOIs) was 32% in 2004, rising to 63% in 2006. In terms of overall implementation of the national specification, this does represent remarkable progress by YOIs in a short period of time.

- Below are the six most common reasons given for non-compliance with the national specification framework.

  1. Targets were perceived as being beyond the authority or remit of the substance misuse manager.
  2. Units had resource or recruitment difficulties.
  3. Systems were under development when the business plan was being completed.
  4. The service requirement was not deemed achievable.
  5. Staff disagreed with the relevance of the service requirement.
  6. The target was met, but not in the manner described.

- Although progress has been made with the implementation of the national specification, gaps in provision do exist within the national specification framework itself, particularly concerning those young people on remand, highly mobile populations, females, BME young people and offenders on long-term sentences.
- Although most service requirements and objectives in the national specification were considered realistic and relevant by secure estate staff, some were not. Most staff members agreed at this stage that it would be helpful to undertake a detailed review of the national specification framework and the appropriateness of all objectives and service requirements.
- On occasion, problems were identified with the way that the national specification was managed by the senior management team in units.

Integration

- At the time of the study, no establishment was classified as having anything less than 'good integration'. In all seven case study sites, multi-disciplinary working was seen to have increased substantially since the 2003 Galahad SMS Ltd research.
- Quantitative and qualitative data suggest that integration of substance misuse services in the secure estate for children and young people is progressing well, and that the national specification has had a positive influence. The extent to which the five elements of the substance misuse service were integrated far exceeded our expectations based on the 2003 Galahad SMS Ltd research. It would appear that a major cultural change in working practice is taking place.
- In most sites, substance misuse service provision had become firmly integrated into decision-making by senior management. It was generally agreed that the national specification facilitated integrated policy, strategy and practice. There is still a great need, however, for senior management to take responsibility for cross-departmental compliance.
- Factors that were found to undermine effective integration included:

- lack of consistency and standardisation in assessment practices
- lack of coherence in practice between the YJB and the Prison Service, and an unnecessary divide between practice, systems and tools used in secure children's homes, STCs and YOIs
- lack of clear guidance and structures for integration, such as protocols and enhanced service level agreements
- lack of money for training and for improving the integration of custodial and community services to facilitate a young person's transition to and from custody
- lack of communication and integration of working practices between the secure estate for children and young people and community services
- the physical distance of the substance misuse team from other units; where there was close proximity between the substance misuse team and other units, this was found to positively influence the ability of the substance misuse team to integrate with other multi-disciplinary team members.

Meeting needs effectively

Multiple needs

- The needs of young people in custody stretch beyond substance misuse. This research and established evidence suggests that young people entering custody will have a number of problems that co-exist with their substance misuse. This research has identified a need to find realistic remedies for a host of common problems, such as:
    - lack of secondary school education
    - the influence of close family members who use drugs
    - uncertainty about accommodation upon release from custody
    - drug dealing by young people
    - mental health issues.

Substance misuse

- The results of this research showed that young people in the secure estate consume high levels of alcohol and drugs prior to entering the secure estate. Before coming into custody, 67% of the young people got drunk at least once a week, and 16% were getting drunk every day.
- Comparisons with the previous 2003 Galahad SMS Ltd research show that the proportion of young people in custody who drank on a weekly or daily basis before they entered the secure estate has fallen from 74% in 2003 to 64% in 2006. However, the proportion who engaged in binge drinking at least once a week has increased significantly from 59% to 66% ($p<.05$).
- Up to 84% of the young people who were interviewed could be considered problematic or potentially problematic substance misusers.
- Comparisons with the 2003 Galahad SMS Ltd research show that use of the following drugs by young people in the secure estate during the previous year declined significantly between 2003 and 2006:

- cannabis usage declined significantly from 83% in 2003 to 75% in 2006
- ecstasy usage also fell significantly from 44% in 2003 to 38% in 2006
- crack usage fell from 22% in 2003 to 9% in 2006
- heroin usage fell from 13% in 2003 to 1% in 2006.

The proportion of young people using cocaine, however, remained largely unchanged at 32% in 2003 and 33% in 2006.

- Of the 231 young people interviewed by Galahad researchers, 53% said that members of their family used drugs. Ninety of these young people identified which family members used, of whom 39% described one or both of their parents as drug users.

Dual diagnosis[4]

- Evidence from staff interviews and from Services Audit Survey responses suggested that mental health screening was widespread throughout the secure estate for children and young people, with most establishments reporting that young people were assessed for such problems. In 2005, 72% of establishments screened all young people for mental health issues; in 2006, this had increased to 92%.
- Overall, 62% of the young people said that they had used substances for reasons that might indicate mental health or anger management issues.
- Of the young people surveyed, 14% had overdosed at some point in their life, and in 34% of those cases, the overdose was deliberate. This also suggests that for young people, mental health concerns were often linked with substance misuse issues.

Substance misuse services in the secure estate

- Since coming into custody, 57% of young people stated that they had been offered two or more substance misuse services, but 20% said that they had not been offered any services at all.
- More than 70% of those who were offered a substance misuse service accepted it. All young people who were offered a room on a drug-free wing and counselling for personal problems accepted.
- 61% of young people in custody wanted to make changes to their substance-using behaviour, but only 34% actively sought help while in custody.
- The overwhelming majority of young people coming into custody (84%) had, at the very least, Tier 2-level needs,[5] yet few mentioned being offered services other than

[4] Dual diagnosis is a term used to describe the condition of people who have co-existing substance misuse and mental health problems.

[5] Substance misuse services for young people are typically seen to fall into four tiers of service delivery. Tier 1 services are universal services for young people to promote health and prevent the onset of drug use. They are the least resource-intensive and are normally conducted by primary healthcare staff and teachers. Tier 2 services are targeted services for young people at increased risk of substance misuse. Tier 3 services are specialist services for those currently using substances. Tier 4 services are very specialised services for young people with intense problems associated with substance misuse. Tier 4 services tend to involve inpatient treatment and are thus the most highly resourced services. See Appendix B for further detail about the tier system.

'advice from a substance misuse worker'. Interviews with young people suggested that few were offered the full range of services available within establishments. This may be partly explained, however, by the fact that not all young people are eligible for certain services, and that the services offered to each young person are based on the results of their assessment.

- The percentage of establishments using brief interventions rose from 59% in 2003 to 96% in 2006.
- The percentage of establishments carrying out harm reduction work rose from 3% in 2003 to 96% in 2006.
- Between 2003 and 2006, the provision of pharmacological maintenance services by establishments increased by almost 100%.
- By 2006, 96% of establishments screened all young people for drug use, and 92% screened all young people for alcohol use.

Substance misuse education

- Information from surveys completed by staff regarding the services available in their establishments showed that in 2005, 88% of establishments offered non-targeted (Tier 1) alcohol education, and 100% of establishments offered non-targeted drug education. Targeted substance misuse education was offered by 96% of establishments.
- In 2006, some of these figures had dropped, with 76% of establishments offering non-targeted alcohol education and 76% offering non-targeted drug education. Targeted substance misuse education was again offered by 96% of establishments.
- None of the establishments had their education programmes evaluated by independent organisations.
- Overall service-user satisfaction with services was consistently above 60% and usually over 70%. Since the 2003 Galahad SMS Ltd review of substance misuse services in custody, there had also been a noticeable increase in the number of establishments offering services in most tiers.
- Although this study found that fewer establishments were offering Tier 1 substance misuse services in 2006 than in 2005, an increased number of establishments were offering Tier 2, 3 and 4 services.

Identifying best practice

- Our research into best practice substance misuse programmes has shown that the concept of best practice is poorly understood within the secure estate for children and young people and requires clarification for practitioners and for policymakers.

  In this research, the definitions of best practice in the areas of substance misuse and criminal justice were drawn largely from the study *What Works in Young Offender Treatment: A Meta-analysis* (Dowden and Andrews, 1999) and from the clinical governance framework *Clinical Governance in the new NHS* (Department of Health, 1999).[6] Apart from the 'Juvenile Enhanced Thinking Skills' programme,[7]

[6] See 'Identifying best practice' in the 'Methodology' chapter.

no substance misuse programmes were identified that met these best practice criteria.

- Researchers were able to identify a few educational and substance misuse programmes which appeared to comply with some elements of best practice guidance. There has, however, been no overarching quality control system or evaluation system for programmes on offer throughout the secure estate.

- Galahad researchers were able to identify some examples of what can be called 'promising practice' (defined as work that may not have been evaluated, but which presents useful solutions to barriers commonly faced in delivering substance misuse services). These examples included:
  - the introduction of a promising solution to ensure the continuity of treatment for hepatitis B inoculations
  - the development of a quality assurance tool and system (modelled on the clinical governance framework) by the Prison Service Central Team;[8] this could usefully be introduced throughout the entire secure estate for children and young people
  - systems to help young people participate more actively in the development of services (in one case study site)
  - a multi-disciplinary model of managing detoxification and prescribing activities (in one unit)
  - a promising training system for managing conflict in day-to-day work with young people.

Female young offenders

- Young females in the sample were significantly more likely to have been heroin and crack users than young males. Females were also significantly more likely to be offered detoxification medication in custody than males (females 20%; males 4%), demonstrating perhaps that their greater need is being addressed in the secure estate for children and young people.

- More young females than young males reported potentially problematic alcohol use (females 73%; males 61%) and binge drinking (females 86%; males 78%).

- In this research, significantly more females reported that they had overdosed at some stage in their life (females 34%; males 12%). More worrying figures showed that, of those who had overdosed, over half of the females reported that they had done it deliberately (females 58%; males 19%). There was little evidence that the majority of staff members were aware of this key difference in risk between male and female offenders.

- Many young females interviewed expressed frustration at the non-participatory, overly structured and non-interactive nature of the interventions offered.

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[7] Juvenile Enhanced Thinking Skills is a cognitive skills programme that has been adapted to suit the needs of young people from the adult programme, Enhanced Thinking Skills.

[8] The Prison Service Central Team was created in 2005 to support the introduction of substance misuse services for young people.

Black and Minority Ethnic young offenders

- Most units were aware of the different cultural, religious and language needs of young BME offenders, and took steps to ensure that those needs were met. This usually took the form of practical initiatives, such as making information available in different languages, right through to consideration about religious practices. These efforts were, in general, well appreciated by the young people.
- However, compared with services in the community, there was less evidence of systematic consultation with BME young people to ascertain what range of services might more effectively meet their needs. There was also less evidence of a general availability of BME-specific programmes in comparison with young people's services in the community.
- Compared to White offenders, significantly fewer young BME offenders reported using drugs in the past year (BME 71%; White 83%), potentially problematic drinking (BME 40%; White 74%) and binge drinking (BME 59%; White 86%).
- BME offenders appeared to be reluctant to accurately self-report specific substance misuse, possibly due to the well-documented stigma attached to substance misuse. Staff were aware of the stigma and denial of substance misuse in certain cultures, and took account of this in the provision of substance misuse services to BME offenders.
- BME offenders were significantly more likely than White offenders to want more help than they had been given, either in custody or on release (BME 29%; White 18%). Though few respondents specified the help that they wanted, the three areas with which assistance was most commonly reported to be needed were life skills, substance misuse and accommodation.

Young people on long-term sentences or on remand

- In contrast to findings from other published studies, the sample of young offenders on long-term sentences considered for this study reported slightly lower (pre-custody) drug use than other offenders who were not on long-term sentences. The three drugs used most prevalently were cannabis (offenders on long-term sentences 77%; other offenders 83% – not a significant difference), ecstasy (offenders on long-term sentences 32%; other offenders 46% – a significant difference $p<.05$) and cocaine (offenders on long-term sentences 32%; other offenders 36% – not a significant difference).
- Offenders on long-term sentences were found to be significantly less likely to have been either permanently or temporarily excluded from school than offenders on shorter sentences (offenders on long-term sentences 47%; other offenders 65%).
- Offenders on long-term sentences were significantly less likely to be offered advice from a substance misuse worker, an assessment of their drug and alcohol use, complementary therapies or detoxification medication. This is disappointing, as 73% reported that they had considered making changes to their substance misuse while in custody.
- There were many comments praising the positive and supportive attitudes of staff who took the time to build a rapport with serious offenders and to see their potential. There was evidence that such positive attitudes contributed to offenders' academic and career ambitions, and their hopes for a better future on release. Staff

in specialist units set a positive example for the rehabilitation of society's most serious young offenders.

- Young people on remand appeared to have a greater difficulty in coping without alcohol or drugs than young people who had been sentenced, perhaps due in part to the uncertainty of their situation.
- Compared to previous studies, significantly fewer young people on remand appeared to be at risk of deliberate self-harm, deliberate overdose, or suicide. YOI staff appeared to have a greater awareness of the risk.
- Young people on remand were more likely to receive drug testing than young people who had been sentenced (remand 58%; sentenced 45%) and advice from a secure establishment-based drug/alcohol worker (remand 70%; sentenced 50%), though they were less likely to receive drug and alcohol counselling (remand 28%; sentenced 40%). These figures suggest that young people on remand may only receive brief assistance with their substance misuse due to their transitory path through custodial care, and that they may miss out on the more intensive treatment services.

Community treatment versus custodial treatment

- At the time of this research, youth participation was being strongly promoted in local services as a result of the Government's Every Child Matters[9] agenda. Furthermore, in the community, there was greater sensitivity to the needs of young people transferring to adult services, with many community substance misuse agencies offering support for those over 18.
- Assessment tools and procedures at YOIs were better standardised than those in the community, where they differed even between local agencies.
- The establishment of standardised modules and worksheets in YOIs for Tier 2 and Tier 3 work facilitated continuity of work when young people were transferred out into the community or into other custodial establishments. By comparison, the precise content of work in community substance misuse agencies was less standardised, thus making continuity in interventions sometimes more difficult to achieve.
- Regular multi-disciplinary sentence planning meetings had been taking place in the secure estate for children and young people for some time, and shared care plans were produced to help to progress the work. In contrast to this, systems for integrated working between young people's services in the community were at an early stage of development in April 2006 during the introduction of the Every Child Matters strategic changes.

Aftercare

- The aftercare needs of young people identified by this research include post-custody accommodation, help to overcome lack of continuity in education, diversionary activities to provide distance from drug-using lifestyles, and preparation to reduce the likelihood of relapse into a previous substance-misusing lifestyle. Most importantly, many young people said that they needed help to find

[9] For further information, see: www.everychildmatters.gov.uk

employment or support with returning to education. Many of the young people were very happy with the skills that they had learned while in the secure estate for children and young people, particularly the trades they had acquired. Others noted that YOT workers had helped them to find vocational training as well as education courses while in the community.

- Although aftercare issues were clearly important, to a large extent these were the remit of the appropriate YOTs. However, establishments in the secure estate for children and young people need to play a role by providing opportunities for the young people to develop useful vocational skills, and by adopting a systematic approach to tightening up responsibilities and deadlines for resettlement arrangements. It was found that most establishments need to improve their co-ordinating role when young people are released into the community.
- YOI staff reported that new paperwork and protocols had improved communication during transfers. Also, a new programme introduced in YOIs called 'Better Choices' had enabled work with young people to continue after transfers. However, the variation in substance misuse service provision throughout the secure estate for children and young people meant that care plans devised in one unit could not always be continued after transfer. This lack of continuity was noted both by staff and by some young people after transfer. It also meant that care plans were therefore being shaped by available resources, rather than by individual need.

Data monitoring

- Substance misuse managers recognised the benefits of gathering data from the entire secure estate for children and young people. In particular, they believed that collecting relevant data could lead to improvement in the delivery and development of substance misuse services in the secure estate for children and young people.
- What has been missing so far, according to staff, are relevant measures on the data-monitoring forms that they complete for the YJB. Staff suggested that the measures, until recently in use, required review and re-evaluation. The reformulated measures, they felt, should be appropriate to substance misuse services and capable of informing programme development, as well as providing evidence of inputs and outputs.
- For the data collection exercise to feel purposeful, those providing the information need feedback on what is being submitted.
- In the data monitoring process, there should be a balance in the information that is requested between information that is essential to provide evidence of inputs and outputs, and information that is useful for managers and practitioners involved in service development.
- At an early stage of introducing new data-monitoring systems, quality control mechanisms to monitor returned data, and clear guidance about what is being requested, need to be put in place.

1 Introduction and background

Background

In 2003, the YJB secured funding for an initial three-year period, from 2003/04 to 2006/07, to develop integrated substance misuse services for the secure estate for children and young people. As part of this project, the YJB allocated funding to YOIs, STCs and secure children's homes to aid the development and delivery of substance misuse services within each establishment. To support the roll-out of these new services and drive forward best practice in their delivery, the YJB developed the *National Specification for Substance Misuse for Juveniles in Custody* (Britton and Hackland, 2004), which was introduced across the secure estate from April 2004. This national specification framework was based on best practice guidance and quality standards gathered from a number of sources, covering five main elements:

1. identification and assessment
2. education and prevention
3. support and programmes
4. detoxification and clinical treatment
5. throughcare and resettlement.

In 2005, the YJB commissioned Galahad SMS Ltd to evaluate both the progress made in the wake of this YJB substance misuse programme, and the implementation of the national specification, which formed the framework for best practice in substance misuse services.

To evaluate a programme of this scope, Galahad SMS Ltd, together with the research project steering committee, narrowed the focus to nine areas and asked specific research questions. These areas and questions were:

1. Monitoring the implementation of the national specification for young people in custody
    - How effectively are establishments implementing the national specification?
    - What are the barriers to success?
2. Integration of programmes and seamless service provision
    - To what extent are the five elements of the model integrated to provide seamless end-to-end provision?
3. Meeting needs effectively
    - To what extent does service provision effectively meet the needs of young people?
4. BME young people's treatment needs
    - What are the specific substance misuse needs of BME groups?

- Why don’t BME young people access treatment services as readily as White young people?
- How can the barriers to accessing treatment services be removed?

5. Female young offenders
   - What are the specific substance misuse intervention needs of female young offenders?
6. Young offenders on remand and those detained under sections 90/91
   - Do young people in custody who are detained under sections 90/91 or on remand have the same opportunities to have their substance misuse needs addressed as those detained on a Detention and Training Order?
7. Comparison of community and custodial services
   - Are substance misuse services in custody as good as those available in the community?
8. Identifying best practice
   - Throughout the secure estate for children and young people, where and what are the examples of best practice in substance misuse services?
9. Data monitoring
   - Is the current system of data monitoring in the secure estate for children and young people adequate to reflect and monitor:
     - the prevalence of substance misuse among all new entrants to custody
     - the throughput of young people in Tier 1–4 programmes
     - the progress of establishments in implementing the YJB’s new substance misuse programme?

It must be stressed at this juncture that Galahad SMS Ltd did not undertake to assess the impact of the YJB’s substance misuse programme on substance misuse-related behaviour change or reconviction data.

An additional section of the original proposal for this research also stated that Galahad SMS Ltd would assess the effectiveness of the Resettlement and Aftercare Provision (RAP) initiative. It was later agreed by the YJB that a full assessment of the RAP scheme would be beyond the scope of this research due to both the timing of the implementation of the RAP scheme and the cost of such an evaluation. The evaluation of RAP was therefore made the subject of a separate research tender by the YJB.

A literature review was also commissioned to examine existing published peer-reviewed research on best practice in services provided in young people’s custodial environments. This report was submitted to the YJB as a separate document.

2 Methodology

This chapter outlines the range of research methods used throughout this study. Specific methodologies are outlined below for each area of the research.

Implementing the national specification

Galahad SMS Ltd analysed Section 3 of the 2004/05 and 2006/07 annual development plans (now called business plans) for each establishment. These required each establishment to assess their level of compliance with each national specification requirement.

It was recognised that any audit that uses self-assessment as a measure of progress has limitations in that it involves subjective judgement. It was also suspected that the business plan, as well as being a planning tool, may also have been regarded by some substance misuse managers as a mechanism to demonstrate accountability to superiors and commissioners and, in these circumstances, there may have been some pressure, conscious or subconscious, to overestimate progress. For this reason, it was thought important to cross-reference all these findings with material from staff interviews and observations.

Establishments were asked to assess the service they provided against the requirements in the national specification using three levels of compliance:

1. fully met
2. partially met
3. not met.

Responses in 2004/05 from each completed business plan were entered on a database and the percentage of compliance was recorded. The same analysis was then attempted for business plans completed in 2006/07. By monitoring the increase over the two years in the numbers of requirements that were fully or partially met, an indication of progress could be calculated. It should be stated that this is not an impact study in line with YJB research standards and that changes may not necessarily be attributable to the introduction of the YJB's substance misuse programme.

In addition to the above analysis, further details about progress concerning the implementation of the national specification were collected from semi-structured interviews with:

- managers within the Prison Service Central Team
- six substance misuse managers in YOI, secure children's home and STC settings (completed between 8 February 2005 and 24 January 2006)
- a young women's substance misuse manager
- three substance misuse practitioners from the female estate
- 46 staff considered to be partners in substance misuse work within the secure estate (such as health, education and psychology staff and custody officers).

Between July and December 2006, seven follow-up interviews were conducted with substance misuse managers in the secure estate and three follow-up interviews with practitioners working in girls' units within the YOIs. These interviews were designed to monitor any change in progress during the course of this study.

Supplementing this information, two focus groups were held with staff at YJB forums. Also, one additional meeting with the Prison Service Central Team concentrated on issues relating specifically to progress of the national specification.

Services Audit Surveys – distributed in 2005 and again in 2006 to all establishments in the secure estate – contributed additional information to the findings. Overall, 25 out of 37 establishments provided responses to both the first and second waves of surveys in 2005 and 2006 (a response rate of 70%).

Integration

Given the widespread belief that integration of social services delivers better outcomes for the clients and more efficient and effective service delivery, it was felt that measures were needed to evaluate the extent and depth of integration within a given sphere.

The Human Services Integration Measure

The integration of services, such as substance misuse services in the secure estate, is a difficult concept to quantify. Most assessments of service integration use qualitative methods that provide rich information about the quality and effectiveness of service integration. There is also a validated tool – the Human Services Integration Measure developed by Browne et al. (2004) – that has been used to evaluate service integration. Galahad SMS Ltd has adapted the Human Services Integration Measure to assess integration of substance misuse services in the secure estate. Galahad researchers first ascertained the range of possible services that were supposed to be included in an integrated substance misuse treatment service. To obtain this information, researchers asked substance misuse managers for a list of all those who contributed to substance misuse work in each establishment. The managers were then asked to indicate the extent to which they personally worked with each of these departments based on a five-point scale.[10] Researchers then approached a representative of each department on the list and asked them to rate their level of joint working with each of the other services. These scores were then entered into a spreadsheet, from which could be calculated the depth and scope of integration for each department contributing to a substance misuse treatment service, and each establishment as a whole. The overall score indicates the level of integration according to the table in Appendix A.

Data for this section of the research was collected in face-to-face interviews with staff, telephone interviews and through a postal survey. Data was collected for seven of the study sites selected for this research. Despite every effort being made to obtain the data necessary to assess integration in all seven sites, this could not be achieved for one of the sites.

The evidence presented in the 'Integration' chapter of this report is derived from an analysis of:

[10] The points and definition of the scale can be found in Appendix A.

- semi-structured interviews with the substance misuse manager at each of the secure estate study sites
- interviews with a selection of staff at the study sites who contribute to substance misuse services and who were available for interview
- 25 Services Audit Surveys returned by substance misuse managers during 2006
- individual discussions and a focus group with substance misuse managers attending substance misuse forums
- follow-up interviews with young people to assess their experience of integrated care between establishments and between their secure unit and the community (see the chapter on 'Meeting needs effectively').

In total, 57 interviews were completed with secure estate staff.

Meeting needs effectively

This part of the research used a mixture of methods to assess the extent of need and service provision within the secure estate. First, the actual needs of young people in custody were established using data collected from interviews with young people and staff within the secure estate and, where appropriate, the evidence base set out in the literature review. This was followed by an evaluation of the treatment services provided within the framework of the national specification in five distinct areas:

1. identification and assessment
2. education and prevention
3. support and programmes
4. detoxification and clinical management
5. throughcare and resettlement.[11]

With an evaluation as varied as the one undertaken in this project, a variety of data was required in order to answer the research questions fully. Galahad SMS Ltd used three primary forms of data to complete this research:

1. data from interviews with young people and with service providers in the secure estate
2. data from audits and surveys of the services available in establishments within the secure estate
3. data from audits of young people's case notes.

Interviews and questionnaires

Data was collected from face-to-face interviews with 231 young people in custody and from a further 255 self-completed questionnaires. All respondents were resident in the secure estate at the time. The self-completed questionnaire closely resembled the face-

[11] Evaluation against the final element of the national specification – throughcare and resettlement – focused largely on throughcare, as resettlement was subject to a new initiative called Resettlement and Aftercare Provision (RAP), which was also undergoing evaluation.

to-face interview in content, although there was naturally less qualitative data in the self-completed survey. Participants in the survey were initially selected on a random basis, but for practical reasons, researchers limited the number of establishments from which young people were drawn to give the best geographical spread possible, in order to counter possible biases. The geographical spread of participating establishments is shown in Table 2.1.

'Booster samples' were also included to over-represent certain groups within the secure estate population so that enough data could be collected to draw firm conclusions. Groups that were over-sampled included:

- females
- young people on remand
- young people serving long sentences (sections 90/91)
- BME young people.

Table 2.1: Geographical spread of participating establishments

Establishment	Number of interviews	Number of questionnaires
Ashfield YOI	41	17
Aycliffe secure children's home		30
Cookham Wood YOI		10
Downview YOI	13	16
Eastwood Park YOI		11
Feltham YOI		32
Hassockfield STC	35	30
Huntercombe YOI	51	
New Hall YOI	15	
Parc YOI		31
Vinney Green secure children's home	14	
Warren Hill YOI	33	70
Wetherby YOI	29	8

Where establishments were used to collect both face-to-face and self-completed data, a suitable time lag (12–18 months) was left between collection of the two types of data to minimise the chances of the same young person providing two sets of information. In addition, questionnaires were sifted to ensure that no duplication had occurred. A larger proportion of self-completed questionnaires was collected from Warren Hill YOI when it became apparent that the sample of young people serving sections 90/91 sentences needed to be increased in order to adequately answer the research questions. Warren Hill has a specialist wing that accommodates young people serving long-term sentences.

Follow-up interviews

Further qualitative data was collected via a sample of 96 young people who were followed up three to six months after their initial interviews. Some young offenders were very difficult to track over time, as many did not have settled accommodation, had lost contact with their YOT, were transferred between secure establishments, or were reconvicted following release. Although attempts were made to target the whole sample for follow-up interviews (to ensure an equal split between those still in custody and those back in the community), this proved difficult, and the sample was weighted in favour of those who had either been released and reconvicted, and those who were still in the secure estate (n = 84), as these young people were easier to access.

Staff interviews

To ensure a balanced approach to the evaluation, interviews with staff in the secure estate were also undertaken. These were conducted in a semi-structured form, and mostly face-to-face, although where this was not possible the interview was completed via telephone. At each of the establishments visited by researchers, the substance misuse manager was interviewed, as well as other staff who contributed to substance misuse work within the establishment, depending on availability. In total, 69 staff were interviewed during the course of this research and a further eight follow-up interviews were conducted with substance misuse managers.

Services Audit Survey

The third dataset collected was an audit of the substance misuse services available in establishments throughout the secure estate. The Services Audit Survey was sent to every establishment in the secure estate in 2005, and this was repeated 12 months later to chart progress. The data from the Services Audit Survey was analysed using SPSS (a computer program used for statistical analysis), while the open text responses were analysed with Nvivo software. Overall, 25 out of 37 establishments provided responses to both the first and second waves of surveys in 2005 and 2006 (a response rate of 70%). Although it would have been desirable to gain responses from all establishments within the secure estate, in practice this was difficult to achieve and a 70% response rate provided an adequate dataset to answer the research questions.

Casenote audit

Researchers completed an audit of 31 substance misuse case records in three YOIs. A casenote audit form designed by Galahad SMS Ltd was completed for each record viewed. Completion of this form required a mixture of qualitative and quantitative information to be recorded. The areas of best practice researchers looked for included:

- *Asset* form completion
- screening and assessment activity, including the appropriate placement of young people within the tier system
- frequency of worker contact with young people
- mental health diagnosis and treatment
- care planning
- RAP programme offers and take-up
- participation in, and completion of, programmes.

This data was then subjected to thematic or statistical analysis.

Custody versus community treatment

The YJB is committed to providing young people in custody with substance misuse services that are at least as good as those found in the community, and the specification aim of this research was to assess whether or not this is the case. To avoid repetition, the findings of this section of the research have been incorporated into the chapter on ‘Meeting needs effectively’.

Comparisons between community and custody provision focused on:

- quality and standards
- best practice methods
- breadth and variety of provision
- timing, accessibility and waiting lists
- integration of services
- training of staff
- theoretical approaches and attitudes
- service-user satisfaction levels.

In contrast to services for young substance misusers in the community, the substance misuse services provided in the secure estate for children and young people were targeted toward a group of young people with restricted freedom, who were subject to greater scrutiny by a range of professional workers and who had a much higher baseline need for intervention. Because of these differences, it was not feasible to make direct comparisons between custodial and community-based provision. Nor was it possible to assess realistically whether provision in the secure estate is ‘as good as’ community provision. However, evidence emerging from this comparison has made it possible to highlight some areas for further development in the secure estate, as well as a number of variations in practice and areas where practice in custody appears better developed than in the community.

In early discussions with academic advisors about this section of the research, questions were raised about the feasibility of making meaningful comparisons between services provided in such different settings, such as in custody and in the community. It was decided at this stage to revise the focus of the research in the following ways.

1. A picture of community provision would be developed by briefly mapping the substance misuse provision for young people in six community case study sites, without interviewing young people in the community.
2. In order to collect information for broader research goals, the number of custodial case study sites to be used would be increased from six to eight.

This change in approach ruled out both assessment of service-users’ satisfaction with community services, and in-depth assessment of the extent of integration of local services.

Sources of information

Information for the research on 'meeting needs effectively' came from a variety of sources. Substance misuse services for each case study site were mapped using internet searches. Supplementary details came from face-to-face interviews and telephone contact with workers in case study site areas. A total of 69 commissioners and practitioners were interviewed, including:

- Drug Action Team managers
- substance misuse practitioners
- YOT and RAP workers
- substance misuse practitioners and managers in the Young Person's Substance Misuse Service[12]
- staff from prescribing services for young people in the community who have clinical management needs
- Child and Adolescent Mental Health Service workers
- youth services workers, training services workers and Connexions[13] workers
- governors and managers/directors in the secure estate for children and young people
- staff from healthcare and education providers within the secure estate.

Case study site areas

One factor in selecting community areas for case studies was their capacity to feed into one of the seven custodial case study sites.[14] A decision was made to include Swansea after it was identified at a YJB forum as an example of promising practice for provision of young people's substance misuse services.

The areas identified for this 'mapping' exercise of community sites were:

1. Brent (mapping exercise completed in mid-2005)
2. Aylesbury (mapping exercise completed in November 2005)
3. Swansea (mapping exercise completed in August 2006)
4. Wolverhampton (mapping exercise completed in December 2006)
5. Waltham Forest (mapping exercise completed in January 2005; briefly updated in December 2006)
6. Newcastle (mapping exercise completed in December 2006).

[12] The Young Person's Substance Misuse Service was created by the Prison Service to provide a substance misuse service specifically for young people in YOIs. It replaced the adult CARAT (Counselling, Assessment, Referral, Advice and Throughcare) scheme in YOIs. The new service was created with funding from the YJB as part of the YJB's substance misuse programme.

[13] For further information see: www.connexions-direct.com

[14] It should be noted that the original custodial case study sites selected for this research project were subject to change at the planning stage due to difficulties with access.

Identifying best practice

The original goal for this section of the evaluation was to identify, catalogue and describe examples of best practice in substance misuse programmes in all establishments of the secure estate. The definition of 'best practice' was to be derived from published scientific literature. The original definition of 'substance misuse programmes' assumed these would fall into one of the following four areas:

1. group work in Tier 1 to Tier 3 programmes
2. structured one-to-one programmes
3. detoxification programmes
4. substance-related dual diagnosis packages.

Methodology

Promising programmes were to be identified in the case study sites through staff interviews. Interviews with 50 staff in the secure estate were undertaken as part of the research in the eight case study site areas. These included interviews with substance misuse staff, as well as key partners identified in their work. The interviews were conducted in a semi-structured form and most were undertaken face-to-face. Where this was not possible, the interview was completed via telephone.

Once promising practice was identified, researchers planned to visit case study sites to evaluate the programme against best practice guidance for young people in the fields of:

- substance misuse education (Department for Education and Skills [DfES], 2004; Home Office, 1998; Gilvarry et al., 2001; Sykes, 2005; National Institute for Health and Clinical Excellence [NICE], 2006)[15]
- effective substance misuse interventions (Beck et al., 1993; Berg and Miller, 1992; Bertolino, 1998; Miller et al., 1994; Marlatt and Gordon, 1985)
- detoxification (Gilvarry and Britton, 2005)
- resettlement programmes (Galahad SMS Ltd, 2006a).

Barriers to the research

In practice, there were several reasons why the section of the study on 'meeting needs effectively' could not be completed as originally envisaged. Many of the programmes initially targeted for observation were subsequently discontinued by the establishment, halted pending review or considered at too early a stage in their development to be observed. Others were timetabled intermittently and it was not possible to co-ordinate researcher visits with these schedules.

In addition, the introduction of the YJB's five-element model for substance misuse services into the secure estate has created wholesale change. Substance misuse workers were aware of the need to develop programmes that were more robust, but this tended to take second place to other developmental concerns such as:

- comparing what was already in place with the national specification framework for substance misuse

[15] See 'Blueprint' at www.drugs.gov.uk

- planning service development
- recruiting staff
- cultivating multi-disciplinary links to develop protocols and referral systems
- promoting substance misuse work in the secure units
- revising and developing initial screening and assessment processes
- assessing and, where necessary, revising existing substance-related provision.

Defining effective practice

The original tender for this research required contractors to source examples of best practice programmes across the secure estate for inclusion in the final report. The YJB has produced a number of publications summarising the key elements of effective practice in various fields of youth justice practice. The *Key Elements of Effective Practice* title *Substance Misuse* (2003) acknowledges that the *Key Elements of Effective Practice* documents reflect effective practice as it is interpreted and defined at the time of publication.Although the 2003 edition offers very clear and useful guidance to practitioners, for the current research study we were obliged to return to the source of the definitions of effective practice as interpreted in research documents and publications.

Definitions of best practice in the areas of substance misuse and criminal justice programmes are drawn largely from:

- *What Works in Young Offender Treatment: A Meta-analysis* (Dowden and Andrews, 1999). This study created a sea change in policy and in practitioners' thinking by emphasising the importance of evaluation and the need for evidence in the design and delivery of interventions.
- the clinical governance framework introduced in the UK in 1999: *Clinical Governance in the new NHS* (Department of Health, 1999). This introduced a whole-system process, incorporating good practice, evidence-based medicine, and audit. To determine what constitutes professional 'good practice', the framework states that 'a group must first define quality in respect of any particular professional activity'.

Applying standards derived from these two sources, 'best practice' in young offender interventions should therefore:

- conform to agreed 'quality' criteria
- be based on evidence
- incorporate some form of evaluation to ensure that the intervention produces the required or expected outcome.

Adding criteria for 'quality' as defined by Dowden and Andrews (1999) and following a meta-analysis of young offender interventions, we find:

- risk – did the intervention distinguish between high-risk and low-risk offenders?
- need – was the intervention matched to the young person's criminogenic needs (e.g. enhancing self-control, changing anti-social attitudes, pro-social modelling)?

- responsiveness – were the styles and modes of treatment tuned to the offenders' learning styles and abilities?

Furthermore, to comply with evidence-based practice in maintaining and monitoring standards, a need was identified to develop clear accreditation criteria and make use of the system of establishing accreditation panels (Hollin and Palmer, 2006; Lipton et al., 2000; Rex et al., 2003).

The 'best practice' criteria, as officially defined above, demand that robust evaluation of programme impact is built into development. As very few interventions in the secure estate for children and young people have achieved this, few can be classified as incorporating 'best practice'. Many of the current programmes in the secure estate have not been subjected to detailed evaluation or audit, particularly in relation to impact and longer-term outcomes with the specific target group. Until a more thorough evaluation is completed, the most that can be said regarding substance misuse programmes in the secure estate is that they include 'promising' elements of practice and merit further evaluative investigation. Although new developments tended to fulfil the first two of the above criteria, they rarely fulfilled the third, and therefore needed more rigorous evaluation before wider dissemination. When researchers looked more closely into what is meant by 'best practice programmes' in substance misuse and criminal justice settings, it was clear that many did not comply with basic best practice criteria.[16]

Several guidance documents, including those from the Standing Conference on Drug Abuse, also highlight the importance of ensuring that young people receive child-centred and young person-specific substance misuse services. Thus, although many adult substance misuse interventions can now demonstrate a best practice evidence base, these cannot simplistically be transferred into the secure estate and such programmes could not be considered for inclusion.

Revised methodology

Rather than restricting the 'meeting needs effectively' section of the substance misuse programme evaluation merely to cataloguing best practice substance misuse programmes (which, according to the definitions already explored, were not widely available in the secure estate), a broader view of best practice was taken to encompass systems, structures and approaches related to substance misuse work that:

- adhered to industry standards or guidance on best practice
- used interventions based on academic evidence and professional guidance with proven effectiveness for the target group
- although not tested, looked promising and merited further evaluation
- offered a promising solution to problems or demonstrated constructive problem-solving within the secure estate.

Researchers were ultimately able to:

- observe four programmes (four educational programmes raising awareness of substances)

[16] Problems with compliance will be further explained later in the chapter entitled 'Identifying best practice'.

- read five programme manuals (two Tier 3 manuals, one manual for the Better Choices programme, one Tier 2 programme plan and one Tier 1 manual)
- view one induction video.

In addition, information for this section was supplemented through two visits to Oakhill STC to discuss the pharmacological management of young people in this setting.

3 Implementing the national specification

Introduction

The national specification was phased into the secure estate from April 2004. It was developed by the YJB to:

- provide guidance in implementing the newly conceived five-element model for substance misuse programmes
- enable the YJB to co-ordinate cross-departmental activity related to substance misuse
- aid business planning in each secure establishment
- help to evaluate the quality of services being developed in each unit.

Furthermore, in the introduction to the national specification, it was explained that the framework was designed to support a range of broader health and social care targets, including:

- achieving the targets of the updated national drug strategy
- ensuring that young offenders admitted to a secure facility were assessed by a clinician for substance misuse on admission
- ensuring that young offenders receive healthcare (in relation to substance misuse) of a similar standard to that which they would receive in the community
- contributing to public sector-agreed targets to reduce the use of Class A drugs and the frequent use of any illicit drug among all young people under the age of 25, and especially among the most vulnerable young people
- promoting the achievement of key performance indicators (KPIs) for substance misuse in relation to young people, such as increasing the percentage of schools achieving Level 3 of the National Healthy Schools Standard, and increasing the percentage of vulnerable young people receiving targeted drug education.

During preparatory research for the national specification, external consultants to the YJB sought sources of best practice guidance and quality standards in relation to all five elements of the service. The YJB then initiated consultations with stakeholders such as secure establishment governors, the Prison Service's national substance misuse manager (Women and Young People's Group) and the newly introduced substance misuse managers in the secure estate.

After a series of drafts were produced, selected substance misuse managers in the secure estate then piloted the chosen framework, which was finally approved by governors and substance misuse managers in each establishment.

The final national specification document

After the initial developmental phase, the head of policy for health and substance misuse at the YJB described the national specification as 'not a perfect document but…fit for purpose'.[17] The final document was disseminated to all units in 2004.

The national specification framework

The framework was divided into seven sections covering the following areas of practice:

1. identification, assessment and planning
2. education and prevention
3. support and programmes
4. detoxification and clinical management
5. throughcare and resettlement
6. integration and management
7. monitoring and evaluation.

Each section was further sub-divided into a series of objectives, service requirements (to help put these objectives into practice) and success criteria outlining the outcomes and outputs for each objective. For example:

Table 3.1: Extract from the national specification framework

Throughcare and resettlement				
No.	**Objectives**	**No.**	**Service requirements**	**Success criteria**
5.1	Throughcare and resettlement activities must take place at all stages of case management.	5.1a	Information from and to the community is used to facilitate seamless throughcare into custody, between custodial establishments, and resettlement into the community. This should include the young person's GP, community substance misuse specialist service, the YOT workers with responsibility for health and substance misuse, the YOT supervising officer and custodial staff.	Clear protocols are established and adhered to for the access and provision of information from and to the community and other custodial establishments to inform work with young people.

From this framework, the YJB created a template for business planning in the secure estate. This template business plan (formerly known as the annual development plan [see Britton and Hackland, 2004]) followed the basic format of the national specification, but also identified those responsible for action and timescales for introducing action to improve compliance. An additional column was added to the tables from the national specification, which enabled substance misuse managers to measure how fully the objectives had been achieved by selecting one of the following categories for each objective:

[17] Interview with the head of policy for health and substance misuse, YJB, January 2007.

- fully met
- partially met
- not met.

Monitoring and evaluation

The introduction to the national specification guidance document indicated that monitoring of the implementation process of the framework would be completed by YJB monitors, who would 'assess the performance of each establishment against their approved annual development plans'.

In addition, since many standards had been taken from other departmental best practice guidance, it was expected that compliance with some objectives would be monitored through other inspectorate bodies, such as:

- Her Majesty's Inspectorate of Prisons for England and Wales
- the Office for Standards in Education, Children's Services and Skills (Ofsted)
- the Commission for Social Care Inspection
- the Commission for Healthcare Audit and Inspection.

As explained in the introduction to the national specification, these inspectorates would 'take account of both the requirements of the national specification and evidence of self-assessment against annual reports'.

In practice, however, as detailed later in this chapter, monitoring activity has not been as co-ordinated and organised as was originally anticipated.

Research questions

As part of this research project, Galahad SMS Ltd was contracted to ascertain:

- how effectively establishments were implementing the national specification
- what barriers there were to this implementation.

More specific research questions included:

- are there gaps in provision? (If so, where, when, for whom, and why?)
- are measurable and realistic goals set and achieved?
- are training, staffing, funding and infrastructure adequate to implement the specification successfully?

Barriers to the research

During the course of this study, a number of barriers affected the accuracy of the analysis and prevented direct comparison of business plans over the two years of data collection for this research. These barriers also hampered the attempts by the secure estate to implement the national specification effectively.

Annual development plan/business plan numbering differences

In 2006, a change was noted in the numbering of the service requirements (from the national specification) set out in the business plan templates. The numbering in the 2006 business plan no longer corresponded with either the national specification or the original annual development framework used in 2005. Consequently, Galahad researchers had to conduct lengthy and detailed cross-referencing between the annual development plans and the original service requirements in the national specification to identify the discrepancies. During this research study the business plans were revised to ensure that they matched the national specification.

Confusion over exemptions in the secure children's home estate

Both at the YJB and among substance misuse managers, it was unclear whether the secure children's homes had been exempted from certain national specification service requirements. Practitioners reported that they had been exempted from compliance with a number of service requirements in the original business plan that was sent to them by the YJB in 2004. These exemptions, however, were not included the following year in the official business plan paperwork that was forwarded to secure children's homes. Some secure children's homes continued to complete their business plans as if they were exempt from certain service requirements, while others followed the new format, which implied that compliance was expected with all service requirements. This confusion greatly hampered the research analysis throughout the two-year project. As the YJB eventually decided that the secure children's home estate would be exempt from six of the service requirements, these have not been included in the analysis of progress for the secure children's home estate.

National specification – progress and compliance

Galahad SMS Ltd assessed compliance rates and progress in relation to the framework of seven areas of practice (or 'reference' areas) identified in the national specification.

Although the Galahad SMS Ltd database contained information on each individual establishment in the secure estate, only the aggregate data was used here. A snapshot of the implementation process for the national specification follows for three classes of estate – STCs, secure children's homes and YOIs.

Overall progress

The extent to which each type of establishment in the secure estate for children and young people had implemented the national specification elements is shown in Figures 3.1, 3.2 and 3.3. These figures show the progress made in relation to each of the seven elements of the national specification outlined earlier. In this report, progress in implementation is measured by the number of establishments reporting in their business plan returns that they 'fully met' the service requirements of the national specification. Overall compliance with the national specification is also shown in these figures; this was calculated by dividing the number of 'fully met' national specification service requirements within each element (1–7) by the number of service requirements within that element.[18]

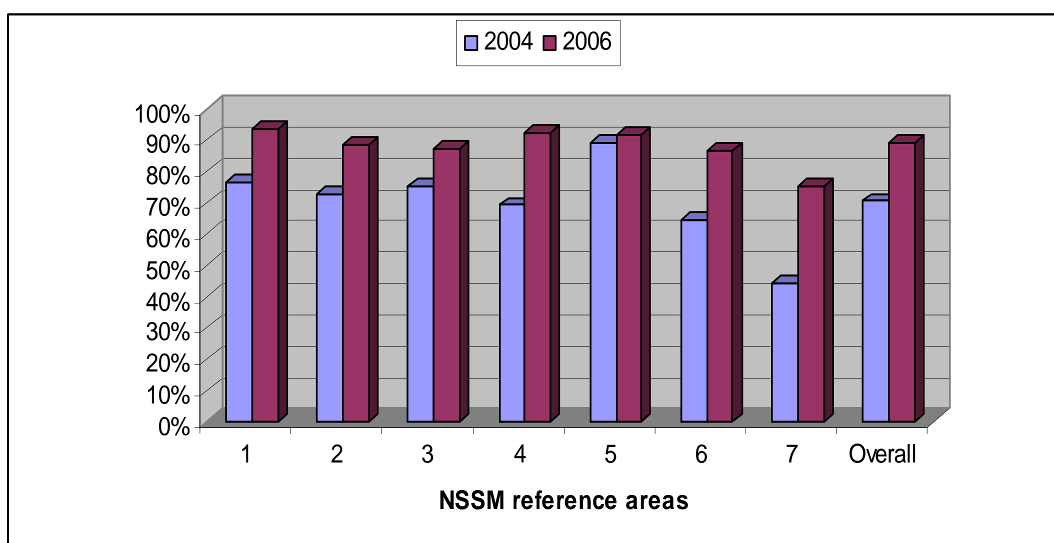
[18] The service requirement numbers contained in these figures can be found in the *National Specification for Substance Misuse for Juveniles in Custody* (Britton and Hackland, 2004).

The compliance figures for each class of estate were aggregates of the data submitted by all establishments within that class. As there were only three STCs (four in 2006) in the data set, compared with 11 secure chidren's homes and 15 YOIs (16 in 2006), large improvements made by an individual STC can markedly increase the overall progress made by the STC estate as a whole. Conversely, a vast improvement by a single YOI will have far less impact on the overall levels of progress made by the YOI estate in implementing the national specification.

In terms of overall implementation, it was clear that STCs had achieved the greatest level of compliance with the service requirements set down by the framework, rising from 71% in 2003 to 89% in 2006. As secure children's homes were starting from a higher base-level of compliance than STCs (77%), they showed the least progress; nevertheless, by 2006, the secure children's home estate had managed to attain an 81% overall compliance rate. In comparison with both the STC and secure chidren's home estates, the level of compliance found within YOIs has generally been much lower, at 32% in 2004 and 63% in 2006. However, this does represent remarkable progress made by YOIs in terms of overall national specification implementation in a short period of time.

Analysis of overall STC estate compliance

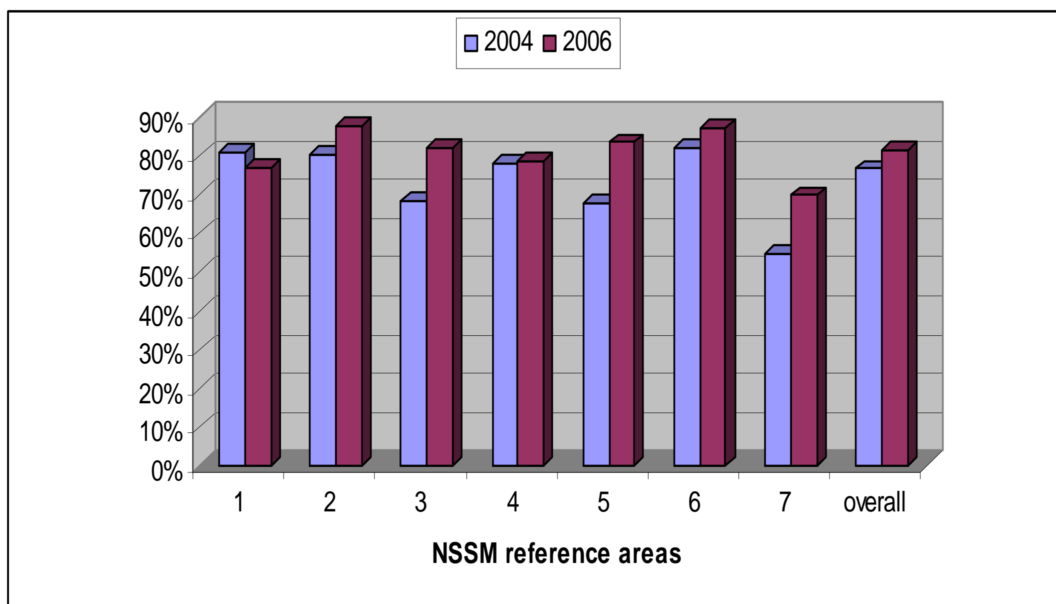
Figure 3.1: STC estate – A comparison by element of compliance with the national specification (2004 and 2006)



During our research, staff at a number of STCs felt that several of the national specification service requirements were not applicable to their part of the secure estate. At a meeting in June 2006, it was agreed between the STC estate and the YJB that, for the purposes of this analysis, service requirements 2.2c, 5.5 and 7.3e should not be included. These service requirements have therefore been excluded from 2004 and 2006.

Analysis of overall secure children's home estate compliance

Figure 3.2: Secure children's home estate – A comparison by elements of compliance with the national specification (2004 and 2006)



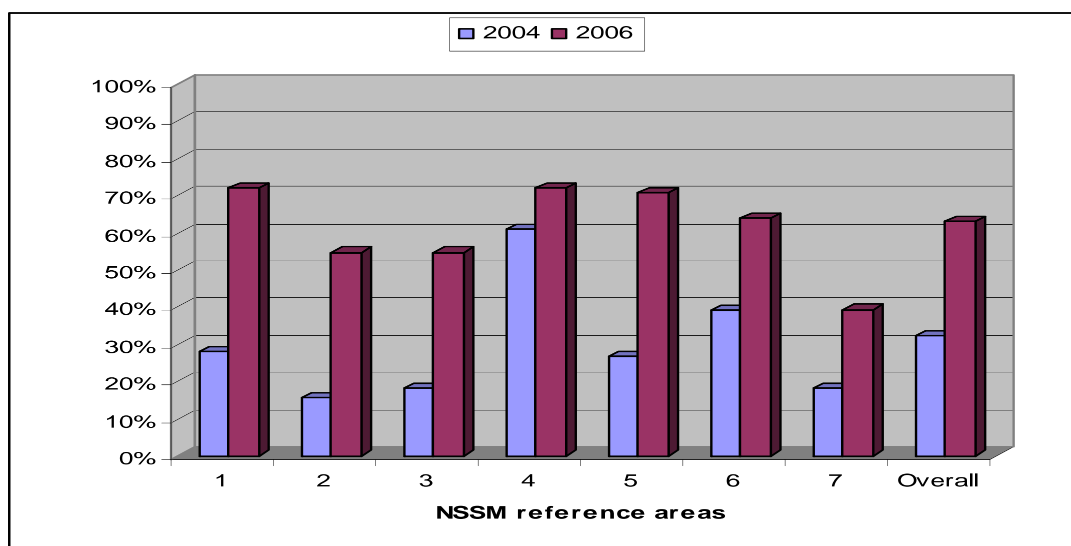
Note: As self-completed audits for the Atkinson Unit, Barton Moss, Lincolnshire and Orchard Lodge were not received for 2006, these establishments were therefore excluded from the 2004 analysis as well.

During our research, staff at a number of secure children's homes also felt that several of the national specification service requirements were not applicable to their part of the secure estate. Additionally, due to the small size of the secure children's homes (when compared with the YOIs and STCs), they felt that they would never have the resources to comply with a number of the service requirements.[19]

[19] At a meeting in June 2006, it was agreed between the secure children's home estate and the YJB that, for the purposes of this analysis, service requirements 1.3a, 1.4a, 1.12a, 2.2c, 5.5 and 7.3e should not be included. These service requirements have therefore been excluded from 2004 and 2006.

Analysis of overall YOI estate compliance

Figure 3.3: YOI estate – A comparison by elements of compliance with the national specification (2004 and 2006)



Progress by subject area

The pattern of progress was repeated in the individual subject areas within the framework, with STCs and secure children's homes each making strong and steady progress in implementation. There was a rapid growth in compliance in each of the seven subject areas by the YOI estate, with compliance up by more than 40% in section 1 (identification, assessment and planning) and progress of over 35% in section 2 (education and prevention), and section 3 (support and programmes). In subject areas where progress in the YOI estate was slowest (section 4: detoxification and clinical management), the level of compliance was already reasonably high: 61% in 2004, rising to 72% in 2006. This deceleration in progress may be related to factors identified later in this analysis; substance misuse managers perceived these particular targets as being outside their role and authority, so they felt less able to influence progress in this area. Another factor may be that, as also seen within the STC and secure children's home estates, rates of progress naturally slowed down as compliance with national specification service requirements increased.

Identification, assessment and planning

In all three classes of estate in 2006, compliance with this first set of national specification service requirements was high. STCs showed 100% compliance with 17 of the 20 service requirements. The YOI estate reported a 70%+ level of compliance with 13 of the service requirements, while making marked progress from the baseline data recorded in 2004. The secure children's home estate also showed an overall high level of compliance with the national specification in these areas. It is noticeable, however, that secure children's home compliance with service requirements 1.6 and 1.8 had fallen by 18% and 27% respectively between 2004 and 2006. These service requirements read:

- 1.6. Identification must address a range of areas and use all available sources of information
- 1.8. Young people with identified substance misuse needs are referred for assessment.

Both of these service requirements called for increased staff resources, which was noted as a problem by substance misuse managers within the secure children's home estate (see below). In fact, secure children's homes have now been made exempt from six service requirements from the national specification framework, including three from the identification, assessment and planning section,[21] precisely because staffing levels apparently made these service requirements impossible to meet.

Education and prevention

The STC and secure children's home estates again showed a high level of compliance with this section of the national specification framework. In 2006, the STC estate was 100% compliant with eight of the 11 service requirements, while the secure children's home estate was 80% compliant with all service requirements (except 2.2a). The YOI estate had made predictably rapid progress in this area, with particularly impressive growth in service requirements 2.4 and 2.5, where compliance rose by 81% and 75% respectively between 2004 and 2006.

Support and programmes

The secure children's home and STC estates each showed a high level of compliance with service requirements in this area of the national specification framework. The STCs reported 100% compliance with service requirement 3.2. This requirement states that establishments should provide programmes that cover harm reduction messages and that encompass all substances. The YOI estate was generally less compliant in this area than the other classes of estate, though large improvements were evident between 2004 and 2006 in compliance with service requirements 3.2 and 3.3 (which state that establishments should set up a smoking cessation programme for young people).

Detoxification and clinical management

All three classes of estate achieved a high level of compliance with service requirements in this section of the national specification framework. The three establishments in the STC estate were again the most successful in complying with the criteria set out in the national specification, with 11 of the 13 service requirements in this area being 'fully met' by 100% of establishments. Another major trend was the improvement made by the YOI estate with service requirements 4.1 and 4.3: between 2004 and 2006, compliance with these requirements had risen from 27% to 63% and from 13% to 50% respectively. Service requirement 4.1 states that prescribing protocols for detoxification and clinical management must be in place in line with national standards and guidelines, while service requirement 4.3 says that healthcare plans and needs must inform substance misuse care plans and sentence plans.

[21] These were 1.3a, 1.4a, and 1.12a.

Throughcare and resettlement

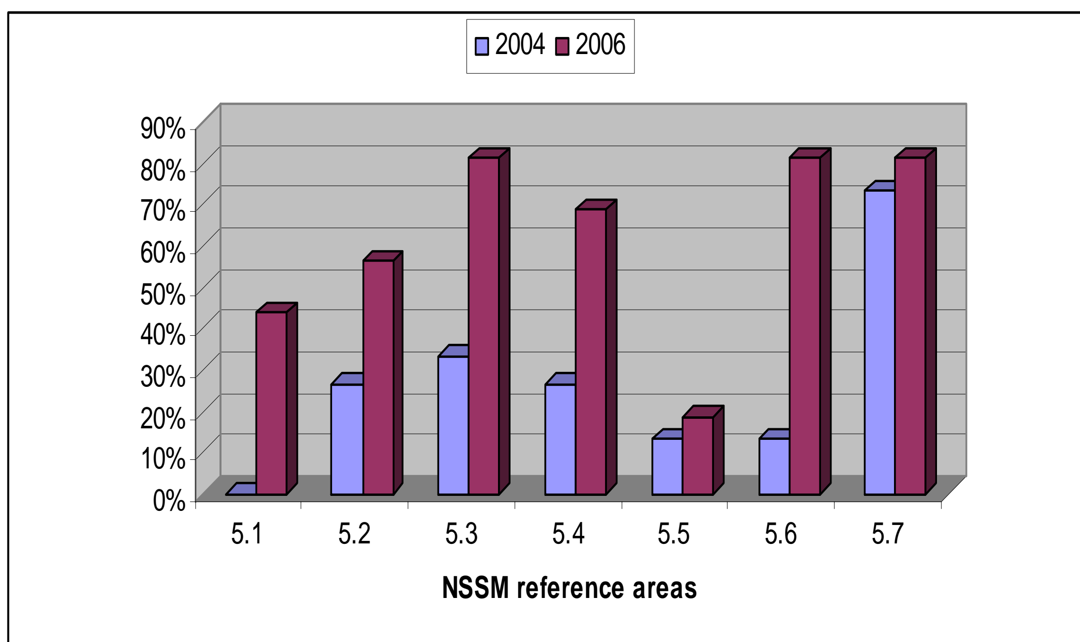
Compliance with throughcare and resettlement was an area of the national specification framework that the secure children's home and STC establishments found easier, as demonstrated by 100% compliance rates for five of the six service requirements applicable to STCs, and compliance rates of over 80% for five of the six service requirements applicable to the secure children's home estate. Incidentally, both the STC and secure children's home estates found service requirement 5.7 the most difficult to comply with, while the YOIs were at their strongest in this section of the national specification, with an 81% compliance rate. This service requirement concerns the establishment of information-sharing protocols between health and substance misuse departments at different custodial establishments to ensure that appropriate information is shared when young people are transferred between units. In interviews, staff in the secure estate voiced concerns about poor information-sharing systems and transfer procedures:

> *Whenever we've had a transfer from a secure children's home or a STC, I don't think there's been one time when we've received the paperwork; so I think there is room for improvement.*
>
> (Substance misuse manager, YOI)

Staff from secure children's homes pointed out to researchers at a forum that there was generally no standard protocol on the information to be exchanged with new units. This contrasts with the experience of YOIs, where standardised guidance and paperwork for transfer has been produced and circulated by the Prison Service Central Team.

The YOI estate had generally made marked improvements in its delivery of throughcare and resettlement provision as specified by the national specification (see Figure 3.4). In 2006, 42% of YOIs had established protocols for transferring young people's substance misuse information to the community and other custodial settings (national specification service requirement 5.1), compared to a 0% compliance rate in 2004. Great strides have been made in compliance with service requirement 5.6, which states that establishments should provide information to young people about any substance misuse services available in their home town, as well as information on how to avoid drug-related death. There is also evidence that YOIs have made efforts to be more proactive in their efforts to make and maintain contact with the home YOTs of young people: compliance with service requirement 5.3 has risen by 48% between 2004 and 2006.

Figure 3.4: Throughcare and resettlement provision in the YOI estate – Compliance with national specification reference areas



Notes:

1. Wetherby has been excluded from the 2006 calculations, as the information received was not in a usable format.
2. Thorn Cross and Downview are not included in the 2004 calculations. These establishments were not 'on stream' when development plans were compiled.
3. For 2004, compliance with service requirement 5.1 was zero.

Integration and management

The integration of substance misuse services in the secure estate will be addressed in greater detail in the 'Integration' chapter. The pattern of compliance with the national specification for this element replicated that found in other areas.

The STC estate performed well initially, and then made exceptional progress to ensure targets were fully met throughout the estate. Of the 17 service requirements, 11 had been implemented by all STCs by 2006. The greatest gains were made in those areas that referred to management and the establishment of protocols for substance misuse service delivery, such as service requirements 6.8, 6.10b, and 6.10c.

The secure children's home estate was similarly successful at implementing these requirements of the national specification. The majority of service requirements were fully met by over 80% of establishments within the estate; the greatest progress between 2004 and 2006 was in establishing confidentiality procedures (service requirement 6.3c), and meeting the Drug and Alcohol National Occupational Standards (Skills for Health, 2003) requirements (6.10c). However, there was a decline in the number of establishments that were able to demonstrate compliance with service requirement 6.12. This requirement states that the head of unit (governor, manager, director), head of healthcare and head of education must participate in regular planning meetings; in secure children's homes, the management team and any key external partners should review progress.

The YOI estate once again made progress over the period from 2004 to 2006 in the integration and management element of the national specification. The most noticeable gains were made in:

- establishing individual development plans for staff (service requirement 6.10b)
- implementing consent procedures for collecting information (6.3c)
- accessing young people's cases notes (6.3c)
- contacting the parents of young people (6.2).

None of the YOIs complied with this last service requirement in 2004, but 56% of establishments complied with it in 2006.

The only noticeable large decline in compliance in the YOI estate was for service requirement 6.9, where compliance fell back from 60% in 2004 to 44% in 2006. This service requirement states that the substance misuse manager should be responsible for the contract management and commissioning of services within the establishment. In the analysis (following later in the text) of the reasons why compliance with certain requirements was problematic, many managers stated that this responsibility did not fall within their remit in YOIs. It may be that over the two-year period of implementation, the limitations of their role have gradually become clear.

Monitoring and evaluation

In the final element of the national specification – monitoring and evaluation – compliance and progress follow the same pattern as that of its overall implementation. The YOI estate began the implementation process slowly in 2004, but had made steady progress in the years since. However, for the YOI estate, this is the weakest area: only one service requirement in the monitoring and evaluation element was met by more than 50% of establishments. This perhaps indicated that resources were directed into compliance with other areas of the national specification framework, or simply that resources were not available in-house to comply with the evaluation aspects of the national specification.

The secure children's home estate made slower progress than the YOIs, although they did begin the implementation process at a higher level of compliance. In 2004, the STC estate failed to comply at all with three service requirements set down in this section of the national specification (service requirements 7.3a, 7.3b, and 7.3c); two years later, progress had been made, with at least 50% compliance with all requirements.

Both the STC and secure children's home estates showed a decline over the course of the evaluation period in compliance with service requirement 7.3d, which calls for the evaluation of clinical management and detoxification. Once again, in feedback from units in the national specification audit, substance misuse managers felt that this service requirement was one that fell beyond the remit of their role.

Staff views on national specification compliance

Changing perceptions about the national specification

Staff attitudes to the national specification shifted during the course of this study. During interviews with staff in 2005, there were only two negative comments about the national specification framework, which was generally seen as a constructive starting point to focus thinking regarding young people's substance misuse issues.

By late 2005 and during the course of 2006, substance misuse staff expressed more reservations about the suitability of the national specification as a one-size-fits-all

framework for different types of establishment, and a consensus emerged on the need for an update and a review:

> *When it came out, I thought it was a very good document to give me…a very good basis of* [sic] *the way I should be taking things forward and setting up a team. Like all documentation (it's what, three years old now?), they need upgrading and redoing.*
>
> [Substance misuse manager, YOI]

Researchers took into account this shift in perception regarding the usefulness of the national specification framework over the two years of the study. Over time, substance misuse managers were able to make a more accurate assessment of the feasibility of compliance as they became more familiar with the setting within which it was being implemented.

Reasons for non-compliance with the national specification

As an initial information-gathering exercise, Galahad SMS Ltd sent out a Services Audit Survey to all establishments in 2005, and repeated this during 2006. To understand what was preventing full compliance with the national specification, a detailed thematic analysis was made of the reasons given in response to the survey for non-compliance with specific service requirements. Not all units returned questionnaires. Substance misuse managers in the YOIs made the most detailed comments about their difficulties in complying with the service requirements. The following commentary therefore reflects principally the concerns of staff in these units.

It should be noted that there were often divergent views on the feasibility of different service requirements. This suggests that there is scope for improving the monitoring systems and the support given to those implementing the national specification so that successful initiatives to get around barriers to compliance can be disseminated. There were also, however, areas of the national specification which appeared to cause common difficulties with compliance.

Outlined below are the six reasons given most often for non-compliance with the national specification framework.

Reason one: Targets were perceived as being beyond the authority or remit of the substance misuse manager

In 62 instances, substance misuse managers said that they could not comply with a given service requirement because they considered that it fell beyond the remit of their role. Substance misuse managers' responses were particularly strong in relation to healthcare, educational and senior management activities.

A third of the comments made by staff in response to the YJB national specification audit survey[22] concerned the inability of some substance misuse managers to achieve the healthcare-related objectives set out in the national specification. This is exemplified by the following responses to two of the service requirements:

- Service requirement 6.4a: Heads of establishments should either appoint a programme leader to co-ordinate the implementation of the national specification

[22] See the 'Methodology' chapter for a description of this audit survey under the heading 'Services Audit Survey'.

contained in this document, or ensure that the responsibilities are added to another job description.

Response: [The local] *PCT* [Primary Care Trust] *are responsible for commissioning and managing contracts of healthcare providing substance misuse services on the* [Unit].

[Substance misuse manager, YOI]

- Service requirement 3.3a: All young people must have access to smoking cessation interventions including individual and group interventions and health promotions with appropriate support material available.

  Response: *YPSMS* [Young Person's Substance Misuse Service] *offer one-to-one support only (not group work). However, much of this target is health-led. There is no funding for health promotion specifically for smoking cessation with YPSMS. This should be a joint target.*

[Substance misuse manager, YOI]

Joint planning with education departments was another service requirement that was considered to be beyond the influence or control of some respondents (service requirement 2.2b). Although some establishments were able to achieve the goal of joint working with education departments, this service requirement was seen as problematic in many units. Education workers did not provide substance misuse education in their unit, according to one substance misuse manager. This confirms information received from other sources during this research indicating that, in some units, some Tier 1 provision was either being discontinued, or being merged with Tier 2 targeted education. Other respondents felt that they had insufficient authority to achieve full compliance with educational substance misuse targets set out in the national specification, as indicated in the following response.

- Service requirement 2.2b: The substance misuse manager, or equivalent, will plan the provision of substance education and prevention with the head of learning and skills, or head of education or equivalent, under the auspices of the *National Specification for Learning and Skills.*

  Response: *The YPSMS* [Young Person's Substance Misuse Service] *manager does not have the authority (currently) to influence this objective.*

[Substance misuse manager, YOI]

Some managers also disagreed with the service requirement that specifies that substance misuse workers should contribute to individual learning plans.

Another common reason given for inability to comply fully with service requirements was that the target was deemed to be mostly the responsibility of the establishment, rather than solely the concern of substance misuse services. Some types of activities/requirements outlined in the national specification that triggered this response were:

- including the substance misuse manager in the senior management team
- ensuring that someone on the management team has responsibility for the implementation of the national specification

- managing the complaints procedure
- controlling budgets for substance misuse issues.

A number of substance misuse managers said that they had no control over any activities outside the secure setting, such as making sure that they received information from community sources, and ensuring that resettlement processes were adequately managed. This resulted in frustration, which emerged as a theme during interviews with staff, as illustrated by the following comment from a substance misuse manager:

> *To be honest with you, I can't believe that the Nat Spec* [sic] *was written where the substance misuse worker here has to ring around to try and find the substance misuse worker externally to get information, to get it sent in. I can't understand why, if a lad's been committed to custody…all his records do not come with him. It's a simple, easy thing to do, and would save so much time and effort…It just means a better, joined-up service.*
>
> [Substance misuse manager, YOI]

Many substance misuse managers felt professionally responsible for their rates of compliance with the national specification, but they pointed out that in real life, achieving full compliance with the service requirements often depended on getting other departments to co-operate. They did not always feel that they had enough authority to secure interdepartmental cooperation, particularly where partners felt unable to give priority to the national specification. The most that the substance misuse managers felt they could achieve was to attempt to forge links, to reinforce good practice and to influence key partners through networking and negotiation.

The following two service requirements in the national specification outline expectations about the part higher management must play in facilitating the implementation of the national specification:

- Service requirement 6.4a: Heads of establishments should either appoint a programme leader to co-ordinate the implementation of the national specification […] or ensure that the responsibilities are added to another job description
- Service requirement 6.4b: The person responsible for the implementation of the national specification […] must be directly accountable to the head of the establishment and attend senior management meetings. In small units, such as secure children's homes, this individual is likely to be the manager.

In most establishments, higher management had not ensured that the national specification framework was driven forward with a 'whole institution' approach (Department of Health, 2000). As a result, substance misuse managers felt that they had been left with the responsibility for implementation, with varying degrees of success, depending on factors such as the culture of the establishment in terms of joint-working, and the manager's capacity to influence other departments. Many substance misuse managers expressed their need for greater support, as illustrated by this observation:

> *I would certainly like to kind of feel more supported, and bit by bit, I think we're getting there; but it's sometimes a step forward and two back. I think we need more support as a unit.*
>
> [Substance misuse manager, STC]

Further evidence of this weakness in management support for the implementation of the national specification emerged in staff interviews. In each establishment, substance misuse managers were asked to identify key partners in the unit who were central to the delivery of substance misuse services. Although many substance misuse managers said that governors or managers gave assistance with aspects of their work, very few of the governors who were interviewed said that they were tasked with the responsibility for co-ordinating the implementation of the national specification framework. Instead, substance misuse managers themselves felt responsible for implementing the national specification, as the following comment shows:

> *I do not have a governor who leads or troubleshoots for us. I have been able to acquire some assistance, but that is through networking and goodwill, as opposed to someone being in 'post'. The responsibility of implementing the Nat Spec lies completely with me.*
>
> [Substance misuse manager, YOI]

Members of the Prison Service Central Team observed that it was unrealistic to expect substance misuse managers as a generic group to push forward the agenda on their own, since, certainly in YOI settings, they would usually not have the authority in the hierarchy to put pressure on other departments to give priority to the service requirements involved.

Reason two: Units had resource or recruitment difficulties

A number of targets remained unmet because of identified deficits in resources. The most common problem in this area concerned difficulties with recruitment, which had slowed down the implementation process in some units. Recruitment problems were explained by one manager as being:

> *…due to pay and grading* [which] *have impacted on the YPSMS* [Young Person's Substance Misuse Service] *nationally and within this unit. We now have a full complement of staff and this will allow us to develop the service further.*
>
> [Substance misuse manager, female estate YOI]

Some managers of healthcare and education stated that certain service requirements within the national specification framework had additional budgetary implications (e.g. the need to introduce universally available clinical supplies for smoking cessation and hepatitis). Advanced negotiation with those planning local healthcare budgets should have preceded the introduction of requirements necessitating budgetary changes. It was noted that the lack of negotiation with local Primary Care Trusts had impeded the ability of some healthcare managers to meet these service requirements fully.

Reason three: Systems were under development at the time of completion of the business plan

Examples of specific elements most commonly reported as 'under development' at the time the business plan was completed were:

- the evaluation of programmes
- the development of consultation processes for service-users
- in a few units, the need to further develop their work with families.

Reason four: The service requirement was not deemed achievable

Managers who found certain targets 'unachievable' usually cited a high population of young people on remand as their reason for non-compliance. Other particularly problematic targets were:

- meeting assessment deadlines
- providing substance misuse education to a very fast-moving population
- guaranteeing receipt of the *Asset* substance misuse screening form in remand cases.

Reason five: Staff regarded with the service requirement as irrelevant

The most contentious service requirements were those requiring joint planning and recording between education and substance misuse staff:

> *Any requirement to ILPs* [individual learning plans], *I do not agree with…. The national specification and the Head of Learning Skills' national specification do not marry up. YPSMS* [Young Person's Substance Misuse Service] *work is recorded in case files, care plans and sentence plans. I feel this provides all agencies with evidence of work undertaken and completed.*
>
> [Substance misuse manager, YOI estate]

Reason six: The target was met, but not in the manner described

Some service requirements were described as being met, but not as detailed in the national specification. For example, many managers had merged substance misuse intervention meetings either with wider multi-disciplinary meetings or, in the case of some secure children's homes, with weekly sessions with keyworkers.

National specification implementation problems

Even though stakeholders were initially involved in the design process, the rapid introduction of a complex set of standards, at a time when many workers were assuming new professional roles, should have included a pilot and review process as part of the implementation plan. Problems with the implementation of the national specification have only emerged as the tool has become operational, and as workers have become more familiar with both its benefits and shortcomings. Many of the substance misuse managers were themselves new to the secure estate, and during this study there was evidence that they needed time to understand:

- the hierarchical structure
- the lines of authority
- their own role within this hierarchy
- the culture of the settings within which this framework was to operate.

Competing sets of standards

In several questionnaires, interviews and at public fora, inconsistencies were identified between different sets of quality standards governing the work of departments in secure establishments, as illustrated by the following comment:

> *I am 'responsible' for many baselines that are actually under the remit of the healthcare department. As you are aware, they are now PCTs* [Primary Care Trusts] *and not prison staff. The PCT baselines do not always match mine.*
>
> [Substance misuse manager, YOI]

There was found to be a widespread perception of pressure on education departments to improve and maintain educational attendance hours, which in some establishments made it difficult for substance misuse workers to meet their assessment deadlines. To help troubleshoot potential problems, cross-departmental guidance and clarification was required. This need is currently being addressed by the YJB. From discussions with the strategic manager for prisoner health in the Department of Health and from interviews with healthcare managers, it was evident that in practice, compliance with the national specification was always likely to take second place to the healthcare managers' need to demonstrate accountability in terms of meeting healthcare standards. Any review of the national specification will need to address these wider cross-departmental tensions, and would ideally lead the YJB to dovetail more closely with other departments in developing national standards.

The role of key performance indicators

Another recurring theme was that governors were not giving priority to substance misuse work when no KPIs had been established to support drug and alcohol work. The importance of KPIs was outlined in the Government's White Paper *Modernising Government* (The Cabinet Office, 1999). The establishment of KPIs provided clear criteria against which the quality of the provision of substance misuse services could be measured. At the time of writing the KPIs had been in place for nearly two years and some felt that revisions were needed to ensure that the standards were appropriate and positively influencing the quality of service provision. There was some concern that current KPIs were no longer meaningful:

> *There has to be some rationalisation to what's important and what isn't and having appropriate targets whether they're KPTs* [key performance targets]*, KPIs, it doesn't make any difference to me as long as they're meaningful and they actually measure something that has a bearing on whether a young person has gone through the process.*
>
> [Substance misuse manager, YOI]

Some staff found it difficult to meet the plethora of key performance targets (KPTs), which they saw as having a negative impact on service delivery.

There was also frustration with the lack of timely information from the YJB on the most up-to-date procedures and assessments to be implemented, leading to duplication and needless effort.

Monitoring of the national specification

In the introduction to the national specification, it was made clear that monitoring of the implementation process and of the business plans produced by units would be completed by a number of formal inspection bodies as well as by the YJB monitors (see the 'Monitoring and evaluation' section above). The activity of these inspecting and monitoring bodies was raised in interviews during discussion of wider secure estate issues, and there was little evidence that the activities of these bodies were focused

enough on national specification objectives to drive the framework forward. Furthermore, in units experiencing high levels of conflict between staff in different departments, some staff said that the YJB monitor was limited in the help that they could offer. When questioned further about this, workers often felt that the role had insufficient authority to resolve interdepartmental conflict.

Monitoring of the business plans for each unit has also been managed in a variety of ways. The plans produced by secure children's homes and STCs were sent directly to the YJB, who monitored them and reviewed them annually. Plans by the YOIs went first to the Prison Service national substance misuse manager, who met with individual substance misuse managers in YOIs to monitor progress and to provide feedback. Finally the YOI plans were sent to the YJB for their final comments before signing off.

Some managers at secure children's homes and STCs expressed a wish for feedback on the progress of their plans, as explained by this manager:

> *We don't get any information back...any feedback in terms of 'You should be doing this, you should be doing that, you're doing that right, you're doing that wrong'. We don't get anything back from it, so you know, it would be interesting to find out what they do with the information, and if it is beneficial.*

[Manager, secure children's home]

The Prison Service Central Team members had put in place a system for monitoring the quality of the substance misuse services provided in the secure estate. This included the creation of a quality control framework (Prison Service Central Team, 2006a), as well as accompanying guidance (Prison Service Central Team, 2006b) to explain the purpose and process of site visits to monitor quality.

One manager also welcomed some form of external monitoring (such as that put in place by the Prison Service Central Team) as an aid to improve the quality of what was being provided in the secure estate.

One private YOI also wanted more feedback and both the substance misuse manager in this establishment and the Prison Service Central Team managers raised difficulties with monitoring progress in private units. Although the Prison Service Central Team lead manager had visited the unit, he stated that the lack of clarity as to the extent to which he should be monitoring this privately run unit needed addressing. He felt that changes to the service level agreement with this unit would help clarify the relationship between the private estate and the Prison Service, and improve monitoring and the sharing of practice.

Conclusion

Analysis of the business plan data shows that progress has been made in all areas of compliance with the national specification during the two years of implementation. However, as substance misuse managers have become more familiar with their own roles in the cultural context within which they work, and also more familiar with the national specification framework itself, the limitations of the national specification and the barriers to improving compliance have become increasingly clear. Common reservations about the national specification framework questioned whether:

- a 'one-size-fits-all' specification was the best model

- all targets were achievable with all types of secure stablishment populations
- all targets were within the influence and authority of the substance misuse managers
- multi-disciplinary compliance was being monitored and supported through a proactive senior management approach
- all targets were appropriate and relevant.

4 Integration

Introduction

In 2004 the YJB's *National Specification for Substance Misuse for Juveniles in Custody* (Britton and Hackland, 2004) introduced a new five-element framework for substance misuse services to address the needs of young people. These five elements are:

1. identification and assessment
2. education and prevention
3. support and programmes
4. detoxification and clinical management
5. throughcare and resettlement.

It was envisaged that these elements would be delivered through integrated care plans that encompassed both custody and community aspects of the Detention and Training Order.[23]

The YJB research specification required Galahad SMS Ltd to evaluate to what extent the elements of the substance misuse service are integrated to provide seamless end-to-end service provision to young people. In considering integration, Galahad SMS Ltd was asked to assess substance misuse service integration within individual establishments, between establishments, between the secure estate for children and young people and the community, and throughout the secure estate for children and young people as a whole.

This report summarises the main themes emerging concerning integration of the key elements of the substance misuse service.

Measuring integration in the secure estate

As outlined in the 'Methodology' chapter, the concept of 'integration' in the delivery of substance misuse services is difficult to quantify. Galahad SMS Ltd chose to use both qualitative and quantitative methods to provide a more comprehensive assessment of integration. Details of both methods are provided in the 'Methodology' chapter. To summarise, the Human Services Integration Measure (Browne et al., 2004) provided a quantitative measure of the integration of substance misuse services in the secure estate, while detailed face-to-face interviews with staff provided more information about the context of integration.

Service integration in the secure estate

Table 4.1 summarises the range of services identified as contributing to substance misuse work in the seven case study sites. It shows that the range and type of services provided varied in each establishment, though, in every establishment, the substance misuse manager, and healthcare and education workers contributed to substance misuse

[23] See http://www.yjb.gov.uk/en-gb/practitioners/Health/SubstanceMisuse/Custody/

work. The only other services repeatedly stated as contributing to substance misuse work were psychology (five establishments), physical education (four establishments) and wing staff (four establishments). The reasons for this variation in who is included in the provision of substance misuse services were unclear, although some staff felt that involvement was dependent on each substance misuse manager's personal interest in substance misuse work.

Table 4.1: Departments/staff contributing to substance misuse work in seven research study sites

Department/staff	Number of establishments identifying department/staff as contributing to substance misuse work
Substance misuse manager	7
Healthcare	7
Education	7
Psychology	5
Internal YOT/caseworkers	5
Physical education	4
Wing staff	4
Governor/Head of unit	3
Mental health	2
Research	2
Counselling, assessment, referral, advice, throughcare (CARAT)	1
Residential governor	1
Resettlement	1
Chaplain	1
Administration	1
Head of secure service	1
YMCA	1

The Human Services Integration Measure scores for each of the study sites are given in Table 4.2.[24] The data reinforces the qualitative analysis in that it suggests that integration of substance misuse services in the secure estate is progressing well. No establishment can boast that the level of service integration fell into the top bracket of the Human Services Integration Measure framework but, by the same token, no establishment was classified as having anything less than 'good integration' (see Table 4.2). Vinney Green secure children's home displayed the highest level of service integration – 'excellent' according to the Human Services Integration Measure framework – followed by Hassockfield STC. It is interesting to note that these establishments were a secure children's home and STC respectively. In the analysis of the implementation of the national specification (see the chapter on 'Implementing the

[24] See Appendix A for scoring criteria and definitions of the Human Services Integration Measure scale.

national specification'), which was partly established to improve the integration of substance misuse services, it was found that secure children's homes and STCs consistently outperformed YOIs in every aspect of implementation. This may be reflected in the service integration scores presented here. That said, the YOI study sites had still achieved a very good level of service integration according to the Human Services Integration Measure tool, with three falling into the same category ('very good integration') as Hassockfield STC.

Table 4.2: Human Services Integration Measure scores for seven research study sites

Establishment	Integration score	Clinical indicator
Vinney Green secure children's home	3.06	Excellent integration
Hassockfield STC	2.93	Very good integration
Huntercombe YOI	2.83	Very good integration
Warren Hill YOI	2.83	Very good integration
New Hall YOI	2.64	Very good integration
Wetherby YOI	2.45	Good integration
Downview YOI	2.39	Good integration

Integration and the national specification

The national specification represents a concerted attempt to integrate the five elements of the YJB's substance misuse programme for the secure estate and to kick-start more integrated working on substance misuse issues in the secure estate.

The introduction of the national specification provided all establishments with a best practice framework designed to standardise practice across the secure estate. This presented the opportunity for policy, strategy and practice to be fully integrated, with the national specification framework forming the primary vehicle for promoting shared values and vision, and for clarifying partnership arrangements. Achieving this called for greater joint planning and monitoring of service provision between substance misuse, education and healthcare departments; the chapter 'Implementing the national specification' highlights that there were still areas for improvement. As part of the process of change, each substance misuse manager was tasked with recruiting and managing in-house multi-disciplinary substance misuse teams.[25]

Our research revealed that many managers thought that substance misuse service provision had become firmly integrated into decision-making by senior management, though one or two said that they still faced an uphill struggle to influence management at senior levels. The barriers to enabling the integration of substance misuse within senior management teams are discussed more fully in the 'Implementing the national specification' chapter.

Having seen vast improvements in the provision of substance misuse services, the managers interviewed were keen to build on this and identify further areas for improvement. A specific area of concern was the 'one-size-fits-all' approach of the

[25] http://www.yjb.gov.uk/en-gb/practitioners/Health/SubstanceMisuse/Custody

national specification, which, in their view, did not suit the diversity of the secure estate. This topic, and suggestions for the future, are discussed in the 'Implementing the national specification' chapter.

At the time of the research, some managers thought that it was time that they should work jointly with the YJB on revisions to the national specification, focusing on appropriate processes of target-setting and monitoring. Managers also suggested that, to ensure consistency of information across the secure estate, standard promotional information should be available on the content of the different substance misuse services.

Barriers to integration

A prominent barrier to integration was the divergence between the Prison Service and the YJB in the administration required for assessment, which could lead to conflict and duplication of effort:

> *The individual secure children's homes and STCs have got their own paperwork. I went to a meeting last week and, although it's very similar, the bloke from* [another establishment] *was quite keen to see it and we agreed that the information collected was almost the same. The paperwork didn't resemble the same paperwork so if I picked this form up unless it was in the same format I'd start to reassess the kid which is what we're doing.*
>
> [Substance misuse manager, YOI]

A second barrier was the lack of coherence between the YJB and the Prison Service, leading to diverse ways of providing and managing services, which then put substance misuse managers in the very difficult position of trying to meet both sets of expectations.

Finally, several managers attending a secure children's home and STC forum expressed concerns that insufficient money was being invested in the secure estate for children and young people to deal with demand. They pointed out that there were resource implications in meeting fluctuating need and completing proper handovers and training. For example, the cost of training was not just for the worker involved but also for a replacement for when the worker is out of circulation.

Integrated team structure

In interviews, some staff felt that the national specification requirements had formalised multi-disciplinary collaboration and created a more holistic approach to providing substance misuse services. A number of substance misuse managers felt that this drive to provide more holistic services had improved communication in the secure estate for children and young people, as one commented:

> *The main changes are that we're integrated into the prison. Our links with learning skills, with resettlement, with the unit…you know, we're integrated and I think that's the biggest change, SM* [substance misuse] *itself is integrated into the prison business, day-to-day.*
>
> [Substance misuse manager, YOI]

Team structures

Three types of substance misuse team models that facilitated multi-disciplinary working at case study sites were identified.

1. **The multi-disciplinary team model**
   Some larger substance misuse teams such as those based at Ashfield, Wetherby and Warren Hill YOIs had chosen to establish teams in which personnel from different disciplinary backgrounds were brought together under the line management of the substance misuse manager.

2. **The link worker approach**
   Some substance misuse teams in larger units used link workers to facilitate integrated substance misuse work. Two types of such workers were noted.

   Link worker 'in'

   In Warren Hill YOI a healthcare link worker attended substance misuse team meetings. A lead induction officer had also been introduced who was responsible for developing the substance misuse elements of induction and for delivering Tier 1 work. At Vinney Green secure children's home, the assistant psychologist acted as the main liaison with the healthcare team, jointly supervised by the substance misuse manager and psychologist. In Ashfield YOI a physical education instructor and a probation worker specialising in remand management had been tasked with linking up with the substance misuse team. It was felt that this link would enable the probation worker to focus on rapidly integrating activity for a transient group of young people in the establishment.

   Link worker 'out'

   In Ashfield YOI, the substance misuse team itself included a number of workers whose task was to link up proactively with other departments. As the substance misuse manager explained:

   > *We go to healthcare rather than demanding them coming to us. They see us as an added asset to their service not them being part of our service.*
   >
   > [Substance misuse manager, YOI]

   Links were also made with the physical education department, community RAP schemes, and the education department. There was a general view among managers that substance misuse services had now been accepted as an integral part of Prison Service provision.

3. **The smaller team**
   In smaller secure units, supporting multi-disciplinary substance misuse teams and link workers was not generally feasible. Two models of small-scale teams included: small specialist teams with an individual substance misuse worker supported by a unit manager; and virtual teams, in which the team is typically contracted in from outside the organisation to provide substance misuse services.

Implementing new teams

There was considerable evidence from interviewees that the new teams had been operating well in their new roles. Substance misuse managers were very positive about the progress made towards integrated working within the secure estate. Some had been

proactive in creating the processes and procedures to ensure efficient and effective integration of substance misuse services within their units.

Some managers commented that the absence of a competitive culture fostered collaborative team working:

> *There's no 'my team's better than your team' – no rubbish like that which I've experienced in the past.*
>
> [Residential assistant director, YOI]

Other substance misuse managers felt that there was less of a blame culture, and that colleagues were increasingly focused on creative problem-solving to resolve challenges and difficulties. Some felt that such positive and proactive approaches had fostered pleasant working relationships within their units.

These positive working relationships had not just been achieved with formal organisational structures. Initially, people had started working in isolation, and many had made an effort to engage in ad hoc, informal networking and to communicate with colleagues and managers who were co-located in nearby offices to facilitate collaboration. The following comment illustrates this point:

> *I know when I was first here everyone just worked in isolation but now there's a lot more communication, people are working together and they're understanding a bit more about what people are doing, what the different agencies are doing. To me it's really positive and it's good to see that everyone understands the importance of that.*
>
> [Substance misuse manager, YOI]

Collaboration sometimes extended to covering staff absences by sharing case work with colleagues. In some instances, substance misuse workers had managed to persuade colleagues to alter management databases to help to track substance misuse needs. At Huntercombe YOI, for example, the voluntary drug testing (VDT) database had been modified:

> *I have access now to the substance misuse database so, all of the trainees that want to do VDT or have been referred to VDT…what we've got now is a database where we have all of their caseloads on that, but we've now got a column in there on those who want to do VDT as well, so it's needs-based rather than figures-based.*
>
> [Head of resettlement, YOI]

Facilitation via formal communication

Considerable efforts had evidently been made to integrate substance misuse service provision formally into wider unit meetings. To obtain greater visibility and influence for substance misuse issues, formal meetings were held within units on many different topics, in addition to daily informal interaction with colleagues. The diverse topics included:

- security
- young people's services
- public protection
- resettlement

- safer custody
- health and well-being
- quality improvement
- energy efficiency
- diversity.

It was felt that less formal, weekly planning meetings ensured that any potential cross-departmental conflicts were addressed and efforts co-ordinated before any problems arose.

It was clear that staff within some establishments assumed that the multi-disciplinary team meeting was the same as the substance misuse intervention team meeting, while others did not. The source of the confusion could be that the two can be seen as the same in the national specification. The national specification refers to a mandatory staff meeting to discuss offender drug-taking rather than specifying a multi-disciplinary team meeting.

Support from management

The need for significant support from senior management to facilitate integration was a common theme among substance misuse managers and their senior managers. In some units, senior managers were willing to allow their staff to take risks with new procedures and processes in the absence of a blame culture. This support facilitated progress. However, not all senior management teams were so supportive, which was identified in the analysis of business plans and is discussed in the chapter 'Implementing the national specification'.

One senior manager, who had broad previous experience in devising drug strategies, valued and supported the implementation of the new substance misuse national specification.

> *I used to be a drugs strategy manager at the Weir before I came here so I know what he's* [the substance misuse manager] *going through and I know the sort of things that he has to do and I think that* [past] *relationship helps* [me to understand] *what he's on about.*
>
> [Residential assistant director, YOI]

Physical proximity and integration

Being located in close physical proximity to other multi-disciplinary team members was mentioned by a number of substance misuse workers and their colleagues as fostering effective team working and helping to facilitate informal information-sharing and collaboration. For example, one education manager commented:

> *The other quite useful thing is* [name]*'s office is fairly close to the rest of the education department so there's an informal leakage which is quite useful. Individual lad's behaviour is brought up. Incidents are brought up. Sort of moment-by-moment things which can impact on what's going to happen to you for the rest of the day which you may need to know about and then bigger issues might also be raised and then be told.*
>
> [Education manager, YOI]

Substance misuse managers reported that being physically isolated inside units and being geographically isolated from teams which were spread across various sites were barriers to integrated team working. While little can be done to address the latter, the physical location of substance misuse staff within a unit can significantly influence their ability to be integrated with other team members. As one substance misuse manager commented:

> *I'm now being informed we are being moved back down to healthcare in an office which is going to be too small, inaccessible to the kids, inaccessible to the files, inaccessible to the social workers, psychologists and the admin clerk and the other people on the ground…It's a totally backward move. What I think will happen, certainly we'll be isolated from these departments so we'll lose that ability just to nip across the passage.*
>
> [Substance misuse manager, STC]

Training needs

A side-effect of increasing awareness of substance misuse issues across the secure estate has been that non-specialist staff have become aware of significant gaps in their knowledge, and consequently wanted to receive specific training in substance misuse. Initiatives to share training budgets with interested colleagues were evident in Ashfield and Hassockfield, a private STC. Due to limitations in training budgets, not all units in which staff were interviewed were able to provide staff training in specialist substance misuse topics, such as spotting detoxification needs. However, some staff who were aware of their lack of knowledge welcomed collaborative integrated work with their substance misuse colleagues, as this provided a way to learn from another's expertise.

Working with stakeholders

Specific issues of integration with each of the major departments (such as education and healthcare) are discussed in more detail in the following sections. In summary, the range of partners identified during this research was generally wider than in previous research conducted by Galahad SMS Ltd on behalf of the YJB (Galahad SMS Ltd, 2003). Working relationships were fostered throughout all formal levels of interaction, from strategic planning meetings, weekly liaison meetings, down to informal conversations.

Integrating with education

Integration to deliver the national specification

There were 17 examples of effective integrated working by substance misuse workers, managers and education managers. At the strategic level, substance misuse managers at Wetherby YOI and Warren Hill YOI had created integrated planning meetings with department heads to structure a co-ordinated approach to their service delivery. This approach fostered collaborative working relationships to such an extent that:

> *Head of regimes can see the benefit and the learning skills…and because of that the education and the service provider, even though they're not mandated to do it on a contractual basis, they've actually offered this one teacher up to be able to deliver six hours per week education.*
>
> [Substance misuse manager, YOI]

Although joint planning of Tier 1 substance misuse educational input was considered a challenging national specification requirement, a number of units took a practical and proactive approach to resolving the tension resulting from competing interdepartmental targets; for example:

> *We help basically arrange the timetables so the lads are available for their drug work within the requirements of the overall curriculum…obviously* [name] *has his targets to meet and we've got our targets to meet so it's coming to a kind of arrangement whereby we can actually meet both targets to our satisfaction.*
>
> [Education manager, YOI]

At a national level, substance misuse managers had worked together to devise a Tier 1 foundation education pack, which they hoped to implement across the secure estate for children and young people. Collaboration had created a sense of joint responsibility between education and substance misuse managers, so they shared staff to provide Tier 1 education; in some units, the classes were taken by substance misuse workers. This was considered a better approach to ensure information quality and continuity. In other units, the management of induction was the responsibility of the substance misuse team, sometimes with induction delivery being conducted by the substance misuse team.

> [The substance misuse worker] *meets all the children in the induction class and from there he gives them certain amounts of information and asks them certain questions and, depending on their responses, he will then be able to tell those children who have got a good vocabulary around substance misuse the likelihood that they've got life experiences of it so he will take that information away and then maybe work with the child separately.*
>
> [Head of education, secure children's home]

The need for clarification about the role of Tier 1 personal, social and health education (PSHE) in the secure estate for children and young people and the best methods of implementing it are discussed in detail in the section 'Community versus custody treatment' within the chapter on 'Meeting needs effectively'.

In addition to formalised strategic planning of service delivery for substance misuse education, there were examples of informal collaborative working to timetable delivery of one-to-one sessions with young people who offend. There was also evidence that education and substance misuse workers adopted a flexible and informal approach to removing young offenders during class time, as the following quote illustrates:

> *We are allowed to take lads out of the classroom but we do it sensitively. If they've got exams or whatever then we won't and we'll find out and we'll make sure that, if they're on the unit, they do their education and get them in the afternoon but, if we do need to see them, the education staff are fine about it.*
>
> [Substance misuse manager, YOI]

Barriers to integration

Only three units – Hassockfield STC, Huntercombe YOI and Cookham Wood YOI – reported difficulties in integrating with the education department. These difficulties apparently arose from a lack of teamwork, which they planned to address by re-structuring, and from the inherent conflict between two sets of departmental targets

within the national specification. Some units had overcome such difficulties by integrating substance misuse education into individual learning plans, though this did involve some duplication.

Again, as with setting up multi-disciplinary teams, close proximity greatly assisted integration with other departments.

Integration with physical education

Four units (Warren Hill YOI, Vinney Green secure children's home, Wetherby YOI and Ashfield YOI) highlighted their efforts to integrate substance misuse services with physical education, regarding it as part of a holistic approach to health promotion. This strategy also provided an opportunity to train physical education staff in substance misuse issues. In one unit, substance misuse staff also conducted team building, self-esteem exercises and fitness testing as part of physical education with young offenders.

Integrating with healthcare

In all case study sites there was anecdotal evidence of systematic screening for drug and alcohol use and referral on to substance misuse workers, as one substance misuse manager explained:

> *Every young person admitted to the centre receives a substance misuse assessment with the healthcare department. This information is then forwarded to the substance misuse team...This care plan is then forwarded to the review meetings and used to formulate each trainee's specific training plan.*
>
> [Substance misuse manager, STC]

There was evidence from a number of units that drug and alcohol screening was conducted and the results were integrated in a structured way with the substance misuse team so that service provision was formally integrated between healthcare staff and substance misuse managers. There were also examples of good informal networking that quickly identified potential substance misusers for proper case management. Furthermore, formal cross-departmental meetings enabled dual diagnosis cases to be handled collaboratively. It was of considerable benefit to have nurses as part of substance misuse teams, as they proved to be ideal link workers with healthcare provision, breaking down traditional professional barriers.

In some units, the substance misuse assessments were all kept in one location, for ease of access by staff across different departments. This reduced duplication of file management, and eased access to locked files, which was particularly important in smaller units with only part-time healthcare staff:

> *Before, we had six core assessments and information in one file and health assessments in another file and, you know, a lot of these were locked away and nobody had access to them until either the psychiatrist or drugs worker were in ... This way it's kept in one medical file which is locked away which I've got access to.*
>
> [Substance misuse manager, secure children's home]

This shows that earlier difficulties concerning the boundaries that governed information-sharing had been mainly resolved. In only two case study units were persistent difficulties mentioned that interfered with the integration of substance misuse

work. In one case study unit, collaboration with detoxification and clinical management seemed to have taken a retrograde step, and in another, there was little evidence of liaison and joint working on initial screening.

Integrating with mental health

This research identified two clearly formalised means of integrating substance misuse teams with mental health teams. Firstly, many units used formal unit substance misuse intervention team meetings as the first point of liaison for joint planning and identification of need with the Child and Adolescent Mental Health Service.

Secondly, many units had begun to recruit an 'In-reach' team or mental health link workers as part of the healthcare team to improve identification of vulnerable young people and to facilitate joint working with other departments. Where these teams were becoming established, there was evidence of more systematic and regular linkage with substance misuse and other care-planning work:

> *I think the 'In-reach' mental health service in here is excellent and I think, you know, unlike in the community, we can tackle two different issues at the same time, mental health and substance misuse, because of our links.*
>
> [Substance misuse manager, YOI]

In some units, substance misuse staff had devised joint protocols with healthcare to facilitate case management. In Warren Hill YOI, the substance misuse team were recruiting a psychologist for a dual role with the mental health team to provide a fully integrated service. Formal structures were supplemented by informal networking, sometimes on a daily basis.

Multi-disciplinary case planning and review meetings

Gulliver et al. (2002) suggested that to achieve healthy partnerships, time and resources must be dedicated to nurturing and sustaining partnership relationships so that trust can be achieved. In the secure estate, multi-disciplinary case discussion meetings were generally identified as the main opportunity to integrate work.

Three types of multi-disciplinary case discussion meetings were described by substance misuse managers during interviews:

1. case-planning and review meetings involving outside workers, carers, parents and the young person
2. internal multi-disciplinary case planning meetings
3. substance misuse team intervention meetings.

The frequency of these meetings, however, seemed to vary according to the size of the establishment. In some smaller units, multi-disciplinary staff discussed every young person's case on a weekly basis and, in some cases, on a daily basis. Some staff felt that these meetings were a useful forum for integration.

In larger establishments and YOIs, weekly meetings tended to give priority to young people with higher level needs:

> *The substance misuse team usually attend the meeting with us* [the referral meeting] *and there's a mental health referral meeting so, in that we've got psychologists, psychiatrists and the nurses and the substance misuse team. We discuss people who have been referred to us with any mental health or substance misuse-linked issues (drug-induced psychosis or something) and we just discuss every Wednesday who's going to deal with them and who's going to work with them.*
>
> [Practice nurse, YOI]

Caseworkers were often regarded as having a key role, linking all members of multi-disciplinary teams and keeping track of the integrated care package delivered to each young person:

> *The caseworkers have to pull everything together. That's the means by which all the work that everybody does in the prison with the youngsters is catalogued and managed so that the caseworker has an overview of what's happening to the young person as far as possible. We're getting back to managing the times so they get what they need when they need it.*
>
> [Senior manager, YOI]

In addition to formal case planning and review meetings, there was also evidence of considerable informal liaison and information-sharing across multi-disciplinary teams, demonstrating staff commitment to delivering a fully integrated service to young offenders.

Information gathering

Three key issues were identified relating to managing information gathering. Firstly, as has been mentioned, some units were in the process of reducing documentation to one case file – a YJB pilot of the common health assessment form – to which everyone had shared access. This had the advantage of reducing administrative management, yet ensuring consistent and comprehensive information-sharing across departments and disciplines. This is illustrated by the following comment:

> *For example, there's going to be a central file that's going to be worked with. Whereas Juvenile Substance Misuse Service has their own file, healthcare have their own file,* Asset *and YOT workers have their own file, and a file for rewards and sanctions. All that is going to be located in one central file, so* [we're] *going to be doing care plans together so each agency will know what care plan is being done and how it's being done.*
>
> [Substance misuse worker, YOI]

Secondly, poor information-sharing arose in units that were not so organised in this respect. For example, when an individual transferred from another unit or across departments within a unit, files were sometimes misplaced.

The third issue was a concern that information and performance data was collected and centralised as an end in itself. This concern was expressed by several staff; for example, as one substance misuse manager complained:

> *It seems to me that we spend more time collating the information than we do actually doing the job and that's getting worse, to be honest with you, rather than better. I think there's got to be a realisation somewhere along the line that we have our*

prison masters, we have our area masters and we've also got our YJB masters, all of which are asking, sometimes, similar questions but not in the same way and, very often, all wanting the statistics at the same time. They're pretty meaningless. I question whether anyone reads them anyway.

[Substance misuse manager, YOI]

A related concern was that important information about performance management was not being collected and service quality was therefore not being monitored correctly. It may be useful to consider reviewing current central information management and performance monitoring to ensure the quality of delivery of substance misuse services.

Duplication of services

Researchers and staff in establishments noted a few examples of activity that was not necessarily being integrated with core work. If not closely monitored by substance misuse managers, it was feared that this work could be at risk of duplicating rather than complementing other secure estate or community-based work. For example, the Rathbone Training organisation was completing resettlement courses in some establishments which staff felt would overlap with some RAP services.

However, there were also examples of staff who were keen to prevent duplication and to share information and expertise. For example, one physical education manager always tried to consult staff when designing a new course:

Well whenever I'm thinking of running a course the first thing I do is ring the other prisons around here to see if they're running it and the PE [physical education] *managers there do the same thing. I get quite a few phone calls from the courses that I'm running here and then I'll put them right and also email all the staff about what we do. I've even sent a PEI* [physical education instructor] *out from Huntercombe to another prison to get it going.*

[Physical education manager, YOI]

Management meetings in the secure estate

For the purpose of management meetings, the secure estate for children and young people is divided into two – the Prison Service organises quarterly meetings for their managers from YOIs, and the YJB arranges quarterly meetings for workers from secure children's homes and STCs to discuss practice development. Workers who attended the secure children's home and STC forum organised as part of this research considered the quarterly meetings arranged by the YJB to be helpful vehicles for sharing work practices, troubleshooting difficulties and integrating work across different units in the estate. Not all units could be represented due to staff shortages, though staff hoped this was a temporary set-back.

In all areas, establishments in the secure estate have established a regional forum to share and develop promising practice. Workers at Hassockfield STC identified a number of initiatives that they have developed as a result of sharing good practice in such a forum. Staff were looking forward to a two-day conference for the secure estate for children and young people as an opportunity to share best practice. However, some staff still felt that there was a long way to go to develop consistent work practices and

documentation across the secure estate for children and young people, as the following comment illustrates:

> *We're not, as a service, we're not organised properly. We all use different material, documentation, nothing's standardised although I know that great efforts are being made to do this.*
>
> [Substance misuse manager, YOI]

The chapter on 'Implementing the national specification' discusses the development of consistent work practices and documentation across the secure estate for children and young people in greater detail.

Integration with the community

Communication and integration of working practices between the secure estate and community services was seen as probably the greatest challenge for substance misuse managers and practitioners. Managers found that community services were too numerous to liaise with in any meaningful way. As one substance misuse manager commented:

> *We asked the YJB 18 months ago for somebody to map the YOTs to DATs* [Drug Action Teams]*, DATs to RAPs so we have a functional map. Now I've got 27 DATs for Christ's sake. I can't possibly engage with all of them. It's just an absolute impossibility so my remit is I engage locally.*
>
> [Substance misuse manager, YOI]

On a more positive note, one way of integrating with Drug Action Teams that was mentioned was via the Drug Action Team's Young People's Management Team, which facilitated interaction with teams at a regional level. A concern expressed by several managers about Drug Action Teams was that not all were specific for young people, but those that were designed for young people provided a better service.

Besides regional meetings, some units made innovative attempts to integrate with community services by, for example, making promotional DVDs, conducting surveys of YOTs and holding open days. At Ashfield, for example, the substance misuse manager told researchers:

> *We've done a sort of needs analysis, we write to every YOT at least once a year with a questionnaire saying what services they've got, what services they provide, who the lead person is. That makes it a lot easier for us.*
>
> [Substance misuse manager, YOI]

It was clear from interviews that there was no national strategy for integration with Drug Action Teams in place, and integration depended on the efforts of individual managers, not all of which were successful.

National guidance and structures for integration may be helpful, particularly as some substance misuse managers felt that integration was purely dependent on the goodwill of other services – which they felt needed to be addressed:

> *Also they're saying 'well you may be based in Surrey but you don't actually release to Surrey' so how interested are the DATs* [Drug Action Teams] *just because the*

prison is in their area? And I think we need to be consistent nationally because some areas are reporting information to the DATs, some aren't.

[Senior manager, YOI]

The analysis also identified two positive integrative features.

- The Drug Strategy Steering Group – Drug Strategy Steering Group meetings were mentioned both in interviews and in the Services Audit Survey responses as having helped community providers, commissioners and services in the secure estate to become more familiar with the resources available in each setting. One worker suggested, however, that the purpose, terms of reference and the group membership structure could all benefit from greater clarity and guidance.
- Detention and Training Order review and release, and case-planning meetings, were also felt to be useful.

Resettlement

Most individuals from the wide selection of staff in the secure estate that were interviewed were mainly positive about efforts to integrate with RAP, with many giving examples of formal integration that provided a seamless service. Again, link workers were employed in some units to integrate the planning and implementation of young people's release into the community.

Other formal structures included resettlement planning meetings at both management and caseworker levels, to plan and co-ordinate a multi-disciplinary approach to release into the community, covering education, accommodation, career and family. These sometimes included close liaison with community charity groups. For example, as one substance misuse manager commented:

I've got a substance misuse worker dedicated to enhancing family work…We work hand in glove with…a charity called Gassed which is set up to support parents of drug abusers or substance abusers. We've put quite a few families in contact with Gassed.

[Substance misuse manager, YOI]

Some units also conducted post-release visits with the young person and their YOT to ensure that their substance misuse needs were being met. Some substance misuse managers were confident that resettlement was a fully integrated service, addressing all the young person's needs. As one substance misuse manager confidently reported:

I can categorically say that any information that we have on a kid is fed into the re-settlement process at the initial planning stage not at the end…I can almost guarantee that when every kid leaves here to go back into the community, the YOT has already got his release plan.

[Substance misuse manager, YOI]

Integration with YOTs

During interviews staff referred to both pre-release planning meetings and post-release reviews as good examples of formal, structured co-ordination with YOTs. The multi-

disciplinary formats involved all parties with an interest in the young person, including education, their family and their substance misuse workers. This format required considerable organisation and commitment to ensure success, as the following comment illustrates.

> *We do currently about 260 review meetings a month with the YOTs; sometimes with the family and social workers of the lads and that is all around his transfer back into the community.* [We ask] *What are we doing in here that's going to enable that process? And* [discuss] *what he's going to be doing when he gets to the YOT, when he's out on his licence period. So yes we play a big part in that.*
>
> [Senior manager, head of resettlement and throughcare, YOI]

In addition to formal structured liaison, many examples were given of good personal relationships having been built up to facilitate information-sharing. This encouraged a more collaborative approach to service provision and helped to overcome the tendency for departments to work in isolation.

Barriers to integration between the community and the secure estate

Many workers felt that factors beyond their control impeded smoother integration of secure estate services with community provision. These included the vast number of potential organisations to liaise with in the community, coupled with the challenges of staff shortages and non-competitive salaries for substance misuse professionals.

YOT and community drug workers

A common theme in interviews was the variation of quality in throughcare support from YOT teams. Workers in the secure estate for children and young people noted differences both in YOT workers' attendance of review boards and in the degree of support offered. Some were cited as excellent in terms of the input to care planning and the support offered; others were criticised for not sharing information, leading to assessment duplication.

The fact that information was not transferred across community services was often mentioned as the biggest single barrier to integration. There were calls for the development of national protocols to ease administrative burdens and for clear guidelines on information-sharing and timely access to records.

Many managers stated that *Asset* information was often not available and not up-to-date. In some cases which involved young people with a history of psychiatric problems or with high-tier substance misuse needs, there were reports that the integration and continuity of care was hampered when the young person came into custody. Requests for improved communication with YOTs were common, and staff in the secure estate acknowledged that the fault lay as much with themselves as anyone else.

Community drug services

Community resources varied, in particular the availability of accommodation and of instant-access higher-tier substance misuse support for young people, as the following comment illustrates.

> *It's been…hit and miss. It's not been a controlled, co-ordinated carry-on at all. You get pockets of excellent practice and then pockets where there's nothing; kids* [are] *on waiting lists forever when the motivation is 'now' and you can't go anywhere with*

> *it. Hopefully there is more out there and the kids that we see here can access it. I still don't think it's good: it needs to be a lot better.*
>
> [Substance misuse worker, YOI]

As many young people were located some distance from their home while they were in the secure estate, it was difficult for some workers to build up a working knowledge of which substance misuse resources were available in each area to facilitate integrated care for young people on their return to the community.

Integrated care between the community and the secure estate was also considered to be a problem in terms of social work support:

> *We'll have lads that are looked-after children, and social services will effectively say "he's in prison so we've washed our hands. We'll pick him up when he comes out" and that's no good for continuity.*
>
> [Governor grade, YOI]

As mentioned earlier, the absence of Drug Action Team provision targeted specifically for young people was reported by substance misuse staff as a barrier. In some cases, Drug Action Team provision was less well developed for young people because their services were more geared to adults. Clearer guidance may be required in such cases on how to modify adult services for young people.

Another commonly reported issue affecting the integration of services was the inconsistent quality of information about young people coming into the secure estate.

Conclusion

This chapter has evaluated the extent to which elements of the YJB's new five-element framework for substance misuse programmes contained in the national specification have been integrated to provide a seamless service to young people in custody. The national specification provided an opportunity for the total integration of policy, strategy and practice at the inception of service provision. Data from the Human Services Integration Measure tool has indicated that substance misuse departments were generally working together very effectively. According to the Human Services Integration Measure data, no substance misuse department assessed in this research had anything less than 'good' integrated working, and five departments showed signs of 'very good integration'.

Many managers thought that substance misuse service provision had become firmly integrated into decision-making by senior management, though the absence of a formal procedure hampered those with less supportive senior management teams. There was considerable evidence that the new substance misuse teams had been operating successfully and substance misuse managers were very positive about the progress made towards integrated working within the secure estate. Integration had been achieved through both formal structures and procedures and informal networks. Physical co-location of multi-disciplinary teams facilitated efforts to integrate services, whereas geographical distance and physical isolation hampered integration.

Though previous Galahad SMS Ltd research had identified some difficulties in integrating substance misuse and educational inputs, the current study identified many

positive examples of integrated working from substance misuse workers, managers and education managers. Though joint planning of Tier 1 substance misuse educational input was deemed a challenging national specification requirement, a number of units were taking a practical, proactive approach to resolving the tension resulting from competing interdepartmental targets.

There was evidence that drug and alcohol screening was taking place and the results were integrated in a structured way with the substance misuse team so that service provision was formally integrated between healthcare staff and substance misuse managers. There were also examples of good informal networking that quickly brought to light potential substance misusers for proper case management, and formal cross-departmental meetings to facilitate collaboration in handling dual-diagnosis cases.

There were two clear formalised means of integrating substance misuse service provision with mental health teams: firstly, many units used formal substance misuse intervention teams as the first point of liaison for joint planning and identification of need with the Child and Adolescent Mental Health Service; and secondly, many units had begun to recruit an 'in-reach' team or mental health link workers as part of the healthcare team. Multi-disciplinary case discussion meetings were generally identified as the main opportunity to integrate work across departments.

Three key issues were identified relating to information-gathering management. Firstly, some units were in the process of reducing documentation to one case file, with shared access by all staff. Secondly, poor information-sharing arose when a young person transferred from another unit, and their files were misplaced. Thirdly, some staff expressed concern that centralised information and performance data was collected as 'an end in itself' and that it had little value to the workers or the young people.

There were a few examples of potential duplication of services. It was also clear, however, that staff were keen to prevent duplication and to share information and expertise. The secure children's home and STC regional forums were considered to be helpful vehicles for sharing work practices, troubleshooting difficulties and integrating work across different units in the estate.

Communication and integration of working practices between the secure estate and community services was probably the greatest challenge for substance misuse managers and practitioners. National guidance and structures for integration would be helpful, particularly because, at present, co-operation is purely dependent on the goodwill of other services. There were many positive examples of formal, structured co-ordination with YOTs at both pre-release planning meetings and post-release reviews. However, managers reported that factors beyond their control impeded a smoother integration of secure estate services with community provision. The lack of information transfer across community services was often mentioned as the biggest single barrier to integration.

5 Meeting needs effectively

Introduction

Services within substance misuse programmes

One element of this research undertaken by Galahad SMS Ltd was an assessment of the extent to which the substance misuse needs of young people in custody were being met by programmes delivered under the auspices of the national specification, which provides a framework for the implementation of substance misuse programmes in secure establishments. The guidance in the national specification framework is based on a range of best practice literature such as:

- *Quality in Alcohol and Drug Services (QuADS): Organisational Standards for Alcohol and Drug Treatment Services* (Alcohol Concern and the Standing Conference on Drug Abuse, 1999)
- Drug and Alcohol National Occupational Standards (Skills for Health, 2003)
- *The Substance of Young Needs: Review 2001* (Gilvarry et al., 2001)
- *First Steps in Identifying Young People's Substance Related Needs* (DrugScope, 2003).

A presumption of this research is that if these standards (which are incorporated into the national specification) are followed, programmes will be delivered more effectively.

The main aims of this chapter are to look closely at examples of intervention and programme delivery in relation to the five elements of the YJB's framework for substance misuse programmes. The extent to which the standards set by the national specification were incorporated into substance misuse programmes will be reviewed and recommendations will be made to help to refine the goals and standards of the YJB's substance misuse programme and to improve the guidance given to establishments.

Community versus custodial treatment

The YJB is committed to providing young people in custody with substance misuse services that are at least as good as those found in the community. To determine how effectively the secure estate was meeting young people's needs, the YJB posed a secondary question to Galahad SMS Ltd researchers: Are substance misuse services in custody as good as those available in the community?

As has been stated in the 'Methodology' chapter, it was not feasible to make direct comparisons between custodial and community-based provision. Nor was it possible to assess realistically whether secure estate provision is 'as good as' community provision. However, evidence emerging from this comparison has made it possible to highlight some areas for further development in the secure estate, as well as a number of variations in practice, and areas where practice in custody appears better developed than in the community.

In assessing whether substance misuse services in custody are as good as those in the community, it is difficult to achieve robust, incontrovertible conclusions because we are not comparing like-for-like provision. For example, this research has noted that services in custody are in contact with large numbers of young people with above-average levels

of substance misuse; out of the 45 15-year-olds interviewed in the secure estate, 87% were using cannabis in the year before they were interviewed. By contrast, a Department of Health survey in 2005 of 9,715 young people in schools indicated that only 25% of the 15-year-old pupils interviewed had used cannabis in the preceding year (National Centre for Social Research and the National Foundation for Educational Research for the Department of Health, 2005).

Furthermore, community substance misuse services need to be different from those in secure settings for other reasons.

- Access to young people in the community can be problematic, in part because of the relative freedoms they enjoy. Unlike those in custody, young people in the community are free to walk in to a drop-in centre or a substance misuse agency, or to see a worker when they feel the need for support.
- Most young people in the community are not subject to multi-disciplinary care plans, while those in custody are subject to such plans. Substance misuse in the community is therefore more likely to remain undetected.

Therefore, it should be noted that, in this analysis, the appraisal of services is based not on a like-for-like comparison, but on the organisation's ability to meet the particular needs of the young person within a particular context – whether it be a custodial or a community one. The variations in provisions that have emerged in this research, however, do draw attention both to promising practice in the secure estate for children and young people, and to areas in need of development, such as the need to improve continuity of care in the transitions between custody and the community.

Identifying needs

In order to assess how effectively the substance misuse needs of young people were being met, it was first necessary to establish precisely what those needs were. This was a difficult task for three reasons:

1. **poor accuracy in self-assessment of need**
   It was often difficult for the young people themselves to identify or articulate their needs, leaving researchers to 'diagnose' them from an overview of their situation and consultation with their carers.
2. **self-reported substance misuse**
   To establish the needs of young people in custody, data was gathered via face-to-face interviews with young people and self-completed surveys. There are well-documented risks of using self-report surveys, particularly on issues as contentious as substance misuse, and especially with young people in the secure estate who can be naturally suspicious of authority figures. However, in the absence of any other feasible approach to gathering this kind of data, the self-report technique was used. It is commonly used in assessing the level of substance misuse among young people in this country, for example, by both the British Crime Survey and the Youth Lifestyles Survey, and other researchers have used similar methods (Hammersley et al., 2003).
3. **constellation of needs**
   Substance misuse needs do not exist in a void, but often form part of a conglomeration of needs that are in turn connected to criminal behaviour. Baker (2005) concluded that the multifaceted and interrelated nature of many young

people's problems means that their needs related to their substance misuse must be put in context among the other concerns that young people may have. In this research, some of the other potential needs of young people in custody – such as accommodation, education, and mental health – were considered alongside those related to substance misuse. Although it is often difficult to establish a cause-and-effect relationship between these multiple needs and substance misuse or criminal behaviour, it is clear from this study and previous research that all of these needs must be addressed to help young people move away from substance misuse and criminal behaviour.

Sample profile

The sample of young people in custody considered for this research was similar to that of a previous Galahad SMS Ltd study published in 2003. The sample size in that study (511 young people) is not markedly greater than that used in this study. Demographic characteristics are also similar (these can be provided on request). This means that, where appropriate, valid comparisons can be made between the two studies.

For the current study:

- the overall sample of young people was 486
- 93 of these young people were female; 393 were male
- 408 were in YOIs; 14 in secure children's homes; 64 in STCs
- 74 young people on remand were interviewed
- the age range was 12 to 18 years old; the mean age was 16.4 years old
- 231 young people were interviewed face-to-face; 96 had a follow-up interview
- 265 questionnaires were returned from young people
- 25 establishments returned Services Audit Survey questionnaires in both 2005 and 2006
- 69 staff and key stakeholders were interviewed.

Prevalence of substance misuse

Alcohol consumption

Consumption of alcohol by young people in the sample was widespread. Just 11% of the young people said that they had never drunk alcohol, whereas 64% were drinking alcohol on a weekly or daily basis before they came into custody (Figure 5.1). Although this figure appears high, it actually represents a 10% decrease compared with previous research completed by Galahad SMS Ltd in 2003. Although a relatively large number of young people interviewed or surveyed for this study had been drinking at worrying levels (before custody), the majority did not see these drinking patterns as a problem. Table 5.1 shows that just 23% of young people felt that before they came into custody, alcohol was 'taking over their life' or 'sometimes' taking over their life, while only 25% believed that their drinking was 'out of control' or 'sometimes out of control'. These figures were similar to previous findings from Galahad SMS Ltd, which suggests that

awareness of the problem of excessive drinking has not improved among young people in recent years.

Figure 5.1: Alcohol consumption among young people prior to custody (2003–06)

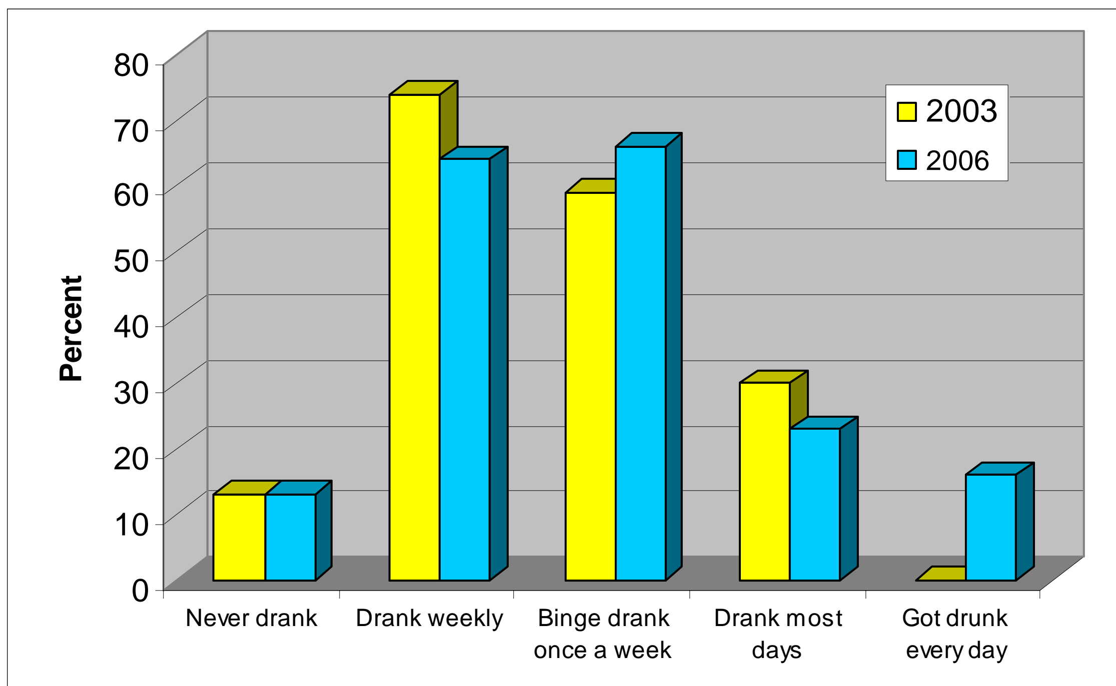


Table 5.1: Alcohol consumption among young people prior to custody

Before you came into custody, did:	Yes (%)	No (%)	Sometimes (%)	Missing (%)
…it ever seem like alcohol took over your life?	10	62	13	15
…it ever seem like your drinking was out of control?	14	60	11	15
…the thought of not using alcohol make you worried?	12	65	8	15
…the thought of not using alcohol make you angry?	5	42	6	47
…the thought of not using alcohol make you depressed?	5	42	6	47

Note: all percentages are a proportion of the total sample of young people, n = 486

Young interviewees and survey respondents were asked a series of questions designed to assess the severity of their substance misuse prior to custody (see Table 5.1). Although many did answer these questions, some chose to leave them blank. For example, 47% of the young people chose not to answer either of these last two questions. The non-responses to these questions may have been due to the connotations of words like ‘angry’ and ‘depressed’, both of which might suggest a psychological or mental health problem, which some young people may have seen as having a greater social stigma than substance misuse problems.

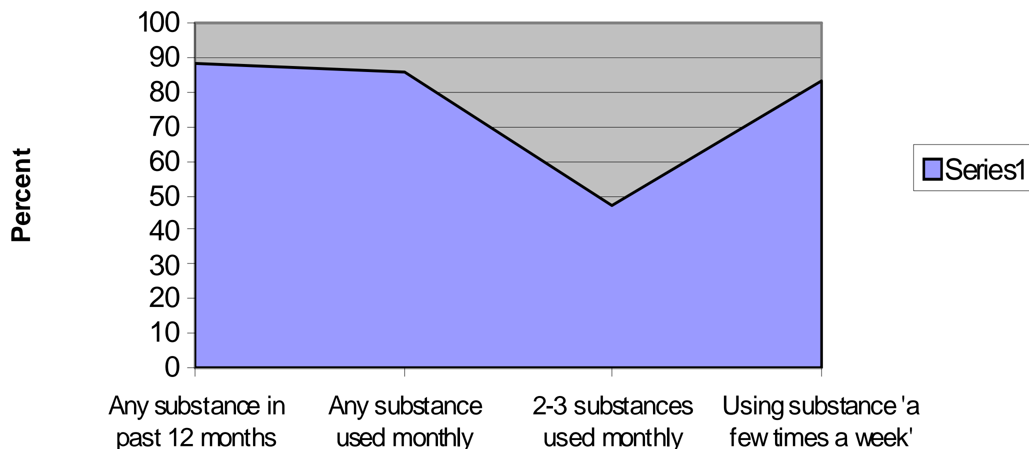
The discrepancy between the level of alcohol consumption among young people in our survey and their perception of this as a potential problem may indicate a lack of education and self-awareness regarding alcohol and its effects.

Drug use

The use of substances other than alcohol was also widespread among the sample. A distinction was made, however, between experimental substance misuse and repeated or problematic use. Overall, 93% of the sample said that they had tried at least one substance during their lifetime. Although this figure seems high, it does not necessarily point to problematic drug use. Greater insight into the extent of young offenders' drug use came from their answers to questions about the frequency and level at which they used specific substances prior to incarceration.

Figure 5.2 shows the frequency of young people's substance misuse prior to custody. This represents a slight decrease compared to the previous Galahad SMS Ltd research in which it was found that 90% used substances 'a few times a week'.

Figure 5.2: Frequency of young people's substance use prior to custody



Self-report validation

With self-reported data, it is always possible that respondents will either have over- or under-estimated their substance misuse. Included in the interviews and survey, therefore, was a validated tool for screening young people for problematic substance use. The Assessment of Substance Misuse in Adolescence (ASMA) was developed to assess young people for problematic and potentially problematic substance misuse (Willner, 2000).[26] Responses to the list of eight ASMA questions are scored as '2' for 'yes', '1' for 'no', and '0' for 'I don't use drugs'. Respondents who score between eight and 12 are considered to be potentially at risk of problematic drug use, while those who score more than 12 are said to have problematic substance misuse.[27] Although the ASMA tool still relies on self-report data from young people, the results derived from this screening tool have been shown to be effective in identifying frequent substance misuse. The results from the ASMA tool also have a high level of concurrent validity

[26] See literature review for more discussion of screening tools, including the ASMA tool.

[27] For the questions used in the ASMA tool, see Appendix A.

based on self-report drug use as well as evidence of a high correlation between ASMA scores and use of Class A drugs (Willner, 2000).

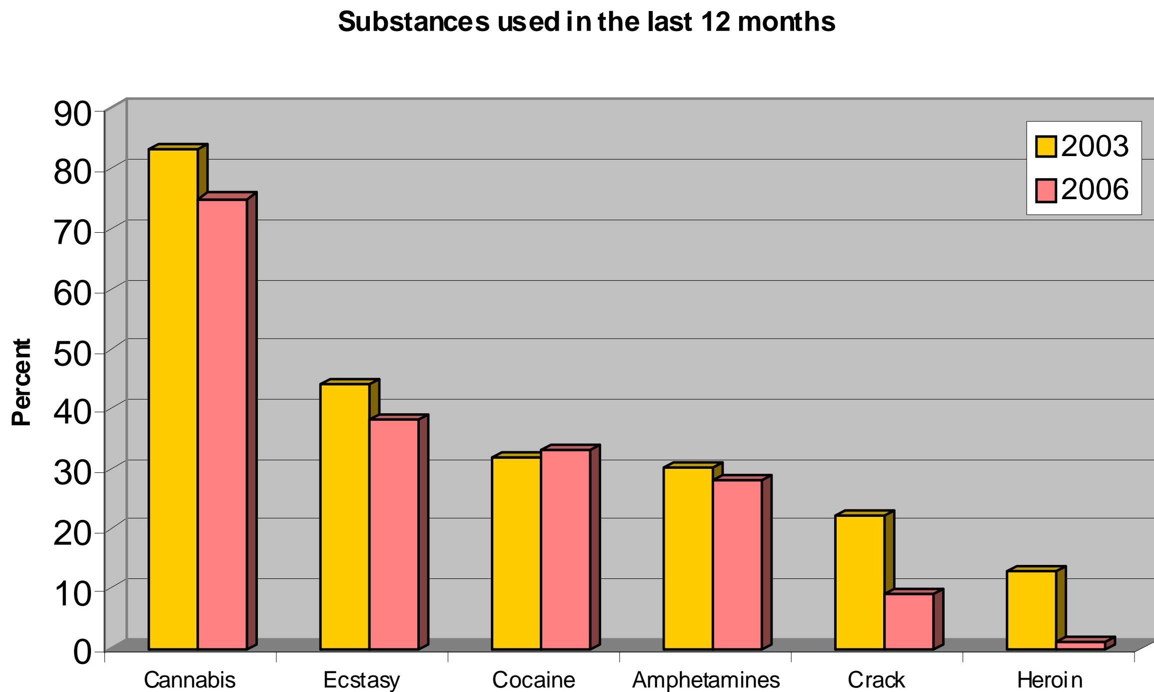
The ASMA screening tool showed that 44% of the sample fell into the highest category of problematic substance misuse, and a further 40% displayed signs of potentially problematic use. Thus, of the sample of young people, 84% were at least potentially problematic substance misusers. As this figure is nearly identical to the 79% of young people who admitted using a substance 'a few times a week', we can have greater confidence in the self-report measures in relation to substance misuse.

To put the ASMA results into some context, the validation study for the screening tool was conducted at schools in the North West and Midlands of England with 4,544 young people aged 11 to 16 (Willner, 2000). In the validation study, just 1.4% of young people exhibited problematic substance misuse, with a further 6.4% deemed potentially problematic. The sample in this current Galahad SMS Ltd research included a suitable number of young people aged 17 and 18, so the data was re-analysed in order to restrict the sample to those aged under 17. In this reduced sample (n = 191), 33% of the young people were considered to have potentially problematic substance misuse, while 49% had problematic use – an increase on the figure for the sample as a whole. The difference between the sample of 11 to 16-year-olds in the secure estate and the 11 to 16-year-olds in regular school provides further evidence of a link between criminal behaviour and substance misuse, but without implying a causal relationship.

Range of substances used

Since it is clear that the level of substance misuse among young people in the secure estate is problematic, the precise substances used and the extent of their use were examined. The results were in line with previous research: cannabis was by far the most commonly used substance, with 75% of the young people having used it in the last 12 months. The next three substances most commonly used were ecstasy (38%), cocaine (33%) and amphetamines (28%). These were the same four substances most commonly used by the sample of young people in the previous Galahad SMS Ltd research, and in the same order of prevalence of use (Galahad SMS Ltd, 2003). What was noticeable between the two studies was a statistically significant decline between 2003 and 2005 in the number of young people who said that they had used cannabis in the last year – the figure dropped from 83% in 2003 to 75% ($p<.01$) in 2005. Ecstasy use had also fallen from 44% to 38% in the same time period and again, this was statistically significant ($p<.05$).

Figure 5.3: Substances used by young people prior to custody (previous 12 months), 2003–06



The decline in the use of 'hard drugs' such as crack and heroin is also of interest. The Galahad SMS Ltd 2003 study revealed that 22% of young people had used crack within the previous 12 months, while 13% had used heroin. In the current sample of young people in custody, the usage figures had fallen to 9% for crack and 1% for heroin (both significant changes, $p<.001$). This is a substantial fall on both counts.

The young people were asked about their use of individual substances before they came into custody. On at least a monthly basis:

- 82% had used cannabis
- 43% had used ecstasy
- 35% had used cocaine
- 28% had used amphetamines
- 10% had used crack.

Of the young people who were interviewed, 64% said that they had used cannabis at least once a day, with 57% using it more than once a day. This provides further evidence that cannabis is increasingly seen as a normal part of life. Cannabis was also linked to a type of lifestyle with a routine based around drugs, as these young men explain:

> *Get up, smoke some drugs, go out, smoke some drugs, come back, smoke some drugs, go to sleep.*
>
> [Male, aged 16, YOI]

> *Just laze, laze, laze, all day like, and just go nowhere, just sit there playing games.*
>
> [Male, aged 17, YOI]

The daily use of drugs other than cannabis was spread fairly evenly between numerous substances; overall, 69% of those interviewed said that they had used at least one drug daily before they came into custody.

Substance misuse and crime

The use of illegal drugs and alcohol is widespread among young people who offend. Their criminal behaviour, however, is not necessarily caused by substance misuse. This point is reiterated in Home Office research (Home Office, 2002).

In interviews with young people for the current Galahad SMS Ltd research, 49% of the young people said that they had committed crimes before they started using drugs; 39% said they had not (12% of interviewees were missing or refused to answer), indicating the possibility that drugs may in fact be a consequence rather than a cause of criminal behaviour, or that these two behaviours co-exist in certain individuals, possibly due to environmental conditions or lifestyle choices.

Identification and screening

Screening and assessment of young people is an essential first step towards identifying and meeting their needs effectively. One of the aims of the national specification and the Every Child Matters initiative was for all young people to be screened for their potential substance misuse needs upon reception into establishments in the secure estate for children and young people (DfES, 2004b).

Young people screened for substance misuse

In previous research by Galahad SMS Ltd in 2003, a self-report survey completed by establishments in the secure estate showed that 89% of establishments screened all young people for drug use, 88% reported screening all young people for alcohol use, and 83% reported screening all young people for smoking (Galahad SMS Ltd, 2003). For the present study, researchers asked establishments to provide information on two separate occasions regarding the number of young people screened, so that progress in the intervening time could be measured. The results in Table 5.2 show that by 2005, the numbers screened in the secure estate had actually declined from the numbers found in the 2003 Galahad SMS Ltd research. These figures have to be viewed with some caution, as they are sensitive to small deviations due to the low number of establishments involved in the survey.

Table 5.2: Screening for substance misuse in the secure estate for children and young people (Galahad SMS Ltd data)

Proportion of establishments that screen all young people for:	2003 (%) n = 41	2005 (%) n = 25	2006 (%) n = 25
Drugs	89	88	96
Alcohol	88	80	92
Smoking	83	68	92

Since the last research study by Galahad SMS Ltd, researchers noticed an interesting development that is not captured in the bare figures about screening rates, and not driven directly by the national specification guidance. In the national specification, screening and identification processes were seen to fall within the remit of healthcare

workers. Substance misuse workers, on the other hand, were given responsibility in the national specification for the assessment of young people with identified substance misuse needs within five working days. However, there had been a shift in many establishments to introduce a second level of screening, which was then used to ascertain the need for a full assessment.

The reasons for this development were not entirely clear. There was an apparent expectation by the Prison Service Central Team that the equivalent of the former CARAT initial assessment should be completed with as many young people as possible:

> *In 2004/2005, YPSMS* [Young Person's Substance Misuse Service] *KPT assessments were, for the first time, counted separately from CARAT assessments. The target for the first year was based on assessing 75% of all new receptions…In* [the] *YPSMS' second year this target needs to be increased to a range of 80 to 85% of all new receptions receiving an initial assessment.*
>
> [HM Prison Service, 2006]

In discussions, many substance misuse managers commented that the majority of the young people under their care had been identified as having substance misuse needs. On this basis, the managers felt that a second layer of screening constituted best practice. Such activity also enabled substance misuse workers to be more proactive in their contact with young people. During previous Galahad SMS Ltd research (2003), long-winded systems in which young people had to make applications to workers for contact were seen to be hampering access to substance misuse help. Thankfully, it would be appear that this is no longer the case.

Whatever the reasons that underpinned this change in practice, variations in screening practice with this additional level of assessment have now emerged throughout the secure estate. This could be a positive development as the data above show that more young people were actually being screened for drug and alcohol use than occurred before the implementation of the national specification.

Approaches to screening children and young people in the secure estate

Researchers identified a number of approaches (formal and informal) that were used in secure units for screening for drug and alcohol use.

Approach one: substance misuse screening on reception and independent screening by substance misuse staff

Young people were screened for substance misuse on reception, and then substance misuse staff completed their own independent screening of all young people entering the unit in line with national specification targets.

Approach two: dual team assessment

Healthcare staff screened all young people at reception. Some of those identified with higher-level dependency were drug tested if they consented (although this practice was not reported as systematic in all establishments). Information about need was passed on to Young Person's Substance Misuse Service teams to help them prioritise those with dependencies and to trigger a fuller assessment of need. Workers in these substance misuse teams also attempted to triage-assess all new young people with identified substance misuse needs within five days, triggering a full assessment dependent upon need (as practised in Ashfield YOI and Wetherby YOI).

Approach three: integrated collaborative system of substance misuse screening

In Oakhill STC there was a more proactively collaborative system for identifying young people at risk of substance misuse, which included:

- healthcare screening at reception
- drug testing of all consenting young people at reception
- 24-hour observation in healthcare of any young people suspected of having substance misuse difficulties; observation involved close multi-disciplinary working between and assessment by healthcare staff, the unit GP and the substance misuse workers
- clinical assessment by the substance misuse practitioner and the unit GP before the first night of the young person's stay, if dependent use was identified.

Many workers stated that *Asset* and other community-based information about substance misuse was unavailable or not up-to-date. Substance misuse workers often did not have access to a young person's Drug Use Screening Tool ('DUST')[28] form.

Information about substance misuse was also picked up by substance misuse teams through:

- *Asset*
- the pre-sentence report
- liaison with outside community drug agencies and primary care.

During the course of this research, there were developments in screening and identification practices that complicated assessments of progress between the 2003 and 2006 studies in this area of work. In the 2003 research study, feedback given in the survey was predominantly related to healthcare screening, as opposed to substance misuse activity. In the second study, where a decline in screening is noted, it is unclear whether figures provided by respondents refer to triage assessment processes by healthcare or by substance misuse workers. From the paperwork submitted by units, what is clear is that substance misuse screening has become more detailed, with the introduction of new triage assessment.

The variations in screening practice that have emerged in this study suggest the need:

- for clarification about how screening and triage assessment processes should interlink in all units
- to revise the national specification to reflect developments in practice
- to provide guidance and tools for other units that may not have triage assessment procedures currently in place; this may be addressed if the Common Health Assessment Tool currently being piloted in the secure estate is put into more extensive use.

[28] The Drug Use Screening Tool, 'DUST', is a short, 13-item screening tool used in community drug services for young people. The tool focuses on a range of both risk and protective factors known to be linked to adolescent substance misuse. See:
http://www.dfes.gov.uk/datastats1/guidelines/children/pdf/DUST-DFES.pdf

Effectiveness of screening

The fact that almost all young people were being screened for substance misuse, and that models of assessment were in place, does not necessarily mean that these systems were effective. Screening young people on reception may be problematic if the young person feels overwhelmed or disoriented by the new surroundings, as the following comment illustrates:

> *When I first came, I thought it was quite intrusive. I was quite dissatisfied because I wasn't used to the system of being in prison, and people knowing about your business and stuff. When they first started asking about my business it took me a while to adapt.*
>
> [Male, aged 17, YOI]

Other young people saw the benefit of screening and assessment for substance misuse, even though they did not appreciate it at the time:

> *I had these assessments when I first came in and I just thought, "Here we go". I don't see the reason why they need to know that. However, now I can see the reason, because just in case you've got a serious heroin problem, and you need some sort of medication...*
>
> [Male, aged 16, YOI]

Similar reactions to screening and assessment emerged from interviews with young people who had been transferred between secure estate establishments. Some viewed the process as unnecessarily repetitive and tedious. A few complained that the assessment in the new establishment did not take into account any screening or assessment that might have been conducted in the young person's previous establishment, leaving some to believe that they were 'starting from scratch'. Repetition may, however, be a necessary evil in the screening process. If young people are less likely to give a full account of their substance misuse when they feel overwhelmed in reception in an establishment, then repeated assessment is desirable, once they become acclimatised to their new surroundings, a fact commented upon by more than one substance misuse manager.

During previous Galahad SMS Ltd (2003) research, awareness of the tier system for substance misuse interventions was poor, as was awareness of the differences between problematic and non-problematic substance misuse in young people. Interviews with staff and discussions at staff forums conducted for the current study indicated that awareness was now much greater. Screening and assessment tools had been developed with the tier system in mind, and there had been a drive to standardise assessment tools. However, one of the major problems with the current screening process was the slow pace of standardisation throughout the secure estate.

Mental health screening

Young people's need for help with mental health problems was widespread throughout the secure estate. Some of the identified needs of young people did not fall solely within the responsibility of substance misuse departments within secure estate establishments. Galahad SMS Ltd's survey of young people concentrated largely on young people's substance misuse needs and treatment programmes, so there was limited information on mental health from that source. Only 7% of young people had spoken about their substance misuse needs to a psychologist, and 6% to a psychiatrist. But these

percentages may not represent the number who spoke to such professionals regarding issues unrelated to substance misuse, as the Galahad SMS Ltd survey questions only related specifically to substance misuse work. Evidence from staff interviews and from Services Audit Survey responses suggests that mental health screening was widespread throughout the secure estate, with most establishments reporting that young people were assessed for such problems. In 2005, 72% of establishments screened all young people for mental health issues. In 2006, this had increased to 92%.

Prevalence of dual diagnosis issues

Previous research has examined the prevalence of mental health problems among young people in the secure estate. One study stated that 31% of young people in detention in the UK had mental health needs, and another claimed that 39% of young people developed post-traumatic stress disorder within three months of entering the secure estate (Chitsabesan et al., 2006; Kessler, 2002). A Prison Reform Trust study (Farrant, 2001) has shown that over 90% of young people in detention suffer from one, or a combination of, the following:

- psychosis
- neurotic disorder
- personality disorder and/or substance misuse.

In addition, several studies during the past decade have identified various mental disorders that appear to exacerbate criminal and anti-social behaviours, especially when co-occurring with substance misuse (Randall et al., 1999; Marlowe, 2003).

The mental well-being of young offenders is therefore a serious issue. In interviews carried out by Galahad SMS Ltd, researchers asked a number of questions relating a young person’s substance misuse to their mental health, for example, has the young person ever deliberately overdosed on a substance? Although there was reluctance among some young people to answer some of these questions, 14% said that they had overdosed and 34% (n = 23) of those stated that the overdose was deliberate. The overall numbers involved here were not huge, but may point to an unresolved issue in screening.

Other responses revealed evidence that some young people were using substances to self-medicate for other problems. 40% of young people said that they used drugs because they were bored, lonely, or anxious, and 39% said that they became irritable, anxious, or depressed if they did not use drugs. 37% stated that they used drugs not to get high, but just to feel ‘normal’.

Table 5.3 shows some of the reasons that young people gave for their substance misuse. Overall, 62% of the young people said that they had used substances for reasons that might indicate mental health or anger management issues. 44% of the young people said that they had used drugs to relax or to relieve stress, which gives some indication of the environment in which they lived when outside the secure estate.[29] Use of drugs and alcohol to help young people forget their worries was also common (30% drugs, 26% alcohol), while using drugs to ‘calm down’ (37%) could be indicative of possible anger-

[29] Research has shown that stress levels among young people in Britain are higher than anywhere else in the European Union (UNICEF, 2007).

management or anxiety problems. This comment from an interview illustrates a typical case of self-medication with illegal drugs:

> *At one point when I was going through depression I was taking a lot of drugs. But that was my way of dealing with problems and with things, you know.*
>
> [Male, aged 17, YOI]

Table 5.3: Reasons for using drugs and alcohol

Reason for using	Drugs (%) n = 486	Alcohol (%) n = 486
To 'escape'	17	13
To feel safe	8	5
To relax or relieve stress	44	31
To calm me down	37	18
To forget worries	30	26

Note: Young people could choose more than one reason.

To test the relationship between mental health problems and problematic substance misuse, researchers re-coded the data, so that a young person who reported using substances for any of the reasons in the table above would be considered to have mental health issues. The ASMA data that had been obtained during the interviews and survey was split into two categories:

- data from those young people who had no substance misuse problems
- data from those young people who had problematic substance misuse or potentially problematic use.

Using this data, a chi-square analysis[30] confirmed the relationship between problematic substance misuse and mental health problems ($p<.001$). The relationship between problematic substance misuse and young people who deliberately overdose is also statistically significant ($p<.01$.) These relationships suggest that young people who used substances to a problematic degree were more likely to overdose. An 'independent samples t-test' using the original ASMA data found that young people with mental health problems were significantly more likely to score higher on the ASMA than those without mental health concerns ($t(484) = 8.89$ $p<.001$).

Substance misuse workers who were interviewed showed a good awareness of the prevalence of mental health issues among young people. All establishments also made provision for mental health screening and attempted to provide mental health services. The following comment from a substance misuse manager was indicative of this awareness; it also illustrates changes in attitude towards young people with dual diagnosis needs:

> *Historically, they* [young people] *were either a mental health patient or they were a substance misuse patient, and I think that, definitely at* [our unit], *that's not the case any more; but I think what's important is that the practitioners* [are] *involved from*

[30] A chi-square analysis is a statistical method of assessing the goodness of fit between a set of observed values and those expected theoretically.

an earlier stage, and to make sure that their work complements each other, and that that can continue in the community…I think [responsibility] *should be joint.*

[Substance misuse manager, YOI]

Community screening practice

At four out of the six community case study sites, the Drug Use Screening Tool, 'DUST', was used to identify substance misuse. Tier 1 and 2 workers[31] (such as teachers, primary healthcare practitioners, YOT workers, youth workers and Connexions workers) were trained in the use of this tool, which requires young people to rate their functioning in a number of areas of their lives (including psychological well-being, social functioning, relationships, mental health and health). The scores can indicate the need for a referral either to a Tier 2 or 3 substance misuse service such as 722 in Waltham Forest, or, as in Aylesbury, to a 'virtual' young person's substance misuse team. One area (Brent) had link workers in schools who tracked Tier 2 referrals to ensure that those identified as vulnerable were followed up.

In a number of areas, substance misuse workers had also been tasked with screening local young people from known vulnerable groups. Research has identified these groups as:

- looked-after children
- homeless young people
- truants
- those excluded from school
- serious or frequent offenders
- children of drug-abusing or alcohol-abusing parents
- young people involved in the sex industry.[32]

Studies indicate that young people in the above groups are considered to be more vulnerable to substance misuse.

Most young offenders in the community also complete an *Asset* form, which screens, among other things, for substance misuse. Workers reported that this form could be unreliable as an absolute indicator of substance misuse, as its purpose is to assess substance misuse only in so far as it impacts upon risk of offending. (See literature review for more information on *Asset*).[33]

At the time of this study, most community organisations in case study site areas were in the process of developing a standardised substance misuse assessment form for young people. Aylesbury substance misuse services, for example, produced their form through joint working between all agencies involved in the virtual substance misuse team.

The focus of such efforts, however, appeared to be more on standardising these forms within local areas, rather than creating nationally standardised substance misuse

[31] For information about the four-tier system for substance misuse services, see Appendix B.

[32] See: http://www.drugpreventionevidence.info/web/Contemplating_use222.asp

[33] The literature review was submitted to the YJB as a stand-alone report in 2005.

documentation. A national standard, The Common Assessment Framework (DfES, 2005), does exist, but was not used in any of the research study areas. The Common Assessment Framework is a multi-agency assessment and information-sharing tool, designed to reduce repeated assessments as vulnerable children and young people move from service to service.

Screening practice: Conclusion

Common areas of development

Managers in both community and secure settings reported that previously, screening and assessment processes varied between substance misuse agencies and also between secure units. There is evidence from this research that substance misuse services in both settings have been moving towards developing more standardised systems for screening and assessing young people with substance misuse difficulties.

In the community, greater consistency in screening approaches appears to be developing, primarily through the influence of DrugScope's publication, *First Steps in Identifying Young People's Substance Related Needs* (DrugScope, 2003). However, standardisation of assessment procedures for young people appears to be progressing at a local level only.

Better in custody

The YOI units, with co-ordination by the Prison Service Central Team, have been ahead of many community providers in standardising practice. Since early 2006, a set of standardised draft screening and assessment forms has been in circulation throughout the YOI estate. Evidence from some interviews with young people and from audits of their case records suggests that common forms have facilitated the transfer of information from one unit to another. Some young people said they felt that workers knew something about them when they arrived at a new establishment, rather than re-assessing them from scratch. A few still felt that they were beginning the assessment all over again, even where these forms had been passed on (which points to a need for training). There is still scope for greater standardisation of these processes throughout the secure children's home and STC estate, but this is likely to be addressed when the Common Health Assessment Tool is piloted.

Need for community/custodial development

In spite of this drive to standardise substance misuse screening and assessment within both community and some secure estate settings, there is still little impetus to increase co-ordination between community and custody. Although the *Asset* form is passed in and out of custody, there is little systematic exchange of information between community substance misuse services and substance misuse departments in secure settings. There was evidence, however, that information about the medical prescriptions of a young person entering secure care is verified by secure care staff through telephone liaison with community services. But, in general, there is the danger that lack of continuity between custodial and community substance misuse services may be adversely affecting young people's care.

In both community and custodial substance misuse work, the Every Child Matters agenda, and the piloting and planned implementation of the Common Assessment Form

between April 2006 and December 2008, have not yet been taken into account.[34] It is envisaged that this new generic assessment form will:

- become an integral part of the integrated children's services
- provide a universal assessment tool for all agencies to use
- drive multi-agency working
- create a shared language to improve communication.

Tier 1 substance misuse education

In 1997, it was suggested in a report for the Health Education Authority (White and Pitts, 1997) that substance misuse education may not be effective. The authors of the report claimed that although preventive educational initiatives were known to result in increases in knowledge, there was little compelling evidence that such knowledge had any effect on the use of drugs or alcohol. Earlier researchers had suggested that although it may not prevent drug use, substance misuse education for young people can help to reduce harm (Ennett et al., 1994; Hawthorne et al., 1995).

The national specification is a little more optimistic:

> *There is evidence to suggest that substance education and prevention work based on the needs of the young person and in developing their ability to make informed decisions can reduce substance misuse-related harm, and may also delay the onset of substance use.*
>
> [Britton and Hackland, 2004: 4]

The national specification goes on to say that it is 'vital' that young people in custody encounter at least one of the range of programmes on offer in substance misuse education and prevention, particularly as many young people within the youth justice system will have missed out on the universal substance misuse education provided in schools via PSHE. Therefore, the national specification requires that all young people in custody must have access to either universal or targeted substance misuse education. What is not clear is whether young people should receive both targeted and non-targeted substance misuse education. Targeted substance misuse education is available to young people who have disclosed their substance misuse and had their needs assessed. Non-targeted substance misuse education is available to all young people in the secure estate, regardless of whether or not they have been assessed as having substance misuse needs. *The Substance of Young Needs: Review 2001* (Gilvarry et al., 2001) leaves this matter open to interpretation, providing little clarity on whether targeted, PSHE or both types of substance misuse education should be delivered in the secure estate.

Education profile of the sample

Research has shown that young people who disliked or did not attend school were more likely to be both serious offenders and substance misusers (Hammersley et al., 2003). Over half of the sample in the current study (59%) left school before the age of 16; most were excluded.[35] The most cited reason for exclusion from school was violent

[34] http://www.everychildmatters.gov.uk/deliveringservices/caf/

[35] 13% had been temporarily excluded.

behaviour. Some young people had also chosen to leave school voluntarily. Twelve young people in the sample (2.5%) were excluded for reasons relating to drug use.

Substance misuse was described by some young people as a way to fill the gap left in young people's daily lives created by not attending school:

> *It wasn't every day, but it was most days because I never went to school, so I'd go to Safeways every morning (well, most mornings) and get a bottle of Jack Daniels while my mates were at school and then when they came home get another bottle.*
>
> [Male, aged 17, YOI]

Exclusion or limited school attendance limits young people's access to the formal substance misuse education that is available via PSHE classes in school, thus restricting their understanding of drug and alcohol issues. Failure to complete their secondary education will affect young people's future employment prospects as well as their basic literacy. There was also evidence that a lack of direction in school leavers can result in depressed moods and, in some cases, the need to self-medicate, as indicated by this young man's comment:

> *I think my life was so shit when I was out, I had no future, I dropped out of school and all that, got into trouble. When I was sober, you've got the reality there in your brain, it's all you're thinking about.*
>
> [Male, aged 17, YOI]

Access to substance misuse education

As stated above, the national specification requires that all young people in custody should be provided with access to either universal or targeted substance misuse education. The data gathered from Services Audit Survey forms (sent to all secure estate establishments) indicated that establishments were struggling to meet this target. In 2005, 88% of establishments offered non-targeted (Tier 1) alcohol education, and 100% of establishments offered non-targeted drug education. In 2006, only 76% of establishments offered non-targeted alcohol education and 76% offered non-targeted drug education.[36]

This represents a noticeable overall decline in this area, and other findings suggested that young people were not being made aware of the substance misuse education services that were on offer in establishments. Only 37% of young people said that they had been offered drug and alcohol education classes; 21% had been offered group work for drug and alcohol use; and 43% had been offered advice from a substance misuse worker. Of the young people interviewed, 41% said that they had not been offered any of those three services. Qualitative data also suggested that not all young people were being offered drug education; some young people commented that they did not know it was available in establishments that, according to the Services Audit Survey data, did actually provide these services. This seems an important finding, as a large number of the 84% of young people in the sample with problematic or potentially problematic substance misuse had not been offered the vital substance misuse education work that the national specification requires.

[36] It should be noted that in both 2005 and 2006, only a sample of establishments returned the Services Audit Survey forms, and the same establishments that responded in 2005 did not all respond in 2006.

The reliability of self-report data remains an issue here, and possibly many of the young people simply could not recall being offered these services. If that is the case, it raises questions about the way in which substance misuse services were presented and offered. On the other hand, it may be true that drug and alcohol awareness education was simply not being offered to everyone who needed it. Indeed, one substance misuse manager remarked that the system for delivering Tier 1 education (that was until recently in place within their establishment) identified only about one-third of young people coming into the establishment.

Some establishments, recognising the need to create greater awareness and availability of substance misuse education, had put new initiatives in place to change the way in which Tier 1 education was provided. These included a move to ensure that Tier 1 education was provided on induction into the establishment, and (in some cases) provision even before the young people's drug assessments.

Tier 1 health promotion in custody

The range of services provided at Tier 1 in the secure estate compared reasonably well with what was being offered in the community, primarily because access to health promotion activities was relatively easier to organise in custody and more likely to be delivered due to the on-site presence of the young people.

In many ways, custody could be construed as a prime environment in which to access a hard-to-reach audience of young people. The same young people in the community might never be forced to address non-urgent healthcare issues. The national specification recognises the importance of the opportunity provided, and encourages a focus on, for example, smoking cessation, hepatitis B inoculations and overdose-prevention activity.

In interviews, healthcare staff were concerned that although these primary care activities were given high priority in the national specification, they were not afforded the same ranking within their own healthcare targets. Consequently, healthcare budgets had not been set at a level to cover the extra requirements of, for example, providing smoking cessation packs to large numbers of young people and increasing rates of inoculation. Furthermore, the healthcare staff explained that continuation of any programme of inoculation that a young person had begun in the community was, in general, difficult to arrange with community-based staff or via parents.

Personal, social and health education and the secure estate

PSHE in schools is designed to be delivered over a number of years. According to the national standards for PSHE, content should build incrementally through the key stages of the National Curriculum. Drug and alcohol cessation sessions form a small part of this PSHE content, which also covers issues related to social responsibility, sexual health, relationships, etc. As indicated earlier, some substance misuse managers were concerned that the scheduling of PSHE drug and alcohol cessation sessions meant that many age groups within the unit would be unlikely to receive any input during their stay.

Modes of education provision in custody

A number of different modes of providing substance misuse education in the secure estate have been identified.

The joint provision mode
In the Carlford Unit (a small unit for young people serving long-term sentences) within Warren Hill YOI, a 'Life Skills' programme was delivered jointly by a member of the substance misuse staff and an education worker. The group was open to all young people in the unit, and included information about the effects of alcohol and drugs. In accordance with best practice guidance (DfES, 2004a), it put learning about these issues in the context of wider health and social issues, such as sex education, health, etc.

The delegation mode
In some units, substance misuse and education managers in secure care acknowledged a lack of collaboration concerning PSHE and Tier 2 substance misuse provision. This was largely attributed to competing and conflicting targets, and to a de-prioritisation of PSHE work in the face of other more pressing National Curriculum targets. This reported lack of emphasis on drug and alcohol work in secure estate education put substance misuse managers in some difficulty, since there was a need to demonstrate compliance with national specification requirements in relation to Tier 1 education. For these reasons, a number of substance misuse teams had taken primary responsibility for the provision of substance misuse education, and some education departments have been happy to delegate this area of work. The substance misuse manager at one YOI stated that:

> *For people coming in, we do a minimum of five sessions in intervention through the education induction timetable.*
>
> [Substance misuse manager, YOI]

This arrangement appears to create a hybrid form of substance misuse education, which is neither Tier 1 nor Tier 2, but a mix of both (i.e., delivered by substance misuse specialists[37] but accessing all new young people at the establishment).

The non-integrated mode
In two establishments, substance misuse workers and education workers were not well aware of what each party was providing in terms of drug and alcohol education. In one YOI, this situation had developed not through substance misuse workers' lack of attempts to liaise with education, but because of the difficulties that the newly established substance misuse team encountered in integrating with other departments and raising their profile.

Views of substance misuse education

It is vital to maintain the interest of young people in the content of substance misuse education in order to motivate them to change their substance-using behaviour. Young people presented mixed views on the content of the education provided. Many felt that they had learned a great deal about the effects of drugs, and that it had broadened their understanding about substances in general, as the following comment illustrates:

> *It helps when you know what you're actually drinking and stuff, and what it was doing to you and that, because before, if someone had said to me on the out "We're*

[37] According to Health Advisory Service (2001) guidance, substance misuse specialists should be providers of Tier 2 targeted substance misuse education.

going to do drug awareness", I would have said that I know all about drugs, but I know a lot more about alcohol at the moment than I did know.

[Female, aged 17, YOI]

Others were less enthusiastic about the education classes, and some criticised the way that classes were conducted. Some young people found them too structured and not interactive; using very structured and non-interactive methods of education is contrary both to current best practice guidelines in the field of substance misuse education (YJB, 2004) and to the principle of building 'responsivity' into programmes in order to ensure their effectiveness. According to research by Andrews and Bonta (1998), responsivity constitutes an essential starting point when designing programmes and ensures that content is matched to the learning styles of the anticipated participants. The following comments support this view:

Like I said, it's only some things you take in. Like she starts telling you a lot, and you just forget stuff.

[Male, aged 17, YOI]

You write letters, and then you have to come down to education and write. You're writing all the time.

[Female, aged 17, YOI]

In interviews, the young people discussed the credibility of those administering the education. Some thought that more appropriate people could be found to teach these classes, particularly people who had experience of drug use themselves. When young people were asked what they had learned from drug and alcohol education, many mentioned learning about the dangers of drugs and alcohol.

Rumball and Crome (2004) and earlier, Nowinski (1990), made the point that some young people were impervious or indifferent to risk-reinforcement approaches, as for some, risk-taking itself is a pleasurable activity. In this research, young people gave mixed responses regarding this approach in educational interventions. Some young people felt, on release, that the reinforcement of the dangers of drug and alcohol use had put them off their previous patterns of substance misuse:

It's like, we watched a lot of drug videos when we were inside, of people who died and people who died from drink, and that really hit me, because you could take one pill and that would be it. That's the sort of things that gets to people and makes you think.

[Female, aged 17, YOI]

Others said that the approach was not realistic in terms of enabling long-lasting change, as the following comments show:

She nearly stopped me smoking weed. She was this close. It was just weird because she just told me all the bad stuff, all the bad effects…Like everything has a bad effect. Everyone still drinks. Everyone still smokes. Everything has a bad effect. Sometimes green turns people schizophrenic. It ain't happened yet I don't think.

[Male, aged 17, YOT]

You don't think about that, 'cause you don't think it's going to happen to you… All we used to do was laugh at what they were saying. No-one was interested in

listening…no matter what you try and tell them, they wouldn't stop unless they wanted to. I seen the worst pictures of people who smoke and it didn't bother me. You have a carefree attitude when you're high, you don't think about how dangerous it is.

[Male, aged 14, STC]

In interviews young people were asked how satisfied they were with the services they had been given in custody. Only 31% of our sample said that they had participated in drug and alcohol awareness classes, but the response to these classes was overwhelmingly positive: 65% said that they were 'satisfied' or 'quite satisfied' with the classes (13% were 'dissatisfied' and 22% were 'neither satisfied nor dissatisfied'). This suggested that the majority of those who did receive these classes found the content of substance misuse education useful. However, caution should be applied when drawing conclusions about the effectiveness of educational interventions in the light of these satisfaction ratings, since the literature suggests that information-based education alone is insufficient to result in behavioural change (White and Pitts, 1997).

Monitoring and evaluation of education

To ensure the quality of the substance misuse education that is provided by establishments, it is essential that these services are rigorously evaluated. Not only will this tell individual establishments whether their provision of education is effective, but it will also allow other establishments within the secure estate to learn from examples of best practice.

In 2005, few establishments managed to evaluate either their targeted or non-targeted substance misuse education: just four of the establishments that responded to the Galahad SMS Ltd Service Audit Survey evaluated their general substance misuse education, and only seven establishments evaluated the targeted education. By 2006, targeted education was evaluated by 15 establishments and non-targeted education by 13 establishments. This represents respectable progress over the course of this research.

Even though evaluation had expanded in the substance misuse education sector, a question remained about the rigour of the evaluation processes being used. Of those establishments that provided information on the evaluation protocols they have in place, not one used a system of independent evaluation. A small number of establishments used the course facilitators or other staff to evaluate both targeted and non-targeted education, or asked staff for feedback. The form of evaluation most commonly used was to get feedback from the young people themselves. This is certainly an important element of the evaluation process, as it is good practice to allow service-user input into substance misuse services in order to facilitate development (DfES, 2004a). However, service-user feedback alone, as the sole means of evaluation, will not give service providers all the information they need to ensure that their programme is effective.

During this study, researchers were able to evaluate three substance misuse education programmes against a set of criteria for best practice substance misuse education (Gilvarry et al., 2001; Sykes, 2005; NICE, 2006). Although elements of best practice were included in all of these programmes, there were also areas of the content needing improvement in order to comply fully with existing guidance. From an educational point of view, one programme had clear learning objectives; however, there was little scope for interaction and participation by the young people attending the programme, and much of the lesson time was taken by young people copying down information from the flipchart or whiteboard. Another education programme was more informal and interactive; it was less clear in its learning objectives, but did combine broader

discussions about social and moral issues with facts about substance misuse. An external organisation provided the education for the third group observed. This was highly interactive and imaginative, but had indistinct learning goals. There was also minimal co-ordination with in-house PSHE staff to ensure that learning objectives were reinforced. Ideally, substance misuse education should be assessed by an independent party with a sufficient knowledge base to measure the service provided against evidence-led best practice guidelines.

Community versus custody provision

Both in the community and in the secure estate, it has been difficult to ensure high-quality, evidence-based and standardised provision of substance misuse education. Workers in the YOI estate have recently made some progress in this area by designing and piloting a general substance awareness programme for all those received into secure care. Thus, provision in both the YOI estate and the community could be said to be at roughly the same stage of development – namely, in the early stages of standardising provision. At the time of this research, there was limited data collection and no audit system in place to monitor the quality of what was being introduced by the YOI estate, nor the quality of what was provided throughout the secure children's home and STC estates, which makes any meaningful evaluation impossible.

On the other hand, there was a system in place to audit community school provision, through Ofsted evaluation against the Healthy School agenda.

Summary and observations

It would appear that substance misuse workers in the secure estate have struggled to co-ordinate their educational provision with PSHE provision, although there are isolated units where integrated working has been achieved. Best practice guidance stresses the need for teachers to retain responsibility for drug and alcohol education, and to ensure that the work of other providers is integrated with wider educational work. If PSHE and substance misuse activities are not closely co-ordinated by the departments involved, there is a risk of duplicating activity, and a risk that mixed educational messages regarding alcohol and drugs may be delivered. There is also some need for education and substance misuse departments to work together to establish the fundamental differences in content between what is offered at Tier 1 and Tier 2 in this area of work.

Where a lack of co-ordination exists between education and substance misuse provision, it has been attributed to the fact that education and substance misuse workers are working to separate national standards that create differing targets, emphases and priorities. On the other hand, in the community, the drive to achieve Healthy School status, and anticipated Ofsted inspections for drug and alcohol work in schools, have contributed to local Drug and Alcohol Action Team investment in roles, systems and structures to bolster liaison between educational and substance misuse services.

It could be argued that universal substance misuse education in the form of PSHE does not constitute the most effective model of providing drug and alcohol education to young people in custody, for the following reasons.

- The high turnover of young people in and out of custody means that young people in secure care only catch fragments of PSHE provision, so there is no guarantee that they will be in at the right time to access drug and alcohol modules.

- Findings from this research indicate that almost 60% of those in the secure estate had previously been excluded from school or did not regularly attend school before coming into custody. This group is therefore likely to have missed much of the foundation work in drug and alcohol education in schools. DfES guidance indicates that in the case of non-attendence, special efforts should be made by educational establishments to address missed education in relation to work on drugs.
- Custodial establishments differ from community educational settings in that they have specialist workers on site.

6 Substance misuse programmes

The national specification states that establishments in the secure estate should offer a range of substance misuse services to young people. These should include general services aimed at harm reduction and relapse prevention, as well as more specialist services for those young people with more extensive substance misuse problems. A range of therapeutic approaches is recommended in the national specification, which should include 'motivational enhancement training, cognitive behavioural therapy, brief interventions and supportive work using counselling skills' (Britton and Hackland, 2004: 14).

Services available in the secure estate

Previous Galahad SMS Ltd research revealed that, within the secure estate, awareness of the tier system for substance misuse interventions was poor, as was awareness of the differences between problematic and non-problematic substance misuse in young people (Galahad SMS Ltd, 2003). Interviews with staff and discussions at staff forums for the current research indicated much higher awareness.

This section of the report examines the range of substance misuse programmes within the tier system which are on offer in the secure estate (Tier 4 interventions are closely related to detoxification and clinical management and are presented separately later in this chapter). Where possible, the secure estate provision is compared to that available in the community.

While this research was being conducted, the categorisation of services into the different tiers itself came under scrutiny, and as a result, some services were moved from one tier to another. There was confusion throughout the secure estate and in community services regarding the correct categorisation of interventions. Since the beginning of this study in 2005, new guidance has altered the understanding of the tiers. The Health Advisory Service's guidance, *The Substance of Young Needs: Review 2001* (Gilvarry et al., 2001), had indicated that individual counselling (such as brief interventions), as well as practical support, was a Tier 2 activity. In March 2005, guidance produced for young people's substance misuse agencies by the National Treatment Agency for Substance Misuse (2005a) indicated that any intervention that was led by a care plan (which would include most brief interventions and longer term psychosocial interventions) should be reported back as a Tier 3 intervention. Although researchers were aware of these changes by the time the second Services Audit Survey was sent out to secure estate units, for the purpose of comparing progress in the delivery of interventions, brief interventions have been left within their original tiers.

Tier 1 programmes in the secure estate

For most young people, Tier 1 services will be their first point of contact with substance misuse services (Gilvarry et al., 2001). Table 6.1 outlines the range of Tier 1 substance misuse-related programmes that were reported as being available in the secure estate at the time that the Services Audit Survey was returned in both 2005 and 2006[38] and

[38] For information about the four-tier system for substance misuse services, see Appendix B.

during Galahad SMS Ltd's 2003 research study.[39] These services were non-specialist and did not have to be delivered by people trained in substance misuse.

Table 6.1: Proportion of establishments offering Tier 1 services

Tier 1 initiatives available	Galahad SMS Ltd audit (2003) (%) n = 41	2005 (%) n = 25	2006 (%) n = 25
Non-targeted drug education or awareness (PSHE)	98	100	76
Non-targeted alcohol education or awareness (PSHE)	93	88	76
Sex education	78	84	72
Personal development programmes	68	68	60
Inoculations programme for hepatitis	66	64	68
Sports therapy	41	44	32
Smoking cessation	37	52	80
Health and safety training	44	44	48

Two of the initiatives listed in the table above have already been discussed in this report (non-targeted drug and alcohol education). What was most striking from the results shown in the table was the decline in the number of establishments offering these Tier 1 services over the course of the research. In one case – the provision of non-targeted drug education – the number of establishments providing the service fell from 100% in 2005 to 76% in 2006. There was also a sharp fall in the number of establishments offering sports therapy (from 44% to 32%) and sex education (from 84% to 72%).

The only notable increase in service provision related to smoking cessation programmes, which in 2006 were provided by 80% of establishments, compared with 52% in 2005. In these smoking cessation programmes, evidence from staff interviews showed variation in what was specifically offered to support young people withdrawing from tobacco/nicotine. Patches were available in some units, prohibited in others, and in some establishments they were only offered to those demonstrating a high motivation for change. Formal detailed guidance on this issue, as well as the development of a smoking cessation strategy, would be useful. Such a strategy should be developed in tandem with Department of Health strategic managers to ensure that budgets are realistic and that any performance targets are integrated with healthcare performance indicators. Some staff in the secure estate found that some young people were confused or irritated about smoking cessation interventions, particularly when they had been forced to stop smoking and were not actively making a choice. Therefore, it may be helpful to 're-brand' and rename these interventions. This would help young people understand that the support offered, rather than forcing them to stop smoking, is focused on practical assistance to cope with cravings and withdrawal from nicotine.

The provision of Tier 1 services had not expanded markedly since the last audit of custodial services by Galahad SMS Ltd in 2003. In fact, the provision of non-targeted

[39] Note: 25 Services Audit Survey questionnaires were returned in 2005 and 25 in 2006. Forty-one surveys were returned for the previous Galahad SMS Ltd audit in 2003.

drug and alcohol education had fallen back to below the levels found in the previous Galahad SMS Ltd research. The decline in the provision of some Tier 1 services is primarily the result of a shift in the secure estate from the provision of Tier 1 educational services to Tier 2 targeted substance misuse education. There appear to be two main reasons for this shift.

1. Many substance misuse managers noted that PSHE provision was not a priority for heads of education, who often needed to give priority to other National Curriculum targets. Substance misuse teams thus found it easier to guarantee the delivery of effective substance misuse provision by taking control of what was being delivered.
2. The system of providing substance misuse education through PSHE was not perceived to meet the needs of a group with sophisticated levels of knowledge about substances and poor histories of school attendance.

Community Tier 1 provision

Within community case study areas of this research, Tier 1 substance misuse education was delivered by a range of service providers, including:

- primary healthcare staff
- the police
- ex-users
- specialist drama companies
- substance misuse workers
- specialist substance misuse education workers
- trained peer educators
- the Royal Air Force and the Armed Services
- teachers.

Models for service provision also varied from area to area. In one area, most of the above were cited as being involved in schools. Faced with such a large range of providers, the drug education co-ordinator was concerned about quality control. In an attempt to standardise provision, the Drug and Alcohol Action Team had commissioned a specialist substance misuse organisation to offer substance misuse education to local schools. In its literature and programme design, this organisation demonstrated an evidenced-based approach, and emphasised piloting and evaluation of their programmes. They had also developed a training and support package, enabling local sixth formers to qualify as peer educators within their school. However, head teachers were not obliged to use this specialist provider.

In Swansea, the system of provision was the most standardised, with local police forces providing drug prevention and education work throughout most of South Wales. There was, however, much less evidence of linkage between Tier 1 educators and substance misuse services. In an interview with Galahad SMS Ltd researchers, the commissioning officer for substance misuse services acknowledged the need for development in this respect.

Substance misuse education in schools

In September 2006, Ofsted began inspecting the provision of drug and alcohol education in schools, and the extent to which it contributed to the Healthy School agenda (Department of Health, 2005). Schools introduced PSHE co-ordinators, and (in almost all case study site areas) strategic leaders for local substance misuse education issues. In Aylesbury, Wolverhampton, Newcastle and Brent, the person in this strategic role focused on:

- ensuring the provision of evidence-based drug and alcohol education, and improving the quality and consistency of such education in local schools
- co-ordinating plans with local substance misuse service providers in an attempt to enhance care pathways and improve links between tiers
- liaising with staff working with those at risk of exclusion from school.

Many Drug and Alcohol Action Team managers also reported organising regular campaigns to raise awareness of substance misuse among young people, and to enhance links with other services.

Tier 2 programmes in the secure estate

Table 6.2 shows that the provision of Tier 2 services had grown markedly since the last audit of custodial substance misuse services. The only programme that showed any decline was the access to abstinence-based self-help groups (provided by 29% of establishments in 2003, but just 8% in 2006). As recommended by the national specification, brief interventions were used by 96% of establishments in 2006, compared to 59% in 2003, and harm reduction work was carried out by 96% of establishments in 2006, compared with 73% in 2003. Screening and counselling services for hepatitis and HIV had also spread to many more establishments than was evident in previous research.

Table 6.2: Proportion of establishments offering Tier 2 programmes

Tier 2 initiatives available	Previous Galahad SMS Ltd audit (2003) (%) n = 41	2005 (%) n = 25	2006 (%) n = 25	Proportion offering one-to-one work (where applicable, 2006 only) (%) n = 25
Substance misuse advice and information	N/A	100	96	80
Targeted drug/alcohol education	N/A	96	96	84
Harm reduction work	73	96	96	88
Brief interventions (e.g. motivational interviewing/ motivational enhancement therapy, solution-focused therapy)	59	88	96	88
Hepatitis/HIV screening	66	64	84	N/A
Hepatitis/HIV counselling	66	48	80	N/A
Acupuncture/complementary therapies	29	32	32	12

Tier 2 self-help groups (Narcotics Anonymous or Alcoholics Anonymous or secure estate peer mentoring systems)	29	4	8	N/A

Many of the important developments in Tier 2 programmes were in substance misuse education, and these are assessed in the appropriate section of this chapter. Tier 2 programmes should be care-planned, specialist interventions, aimed towards at-risk young people or those with low-threshold substance misuse problems. Practitioners should have specialist knowledge of the developmental needs of young people and be able to place the young person's substance misuse in the context of their environment (Department of Health, 2005).

In the secure estate, staff often described Tier 2 activity as being focused primarily on:

- proactive offers of support
- harm reduction advice and information
- providing education for young people at risk of substance misuse.

The national specification requires that young people identified as having substance misuse needs (not requiring a pharmacological intervention) must have a comprehensive substance misuse assessment within five days of referral (service requirement 1.12b). This target was perceived to be challenging by staff in smaller units where resources were more limited, and in units with a high turnover of young people (e.g. large numbers of young people on remand). According to data collected by the YJB for the quarter from January to March 2006 inclusive, 83% of young people had been screened by those establishments submitting these returns.

Some of the young people who took part in this research did not recall being screened or assessed, while others saw it as an intervention that had made them reflect upon their drug and alcohol use. When asked about what could be improved about substance misuse services, a few young people said they wanted to see their worker more often. For example, one young man said:

> *Being able to see drug workers more. I have only seen mine once in five and a half months.*
>
> [Male, aged 17, YOI]

Tier 1 and 2 interventions were the most likely to be provided in groups. Many units provided young people with targeted education on substances, together with advice and information, harm reduction work and brief interventions in relation to substance misuse. There were more units providing hepatitis inoculations than those providing counselling and screening in relation to hepatitis B. A debate took place at a YJB forum about whether or not all inoculations for hepatitis B should be accompanied by some form of sensitive explanation or counselling when delivered to young people.

Just under one-third of units offered acupuncture or other complementary therapies to young people. In both 2005 and 2006, all establishments that responded to the Services Audit Survey provided both substance misuse advice and information, and targeted drug and alcohol education. This contrasts with findings from the 2003 Galahad SMS Ltd review of substance misuse services in the secure estate, which showed that fewer than

80% of establishments provided harm reduction work to young people, and fewer than 20% provided targeted drug and alcohol education (Galahad SMS Ltd, 2003).

Some staff members within the secure estate felt that cannabis-specific awareness programmes were more necessary for young people than generic substance misuse education. The widespread use of cannabis among the young people in this sample, as well as their demonstrated lack of awareness of its effects, may provide further support for this view.

Advice and information

According to most young people interviewed, advice and information on drugs and alcohol were offered at induction processes, during initial screening contact and through education and awareness-raising programmes. Many young people said they were more aware of the risk of overdosing after release as a result of advice and information they had received from substance misuse workers.

Reducing risk

In comparison with the findings of the 2003 Galahad SMS Ltd research study, the findings of the current research appear to show a greater emphasis in the secure estate on improving training and leisure opportunities for young people. For some young people, these activities were seen to:

- cultivate constructive habits that they could transfer back out in the community
- provide 'exit routes' from lack of opportunity and drugs.

Fitness

Many substance misuse teams felt that physical education staff were key partners in their work. In Ashfield YOI, for example, one of the substance misuse team members was a link worker with the physical education department. A special programme had been jointly designed by physical education and substance misuse staff for young people with Tier 3- or Tier 4-level needs. The programme was designed to improve fitness and to address wider health issues such as nutrition.

Staff members and many young people felt that fitness was important in increasing motivation to change. One young offender described the effect of his involvement in sport in custody as follows:

> *When I was outside, I used to use cannabis with friends and stuff, but since I've come in prison and stuff I've got into like fitness…so I've just given up smoking…I did a course for YMCA, Level 1 Fitness Instructor… so I've got my certificate. It means I can get a job in fitness, as an amateur fitness instructor.*
>
> [Male, aged 17, YOI]

Vocational training

A few interviewees in custody had accessed vocational training, such as mechanics, plumbing, or bricklaying. The majority saw themselves moving away from substances, not through 'seeking help' but by cultivating 'exit routes' – that is, getting involved in activities that enabled them to distance themselves from their previous substance misuse-orientated lifestyles, routines and friendship groups. As one young person explained:

> *I'm training to be a mechanic in here. It's a twelve-week course, and I've done the twelve-week course before, but he's kept me on and he's said that he's going to keep*

me on until I leave, so I can just get my GCSEs and then, when I get out of here, I can be a mechanic, get off drugs, start doing that stuff. Start doing stuff I want to do.

[Male, aged 14, secure children's home]

Such training opportunities are provided by education departments. Their input appears to make a significant contribution to strengthening protective factors seen to counter substance misuse by helping young people to develop the skills and opportunities needed to distance themselves from substance-misusing and offending lifestyles.

In comparison with efforts in the community, however, in custody there was less emphasis on specific lifestyle issues that might put young people at risk of relapse on their return to the community. For example, there was little apparent work to help children of substance-misusing parents (Advisory Council on the Misuse of Drugs, 2003).[40] In addition, there was limited focus on specific high-risk situations (Annis and Davis, 1989) and the wider lifestyle issues that might put pressure on young people to return to former behaviours after release.

Addressing risk factors

During this research, many young people talked about their lives pre-custody and identified situations that had been particularly challenging for them. Many had concerns about returning to these same situations after release. Many were worried about mixing with peers who were continuing to offend and misuse drugs and alcohol:

When I get out it's going to be hard, because it's all going to be around me again, but I'll just have to try. When they talk to me on the phone, they're all like 'yeah, we got big bags of pills waiting for you.'

[Male, aged 17, YOI]

Many were also worried about pressure to become involved in gang culture:

It's all gang-related in my area, 'cause I'm from Hackney and…something I was always surrounded by that…people getting stabbed…it would always affect me really badly and I used to get caught up in incidents…got myself caught up in a lot of things and well, got myself caught up inside here now.

[Male, aged 16, YOI]

Pressure to maintain a reputation was also a concern:

When I came out, everybody thinks I've got something to prove, and so everybody starts acting dodgy, and I can't be on with that. I'll fight…with them. If they want to act up, it's nothing.

[Male, aged 17, YOI]

[40] There is now more focus on this issue at a policy level and therefore the situation may be beginning to change on the ground. This was not the case at the time of our study. In the secure estate, activity to support vulnerable children whose parents use drugs and alcohol was rare. In one secure estate forum, a worker from a secure children's home said that they would identify this issue on a case-by-case basis, but that any proactive and systematic work with families was often made difficult due to the distance families had to travel from home to the child's location. However, in our experience, the issue rarely attracted any systematic attention in YOIs or in resettlement plans, possibly due to the numbers passing through the system, but also because it was not highlighted in key documents (the national specification, Prison Service drug strategy documentation) as a significant issue for attention.

Researchers came across only one programme that focused on these kinds of risk factors: in Ashfield YOI, a local community agency from the St Paul's area in Bristol came in to deliver a workshop on gang-related lifestyle issues.

The majority of young people indicated that being bored, having no direction or not having much to do were also major risk factors for re-involvement in substance misuse. A few young people were afraid that they lacked support for maintaining changes they had made in custody. Many also said that going back to old friendships and familiar (geographical) surroundings could also undermine their efforts to change.

There is obviously wide scope to develop more structured work focused on reducing these risk factors and bolstering protective factors in the young person's life. This work could include both primary prevention (Tier 2) and Tier 3 relapse prevention activity.

Tier 2 targeted education

As indicated in an earlier section of this chapter, researchers noted a lack of clarity in the secure estate about which model of substance misuse education was most effective in this setting. Many questioned whether both Tier 1 and Tier 2 education should be provided to young people in custody, wondered what the substantive differences between Tier 1 and Tier 2 provision were, and wanted to know how services could minimise duplication or contradiction in messages being conveyed.

Tier 2 services in the community

Tier 2 services in the community focused mainly on outreach work, reducing risk and drop-in centres.

Outreach work

Drug and Alcohol Action Team managers explained that many young people would not necessarily make the effort to approach substance misuse services. For this reason, they had adopted a detached outreach strategy to access vulnerable young people. Detached outreach work included:

- targeting estates and parks that were renowned locally for high levels of anti-social behaviour and drug-related activity
- targeting groups traditionally perceived in research as being hard-to-reach in terms of substance misuse work (such as BME groups, young people disengaged from mainstream services, etc.)
- using police information systems to identify crime and Anti-Social Behaviour Order 'hotspots'
- provision of substance misuse education, screening and brief interventions for at-risk young people in care or in pupil referral units; this work is funded by the Drug and Alcohol Action Team in Waltham Forest, Brent and in Aylesbury.

The young people's Drug and Alcohol Action Team manager in Brent described the activities of the local outreach project as follows:

> *We fund an outreach project that goes out to…our high-need estates. These people haven't engaged with…Connexions or the youth service. They're very against them, but they're very happy to talk to people after a period of time. It's pretty much an average model, you know, you build up, you introduce yourself, you go away, you come back again next week, chat a bit more, go away, come back, and eventually*

over time you sort of engage more and more…After a while, what happens is you start to draw people back in to your host service.

[Drug and Alcohol Action Team manager, Brent]

Reducing risk

In many areas, new programmes were found that proactively encouraged young people to engage in 'protective' activities (Brown and Montoya, 2009) – i.e. those activities focusing on exit routes from substance misuse or on reducing the risk factors for drug and alcohol misuse.

Table 6.3: New programmes engaging young people in protective activities

Area	Programme	Services
Swansea	Centralised training centre	The centre offered sought-after training opportunities such as plastering, construction skills, painting and decorating, partitioning, hairdressing, mechanics, electrical training, plumbing, IT skills, sporting activities, basic skills, etc.
Brent	'Beyond the Bling'	Addressed gang and consumerist culture
Brent and Aylesbury	'Positive Futures'	Initiatives and other sporting activities
Waltham Forest	N/A	The Family Welfare Association (a charity) provided support for the children of families who misuse drugs and alcohol.

Drop-in centres

Tier 2 substance misuse-related activity centred mainly on drop-ins, usually located in what have come to be known as young people's 'one-stop-shops' (e.g. 'Base 25' in Wolverhampton; 'Face-to-face' in Waltham Forest). Drug workers formed part of a multi-disciplinary team in such settings, and were able to link young people up with a range of services focusing on health needs, housing, advocacy, benefit advice, counselling, etc. In Aylesbury, substance misuse workers held a specific Tier 2 drop-in with access to sporting activities, advocacy, harm reduction advice, informal brief interventions and counselling on a weekly basis.

Tier 3 programmes in the secure estate

Tier 3 services were aimed at those with substance misuse problems that were so extensive that they interfered with the young person's life or family. Young people who need these services often have multiple problems in areas such as mental health, education, and in the case of the young people in this research, criminal behaviour. Practitioners delivering these services need to be specialists with extensive knowledge of the particular needs of young people regarding substance misuse, mental health and child development. Tier 3 services must, therefore, be provided by a multi-disciplinary team of practitioners.

Table 6.4: Proportion of establishments offering Tier 3 programmes

Tier 3 initiatives available	2005 (%) n = 25	2006 (%) n = 25
Relapse prevention work	96	100
Structured substance misuse support and counselling	88	76
Motivational maintenance and enhancement initiatives	76	88
Counselling for sexual abuse	48	52
Cognitive behavioural therapy	68	80
Family therapy	24	32

During the course of this research the provision of both Tier 2 and Tier 3 initiatives expanded. Responses to the survey from all establishments stated that they now offered relapse prevention work, and 88% provided motivational maintenance and enhancement initiatives. However, set against this finding was the fact that very few staff had been trained in the use of motivational enhancement therapy, or knew specifically what it was. Interviews with staff failed to uncover evidence of practitioners using this evidence-based intervention.

The largest growth in this tier was the use of cognitive behavioural therapy: 80% of establishments offered this service in 2006 compared with 68% in 2005. Both cognitive behavioural and motivational enhancement therapy are complex therapeutic interventions which require extensive training to deliver as well as skilled ongoing clinical supervision of staff. In most cases, this type of clinical supervision (as opposed to operational supervision) was not evident and should be developed. In developmental work on programmes, researchers also noted a tendency to transfer adult-orientated approaches to the secure estate for children and young people.

Structured family work was not widely offered as an option within establishments, although this too was expanding; almost one-third of establishments provided this form of treatment in 2006. An area of work identified by substance misuse workers as needing improvement was closer work with families. Family liaison and support work still tended to take place in review meetings or over the telephone. However, family liaison officers carried out some innovative work in some units, where families joined in quiz days on drug and alcohol issues. Secure care officers pointed out, though, that in some units, managers did not always prioritise this work, as officers were sometimes diverted to core operational tasks.

Assessment was the starting point for Tier 3 work in secure care. Tier 3 substance misuse assistance was predominantly offered on a one-to-one basis rather than through group work. There was little evidence of Tier 3 family therapy in custody; the only real involvement families had with substance misuse work was by attending joint planning reviews (attended by professionals and key carers).

Enhanced Tier 3 linkage in secure care

There were well-developed systems in place for integrating multi-disciplinary work in the secure estate. For example, a range of workers from different departments attended regular multi-disciplinary sentence planning and review meetings, and there was evidence of high-quality joint care planning systems. Furthermore, since the start of this study, researchers have noted an improvement both in the availability of mental health workers and in their links with substance misuse departments.

Absence of Tier 3 mental health treatment

However, there was still scope for further improvement in Tier 3 mental health provision. For example, in the female estate, researchers noted that, after initial diagnosis of mental health problems by a psychiatrist, it had not been possible to organise a course of treatment (such as cognitive behavioural therapy) to address the conditions identified. In one case, a young woman was being released having had no treatment for her mental health problems; furthermore, workers from the community who attended her final review meeting were not confident of being able to access such help for her after release.

Structured Tier 3 provision

As this research was conducted, a new, more structured Tier 3 programme called Better Choices was being piloted in the YOI estate. The important feature about this new programme was that it was highly structured and made more use of paper tests and standardised worksheets, as illustrated by the following young man's comment:

> *I had one-to-one sessions, and then the drug worker gave me worksheets on drugs that I have to do.*

[Male, aged 17, YOI]

The advantages of this approach are that it makes it easier to deliver and evaluate the work being completed; after transfer of young people between establishments it is also easier for new workers to see what work has been completed. Some young people praised this structured approach:

> *I've done alcohol. She's done different tests, different types of drugs like ecstasy, coke, cannabis, amphetamines, and then she's done questionnaires where she's asked me (she's got a big booklet where she'll ask me questions) and if I know the answer to it, she'll go on, and she'll keep asking me questions…And if I get a question wrong, she'll explain it to me, so I know, so that's good. That's a good way of doing it, and there's booklets and things like that – worksheets as well.*

[Male, aged 17, YOI]

Not all responses to the programme, however, were positive. Some young people did not appear to like the programme of work and did not rate it highly in satisfaction surveys.

Furthermore, researchers noted that in some cases, the worker had agreed with the young person to abandon this approach. Some young women in focus groups also felt that the quality of this structured way of working compared unfavourably with more therapeutic support offered by community drug and alcohol workers. Again, this reinforces earlier points regarding the importance of addressing responsivity in the design and delivery of substance misuse education.

Another possible downside of having a more structured and standardised approach emerged during this study. At the time of this study, the Better Choices programme involved a restricted amount of worksheets. Some young people talked of having completed the work and of wondering what they could gain from accessing the help again (in the event of a transfer to another unit or a return to custody).

Repetition of Tier 2 and Tier 3 work came up as a wider theme for some young people, as indicated by the following observation:

I don't want to see them again, because they're just going to tell me exactly the same stuff. I'm just going to hear it in every single jail I go to otherwise.

[Male, aged 17, YOI]

However, a few interviewees felt that such repetition was not an entirely negative thing, as this young man explains:

[It's going through] *the same things…It's all right, actually, because you can go through it and see whether you still know it. It refreshes your memory.*

[Male, aged 15, YOI]

To summarise, although more structured work facilitates evaluation of substance misuse workers' interventions and also creates clarity about what work has been completed, not all young people respond positively to this type of structured approach. This, in turn, reinforces the need for staff to start their work by making sure that what they offer is in keeping with the individual needs of the young people in their caseloads.

Tier 3 services in the community

This study found that, in general, community Tier 3 services:

- included comprehensive Tier 3 assessment by specially trained staff
- involved almost exclusively one-to-one substance misuse work that employed motivational interviewing approaches, brief interventions, some cognitive-behavioural and some relapse prevention work
- provided family support
- offered counselling.

The models of Tier 3 provision varied between different case study site areas, as the following examples show.

- In Aylesbury, Tier 3 work was driven by a 'virtual team',[41] with team members from Connexions, the Child and Adolescent Mental Health Service, and substance misuse workers from two local young people's substance misuse agencies. Most of the Tier 3 work in this area focused predominantly on one-to-one substance misuse work, with some additional family therapy work available through a child psychologist.
- In Waltham Forest (London), Tier 3 services had been set up as 'hub-and-spoke' services.[42] They described this approach as one that enabled one-to-one work on substance misuse to be completed in co-ordination with facilitated access to a range of other broader services. These could include counselling, housing assistance, help with training and employment, support in developing new lifestyles, etc.
- In Wolverhampton, a one-stop-shop approach had been developed, where young people could access one-to-one support with specific substance misuse services while having access within the same setting to a range of other services.

[41] See description of virtual teams in *Young People's Substance Misuse Treatment Services – Essential Elements* (National Treatment Agency for Substance Misuse, 2005b).

[42] See: http://psychservices.psychiatryonline.org/cgi/content/full/54/12/1590

Research into community substance misuse services was completed at a time when strategic change directed by the Every Child Matters agenda was at an early stage. This agenda aims to more comprehensively integrate all services for children and young people in the community. There was some evidence of greater joint working on the part of community drug and alcohol agencies in our study. For example, substance misuse workers were attending YOTs, pupil referral units and local authority children in care settings, and completing initial screening for substance misuse. However, these agencies were not yet producing integrated inter-agency care plans and most workers felt that the changes envisaged through this agenda had not yet filtered down to ground level.

The greatest variation in Tier 3 work between the communities studied was in the access to mental health services for young people with substance misuse difficulties, and in the reliability of those services. In Swansea and Brent, for young people with co-existing substance misuse needs there was very little joint working between substance misuse services and the Child and Adolescent Mental Health Service, whereas in Aylesbury, the Child and Adolescent Mental Health Service formed an integral part of the virtual substance misuse team.

Tier 4 programmes in the secure estate

Both in the community and in secure care settings, pharmacological interventions for young people with substance misuse difficulties need more guidance and development. The evidence base for such interventions with young people is somewhat weak. In addition, many young people in the community needed to access Tier 4 prescription services, which had been set up for adults; this does not conform with requirements to provide services which are specific to young people.

The national specification set out an ambitious aim: that every establishment within the secure estate would be able to offer clinical interventions for detoxification and continuing substance misuse treatment based on established principles of clinical governance. These Tier 4 interventions were intended to cover:

- detoxification from substances on which individuals had become physically dependent
- substitute maintenance prescribing to prevent withdrawal symptoms
- relief from physical or psychological symptoms occurring because of cessation of use of a substance previously used at least several times a week
- medications that block the effects of substances to help individuals remain free of substances (Britton and Hackland, 2004).

The extent of need

It has been difficult for researchers to establish the extent of Tier 4 need within the secure estate for children and young people because:

- some people who could potentially need detoxification or clinical interventions may not have fully disclosed the extent of their substance misuse
- the only way that these needs can be fully assessed is through clinical assessment – something that was beyond the scope of this research.

Thus researchers could only estimate the extent of potential need in this area by assessing the responses given by young people in interviews concerning their drug and

alcohol use, and then referring to the criteria described in *Guidance for the Detoxification and Pharmacological Management of Substance Misuse Among Young People in Custody* (Gilvarry and Britton, 2005). This could not be a wholly accurate assessment of those requiring Tier 4 interventions, as each case had to be assessed on its individual merits, but it provided an estimate of the numbers of those who could be eligible for such treatment.

There were a number of substances for which the guidelines recommended a Tier 4 intervention. Heroin and alcohol were recognised as substances that can be effectively treated by pharmacological interventions. The detoxification guidance referred to above (Gilvarry and Britton, 2005) also suggests that cannabis users may require pharmacological services if the user is suffering drug-induced psychoses following withdrawal. There is little evidence that stimulants such as crack and cocaine can be effectively treated with pharmacological agents. However, the guidelines recommend that those young people who used stimulants heavily prior to custody, and who test positive for stimulants in fluid tests, should be admitted to the detoxification unit for monitoring. Consideration should also be given to providing sedative medication if the young person shows signs of agitation or volatility. Frequent stimulant users also need to be monitored for co-existing mental disorders.

The data from the needs assessment showed that 67% of young people used one of the following substances at least a few times a week before they came into custody:

- cannabis
- cocaine
- crack
- heroin.

Using the measure of potential mental health needs as specified above, 47% of the young people had used cannabis at least a few times a week and also exhibited signs of possible mental health needs. A chi-square test of the relationship between these two variables revealed that it is significant at the .001 level. Just 1% of the sample used heroin either daily or a few times a week before they entered custody. Using the measure of potential mental health problems, it was found that 6% of the young people who used cocaine a few times a week before they came into custody had co-existing mental health problems, and the same can be said of 4% of the crack users.

Table 6.5: Daily, weekly and monthly use of substances by young people

Substance	At least daily use (%)	At least weekly use (%)	At least monthly use (%)
Cannabis	64	75	83
Cocaine	8	19	30

Crack	5	6	10
Heroin	1	1	3

Note: percentages are a proportion of the total sample (n = 486)

Diagnosing alcohol dependency in young people is difficult. The research showed that 74% of the young people in custody drank alcohol on a weekly basis before they entered the secure estate. This in itself would not indicate a dependency problem of the kind that may require a pharmacological intervention. As well as assessing the level of alcohol intake, researchers also asked young people a series of questions about how they felt about their drinking behaviour (results summarised in Table 6.6).

Table 6.6: Psychological problems related to alcohol

Question	Yes (%)	Sometimes (%)	No (%)
Before you came into custody, did it ever seem like alcohol took over your life?	10	13	62
Before you came into custody, did it ever seem like your drinking was out of control?	14	11	60
Before you came into custody, did the thought of not using alcohol make you worried?	12	8	65
Before you came into custody, did the thought of not using alcohol make you angry?	5	6	42
Before you came into custody, did the thought of not using alcohol make you depressed?	5	6	42

Note: where the total does not add up to 100%, the remainder represents those young people who refused to answer the question (sample n = 486).

The survey showed that 40% of young people in custody drank alcohol three to four times a week, and 23% drank every day. 35% of young people answered 'yes' or 'sometimes' to at least one of the questions in Table 6.6, and 6% answered 'yes' to all five questions. To assess dependency, researchers compared those answering 'yes' or 'sometimes' to at least one of the above questions with those who said that they drank alcohol at least three to four times a week before they came into custody. Overall, 27% of young people met both of these criteria, with a chi-square analysis indicating that this relationship is significant at the .001 level. This was not intended to be a definite indicator of alcohol dependency – it simply served as an indication of potential alcohol dependency among the young people in the sample.

The data therefore indicated the possible existence of a significant need for Tier 4 services that address possible mental health problems co-existing with cannabis use. A much lower level of need relating to the use of crack, cocaine, and heroin must still be considered. Establishments may also need to provide Tier 4 pharmacological interventions and detoxification for young people with serious alcohol problems. The data showed that at least a quarter of the young people in the sample could be assessed as exhibiting signs of problematic alcohol use.

Service availability

The Services Audit Survey assessed the availability of appropriate detoxification and clinical management services (results in Table 6.7). Overall, the secure estate had made progress in implementing Tier 4 service provision, with increases in almost all types of service provided between 2005 and 2006. The only exceptions were the in-house

prescription of opiate blockers and pharmacological maintenance services, where the number of units providing these services fell slightly. Great progress had been made since the last review of substance misuse services conducted by Galahad SMS Ltd in 2003. The numbers of establishments offering pharmacological detoxification for drugs and alcohol rose by 8% and 16% respectively between 2003 and 2006; and the provision of pharmacological maintenance services increased since 2003 by almost 100%.

Table 6.7: Proportion of establishments offering Tier 4 services

Tier 4 initiatives available	Previous Galahad SMS Ltd study (2003) (%) n = 41	2005 (%) n = 25	2006 (%) n = 25
In-house pharmacological detoxification for drugs	60	68	72
In-house pharmacological detoxification for alcohol	44	60	72
Pharmacological maintenance services	24	48	44
In-house prescription of opiate blockers at release	20	36	28
Liver function tests	54	64	76
Detoxification	N/A	20	24
In-patient detoxification unit	N/A	12	28
Access to halfway house resources	N/A	4	12

Few healthcare staff in the secure estate for children and young people felt able to offer a range of prescribing options to young people with detoxification or maintenance needs. In their responses to the Services Audit Survey, some stated that young people in their units did not need these services. In one case, the manager stated that they would not take anyone with this type of need due to lack of provision. Researchers were informed that the YJB Placements and Casework Service directed younger individuals with detoxification needs to units such as Oakhill STC, where practices and resources were developing well.

Only five substance misuse managers indicated that they were able to book Tier 4 halfway houses for young people after release from custody. This type of arrangement was usually made through liaison with outside workers. Some managers stated that there was no need for a rehabilitation unit within young offender custodial settings, presumably on the basis of the small numbers with Tier 4 dependency needs.

Another survey respondent informed researchers that their secure children's home was being used as a 'crisis' Tier 4 placement centre for young people in the locality who had not offended, but who were vulnerable and also had Tier 4 substance misuse needs. This staff member reported that, in the summer of 2006, they had been overrun with requests for young people in crisis to be placed with them (as opposed to those young people being placed with them through the criminal justice system), though this situation would be changeable. These non-criminal justice cases made up nearly half of the unit population. It was suggested that, in some areas, secure children's homes were being used as Tier 4 facilities by local authority workers.

Approaches to prescribing

During staff interviews, discussion at forums, and case study site observation, researchers noted a number of different approaches, or cultural attitudes, to prescribing. These different models of prescribing are summarised below.

- **The cautious or sceptical approach to prescribing**
  There is nervousness in the secure estate about unnecessary prescribing for young people. Some staff felt that some young people were attempting to manipulate staff in order to get medication. One unit rarely prescribed withdrawal management medication, even when staff from other disciplines in the establishment felt that young people were anxious about experiencing withdrawal on the units.
- **The detoxification approach**
  Medication is given to manage withdrawal in cases where need is identified. The aim is to get the young person drug-free.
- **The risk-reduction and risk-management approach**
  This approach considers the young person's previous use of substances, and what is needed to reduce and manage longer-term risk. For example, if a young person on a short sentence tested positive for opiates, or was assessed as being at high risk of returning to opiate use on release, then maintenance prescribing could, in some circumstances, be provided in custody.

Although at times there may be a need for staff to employ all three models in their approach to prescribing, units tended to prefer one or other model.

At the time of writing, policy guidance on prescribing for young people is currently under development by the YJB, and a pilot of the guidance for detoxification is currently underway. One unit where prescribing services were more fully established was Oakhill STC. Oakhill STC, along with Feltham YOI, was being used as a regional specialist centre for detoxification and prescribing services. A system had developed whereby the placement units at the YJB tended to place young people with obvious Tier 4 needs into Oakhill STC. At Oakhill STC substance misuse workers liaised closely with healthcare staff. Oakhill STC had been attempting to recruit suitably qualified healthcare staff to supervise prescribing on a day-to-day basis for almost a year without success.

Alcohol detoxification

Evidence from interviews with staff and young people suggests that much of young people's heavy alcohol use gets missed because of inadequacies in assessment tools and lack of disclosure by young people. Many clinicians used a combination of assessment tools and clinical observation for symptoms such as the shakes, etc, but young people's resilience to heavy alcohol use may mask clinical symptoms which would help clinicians spot the signs of heavy use. Another issue is that practice appeared to differ across establishments. Some practitioners took a cautious approach, putting young people on a short detoxification course if there were some concerns, whereas others only responded to clearly identified need. Heads of healthcare appeared to see the treatment of dependency on alcohol as something that required careful attention and monitoring once dependency was assessed. Chlordiazepoxide was typically used and then usage reduced using a sliding scale. In some cases, broader support was offered, such as helping young people with symptoms, offering prescriptions for dietary supplements, providing ongoing monitoring and linking young people up with exercise activities, etc., but there were inconsistencies.

Take-up of services

Responses by young people to the survey show that just 6% were offered pharmacological interventions for their drug or alcohol use, and most who were offered this form of intervention accepted it (85%, n = 23, sample: n = 486). The vast majority (78%) of those who accepted pharmacological interventions were satisfied with the service (only 9% were dissatisfied). The number of young people who were offered this form of intervention seems quite low compared to the level of need identified above. One reason for this could be the failure of young people to disclose their substance misuse fully to secure estate staff. In a few interviews, researchers also found evidence that some young people prefer to try to go 'cold turkey' rather than undergo detoxification.

Unmet needs

The level of unmet need within Tier 4 provision is difficult to comment upon. Many services that fall under the Tier 4 banner were on offer throughout the secure estate for children and young people. The quality of these services, however, is open to debate, as the evidence base for prescribing interventions for young people is limited, although they would be subject to clinical governance guidelines. The secure estate is making progress in this area of service provision with the piloting of the guidance for detoxification, which, if successful, will lead to a greater standardisation of prescribing services across the secure estate. There have, however, been some problems with the pilot scheme, including lack of resources, as indicated by the following comment:

> *The pilot says that they've got to be on healthcare the entire time they're detoxing. That's fine, but once again, whoever wrote the spec for the pilot didn't consider that we only had somewhere in the region of four rooms that we can put young people in. You know, at any one time, you might have those filled by a variety of medical and mental needs.*

[Substance misuse manager, YOI]

Even though the analysis of young people's needs suggested that there may be a higher level of need than was previously thought, no young people interviewed specifically stated that they wanted a pharmacological intervention. On the other hand, a few young people did talk in general terms about the need for specialist detoxification in establishments.

Interviews with staff have revealed more about the level of unmet need in this area. One staff member stated that a young person undergoing detoxification had to be left on an adult detoxification unit because of a lack of 24-hour nursing cover elsewhere; this goes against best practice recommendations for treating young people with substance misuse problems. Other workers in establishments raised the issue of treating short-term residents, such as young people on remand:

> *Some* [young people] *will come in on a Friday night and say they want detox or whatever, but I'm not here. If I'm not here over the weekend and then on Monday they're back to court, they'll be gone…Even if they get let off…and those people fall through the net because there's no-one there at the weekend to sort of pick them up, get them to a community drug worker or, either way, get them in touch with someone who at least can pick them up and can help them; so that's quite often.*

[Substance misuse worker, YOI]

Two managers felt that the Juvenile Substance Misuse Service assessment was insufficiently detailed for the purposes of assessing pharmacological needs. One of

these managers also stated that it was not possible for all workers to assess this level of need; a high level of clinical skill was needed in order to effectively assess pharmacological needs.

One worker in a specialist detoxification unit outlined a number of challenges staff faced as they tried to work with this high-risk group of young people. These included:

- the high level of work necessary to arrange realistic care plans for those with pharmacological needs
- the management of young people on remand: a massive amount of liaison was required to organise prescriptions for young people on remand with high substance misuse needs, and to stabilise their housing arrangements. Staff felt that work with young people on remand should have priority over heroin and crack users. Work should focus on triage assessment and then proactive linkage with outside substance misuse workers
- lack of understanding by staff of the harm reduction and maintenance approaches. Workers in Tier 4 services said that many YOT workers and some staff in secure settings were struggling with the rationale behind the harm reduction approach and the maintenance approach to prescribing for young people. Staff detailed some instances where YOT workers had sabotaged this work because they did not agree with the plans that had been set up. In another instance, after someone had been on a maintenance prescription in custody, a YOT worker had made plans to get them into a rehabilitation unit on release. They were not drug-free on release, so they would not be considered suited to this. One substance misuse manager specialising in prescribing issues felt that YOT workers needed training in the harm reduction rationale and pharmacological management approaches.

In one specialist detoxification unit, an intensive programme was being planned for those with Tier 3 and 4 needs, lasting for up to 12 weeks and covering:

- information and input on overdose management
- relapse prevention strategies and substance awareness input
- practical skills, such as budgeting, benefits, letter-writing and the design of curricula vitae
- a focus on resettlement issues, such as job-seeking strategies, interview skills, presentational skills, etc.

Community pharmacological interventions

A number of different approaches to Tier 4 pharmacological provision had developed in the community.

The virtual substance misuse team prescriber

In Brent, the 'virtual substance misuse team' manages the prescribing needs of local young people. The Drug and Alcohol Action Team young person's manager explained how this system works:

> *We have a worker who works with our shared-care team, a nurse to oversee it; we also have a GP who's been trained up to look at especially young people's prescribing needs around drugs, and also we have this drug worker who supports that young person as well.*

[Manager, Brent]

In Wolverhampton, all pharmacological interventions for young people were carried out by a consultant psychiatrist who specialised in young people's clinical management. The Young Persons' Substance Misuse team is able to arrange prescribing within 24 hours in all cases. In Newcastle, young people's prescriptions are clinically managed both by a psychiatrist specialising in addictions and two nurses. Both are funded via the Child and Adolescent Mental Health Service. In Aylesbury, a Child and Adolescent Mental Health Service nurse had also been trained to prescribe to young people. The lack of an adequately equipped clinical room in Aylesbury has, on occasion, impeded prescribing by the Child and Adolescent Mental Health Service worker, and in these circumstances, links have been made with prescribing agents at adult-based services.

Linking young people with adult resources
In Waltham Forest, a substance misuse service for young people had recently been established. For six months, however, staff had been unsuccessful in their attempts to recruit a prescribing agent to work from their premises. In the interim, they were using a prescribing GP who was operating from local adult services. A similar system, accessing adult prescribing resources, was in place in Swansea and in Brent.

Most young people's services in these case study sites were orientated towards offering detoxification rather than maintenance prescribing, although the Drug Action Team manager in Brent indicated that in extreme situations this would be a feasible course of action. Common problems in this area of Tier 4 provision were:

- recruiting qualified prescribing agents
- shortages in properly equipped child-specific clinics.

There was variation in the degree to which protocols and guidance had been developed locally to inform prescribing decisions.

Tier 4 residential centres
In March 2006, the National Treatment Agency for Substance Misuse produced an updated directory of residential services and crisis centres for young people (National Treatment Agency for Substance Misuse, 2006). At the time of this research, there were some regional gaps in provision, and it was difficult to establish to what extent this directory was assisting Tier 4 referral. In most communities, the need for this level of intervention was rare. However, when such need did arise, most workers reported difficulties in seeking out an appropriate placement for young people.

There was some evidence that this lack of Tier 4 provision in the community was having a knock-on effect on some areas of the secure estate: in the summer of 2006, Vinney Green secure children's home reported an increase in young people on non-criminal justice cases coming into their unit requiring stabilisation for substance misuse.

Tier 4 psychiatric care
In some areas, a lack of available places in Tier 4 residential care for young people with psychiatric difficulties posed a problem. For example, in Aylesbury, bed spaces were available on a regional basis for young people with psychiatric difficulties, but in Swansea, residential placements were reported to be scarce.

Awareness of problematic use

The responses to some of the individual ASMA questions illustrated the high levels of possible drug dependency (or reliance) among the sample. Of those interviewed:

- 65% stated that they sometimes use drugs alone
- 51% stated that they miss their favourite drug if they do not use it for a while
- 40% said that they use drugs because they are bored, lonely, or anxious
- 32% said that they plan the day around their drug use
- 39% said that they feel irritable, anxious or depressed if they do not use drugs.

As problematic substance misuse is common among young people in the secure estate, it is important to understand how young people perceive their substance misuse. If they do not consider their drug use to be problematic, this could have implications for effective programme delivery. Motivation to change is an important starting point for young people to gain control over their substance misuse (Miller and Rollnick, 2002). If young people do not think that they have a problem and believe that their problematic substance misuse is ‘normal’, they are less likely to feel motivated either to access services or to complete the programmes in which they are enrolled. This has implications for substance misuse education and treatment. A greater focus on motivational interviewing as a pre-intervention technique may increase motivation to change and take-up of services.

Of the young people in the sample, 41% believed that they had been addicted to a drug at some point in their life. Of those, the overwhelming majority cited addiction to cannabis (64%, n = 126), followed by cocaine (14%, n = 28) and ecstasy (12%, n = 23). Previous Galahad SMS Ltd research on behalf of the YJB also found that most young people who thought they had been addicted to a drug cited cannabis (Galahad SMS Ltd, 2003). One possible reason for the relatively low number of young people who believed they had been addicted to a drug may be the ‘normalisation’ of drug use, in particular, the use of cannabis (Parker et al., 1998; Parker et al., 2002). In the current survey, 60% of young people agreed with the statement ‘I see nothing wrong with cannabis use’; this is supported by the following comment:

> *’Cause I don't really see anything wrong with* [cannabis]. *My mum smokes it for her arthritis and other people...Cannabis is all right, it won't kill you or nothing.*
>
> [Female, aged 17, YOI]

Practitioners within the secure estate have informally discussed the increase and normalisation of cannabis use, and it was also raised as an issue by some staff in formal interviews conducted for this research:

> *I keep getting on my soapbox about cannabis reclassification. It’s now looked on as legal by kids who come in. They think it’s normal, they think every kid does it, but what I keep trying to say to people…is that a lot of the kids who are in these places, certainly in this place, are here because they’ve been pinching, they’ve burgled, they’ve done thefts from shops, you know, they’ve pinched, whatever, to get money to buy cannabis.*
>
> [Substance misuse worker, STC]

Evaluating substance misuse services

To ensure the quality of the services provided by establishments, it is essential that they are rigorously evaluated. Table 6.8 shows the evaluation methods used by establishments in the secure estate to assess their main substance misuse programmes.

Table 6.8: Evaluation methods used for establishments' substance misuse programmes

Method of evaluation	2005 (%) n = 25	2006(%) n = 25
Participant evaluation	72	80
Subjective worker evaluation	56	60
Post-programme review involving offender	36	40
Other assessment methods/tools	12	20
Comparison of patterns of behaviour and substance misuse pre- and post-intervention	20	16

Establishments were able to indicate more than one method of evaluation in the Services Audit Survey. The most common forms of evaluation used in both 2005 and 2006 were participant evaluation and worker evaluation. As discussed earlier with reference to evaluation of education in the secure estate, using service-user feedback was an example of good practice, as it involved the service-user in maintaining and developing the quality of the service. However, there were no evaluation methods in evidence that could determine whether interventions achieved their desired goals through attitudinal or behavioural shifts. During this study, researchers observed that some community drug and alcohol teams working with young people used the Christo Inventory for Substance-misuse Services (Christo, 1999) to monitor the impact of their work. However, the community drug and alcohol teams recognised that this was not a validated tool specifically designed either for young people or for those in a custodial setting. Although the Prison Service Central Team had devised a quality assurance framework, until recently there were insufficient resources to implement this process. Ideally, substance misuse services should also be monitored regularly with reference to evidence-based best practice, as this is the most effective manner of ensuring that high-quality services are delivered (Department of Health, 1999). Secure estate staff acknowledged the problems with evaluation; for example, one substance misuse manager commented:

> *I think that the Prison Service should be proud of where we are at this point in time, but I do believe that we can be much better, and we will be much better once the services are on line, once interventions are available and quality assured. The weakness of the whole thing is evaluation.*
>
> [Substance misuse manager, YOI]

Services accessed

The availability of substance misuse services in the secure estate has clearly improved over recent years, especially those services that fall into Tiers 2, 3 and 4. However, this does not necessarily mean that young people are accessing these services.

In interviews with 486 young people within the secure estate, Galahad SMS Ltd asked the young people which services they had been offered since they had been in custody. Table 6.9 shows the proportion of young people offered each type of service while in

the secure estate. The three most commonly offered services were 'advice from a substance misuse worker' (43%), 'drug testing' (38%), and 'drug and alcohol education classes' (37%). This was unsurprising as these were general services that should be offered to all young people who enter the secure estate. Some of the services offered less frequently were those targeted at specific, usually problematic, substance misusers. To access a service such as 'detoxification medication', a young person would first have to undergo assessment for their drug and alcohol use, and Tier 3 or 4 needs would have to be identified. In total, only 20% of young people said that they had not been offered any substance misuse services since they came into custody, and 57% stated that they had been offered two or more services.[43]

Researchers also asked young people who they had talked to about their substance misuse while they had been in custody. 59% of young people cited their secure establishment-based substance misuse worker, while 34% cited their YOT worker. The largest response in the 'other' category, cited by 7% of young people, was the unit nurse. Surprisingly, few young people talked to their education worker (7%) about their substance misuse, even though it was likely that the education worker would be delivering Tier 1 substance misuse education. This could emphasise a point made earlier, that Tier 1 substance misuse education classes were not as interactive as young people would like them to be.

Interviews with staff have suggested that the actual number of young people speaking to a substance misuse worker is somewhat higher than that reported here, and that in some establishments the substance misuse worker will speak to all young people upon induction. Part of this discrepancy may be explained by the self-report nature of the young people's data. As many of the young people that researchers interviewed were in the middle of their custodial sentences, it could simply be that they were struggling to recall who they had spoken to at the time of reception into the establishment. This does, however, raise the question of the effectiveness of screening and assessment: if the young people fail to recall who they have spoken to about their substance misuse needs, perhaps a clearer process or repeated assessment would be more effective in gaining a true picture of the young people's needs. Some establishments did conduct repeat assessments after induction, usually after four weeks, and staff deemed this system effective.

Acceptance of services

Young people generally accepted the help that they were offered while in custody. Table 6.9 shows a comparison of the services that young people said they were offered in custody and those that they accepted. In almost every case, 70% or more of those who were offered a particular service subsequently accepted it. In two cases (assessment of drug use and assessment of alcohol use), more than 90% of young people accepted the service, and every young person who was offered a room on a drug-free wing and counselling for personal problems accepted.

These high percentages of acceptance were very encouraging, as they indicated that young people wanted to change their substance-using behaviour and were largely willing to accept the help that was made available to them. One issue that must be addressed in this area is that of seeking help. According to our research, 61% of young

[43] Figures quoted here exclude 'drug testing', which is compulsory.

people in custody wanted to change their substance-using behaviour, but only 34% actively sought help while in custody. This may once again tie in with the problems associated with screening young people upon reception into the secure estate. The situation may be overwhelming and confusing for young people, and many do not remember who they talked to at induction. This could, therefore, be the wrong time to make a full assessment of a young person's substance misuse needs. If staff continue to be proactive in seeking out young people after a period of adjustment in the secure estate, then young people could be more receptive to offers of help with their substance misuse.

Table 6.9: Substance misuse services offered to young people in the secure estate

Service	Proportion offered services (%) n = 486	Proportion accepting services (%)	Percentage of those offered who accepted (%)
Advice from a substance misuse worker	43	34	79
Drug and alcohol education classes	37	32	86
Drug and alcohol counselling	31	22	71
Assessment of drug use	30	28	93
Hepatitis jabs	30	25	83
Assessment of your alcohol use	26	25	96
Group work for drug and alcohol use	21	18	86
Complementary therapies	13	10	77
Counselling for personal problems	13	13	100
Room on a drug-free wing	10	10	100
Other	8	3	38
Help from a mentor	7	6	86
Detoxification medication	6	5	83

The evidence from this survey suggested that large numbers of young people were not having their substance misuse needs fully and accurately assessed, and that they were not confident enough to ask for help when it was not offered to them. This is a problem that must be solved, as the desire of young people to make changes in the custodial setting represents an important opportunity for the youth justice system.

Barriers to meeting need

One of the greatest challenges to meeting young people's substance misuse needs – as shown by the sample of young people surveyed and interviewed for this research – was the young people's attitudes to receiving help with drug and alcohol use. Cynicism about the usefulness of, and the need for help with, substance misuse issues was a consistent theme in interviews and focus groups. The young people were particularly cynical about 'talk therapy', non-practical advice and information given by people who had no hands-on experience of substance misuse. There were various reasons for this scepticism. Some young people did not think it was possible to help them with their substance misuse, and reduced use was seen as a matter of willpower and state of mind,

rather than a set of skills. This view was particularly noticeable among males in the sample, as illustrated by the following comment:

> *For me it's like a switch. Like right now if I wanted to go back to smoking it's a switch – right I'm going back to smoking cannabis again. If I was to stop smoking I'd stop again and switch – right, I'm not smoking any more. It's me. I'm a very strong-willed person; like for me I believe that it's me. It's what I do that affects my life. I have to have control over everything.*
>
> [Male, aged 17, YOI]

Others felt that they did not need help because they did not believe their use to be sufficiently extreme, as explained by these young men:

> *You know when you see it on TV? How they go to the alcoholics anonymous thing? Stupid shit like that. I'm normal. I'm not an alcoholic.*
>
> [Male, aged 17, YOI]

> *I didn't need help. I'm not a flipping addict if you know what I'm saying. I don't need drugs. If I have to go without, I go without. I'm not dependent on them.*
>
> [Male, aged 17, YOI]

Some young people had been able to refrain from using substances in custody without difficulty, and assumed that changes would be maintained without difficulty after release. When asked if they wanted help with their substance misuse, some young people had made the decision not to engage with services, saying:

> *Probably not, because when I get out I will have done 17 months without drugs, so I won't want no help. No.*
>
> [Male, aged 17, YOI]

Other barriers to engaging with substance misuse services included:

- general cynicism, as illustrated by one young man's comment about an anti-drug and anti-alcohol message: "the Government lies about everything, so I think they're lying about crystal meth as well" [Male, aged 17, YOI]
- young people not liking being told what to do by others, often combined with a dogged desire to be self-sufficient and to make their own decisions, as illustrated by one young woman's comment: "no, 'cause you're young, and if someone says, 'don't take that', you're gonna take it, aren't you?" [Female, aged 17, YOI]
- young people not caring about harming themselves with drugs or alcohol. One young man described how this state of mind could hinder progress and the acceptance of help:

  > *If you have a child or a young person that is not willing to co-operate, then you're not gonna get nowhere, which is 99.9% of the time – someone that don't really care where their life's going – what can you do?*
  >
  > [Male, aged 17, YOI]

From some follow-up interviews, it was evident that, with experience, some young people understood that stopping their substance misuse in custody was not sufficient to maintain changes when they returned to their former influences and lifestyles. At this point, they were often more willing to accept help.

When I was at the police station, when I got caught, I always wanna change. When I get locked up, I think to myself 'When I get out I'm gonna change'. But when I get out, it's just different.

[Male, aged 17, YOI]

Although many young people may need to learn all this only through maturation and experience, workers could alert young people to the challenges they will face when they return to the community. Based on young people's comments that hearing real-life stories was useful, this could be achieved by bringing in peer educators who had experienced the challenge of making changes to their substance misuse in the community (perhaps as part of the RAP scheme). This type of work could easily be combined with a focus on the spiral of change (Prochaska et al., 1992).[44]

Satisfaction with the secure estate services

The final table in Appendix A shows that young people had generally been satisfied with the substance misuse services that they had received in custody. Very few young people expressed dissatisfaction with any of the services that they accessed, and no service received a dissatisfaction rating of more than 15%.[45] The highest 'completely satisfied' rating given by the young people (56%) was for the 'room on a drug-free wing', but the highest overall satisfaction rating (calculated by combining 'completely satisfied' and 'quite satisfied' ratings) was given for 'advice from a substance misuse worker' (81%), closely followed by 'complementary therapies' (80%). Overall, only four services obtained a satisfaction rating of less than 70% from the young people: 'assessment of your drug use' and 'drug testing' received less than 70%, and the lowest satisfaction ratings were for 'drug and alcohol education classes' and 'assessment of your alcohol use' , which each received a satisfaction rating of 65%. All services gained a satisfaction rating of above 60%. These results were encouraging for service providers, as they suggest that young people appreciate the services on offer.[46]

As noted in other literature, young people most commonly wanted help that focused on practical support (Home Office, 1998). This support included help with accessing definite employment opportunities to change their lifestyles, diversionary activities that kept them busy, or training opportunities. Others welcomed practical ideas about managing pressures to go back to old lifestyles, and support to keep focused on their goals. When asked how young people should be helped to move away from alcohol- and drug-dominated lifestyles, one young man summed up:

One of the things I think is imperative is that you must have something to do. If you have nothing to do then what are you going to do? Do you see what I'm saying? You have to have something to do, something positive whether it be college. You have to

[44] The spiral of change is a concept developed by Prochaska et al. (1992). It builds on their earlier work exploring the stages of change. It conceptualises how people pass through a series of stages when attempting change (pre-contemplation, contemplation, preparation, action, maintenance, termination, etc). The earlier stages of the change model were later refined into a 'spiral' since it was observed that the journey through these stages tended not to be linear and often involved the person cycling through the stages a number of times before success was achieved.

[45] The dissatisfaction rating was obtained by combining 'quite dissatisfied' and 'completely dissatisfied' ratings for each service.

[46] For full results of service satisfaction, see the final table in Appendix A.

have something to do. The second thing is support. You need support from your family; whether it be some kind of organisation set up just to support you.

[Male, aged 18, YOI]

In less structured interviews, it was clear that help that was not focused on substance misuse was considered at least as valuable as some of the direct substance misuse work. The following opportunities were mentioned:

- the opportunity to improve educational achievements (this was cited by the majority of young people interviewed as a benefit of being in custody), as illustrated by the following comment: "I did want to do carpentry, but now that I've got different GCSEs I've got more options to go through, innit. More opportunities." [Male, aged 17, YOI]
- the opportunity to gain vocational skills and certificates (this would assist with job-seeking in the outside world): "It's not just IT I've got. It's industrial cleaning (an NVQ) and other national qualifications. I've got AQAs in IT as well. I've got a graphics design NVQ, I think. Because I'm doing music now, I'll have a music appreciation." [Male, aged 17, YOI]
- the opportunity to work on fitness: "When I was outside I used to use cannabis like with friends and stuff, that sort of thing, but since I've come in prison and stuff I've got into like fitness and stuff, stuff like that so it doesn't quite mix in, so I've just given up smoking and stuff like that, stopped smoking altogether, innit?" [Male, aged 17, YOI]; "When I used to smoke, my performance in the gym used to drop a bit, so from now I can see the standards are raised." [Male, aged 17, YOI].

These various comments help to emphasise that there are several approaches that substance misuse workers need to take. These include:

- working jointly with educational departments and fitness departments to plan and promote lifestyle-changing activities. In a number of case study sites, there were jointly-provided programmes focusing on fitness and substance misuse issues
- focusing on the wider lifestyle issues that influence young people's drug and alcohol use. From young people's comments, this could include providing young people with assistance in getting a job; providing practical preparation for release, such as assistance with CV preparation and information about benefits; arranging training; encouraging interest in diversionary activities that take young people away from former drug- and alcohol-using social networks; and supporting young people with managing family relationships (an area of concern for some young people in final review meetings and interviews)
- avoiding approaches that young people perceive as 'lecturing' or being told what to do, which can trigger resistance to change
- providing practical, problem-solving skills and reinforcing self-efficacy in relation to worries about relapse (or a return to previous patterns) on release.

In interviews and in focus groups, when young people were asked how substance misuse services could be improved in custody, their answer was 'by listening more to the young people'.

Most Tier 3 work occurred on a one-to-one basis. When young people were asked to describe the type of assistance they had received from their drug and alcohol worker, by

far the most common response was that they were given facts and information about the effects of alcohol and drugs.

Examples of some young boys' positive responses about the content and impact of this work follow.

> *They just talk to you about why you take drugs and how it affects you; same as counselling really. I just enjoyed talking to them. How drugs affect your life and what the situation of drugs is in the area…Good stuff…I can talk to him about anything, and if I take drugs outside when I get out, how it's going to affect you in certain ways…He puts it really simple, for someone of our young age he makes it easier to understand, that's why he's so good.*

[Male, aged 14, secure children's home]

> *We do one week drugs and the next anger, so we do a mixture of both. He helps me with solutions, like if I get angry, count to 10, read a book, listen to music, speak to someone, so it's different strategies really.*

[Male, aged 14, secure children's home]

Criticisms about substance misuse service provision were generally about the following issues:

- in units with population pressures the young people did not see the substance misuse worker for long enough or often enough, as the following comment illustrates: "Yeah, they could have given me more help. They only helped me once a month whereas they could have been helping me twice, three times a month." [Male, aged 16, YOI]
- work was too structured, writing-oriented and repetitive, particularly where work was based on a worksheet approach, rather being delivered on a more flexible and needs-led basis
- there was insufficient input on cannabis
- the work they completed was not in-depth enough for their needs; some females felt that, for example: "If you take drugs you may end up in a situation having unprotected sex or you could catch HIV or Aids, there wasn't any depth to it." [Female, aged 16, secure children's home]

Some young people were not assertive enough to ask specific questions about substances. This shows how important it is for workers to continually check with young people what input they want, rather than having an over-structured approach.

Throughcare and resettlement

Ensuring the continuity of substance misuse treatment for young people is essential to attaining successful outcomes from young people's journeys through the youth justice system. The treatment the young people receive during these journeys must be consistent from arrest to custody, to release back into the community – this should include any transfers between establishments in the secure estate during a young person's sentence. In such circumstances, responsibility for providing continuous treatment falls on the establishment that a young person is leaving, the establishment that a young person is going to, and the YOT worker.

Treatment continuity

All establishments offered structured one-to-one substance misuse work that included motivational interviewing or brief intervention approaches, relapse prevention tips, and harm minimisation advice. These forms of intervention can easily be continued at the point of transfer.

A member of staff in the Prison Service referred to new transfer paperwork and protocols that had apparently improved communication during transfers, as well as a programme that had been developed called Better Choices, which enabled work with a young person to continue if they were transferred. Better Choices is a module-based one-to-one intervention that has the potential to deal with a number of different substances. It enables any substance misuse worker to continue the work already begun with a young person. At the time of writing, the programme is in operation at the Josephine Butler Unit at Downview YOI, Cookham Wood YOI, New Hall YOI, and at the Mary Carpenter Unit at Eastwood Park YOI. Expansion of the initiative across the YOI estate is subject to securing funding.

Researchers noted that group interventions tended to vary from unit to unit. For example:

- two units ran the Juvenile Enhanced Thinking Skills programme, but the majority did not offer this programme
- some units provided substance misuse education in PSHE only; others offered enhanced Tier 2 education run by substance misuse workers only; some units offered joint courses run by education workers and substance misuse workers
- smoking cessation programmes or patches were available and promoted in some units and not in others.

This variation in provision meant that care plans devised in one unit could not always be continued after transfer. This meant that resources were being used to devise new care plans instead of being used to respond to individual needs. This lack of continuity was noted both by staff and by some young people who had been transferred.

In one instance, a young man who wanted to continue with his substance misuse work in an adult establishment was told by the new substance misuse worker that he did not have a problem warranting any further intervention:

> *I want to do it* [get more substance misuse help] *in case I needed it, and I went to* [the CARAT worker] *and she said: 'Oh, you don't need it, 'cause there's no problem, you've done it already, so: No'.*
>
> [Male, aged 17, formerly YOI]

This raises a disturbing possibility that proactive and continuous support at adult establishments may be withheld from young people who are being transferred. It is possible that such workers at adult establishments take the view that young adults with dependency on lower-classed drugs are less of a problem than the larger adult population with more extreme reliance on heavy-end substances.

Other young people indicated, however, that workers at their transfer destination knew about their drug and alcohol issues on arrival, and used this information to check whether there had been any changes in attitude and to link them up with the next stage of required work.

Although the Prison Service had established a protocol for improving transfers, in practice staff indicated that they did not always have time to manage the transitions as sensitively as they would wish. Although one young person described a well-facilitated transfer to the adult estate, most young people had not been supported in this way during transfers. One mental health worker stated that, due to security restrictions, she had been unable to accompany and support a vulnerable young man to his new unit.

Furthermore, staff at secure children's homes and STCs did not have any overall governing protocol in place for the transfer of offenders, and their descriptions of practice illustrated substantial variation in procedures from unit to unit.

Managing transitions

Through some of the follow-up interviews with young people, and during staff interviews, a need emerged for increased sensitivity and guidance about the management of transitional care for young people moving into the adult estate. Young people identified this as a period of high anxiety and anticipation that often did not progress smoothly. A substance misuse worker in the female secure estate for children and young people outlined a possible protocol:

> *Someone who's coming in, and it's his 18th birthday, and they're going to be going into an adult establishment…our rules should be to contact the counselling, assessment, referral, advice and throughcare worker out there, get them to come in here, introduce him to the trainee…build a better rapport up and then, when they eventually move over there (to wherever), then they're actually going to be looked after and it's not going to be as scary…But again in reality you can't always do that, can you?*

[Substance misuse worker, YOI]

Transfers and distance from home were two notably problematic issues identified by a number of YOT workers, secure estate staff and young people. These were particularly apparent among Welsh young people who, if they were not housed in Welsh secure units, were not always able to continue the Welsh school curriculum. One head of resettlement and throughcare said that 99.9% of the transfer requests they received were due to the distance that the young person's relatives had to travel to visit. Often these requests could not be met, as the establishments nearest to the young person's family were full. The head of resettlement went on to say that only in the most serious circumstances would a young person be moved to an already full establishment, and then only with the agreement of the YJB.

On a positive note, more young people and staff made mention of the availability of substance misuse workers in YOT teams than during the research completed by Galahad SMS Ltd in 2003. It seems that the introduction of these workers provided secure estate staff with a point of contact if interventions should need to continue in the community. Some young people also mentioned these workers when they were asked to whom they would go if they needed help with substance misuse difficulties on release.

Transfer protocols

The Juvenile Secure Substance Misuse Service appeared to have a slightly clearer standardised system for exchanging information during transfers – a transfer form was used. Researchers noted that this form was arriving at YOIs as young people were transferred. There was also evidence in files that assessments, contact logs and worker-completed forms (using standardised Juvenile Secure Substance Misuse Service

worksheets) were being passed on to new establishments, so that the new worker could identify exactly what had been covered. Some practitioners found it useful to have the details of what substance misuse work had been completed, as it minimised the risk of duplication at a new unit. The prompt exchange of common assessment tools was also seen to reduce the risk of duplication, and it was remarked upon by a number of staff that the appropriate paperwork was usually received in a timely fashion when young people were transferred between YOIs.

A number of substance misuse managers noted, however, that there was not the same co-ordinated system for transferring information between secure children's homes, STCs and the wider secure estate, as the following comment illustrates:

> *Whenever we've had a transfer from a secure children's home or an STC, I don't think there's been one time when we've received the paperwork, so I think there is room for improvement.*
>
> [Substance misuse manager, YOI]

In one secure children's home forum it was agreed that a standardised system with common paperwork and a clear transfer protocol could usefully be developed in the secure children's home/STC estate. This work would need to be co-ordinated with Prison Service developments.

The transfer protocol developed by the Prison Service Central Team acknowledges the special needs of those transferring to the adult estate; during interviews, however, some staff lamented the lack of resources available to prepare for and support this type of transfer. Secure children's homes and STCs reported no overall governing protocol, and they detailed variable practices from unit to unit.

Most young people, however, did not report having been supported during transfers. Many also talked of high anxiety about the prospect of transferring over to units holding an older population. One mental health worker stated that, due to security restrictions, she had been unable to accompany and support a vulnerable young man to his new unit.

At the time of this research, data collection systems were not integrated between the community and the secure estate. In the community, substance misuse work is tracked through the National Drug Treatment Monitoring System.[47] In the secure estate, data is collected and forwarded to the YJB; only one secure establishment reported contributing to local National Drug Treatment Monitoring System data. As a result, much of the work being carried out by the secure estate in relation to substance misuse is not recognised as part of national substance misuse work with young people. There is a need for increased co-ordination of community and custodial data collection systems.

Transfer from the YOT system to the National Probation Service

Follow-up interviews with young people in the secure estate indicated that the period when the young people were transferred from YOT workers to probation workers could be an equally vulnerable time for young people, particularly when they were being released to new workers. One young man commented:

> *YOT workers do more for you. They were sending money in for me. They were helping me through my sentence and that. The probation lot only comes up once*

[47] See: www.ndtms.net

every three months, so I don't really get to see them much. Sometimes they don't come up here at all. I haven't seen them for ages.

[Male, aged 17, YOI]

Some young people who had developed long-term relationships with their YOT workers described this transition as a difficult time.

It used to be the YOT but, now that I'm 18, it goes to probation. I think it's a load of bollocks really, because my YOT worker, she's been my YOT worker [since] *I was about 14.*

[Male, aged 18, YOI]

Other difficulties outlined by young people included:

- young people experiencing a lack of continuity as they pass from YOT workers to probation services
- probation workers visiting less frequently (if at all) before release, giving no opportunity to build up any relationship or trust
- much less intensive support available through probation teams
- experiencing a less flexible set of expectations and stricter rules relating to the enforcement of licences and orders.

Transition anxiety

Some young people made reference in interviews to their anxiety about transfer to larger units, as explained by one young man:

It gets a bit nerve-racking, going [to] *18–21s. When I move jail I'm going to have none of this support, so that's a bit worrying as well, because I'm going to be on my own and things like that.*

[Male, aged 17, YOI]

During follow-up interviews, young people's comments indicated that there were significant cultural differences between units, mainly in terms of violence. A few young people talked about how they might deal with anticipated increases in violence. One young person commented:

The secure unit…that's like a holiday really. Being in here, it's changed. It's like, fights every day. It's hard work.

[Male, aged 14, secure children's home]

In spite of this, young people generally reported settling in reasonably well following transfer. Some appreciated the increased resources available in larger and more adult units, while others liked the more mature atmosphere in units for older age groups.

Community approaches to transition

Community substance misuse services vary in the age range targeted. Aylesbury, Newcastle and Waltham Forest catered for young people up to the age of 19, while Brent offered a service for young people up to 21. In Brent, local adult and young people's commissioners agreed to pool budgets, thus providing funding for work with 18 to 21-year-olds. Most community agencies demonstrated sensitivity to the special needs of those in transition between services for young people and for adults.

Staff in community services felt that supporting young people through the transition between youth and adult services was very important. In general, young people were offered drug and alcohol services up to the age of either 19 or 21, whereas in the secure estate for children and young people, services were only offered to those aged 18 and under. The YOI estate had developed a protocol to manage the transfer of young people from the secure estate for children and young people to the adult secure estate, although in reality there appeared to be limited resources available to support this work. No such guidance exists for the secure children's home/STC estate. Although most young people adapted to the change in status, many experienced anxiety and few were well-prepared for the transition. In conclusion, not enough staff members in the secure estate for children and young people were sufficiently aware of the particular challenges faced by young people who were transferring from the care of:

- the secure children's home estate to STC units or to YOIs
- the secure estate for children and young people to the adult estate
- YOT workers to probation workers.

Aftercare

The needs of young people after release were largely the remit of the YOTs. However, the secure establishments themselves had an important role to play in pre-release planning and ensuring that continuity of care was facilitated as the young people returned to the community. The main areas of aftercare that were of greatest concern for young people were accommodation, real opportunities for employment, support with training, avoiding having nothing to do, and avoiding relapse into previous offending and substance-using ways.

Substance-using family members

Research has established that being surrounded by family members who misuse drugs and alcohol can cause 'serious harm' to young people (Advisory Council on the Misuse of Drugs, 2003). In the community, there were a few services available specifically to support the children of parents who use drugs and alcohol. In the secure estate, there was no evidence of this type of support being provided by substance misuse staff, although some staff said that these issues were addressed in other child-centred work and (in some units) during assessments. It would be helpful if the secure estate developed a strategy to manage young people with such hidden harm issues. The environment in which young people live after they leave the secure estate can play a crucial role in determining successful treatment outcomes. Recent research has suggested that substance misuse services should give greater emphasis to supporting the children of substance-misusing parents (Advisory Council on the Misuse of Drugs, 2003; Morehouse and Tobler, 2000).

Of the 231 young people interviewed by Galahad SMS Ltd researchers, 53% said that members of their family used drugs. Ninety of these young people identified which family members used, of whom 39% described one or both of their parents as drug users. For the most part, parents were identified as cannabis users, although two young people reported parental use of heroin, and three noted cocaine use. Fathers were marginally more likely to be described as drug users than mothers and one father was identified as a drug dealer. Of those interviewed, 53% of young people said that their

siblings used drugs (mostly cannabis). In the interviews, it also emerged that some young people were obtaining substances from family members.

Drug dealing among the sample

This research showed that before young people came into custody, 48% obtained at least some of their money from the proceeds of crime. 39% obtained money from their parents or guardians, and 8% earned money from casual work. A worrying finding was that 23% of young people said they obtained their money from dealing drugs. Many were also given their drugs free, by dealing or running drugs for a dealer:

> *I'd do running about for people, you know, they'd give it* [drugs] *to me, I'd go pass it on to the person that's buying it, or like my mates would give me it once a week. I'd get it from the person I'm doing the running for, so it's kinda like paying me in a way.*

[Female, aged 17, YOI]

Co-ordinating transfers to the community

Establishments and YOTs should ideally work together to co-ordinate the transfer of a young person from the secure estate to the community. Galahad SMS Ltd interviews with staff in the secure estate indicated that the practice in this area is variable. Most establishments had a wide catchment area for young people and therefore had to build relationships with a large number of YOTs. As one may expect, workers within the secure estate encountered YOT workers with varying levels of competence:

> *YOT workers vary as well. Like within here, you get good ones and not so good ones, and it does depend on what's available for that young person in that area as well, so it can be quite difficult. I have had YOT workers (with the best will in the world) trying to find somewhere for somebody, and then it's fallen through, so it is difficult. It's not easy.*

[Interventions manager, YOI]

Where staff in the secure estate remarked that it was often difficult to work with YOTs, they claimed that YOTs could be unreliable: for example, they commented that some YOT workers were unable to attend appropriate meetings. One of the key reasons for this was the distance some YOT workers would have to travel to attend case meetings – an issue that was a result of the wide catchment area of most establishments, and another indicator that young people were perhaps being placed too far from their home town. However, some workers in the secure estate commented that the YOT staff who had to travel the longest distances were often the most committed.

While young people sometimes complained about their YOT worker's inability to visit them (on occasions interpreting this lack of contact as laziness or indicative of a disinterest in the young person), young people described RAP workers as particularly proactive and heavily involved with them while they were in custody. It was also emphasised by several staff in the secure estate that the secure establishment's involvement with young people does not continue upon their release, and that YOTs should be the primary service facilitators at that point:

> *In reality for most cases* [involvement with resettlement] *stops* when [the young person] *leave the gates. The YJB would like us to attend the first review meeting on release. The reality of achieving that, bearing in mind the catchment area and the* [number of] *lads that we have, it's a long way to go to have minimal involvement,*

bearing in mind that we've made good relationships with the YOT workers, so they already know what's been achieved by working with the lad while they're here.

[Head of safeguards and well-being, YOI]

There was evidence, however, that some secure estate staff went out of their way to arrange college placements and interviews for employment for young people. One establishment, Ashfield YOI, operated a temporary release scheme that was used very positively to acclimatise young people with low-security risk assessments to life outside. It enabled the young person to come back after a day's employment and receive support with some of the challenges of working and release.

Accommodation needs of the sample

Of the sample of young people, 15% were uncertain about where they would live after they left custody. Sixteen young people (3.3%) also said (unprompted) that this was the area that they needed most help with while in custody. The accommodation needs of young people should clearly be addressed as part of the throughcare and resettlement element of the national specification.[48] In fact, accommodation was the area where help was most frequently requested; staff members within establishments were aware that accommodation was an issue, and highlighted associated problems:

Well, that [accommodation] *is sort of about national policy, because housing associations, etc., etc., can't take anybody on who can't receive benefits. You can't receive benefits until you're 18. Therefore, you can't be housed until you're 18, because they couldn't guarantee that they'd get their money for it.*

[Head of healthcare, YOI]

However, the majority of staff who talked about accommodation for young people after release believed that the onus lay firmly on the young person's YOT to arrange provision, although some also acknowledged that joint working between staff in the secure estate and YOTs was necessary.

While staff in secure establishments saw YOTs or sometimes social workers (in the case of children in local authority care) as being primarily responsible for this area of a young person's aftercare, it could be helpful if greater information and resources were made available to young people while they are in custody.

The importance of this issue cannot be stressed strongly enough. It is not simply a question of the young people being uncertain about where they will live after release; it is also about preventing young people from slipping back into old habits and their old lifestyles, as the following comment illustrates:

If a lad's going back into exactly the same situation, if he's going back into the same home, then nothing's changed for him…If they go back out and they haven't any structure, then they go back to where they were, and it's alternatives to drugs, crime, whatever it is, and if they haven't got any alternatives in place, then they'll be back in.

[Substance misuse manager, YOI]

[48] Other aftercare needs, such as employment, are discussed in the 'Throughcare and resettlement' section of this chapter.

In follow-up interviews, some young people expressed their dislike of the temporary accommodation they were sometimes allocated, such as bed and breakfasts. This is a situation recognised by at least one member of staff in the secure estate as being detrimental to the successful rehabilitation of young people:

> *I know it's not down to us in a sense, but he's* [the young person] *been in this place* [establishment in the secure estate] *which is, contrary to popular belief, there's lots of boundaries, I know, but it's very supportive in here. It's a supportive environment, and then you say 'Right, we've finished now. You can clear off' and he's chucked in a bed and breakfast which is anything but supportive.*
>
> [Head of resettlement and throughcare, YOI]

Although going back to their home area presents the risk of relapse into their previous lifestyle, few young people expressed a desire to be placed elsewhere. This probably reflects the desire to go back to familiar surroundings where some degree of a support network exists.

Education and employment

Another issue raised by young people regarding aftercare was that of education and employment. Many young people who were leaving the secure estate faced uncertainty in their employment prospects. In interviews, one of the recurring themes from young people was their desire either to obtain academic qualifications or to train for a skilled manual job. Others who were interviewed after their release said that help finding a job was their primary need. This represents an important opportunity for the youth justice system, as it suggests that young people in custody are demonstrating the motivation to change their lifestyle. As mentioned earlier, in one sense the secure estate is helping young people with this, as a lot of young people talked very positively about the training and qualifications that they had obtained while in custody. In that respect, it can be said that the secure estate is meeting the needs of young people. However, it is when young people are released that they find difficulty in accessing real opportunities to gain employment. By this point they are beyond the scope of the secure estate and are under the jurisdiction of the YOTs or the Probation Service – though several young people also said that YOTs or the probation service had helped them to get places on training courses. Some young people have experienced difficulties in getting back into education after they have been in custody. In some cases, suitable arrangements had not been made with local colleges. This leaves the young person out of education and potentially vulnerable to relapse and reoffending.

Substance misuse and lifestyle

In follow-up interviews, most young people said that they would not go back to the same group of friends that they had before they went into custody. Most often, the reasons they gave for this were that their friends still committed crime or misused drugs. Going back to the same peer group presents young people with a high-risk situation, as demonstrated by this comment from a young person who reoffended upon release:

> *I got out there and they're my boys – most of the people were getting jobs and I got out and* [they had] *just changed and became little bitches, and so I got out and I had to get my boys back into shape, and I started to get back into trouble with a couple of the boys and seeing the other ones at work and stitching them up at work so they got sacked and shit so they got back into shit again.*
>
> [Male, aged 15, YOI]

Others commented on the influence that peer groups can have on a young person's substance-using behaviour:

> *I reckon there's going to be temptations there* [when I get out] *'cause like almost all my friends smoke skunk and it's going to be like, as soon as I come out, that's the first thing I'm going to be offered, like, everyone's going to be 'Oh, come on'.*
>
> [Male, aged 17, YOI]

This problem can be addressed by giving the young person the self-confidence and knowledge to resist the temptation to fall back into old habits. When asked which substance misuse work had helped him while in the secure estate, one young person replied:

> *Probably to talk about it to someone who understands. Just to try and boost myself up about not taking them* [drugs] *and stuff. Half of the stuff that she* [substance misuse worker] *was saying, it did change my mentality, it's given me the boost that I want.*
>
> [Male, aged 17, YOI]

Some young people also commented on the problems that they could have with distancing themselves from their friends. For some, a job or training would provide them with an 'acceptable' excuse for removing themselves from their peer group.

Service-user involvement

The active participation of young people and their families in the development of services is a key tenet of the Every Child Matters agenda.[49] In the community, there was evidence of proactive consultation with service-users to determine their views on their needs and service provision in their locality. In the majority of areas, commissioners had arranged for detailed needs assessments to be completed with young people in the area to gather information on:

- the prevalence of substance misuse
- the types of substances being used
- responses to local services
- unmet needs
- barriers to accessing services
- areas for service improvement.

Substance Misuse Advisory Service commissioning standards (Substance Misuse Advisory Service, 1999) indicate that this type of activity is an essential starting point for service commissioning. Both Wolverhampton and Aylesbury Drug and Alcohol Action Team managers funded a detailed user consultation exercise before making decisions about service development. Furthermore, there was evidence that some young people's agencies held regular service-user consultation days with young people.

[49] See: http://www.everychildmatters.gov.uk/participation/

In the secure estate, although a few secure units completed needs assessments, there was little evidence of broader service-user consultation or involvement of young people in service development. The attempts that have been made to include young people in the development of services are detailed in the 'Best practice' section of this study.

Conclusions

The results of this research have shown that young people in the secure estate for children and young people use alcohol and drugs in great volume. Before they came into custody, 67% of young people got drunk at least once a week, and 16% were drinking alcohol every day. A considerable number of young people (80%) had used a substance other than alcohol in the last 12 months, and 64% were using cannabis every day before they entered the secure estate. Using a validated screening tool for substance misuse, it was established that, of the young people who were interviewed, 44% could be considered problematic substance misusers and a further 40% could be considered potentially problematic users.

The needs of young people in custody go beyond substance misuse. This research and established evidence suggest that young people will have a number of problems that co-exist with their substance misuse. Much of the evidence reported in this chapter suggests that young people often use substances for reasons related to their emotional state.

Other common problems and needs that were identified by this research include:

- lack of secondary school education
- the presence of close family members who use drugs
- uncertainty about where the young people will live upon release from custody
- the fact that 23% of young people dealt drugs before they entered the secure estate, and in many cases got their drugs free as a result of this.

Establishments within the secure estate need to provide a range of services that can address all of these issues, which is the main aim of the national specification. The first step in providing these services is screening and assessment of young people. Screening was conducted by almost all establishments within the secure estate, but there remain some important problems. The most pressing concern was that young people were not being assessed effectively upon arrival in the unit. It was likely that young people on arrival were nervous or overwhelmed by the situation, and it may have been the case that they did not fully disclose their substance-using behaviour at this point.

More widespread use of repeated assessment of young people after a period of adjustment may help to resolve this issue. This could also allow establishments to repeat the offers of help to young people, as evidence in this research suggests that young people who want to change their substance-using behaviour were often reluctant to ask for help, or simply do not know who to ask for help. This research shows that only 30% of young people said they were assessed for drug use while in custody. It is unlikely that the number is actually this low, given the reported rates in the staff survey and the evidence in the quarterly data-monitoring returns, but it does raise questions about the clarity and effectiveness of the screening procedure, which ultimately affects the substance misuse treatment of young people for the remainder of their time in the secure estate.

This assessment of the services on offer in the secure estate naturally uncovered mixed results. Researchers have witnessed a decline in the number of establishments that offer non-targeted substance misuse education, which most closely resembles that taught in PSHE in secondary schools. This, in itself, may not be such a bad thing, as the PSHE model of delivering substance misuse education could be a less effective method of delivering this type of education to young offenders. Young people in the secure estate were often on short sentences and in some cases were transferred between establishments, which reduced the likelihood that non-targeted substance misuse education would be completed.

In terms of the other services on offer in the secure estate, researchers noticed a definite shift in emphasis during the course of the research. Fewer establishments were offering Tier 1 substance misuse services in 2006 than they were in 2005, but an increase was seen in the number of establishments offering Tiers 2, 3 and 4 services. These services are progressively more resource-intensive, as they focus on the specific needs of individual young people. Given establishments' finite resources, increased provision of Tiers 2, 3 and 4 services may therefore require a shift in the allocation of resources away from Tier 1 services.

The interviews with young people suggested that few were offered the full range of services available within establishments. This is explained to some extent by the fact that not all young people will be eligible for certain services, and that the services offered to each young person will be based on the results of their assessment. Only 20% of young people had been offered no services at all, and 57% had been offered two or more services. What is of concern is, once again, the effectiveness of substance misuse assessment. This research suggests that many young people in custody used substances to a problematic extent before entering the secure estate; perhaps 84% were at least potentially problematic substance misusers. This would certainly indicate that the overwhelming majority of young people in custody had needs that were at least Tier 2, yet few young people mentioned being offered these services, other than 'advice from a substance misuse worker'.

On the plus side, the services that were on offer were well received. Overall satisfaction with services was consistently above 60% and usually over 70%. There was also a noticeable increase in the number of establishments offering services in every tier since the previous 2003 Galahad SMS Ltd review of substance misuse services in custody.

Summary of needs

- A high proportion of young people were drinking alcohol at a problematic level prior to custody, indicating a need for alcohol awareness education and possibly other services, such as detoxification.
- Cannabis was by far the most commonly used substance and was used by large numbers of young people on a daily basis prior to custody. This may indicate a need for specialist substance misuse interventions that focus solely on cannabis use.
- Many young people used both cannabis and alcohol prior to custody. This suggests that young people need to be educated about the effects of poly-substance misuse.
- Young people exhibited a low level of awareness of both the effects of substance misuse and the nature of addiction. This must be addressed through education interventions.

- Establishments need to provide adequate mental health services for young people. The mental health needs of young people did not seem to be addressed as extensively as they should be.
- More than half of the young people in the sample had been excluded from, or had left, school before the age of 16. This could indicate the presence of educational needs among the sample, including needs in the areas of numeracy and literacy; the young people could also have missed out on the substance misuse education available via PSHE.
- During the interviews, 53% of young people said that a close member of their family also used substances. This could affect the success of treatment once the young person is returned to the community. There is perhaps a need for greater communication with families.
- 15% of young people were unsure where they would live following their release from custody, which indicates a need for help with accommodation and resettlement upon release.
- Before coming into custody, 23% of young people had been involved in drug dealing, for which some got their drugs for free. This could indicate a need for bespoke interventions targeting these young dealers. The issue of young people dealing drugs does not, as yet, seem to be extensively addressed by the secure estate.

Custody-community comparisons

After two years of investigation into six community case study sites and eight secure estate units, it has been possible to draw some conclusions about the main differences and similarities between community and custodial substance misuse provision. However, as acknowledged in the introduction, we are not comparing entirely like-for-like services.

The areas of custodial practice that were as good quality, if not better quality, compared to equivalent provision in the community included:

- **standardised assessment systems and procedures between YOIs**
  By comparison, in the community at Brent, Drug Action Team managers were concerned that assessment tools and procedures differed even within local agencies.
- **the sharing between YOIs of Tier 2 and 3 worksheets**
  This meant that work could continue even if the young person was transferred to a new YOI. Consistency of work practices appeared more difficult to guarantee between different substance misuse agencies in the community.
- **weekly multi-disciplinary meetings**
  Meetings between mental health professionals and substance misuse workers were better organised in custody than in the community.
- **regular multi-disciplinary sentence-planning meetings**
  These have been occurring in the secure estate for some time and shared care plans were produced to help the work progress. In contrast to the secure estate, systems for integrated working between young people's services in the community were at an early stage of development through the introduction of the Every Child Matters strategic changes introduced in April 2006.

Education
It could be argued that the system of providing PSHE is not suited to young people in secure care, for the reasons listed below.

- According to previous research (Galahad SMS Ltd, 2003) and official definitions (Gilvarry et al., 2001), young people in custody constitute a vulnerable group as far as substance misuse is concerned. Levels of substance misuse are higher in this cohort of young people than in young people in general. Young offenders also tend to have more 'sophisticated' knowledge of drugs than a more general group of young people in schools would have. In their responses to questions in interview, they are intolerant of presenters with low levels of knowledge of drug culture and lifestyles, and tend to discredit the information if the presenter makes errors.
- PSHE was designed for school settings with a reasonably static population, not for settings with a short-stay population. The very intermittent scheduling of substance misuse topics in PSHE in secure establishments is likely to engage only a small number of those passing through the unit during the academic year.

A combined Tier 1 and Tier 2 system, on the other hand would:

- conform to guidance given by *The Substance of Young Needs: Review 2001* (Gilvarry et al., 2001), which advises that it is important to link those with higher-tier needs with both Tier 1 and Tier 2 education to avoid stigmatisation and to maintain links with more mainstream services
- offer an opportunity to deal with both the general and the more personal educational needs of young people, and enable key educational messages to be reinforced
- comply with DfES best practice guidance that stresses the importance of teachers (rather than other service providers) taking a central role in driving forward Tier 1 drug and alcohol work in educational settings.

There is a need for the greater development of Tier 2 preventive work to explore lifestyle factors related to substance misuse. For example, group work should be developed to examine drug and alcohol lifestyle issues, emphasising factors identified as 'protective', and helping young people to develop strategies to manage the risk factors in relation to substance misuse (Smith et al., 1995). In addition, 'competence enhancement programmes' designed for multi-ethnic populations (covering self-image, goal-setting, decision-making, problem-solving, and stress management) should be introduced as Tier 2 prevention work (Dusenbury and Diaz, 1995).

Tier 3 services
Fully comprehensive comparisons of the nature and content of Tier 3 work in the community and in the secure estate have not always been possible within the scope of this study, as young people could not be interviewed in community settings. The conclusions that can be drawn, however, are listed below.

- From an analysis of young people's interviews, most Tier 3 work in custody tends to involve drug and alcohol awareness work, with some evidence of work on harm reduction and a few instances of work on relapse prevention. There is scope for more systematic work on the specific lifestyle factors that lead young people to return to old patterns of substance misusing and offending behaviour. This work could focus on exploring high-risk situations (places, people and feelings); enhancing skills in problem-solving (Intagliata, 1978) and decision-making; and exploring realistic and practical coping skills when faced with pressures to engage

in high-risk activities. In addition, evidence-based therapeutic approaches such as cognitive behavioural training (Beck et al., 1993), solution-focused therapy (Berg and Miller, 1992; Bertolino, 1998), and motivational enhancement therapy (Miller et al., 1994), should be provided.

- Researchers have encountered confusion, both in the community and in the secure estate, about what exactly constitutes a Tier 3 substance misuse intervention.
- Most Tier 3 work is being delivered through one-to-one work, both in community and custodial settings. Researchers have found it difficult to evaluate the precise content of this work because it is not ethically possible to collect evaluation data during one-to-one work.
- Staff in the community emphasised the importance of cognitive behavioural techniques and relapse prevention in Tier 3 work. In custody, there was some evidence in worksheets of cognitive behavioural techniques being employed, but not all staff in case study sites had been trained in this technique, particularly in its application to substance-misusing young people. This is an area for inclusion in staff training.
- Joint care planning was, on the whole, well-developed in secure estate case study sites, with holistic and shared care plans in place for all young people. These plans were supported by systematic care plan review meetings and by the development of protocols. There is also some evidence of joint planning between departments. This type of liaison had been facilitated by the co-location of different teams within one establishment. On the other hand, community services were only just approaching a point (through the Every Child Matters agenda) where holistic and centralised assessment and care plans for young people were being considered and developed.

7 Needs among sub-groups of young people in the secure estate

Female young offenders

The YJB has committed to providing specialised units for females that comply with the standards of Prison Service Order 4950 (HM Prison Service, 2004a), and specialised training for all staff working within these establishments. To assist with compliance, Galahad SMS Ltd was asked to determine:

- how the profile of female young people who offend in the UK compared with that of females in other samples studied
- whether the special needs of girls in custody were being met by specialised units in the secure estate.

The literature review conducted by Galahad SMS Ltd for this research identified very few peer-reviewed studies regarding substance misuse treatment for girls in custody in the UK. Judging by the literature published to date, this current evaluation by Galahad SMS Ltd may constitute the largest ever sample of girls interviewed in custody in the UK.

Characteristics of young female offenders

There were 93 females aged from 12 to 18 in the Galahad SMS Ltd sample. The majority (80%) classed themselves as White and only 20% (n = 18) described themselves as being from other ethnic backgrounds.[50]

Education

In previous research, school exclusion has been cited as a contributing factor in young people's offending (Zabel and Nigro, 2001). In this sample, girls were less likely than boys to have been permanently excluded from school (33% females; 51% males), but were more likely to have been temporarily excluded (23% females; 12% males, X2 = 14.07 (1, n = 468) p<0.01). As over half of the girls in this sample had been excluded from school, school exclusion may indeed be a contributing factor to their offending behaviour. In interviews, the reason the girls most commonly gave for being excluded from school was problem behaviour, such as fighting and drinking.

Substance misuse among female offenders

In a study of female adult offenders in 2003, a high level of substance misuse was reported: 81% used a drug at some time in their lives and 34% reported harmful levels of alcohol consumption (Borrill et al., 2003). An Australian study in 2004 found that 85% of the females in detention had high levels of substance abuse compared with 5% of the females in a control group (Dixon et al., 2004).

[50] Some of these groups are small and the size of these subgroup samples could have an impact on the significance of any statistical analysis. All results in this chapter are therefore subject to that qualification. In some cases, where differences between groups are observed but are not found to be statistically significant, this could simply be a result of the small sample size.

US studies have consistently found high levels of substance misuse, psychiatric symptoms and/or mental health problems among female young people in custody (Kataoka et al., 2001; Teplin, et al., 2002; Abrantes et al., 2005). While no comparative UK studies were found in the literature review that accompanies this report, in a UK study by Borrill et al. (2003), some respondents had given as reasons for using alcohol:

- depression
- stress
- coping with abusive relationships
- trying to block out painful memories.

In Guthrie et al.'s research (2001), young females were found to be more likely than young males to suffer from depression and eating disorders.

In the sample for the current Galahad SMS Ltd study, 83% of girls reported using drugs within the past 12 months compared with 78% of boys, which is not a significant difference. It was not possible to access medical records or to determine the mental health of the sample. However, half of the girls sampled who reported using drugs said that it was because they were bored, lonely or depressed (43% of boys cited these reasons), and 41% said that if they did not use drugs they felt irritable, anxious or depressed. Almost half of the girls also felt that drug use had affected their health (females 45%; males 53%). So no significant gender differences were found in the prevalence of drug use, self-reported depressive symptoms, or detrimental health consequences of drug use.

Previous research suggests that female arrestees were more likely than males to test positive for opiates, cocaine and crack (Bennett et al., 2004). Table 7.1 shows some similar findings in this self-report study: females were significantly more likely to use crack, heroin, methadone and poppers. However, the actual number of females reporting use of crack and heroin was quite small (crack n = 18; heroin n = 10, out of a sample of 93 females).

Table 7.1: Female self-reported drug use within the past 12 months

Drugs used within the past 12 months	Females (%) n = 93	Males (%) n = 393	Significance
Cannabis	75	75	
Ecstasy	46	37	
Cocaine	39	31	
Amphetamines	37	26	
Poppers	23	8	p<.001
Crack	19	7	p<.001
Heroin	11	2	p<.001
Methadone	11	1	p<.001
LSD/Acid	11	7	
Solvents	11	6	
Self-prescribed medicines	8	2	p<.01
Ketamine	4	1	

Note: 'p value' is only noted for significant differences.

From analysis of interviews conducted in this study, it was apparent that, with regard to initiation into drug use, the influence of peers outweighed that of family members. The majority of girls and boys were introduced to drugs by their friends (females 64%; males 78%), and fewer by their families (females 18%; males 12%). Very few girls or boys said they were introduced to illegal drugs by their boyfriend (n = 4) or girlfriend (n = 1). The only gender difference was that more girls were introduced to drugs by an older friend than by a friend of the same age, whereas more boys were introduced to drugs by a friend of the same age, but this was not statistically significant.

A few more girls than boys reported potentially problematic alcohol use (females 73%; males 61%, not significant), and binge drinking (females 86%; males 78%, not significant). However, only 21% of the girls and 18% of the boys said that (before they came into custody) not using alcohol made them worried, angry or depressed. Again, there were no significant gender differences in problem alcohol use, nor associated depressive symptoms.[51] Nor were there any significant gender differences in self-reported problematic substance misuse, determined using the ASMA tool (Willner, 2000) (38% females; 46% males, not significant).

A review of US literature found that female adolescents in the US criminal justice system appear to have more significant family problems than males (Chamberlain and Moore, 2003), including parental substance abuse (Dakof, 2000). Although the extent of family problems in this UK-based Galahad SMS Ltd study could not be determined, there were no significant gender differences in the number of individuals who reported that a family member used drugs (females 66%; males 59%).

Self-harm and suicide in female offenders in custody

In the general population of the UK, young males are at the greatest risk of suicide (Gunnell et al., 2003), though young women are more likely to self-harm (Hawton, 2000). In the secure establishment population, there is little research evidence about the prevalence of self-harm and suicide in young women, though the evidence suggests that people frequently injure themselves when their control over their own life and environment has effectively been removed (Singleton et al., 1998). In this sample, significantly more females reported that they had overdosed at some stage in their life (females 34%; males 12%, X2 = 21.54 (1, n = 407) p<.001). More worrying figures show that, of those who had overdosed, over half of the females reported that they had done it deliberately (females 58%; males 19%, X2 = 10.71 (1, n = 68) p<.001). This suggests that females are at greater risk of attempting to commit suicide, which may have implications for their care in custody. Interviews with staff showed no evidence that they were aware of this key risk in female offenders. There were very few staff comments on gender differences in terms of young offenders' needs, apart from a general awareness of mental health problems.

[51] It should be noted that Galahad SMS Ltd did not conduct an extensive mental health assessment of young people and, therefore, it is impossible to diagnose clinical depression. Instead, among other questions related to problematic use of alcohol, young people were asked directly: 'Does the thought of not using alcohol make you worried, angry, or depressed?' The evidence in this instance is therefore self-reported symptoms of depression, etc, and any conclusions that are drawn are done so with reservations.

In the Services Audit Survey, only one STC unit specified that females had special needs for self-harm. All the other comments on special needs focused on sexual health and reducing risk-taking behaviour, particularly in relation to substance misuse. Increasing awareness of the risks of self-harm and suicide could therefore be an issue to include in future staff training.

The lack of funding for specialist counselling for young women had frustrated efforts by staff and offenders to address substance misuse and behavioural problems, as described by one young female:

> *At the moment, since I've come back, there's a new psychologist here who I'm finding it very good to talk to. But within the restraints of this establishment, it's a bit put on hold. So, I had a meeting yesterday, and I've asked if I can actually maintain that therapeutic relationship with her when I leave. And it's actually my choice to stay. But there's a catch because she's private, and it would mean funding, and if there isn't any funding, I won't be able to see her.*
>
> [Female, aged 15, secure children's home]

Funding had also been withdrawn by the primary care trust at another unit, and the future of their specialist counselling service was uncertain.

Substance misuse services

The high number of females reporting both drug use and potentially problematic alcohol use emphasises the need for adequate substance misuse treatment in custody. In this study, only 40% of females were asked at the police station if they wanted to see a substance misuse worker. Only 41% of girls and 37% of boys reported that they had 'been asked for [their] views on what would be the best approach' to stopping their drug or alcohol use. Similarly low numbers of young offenders had been asked for their views on what assistance they would need after release (females 40%; males 37%). Service-user involvement is a key tenet of clinical governance (Department of Health, 1999), but this data suggests that some young women do not feel they have an input into their own substance misuse treatment. Further analysis revealed that five young women who were not offered help for after their release, asked for it while in custody, and five further young women, who were also not offered help, asked for it at the time of their release. This suggests that substance misuse services are failing to capitalise on some young women's desire to address their problems. However, we must remember that the numbers involved in the sample here were very small.

According to the Services Audit Survey responses, 100% of units screened young people for drug and alcohol problems. Yet it appeared that young people did not see this as 'helping' them to reduce or stop their drug and alcohol use. Individuals, and especially females, were generally reluctant to ask for help with substance misuse problems while in custody: 20% of females and 43% of males asked for help ($X2 = 13.91 (1, n = 419) p<.001$). This was also a common theme in interviews with all young offenders. It is possible that young women's reluctance to seek help from secure establishment staff stems from their distrust of authority figures. As one female explained in a focus group:

> *…I know I've got a problem with people in authority, the government, things like that, and I don't trust people like that, and it's a lot of people like the officers and*

obviously like staff and teachers that you don't trust, so obviously you need someone to come in that's totally confidential.

[Female, aged 17, YOI]

Their reluctance may also stem from the non-participatory methods used in substance misuse education within the secure estate. The teaching methods used in group work may not engage the interest of young women. The comments on substance misuse education from offenders in a YOI showed that they felt like passive recipients of the education, with too much 'chalk and talk' and too little active engagement in either role-play or discussing substance misuse issues from the perspective of young people, as can be seen by the following comment made during a focus group at one YOI:

We just have to sit down, shut up and listen.

[Female, aged 17, YOI]

These young women wanted to take a more active part in substance misuse education, as they had in their schools:

We used to watch movies and talk about what happened in the movie, and what went on and talk about it. We used to act it out, like plays about us doing drugs, you know, fun things! We learned more from it rather than just sitting down and watching any random person copying it down on paper.

[Female, aged 17, YOI]

Those who had made a commitment to themselves to change their substance misuse felt frustrated by the limited help on offer by staff:

…and when you do come in, and there's no drugs, they give you medication. They don't listen to you when you say it's not help[ing], *you want more.*

[Female, aged 17, YOI]

Many young women did not feel involved in the decision-making process about their care. It was not just that they felt that their views were not being listened to – they felt that their views were not even requested. For example, one young woman was to be placed in her mother's care on release:

It is annoying. There's some new one [worker]*…New Zealand, I think she's from. I've only seen her once, and she's starts telling me, 'You're going to live with your Mum when you get out,' and I don't really – I've never spoke to her – I went to my meeting, and she's like 'You're going to live with your Mum'. I ain't lived with my Mum since I was 14, right, and this woman come from nowhere and she's like 'You're going to live with your Mum when you get out'. She ain't come and had a chat with me, so she gets to know me. She just thinks she knows everything.*

[Female, aged 17, YOI]

Only 12 females had any specific ideas about the type of help they wanted, such as assistance with anger management, housing or how to refrain from taking drugs in social situations. Many young women had insight into how they might be helped to remain off drugs and alcohol when they left custody:

Another thing they should work on is confidence, 'cause if you don't feel confident about something you're more likely to give in.

[Female, aged 17, YOI]

Research from the USA has emphasised the importance of changes in self-esteem as a contributory factor to female adolescent offending (Miller et al., 1995). The authors concluded that better training and assessment procedures are needed to redress the imbalance in understanding and treatment between male and female young offenders.

However, there are indications that the most problematic substance misuse by females is being identified and addressed by treatment services, as females are significantly more likely to be offered detoxification medication in custody than males (females 20%; males 4%, X2 = 22.35 (1, n = 393) p<.001). The finding that 92% of females in this sample who were offered detoxification medication were satisfied with their treatment is promising.

There were only two areas of treatment where significant differences in provision according to gender were observed. These were:

1. counselling for personal problems, where there was greater provision for females than for males (females 30%; males 13%, X2 = 11.81 (1, n = 393) p<.001)
2. drug testing, which females were less likely to receive than males (females 25%; males 52%, X2 = 16.41 (1, n = 393) p<.001).

Literature in the past decade has pointed out that females have different treatment needs and that gender-specific treatments should be offered (Espelage et al., 2003; Smith and Smith, 2005). In the secure estate, counselling for personal problems was positively received, with the majority of females were satisfied with their treatment (75%). However, females were significantly less satisfied with group work than their male counterparts (females 53%; males 77%, X2 = 6.26 (1, n = 85) p<.05). Females were also less likely to be satisfied with their drug and alcohol counselling (females 53%; males 75%, not significant). It is possible that the potentially confrontational approach often taken in group work is not suited to females. The gender of the staff leading the sessions may also have some effect: 16 females in the interview sample said they would prefer to work with a female drug worker, while 12 said it would not matter. Some staff also thought that young women might respond better in one-to-one substance misuse sessions, if they were presenting different needs to boys. For example, one substance misuse practitioner commented:

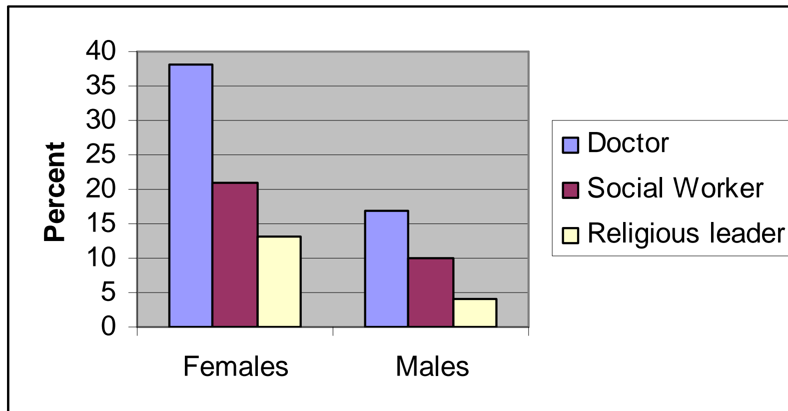
> *I would perhaps say, if you've got girls' needs and boys' needs, that could be addressed more perhaps on a one-to-one anyway, rather than group.*
>
> [Substance misuse practitioner, female estate].

The help in custody most commonly offered to both genders was advice from a drug or alcohol worker (females 54%; males 53%), with the majority of recipients being satisfied with that advice (females 79%; males 81%). In interviews, 13 out of 39 females felt that their alcohol and drug use had been addressed through their YOT, but only three of those individuals said it had helped them.

There were no significant gender differences in young offenders' views about the easiest person to talk to about their substance misuse problems. Both males and females stated that the secure establishment-based drug/alcohol worker was the easiest to talk to (females 29%; males 38%, not significant).

Figure 7.1 shows which staff females (and males) in custody talked to about their drug or alcohol use. The figure could indicate that young females were more likely than young males to talk about their substance misuse.[52]

Figure 7.1: Who young people talked to about substance misuse



Gender discrimination

Few young women thought they had been treated differently in custody because of their gender. In interviews, only eight out of 39 females felt that they had been treated unfairly or differently while in custody. Only one comment was explicit about gender issues:

> *Some male officers don't knock when entering a room, or leave the flaps open when we are getting changed.*
>
> [Female, aged 17, YOI]

Most young women who commented seemed to be concerned about different treatment due to having committed self-harm, or suffering prejudice because they were a heroin addict. There was only one other negative comment in interviews about being treated differently as a female, and that was a complaint about the gender stereotyping in the provision of training, for example, only providing hairdressing and IT training for females.

Black and Minority Ethnic young offenders

Despite Government concern over the needs of BME offenders in relation to substance misuse treatment, targeted treatment services for BME groups were still generally in their infancy (Fountain et al., 2003).[53] Evidence from research leads to the recommendation that treatment services should be culturally and religiously appropriate for BME groups, and that practitioners should be culturally competent (Patel and Wibberley, 2002).

A meta-analysis of international research into programmes designed to combat juvenile delinquency found that generic programmes (open to all ethnic groups) were just as

[52] Doctor: chi-square significant $p<.01$; social worker and religious leader: chi-square significant $p<.01$).

[53] The Government's 10-year drug strategy aims to ensure that minority groups have access to appropriate services. Further information about the Tackling Drugs Changing Lives strategy is available online at: www.drugs.gov.uk.

effective at reducing delinquency as culturally-specific models, so one must be cautious not to overstate the impact that tailoring services to different ethnic groups can have on programme success (Wilson et al., 2003). Some research has demonstrated that any correlation between ethnicity and substance misuse may be spurious, as other variables – such as deprivation and social exclusion – are often more powerful explanatory factors (Patel and Wibberley, 2002). There are, however, discernible patterns of drug use among people of different ethnic backgrounds. An awareness of these can help treatment services to be targeted more effectively. It is also possible to identify a number of barriers to accessing treatment services that are specific to particular ethnic groups.

Ethnic characteristics of the sample

The ethnic composition of the sample of young people considered during this study is shown in Table 7.2. Because the sub-sample sizes for different ethnic groups were small, findings for the BME sample as a whole will be compared with those for White offenders. Of the young people in the sample, 141 classified themselves as BME.

Table 7.2: Ethnic composition of the sample

Ethnic group	%*
White	71
Black	14
Mixed race	8
Asian	3
Other	3

*Because percentages have been rounded off, figures do not total 100% exactly

Education

BME offenders were less likely to be excluded from school (BME 55%; White 64%) and more likely to have still been in secondary school before custody (BME 18%; White 11%), but these differences were not statistically significant.

Aftercare

There were no differences in the percentages of BME and White offenders being offered RAP (BME 24%; White 24%). From the sample, 31 BME offenders said that they had been offered RAP (slightly more than the young people on remand), of whom 22 accepted. The main reason given for not accepting was that the offender neither wanted help nor wanted to work with others.

Housing

About 16% of BME offenders did not know where they were going to live when they left custody (15% of White offenders responded similarly), with another 16% stating that they planned to live with an unspecified person (i.e. not close family). This suggests that, in common with young people on remand, BME offenders need help with housing on release, and sufficient help is not currently being provided.

Ethnicity and patterns of substance misuse

According to previous studies, overall levels of drug use are generally lower among people from a BME background than among those from a White background (Leitner et al., 1993; Ramsey and Spiller, 1997; Parker et al., 1995). In Galahad SMS Ltd's 2003 research for the YJB, 64% of Black respondents said they had used an illegal drug in the

last 12 months, as did 68% of Asians. This compared with 88% of White respondents and 95% of mixed-race respondents. Similar cultural patterns of drug use were also observed in the community at large in the British Crime Survey, in which it was reported that 18% of Black and 9% of Asian respondents aged 16 to 24 had taken an illegal drug in the last year, compared with 32% of White people and 33% of those from a mixed ethnic background (Home Office, 2002).

The pattern of substance misuse in this current sample was, at first glance, similar to previous studies. Significantly fewer BME offenders reported:

- using drugs in the past year (BME 71%; White 83%, significant $p<.01$)
- potential problem drinking (BME 40%; White 74%, significant $p<.001$)
- binge drinking (BME 59%; White 86%, significant $p<.001$).

However, analysis of the young people's self-reported problematic substance misuse, as determined by using the ASMA tool, showed that there were no differences according to ethnicity in either the extent of at-risk behaviour (BME 38%; White 36%, not significant), or the extent of problematic substance misuse (BME 40%; White 46%, not significant). This finding raises doubts about the accuracy of the self-reported use of drugs and alcohol information given by BME respondents in response to earlier questions/surveys: it is possible that they were reluctant to acknowledge their use of specific substances when directly asked, but perhaps more likely to give accurate answers to the less direct ASMA survey questions.

Previous research has identified specific types of drugs that tended to be used by BME groups. Though similar levels of cannabis use were reported across the different groups, problematic use of crack cocaine was greater among offenders from a Caribbean background (Home Office, 2002), and as many as 85% of Black and Asian offenders in custody used crack in the year before being sentenced to custody (Borrill et al., 2003). Lower levels of hallucinogenic drug use were reported among Caribbean people than among Whites, and Asians were found to be less likely to inject opiates than White offenders (Sangster et al., 2002).

Findings from this present study reflect the similar levels of cannabis use by all offenders that were observed in previous research (BME 70%; White 78%, not significant). Also in common with the findings of previous research, BME offenders in this study were significantly less likely to report using all other types of drugs, including crack, compared with White offenders, though some of the sub-sample sizes were too small to allow for any confidence in the statistical differences observed. These findings should be treated with caution because of their incompatibility with the ASMA scores for problematic substance misuse, noted above. Self-report methods for determining substance misuse should not be too strongly relied on. There is also evidence that a certain stigma is attached to substance misuse in some BME communities, which may also have an impact on any assessment of drug use (Patel and Wibberley, 2002).

Though previous research has identified different patterns of both drug use and access to treatment for women from BME groups (Borrill et al., 2003), it was not possible to examine this in this study due to the very small numbers of young women from BME groups in this sample (n = 18). Similarly, due to the small numbers of Asian offenders in this sample (n = 13), it was not possible to determine how their substance misuse compared with previous research.

Cultural differences did not appear to affect peer group dynamics in terms of young people being introduced to illegal substances. Friends of a similar age (43%) or older friends (35%) were the most common groups to introduce illegal drugs to BME young offenders – this is comparable with the figures for this area for White young offenders.

Substance misuse and mental health

Although this study did not access medical records, respondents answered a number of questions about the impact of substance misuse on their health. There did not seem to be any differences between the ethnic groups in terms of whether offenders used drugs because they felt bored, anxious or lonely (BME 43%; White 45%, not significant), or whether they felt irritable, anxious or depressed if they did not use drugs (BME 36%; White 45%, not significant). This data suggests that those from BME groups are just as likely to self-medicate with drugs as those from White groups, and it reinforces the suggestion that the ASMA scores are a better indicator of substance misuse than the self-reported figures for using specific drugs.

There has been no indication from previous research that BME offenders are more at risk of self-harm and suicide. Certainly, the figures from this study are remarkably low for BME offenders in this respect: only nine BME offenders reported that they had previously overdosed, and of these, only two said that the overdose had been deliberate. However, the finding may be a feature of this sample only, and it would therefore be premature to extrapolate from this that the BME offender population is at lower risk of suicide and self-harm.

Different treatment needs

Recent research in the UK (Borrill et al., 2003) and the USA (Belenko et al., 2004) suggests that substance misuse services for BME offenders need to be developed that are sensitive to racial and cultural differences in patterns of substance use, treatment needs and racism. Research has already highlighted unwillingness within the British Asian community to engage with any substance misuse service provision (Dar et al., 2002), as well as negative perceptions of substance misuse provision, with this provision being seen as insensitive to religious, cultural and social issues affecting BME communities (Bakshi et al., 2002).

Treatment needs and service provision for the sample

Due to the small numbers of Asian young offenders in this sample, it was not possible to examine their specific treatment needs using quantitative methods. Taking the BME sample as a whole, there was no significant difference found between the number of BME offenders and the number of White offenders who had asked for help with substance misuse in custody (BME 43%; White 37%, not significant). There were also no differences between the two groups in terms of the substance misuse services that the young people most commonly reported being offered in custody:

- advice from a drug/alcohol worker (BME 55%; White 53%)
- drug testing (BME 46%; White 47%)
- drug and alcohol education classes (BME 39%; White 48%).

Throughout the secure estate, these seem to be the services most frequently accessed, and BME offenders were as satisfied as White offenders were with the delivery of these three services. It was not possible to determine whether substance misuse interventions were delivered in a culturally sensitive way.

Despite the similarities in provision for White and BME offenders noted above, there were significant differences between the provision for these groups in terms of three particular substance misuse interventions. BME offenders were significantly less likely to report receiving an assessment for alcohol use (BME 21%; White 37%, p<.01), which may reflect a difference in the perceived need for this service. BME respondents were also significantly less likely to receive group work interventions (BME 17%; White 30%, p<.01) and counselling for personal problems (BME 6%; White 20%, p<.001). Further analysis was conducted to identify the specific units in which respondents were located, in case services were not offered because they were not available. Table 7.3 shows the location of the majority of BME offenders who were less likely to receive these three services.

Table 7.3: Units where BME young people were less likely to be offered certain substance misuse services

Service and unit name	White young people (n)		BME young people (n)	
Group work	**Offered**	**Not offered**	**Offered**	**Not offered**
Feltham YOI	6	6	0	20
Huntercombe YOI	3	15	1	14
Warren Hill YOI	24	27	8	14
Assessment of alcohol use				
Feltham YOI	3	9	5	15
Huntercombe YOI	11	14	5	10
Warren Hill YOI	23	25	8	16
Hassockfield STC	1	26	0	5
Counselling for personal problems				
Feltham YOI	3	9	1	19
Huntercombe YOI	1	24	1	14
Warren Hill YOI	13	38	1	23

From Table 7.3, it appears that some units (particularly Feltham YOI) were less likely to offer certain substance misuse and related services to BME offenders. Unfortunately, the research team was not allowed access to young offenders at Feltham, so there is no data from interviews or focus groups to determine why access to services was different. It is understood from responses to the Services Audit Survey that units were required to monitor their treatment provision by ethnicity, to address any inconsistencies and to disclose whether there was a lack of engagement from any group. It would be interesting to know whether those units that were less likely to offer certain substance misuse and related services to BME offenders identified a lack of engagement from ethnic groups.

Some staff considered monitoring of ethnic groups a key task to ensure equality of access not just to programmes, but also to jobs/privileges within the secure establishment, as the following comment illustrates:

> *Because if you're on the servery, you actually get the food and you give more to your mates. So, say all the four servery workers are from* [unit name], *they make sure all*

the [unit name] *lads will get extra or their mates will, and so that would lead to conflict, or it could do. That's why sometimes it's important to monitor it, because it can happen quite subtly without you even realising it.*

[Education manager, YOI]

In the secure estate, targeted work with BME groups was not generally evident. Ashfield YOI was unique among case study sites in contracting in a community-based group specialising in BME issues:

We were working closely with 'Nilaari', who are a Black and ethnic minority service delivery group from Bristol. So they would come in and run purely black and ethnic minority groups.

[Substance misuse manager, HMP Ashfield]

Staff in a few establishments reported frequent fluctuations in BME populations as a result of shifts in population within the secure estate. Such changes in population made it difficult to predict demand for specific workshops or targeted work.

Unlike in the community, at case study sites there was no evidence of needs assessments or substance misuse focus groups exploring the specific needs of BME young people. There was generally a low level of confidence among staff as to how the needs of BME young people should be addressed.

BME issues in the community

There was variation in the way that BME issues were dealt with by community substance misuse teams.

The aim of outreach work was described as facilitating links with mainstream services and demystifying service provision. In Brent, Aylesbury and Waltham Forest, outreach workers and community workers proactively targeted hard-to-reach BME populations. In addition, the Drug and Alcohol Action Team manager in Brent drew attention to the role played by a BME-specific mentoring scheme. This scheme attempted to raise the aspirations of young people who were stuck in substance-misusing lifestyles and who also saw themselves as having few opportunities to leave old patterns of behaviour behind.

In Brent and in Aylesbury, partnerships had been established with specific Minority Ethnic community organisations to ensure responsiveness to need, encourage engagement, and promote substance misuse work.

There was a certain amount of co-ordinated activity in Aylesbury that was designed to investigate the needs of the local BME population. Local Drug Action Team managers in Aylesbury were funding a needs assessment of Asian young people in the High Wycombe area of the county. This needs assessment was designed to improve understanding of the prevalence of substance misuse among young BME people. In addition, a multi-disciplinary working group focused on the needs of the local travellers' community. This group was attended by the local drug education consultant and substance misuse specialists.

In contrast, in other case study site areas there was little evidence of such planning. In Swansea, for example, (where staff reported a very small BME population) there was little sign of any such activity, although plans were underway to complete a needs assessment of the local young BME population within 12 months.

Barriers to engagement

Research has shown that BME young people tend to access fewer drug services than White young people (Sangster et al., 2002; Bakshi et al., 2002). Stereotypes, such as the view that drug use and dealing are endemic among the Black community, or the belief that racism is institutionalised within the Criminal Justice System, can have a damaging effect on service provision and take-up of services (Nacro, 2001).

The findings reported here reflect the findings of previous research in that BME offenders accessed certain substance misuse services in the secure estate significantly less than White offenders. Analysis of the data from quantitative surveys and interviews revealed that BME offenders were significantly more likely to want help that they had not been given, either in custody or on release (BME 29%; White 18%, significant $p<.05$). Though few respondents specified the help that they wanted, the three needs most commonly reported were for assistance with life skills, substance misuse and accommodation. Both White and BME young people most commonly cited a secure establishment-based drug/alcohol worker as the person they found the easiest to talk to about drug or alcohol issues (BME 39%; White 31%, not significant).

Racism

Experiencing racism in society and within organisations can lead to the expectation of experiencing racism within other organisations (Sangster et al., 2002). There was some evidence from BME respondents that they perceived there to be racist attitudes in the secure estate. In interviews, 39% of the 69 respondents from BME groups said that they felt they had been treated differently because of their cultural or ethnic background. However, this should not necessarily be interpreted as entirely negative, as some of the comments showed that racist attitudes did not necessarily arise within the secure estate but in the community outside their unit, and some comments were favourable, i.e. offenders were treated better because of their ethnicity. However, there was some disturbing evidence from offender interviews of racist behaviour by staff and other inmates. For example:

> *One of the lads,* [name]*…what they did with him was, he stood up, and someone said, 'You nigger' or something like that…and we thought 'What the fuck's going on here?'…So we turned around and told the gov, and he didn't do nothing…One of the govs said something (I can't remember what exactly…), and he* [name] *started crying and the gov just jumped on him. I'm being serious. The gov actually jumped on him and put him in his cell.*
>
> [Asian male, aged 18, YOI]

A common complaint from BME offenders in interviews was the tendency for staff to enforce stricter discipline on them than on White inmates. The young people gave other examples of perceived racist incidents, either caused by other inmates or staff, which BME offenders found offensive – but said that when they complained, they were ignored. The evidence suggests that, in some units within the secure estate, racism is not being tackled, which may lead to a culture in which such behaviour is tacitly tolerated. Some young offenders who had been to more than one unit thought that racist behaviour was less acceptable in smaller units because it was more visible, whereas in larger units, racist behaviour was easier to ignore due to lower staff/inmate ratios:

> *Not here. Because it's compact, you get to notice very easily, and there's nothing happening here. Everything's all right. Everyone's just chilling. We get along. Everyone's cool, but at* [name of unit] *things happen. Too many things that don't get*

noticed. That's the thing, but here it gets noticed, but no-one says nothing or does nothing…At [name of YOI] *no-one gives a shit to tell the truth. No-one cares there.*

[Asian male, aged 17, YOI]

Cultural sensitivity

Findings from the Services Audit Survey show that most units were aware of the different cultural, religious and language needs of BME young offenders, and took steps to ensure that those needs were met. This usually took the form of practical initiatives, such as making information available in different languages or giving consideration to religious practices. For example:

To maintain their cultural needs/traditions, e.g. Halal food, Koran, prayer mats. To be allowed to continue to practise their religion. We have a diversity manager who is constantly looking after the needs of ethnic backgrounds.

[Substance misuse manager, STC]

These practical considerations for diverse cultural needs were appreciated by ethnic young offenders, though there was a perception that such consideration was not given in secure units:

Like YOIs, they have more Black products for people. Food, they got more things to suit if you're Asian or if you're Black or Muslim, Hindu, Jewish. But in secure unit it's just everything for everyone. It's more organised in here.

[Black male, aged 14, moved to a secure children's home]

Not all units were considerate of language barriers for families. For example, one young offender observed the following incident at visiting time:

One lad's family came in on a visit and…his mum couldn't speak English. She could a little bit, but it's better her speaking her own language. What they did straight away was, they turned around and said to him, 'Can you stop speaking another language?' in front of everyone in the room…and he said 'Why? Why do we have to? My mum doesn't understand it?' and they were like, 'Well, we don't understand it, so you have to speak English'…And he had to speak to his mum in English for the whole visit, two hours, and his mum didn't really understand.

[Asian male, aged 18, YOI]

Such incidents could lead to a perception that care services in general are for White English-speaking offenders. There is previous research evidence showing that a distrust of 'White agencies', or services perceived to be run for and by White people, inhibits BME offenders from engaging with substance misuse services (Wilson and Moore, 2003).

Staff from Black and Minority Ethnic groups

The lack of BME staff in substance misuse services within secure establishments has been considered a barrier for BME offenders in taking up services, especially rehabilitation services (Borrill et al., 2003). In interviews conducted for this research, 53 BME young offenders were asked about their preferences concerning the ethnic mix in custodial care. The vast majority (84%) did not express a preference for living in units with offenders from the same background and only a quarter (26%) expressed a preference for working with a member of staff from the same ethnic background to talk about personal problems – although for this sub-group, it was an important issue:

Yeah…like I was talking to a Black boy who's on my wing and he doesn't feel safe talking to people like that (like a White person) because they don't understand his background.

[Asian male, aged 17, YOI]

The majority, though, (74%) said that the ethnicity of staff did not matter when it came to talking about their problems:

It wouldn't matter. I don't care about backgrounds as long as she understands what I say.

[Black male, aged 16, YOI]

Very few BME offenders (2%) expressed a preference for working on their problems with a group of offenders from a similar ethnic background. A sizeable number (57%) said the ethnic mix of the group would not matter, though a quarter (26%) expressed a preference for one-to-one work with a member of staff rather than group work. It was nevertheless reassuring to find that some secure estate staff were aware of these potential sensitivities and tried to manage the ethnic mix of group work.

Admission or awareness of needs

The ASMA scores of BME young offenders show results that are different from their self-reported use of specific substances, and from their answers to questions on self-medicating with alcohol and drugs. Denial of substance misuse or fear of admitting need for substance misuse services has been well documented among BME young offenders (Borrill et al., 2003). Interviews with BME young offenders revealed evidence that considerable stigma is attached to drug use in certain cultures:

I was smoking weed for about a year on the sly from my family…None of my family smoke drugs or do drugs…Well, I had a cousin who was on heroin and his father locked him in a container for four weeks and made him go cold turkey. He gave him his food and all that until he hung up.

[Traveller, male, aged 17, YOI]

Reassuringly, interviews with staff provided evidence that most were aware of the stigma and denial of substance misuse in certain cultures, and took account of this in the provision of substance misuse services to BME offenders. For example, one substance misuse manager commented:

So we have got young kids (Muslims) who are using alcohol that parents clearly become aware of in the process, and so then that has to be managed because it comes as a shock to Mum and Dad.

[Substance misuse manager, YOI]

Further evidence of denial was observed in the smaller number of BME offenders who sought help to reduce their substance misuse when they left custody (BME 35%; White 48%, X2 = 5.45 (1, n = 390) p<.02). This suggests that a more proactive approach to substance misuse management may be needed with BME offenders.

An encouraging example of a proactive approach was found at Warren Hill YOI, where 11 male offenders (of whom four were BME) reported that they were all allocated a substance misuse worker when they arrived, and that everyone was required to attend the substance misuse programme, regardless of whether they had been on drugs. Offenders had positive reactions to this inclusive approach, because, as everyone had to

do it, no one was singled out for substance misuse education. Such an inclusive approach may help to overcome the effects of stigma in BME communities about substance misuse.

Young people detained under sections 90/91

Sections 90 and 91 of the Powers of Criminal Courts (Sentencing) Act 2000 provide for young people (aged under 18 at the time of the offence) convicted for 'serious' offences (for which an adult could receive at least 14 years custody) to be detained at Her Majesty's pleasure. These sentences can only be given by the Crown Court (Home Office, 2000). There is very little literature that details the specific characteristics and needs of serious young offenders detained under sections 90/91. It remains to be fully investigated whether or not these young offenders differ from other young offenders in terms of their needs for substance misuse treatment, education and healthcare. The following analysis presents the most detailed evidence to date in addressing these issues.

Characteristics of young people detained under sections 90/91

The sample of young offenders detained under sections 90/91 ('serious offenders') in this study consisted of 89 young people. Most of these young people were aged between 16 and 18 (81%; total age range of sample: 12 to18). The majority were male (78 males; 10 females; 1 unspecified) and White (n = 53), therefore gender and ethnicity will not be analysed separately.

Education

This group of serious offenders was significantly less likely to have been either permanently or temporarily excluded from school than offenders sentenced for less serious crimes (serious 47%; minor 65%, $X2 = 9.84$ (1, n = 470) $p<.05$), which suggests that school exclusion is a less powerful explanatory factor for their serious crimes.

Aftercare

Only a very small number of serious offenders had been offered RAP (n = 8), every one of whom had accepted. These figures are too small to draw definitive conclusions, but their unanimous acceptance of RAP is encouraging. As few individuals (10%) did not know where they were going to live after custody, housing appears to be a less significant problem for this offender group.

Substance misuse

Previous research has found higher levels of substance misuse among serious and persistent young offenders: 57% (Goulden and Sondhi, 2001) to 70% (Hammersley et al., 2003) of serious and persistent young offenders, compared with 49% of those who had committed minor offences (Goulden and Sondhi, 2001). This finding was not replicated in the current sample. In fact, significantly fewer serious offenders reported taking any drug in the past 12 months, compared with less serious offenders (serious offenders 52%; minor offenders 84%). Serious offenders were also more likely never to have taken drugs at all (serious offenders 48%; minor offenders 16%, $X2 = 7.6$ (1, n = 486) $p<.001$). Due to a considerable amount of missing data on the length of sentences, it was not possible to determine whether the findings concerning drug use during the past 12 months were due to offenders having been in custody over the previous 12 months, hence 'artificially' reducing their drug use. For this reason, drug use prior to

custody was examined. The pattern for which drugs were used most prevalently was the same for both offender groups, with serious offenders still reporting slightly lower drug use than minor offenders. The three drugs used most prevalently were: cannabis (serious offenders 77%; minor offenders 83%, not significant), ecstasy (serious offenders 32%; minor offenders 46%, X2 = 29.04 (1, n = 485) p<.02) and cocaine (serious offenders 32%; minor offenders 36%, not significant).

Previous Galahad SMS Ltd research (2003) found that alcohol dependence was associated with crimes of violence against the person: 48% of offenders who admitted a dependency on alcohol had been sentenced for violent offences against the person. In the current sample of serious offenders, levels of problem alcohol use were similar to those of less serious offenders (serious offenders 60%; minor offenders 66%, chi-square not significant), though slightly fewer serious offenders reported binge drinking (serious offenders 72%; minor offenders 81%, X2 = 3.21(1, n = 405) p>.05).[54] Levels of self-reported problematic substance misuse, determined using the ASMA tool, were also similar for both serious and less serious offenders (serious offenders 42%; minor offenders 44%), though fewer serious offenders were in the 'lower-risk' category (serious offenders 28%; minor offenders 38%, X2 = 7.25 (1, n = 486) p<.05). To summarise, serious offenders reported fairly high levels of alcohol use, though these were slightly lower than those of less serious young offenders.

Substance misuse and health

UK research on young people convicted of homicide profiled these offenders as predominantly male, with a history of alcohol abuse, but less likely to suffer from a psychotic illness (Dolan and Smith, 2001). A Swedish study of sex offenders found that they displayed characteristics of language disorders, hyperactivity/inattention and neurological/neuropsychiatric disorders, but again, few were psychotic (Långström and Lindblad, 2000).

Although researchers undertaking this current study did not have access to medical diagnoses, they included a few questions asking whether offenders used substances to self-medicate for anxiety and depression. Few serious offenders felt depressed at the thought of not using alcohol while in custody (serious offenders 8%; minor offenders 10%, chi-square not significant). However, almost half of serious offenders appeared to use drugs to self-medicate: 41% reported using drugs because they were bored, lonely or depressed (similar to less serious offenders at 45%). A sizeable number also reported feeling irritable, anxious or depressed if they did not use drugs, though the figure was slightly lower than that for less serious offenders (serious offenders 36%; minor offenders 44%, chi-square not significant). The figures suggest that, contrary to previous research, few serious offenders in this sample used alcohol to self-medicate, though a considerable number appear to have used drugs to self-medicate.

Self-harm and suicide

From 1990 to 2000, 134 children and young people in the UK took their own lives in custody (Goldson, 2002). In the sample of young people detained under sections 90/91 that was considered for this present research, only 14% of these serious offenders

[54] The actual p-value in this case was p = .07, which is only just outside the critical level of significance. This could possibly be due to the small number of young serious offenders in the sample and could be a possible avenue for future research.

admitted that they had ever taken an overdose (compared with 17% for less serious offenders, chi-square not significant). Of these, four out of 10 said that the overdose was deliberate, which is similar to the proportion of minor offenders that said that they had overdosed deliberately (serious offenders 40%; minor offenders 32%, chi-square not significant). Though this sample is small, the data suggests that serious offenders are no more likely to attempt serious self-harm and suicide (using drugs or alcohol) than minor offenders.

Substance misuse services

Although in this study there were fewer serious offenders reporting substance misuse than minor offenders, there was still a considerable number of serious offenders reporting problematic substance misuse. As with minor offenders, only 35% of serious offenders remembered being asked at the police station if they wanted to see a drug worker. Further analysis of access to substance misuse services once in custody showed that serious offenders were less likely to be offered certain substance misuse services than minor offenders, as shown in Table 7.4.

Table 7.4: Substance misuse services where significant differences were present in how frequently these were offered to serious/minor offenders (n = 395)

Type of substance misuse service	Service offered to serious offenders (%) n = 89	Service offered to minor offenders (%) n = 397	Chi-square significance
Advice from a secure establishment-based drug/alcohol worker	37	57	p<.01
Assessment of drug use	24	40	p<.01
Assessment of alcohol use	19	35	p<.01
Complimentary therapies	8	18	p<.05
Detoxification medication	1	8	p<.05

Serious offenders were slightly more likely to be drug tested than minor offenders (serious offenders 56%; minor offenders 45%) but this was not statistically significant. For some serious offenders, access to substance misuse education and secure establishment-based drug/alcohol workers only followed a positive routine drug test:

> *The only reason I've really got to do it is because…they found the effects of cannabis in my blood, and I hadn't even been smoking it that day, but they found it in my blood.*
>
> [Male, aged 17, YOI]

Nevertheless, serious offenders were just as likely as minor offenders to receive drug and alcohol education classes (serious offenders 51%; minor offenders 44%, chi-square not significant) and drug and alcohol counselling (serious offenders 36%; minor offenders 39%, chi-square not significant). However, offenders in long-term custody did not feel that they had much of a say in their treatment, with only 38% reporting that they had been asked for their views on the best approach to help them to stop using drugs and alcohol. As with findings concerning female offenders, this data suggests that some serious offenders did not feel they had an input into their own substance misuse

treatment. This is disappointing, as 73% reported that they had considered making changes to their substance misusing behaviour while in custody.

Unfortunately, it appears that the considerable numbers of serious offenders who reported problematic substance misuse were not being offered the same range of substance misuse treatments as given to minor offenders, including the most prevalent service – advice from a secure establishment-based drug/alcohol worker. This oversight was doubly disappointing as the person most often described as the easiest person for serious offenders to talk to about their drug and alcohol issues was the secure establishment-based drug/alcohol worker (36%).

These figures suggest that substance misuse provision could go much further in capitalising on serious offenders' willingness and desire to change their substance misusing behaviour while in custody. Not doing so is a wasted opportunity, as serious offenders are in an ideal position to receive help, being removed from both their peer group (who most strongly influence substance misuse behaviour) and their often-troubled home life, in a safe and secure environment, surrounded by a comprehensive support network.

On a positive note, serious offenders were just as satisfied as minor offenders with the substance misuse services they were given access to. One of the few ideas given by young offenders on how to improve substance misuse education focused on staff attitudes:

> *…say a person comes in and is really enthusiastic and really cares about what you say. It will make all the difference, than someone who comes in and doesn't really care and isn't interested and is doing it because it's their job and for the sake of it.*
>
> [Male, aged 17, YOI]

A small number of serious offenders (n = 62) answered questions on self-report questionnaires about who had talked to them about substance misuse while in custody. The most commonly reported person was a secure establishment-based drug/alcohol worker, which is similar to responses from minor offenders (66% of n = 62). Though the sample size is small, serious offenders were significantly more likely than minor offenders to be spoken to by a:

- keyworker (serious offenders 18%; minor offenders 7%, X2 = 7.39 [1, n = 387] $p<.01$)
- psychologist (serious offenders 18%; minor offenders 6%, X2 = 9.48 [1, n = 387] $p<.01$)
- psychiatrist (serious offenders 16%; minor offenders 6%, X2 = 7.24 [1, n = 387] $p<.01$).

There was also an indication that they were also more likely to be spoken to by an education worker (serious offenders 15%; minor offenders 7%, X2 = 3.8 [1, n = 387] $p>.05$).[55] This suggests that perhaps the most problematic substance misuse by serious offenders was being picked up by specialist secure establishment staff, which is

[55] The p-value (p = .052) in this instance was only just outside the critical level of significance. This could possibly be due to the small sample of young serious offenders in the sample and could be a possible avenue for future research.

encouraging. One serious offender gave a particularly articulate description of how his views towards cannabis had changed in custody, from not wanting to change his use, to stopping completely:

> *I'm not the person to open up, but now I've thought about it, if I did, I probably wouldn't have used as much as I did. After speaking with the psychiatrist here, I've thought a lot about it (because they bring you up in stages up to your offence) and I was thinking that there was no need for it* [cannabis use].
>
> [Male, aged 17, YOI]

A common theme emerging from interviews with offenders in long-term custody was the importance of establishing trust before being able to talk through substance misuse issues. One of the positive aspects of being in a small unit dedicated to long-term offenders was the chance to get to know secure establishment-based drug and alcohol workers, to build a rapport with staff:

> *Basically this guy called* [name] *comes and sees me every month and sits and has a chat; talks about what's going on in the unit and some of the effects of cannabis and stuff…When I was at* [name of establishment] *you'd just get one person coming down, do an assessment on you and then you didn't see anyone, and then, if you did put in a request to see a drug worker every month, it was always a different person coming down every time, so you couldn't actually build a relationship with someone – someone you could trust and talk to.*
>
> [Male, aged 17, YOI]

Influence of unit size

A number of interviews were conducted with offenders in long-term custody in a small dedicated unit. They were asked their views on how the unit compared with other units in the secure estate. The transition to a less disciplined, more intimate environment required a period of adjustment.

Once they had made the adjustment and learned to get along with others without fighting, their views were quite positive:

> *At* [name of unit] *the atmosphere was always just fighting, because in different units people say, 'When I see you, I'm gonna beat you up.' But here you're on the same unit, so you can't go round saying I'm gonna beat you up…Here is a small environment where everyone speaks to each other, it's like happy neighbourhoods, that's how it is.*
>
> [Male, aged 16, YOI]

Other positive aspects described by the young people about being in a specialist unit were better access to education, a more pleasant environment (particularly for family visits), and more than four hours a day out of their cells.

Provision of education

Previous research and the findings from this study have shown that many young offenders have either been excluded from school or left school with few qualifications. Education provides a vital positive step towards gaining employment and reducing recidivism (House of Commons Select Committee on Home Affairs, 2005). This is especially important for young male offenders, as employment is closely linked to positive self-esteem (Banks and Jackson, 1982). The degree of hope young offenders

held about their futures was observed by a member of staff as one of the key differences between male and female offenders:

> *I actually find boys have no hope. That's the most stark and obvious thing, whereas with the girls they can see a future. They want a home. They want a family…They want to build a nest and find their own place and their own place in the world, whereas with boys everything is just 'There's no hope'. There's no future. The only way that they can get somewhere is to beat somebody up or rob somebody. And that's what I find the hardest, that there's no hope.*
>
> [Health worker, YOI]

In custody, education was seen by young people as a means of improving their chance to make a better life and to provide hope for the future. Young offenders themselves were well aware that without a job or some alternative to crime, they would soon return to the Criminal Justice System on release:

> *Say you've got nothing to go out to, that's when people go back into drugs – not even drugs – just go back out and start committing crime again. I've seen this with a mate. He* […] *did six months in Feltham, came out and was a totally changed person for about three or four months. He was out flying, then all of a sudden, he realised that he didn't have anything, and he was taking everything, driving, fighting. Every crime, he's probably done it.*
>
> [Male, aged 17, YOI]

One of the most encouraging themes from interviews with serious offenders was that many realised that their new educational achievements and career ambitions were a direct result of completing education and training within the secure estate. Not only had young offenders gained GCSEs, but at least three of these offenders in long-term custody were hoping to gain a degree.

These young people's positive aspirations for the future and their educational accomplishments were not just due to the provision of educational facilities, but also to the positive and supportive attitudes of the secure establishment staff. For example, one young offender with ambitions to become a fitness expert said:

> *They realised that I'm good at running. They realised that I'm good when I don't take drugs. They realised that I'm a funny person. They realised that I've got a good attitude towards life, and they just said that I could do something, rather than not do something, basically. They just helped me.*
>
> [Male, aged 17, YOI]

Transfer issues

A number of issues raised in interviews were related to the process of transferring from one unit to another. Given the vital importance of education to reducing the risk of recidivism, it is disappointing that transfers were sometimes made in the middle of a course, preventing completion, as this conversation illustrates:

> Researcher: *Did you want to go back to college or anything after you're released?*
>
> Young person: *Yeah, yeah. I want to do woodwork. I did woodwork in* [name of unit] *innit, but I didn't get to finish. I did a woodwork course.*
>
> Researcher: *Why didn't you get to finish?*
>
> Young person: *I came in here.*

[Male, aged 17, YOI]

The lack of adequate communication between staff and offenders concerning transfers was another issue that emerged. Although the transfer process proceeded smoothly for the majority of offenders, more than one offender was upset with the lack of information and consultation:

> *That's what I'm saying, that I didn't know that when I get shipped from here I have to go to a lifer's jail; like a jail where they only take certain long-termers, and they didn't tell me that. I had to find it out from the next guy who's in the same boat as me, and it winds me up. They didn't tell me.*

[Male, aged 17, secure children's home]

Issues regarding the management of transitional arrangements from one unit to another are also discussed in the 'Community versus custody treatment' section of the 'Meeting needs effectively' chapter.

Resettlement

Offenders in long-term custody were aware of the considerable difficulties of adjustment that they would face when returning back to their families and the community once their sentence was completed:

> *I mean, the other thing is just actually getting re-adjusted with the outside world... You know, I'm used to being in a routine, so I think it's frightening, but it's also exciting as well.*

[Male, aged 17, YOI]

Some units were praised by offenders in custody for their sound practical advice on resettlement issues, but one or two units were criticised for not helping offenders in custody to transfer the education and skills they had obtained from their custodial training to the outside world. There was a mixed response to the assistance provided by Connexions and some serious offenders were not aware of the service. One serious offender complained that Connexions workers refused to visit him at the secure establishment:

> *Me and Dad have talked and I've spoken to Connexions. I've tried to get someone from Bournemouth but they won't come up and see me.*

[Male, aged 16, secure children's home]

Young offenders on remand

In the *National Specification for Substance Misuse for Juveniles in Custody* guidance (Britton and Hackland, 2004), it is recognised that the remand population may be more vulnerable to substance misuse, as these young people often do not have established links with YOTs or community services.

Young people on remand are considered 'vulnerable' due to a variety of factors and circumstances that they may have experienced or be experiencing, including (Goldson, 2002; Lader et al., 2000; Brookman and Pierpoint, 2003):

- poverty
- family discord

- history of public care
- drug and alcohol misuse
- ill-health, particularly mental ill-health, including self-harm
- emotional, physical and sexual abuse
- homelessness
- stressful life events.

It is also stated in the national specification that young people on remand should have the same access to substance misuse services as other young people, and that they may even require special arrangements if they do not have a planned release date. Another author (Thomas, 2005) has expressed concern that a lack of suitable custodial accommodation may prevent appropriate care.

Characteristics of the sample

The sample of young people on remand considered in this study consisted of 74 young people aged between 14 and 18. The majority were male (57 males; 17 females) and White (n = 51), so gender and ethnicity will not be analysed separately.

Education

Fifty-three percent of the sample said they had been permanently excluded from school before they came into custody and 47% said they had not. In common with other young offenders, the most prevalent reason given for being excluded from school was behavioural problems, such as fighting.

Aftercare

Fifteen young people on remand said that they had been offered RAP, of whom nine accepted and six declined. Few gave a reason for declining, but of those who did, it was simply because they did not want it.

Fifteen young people on remand did not know where they were going to live when they left custody, and another 11 were going to live with an unspecified person (i.e., not close family). These figures suggest that some young people on remand need help with housing on release.

Substance misuse

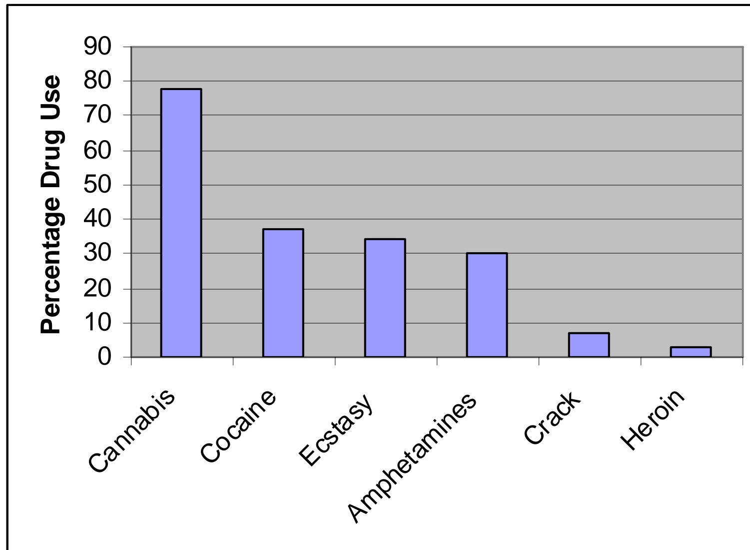
Previous Office of National Statistics survey data showed high levels of substance misuse among young people on remand (aged 16–20) in the 12 months before they went into custody:

- 62% of young males on remand reported hazardous levels of drinking
- 93% reported some drug use
- 57% reported a measure of dependence on drugs.

Also, 21% of young males on remand reported a dependence on heroin in the year before coming to a secure establishment (compared to 15% of sentenced young male offenders) (Lader et al., 2000). Previous Galahad SMS Ltd (2003) research for the YJB found that 88% of young people on remand had used illegal drugs in the last 12 months (compared to 85.9% of sentenced young offenders, an insignificant difference). Of these, 86% had used cannabis, 14% had used heroin and 26% had used crack.

In the current study, the findings were similar, with 84% of young people on remand reporting illegal drug use in the past 12 months (compared with 77% of sentenced young offenders, an insignificant difference). Figure 7.2 illustrates which drugs the young people on remand had used in this period. As with young people who had been sentenced, those on remand were most likely to have been introduced to drugs by a friend of the same age (53%) or an older friend (35%), which emphasises the importance of peer influences on young people who take up drug use.

Figure 7.2: Drugs most commonly used by young people on remand (current sample)



Levels of self-reported problematic substance misuse determined using the ASMA tool were also similar for both young people on remand and young people who had been sentenced (remand 51%; sentenced 43%, not significant). Similar levels of alcohol use were found to those reported in the Office of National Statistics survey. Young people on remand reported similar levels of problem alcohol use to those reported by young people who had been sentenced (remand 62%; sentenced 65%), and similar levels of binge drinking (remand 78%; sentenced 80%). To summarise, young people on remand reported high levels of substance misuse, though not significantly higher than sentenced young offenders.

Mental health

In a report by Her Majesty's Chief Inspector of Prisons for England and Wales (HM Inspectorate of Prisons and Home Office, 1997), 50% of young people on remand had a diagnosable mental disorder. More recent statistics from the Office of National Statistics (2000) show that 84% of young people on remand had a personality disorder and 51% of young men on remand had depressive symptoms (Lader et al., 2000). A similar prevalence of mental ill-health among young people on remand has been found elsewhere (Gosden et al., 2003).

It was not possible to obtain medical records for this study, but some of the questions posed during the research were aimed to find out whether individuals were using substances to self-medicate for anxiety and depression. The results show that young people on remand were slightly more likely than young people who had been sentenced to feel irritable, anxious or depressed if they did not take drugs (remand 54%; sentenced 41%, X2 = 6.88 (1, n = 442) $p<.05$), but there were no significant differences between young people on remand and young people who had been sentenced in the numbers taking drugs because they were lonely or depressed (remand 52%, sentenced 43%).

However, young people on remand were significantly less likely than young people who had been sentenced to report that not using alcohol made them feel depressed (remand 65%; sentenced 83%, $X2 = 9.53$ (1, n = 259) $p<.01$). These figures still suggest that at least half of young people on remand were self-medicating with substances prior to custody.

Self-harm and suicide among young people on remand

As reported earlier, from 1990 to 2000, 134 children and young people in the UK took their own lives in secure establishments; 54 of these (40%) were young people on remand (Goldson, 2002). In a sample of young males on remand in 2002, 40% admitted that they had considered suicide at some stage in their life (Lader et al., 2000). Goldson (2002) proposed that remand status can increase vulnerability to self-harm or suicide, particularly on a person's first night in a secure establishment and early in their secure establishment experience. One possible explanation for the high incidence of deliberate self-harm and suicide among young people on remand is the lack of places in local authority secure accommodation (Neustatter, 2002). Official guidelines state that a comprehensive needs assessment should be conducted for young people on remand to enable appropriate and timely care plans to be introduced (Hagell, 2002).

In the current sample of 74 young people on remand, only 13 (22%) said they had ever overdosed, and of those, only seven reported that it had been a deliberate overdose. Twenty-two young people on remand took part in face-to-face interviews in which they were asked whether they self-harmed or thought about harming or killing themselves, to which all replied "no". These are much lower figures for self-harm and attempted suicide than those from previous studies, which is encouraging for the YJB. One YOI (Wetherby) reported that it conducted overdose assessments on all remanded young people as its own example of best practice. This proactive approach to risk management is encouraging, and in compliance with the Mental Health Foundation's guidelines.

Substance misuse services

The significant number of young people on remand reporting problematic substance misuse reinforces the need for adequate treatment in custody. As with young females, only 40% of young males on remand had been asked at the police station if they wanted to see a drug worker. This figure improved slightly when offenders were in custody, with 47% being asked if they wanted help with drug and alcohol issues (compared to 42% of young people who had been sentenced). However, given the short stay in custody of young people on remand and the frequent absence of links between young people on remand and YOTs, it is of greater concern that only 28% had been asked for their views on what assistance they would need with drugs or alcohol after release (compared to 40% of young people who had been sentenced, $X2 = 3.25$ [1, n = 408] $p>.05$).[56]

There were only two substance misuse services that young people on remand were more likely to receive than young people who had been sentenced: drug testing (remand 58%;

[56] The actual p-value ($p = .07$) in this instance was only marginally outside the critical level of significance. This could possibly be due to the small sample of young people on remand and it is a possible avenue for future research.

sentenced 45%, $X2 = 3.75$ [1, $n = 395$] $p>.05$)[57] and advice from a secure establishment-based drug/alcohol worker (remand 70%; sentenced 50%, $X2 = 8.05$ [1, $n = 395$] $p<.01$) – though young people on remand were less likely to receive drug and alcohol counselling (remand 28%; sentenced 40%, significance $p = .08$). These figures suggest that young people on remand may only receive brief assistance with their substance misuse due to their transitory path through custodial care, and that they may miss out on the more intensive treatment services. Comments from staff reinforce the interpretation that there is insufficient time to assess and provide services to meet the needs of young people on remand.

In replies to the Services Audit Survey, premature release of young people on remand was given as a common reason why intervention programmes were not completed. In interviews, staff reported that, at best, young people on remand would receive some form of intervention, though some would not even be assessed:

> *I think the seven-day remands will just get a minimal intervention, and quite a lot wouldn't be assessed within the five days.*

[Substance misuse manager, YOI]

The lack of time available to help young people on remand during their time in custody also had a detrimental impact on the ability of staff to refer those with problems to appropriate care outside custody:

> *We try and do the quality work with the remand, but whether you've got the time to do it is another issue. I think there has to be some re-think on how that's managed nationally, because you pick a kid up and he's gone the next day, and that frustrates the staff because they know he's got some serious…issues* [which] *I'm not sure the rest of the Criminal Justice System is actually picking up.*

[Substance misuse manager, YOI]

Staff were well aware that they often failed to deliver to young people on remand, and that increasing numbers of young people on remand only compounded the issue further:

> *We are equipped to deal with about 68 remand prisoners. At the moment we have 104, which means we have difficulties in trying to house them, because each wing tends to be specialised in remand…it's impacting on the places that we have to put them in the establishment, so those people are going off their specialist wings.*

[Senior manager, YOI]

Due to the small numbers of young people on remand who reported receiving substance misuse treatment and gave satisfaction ratings, it was not possible to determine whether they were, statistically, any more satisfied with their interventions than young people who had been sentenced. The highest satisfaction ratings were given for drug and alcohol counselling ($n = 9$, 100% satisfied), hepatitis jabs, ($n = 17$, 82% satisfied) and advice from a drug worker ($n = 32$, 81% satisfied).

Further analysis revealed that, of the 48 young people on remand who reported wanting to change their drug or alcohol use, 26 had specifically asked for help while in custody.

[57] The actual p-value ($p = .053$) in this instance was only marginally outside the critical level of significance. This could possibly be due to the small sample of young people on remand and it is a possible avenue for future research.

However, not all of those who wanted to change their substance misuse were given the tools and treatment in custody to help them achieve this. The treatments (as opposed to testing and assessments) most commonly offered were:

- advice from a drug/alcohol worker (n = 42)
- drug and alcohol education classes (n = 26)
- drug and alcohol counselling (n = 17)

These figures show a considerable mismatch between the desire for substance misuse treatment by young people on remand and the actual help offered in custody.

Conclusion

Female offenders

Over half of the female offenders in the sample had been excluded from school, so this may be a contributory factor to their offending behaviour. Peer influences were the most prevalent means of introduction to illegal substances (females, 64%; males, 78%).

As found in previous research, a high number of young females in custody (83%) reported using drugs within the past 12 months. This study also supported previous research with the finding that females who were arrested were more likely than males to test positive for opiates, cocaine and crack (Bennett et al., 2004), though the actual number of females reporting use of crack and heroin was quite small. The four drugs most commonly taken were the same for both males and females (cannabis, ecstasy, cocaine and amphetamines). There were also no significant gender differences in the levels of problematic alcohol use, drug use, or indications that substances were being used to self-medicate for anxiety and depression. Nor were there any significant gender differences in self-reported problematic substance misuse, determined using the ASMA tool.

There was evidence that females are at greater risk of attempting suicide, which may have implications for their care in custody. Increasing awareness of the risks for self-harm and suicide should be incorporated into staff training, perhaps in a programme developed jointly between the YJB, Offender Health (a partnership between the Ministry of Justice and the Department of Health) and the Safer Custody Group.[58] Though service-user involvement is a key tenet of clinical governance (Department of Health, 1999), there was evidence in this study to suggest that teenage girls do not feel that they have an input into their substance misuse treatment or their care in general. On a more positive note, young females who were interviewed considered the secure establishment-based drug/alcohol worker to be the easiest person to talk to about substance misuse problems. Overall, there were few gender differences in relation to substance misuse, or in access to, and satisfaction with, substance misuse services.

BME offenders

At first glance, this research seemed to replicate the general finding from the literature review that accompanies this report of lower levels of drug use among BME people.

[58] For further information see:
http://www.hmprisonservice.gov.uk/prisoninformation/prisonservicemagazine/index.asp?id=9420,18,3,18,0,0

However, more detailed analysis of the data revealed that there were no ethnicity differences either in levels of at-risk behaviour or in problematic substance misuse on a clinical measure. White and BME groups were equally likely to self-medicate with drugs and alcohol. BME offenders appeared to be reluctant to accurately self-report specific substance misuse, possibly due to the well-documented stigma attached to substance misuse in BME communities. Reassuringly, there was evidence that staff members were aware of the stigma and denial of substance misuse in certain cultures, and took account of this in the provision of substance misuse services to BME offenders. A more proactive approach to substance misuse management may be needed with BME offenders.

There were three substance misuse services that BME offenders were significantly less likely to report receiving: assessment of alcohol use; group work; and counselling for personal problems. Further analysis showed that some units were less likely to offer certain substance misuse and related services to BME offenders. This emphasises the importance of quality control in reporting to ensure that access to substance misuse services is equitable across the secure estate. This should be investigated further as there may be a fundamental problem to be addressed in one or more establishments.

A number of barriers to engagement with substance misuse services were identified. Though racism was not found to be a prevalent issue, there was some evidence of perceived racist incidents, caused either by other inmates or staff, which BME offenders found offensive. A common complaint raised in interviews was that staff tended to enforce stricter discipline with BME offenders than with White offenders. In most units, staff members were aware of the different cultural, religious and language needs of BME young offenders, and took steps to ensure that those needs were met.

Young people detained under sections 90/91

The three drugs most commonly used by young offenders were the same for both serious and minor offenders: cannabis, ecstasy and cocaine. However, contrary to previous research, serious offenders were less likely to have taken drugs in the past 12 months, and fewer took any drugs at all, though a considerable proportion had used drugs to self-medicate. Serious offenders reported fairly high levels of alcohol use, though slightly lower than less serious young offenders. Although this sample is small, the data suggest that serious offenders are no more likely to attempt serious self-harm and suicide than those who had committed minor offences.

Unfortunately, the findings reveal that the considerable numbers of serious offenders who report problematic substance misuse were not being offered the same range of substance misuse treatments as was given to those who had committed minor offences, This applied to the most common service: advice from a secure establishment-based drug/alcohol worker. There was a shortfall between the number of serious offenders who wanted help and their access to Tier 2 and Tier 3 services. This was a missed opportunity, particularly as staff members had the opportunity to build up a long-term relationship with offenders, to build trust, and to help the young people change their substance misusing behaviour. However, there was evidence that the most problematic substance misuse by serious offenders was being picked up by other staff, such as psychiatrists, which is encouraging.

Although smaller specialist units presented social interaction challenges to young people in custody, interviews showed that the pleasant and more intimate environments of these units were appreciated and had a positive influence on the young people's

previously aggressive behaviour. The benefits of education and academic achievements gained in custody were common positive themes emerging from these interviews. Given the vital importance of education as a key factor in reducing recidivism, the organisation of young people's transfers to other units could be improved so as not to interfere with training and academic courses.

Young offenders on remand

At least half of young people on remand reported problematic substance misuse (determined using the ASMA tool). A large number of these young people wanted to change their patterns of substance misuse, but at best, the findings showed that the most common treatment was advice from a drug worker. A number of young people on remand who wanted help missed out on the vast range of possible treatments available in custody. Staff appeared to be well aware of their inability to meet the needs of young people on remand, due to the short time that young people on remand often spent in custody, and the high volume of such young people. Staff also drew attention to a lack of liaison between the secure estate and community substance misuse services, which may need a national initiative if it is to be resolved. On a positive note, fewer young people on remand reported taking an overdose compared to previous studies and none reported self-harm. Finally, other aftercare issues highlighted were a low take-up of RAP and a need for assistance with housing.

8 Identifying best practice

Introduction

The original goal for this section of the research was to identify, catalogue and describe examples of best and innovative practice in substance misuse programmes across all establishments of the secure estate. It was assumed that substance misuse programmes would fall into one of the following four areas:

- group work in Tier 1 to Tier 3 programmes
- structured one-to-one programmes
- detoxification programmes
- substance-related dual diagnosis packages.

The Prison Service Central Team, led by the Prison Service national substance misuse manager, was created in 2005 to support the introduction of the.Young Person's Substance Misuse Service. Through the work of this team, a number of specialist development groups were established to drive forward specific areas of practice and interventions in the YOI estate (HM Prison Service, 2006). Due to constraints on resources and time, an early decision was made by the Prison Services Central Team to concentrate on a structured one-to-one programme known as Better Choices, rather than on structured group work programmes. This one-to-one programme was being piloted throughout seven units. A substance misuse educational programme was also being developed and piloted during 2006, but YOI staff considered that this was at too early a stage of implementation for observation and effective evaluation. Most establishments where these packages were not being piloted have continued to deliver services primarily through one-to-one interventions, with a few existing programmes being continued.

For the substance misuse programme evaluation, promising programmes were to be identified in the case study sites areas and evaluated based on known best practice for young people in the fields of:

- substance misuse education
- effective substance misuse interventions
- detoxification
- resettlement programmes.

Examples of best practice in the secure estate

The Juvenile Enhanced Thinking Skills programme

During the course of this research, the only programme encountered that fulfilled all of the criteria for quality and best practice identified in the 'Methodology' chapter was the Juvenile Enhanced Thinking Skills programme. At the beginning of this study, this programme only existed in Wetherby YOI, where it had been developed, and it was still being piloted. The course has now been fully accredited by the Cognitive Skills

Assessment Panel, which forms part of the Prison Service Accreditation Panel. The Juvenile Enhanced Thinking Skills programme has also been extended to four other YOIs, namely Warren Hill YOI, Thorn Cross YOI, Lancaster Farms YOI and Brinsford YOI.

Although the primary focus of the Juvenile Enhanced Thinking Skills programme in Wetherby YOI was on offending behaviour rather than substance misuse, the psychologists involved assessed the programme as having a promising impact on young drug dealers and possibly on attitudes to drugs and alcohol. The impact of the programme on participants was being evaluated in 2007 via independent academic research.

The Juvenile Enhanced Thinking Skills course was adapted from the adult Enhanced Thinking Skills model, and it included:

- a total of 25 hours of programme delivery
- the use of games to illustrate exercises
- videos and 'soap operas' to illustrate points
- role play and repetition to reinforce learning points
- psychometric tests suited to young people, completed before and directly after the course, and also eight weeks after completion of the course; these tests measured impulsivity and self-control (using the 'locus of control' assessment).

The course was monitored by an internal Thinking Skills monitor; a psychologist at Wetherby explained that: "This makes us focus on doing it properly, rather than allowing things to slip when we are presenting".

However, our analysis of this programme led us to conclude that it was fairly resource-intensive to deliver, and therefore it was only available to a small proportion of young people.

Proper delivery of accredited programmes such as Juvenile Enhanced Thinking Skills requires:

- accurate targeting and detailed assessment of potential candidates
- comprehensive training and clinical management of staff
- detailed research and evaluation of changes in attitude and behaviour.

Programmes should also run for a sufficient length of time in order to maximise the chances of a positive outcome. Adult accredited offending behaviour programmes such as Reasoning and Rehabilitation, Think First, and Enhanced Thinking Skills range from 20 to 38 modules.[59] A period of twelve weeks has been described as the ideal length of treatment for adult substance misuse (Hubbard et al., 2003), although this timescale was based on a study of adult users with predominantly pharmacological needs, rather than young offenders with patterns of alcohol and cannabis use.

These considerable requirements raise the question as to whether it is economically feasible to consider a programme such as Juvenile Enhanced Thinking Skills as a model

[59] See: http://www.crimereduction.gov.uk/workingoffenders/workingoffenders3.htm#no2

for the development of other substance misuse interventions. It might be possible, however, to develop a high-intensity substance misuse programme based on the Juvenile Enhanced Thinking Skills model for those with the most extreme substance misuse needs, particularly in sites specialising in the detoxification and pharmacological needs of young people, such as Feltham YOI and Oakhill STC. Elements of such a programme could include:

- accurate targeting and assessment of candidates for the course
- a cognitive behavioural and relapse prevention approach (Marlatt and Gordon, 1985)
- intensive training for staff in motivational interviewing (Miller and Rollnick, 2002), Socratic questioning (Padesky, 1993) and pro-social modelling (Cherry, 2005) approaches
- systems to ensure maintenance of programme integrity
- rigorous evaluation of impact.

Substance misuse education

Warren Hill educational programme

At the Carlford Unit in Warren Hill YOI, 21 young people were interviewed about the substance misuse element of a Life Skills course that was conducted by a substance misuse worker and an education worker; this was open to the young people regardless of their history of substance misuse. As the majority of young people interviewed gave predominantly positive feedback on this input, we have included this programme on the list of those meriting a further detailed evaluation of content against the evidence base of 'what works' in this area of work. Also, the course appeared to be a good example of joint provision from two departments (education and substance misuse).

Theatre in education

At Vinney Green secure children's home, researchers observed the final session of the week-long drama on substance misuse issues, performed by CragRats drama group. As the young people involved (both male and female) did appear to have short attention spans and a predominantly kinaesthetic learning style, the use of drama did appear to be useful in engaging them in the programme. Following the session, the young people participated in a focus group with researchers. Participants said that they enjoyed the highly interactive drama sessions and preferred this approach to traditional teaching methods.

It would be beneficial to conduct an audit of this initiative against best practice standards and to further evaluate the session's impact in relation to the evidence base of 'what works' in this area of work.

Peer-education

In Hassockfield STC and Aycliffe YOI, a peer education programme was being piloted in 2005. This was described by the substance misuse manager at Aycliffe YOI:

> *Through this peer education program, young people complete one-to-one sessions on communication, presentations, drug education etc. The young person is then*

encouraged and assisted to deliver a drug information session to their peers, sometimes [through] *PowerPoint presentations.*

[Substance misuse manager, Aycliffe YOI]

It would be useful to target this programme for evaluation and possible development as a reproducible model.

The Better Choices programme

In 2005, the Prison Service Central Team set up a number of project groups, each led by a substance misuse manager, to develop practice in the secure estate. One such project group was tasked with developing interventions and worked on a series of one-to-one interventions called the Better Choices programme. This programme included modules focusing on cannabis, alcohol, heroin, LSD, club drugs and overdose prevention. The programme was being piloted in selected sites in the secure estate, and staff in these units were trained in its delivery.

During interviews and focus groups, young people's reactions to the Better Choices programme were mixed. Most rated the programme as 'OK'. A few complained about the work being over-structured, involving excessive amounts of writing. Others explained that the 'worksheet approach' felt repetitive and limited the variety and breadth of work. Based on this experience with the programme, a few had declined seeking further help when they moved to new units or were returned to custody after a re-offence.

The continuity of the Better Choices programme between establishments was, however, promising. Audits of young people's casenotes confirmed that worksheets were being transferred with the young person to new establishments, and that staff were therefore able to build on the work completed in previous units.

Before it is disseminated further, however, the Better Choices programme needs:

- auditing against best practice and 'what works' guidance
- evaluation of attitudinal (and ideally behavioural) changes resulting from the programme
- full consultation with young people about their experiences of the programme.

At the time of writing, the Prison Service Central Team was seeking to recruit a Young Person's Substance Misuse Service interventions manager to take this programme forward.

The Next Steps programme

The Next Steps programme at Ashfield YOI was the only group work programme identified (at a case study site) containing elements of structured relapse prevention and cognitive behavioural approaches. The substance misuse manager at Ashfield YOI described the programme in the following manner:

It's around their drug use, their emotions, their feelings, families, cycle of change. So that's a programme we've been doing now probably for a year and a half.

[Substance misuse manager, Ashfield YOI]

The Ashfield YOI substance misuse manager explained that the authors of a recent Prison Service inspection report had commented positively on the content of the Next

Steps programme. In mid-2006, the programme had been halted pending review, and researchers were able to examine the programme manual to see if the programme conformed to best practice principles. The programme did include some promising evidence-based exercises for young people which had potential for further development, but it included only limited evaluation of the impact of the programme.

This four-week programme is for small groups of young people (see quotation below) and can therefore only be scheduled intermittently during the year. During the interviews with young people, researchers were able to talk to one young man who had completed the course. Unlike many other respondents interviewed about the interventions they had received, this young man could outline concrete skills that he had learned:

> *It covers like a wide range of things. It's hard. It's an intense course…I think 10 or eight people started and only four or five finished because it's the first two lessons every day for three weeks…It covers everything from the cycle of change when you go through pre-contemplation, contemplation, to making the change, then the maintenance, then the lapsing and re-lapsing and it gives you loads of different exercises…*
>
> [Male, aged 17, Ashfield YOI]

Huntercombe YOI resettlement course

The substance misuse manager at Huntercombe YOI described a resettlement course running at the unit that focused on a number of risk factors for substance misuse and related issues faced by young people. The content of this programme appeared to address the issues and concerns raised by young people during the course of this research in relation to their release. It covered:

- managing post-release celebrations
- understanding tolerance levels
- exploring personal risk factors for relapse
- exploring past experiences of managing risk and challenges to motivation
- creating a 'diary' of their first week following release, to identify where and when relapses might occur.

In order to be considered as a paradigm for best practice, this programme needs further in-depth auditing against best practice guidance, and evaluation of its impact by assessing service-user responses and attitudinal change, and monitoring post-release behaviour.

Best practice approaches and systems

Accelerated hepatitis B inoculation programme

The *National Specification for Substance Misuse for Juveniles in Custody* states that all young people must have access to information and vaccinations to prevent hepatitis B. During the course of this research, staff in the secure estate talked about a number of practical difficulties related to this target. For example, with a highly mobile population in secure settings, it has been difficult to ensure that an inoculation treatment course is completed, including follow-up inoculations.

The head of healthcare at Warren Hill YOI identified a possible solution to this problem, in the form of a fast-track inoculation that is administered in one dose. As he described:

> *You can use the course that takes three months, or you can do the fast course. You give it one week, give it the next week, wait two weeks and give it the following week – and it's literally done within a month, and it's been proven to be as effective – and it's cheaper.*
>
> [Head of healthcare, Warren Hill YOI]

One substance misuse manager said that she was unable to use the accelerated hepatitis B inoculation system in her unit and other workers were unaware of this fast-track system. The fast-track inoculation system may merit further promotion throughout the secure estate.

Detoxification and prescribing: multi-disciplinary working

At the time of writing, draft guidance that is being developed by the YJB on the management of prescribing and detoxification for young people emphasises the importance of multi-disciplinary working in such cases:

> *A prerequisite of pharmacological management is a comprehensive assessment of the young person's needs and risks to that young person, and the establishment of a care plan. Pharmacological management must be provided in tandem with psychosocial interventions tailored to the individual. Resettlement and aftercare provision needs to be put in place, which include psychosocial interventions to ensure continuity of service provision and/or aftercare to prevent relapse.*
>
> (YJB, 2005)

Systems set up in Oakhill STC closely reflected the best practice guidance currently under development in the YJB document. Oakhill STC had developed in an ad hoc manner into a centre of expertise for managing prescribing and detoxification for young people, so young people entering the system with potential prescribing needs were being forwarded there. Close professional relationships were observed between the prescribing GP, the substance misuse manager and other healthcare staff. Clinical assessment was detailed, and involved both medical and psychosocial perspectives. The substance misuse manager listed the key elements of effective assessment which were in place at the establishment, including:

- drug testing, combined with assessment by the nurse on reception
- observation by staff: following the disclosure of a young person's use of opiates or benzodiazepine, or heavy alcohol use (either through discussion or via the drug test), the young person would be placed on the healthcare unit for 24 hours for close observation by staff
- the systematic investigation by healthcare staff of information about the young person's previous prescribing history on their arrival at the establishment.

The assessment process was completed by both the GP and the substance misuse worker. Holistic care plans were subsequently produced and these were subject to systematic review. The substance misuse team talked of making efforts, soon after receiving young people with pharmacological needs into the unit, to negotiate resettlement plans for these young people with a range of services in the community. During this process there was a strong emphasis on trying to negotiate care plans that

would maximise the chances of retaining the young person in treatment. In the view of the substance misuse manager, retention in treatment was assisted by:

- settled accommodation arrangements
- ensuring that the young person had a worker that they liked
- organising prescribing care plans that would reduce the risk of relapse and maximise the chances of a successful outcome.

Workers said that prescribing decisions were guided both by considerations of risk, together with the needs and wishes of the young person. This approach is in line with best practice guidance currently under development by the YJB, as detailed below:

> *Pharmacological approaches must be based on individual assessed need, and must not follow a one-size-fits-all model. The range of clinical responses specifically for substance misuse should include pharmacological approaches to detoxification, reduction and maintenance regimes with integrated psychiatric or psychological care.*
>
> (YJB, 2005)

Service-user consultation

In the secure estate, most service-user consultation occurred during the processes of care planning and review, and young people providing feedback in post-program evaluations.

In case study sites, there was only limited evidence of more extensive consultation with young people about service provision or programme development. An important complaint in focus groups concerned the general failure of staff, services and of establishments "to listen". The Audit Commission's report, *Changing Habits: The Commissioning and Treatment of Drug Treatment Services for Adults,* stressed that development of substance misuse services should be led by needs (Audit Commission, 2002). Commissioners were urged to complete a thorough assessment of the prevalence of substance misuse in their local community. The importance of exploring user satisfaction with, and experience of, services was also emphasised. The principle of patient-centred care was also at the heart of clinical governance guidance issued by the Department of Health (1999). This set out that patients should be given the opportunity to participate in their care, not just in relation to their individual treatment, but also in terms of the development of responsive services. In 2002, the Department of Health emphasised the importance of improving young people's participation in services with the publication of *Listening, Hearing and Responding: Department of Health Action Plan – Core Principles for the Involvement of Children and Young People*, which stated:

> *Ministers across departments are committed to giving children and young people a real say and real choices about government policies and services that affect them. The Department of Health is committed to involving children and young people in all aspects of its work. Involving users and carers in decision-making at all levels is a key aim for all health and social care agencies.*
>
> [Department of Health, 2002: 4]

In addition, literature for the Government's Every Child Matters programme has emphasised the central importance of young people's participation in shaping services.[60] This can, therefore, be extrapolated to include substance misuse care and the principle of involving young people in their own care.

There was evidence of a greater culture of consultation and involvement of young people in service development in Vinney Green secure children's home than in some other areas of the secure estate, as the following examples illustrate.

Induction video designed and presented by service-users
Plans to update the induction processes in Vinney Green secure children's home led to a consultation exercise with young people. During this consultation process, young people explained that they would have preferred the content of their induction to focus on what they themselves had wanted to know when they first came in, rather than on what adults thought they wanted to know. They also stated a preference for any induction DVD to be presented by their peers, rather than by adult voiceovers or presenters. Workers approached a local broadcasting organisation, who agreed to volunteer their help with the process of producing the DVD, using their broadcasting trainees and the young people. There was further extensive consultation and joint planning with the young people in the establishment before filming.

Follow-up interviews after exit
A research assistant at Vinney Green secure children's home had developed a system to monitor young people's perceptions of their stay in the unit. Extensive exit surveys were completed with young people at the end of their time at the secure children's home. Three months after release, each young person and their YOT worker were also interviewed to monitor progress and to retrospectively explore the young person's thoughts on their experience at the unit. Further follow-up occurred 12 months after release. The results of these evaluations were systematically written up, and findings were then used to make improvements to service delivery.

Young people as unit representatives
Additionally, Vinney Green secure children's home had a system in place for young people in the unit to contribute to developmental and management issues in the unit. The process of using young people as representatives was described by one manager:

> *The children, they basically vote for certain young people to be reps, and they meet with the senior manager and head of secure accommodation and talk about how we can improve our services. That's on a monthly basis. We also have group meetings that the care staff undertake with the young people in terms of how we can improve…what goes on in here, so we do take into consideration in terms of what the young people are saying.*

[Manager, Vinney Green secure children's home]

Systematic consultation and service-user-involvement exercises were not noted in other case study sites, but were recognised as an area for development by a YOI manager:

[60] http://www.everychildmatters.gov.uk/participation/

> *We need to have more user involvement and feedback from the young person to advise us on how to improve our interventions.*
>
> [Substance misuse manager, YOI]

Of course, positive feedback from the young people does not necessarily equate with effectiveness. There needs to be a balance between service-user involvement and the impact of the programme in modifying behaviour.

Conflict management

During interviews and focus groups, young people in YOIs complained of not being listened to. Some also felt that secure care staff were intent on aggravating them further in situations when their anger was already triggered. Frustration was linked to:

- comments made by secure care officers which young people felt were judgemental
- young people having limited opportunities to explain themselves and to be listened to
- staff behaviour that had been interpreted as inflammatory when the young person was already struggling with their own anger management (e.g. closing the flap of the cell door while the young person was in mid-sentence; asking young people to 'sit up' in focus groups, etc).

Others said they were asked to formalise complaints instead of being listened to when raising concerns about their treatment. Other frustrations with secure care settings included delays in access to healthcare, claims of false promises in response to requests made, and experiences of lengthy complaint systems.

Given the number of young people housed in some larger secure establishments, some delays are perhaps inevitable. However, researchers did note differences in culture, even in similarly sized units, between secure children's homes and YOIs, and this may have some effect on these issues. Some small YOIs were characterised by cultures of control, rather than the more therapeutic and nurturing cultures found in some small secure children's homes. Staff responses to the young people in conflict situations were also noted to be considerably different in YOIs, as opposed to secure children's home settings. From interviews with staff, it emerged that these cultural differences between the two estates might be due in part to training and recruitment differences.

In the secure children's home case study site, staff had at their disposal a promising training package based on the 'diffusion' method of anger management. This method defined control and restraint as a 'failure' (in terms of missed opportunities to diffuse the situation before it had reached that stage) rather than an essential response to conflict. The training programme placed great emphasis on the staff's responsibility for awareness and appropriate control of their own anger and triggers for it, and on their part in triggering angry responses from the young people in their care. Practical tactics for avoiding conflict with young people included:

- not making judgemental comments to young people
- avoiding promising to get back to young people about issues and then not doing so, or delaying responses
- listening to young people, and making sure that workers spent time talking to young people once they had calmed down

- helping colleagues to withdraw from escalating situations, and so forth.

It is suggested that this package be trialled, particularly in the newly established YOI female units, where many young women felt that their day-to-day frustrations were dealt with ineffectively.

Different recruitment practices were also noticed between establishments for young people. According to the secure care manager at the YJB, recruitment procedures for secure children's homes are organised by each individual local authority. Vinney Green secure children's home, in common with children's homes in the community,[61] used the Warner interview selection process. This involves assessment of a range of personal opinions, as well as evaluation of candidates' capability to contribute to meeting 'the social, emotional, physical and spiritual needs of children' (Warner, 1992). Areas for assessment included:

- attitudes to control, punishment, power and authority
- the stability of personal and sexual relationships
- motivations to work with children.

In some settings, feedback from young people indicated that there was room for improvement in terms of how they were treated in units. The recruitment and training of suitable staff should be a central focus of attention if the culture of YOIs is to become more 'young person-friendly'. Training and recruitment need to be standardised throughout secure children's homes, STCs and YOIs.

Quality control system

According to the principles of clinical governance, there are three key components to successful management of change: defining, accounting for, and improving quality. The *National Specification for Substance Misuse for Juveniles in Custody* provided the starting point for the definition of quality in substance misuse work in the secure estate. Best practice guidance indicates that, once quality has been defined, accountability systems should then be established to ensure that poor performance is reported and corrected. Within the National Health Service (NHS), clinical audit is used to monitor the quality of clinical care.

To facilitate the standardised practice of care, the Clinical Governance Research and Development Unit has created a library of evidence-based protocols for systematic audits for use by primary care teams across the NHS. The design of these protocols is informed by the National Institute for Health and Clinical Excellence (NICE), which examines and passes judgement on the evidence to support various treatments. NICE has recently published draft guidance for standards of clinical care for substance misusers. Adherence to standards is self-monitored by conducting systematic audits of care delivery using standard protocols from NICE. In this way, managers can ensure that care is being delivered to an industry-agreed standard of quality. The Healthcare Commission[62] is responsible for assessing the performance of the NHS and independent healthcare organisations in meeting core and developmental standards set by the

[61] Information from an interview with a YOT worker in Swansea.

[62] http://www.healthcarecommission.org.uk

Department of Health. This independent inspection body ensures that best practice is implemented within the NHS and independent healthcare.

At the present time there is no inspection system in place for supporting the implementation of the *National Specification for Substance Misuse for Juveniles in Custody*. It is noted, however, that the quality control matrix and mechanisms established by the Prison Service Central Team (together with YOI substance misuse managers) appear to replicate the best practice systems recommended as part of clinical governance. In addition, the activity and outputs of this team have done much to ensure speedy dissemination of best practice and co-ordinated activity. This team has been responsible for:

- designing a draft common screening and assessment tool, which is being used across the YOI estate
- creating a standardised one-to-one programme being piloted in several sites
- developing protocols and guidelines for:
  - transferring young people within the secure estate
  - managing casework and case records
  - conducting Substance Misuse Intervention Team meetings
  - handling clinical management issues
  - managing resettlement
- setting out and implementing a quality control system for the development of practice in the YOI estate.

The systems that support and monitor the quality of substance misuse work being carried out in YOIs could usefully be replicated across the wider secure estate.

Conclusion

The results of our research into best practice have shown how the concept of 'best practice' is poorly understood within the secure estate and requires clarification for practitioners and for policymakers. This chapter has attempted to clarify what is meant by best practice by referring to official definitions.

Only the Juvenile Enhanced Thinking Skills programme in the secure estate was identified as an example of best practice according to the criteria identified. The management, delivery and development of this type of course are costly, so, realistically, it may not be possible to develop substance misuse programmes using the same model, except perhaps for sites specialising in the detoxification and pharmacological needs of young people.

Researchers were able to identify some educational and substance misuse programmes which appeared to comply with elements of best practice guidance. There has, however, been no overarching quality control system for evaluating the programmes on offer throughout the secure estate. Similarly, most of the programmes had not been evaluated to assess whether they had the desired impact on the young people participating in them.

The original research goal for this chapter was to identify and catalogue best practice programmes currently running in the secure estate. Instead, given the lack of

programmes meeting best practice criteria, researchers looked for programmes that appeared to have promising features but which had not yet been evaluated. Systems and programmes that reflected best practice guidance were also identified. Finally, practice was noted that offered a creative solution to barriers faced in the delivery of services. These included:

- a promising solution for ensuring the continuity of treatment for hepatitis B inoculations
- more young person-friendly training and recruitment practices for secure care staff
- a series of constructive systems to help young people participate more actively in their care
- a useful multi-disciplinary model for managing detoxification and prescribing activities.

In considering the development of best practice in the secure estate, researchers also noted that the systems currently in place to monitor the quality of what was being provided were not sufficiently developed throughout the secure estate to ensure that poor performance was reported and corrected.

9 Data monitoring in the secure estate

Introduction

The evaluation of the YJB's data monitoring system for the secure estate has proved to be a difficult task. The original specification required Galahad SMS Ltd to answer the following question:

> 'Is the current system of data monitoring in the secure estate adequate to reflect and monitor:
>
> - prevalence of substance misuse among all new entrants to custody
> - the throughput of young people in Tier 1–4 programmes
> - the progress of establishments in implementing the new substance misuse project
> - young people's experience of substance misuse services?'

The YJB's data monitoring system and data collection forms for the secure estate had been devised by a separate consultancy, PA Consulting, together with the YJB, the Prison Service and the National Treatment Agency for Substance Misuse. Galahad SMS Ltd initially intended to evaluate this system as part of this research. However, problems with the implementation of the framework made it impossible to conduct a thorough evaluation of the effectiveness of the data monitoring system. In fact, during the course of this research the YJB decided that the original data collection form was to be extensively amended.

This chapter will therefore offer only a limited analysis of the YJB's data monitoring system. It is not yet possible to offer an answer to the above question from the original specification. Instead, the evaluation will focus on the views of those who use the data collection form in establishments. In this way, Galahad SMS Ltd will be able to inform the development of data monitoring measures, as well as recommend ways to increase the effectiveness of such initiatives.

Background

The remit for the group developing the data monitoring system was to design a system that would allow the YJB to evaluate the implementation of the new YJB substance misuse programme. The design also had to take into account:

- operational needs
- the requirements of the Prison Service
- monitoring needs
- the anticipated needs of the Home Office
- the Prime Minister's strategy to combat drug use
- the need to justify possible questions regarding value for money.

The data collection tool/form also had to conform to definitions for data that were devised by the Home Office, to achieve some degree of standardisation of statistics.

Perhaps because of the need to satisfy all of these competing demands, the resulting data collection tool was unwieldy and lacked precise definition. This led to confusion among substance misuse managers within the secure estate and created an additional task for already overstretched departments. No feedback on this data was given to those compiling the returns. Consequently, it was soon apparent that the accuracy of the data was questionable, and the deadlines for completing the data monitoring forms began to slip. Additionally, the large volume of data being received, together with inadequate staffing levels at the YJB, led to poor quality control of the data received.

It was recognised by the YJB that the measures did not necessarily provide the most balanced coverage of performance during the custodial period of a young person's order. At the time of this research, the YJB had eight KPIs to measure the performance of the secure estate. These involved secure estate establishments self-reporting on:

- information from YOTs
- time young people spent out of their rooms
- hours of education provided
- literacy and numeracy attainment
- reception screening
- planning training in accordance with YJB national standards
- advocacy services
- young people's perceptions of their safety.

It was well recognised that the KPIs were not quite fit for purpose, as is evident in this excerpt from an interview with a senior YJB official:

> *The existing set of KPIs and counting rules for the secure estate have been in place since 2003/04. It is recognised that they are primarily input-focused, when we would prefer a more output or outcome-focused measure of the performance of the secure estate in relation to a young person's journey through the youth justice system.*

A possible way of measuring the performance of the secure estate would be to measure the changes in *Asset* risk scores that occur as a result of a young person's stay in custody. Such an approach would seek to measure the outcome of the custodial episode, rather than the inputs to the regime. The YJB therefore decided to pilot and evaluate the collection of risk scores as a proxy measure of secure estate performance in 2007/08, with a view to introducing the measure in 2008/09 if the pilot proved successful. The North East of England was selected as the location for the pilot.

While this pilot is in progress and is being evaluated at the time of writing, the YJB has made a number of alterations to the KPIs for 2007 and 2008 "to provide a more accurate and balanced picture of secure estate performance."[63] The changes are:

[63] Interview with the Head of the Secure Development Programme, YJB.

- the removal of the advocacy measure, as provision of advocacy services to all young people is now a requirement of all contracts
- the reattribution of the literacy and numeracy KPI in YOIs to the Learning and Skills Council, who now have responsibility for commissioning education
- the creation of a new KPI for substance misuse services.

The new KPI that has been created for substance misuse services reflects the important investment made by the YJB in these services in custody. This new KPI is designed to provide the substance misuse service with more prominence. The introduction of the new KPI was agreed at a meeting held in 2007 between representatives of the secure estate and the YJB. Those present at the meeting agreed that the purpose of the KPI "would be to raise the profile of the service both within establishments and within the YJB".[64] It was further agreed that the KPI would be outcome-focused. The agreed KPI, which is augmented with other measures, is that 90% of young people will have completed the goals in their substance misuse care plans on release from custody. In this context 'completed' means that the intervention identified to achieve the goal in the care plan has been delivered. 'Goal' means goals in the care plan arising from identified needs; all goals must be agreed by the young person and are subject to change throughout the life of the care plan.

The remainder of this chapter will concentrate on analysis of staff interviews undertaken on the subject of data monitoring within substance misuse services in the secure estate. Interviews took place at eight establishments, and involved various members of staff who contributed towards substance misuse work, including substance misuse managers.[65]

Views of data monitoring in the secure estate

Effectiveness of data monitoring

Analysis of staff interviews on the effectiveness of the YJB's data monitoring tool showed the majority of opinions to be negative. Of those who found the tool useful, one substance misuse manager said that it helped with strategic planning and could be used as evidence of work that has been done within the establishment. Another substance misuse manager added that the format of the tool made it accessible for staff in the secure estate for children and young people:

> *It's not terribly long-winded, and it does give you a reasonable indication as to what you've done over the past three months. It's simple. It's actually written, strangely, in plain English, and not written by someone who appears to have swallowed a dictionary, which a lot of the stuff we get is.*
>
> [Substance misuse manager, STC]

On the whole, most staff in the secure estate found the YJB's data monitoring tool deficient in several respects. One of the major criticisms was that the tool failed to accurately measure the work that substance misuse departments were undertaking – an

[64] Ibid.

[65] For further information about the study sites visited by researchers and the number of interviews conducted, please see Chapter 5: Meeting needs effectively.

issue that has been addressed by the YJB in its reassessment of the data monitoring initiative (see above). The need for this reassessment was expressed by several substance misuse managers:

> *There has to be some rationalisation to what's important and what isn't, and having appropriate targets whether they're KPTs, KPIs…It doesn't make any difference to me as long as they're meaningful and they actually measure something that has a bearing on whether a young person has…progressed through the process – progressed as part of the community element of the sentence, whatever it is, but it has to be meaningful. And I can't put my hand on my heart and say that anything we look at is meaningful in terms of KPI or KPT.*
>
> [Substance misuse manager, YOI]

> *I think* [data monitoring forms] *are very, very complicated and I'm also not sure they achieve what they set out to do, which is to monitor and evaluate the service. I think what actually happens is all we do is monitor what happens in that particular month. If a young person is in for six months and we see him for quite a few interventions, you know, everything focuses on the young person that came in that particular month, there's only one measure that says how many one-to-ones you've achieved, so there's a definite gap in the stats, plus they're just very difficult to do.*
>
> [Substance misuse manager, YOI]

Two staff members also mentioned that the data monitoring tool needed to be adjusted to take into account the reported move away from the tier system that was apparently taking place.

In a forum of staff from secure children's homes and STCs, the issue of how the statistics would be used was raised, and some participants expressed a fear that workers would get punished for not achieving goals, rather than that the information would be used to generate questions about resources and systems.

Time and resources

In interviews with staff, another of the criticisms levelled was the complexity of the data monitoring form and the burden it represented in terms of time. Staff from some units said that in the early stages of the implementation of the data monitoring process, it had taken inordinate amounts of time to complete the forms. This was largely because they did not have the systems in place or the software to help them to complete data monitoring tasks efficiently. So, whereas some managers said they got an output from their database in 10 minutes, others reported taking almost a week to get the form completed.

Feedback

The most common complaint among staff about the YJB's data monitoring process was that they did not get any feedback about the returns, as illustrated by the following comments from substance misuse managers:

> *We've had no feedback whatsoever as to the outcome of that monitoring. We don't know whether we're doing right;* […] *they're not comparing like establishments. They're not giving any statistics out and I don't know whether they're going to.*
>
> [Substance misuse manager, YOI]

> *I would like to see an outcome of why we're collecting that information. Yes, all right, we input it every month. We do the Home Office indicators quarterly and*

obviously that information is collated monthly but goes out monthly. In terms of the YJB, why are they monitoring those things and what's the purpose of it?

[Substance misuse manager, YOI]

It has previously been found among community services that such disillusionment can lead staff to question the importance of the data monitoring procedure itself (Paylor and Simmill-Binning, 2004). Many substance misuse managers said that they would value feedback as it would allow services to be developed and to become more effective.

Researchers found that data monitoring returns were more likely to be completed diligently if substance misuse managers believed that the forms had an inherent use for their own services. One substance misuse manager had set up a system within his establishments that he said improved service delivery:

[An administrative assistant] *probably spends 15 minutes a day inputting the daily sheet data from nine staff. Ten or 15 minutes a day is nothing, but it gives me as a manager so much more back. I can manipulate…how* [the data is] *presented, in order to give some quality feedback, both to me, my staff, the organisation and the service to meet the needs more effectively of young people. Now if the YJB's monitoring process did something similar, then I can see the point in it, because it should be to improve the service, and I don't see, because we don't get any feedback or output, it isn't doing that.*

[Substance misuse manager, YOI]

Another substance misuse manager had developed a similar system that was also found to be beneficial for programme development and staff evaluation. It was indicated that data could be used more widely as a management tool in establishments to develop effective practice. It is possible that providing feedback would also help to maintain morale among staff in the secure estate, and to ensure the integrity of the data monitoring exercise.

As well as providing evidence concerning the reasons that the data monitoring system has not been as effective as it could have been, staff in the secure estate also discussed ways in which the system could be improved. Most agreed that a system of data monitoring is needed, and that it could be beneficial in programme evaluation and development. However, some questioned the type of data that is currently being collected by the YJB, and suggested possible alternatives. In particular, some substance misuse managers said that it would be useful to collect data relating to the substances used by young people, so that staff could identify trends in substance misuse and respond efficiently with appropriate interventions:

We have to collate other information for the area and for DATs [Drug Action Teams] *and in amongst that there's ethnicity, there's age, there's where they're going back to. The YJB don't ask that. I can't understand why. I would have thought that would be quite pertinent; especially the age group and the main substance, but they don't ask that.*

[Substance misuse manager, YOI]

Others thought that more information should be collected about young people after their release:

I don't know what's coming out the other end. I don't know how many kids finish their DTO [Detention and Training Order]. *I don't know how many kids finish their*

intervention in the community even if it's engaged upon. I don't know what happens to kids when they come out of RAP. Somewhere in this process we've got to measure both ends of the continuant, otherwise how do you measure continuant of care if you're not looking at the whole picture?

[Substance misuse manager, YOI]

Other issues mentioned by staff included the fact that, on the data monitoring form there was no way to record the number of young people who refused interventions, or the number who were actually offered them. Some staff also remarked that they would find it beneficial if the data monitoring form allowed them space to give the reasons for any unmet targets.

Conclusion

Although a thorough evaluation of the YJB's data monitoring system has not been possible in this study, the research has uncovered a number of issues that could inform future development of the system. The most important point to note is that substance misuse managers recognised the benefits of gathering data from the entire secure estate. In particular, they believed that collecting relevant data could improve the delivery and development of substance misuse services in the secure estate. What had been missing so far, according to staff, was a set of relevant measures on the data monitoring forms. Staff thought that the measures (that were until recently in use) required review and re-evaluation. They suggested that the reformulated measures should be appropriate to substance misuse services and capable of informing programme development, as well as providing evidence of inputs and outputs. Two measures in particular that staff believed were missing from the data monitoring tool were measures to determine levels of substance misuse among young people and the number of young people refusing services. The YJB is currently addressing these issues, and has reformulated the data monitoring tool to reduce its complexity and to make it more relevant to the current substance misuse programme in the secure estate.

Substance misuse managers at many establishments said that they had not received feedback about the data monitoring returns that they had completed. Many said that they would value feedback, mainly because they could use it to increase the efficacy of services; this is something that should be noted in terms of the future effectiveness of data monitoring in the secure estate. There is also the wider issue of maintaining the goodwill of staff in the secure estate. Without feedback about data monitoring returns, the process of completing the forms can feel like a fruitless task. Above all else, staff in the secure estate must see and understand the purpose of the data that they are collecting for the YJB.

10 Conclusions and recommendations

Overall, the YJB's substance misuse programme has brought about improvements in the way that secure estate establishments meet the substance misuse needs of young people in custody. Awareness of the need for a variety of programmes targeted at different levels of need has increased, as has the range of programmes available. However, there are a number of areas for improvement in the provision of substance misuse services to young people in custody. Perhaps the most important of these is the need to independently evaluate interventions against best practice guidelines to ensure the effectiveness of services. It is also notable that there are some important gaps in current service provision, including a lack of Tier 4 interventions and a need for initiatives that focus on the use of cannabis in particular.

Questions have been raised about the appropriateness of the 'one-size-fits-all' nature of the national specification. However, it has been shown that establishments have responded positively to the implementation of the national specification and almost all have made progress in meeting the targets it defines. In particular, since the introduction of the national specification, there have been improvements in integrated working in substance misuse departments. Problems still remain with the data monitoring system used by the YJB. The data collected has been inadequate and service providers have not been involved in constructing appropriate measures. Furthermore, staff in the secure estate are not entirely sure of the purpose of collecting the data.

These issues are addressed below in the recommendations arising from the evidence presented in this research.

Recommendations

The national specification

A full and comprehensive review of the national specification should be initiated. The review process needs to take the form of a consultation exercise, focusing particularly on the knowledge and experience accrued by substance misuse managers in the secure estate. Such an exercise would also help these managers to achieve a sense of ownership of the future national specification framework.

The review of the national specification should include consideration of the following:

- **the suitability of the one-size-fits-all approach**
  The YJB has already drawn conclusions about the inappropriateness of some of the service requirements for secure children's homes that have limited in-house resources. Many managers questioned whether a 'one-size-fits-all' approach is suitable for all types of units, particularly units within the female estate, units with large numbers of young people on remand, or units with either frequently changing or long-term populations. It is therefore recommended that a review of the applicability of certain requirements to these settings be undertaken.

- **provision of clearer role definitions**
  Clearer distinction is needed between the role of the substance misuse manager and the role of the national specification co-ordinator in units. This study recommends that performance monitoring of compliance with the national specification

framework and troubleshooting of interdepartmental difficulties should be completed by someone with enough authority to exert influence over a wide range of departments.

It is noted that in the adult Prison Service estate in England, Scotland and Northern Ireland, this strategic and performance-monitoring role for the drug strategy in custody falls to the secure establishment drug strategy co-ordinator. The drug strategy co-ordinator is usually a governor, or someone with high managerial responsibility in each establishment. The work of the drug strategy co-ordinator is further supported by area drug co-ordinators, who fulfil a similar role to that currently assumed by the Prison Service Central Team. Although the YJB may not wish, for economic reasons, to replicate this system in its entirety throughout the secure estate for children and young people, the current service requirement which spells out the need for this co-ordinating role (8.4a) requires increased focus by heads of units, and greater monitoring by the YJB.

- **the development of a feedback and monitoring system**
  Staff in the secure estate should receive feedback about the progress of their compliance with the national specification. The role of the YJB in monitoring compliance with the national specification should be clarified and reviewed. A more robust monitoring system should also be developed to support further progress towards full compliance.
- **monitoring of practice development in privately run YOIs**
  Changes should be made to service level agreements for privately run YOIs to improve clarity about how practice and service quality are monitored, and also so that all substance misuse practice developments can be shared between the private and public sectors.
- **dissemination of successful initiatives and systems**
  It was noted that there were differences in opinion as to the feasibility of national specification service requirements. To standardise practice, substance misuse managers would benefit from support and information about how problems had been addressed successfully in other establishments.

Detailed negotiations should be undertaken with community healthcare managers in each locality to consider the budgetary implications of the national specification service requirements for healthcare staff in the secure estate. In addition, service level agreements with local education providers should be revised to ensure that educational provision complies with and facilitates the work set out in the national specification. Guidance on a standard insert into these agreements would help units to address this difficulty.

Screening and assessment

Implementation of the following measures and use of the following tools is recommended:

- **a standardised screening and assessment tool**
  A standardised screening and assessment tool is needed for use in custodial establishments; the YJB is currently undertaking the development of this, working jointly with the secure estate.
- **repeated screening**
  Repeated screening of young people for substance misuse needs is necessary. Upon

reception into the secure estate, many young people under-report their substance misuse when screened. This is due to a number of factors, but primarily because the induction process can be overwhelming for young people. Where repeated screening is carried out, evidence has shown that young people with substance misuse needs were later willing to engage with services.

- **improved substance misuse assessments**
  Assessments of a young people's drug and alcohol use should be improved. Evidence from this research tells us that 84% of the young people studied had problematic or potentially problematic levels of substance misuse while they were in the community, which would suggest at least Tier 2 substance misuse needs. Yet few could recall being offered many targeted interventions other than advice from a substance misuse worker. Greater attempts must be made to ensure that such young people are offered the full range of appropriate substance misuse interventions.

- **improved dual diagnosis screening**
  The research revealed evidence that many young people were not receiving the mental health services that they required. In some cases, the young people may not have exhibited overt signs of psychological disorders, but many said that they used substances for reasons that relate to their emotional state. This could indicate that some young people were 'self-medicating' when they used substances. Repeated mental health screening after young people have been in custody for a period of time could be advantageous. Research has shown that young people in custody are at significant risk of developing mental disorders during their custodial experience, particularly post-traumatic stress disorder.

Educational needs

The following measures are recommended:

- **provision of cannabis education**
  Given the overwhelming prevalence of cannabis use among young people prior to admission to custody, the secure estate should offer substance misuse interventions that focus on the effects of this substance.

- **provision of alcohol education**
  Of the young people surveyed, 16% said that they drank alcohol every day and 67% said that they got drunk at least once a week. There is therefore a need for alcohol education focusing on this type of binge-drinking behaviour.

- **provision of more interesting and relevant drug education**
  Substance misuse education should be reformed to make it more interesting and relevant to young people. Many young people expressed a dislike of the 'talk and chalk' method of substance misuse education that is prevalent throughout the secure estate. Substance misuse education should be tailored to young people's lifestyles to make it relevant. Many young people also said that they would appreciate substance misuse education from more credible teachers, in particular, ex-drug users who have had similar experiences to young people who use substances and who know what it is like to make changes to substance-misusing behaviour.

- **provision of measures to raise awareness of addiction**
  Young people showed low levels of understanding of addiction, indicating that there is a need for work to be undertaken on raising awareness of the nature of addiction.

- **overhaul of the PSHE system**
  The PSHE system in the secure estate is not appropriate for the needs of the predominantly short-stay population, and there is no alternative model consistently in place throughout the secure estate. A decision is needed on the most effective and pragmatic model for the provision of substance misuse education in the secure estate.

- **clarification of the tier system in education**
  If a decision is made to continue with the tier system in educational provision, then greater clarity and co-ordination is required between providers about the differences between the tiers.

- **introduction of education and substance misuse link workers**
  The secure estate needs to introduce link workers in education departments whose role is to liaise with substance misuse workers. These workers would ensure better integration of Tier 1 and Tier 2 educational provision.

- **dovetailing of standards**
  The national specification must dovetail more closely with educational national standards (DfES, 2004c), and healthcare standards.

Tier 2–3 programmes

The following improvements in, or additions to, service provision are recommended:

- **improved access to Tier 2 and Tier 3 services**
  There is a shortfall in the provision of Tier 2 and Tier 3 services for long-term offenders, indicated by the difference between the number of long-term offenders who wanted help and the number accessing such services. This is a missed opportunity, particularly as staff members have the opportunity to build up a trusting long-term relationship with young people in order to help them to change their substance-misusing behaviour.

- **provision of stress management courses**
  Many young people said that they used substances to relieve stress or to calm them down. The secure estate should offer interventions, possibly group work-based, that help young people to manage stress.

- **provision of targeted drug dealing programmes**
  The secure estate must address the issue of young people who dealt or delivered drugs while in the community. Twenty-three percent of the young people studied for this research said that they had been involved in dealing or delivering drugs, with many saying that they got drugs for free in this way. Only one secure estate establishment showed an awareness of this problem and even then they only addressed those young people who had been convicted of drug dealing offences. Establishments need to recognise that this issue is more widespread than it might appear and that it can affect a young person's ability to make changes to their lifestyle upon release.

- **use of more proactive engagement techniques**
  When young people were offered substance misuse services in custody there was a high rate of acceptance. This was very encouraging, as it indicated that young people wanted to change their substance-using behaviour and were largely willing to accept the help that was made available to them. To capitalise on this willingness to change, establishments need to be more proactive in engaging young people in substances misuse services.

- **provision of more brief interventions for young people on remand**
  A significant number of young people on remand who wanted help missed out on the range of possible treatments available in custody due to the short length of time many spent in the secure estate. Greater work could be done to ensure that young people on remand receive brief interventions and that any identified substance misuse needs are referred back to the young person's YOT.

- **development of more preventative Tier 2 work**
  In the secure estate, Tier 2 work appeared to be predominantly focused on targeted education and advice. There is a need for greater development of Tier 2 preventative work exploring lifestyle factors related to substance misuse.

- **improved clarity about tiers**
  Greater clarity is required from the NTA about what constitutes a Tier 2 as opposed to a Tier 3 intervention. Staff in the community and the secure estate were confused about which interventions fell into which tier.

- **better access to therapeutic mental health interventions**
  In both community and custodial settings, young people were not always able to access the therapeutic mental health interventions they required after mental health conditions had been diagnosed.

Tier 4 services

The following changes to the provision of Tier 4 services are recommended:

- **provision of regional specialist Tier 4 units**
  High-level (or Tier 4) substance misuse needs were relatively rare among young people, so it could be a more effective use of resources to concentrate these services in a small number of establishments spread throughout the country, rather than compelling every establishment to provide these services regardless of the level of need that they experience. The YJB should develop regional centres of excellence for detoxification so that young people have better access to expert clinical assessment and their needs can be managed effectively. These units could set in place detailed care and release plans for young people with prescription needs, and fulfil an advisory role to new units as young people are transferred to them. This would address the variability in practice witnessed across the secure estate. These 'Tier 4 units' could provide highly specialised interventions for the most dependent young people in the secure estate, while freeing up resources in other establishments. These resources could then be redistributed to other substance misuse services. The number of these specialised units needed would be low. The impact that these units would have on other aspects of young people's care, such as family visits, would also need to be taken into account.

- **provision of better guidance on prescribing**
  Specific guidance is needed on the circumstances in which maintenance prescribing should be used for young people within the secure estate who have extreme substance misuse difficulties. Prescribing practice for young people is still piecemeal in its organisation. There is a need for regular sharing of best practice information and for formal training conferences or workshops. These would ideally involve YOT workers and community drug workers (who need to understand and facilitate seamless resettlement care planning in relation to prescribing), GPs specialising in prescribing issues, RAP workers, and secure care substance misuse and healthcare staff.

Evaluation, data monitoring and quality control

Implementation of the following measures is recommended:

- **development of more rigorous systems of evaluation**
  If substance misuse provision is to meet best practice requirements, more rigorous systems of evaluation need to be introduced for programmes and interventions. Many units currently have very rudimentary forms of evaluation in place. National substance misuse programmes ideally need to be developed with built-in systems for ongoing evaluation of their impact in terms of behavioural and attitudinal change.

- **introduction of independent evaluation of services**
  The research found that establishments were over-reliant on in-house methods of evaluation and service-user surveys. To improve the effectiveness of services, the services should be evaluated by an independent evaluator and assessed against established principles of best practice in the field.

- **establishment of a permanent YJB evaluation team**
  Although incorporating evaluative measures into programme design can seem like a simple exercise, interpreting the results of such exercises, and knowing how to modify programmes to maximise effectiveness, is far more complex. The YJB should therefore establish its own permanent evaluation team, consisting of experts from various fields, consultants and practitioners. This team should initiate evaluation studies of ongoing programmes which span the whole of the secure estate, and should also be responsive to the needs of individual units for help in evaluating and monitoring smaller-scale or one-off programmes.

- **provision of an accreditation framework**
  The secure estate needs an accreditation framework to help classify programmes according to the level of evaluation achieved, and to provide clarification about what levels of evaluation should be aimed for by staff when developing programmes.

- **introduction of greater service-user involvement**
  At the time of this study, although young people's views were often incorporated in the processes of care planning and review meetings, their opinions about the services they received were generally given a low priority by service providers. There was little evidence of service-user consultation exercises to influence the type of services young people received, and some young people in custody expressed frustration at not being listened to. Young people need to participate more in shaping services. As part of basic evaluation processes, service-users' opinions should be gathered in an ongoing and systematic manner. Their comments and responses should then be considered together with what is known in relation to 'what works' and other best practice guidance to inform unit and practice development.

- **development of an outcome measurement tool**
  An outcome measurement tool could usefully be developed to support the introduction of the new substance misuse KPI. As indicated in the 'Identifying best practice' chapter of this report, there is currently only minimal activity focused on measuring basic outcomes of substance misuse interventions with young people in the secure estate. A short and young person-friendly exit survey could be centrally devised to explore changes in young people's knowledge about substances, changes in their attitudes to drug and alcohol use, and their attitudes to altering their

substance-using behaviour. Although any changes could not be simply attributed to the input of substance misuse work alone, this type of system would nevertheless provide a better indication of changes in knowledge and attitudes than is currently available. At the present time, the newly developed KPIs still measure primarily what is put in place to meet identified needs, rather than measuring the impact of any intervention put in place.

- **provision of guidance and feedback about data monitoring returns**
  For any data collection exercise to be completed competently, those involved need to feel that it is purposeful. Staff in the secure estate need feedback about their data monitoring returns. There should be a balance between information that is requested because it is essential to provide evidence of inputs and outputs, and information that is requested because it is useful for managers and practitioners involved in service development. At an early stage in the introduction of new data monitoring systems, quality control mechanisms to monitor returned data and clear guidance about what is being requested need to be put in place.

- **provision of data collection support**
  Centralised support should be provided to smaller units where there is no access to the software that enables data collection to be completed more easily. Sharing of knowledge and the dissemination of successful systems throughout the secure estate could help smaller units with limited administrative support.

- **introduction of detailed monitoring of interventions**
  Many staff members suggested that more detailed monitoring of interventions could improve understanding of appropriate services. Monitoring should include: the prevalence of each intervention and patterns relating to this; how frequently each intervention was offered; and rates of acceptance of interventions, in particular among BME young people and according to gender and age.

- **introduction of monitoring of status transitions**
  Many secure estate staff felt that a necessary improvement to services would be the monitoring of young people's transitions into the community or into the adult secure estate through some form of feedback mechanism from community and adult secure estate workers.

- **further development of the Common Assessment Framework**
  Ideally, assessment tools should be used consistently across the secure estate and in the community to facilitate continuity of care and to reduce the risk of duplicate assessments. However, many practitioners felt that the Common Assessment Framework, although a good idea, was not yet sufficiently developed to be an adequate assessment tool. They felt that the framework required further development through consultation with practitioners across a number of disciplines (social care, mental health, health and substance misuse, etc). Information held on any revised Common Assessment Framework should be shared with professionals on a 'need to know' basis. The boundaries governing what professionals in any given setting 'need to know' require greater clarification, ideally through a process of ongoing guidance using case studies; this issue also needs to be raised during staff supervision.

Staff training

The following improvements in, or additions to, staff training provision are recommended:

- **improved training on self-harm and suicide awareness**
  Increasing awareness of the risks for self-harm and suicide (particularly among young females) should be incorporated into staff training, perhaps in a programme developed jointly between the YJB, Offender Health and the Safer Custody Group.

- **the provision of staff training in structured interventions**
  Staff training is needed in the secure estate to support the delivery of structured therapeutic interventions for young substance misusers. Training should cover areas such as cognitive behavioural approaches, solution-focused therapy, motivational enhancement therapy, relapse prevention techniques, etc.

- **the progression of culture change in establishments**
  In previous research completed by Galahad SMS Ltd in 2003, a recommendation was made that all staff in YOIs should have a basic understanding of the emotional, cognitive and developmental differences between a child, an adolescent and an adult. During this study, differences were observed once again in how young people were treated from unit to unit in the secure estate. In the secure children's home case study site, researchers witnessed high levels of understanding of child and adolescent psychology, particularly in how issues such as conflict, challenging behaviour and aggression were dealt with. In the YOI and STC case study sites, levels of understanding of how to deal with young people and their frustrations were observed to be less well developed. Further investigation revealed evidence of variation in recruitment and training practices throughout different sectors of the secure estate. The recommendations of the Warner report (Warner, 1992) have been introduced throughout the secure estate with the aim of changing the predominantly control-based culture of some establishments to a predominantly care-based culture. Further research is recommended into the impact of unit culture on the young person's experiences, as well as close monitoring of the implementation of the Warner report recommendations.

- **the provision of conflict and anger-management training**
  Most young people interviewed said that one of the most challenging aspects of living in secure settings (and, for some, of living in the community as well) was the management of conflict and of their own anger. Effective staff training, such as that observed by researchers at Vinney Green secure children's home, focuses on teaching constructive conflict and anger management techniques for secure care staff. In turn, this should mean that young people in custody are provided with positive role models and techniques for managing conflict and anger. Marlatt and Gordon's (1985) work underlines the link between poor stress and conflict management and relapsing to substance misuse.

Throughcare and resettlement

The following improvements in provision are recommended:

- **improved preparation of young people for resettlement**
  While aftercare issues are largely the responsibility of a young person's YOT, secure establishments still have a responsibility to prepare the young person for their resettlement into the community. Many young people did not have the knowledge or confidence to arrange things like education, training and employment. To help young people to make changes to their lifestyles, courses could be provided that instruct young people on where to go to find a job, provide experience with interview techniques, assist with CV preparation, and help the young people to gain a place at college or to claim benefits. In addition, secure establishments could build on existing educational work designed to improve

vocational skills and assist with lifestyle changes, such as vocational training and fitness opportunities.

- **greater assistance with accommodation**
  In the sample of young people considered for this research, 15% were uncertain about where they would live after they left custody. Without prompting, 16 young people also said that this was the area that they needed the most help with while in custody, making accommodation the area where help was most frequently requested by young people. Work should continue to establish safe and suitable accommodation for vulnerable young people.

- **better liaison with young offenders' families**
  Increased liaison is needed with the families of young offenders to encourage them to support the young people in maintaining substance-free lifestyles following release.

Appendix A: Tables

Indicator scores for the level of service integration

Score range	Clinical indicator
0.0—0.49	Very little integration
0.5–-0.99	Little integration
1.0–1.49	Mild integration
1.5–1.99	Moderate integration
2.0–2.49	Good integration
2.5–2.99	Very good integration
3.0–3.49	Excellent integration
3.5–4.00	Perfect integration

Source: Robert, Gafni, Byrne, et al. (2004)

Scale for the Human Services Integration Measure

0	No awareness of other programmes or services
1	Aware of other programmes but organise their activities based solely on the needs of their own service and make no effort to do otherwise
2	Services share information on a formal basis
3	Services modify their programmes or planning to avoid duplication or to improve links with other services, based on their knowledge of the other services
4	Services jointly plan programmes and modify their services as a result of consultation with, and advice from, the other services

ASMA questions

1	If you use drugs, do you have a favourite drug you use?
2	If you use drugs, do you ever do so alone?
3	Do you use drugs because you're bored, lonely or anxious?
4	If you use drugs, do you think a lot about drugs and drug use?
5	Do you plan your day to make sure you can use drugs?
6	Do you need to use more and more drugs to get high?
7	Do you feel irritable or anxious if you don't use drugs?
8	Do you miss your favourite drug if you don't use it for a while?

Source: Willner, P. (2000)

Young people's satisfaction with custodial substance misuse services

Service	Completely satisfied (%)	Quite satisfied (%)	About 50/50 (%)	Quite dissatisfied (%)	Completely dissatisfied (%)
Room on a drug-free wing (n = 45)	56	16	16	11	2
Complementary therapies (n = 50)	34	46	14	4	2
Assessment of your drug use (n = 135)	28	40	25	4	2
Assessment of your alcohol use (n = 119)	24	41	31	3	0
Drug and alcohol education classes (n = 148)	28	37	22	7	5
Drug and alcohol counselling (n = 100)	32	39	25	4	0
Counselling for personal problems (n = 59)	42	29	15	7	7
Group work for drug or alcohol use (n = 85)	40	33	18	5	5
Drug testing (n = 153)	41	26	27	5	2
Hepatitis jabs (n = 118)	41	36	21	2	1
Advice from a substance misuse worker (n = 160)	42	39	14	3	2

Notes: Figures have been rounded to the nearest whole percent, therefore in some cases, the sum of the ratings is 99% or 101%. The number of young people rating each service is given in brackets in the 'Service' column (i.e. n = x). Only those services that were rated by more than 40 young people are included in this table.

Appendix B: The four-tier system

The four-tier system is a continually evolving framework designed to help establishments to organise substance misuse services for young people and to match each young person to the right level of treatment. As those providing services for young people gained knowledge and developed new approaches to treatment, so the framework needed some additional explanation and refinement. In both the community and the secure estate, practitioners still face common challenges as they try to fit their practices and procedures within the theoretical models set out in the framework.

Background

In 2001, the Health Advisory Service published a four-tier framework providing guidance on the commissioning, design and delivery of substance misuse interventions for young people: *The Substance of Young Needs: Review 2001* (Gilvarry et al., 2001).

The National Treatment Agency subsequently produced a revised version of this four-tier framework in *Young People's Substance Misuse Treatment Services – Essential Elements* (National Treatment Agency for Substance Misuse, 2005b).

Two other influential variations of the four-tier model have been closely based on the Health Advisory Service's 2001 model, but have generated variations in interpretation that have raised some questions among commissioners and practitioners. These are 'Developing an Evidence-based Model for Services' (Williams et al., 2004) and *First Steps in Identifying Young People's Substance Related Needs* (DrugScope, 2003).

The National Treatment Agency for Substance Misuse's 2005 publication *National Drug Treatment Monitoring System: Young People's Process Guidance* (National Treatment Agency for Substance Misuse, 2005a) has also added to the debate and influenced practice in relation to four-tier activity.

At the time of writing, the three principal working models of the four-tier system are:

- the Health Advisory Service's *The Substance of Young Needs: Review 2001* (Gilvarry et al., 2001).
- 'Developing an Evidence-based Model for Services' (Williams et al., 2004)
- *First Steps in Identifying Young People's Substance Related Needs* (DrugScope, 2003).

Comparing the four-tier models

Tier 1

In all models it is recognised that Tier 1 services should involve mainstream workers, such as teachers, social services staff and primary care workers, who are easily accessed by all young people and their families. It is agreed that the principal aims of these Tier 1 services are to promote health improvement and to help young people to achieve their potential in terms of education and general well-being. There is consensus that work in this tier involves:

- universal education about substance misuse issues
- identifying the risk factors that may leave young people vulnerable
- screening those identified as being at risk
- a wide range of frontline staff, such as teachers, police officers, primary care workers, social services staff, and voluntary services staff
- activities to facilitate linkage between Tiers 1 and 2.

Both *First Steps in Identifying Young People's Substance Related Needs* (DrugScope, 2003) and the Health Advisory Service's review *The Substance of Young Needs: Review 2001* (Gilvarry et al., 2001) emphasise the need for Tier 1 workers to be trained in issues of adolescent development and awareness of basic substance misuse.

At this level, the main difference between the three sets of guidance is whether education targeted toward 'at-risk' groups is viewed as a Tier 1 or a Tier 2 activity. In the Health Advisory Service review and DrugScope's *First Steps in Identifying Young People's Substance Related Needs* this is seen as a Tier 2 activity, whereas in 'Developing an Evidence-based Model for Services', Williams et al. place it in Tier 1.

Other areas of subtle variation that are of potential relevance include:

- a greater emphasis in the Health Advisory Service review on the need to train all Tier 1 service providers in basic awareness of substance misuse, and in issues of child and adolescent development and child protection
- a differentiation between the term 'assessment', used by Williams et al,, and 'screening', preferred by DrugScope. 'Screening', according to DrugScope, is separate from 'assessment', and describes a low-key discussion between a professional and a young person to establish how substances might be affecting a wide range of areas of the young person's day-to-day functioning. DrugScope sees screening activity as a link to fuller assessment, if need is determined, and to higher-tier help
- a greater emphasis in the Health Advisory Service review and the DrugScope guidance on the responsibility of workers to create links to higher-tier services
- an acknowledgement in the Health Advisory Service review of the importance of peer mentoring/education as a potential referral route up through the tiers.

Tier 2

There is agreement that work in this tier should focus more proactively on those young people identified as 'vulnerable'. As there is no consistent national definition of 'vulnerable young people', this study considered the definitions both in the DfES briefings given to high-focus area consultants (unpublished), and in *Vulnerable Young People and Drugs: Opportunities to Tackle Inequalities* (Department of Health and DrugScope, 2000). These definitions of 'vulnerable young people' include:

- looked-after children
- young people who are truants or who have been excluded from school
- young offenders
- pregnant teenagers

- young people who are homeless
- young people not in education, employment or training
- children whose parents misuse drugs
- young people involved in prostitution.

There is agreement that Tier 2 services should be delivered by those with experience of working with young people, and with some semi-specialist knowledge of substance misuse issues. It is also agreed that the aims of this tier are to reduce risk and vulnerability, to intervene early with young people before problems escalate, and to work towards reintegration into mainstream services.

The most significant area of disagreement about Tier 2 services relates to the timing of the assessment process. The Health Advisory Service review refers to some level of assessment occurring at this tier:

> *Assessment should be a more holistic assessment of the young person. It should clarify the degree and significance of substance misuse and misuse and other related problems. Assessment should identify specific vulnerabilities, such as educational problems, family conflict or physical problems.*
>
> (Gilvarry et al., 2001: 83)

It is not clear whether the Health Advisory Service is advocating a repeat of the screening that occurs at Tier 1 (only this time, perhaps, with vulnerable young people, rather than with young people in general), or perceiving this 'assessment' as quite separate and more in-depth than the screening activity. If it is the latter that is intended, then this 'assessment' appears to be a lower-key intervention than the 'fully comprehensive assessment' that is subsequently advocated at Tier 3. One could interpret this as encouraging practitioners in Tier 2 to complete a low-level assessment to help to focus the activity in this tier. National Drug Treatment Monitoring System guidance, however, warns against such 'triage' assessment:

> *Young people should not be triaged: they should receive a comprehensive assessment when they have their first contact date.*
>
> (National Treatment Agency for Substance Misuse, 2005a: 87).

Some additional details are given in the Health Advisory Service review which are relevant to the secure estate. These include the need:

- to screen all vulnerable young people, including young offenders
- to repeat this process of informal screening at regular intervals to take into account shifting use of substances or shifting attitudes to use
- to involve families in planning and activity
- to provide targeted prevention for groups who are at risk.

Tier 3

There is general agreement that work in Tier 3 involves substance misuse specialists, and that young people's access to this tier is via a comprehensive assessment, with subsequent provision of holistic packages of multi-disciplinary care. The Health Advisory Service review seems clearest in its description of who should receive Tier 3 services: "Those young people with tobacco, drug and alcohol problems but often also

multiple underlying problems" (Gilvarry et al., 2001: 87). This description is further qualified: "The substance misuse will usually be of sufficient intensity to significantly interfere with other aspects of the individual's life or family and/or co-occur with other complex problems." (Gilvarry et al., 2001: 87).

Williams et al. (2004) add that often young people in Tier 3 will:

- be looked-after children
- have a history of multiple exclusions from school
- experience homelessness
- have a history of involvement in sexual exploitation
- face social exclusion.

The guidance in the Health Advisory Service review is that interventions should be concerned with outcomes across all areas of the young person's life (such as education, offending and mental health) and not simply drug usage outcomes.

There is disappointingly little detail on which substance misuse interventions should be offered in Tier 3, although the Health Advisory Service review does differentiate between non-complex detoxification (which does not require in-patient care, but which would be rare for those under 16) and the more complex prescribing found in Tier 4.

An important difference between models of provision for adults and for young people is that, in those for young people, prevention initiatives such as needle exchange are considered a Tier 3 activity rather than a Tier 2 prevention activity, since guidance indicates that this should be firmly embedded in a programme of planned care. This inclusion of 'targeted prevention activity' as Tier 3 'treatment' has caused some confusion recently; there is evidence that practitioners were reporting (via local National Drug Treatment Monitoring System returns)[66] all prevention and harm-reduction activity as being Tier 3 activity.

Tier 4

It is generally agreed that this tier of provision:

- involves focused and intensive work for very short periods
- should be accessed by young people with the most extreme levels of substance reliance, or by those in need of protection because they have failed to respond to lower-tier interventions
- provides multi-component packages of care; these packages of care can be delivered in a variety of settings – whichever most effectively fulfil the dual goals of meeting the needs of the child and the requirements for adequate protection
- in complex cases includes the provision of detoxification in more secure and protected settings (specialist units, fostering placements and children's homes).

[66] Evidence emerged from discussions with Drug Action Team managers and practitioners during the course of a recent DrugScope needs assessment led by Galahad SMS Ltd.

The common feature of Tier 4 activity is not where it is provided, but that the period of provision is short and intensive; this type of intervention can include multi-systemic therapeutic approaches.

Appendix C: A representative survey sample

There were a total of 37 establishments in the secure estate that could have participated in the research – 18 YOIs, 15 secure children's homes and four STCs. Of these, 13 were chosen for the final evaluation, as detailed in the 'Methodology' chapter. The establishments that participated in the evaluation were chosen to limit the possibility of any geographical bias and also to reflect the population size of these establishments. For example, although there are 15 secure children's homes in the secure estate and 18 YOIs, just two secure children's homes were included in the evaluation compared to 10 YOIs. This reflects the population sizes of the respective units, which range from six to 36 for secure children's homes, and from 28 to 360 for YOIs. It was, therefore, necessary to include more YOIs to ensure that the sample more closely reflected the composition of the secure estate. Furthermore, three YOIs (Downview, Eastwood Park, and New Hall) were specifically chosen to gather a sample of young females. Huntercombe and Warren Hill YOIs were included in the evaluation to ensure that a sufficient number of young people serving long-term sentences were included in the research.

Selecting participants for the evaluation was a difficult process, as researchers had to work within secure estate protocols and procedures. Initially attempts were made to construct a purely random sample based on assigning numbers to the entire population of a particular establishment and then randomly selecting numbers for interview. This proved almost impossible to pursue. Due to the necessity of conducting the evaluation with minimal disruption to the day-to-day running of an establishment, it was agreed that interviewees would be drawn from young people who happened to be either in education or association at the time of the fieldwork visit. We believe that the sample represents a fair snapshot of the secure estate population at the time of the evaluation, with no intentional bias (other than that efforts were made to ensure that the sample included a fair sample of females, BME young people, young people on long-term sentences and young people on remand).

Staff were chosen for interview on the basis of the level of their contribution to substance misuse work in the establishment. It was not always possible to interview all staff in a given establishment, but researchers ensured that the substance misuse manager, substance misuse workers and education workers were interviewed in every establishment.

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