

Effective Interventions Unit

Young people with, or at risk of developing, problematic substance misuse: A guide to assessment

What is in this guide?

- €# Evidence from consultation (with practitioners, young people and families) and from the literature on the key issues that influence effective assessment for young people with, or at risk of developing, problematic substance misuse.
- €# Case studies of assessment frameworks, processes and tools currently in use.
- €# Examples of practice for sharing information.

What is the aim?

To provide information and evidence to support the effective identification of substance related needs among young people; and to inform the design and delivery of effective assessment for young people with problematic substance misuse.

Who should use it?

Anyone working with young people. Those working in specialist substance misuse services as well as more generic services should find the guide equally relevant. Although the focus of the guide is young people with substance misuse issues, some of the evidence has been drawn from sources not specifically directed at or involved with substance misuse. The guide may also be of use to individuals with a more strategic interest in commissioning, designing or evaluating services for young people.

Who wrote this guide?

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Introduction

An **effective assessment process** is at the core of delivering effective treatment, care and support to individuals. The EIU produced guidance on assessment as part of 'Integrated Care for Drug Users: Principles and Practice' (EIU 2002) and went on to publish a 'Digest of Tools used in the Assessment Process and Core Data Sets' (EIU 2003). However, these materials deal with adults and we recognise that it may not be appropriate to apply assessment processes or tools that were developed for use with adults to young people.

There are important differences between the needs of young people and the needs of adults: for example, in terms of their vulnerability, the circumstances of their substance misuse, methods of use and perceptions of risk. These differences are described in more detail in the EIU guide 'Services for Young People with Problematic Drug Misuse: A Guide to Principles and Practice' (which can be downloaded at http://www.drugmisuse.isdscotland.org/eiu/pdfs/eiu_yptreat.pdf). This current guide to assessment for young people with, or at risk of developing, problematic substance misuse follows our commitment to undertake further work on assessment for young people in that guide.

This guide to assessment addresses young people's **substance misuse**, not just drug misuse. During the consultation work that we undertook as part of our evidence gathering, participants frequently reported that young people often had issues with both **drugs and alcohol**. Both are problematic for young people and are often inextricably linked.

There is wide agreement on the need for **different levels of assessment** although currently there are no common definitions. Consultation with practitioners and others on the content of this guide suggested that it should address 'the initial identification of substance related needs' (or initial assessment) and what might be involved in a more in-depth assessment.

The wider context: other work on assessment for young people

This guide needs to be placed within the context of wider work on assessment for children and young people being undertaken by the Scottish Executive and others.

Recent reports (such as 'For Scotland's Children' and the child protection review 'Its Everyone's Job to Make Sure I'm Alright') and Inquiries on children (Kennedy McFarlane and Caleb Ness) have highlighted **deficiencies in assessment and information sharing**. The Cabinet Delivery Group on Children and Young People has identified assessment and information sharing as one of its five priorities for action. The Scottish Executive (in partnership with other agencies) is undertaking a programme of work which will include the production of: a new integrated framework for the assessment of children and young people and guidance to support information sharing in children and young people's services. We refer to this work throughout this guide.

Colleagues within the Scottish Executive who are currently developing the **all encompassing integrated assessment framework for children and young people** have worked closely with the EIU to ensure that our evidence and this guide will support that wider initiative. While the focus of this guide is assessment for young people engaged in substance misuse, we have identified key principles and key elements of person-centred effective practice in engaging with young people, building relationships and managing an assessment which apply to all assessments involving young people.

Other national initiatives which address assessment include: the eCare children's stream which focuses on common assessment processes and data sharing; the 'Getting our Priorities Right: Good Practice Guidance for Working with Children and Families affected by Substance Misuse'; and 'Individuals in Transition: A Framework For Assessment and Information Sharing' developed by Careers Scotland in consultation with the Scottish Executive. The 'Looked After Children' materials developed by the Department of Health in England and now used by most Scottish local authorities provide a national framework for assessing the needs of children who are looked after. There is also the Education (Additional Support for Learning) (Scotland) Act which is expected to come into force in 2005, and the recent Children's Charter.

We have looked at work underway in England and Wales, and a separate initiative in Northern Ireland, on assessment and information sharing. This guide also draws heavily upon: 'First Steps in Identifying Young People's Substance Related Needs' (Home Office/Drugscope 2003) and 'Assessing young people's drug taking: Guidance for drug services' (Standing Conference on Drug Abuse, SCODA, 2000). We have then gone on to present case studies from the Scottish experience, where agencies and service providers have adapted the Drugscope and SCODA materials to meet their own needs.

The legal framework that exists for children and young people is also different to that for adults. The Children (Scotland) Act 1995, the United Nations Convention on the Rights of the Child 1989 and the Age of Legal Capacity Act (Scotland) 1991 are the three key pieces of legislation in relation to the care and welfare of children in Scotland. The child or young person's welfare is paramount. Children and young people's rights include **the right to protection from abuse, neglect or exploitation** and **the right to be heard and to have their views taken into account.** Those working with children and young people must ensure that their rights are upheld and that children and young people understand what their rights are. They also need to know who will champion their rights if they feel they are being ignored. In March 2004, the Scottish Executive published a Children's Charter, 'Protecting Children and Young People - The Charter' which sets out what children and young people need and what they expect to help protect them when they are in danger of being, or have already been, harmed by another person. The Executive also published the 'Framework for Standards', which is a means for translating the commitments made to children in the Charter into practice.

Methods

This guide is informed by:

- €# a **Reference Group** with representation from: the EIU, other Scottish Executive Departments, national agencies working with young people, Drug and Alcohol Action teams (DAATs) and local authorities, and services working with young people with substance misuse problems. Membership of the reference group is provided in Appendix 1.
- €# two **practitioner consultation seminars** (one in Stirling and one in Bishopton, by Glasgow) with a total of 90 participants (Appendix 2). Consultation feedback is provided in Appendix 3.
- €# **consultation with young people**, via services working with young people, and examination of previous research on young people's assessment experiences.
- €# **consultation with families** on their experiences of assessment, via the Scottish Network of Families Affected by Drugs (SNFAD).

- €# **case studies of assessment frameworks, processes and tools** in use across services in Scotland. The guide also incorporates case studies on effective ways of engaging with young people and examples of practice for sharing information. The services who provided information for the case studies are listed at Appendix 4.
- €# **visits** to a number of agencies and individuals working with young people. A full list of these visits is at Appendix 5.
- €# **consultation with colleagues in other departments/units of the Scottish Executive, and Careers Scotland**, on wider work on assessment for young people currently being undertaken.
- €# an examination of **assessment materials** produced in England by the Home Office/Drugscope and by the Standing Conference on Drug Abuse (SCODA). The EIU also looked at the development of a national assessment framework for England and Wales (Department of Health and Welsh Assembly) and work underway to develop a national assessment framework in Ireland.

The potential audience for the guide is wide, ranging from generic services e.g. health, social care, criminal justice, through to specialist substance misuse services for young people. DAATs and partner agencies engaged in planning and commissioning of services should also find it useful since an effective assessment process is at the core of the planning and delivery of effective services. In particular, a robust assessment process delivered consistently across service providers should supply important data to inform future planning.

It is hoped that the layout of this guide will allow people to access information according to their varied needs and interests. It is also important to note that this guide limits its scope to **assessment leading to the production of an agreed action plan**. It does not extend to the issues that impact on the wider care planning process. Finally, it may be helpful to read this guide in conjunction with the EIU Guide to Services for Young People.

Note: In this guide there are many references to previous EIU documents: 'Integrated Care for Drug Users: Principles and Practice'; 'Services for Young People with Problematic Drug Misuse: A Guide to Principles and Practice'; and 'A Digest of Tools Used for Assessment and Core Data Sets'. As shorthand we will refer to them as:

Integrated Care for Drug Users

Guide to Services for Young People

Digest of Assessment Tools

THANK YOU

The EIU would like to thank all those who have helped with the production of this guide as members of the Reference Group, by participating in interviews, consultation workshops, providing references and case studies and commenting on drafts.

Chapter 1: Why Assess Young People?

The purpose of assessment is to identify the needs and aspirations of the individual in order to inform decisions about treatment, care and support (EIU 2003, 2002).

What is assessment?

There is a range of descriptions and definitions of assessment. Assessment in social work, health or educational settings may refer to slightly different processes.

The Scottish Executive is currently developing an integrated assessment framework for all children and young people. For the purpose of this initiative the following working definition of assessment has been developed (note: this is work in progress and the definition may be further refined):

"Assessment can be used to build relationships".

"It can be used as a form of empowerment".

"Clients often see it as part of the therapeutic process."

"It's good to capture the big picture".

Practitioner consultations

"Assessment is an ongoing process of gathering information, structuring it and making sense of it in order to inform decisions about the actions necessary to maximise children's potential. It is led and supported by professionals, working with children and those who care for them, who are actively involved in the process. This process assumes the sharing of information where the law, practice and policy allows or requires it. It identifies and builds on strengths, whilst taking account of risks and needs".

'Integrated Care for Drug Users' describes assessment as "an ongoing process, not a one-off event" that "seeks to identify the range and level of needs of the individual, **not only problems with drug misuse**, but also health, social and economic circumstances. It explores the individual's attributes and aspirations. The outcome should be informed decisions about treatment, care and support that are regularly reviewed and revised as necessary".

Our consultation with the families of young people involved in substance misuse identified the assessment process as **the route for their young people to get help**. However, there was a perception that **sometimes the assessment was driven by what treatment, care and support was available and not necessarily what best met the needs of their young people**.

Young people should be at the centre of the assessment process, but assessment is sometimes viewed by young people as a negative experience. The evidence strongly suggests that their perception of the assessment process will have a key influence on its success. **Young people's understanding of assessment varies.**

"See what you have been up to"

"A test"

"Set goals"

"Answering questions"

"Trying to improve life style"

Young people's consultations

"Sheets about drugs"

"Asking questions"

"Gathering information about my life style and current situation"

"My life story"

Key principles of assessment

The Beattie Committee Report 'Implementing Inclusiveness Realising Potential' (Scottish Executive 1999, available at <http://www.scotland.gov.uk/library2/doc04/bere-00.htm>), identifies **key principles for an effective assessment process** for young people who are experiencing difficulties in making the transition to post-school education and training as a result of disadvantage or disability.

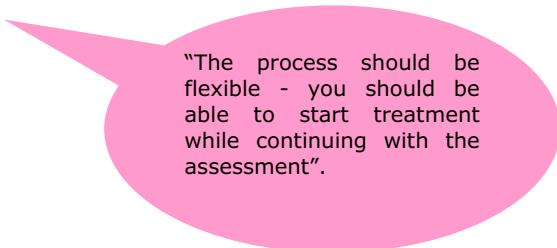
The assessment process:

- J' must be open
- J' must be fair and accurate
- J' must be focused on the individual and not designed to accommodate the organisational structures or administrative practices of an agency
- J' must respect confidentiality
- J' must encourage full participation and ownership by the individual
- J' must aid progression

It should also:

- J' be continuous but not repetitive
- J' be given adequate time and care
- J' be carried out by competent and well-trained staff
- J' be designed to allow the transfer of accurate, relevant and up-to-date information

From our consultations with practitioners working with young people, there was broad agreement with these key principles although it was emphasised that the process should be flexible to allow treatment to begin when considered to be necessary.



"The process should be flexible - you should be able to start treatment while continuing with the assessment".

The Beattie Committee Report also recognises that whilst this is the ideal "young people may be **unwilling to participate** or to participate fully; they may have **difficulty in communicating their views about difficult areas of their lives**; there may be **little or no previous information available**; and their **aspirations and expectations may be unrealistic**". We address these issues throughout this guide.

We have drawn on the guiding principles above in the following chapters which set out the key elements of effective practice that we have identified from our evidence-gathering and our consultations with practitioners, families and young people themselves.

Chapter 2: Who are the Young People?

In this guide we use the term 'young people' to mean **primarily those aged 18 years and under**, although the assessment processes discussed may apply to, and be appropriate for, young people **up to the age of 25**. Feedback from practitioners suggests that this is a helpful approach as young people will mature at different rates. Also, many young people's services work with young people who are over 18. 'Working with Young people: A profile of projects funded by the Partnership Drugs Initiative' (EIU 2004) found that most of the individuals in touch with the projects were aged between 14 and 17 years, but also included young people aged 18 and above.

Throughout this guide we refer to young people with, or at risk of developing, **'problematic' substance misuse**. Individuals will have different interpretations of what is 'problematic'. For instance, how a parent or carer views their child's substance use and how a young person views their substance use could be very different. There is an ongoing discussion to be had in these circumstances. "One-off and experimental use of drugs and alcohol cannot in itself be seen as indicative of having caused actual harm or being related to any personal disorder" (HAS 1996). In other words, because a young person has ever used drugs or alcohol does not automatically mean that they have a problem which requires treatment. **However, it must be recognised that all substance taking by young people carries potential harm**. 'Understanding problem drug use among young people accessing drug services: a multivariate approach using statistical modelling techniques' (Beckett et al 2004) provides an 'indicator of the level of problematic drug use' (LPDU). This indicator takes account of the following factors:

- ⌘ frequency of use
- ⌘ types of drug used
- ⌘ reasons for drug use
- ⌘ route of administration
- ⌘ current spending on drugs

A recent review by the Health Promotion Agency for Northern Ireland (www.drugsprevention.net 2001) indicated that drug use tends to occur when certain specific factors or variables are present: **positive correlation**. A **negative correlation** indicates that drug misuse tends not to occur when other specified factors /variables are present.

Examples of positive correlates include:	Examples of negative correlates include:
<ul style="list-style-type: none"> J · intentions to use J · impulsive behaviour J · excessive personal stress J · boredom J · anti-social tendencies J · scepticism about school drug education and media prevention efforts J · peer pro-drug attitudes and behaviour J · lack of parental concern. 	<ul style="list-style-type: none"> × self-esteem × liking school × achievement × religious beliefs × optimism about future × parental intolerance of deviance × presence of controls and regulations in the home.

The effective assessment of young people with problematic substance misuse should not focus on their substance misuse in isolation. Young people with problematic substance misuse will often have other difficulties in their lives (problems with family relationships, offending behaviour, housing, or problems at school) for which they will require support. "It will become obvious almost always that **a young person's substance problem is not the only problem**, and the assessment should be carried out within this context. It is not too far fetched to suggest that practitioners should assume that this is the case until proven otherwise" (Crome et al 2004).

There is also the risk of labelling a young person as a 'substance misuser' and losing sight of the fact that **first and foremost we are talking about a young person.** This guide also describes how it is the responsibility of all those working with children and young people to be able both to relate to, and engage with, them and to identify their substance misuse needs. This may be a substance misuse worker, a worker in a health or social care team, a youth worker, a volunteer or a foster carer.

One of the key messages from those working with young people and from young people themselves is the need for **the young person to be at the centre of the assessment process.** In order for assessment to be effective, the young person needs to feel that he/she is involved at every stage.

Chapter 3: Who works with young people?

One of the challenges in planning and delivering treatment, care and support for young people with, or at risk of developing, problematic substance misuse is the number of different types of services likely to be involved. Generic services e.g. health, education and social care are likely to have continued responsibility for many young people, even when a substance misuse problem has been identified.

The balance between generic and specialist services is an issue to be addressed by DAATs and partner agencies engaged in the planning of services in their area (EIU 2003). However, given the range of needs and the number of potential outcomes for the young person, it is likely that a number of people across a range of providers will be have **a part to play, and an interest in, the conduct and outcome of the assessment process.**

Agencies and service providers include:

- # Education including schools, colleges, community education services
- # Social Work - Children and Families Teams (including child protection), Youth Justice, services for looked after and accommodated children
- # Health Services including primary care, CAMH teams
- # Specialist substance misuse services
- # Residential care
- # Youth work services
- # Children's Reporters and Panels
- # Community based services including leisure, arts and diversionary activities
- # Foster carers
- # Volunteers

There are risks of duplication on the one hand and young people 'falling down the gaps' on the other. All those who have a role in assessment also have a responsibility to ensure that the assessment process encompasses all the relevant interests at the appropriate time. Perhaps most important of all, the young person should not be able to 'see the joins'.

DAATs and partner agencies engaged in planning and commissioning, and **agencies and service providers** engaged in assessment, need to consider the roles and responsibilities in assessment of agencies/service providers, both generic and specialist.

CHECKLIST

Issues for DAATs and partner agencies

- J: The **levels of assessment** appropriate for different agencies/service providers
- J: The development of **protocols** for information sharing and referrals
- J: **Inter-agency** training
- J: Mechanisms for **recording and collating assessment data** to inform future planning

Issues for agencies and service providers

- J: **Clarifying their role** in assessment and making that clear to other providers
- J: Agreeing **who** should carry out assessments
- J: **Building relationships** with other providers to improve information sharing
- J: **Staff** training, and participation in inter-agency training
- J: **Recording** of assessment data

Chapter 4: Effective Engagement with Young People

One of the key messages from our consultations is that **before you can work with young people to help them address their substance misuse, and other needs, you need to be able to engage effectively with them.** Effective engagement is the key to any successful dialogue. The assessment process can involve meeting on more than one occasion and information gathering over a period of time. It is, therefore, particularly important that the young person feels engaged, and comfortable with, both the worker and with the process right from the start.

There are different levels of engagement, all of which have value. **At the very first level, engagement is about attracting and drawing young people in to services.**

There is no right or wrong method of engagement but those who are seeking to engage with young people must be sensitive to their **needs, feelings and their issues.** Any kind of engagement implies a commitment from those involved. The workers have a responsibility to manage the process and to try to meet the realistic expectations of the young person. The young person also needs to be committed. This can be challenging for young people, but without them being 'signed up' and willing to be a full participant then the process is flawed. The young person needs to be prepared to talk to the worker and discuss issues with him/her, to turn up for appointments, treat the worker(s) with respect and behave in an acceptable way at the service premises.

'Your Rights and Responsibilities as a Client of Hype'

In order to ensure your safety, and the safety of others, the project has the following expectations:

- 1) No weapons in the building.
- 2) No abusive, threatening or violent language or actions to be used towards others. We will involve the police if someone is assaulted in the project or is seriously threatened.
- 3) No damage to, or theft from, the property is acceptable. We will involve the police if property is seriously damaged or stolen.
- 4) The expression of racist or other prejudiced views is not acceptable and will be challenged.
- 5) Drugs, alcohol or other substances, whether illegal or prescribed, are not allowed on the premises. "Dealing" is not permitted.
- 6) If you arrive under the influence of drugs, alcohol or other substances, the appointment will be stopped and you will be given a new time to come back.
- 7) No dogs other than guide dogs are allowed on the premises.

Extract from HYPE leaflet. The full leaflet is provided at Appendix 7.

It is important to be aware that engaging with a service might be a very challenging step for a young person and in order to take up that challenge they may have needed to draw on considerable courage or be very desperate for help. **First impressions of the service are very important and will influence whether or not the young person engages effectively.**

There are a number of factors to think about when trying to engage effectively with young people:

- ⚡ **why they have come to you**
- ⚡ **barriers to service engagement for young people**
- ⚡ **when, and where, they might want to see you**
- ⚡ **the individuals working in services**
- ⚡ **building relationships with young people**

1. Why they have come to you

Young people will often come to the attention of services for a reason other than their substance misuse. However, substance misuse may be an important factor among the problems for which they may be seeking help. There are a number of possibilities. The young person may not think that they have a problem with their substance use. Some young people make the decision themselves (or with encouragement from family/friends or another service) to make contact with services. Others may not get in touch voluntarily, but are referred by someone else and so **may be reluctant to engage**.

There are an increasing number of ways for projects to try to engage with young people. One example is **sports-based activities** which have proved to be popular in a number of areas and are seen as a diversionary opportunity. They can get young people to participate in an activity and then encourage them to follow a less risky lifestyle.

EXAMPLE

Scottish Sports Futures are using **basketball** to engage with young people, from 9/10 years upwards, in Glasgow. Basketball is the chosen sport because it appeals to both males and females and has a 'cool' image. Players from the **Scottish Rocks basketball team** provide coaching, participation in matches as well as encouraging attendance at professional games. The aim of the project is to develop self esteem, encourage a personal fitness and health programme and give the young people an ambition towards self achievement. **Twilight Basketball** targets young people most vulnerable to the risks of substance abuse and aims to divert them from crime and anti social behaviour. Through sports activities the young people recognise the need for personal fitness and a healthy lifestyle. 'Educational timeouts' provide the opportunity to promote drugs/alcohol awareness and education.

There may be opportunities to extend the project to include water based sports such as swimming and rowing.
Contact: ianreid@scottishsportsfutures.org.uk

2. Barriers to service engagement for young people

The young people with whom a service is seeking to engage may face a number of real, or perceived, barriers to engagement. Often young people with substance misuse problems are ill equipped to articulate their apprehensions. These apprehensions, and potential barriers, need to be recognised by services.

'Drug Treatment Services for Young People: A Research Review' (EIU 2002) found that the young people in the study usually faced at least some of the following difficulties:

- ⚡ lack of family and peer support to address their problems
- ⚡ lack of awareness of the likely consequences of their actions (particularly of substance misuse)

- ⌘ lack of knowledge of who to approach for help or how to get help
- ⌘ distrust or fear of official agencies and staff, including social workers
- ⌘ an assumption that they are disapproved of by most other social groups
- ⌘ danger of victimisation or exploitation by others (including dealers and pimps)
- ⌘ difficulty envisaging and committing to a positive course of action to help themselves.

3. When, and where, they might want to see you

Accessibility of services is crucial and there are a number of considerations:

- ⌘ Services which are available during 'office' hours may not be the most accessible for young people. Some services that are located **within a school** or close to it and which young people can access before school, during break times, lunchtimes and immediately after school have been effective at attracting clients.

EXAMPLE

ChYPSS (Children and Young People's Substance Service), a Wigtownshire service based in Stranraer Academy, meets and works with young people up to 18 in a variety of settings – community centres, youth cafes, health centres, the young person's own home – "anywhere the young person feels comfortable".

An important part of the service is the drop-in facility, based at the Academy. It gets upwards of 30 young people in each lunch-time. Young people have the opportunity to take part in activities, such as arts and crafts, but also to talk over any difficulties or concerns they may have. The main focus is substance use, but all young people are welcome.
 Contact: AnnieM@dumgal.gov.uk

- ⌘ Other services find that **a school setting is inappropriate for some of their clients**, particularly if they are excluded from school or are not attending. In these cases a service which is available away from the school vicinity and open during school times, late evening, or in the early morning may be more accessible.

- ⌘ The EIU 'Guide to Services for Young People' sets out an '**accessible services checklist**' of factors to think about when deciding where to site services and when to open. These factors are useful also in considering where and when to do an assessment (reprinted at Appendix 8 of this document for ease of reference).

- ⌘ **Safety for young people and workers, confidentiality and formality versus informality** need to be considered. There are times when a more formal setting is appropriate and times when informal is better. **Identify the right setting, perhaps in negotiation with the young person.**

- ⌘ A 'one-stop' shop drop-in facility for young people is advocated by representatives of the **Scottish Network of Families Affected by Drugs (SNFAD)** as an effective way to engage with young people. It is important that such a facility is available at times when young people are available to use it and that the ambience of the centre is young people friendly.

EXAMPLE

Youth Counselling Services Agency (YCSA) in Pollokshields, Glasgow engages with young people aged 12-25 from the local black and minority ethnic community. The project has two dedicated young people's drug and alcohol workers who offer a number of activities. Their ability to attract young people is down to the workers themselves coming from the community, being known to the young people and sensitive to cultural issues. Contact: info@ycsa.org

≠ There is growing recognition of **the need to reach out to some young people on their terms and in their place**. Outreach services have to be able to respond to vulnerable groups (some operate, for example, through a night shelter service) and address the needs of minority populations. Outreach services can have a role to play in bringing young people into diversionary activities (see Twilight Basketball initiative above). They can also help to sustain long term contact with young people.

4. The individuals working in services

The conduct and behaviour of the people working in services is crucial to their ability both to engage with the young people and to achieve a meaningful assessment for their clients. While the aim is to make the assessment process as participative as possible, in practice the worker will lead by his/ her approach. It is important that the worker:

≠ has an **open, welcoming 'young person friendly' approach**

≠ uses **language young people can understand**

≠ is **not condescending or patronising**

≠ right from the start, is **upfront and honest**. Be realistic about what can be done and what services can be offered. Be honest about child protection and the circumstances in which information has to be shared with others.

≠ tries to **see things from the young person's viewpoint**

≠ allows young people **to see where they see themselves**

'Step it Up: Charting Young People's Progress' (Scottish Executive 2003) describes the **youth work approach** to engaging with young people. This approach respects young people, listens to them, and encourages their participation. Effective youth work starts from the interests, hopes and aspirations of young people. It takes place in "a range of settings, including: youth clubs, outreach and detached projects, youth cafes, drug and alcohol projects and other health education groups. Key adults work with young people to create opportunities for them to meet, make friends, enjoy a range of experiences together and reflect on their personal and group development" (see Chapter 6, Assessment Tools–Step it Up self-assessment materials for young people). The Step it Up report is available on the youthlink website at <http://www.youthlink.co.uk/docs/Training%20docs/stepitupreport.pdf>

Projects which are established as part of the culture of the community have a unique opportunity to engage effectively with young people. A service which has been well established and which has gained a reputation for providing a **welcoming and inclusive atmosphere** not only attracts and retains clients but has the opportunity to be influential within the life of the community. Often these projects retain staff for a substantial period and staff who leave to gain experience return to the project. Sometimes young people have participated in the project from childhood and are therefore more likely to maintain engagement as they get older. This allows the project workers to address the changing needs of the young people and to develop good relationships with other young people because they already have 'street cred' in the community.

CASE STUDY EXAMPLE

The Canongate Youth Project (CYP) has operated **for over 25 years** in the southside of Edinburgh. It is a voluntary organisation set up under a charitable status and run by a management committee drawn from local people. The project is community based and works with young people aged between 5 and 21 years through youth clubs and activities based within their centre as well as in local schools in the project's catchment area. CYP has attracted the second and now the third generation of the same family into the project. This is recognition of the project's ability to carve itself a credible and sustainable reputation in the community. It could almost be described as a local institution. A number of youth clubs offer age specific activities every weekday after school and some activities within school time for younger children with their parents and for school leavers.

Pupil support work is undertaken in local primary and secondary schools. These include support for transition from primary to secondary schools, behavioural issues e.g. anger management, bullying, coercion to use drugs and alcohol. These are offered depending on the needs identified by the pupils and/or teachers.

CYP have recently developed their Independent Living Project to move to a more holistic approach. As a result the **CAST** project has been launched to support vulnerable young people, some of whom have been looked after, into work and enable them to sustain independent living. The issues which are addressed include **sexual health, stress, drugs and alcohol use**. The workers engage with young people in a range of settings including work in hostel accommodation.

There is also an important and busy advice and drop in centre offered by CYP. **There is information, counselling and advice available on a range of issues affecting young people. This service also provides a referral route to specialist services for those with drug and alcohol issues.** The drop in service is well used and its success is attributed to the friendly, informal and relaxed atmosphere. The staff have a good relationship with the young people and there is a strong feeling that the staff are very committed and work well as a team. Many of the staff have worked with the project for long periods and some have moved to other work and returned having widened their experience. The charismatic leadership, the commitment and the long-term stability the staff offer is very evident.

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5. Building relationships with young people

From all the feedback we have had on what makes 'effective assessment', it is clear that **relationship building is key to a successful outcome**. The relationship between the individual undertaking the assessment and the young person is central to the process. But it is also important to build good relationships with parents and carers and with other agencies (see Chapter 8, Information Sharing).

Building relationships means **building trust**. This takes time. For some children and young people trust may be a difficult concept. Perhaps they have had bad experiences in the past or they have never had a trusting relationship with an adult. With trust comes greater willingness to share experiences and feelings and there is a better chance of establishing the 'real story'.

"You earn my trust – how does a bit of paper earn trust? You don't just ask questions you make the night I was drinking into a story. I came in to your room on a downer you make me laugh and when I leave I feel happy" - **Quote from a 14 year old boy**

The National Children's Bureau, in partnership with PK Research, recently published a Handbook for those working with children and young people 'Building a Culture of Participation: involving children and young people in policy, service planning, delivery and evaluation' (Kirby, P et al 2004). This offers useful ideas on how to actively involve children and young people within services. The Handbook recognises that **meaningful participation depends on the building of positive relationships (rooted in mutual trust and respect) between adults and children and young people**. "Without shared respect, young people are unlikely to engage openly with adults. This requires positive worker attitudes, showing a genuine interest in them, as well as being interesting!".

The Participation Handbook offers the following ideas on **how to demonstrate an interest in children and young people, and be interesting**:

"What do you think makes a good worker?"

Child "That you can really trust them. Being able to listen to what you have to say and understanding (our situations)."

Participation Handbook

- J · be an active listener; take the time to sit down and really listen to what children and young people have to say
- J · when talking to younger children, sit or crouch down so that you are at eye level
- J · reflect back what children and young people communicate to demonstrate listening and check understanding
- J · do not pass judgement on what they say but offer your opinions
- J · find out what they are interested in
- J · create enjoyable experiences

Finally, "part of being respectful is recognising children and young people's individuality – **ask what issues are of concern to them, rather than making assumptions**".

The Participation Handbook also suggests “the best way for young people to communicate their needs and for adults to respond appropriately is through **positive dialogue**”, which involves:

- J · listening to each other
- J · learning from each other
- J · attempting to understand each others’ perspectives
- J · responding constructively to each other
- J · adults being open and upfront about what they can offer

“I think the way Lynne works with boys is great because she makes it into a conversation instead of a 1 way conversation Q and A’s and it is easier to do”. - **Quote from a 15 year old boy**

Also, “to have meaningful relationships with children and young people **adults need to share something of themselves** (views, experience and knowledge, and offering appropriate direction)”.

“Would have been better if workers involved listened more”
- **Young people’s consultations**

The importance of being able to relate well to young people has been highlighted already. The checklist below (adapted from the SCODA guidance ‘Assessing young people’s drug taking: Guidance for drug services’ to reflect EIU consultations) explores further the skills and knowledge that will be required of individuals working with young people, including those involved in the assessment of their substance misuse and wider needs.

CHECKLIST

All individuals working with young people should:

- J · have special skills to enable them to **relate and communicate effectively** with young people
- J · be aware of young people’s vulnerability and the possible need to **act as an advocate** to protect them from harm
- J · have an understanding of **young people’s development** and how they may function when distressed
- J · have a **working knowledge of substances and substance-related problems** and screening/early identification of needs
- J · be able to recognise the need for **specialist substance-related treatment** and care, and have the skills to refer young people on to these services
- J · be trained and skilled in **child protection issues** and able to identify child protection concerns
- J · maintain **contact and follow through** with the young person, if appropriate, to ensure continuity and avoid young people ‘falling through the net’. In doing so, it is important to maintain appropriate boundaries and not to become the young person’s ‘friend’.

Chapter 5: The Assessment Process

Assessment is a process, not a one-off event. Although there may be a clearly defined starting point, the length of the process and the end point will be a matter of judgement by the people in services and the young person. In this, and the following chapters, we set out the key messages from our evidence about an effective assessment process.

When should assessment take place?

From our evidence gathering and consultations with practitioners, we have identified the following key factors that should influence the timing of assessment:

- ⚡ **risk assessment should start immediately**, as soon as you meet the young person, **and should be ongoing**
- ⚡ in certain situations, **crisis intervention should come before assessment**, for example if the young person is at serious risk of harming themselves or harm by others. In these circumstances action to protect them, which may override the views of the young person, needs to be considered.
- ⚡ young people can have a different **perception of time** from adults. At the first meeting, explain the process and the likely time involved. Be aware that what the worker sees as 'urgent' may not be the same for the young person.
- ⚡ the **assessment process has to be flexible** to accommodate changes in the young person's life. Young people are often in situations that can, and do, change very quickly.
- ⚡ the assessment process should **allow information to feed out to others** at the appropriate times (see Chapter 8, Information Sharing)
- ⚡ assessment can be a **lengthy and ongoing** process, although it need not be. It is important, however, to allow enough **time** for the assessment.
- ⚡ **there has to be an end point** (for example, an Action Plan, or a decision on no further work)
- ⚡ assessment should allow for regular **review** (see Chapter 9)

How should the assessment process be conducted?

The assessment process should:

- ⚡ **go at the young person's pace**, rather than be bound by strict time-frames. However, in some cases assessment may have to operate to tight timescales, e.g. a report for a Children's Hearing or a report for a court.
- ⚡ **be explained to the young person**, so they understand what is happening. **The initial contact is crucial**. For example, the young person will be assessing the worker, so **how the worker is perceived** is crucial.
- ⚡ avoid too many questions at the initial meeting. Workers need to be familiar with the potential issues to be addressed with the young person. They also **need to judge what is appropriate to ask and when**.
- ⚡ **empower** the young person to be an active participant in the process

≠ focus on **strengths as well as weaknesses**. No matter how difficult their circumstances, most young people have attributes and aspirations.

≠ **explore ways of offering assessment in a more creative way**, rather than simply presenting a series of forms to complete. This can be particularly important when literacy is a barrier for the young person.

As part of the Scottish Executive’s wider work to develop an integrated assessment framework for children and young people, the following acronym has been developed. The assessment process should be **‘CASH’**:

- C** - Clear
- A** - Accurate
- S** - Simple
- H** - Honest

It is important that the assessment is as **realistic** as possible and that the information given by the young person reflects their situation at the time. It is possible that the young people may feel the need to either underplay or overplay their substance use to influence the response. They may be looking to get a particular type of treatment, care or support. It is the role of the worker to help the young person to understand what their needs are, the range of services that might be available to meet their needs, and to encourage them to have realistic expectations about what the outcomes will be.

Who should be involved in the assessment process?

From our consultations with practitioners and other evidence we have identified a number of people who may have a part to play in the assessment process. Exactly who is involved will depend on the individual needs and circumstances for the young person. This strongly suggests, however, that there should be one person who acts as a co-ordinator of the assessment process even if that person is not the main assessor.

Who	When
Most importantly, the young person (interactive involvement, not passive)	Always
Skilled, and trusted, individual(s) to undertake, and co-ordinate, the assessment	Always – although the main assessment role and the co-ordination may be carried out by different people
A key worker	Where appropriate
An advocate or a support person for the young person. This could be someone from an advocacy service, or a friend, a family member or a trusted worker. It is important that this is someone of the young person’s choice.	When a young person asks for support or when it is clearly identified as a need for the young person. E.g. where a young person may have difficulty communicating or lacks confidence to express themselves.
Parents and carers (and perhaps other family members)	Where appropriate.
Other individuals/agencies such as: the young person’s school, social work and psychiatry.	Where appropriate
And input from workers with previous involvement with the young person	Where appropriate

The young person

One of the key messages from our evidence gathering is that, if the assessment process is to be effective, it should be person-centred and client driven. The objective is to design treatment, care and support to **match** assessed needs of the young person. There are concerns across agencies and among families that often young people are referred to the services that are available.

It is important to make sure that the young person is 'on board' and continues to be 'on board'. The young person needs to see assessment as a process they are **helped through** and not a process which is imposed upon them. The young person should be at the centre of the assessment and feel ownership of the process. The challenge is to give the young person the opportunity **to identify their own goals and aspirations** while keeping assessment realistic and **not creating expectations which cannot be delivered**.

At the end of the assessment process, the outcome should be an Action Plan developed with the participation of the young person. It should set out the young person's assessed needs, attributes and goals, the agreed interventions and the support required to deliver them, and arrangements for review (see Chapter 9). The final key step should be for the Action Plan to be signed both by the young person and either the worker who has taken the lead in the assessment or the key worker (depending on local protocols).

The person(s) conducting the assessment

As noted above, **the relationship between the young person and the individual undertaking the assessment is crucial** (see Chapter 4, Effective Engagement with Young People). It may be that the young person forges a relationship with a particular individual who would not, in other circumstances, be responsible for the assessment. Within the service, or services, who are engaged with that young person, it may be worth giving consideration to the part the trusted individual could play in the assessment process. This might mean that someone takes responsibility for **co-ordinating** the assessment process and identifying and guiding the activities carried out by other workers. In some cases, there will be training and development issues to be addressed.

Key workers

A **key worker** can provide a single point of contact, offering the young person access to information, support and services to meet their needs. A key worker can be both a source of support for young people and their families/carers and a link by which other services are accessed and used effectively. Following assessment, a key worker will have responsibility for working together with the young person and their family, and with professionals from other services, and for ensuring delivery of a care plan.

The use of the term '**key worker**', and the role performed by that person, varies. Sometimes the 'key worker' is referred to as the 'care co-ordinator'. These terms have specific meanings in different services. The terminology used is not as important as the role they play. A **key worker** can mean the person from a service who is responsible for specific treatment, care and support but he/she may not have the responsibility to co-ordinate a range of interventions. There is a corporate responsibility on all those involved in the care and support of a young person to ensure that the care and support provided is as seamless as possible. To operate effectively, the key worker needs to be aware of, and be able to communicate with, other agencies. There needs to be strong inter-agency support mechanisms to ensure that the respective roles of all agencies are clarified and delivered. The evidence suggests that there should be a care co-ordinator, who has been agreed with the young person and other agencies involved.

Advocates

Some young people will feel uncomfortable about speaking about their background, their situation and the problems they are experiencing. They may lack confidence or they may find it difficult to articulate their feelings for a number of reasons. In these circumstances it may be appropriate for the young person to be offered access to an **advocate** who could help them through the process and help them express their feelings and views. 'Advocacy for Drug Users: A Guide' (EIU 2004) sets out the principles of advocacy and who might take on an advocacy role. It also considers, although briefly, advocacy services for young people. The guide can be downloaded at http://www.drugmisuse.isdscotland.org/eiu/pubs/eiu_076.htm

Parents/carers

A parent, carer or other family can play an important role in supporting a young person (EIU 2003). They can contribute to the effectiveness of the assessment process. 'Integrated Care for Drug Users' recognises that there may be additional information to be gleaned from family members, friends or other people in close contact with the individual. At the same time, however, there will be situations where they have contributed to the young person's problems and are unwilling to offer support. The views of the young person should be taken into account when establishing the potential role of parents and carers, and other family members. Also, there will be decisions to be made on when is the right time, in the circumstances, to involve parents/carers, and whether they should be present during the young person's assessment, or should be spoken to separately. There are various issues and considerations associated with parental/carer consent to treatment and their rights of access to information about the young person (see Chapter 8)

If the young person wants his/her parent(s) and family to be involved, **it is important that this starts as soon as possible and ideally at the time of the assessment.** Parents and family are likely to be the key supports for the young person through treatment, care and support and long after that process has been completed. They need to understand what treatment is being given, the consequences and the expected outcomes. This will help the family to understand what their role is and what signs or symptoms to look for throughout the process.

Family and carers may themselves need support. The strains on the family and siblings of a young substance misuser are enormous. The family may be the source of support 24 hours a day and 7 days a week. 'Supporting Families and Carers of Drug Users: A review' (EIU 2002) identifies the needs of families and carers and the support which may be appropriate. The Scottish Network of Families Affected by Drugs (SNFAD) has been established to help address the needs of families affected by drug use.

The **SNFAD** representatives reported **some negative experiences of assessment processes.** They reported that parents often feel excluded yet are expected to be the key supports for the young person. They also reported experience of multiple assessment because information was not effectively shared amongst services nor was information passed on to new workers.

SNFAD Recommendations

- ⌘ share information between services to avoid reassessment
- ⌘ involve parents and family if the young person wants this. Generally parents and families do want to be involved. Their support is crucial to a successful outcome.
- ⌘ make services flexible e.g. different types of workers, range of treatments and 24/7 care and support is required with adequate holiday and weekend cover.
- ⌘ set up a drop-in centre with a comfortable, welcoming atmosphere to encourage young people to relax and be at ease during the assessment process.

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Other individuals or agencies

Identify other individuals or agencies who should contribute to the assessment. The young person should know who will be involved in the assessment. For example, the young person ought to be aware if a teacher is to be approached. The young person's consent should be sought to the sharing of information about them with other agencies or individuals, except where child protection concerns override this (see Chapter 8). Examples of other individuals/agencies are:

- ⌘ Teacher (e.g. form teacher or the teacher with whom they can relate best)
- ⌘ Educational Psychologist
- ⌘ Psychiatrist
- ⌘ Health Visitor
- ⌘ GP
- ⌘ Youth Worker
- ⌘ Social Work (including criminal justice social work)
- ⌘ Drug/Alcohol Support Worker

As well as identifying the agencies or organisations who should be involved, it is important to get **the right person**.

Agencies/individuals previously involved

It may, or may not, be appropriate to involve the **referrer** in the assessment. This may be important at the initial assessment stages. The referrer may already have built a good relationship with the young person who may feel more confident about meeting a new worker if there is a familiar face around.

Skills and knowledge of workers

Those involved in the assessment need to recognise **that different people are going to have different views**. For example, what a parent or carer sees as 'problematic' can differ from the views of a young person. Both views, however, are important. Similarly the worker's views may differ from those of the young person.

The person undertaking, or co-ordinating, the assessment should attempt to reconcile the different views (e.g. come to agreement on priorities and objectives for the young person). **Differences in opinion should be recorded**.

Chapter 4 provides a checklist of skills and knowledge required of all individuals working with young people. The checklist below (adapted from the SCODA guidance 'Assessing young people's drug taking: Guidance for drug services' to reflect EIU consultations) details the additional skills and knowledge that will be required of professionals involved in assessment of young people's substance misuse and wider needs.

'Integrated Care for Drug Users' highlights the need for staff to have "access to regular **training** in the competencies appropriate to the level of assessment they are engaged in" including opportunities for "multi-disciplinary training..... to support the development of joint working on information sharing". With regard to drugs and alcohol training, the Scottish Training on Drugs and Alcohol Agency (STRADA) delivers training across Scotland to all professionals in health, social, education, police and prison services, pharmacist and non-statutory organisations. See <http://www.projectstrada.org/website/>

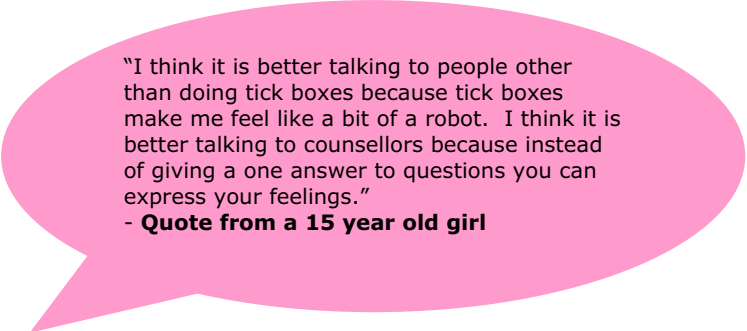
CHECKLIST

All professionals undertaking assessments must:

- J · be **competent and trained** to a standard which allows them to complete the task effectively
- J · have an **in-depth knowledge** of substances and substance-related problems
- J · take account of the **rights and cultural and spiritual** background of the young person
- J · have an understanding of issues of client **confidentiality and consent**, including local information sharing protocols
- J · be knowledgeable about **local service provision** for young people and be able to refer the young person on to these services. In Chapter 8, Information Sharing we describe how local directories of services can assist this process
- J · be able to **liaise with colleagues** in other agencies in order to identify the most appropriate service(s) for the young person.

Chapter 6: Assessment Tools

There is a lot of interest among agencies and service providers in the use of assessment tools. Tools can aid the assessment process. However, they are **not a substitute for engaging in dialogue, or a substitute for a skilled and experienced worker who can relate to young people.** Where a tool is used, it should be done sensitively. Even the best assessment tool could be damaging to clients in the wrong hands or in the wrong context ('Identifying Learning and Support Needs: a digest of assessment tools' SE 2001).



"I think it is better talking to people other than doing tick boxes because tick boxes make me feel like a bit of a robot. I think it is better talking to counsellors because instead of giving a one answer to questions you can express your feelings."

- **Quote from a 15 year old girl**

What are assessment tools ?

"Assessment tools are **instruments** developed by practitioners or academic institutions **that facilitate the collection of information in a systematic fashion.** Tools are used in a range of sectors to **assist the assessment process.** They can help to guide and structure dialogue between worker and client. Outcomes of assessment can be measured, contrasted and compared in order to assist the practitioner and the client in identifying the nature and extent of problems and measure the 'distance travelled' " (EIU 2002, 2003 amended).

One of the findings from our consultations is that, in some cases, tools may be used for assessment although that is not their purpose. We asked practitioners for examples of tools that they had used and their experience of using them. The responses indicated that there was some uncertainty about what constituted an assessment tool: for example, data collection/monitoring forms were suggested as assessment tools. This seemed to reflect the findings from a survey of assessment tools in use in agencies (Rome A, 2002) which showed that, for example, the SMR24 (Scottish Drug Misuse Database) monitoring form was one of the most frequently mentioned tools, although it is not designed to be used as an 'assessment tool'.

Some assessment tools are designed for self-completion and involve minimum input by the worker. These can be done quickly and easily, for example using tick boxes, or scores/ratings (smile - sad faces might be one way of representing this). Also, some of these tools are computer-based.

During consultation with practitioners on the use of assessment tools, there was feedback on the merits of self-completion tools. For some young people this is a popular option because it is seen as an enjoyable task and retains their ownership of the assessment. Computer-based tools were recognised as appealing to young people, helping them to formulate their thoughts and feel more confident in later discussion with workers. However, **self-completion tools may not be suitable for young people who have literacy problems or for those with complex issues.** The assessment tools discussed below include tools designed for self-completion (or with a self-completion component).

Practitioner views on assessment tools

The EIU's consultation seminars examined some of the assessment tools currently in use, and sought people's views on them. This exercise identified **a number of tools in use across agencies**, some recognised and validated for use with clients who have particular issues. There were agencies who had created their own tools or adapted existing tools to meet local needs. However, **not everyone used tools or felt the need to use them.**

We also asked whether practitioners were looking for a standard assessment tool for use with young people. The general consensus was that it would not be feasible to develop a single national tool that would be flexible enough to meet all local needs. Practitioners felt there should be a **range of tools** available, a **'tool box'** or **'tool shed'**, from which they could select those that best met their needs. Practitioners also recognised the potential merit in implementing **common guidelines for assessment, or an assessment framework, across agencies working with children and young people.** During our consultations for this guide we spoke with individuals involved in developing integrated assessment frameworks for children and young people in Aberdeen, Ayrshire, Fife and Glasgow. Also, since we undertook our consultations, work has been progressing on the development of a national integrated framework for assessment for children and young people. This initiative is described in more detail in Chapter 7. Phase two of this project will incorporate a study of assessment tools in use across Scotland.

More in-depth discussion on particular tools in use (or tools tried in the past) identified some of the **advantages and disadvantages of using assessment tools:**

Advantages:	Disadvantages:
<p>J · Standardised recording.</p> <p>J · Shared understanding among workers.</p> <p>J · Assists information sharing.</p> <p>J · 'Tried and tested'.</p> <p>J · Tools provide a checklist of issues to address.</p> <p>J · They allow you to measure, e.g. measure risk.</p> <p>J · They can corroborate what the worker is doing/act as a 'cross-check'.</p> <p>J · Self-completion tools promote client participation and allow the young person to be 'in control'.</p> <p>J · Help to get the young person talking.</p> <p>J · Help to measure progress made.</p> <p>J · Can provide evidence to funders on outcomes. On the one hand this is a positive, but on the other there is the danger of this being the main driver, rather than focussing on the young person (see disadvantages).</p> <p>J · There are tools that provide the young person, and worker, with a quick visual picture of where they are at (and progress made).</p> <p>J · Tools can assist care planning for the young person.</p> <p>J · You can use 2 or 3 different tools together to meet a range of assessment needs.</p> <p>J · Tools can be adapted for local use.</p>	<p>× Tools attempt to standardise things, but different workers will still have different judgements. There is an element of subjectivity, e.g. in scoring.</p> <p>× Tools can be lengthy and complex to administer, particularly if designed to meet a range of needs.</p> <p>× Training needs, including ongoing training.</p> <p>× Costs associated with use of some tools.</p> <p>× Possible difficulties with wording, e.g. medical sounding or associated with translation into English (EuroADAD from Dutch).</p> <p>× Certain tools are not appropriate for use with young people.</p> <p>× Existing tools may need to be adapted to meet local needs.</p> <p>× There is a lack of tools in the alcohol field.</p> <p>× Many agencies use a package of tools, as one tool is unable to meet all needs.</p> <p>× Lack of flexibility (e.g. rigid tools are unlikely to cope with the transitional issues between young people and adult services).</p> <p>× Can result in a loss of individuality for the worker and restrict the use of their skills.</p> <p>× The formality of the tool can inhibit relationship building between worker and young person.</p> <p>× Tick boxes prevent self expression.</p> <p>× Most tools are based on reading and writing which can cause problems for some clients (and workers) who may not have good literacy skills.</p> <p>× Particularly for the voluntary sector, there is a danger of focussing on using tools to generate statistics.</p>

Examples of the use of tools

From our evidence gathering, we have identified a number of examples of the use of assessment tools by agencies. These examples cover a variety of topic areas and approaches. **This is not a comprehensive list of tools available and does not constitute a recommendation for these tools**

1. The Problem Oriented Screening Instrument for Teenagers (POSIT)

POSIT is a validated 139-item, self-report **screening tool**, using a yes/no response format, designed for adolescents. The POSIT screens for potential problems, and service needs, in **ten functional areas** (i.e. drug use/abuse; mental health; physical health; family relations; peer relations; social skills; educational status; vocational status; leisure/recreation; aggressive behaviour/delinquency). It serves as a first step in identifying potential areas for more in-depth assessment.

The **Reiver Project**, in the Borders, uses POSIT. Their involvement with their clients tends to be short-term and may involve a one-off contact, perhaps for an hour or two, in which they will have the chance for educational input. They find that POSIT offers "**a good checklist**" of issues, although one potential drawback is that it is "**extremely long**". It is also "quite American" in its terminology. They have, therefore, adapted some of the wording. There are some potentially sensitive questions, for example around sexual health, which may be difficult to address at an early stage of working with a young person, but at the same time may be important to ask. For further information on the POSIT see: <http://www.niaaa.nih.gov/publications/posit.htm>

2. Step it Up self-assessment

The **Step it Up self-assessment website** "has been designed to take young people on their own personal journey along the social and emotional development path". It suggests a **set of ideas and processes for youth workers to use** to:

- ## encourage reflective discussion with young people
- ## help them support young people to chart their own progress in social and emotional competences
- ## help them offer young people constructive support and encouragement.

There are **6 mini questionnaires (for the young person to complete on their own, or with a youth worker)**. The materials can be used either as part of an ongoing programme, or as a single assessment of competencies (and can be repeated every 3, 6 or more months).

The relationship and discussions between the worker and young person are the most important part of the process, based on effective youth work principles.

This is a reflective, discussion-based approach which it is hoped will generate improved levels of social and emotional competence for the young people involved – "the website and materials are simply a tool for workers to use" .

Step it Up takes the young person and the youth worker through 4 key steps:

1. **Profiling** (where am I?).
2. **Plan it** (where do I want to go & how do I get there?).
3. **Do it** (putting it into practice).
4. **Review it** (what have I achieved? How do I know?)

The Step it Up self-assessment website is at www.youngscot.org/stepitup

3. The Rickter scale

The Rickter scale is another example of a self-completion tool. The EIU Digest of Assessment Tools describes it as **"a non-paper based tool (a colourful plastic board) that allows clients to explore their circumstances, identify priority areas for support and interventions....."** The structure enables clients to explore possibilities, set goals and contribute to their own action plans. Evaluation of the Rickter scale suggests that it positively encourages interaction between the client and the worker"..... "A bank of questions is available including personal social development, key skills, drugs and alcohol issues, preparation for work and community safety".

The EIU consultations on the use of assessment tools with young people identified advantages of the Rickter scale: the self-completion aspect which allows the young person 'to be in control'; the fact that it records the young person's views and opinions; and its ability to be used with a wide range of clients. One of the potential drawbacks that people highlighted was that how the young person chose to score the various questions would "depend on how the young person felt on the day".

The Rickter scale has also been used by the New Futures Fund projects, and evaluated. Further information on the Rickter scale is available at <http://www.rickterscale.com/0101.htm>

4. ASSET

ASSET is a tool developed for use with **young people involved in offending**. It was initially used with Youth Offending Teams (YOTs) in England and Wales, then permission was extended for use in Scotland.

ASSET identifies the factors most closely linked with offending by young people. It also measures change and risk of re-offending over time, assists practitioners plan interventions and provides triggers to indicate need for further assessment.

The information collected covers a number of areas including: offending behaviour, education/employment, emotional/mental health, substance use, attitudes to offending, motivation to change and 'positive factors'. It also **includes a self-assessment questionnaire**, indicators of vulnerability and indicators of serious harm to others.

A project using ASSET is the CHOICE project, Dundee. ASSET provides them with a structure for recording and analysing information, but it does not prescribe the way in which interviews should be conducted. Neither does it take away the need for skills of **engaging with young people and families – establishing relationships with them** remains central to the assessment.

ASSET is now used widely in Scotland and regular meetings take place of those local authorities using the tool.

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5. EUROADAD

The **EuroADAD** has been adopted by Tayside services working with young substance users. The commonality of information collection helps them to plan services together.

The EuroADAD is a European version of the ADolescent Assessment Dialogue (formerly the Adolescent Drug Abuse Diagnosis). **There are 120 items covering 7 main problem areas:** medical, school, social relationships, family relationships, psychological, criminal and alcohol/drug use. It also includes interviewer and client reporting ratings of need for help. The tool is designed to be completed in one session, to ensure consistency. **The target group is young people aged 12-24.**

One of the services using the EuroADAD is Tayside Council on Alcohol who are involved in intensive long-term work with a small group of young people with substance misuse and wider needs. For them the tool produces a comprehensive baseline of where the young person is at (although the absence of a 'risk' section was felt to be a gap). As noted above, the tool has a feedback component: a summary of positives and negatives from each section, taking into account the young person's views on how big a problem they think particular areas are. **Young people's feedback on the tool has been very positive – "they've felt it's been their assessment too".** Tayside services are also keen to explore the development of an interactive self-completion tool (between initial/screening and full assessment) and are looking to the EuroADAD to provide a framework for this.

Services in Tayside report some language difficulties associated with translation of the tool from Dutch. They have also identified areas to develop further such as housing and education, for example to cover young people who are absent or excluded from school or in off-site learning. Another potential limitation with this tool is that it requires 2 days of training and there are, at present, only 2 EuroADAD trainers in Scotland.

Further information on the EuroADAD is available at www.euroadad.com or contact Kathryn@alcoholtayside.com

6. Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA)

HoNOSCA is a tool that was developed to measure health and social functioning amongst those with mental health problems. Specifically, **HoNOSCA assesses the behaviours, impairments, symptoms, and social functioning of children and adolescents with mental health problems.** HoNOSCA therefore provides a global measure of an individual's **current mental health status.** It also provides a means of evaluating the success of any interventions to improve the health and social functioning of children and young people with mental health problems.

A project using the tool is the Child and Adolescent Substance Misuse Service (CASMS) in Dumfries and Galloway. This innovative project is part of the Child and Adolescent Mental Health Service.

For further information see <http://www.liv.ac.uk/honosca/>

Other Resources

Resources that might be useful to practitioners working with young people include:

- €# The EIU's 'Digest of Assessment Tools' (EIU 2003). It focuses on assessment for adult drug users but includes several tools that are suitable for use with young people. It can be downloaded at: <http://www.scotland.gov.uk/library5/health/dtap-02.asp>
- €# 'Identifying Learning and Support Needs: a digest of assessment tools' (SE 2001). This digest was produced to support the assessment of young people who need support to make the transition from school to post-school education and training because of social, emotional and other problems. The tools in this digest are in the main intended to be for initial or first level diagnosis of need. Practitioners are encouraged to seek specialist assessment where individual clients need this. The digest is available at <http://www.scotland.gov.uk/library3/education/ilsn-00.asp>
- €# A recent 'Review of Assessment Tools to Support Guidance and Placing Activities', undertaken by Dr Marion Fisher, for Careers Scotland, May 2003. This is available at <http://www.careers-scotland.org.uk/careersscotland/web/site/LearningandGuidance/Research/ResearchIntro.asp>
- €# Glasgow City Council, in partnership with NHS Greater Glasgow, commissioned Human Factors Analysts to conduct an extensive global literature review on effective treatment and care for young drug and alcohol users. The resultant publication provides some details of assessment tools currently used in the UK and Europe. Contact gemma.mcneill@sw.glasgow.gov.uk

For those who are keen to explore the use of assessment tools further, below is a checklist of issues to consider when selecting an assessment tool. This has been adapted from the checklist provided in the EIU's 'Digest of Assessment Tools' to incorporate the views of practitioners working with children and young people.

CHECKLIST

Issues to consider when selecting an assessment tool:

- J · **Primary use of the tool:** Ensure that the stated use of the tool matches your requirements. A 2002 survey found that often tools were not used for their intended purpose, e.g. tools used for assessment that were not designed for assessment.
- J · Who are you going to be assessing? **Select a tool that has been validated for use with your client group.** We have already stated, for example, that many tools are not suitable for use with young people.
- J · **What aspects of the young person do you want to assess?** Does the tool cover these in sufficient detail? Think about how long you are likely to be working with the young person and how much detail is appropriate. For example, some services provide long-term treatment, care and support for young people while others offer a drop-in and referral-on, or short-term, intervention.
- J · **Is the assessment approach suited to the needs of your client group?** You may wish, for instance, to use a self-completion tool (see case studies on the Rickter scale and Step it Up self-assessment).
- J · **How long does the tool take to complete?** Some tools are designed to be completed in one or two sessions, while others are completed over a longer period of time. Consideration should also be given to the time required for scoring, if this is appropriate.
- J · **Be aware that the time-frame covered by different tools can vary. Also, how often is the tool designed to be completed ?** (e.g. one-off completion to produce a 'baseline', or can be updated/repeated every 6 months allowing you to monitor outcomes or change).
- J · Consider the need for **staff training** in use of the tool, along with the **skills and experience of those who will be undertaking the assessments.**
- J · **Administration:** Tools that involve scoring and/or input of data to computer will put additional administrative pressure on frontline workers, and may require dedicated administrative support.
- J · **Do you have to pay for copies of the tool** or is it available free of charge, for example on the web.
- J · Consider **any limitations of equipment or premises (e.g. IT requirements).**
- J · Before looking to develop a new tool, **be sure that there is not an existing tool (or package of tools)** that could meet your needs with no, or only minor modification.

Chapter 7: Levels of Assessment

The evidence shows that young people with, or at risk of developing, substance misuse problems, are likely to have **other difficulties in their lives for which they will require support**. It is essential therefore that assessment addresses these wider needs. The evidence also suggests a need for **different levels of assessment** in order to inform decisions about the right treatment, care and support at the right time for the individual.

Our evidence gathering and, in particular, our consultations with practitioners indicate that, while there is a consensus about the need to recognise, and work within, different levels of assessment, there is **currently no consensus on definitions or descriptions of those levels**. We anticipate that the work being done by the Scottish Executive to develop an integrated assessment framework for children and young people will address this issue further.

For the purposes of this guide, however, we believe it may be helpful to set out some of the **key considerations** and **useful resources** on levels of assessment that we have identified during the course of preparing this guide.

The evidence that we have gathered about current practice in the assessment of young people seems to indicate that the main differentiation is between **initial assessment or identification of substance misuse needs** and a **more in-depth assessment**. At this stage, prior to completion of the work being carried out by the Executive, it is difficult to make any further distinction in levels of assessment. Those who wish to explore the question of levels further may find it helpful to look at the previous EIU work on assessment.

A. Initial assessment/identification of substance misuse needs

Initial assessment (sometimes referred to as screening) usually involves collecting fairly basic information, to identify whether there is a substance misuse problem and, if appropriate, to facilitate a referral to another agency. This level of assessment could be carried out by a range of workers in a range of agencies when a young person presents with a need or problem. It may be **specific to substance misuse or part of a wider initial assessment** to identify the spectrum of the young person's needs. It should be a helpful non-threatening experience designed to encourage the young person to engage in a more in-depth exercise, if appropriate, and ultimately to promote the development of a therapeutic relationship.

There are some slightly differing views about the purpose and nature of **initial assessment**. The basic principle is that, where young people have substance related needs, it is important that these **needs are identified, and addressed, at an early stage**. There are potentially two, equally valid, aspects to this early identification which will depend on the needs and circumstances of the young person:

- ≠ prevention of (even) more problematic substance misuse. This may apply particularly when the young person's substance misuse has not progressed to regular and/or high-risk practices. Interventions might involve information giving or education on the risks associated with substance misuse.
- ≠ identification of a substance misuse problem, assessing of the seriousness of the problem and arranging further assessment and support, or appropriate referral(s).

One of the key messages from the EIU's consultations with practitioners is that the way the initial assessment is conducted can help to **establish a trusting relationship with the young person at the start of the assessment process**. There was a view that there is benefit in the initial assessment being carried out by an individual the young person already knows, and has built a relationship with. This may not always be possible but our evidence strongly suggests that the principle of engaging with the young person in a way that promotes trust is fundamental to the success of the overall assessment process (see Chapter 4).

Other key messages from our consultations about the benefits of effective early identification of substance misuse needs is that it can:

- ≠ determine **who requires further assessment**
- ≠ avoid young people entering **assessment too early**
- ≠ avoid **duplication of multiple assessments** for young people and for services
- ≠ identify a **service(s) suitable for the young person** and ensure onward referral
- ≠ prevent 'flooding of services' with **inappropriate referrals**
- ≠ **identify unmet needs**, and if this information is collated, **allow services to develop to meet these needs**. For example, the Fife Youth Drug Team now address alcohol misuse, having changed the criteria for who they work with.

In 2003, the Home Office/Drugscope published 'First steps in identifying young people's substance related needs'. This describes the aim of the identification process as "not to police a young person's drug use but to support the young person's substance related needs". **They may simply require information, or they may need to be referred on for more detailed assessment.**

The guidance highlights **the responsibility of everyone working with young people** to identify substance related needs. It also provides a framework for identifying such needs **within existing assessment procedures**.

The identification of a young person's substance related needs should go **beyond the question 'Do you use drugs?'** to establish:

- ≠ a young person's knowledge of drugs, alcohol and solvents
- ≠ if the young person takes drugs, alcohol or solvents
- ≠ if the young person misuses drugs, alcohol or solvents
- ≠ if the young person is in immediate danger
- ≠ if substance use is part of complex troubling behaviour
- ≠ unusual behaviour for that age group in relation to their substance use.

Further, the key to identifying substance related needs is to **"keep it simple"**.

CASE STUDY EXAMPLE

Perth Connect used the Drugscope guidance to develop their referral and screening form. In doing so, they were conscious of the need to keep the form brief, but at the same time to get the information they needed. The project's target group is "young people whose substance misuse is causing them significant problems". However, prior to introduction of the referral and screening form, they were receiving a lot of inappropriate referrals, for example, young people who had limited substance use, but were doing well at school, had good relationships with family and friends and whose substance use was not causing them problems with other aspects of their lives. Such young people might benefit rather from a brief intervention to give advice on, and raise awareness of, the risks involved with substance use. Introduction of the new form has seen **a reduction in inappropriate referrals, and an improvement in the referral information received on new clients coming to the service.** Another positive feature of the form is that it is intended to be completed by the referrer, together with the young person. Contact: kathryn@alcoholtayside.com

Drugscope have produced a series of factsheets, which provide:

- ≠ a checklist for implementation (actions and resources)
- ≠ the principles for identifying substance related needs
- ≠ a process for identifying young people's substance related needs
- ≠ guidance on confidentiality.

These are available at:

<http://www.drugs.gov.uk/ReportsandPublications/YoungPeople/1045138394/Insert.pdf>

B In-depth assessment

In-depth or further assessment usually covers more detailed information on substance use and other aspects of the young person's life: physical and mental health, social and economic circumstances, education issues, family relationships and offending behaviour. This level of assessment might be carried out by staff in social care (e.g. children and families, or youth justice), primary care, community mental health teams or substance misuse services. Whoever carries out the assessment should be **skilled and competent** in assessment. One of the outcomes may be a referral to a more specialist assessment.

One of the main sources of help with assessment for young people with drug and alcohol problems is 'Assessing young people's drug taking: Guidance for drug services' published in 2000 by the Standing Conference on Drug Abuse (SCODA). This document provides **guidance to those developing assessment forms and procedures specifically for use with young people who misuse drugs.** Although the title refers to 'drug' services, it is acknowledged that "young people's drug taking is often inextricably linked with the consumption of alcohol".

The guidance suggest that the assessment should establish:

- ⌘ the level of the young person's knowledge in relation to their drug taking
- ⌘ the level of harm in relation to the young person's drug taking
- ⌘ if an intervention is required
- ⌘ if there are any child protection concerns
- ⌘ whether a referral or joint working is required
- ⌘ the appropriate intervention where required.

Chapter 4 of the SCODA guidance 'assessing and planning' sets out in more detail the information that should be gathered. A key message is that "**practitioners should tailor the questions and style of discussion to suit the young person being assessed.** Some information areas may not be relevant to every young person (e.g. assessment of their parenting skills), while others may need more attention (e.g. criminal behaviour)". There are **nine information sections**:

- ⌘ demographic details (e.g. age, address, name of responsible adult)
- ⌘ current and past drug taking (e.g. length and pattern of drug taking, risk assessment)
- ⌘ the young person's perspective on their drug taking
- ⌘ social situation and history (e.g. support system or lack of it, offending behaviour)
- ⌘ assessing whether there are child protection concerns
- ⌘ assessment of competency i.e. to give consent if under 16
- ⌘ medical situation and history (e.g. psychological problems, sexual activity)
- ⌘ assessing injecting drug use (e.g. frequency, sharing behaviour)
- ⌘ other problems (e.g. poor social or family networks, housing needs).

CASE STUDY EXAMPLES

Youth Addiction Services in Glasgow City Council's Community Addiction Teams are currently developing an **assessment framework for use with their clients**. They used the SCODA guidance on assessing young people's drug taking as a starting point for developing the content of their draft assessment form. The form was piloted with some of their Youth Addiction workers to find out how the questions worked in practice. This identified some areas where workers felt the questions could be modified or improved.

Further development of the assessment framework will take account of Glasgow City's Single Shared Assessment for adult drug and alcohol users and explore whether there are aspects that would be transferable to an assessment for young people. They are also keen to look at aspects of existing assessment tools in use locally, such as the EuroADAD (one of the tools described in Chapter 6, Assessment Tools) and the possibility of incorporating components of these.

Initial work has confirmed the importance of young people's **understanding of any assessment process** and the importance of **using appropriate language** in both the questions and in the final recording. Staff have suggested that questions **need to be specific**, especially with regard to the young peoples' perspective on their own substance use. Contact: gemma.mcneill@sw.glasgow.gov.uk

Hype provides support to young people in Edinburgh experiencing difficulties with drug, alcohol or volatile substance use. They have developed an **assessment booklet**, adapted from the SCODA guidance. One of the key features of the booklet is its **flexibility** (note: it is loose-leaf). Also, the young people choose how they complete the assessment, which might be self-completion, the worker filling it in for them or they may prefer simply to sit down and have a dialogue with the worker. Another message from the project is the importance of being mindful of young people's varying literacy skills and the need to **offer a range of ways to complete the assessment**.

The assessment takes place over a number of weeks, and allows for individuals to work through it at their own pace. They can choose which issues/priorities to address first. However, contact details, information sharing and confidentiality, and rights and responsibilities of the client – the 'ground rules' (see Hype 'Rights and Responsibilities' leaflet in Appendix 7) are always covered at the first appointment. There is also **flexibility in the frequency of the assessment meetings, and where the assessment takes place**.

Additional features of the assessment include: child and young person friendly language, it is very holistic, it looks at the young person's hopes and aspirations (for example there may be a hobby they have always wanted to try), continual revision and improvement of the booklet and the ability to offer interventions and support at the same time as the assessment is going on. Contact: schype@mail.nch.org.uk

For some young people, whose substance misuse problems are severe, there may be a need for a **specialist substance misuse assessment**: for example, a young person who is engaged in chaotic drug taking, regular offending behaviour and who has mental health problems.

One group who may require a more specialist or specialised assessment are those young people considered to be **particularly vulnerable**.

The EIU's 'Guide to Services for Young People' recognised that there may be particular groups of young people "at greater risk of developing problems with drugs". These particularly vulnerable young people may not be taking larger quantities of drugs than their peers but may be **more likely to make the transition from experimentation to problematic use**. These included young people who were:

- ⌘ getting involved in **crime**
- ⌘ **homeless** or insecurely housed
- ⌘ **excluded** from school or persistently truant
- ⌘ currently or previously, **accommodated or looked after** by local authorities
- ⌘ involved in **prostitution** or **sexual exploitation**
- ⌘ exposed to substance misuse in their **family**.

McKeganey and Beaton's research (2001) into 96 young people resident in children's units found that 45.8% had used an illegal drug in the preceding month. The research also identified a close association between illegal drug use and involvement in other anti-social and risk taking behaviours: nearly 70% of the drug using young people had ridden in a stolen car compared to a third of the non-drug users. Research undertaken in 2000 by Melrose and Brodie found that young people who were offenders, excluded from school and 'looked after' were more likely to use drugs compared with those who only had one 'vulnerability'.

Vulnerable often means young people who are at risk of harm (physical, sexual, or psychological) to themselves because of their lifestyle, or influences on them. The SCODA guidance notes "**Working with highly vulnerable young people can be challenging and can raise complex issues.....**". The particular sensitivities and problems for these young people may necessitate **more specialist services**.

There will be 'hard to reach groups' of vulnerable young people with whom the initial challenge is to establish contact (see Chapter 4). There are also young people, who have been known to social work and other services for years, who are very challenging to engage with and to maintain a relationship with.

CASE STUDY EXAMPLES

Kerelaw School, in Stevenson, is home to 50 (under review) young people who are at serious risk because of the circumstances in which they live or because of their own behaviour. Most are referred from Glasgow, but there are also a growing number of places being sought for young people from all over Scotland. There are two facilities within the school: a secure unit for 24 and an open school unit for 26 young people. The school takes young people aged between 12 and 17 years. All of the children and young people have serious behavioural problems.

Many of the young people have a serious substance misuse problem and this has been approached over the last few years in an inclusive and participative way. A supportive drug and alcohol service has been developed and is provided by two experienced counsellors. Young people with substance misuse problems are offered this service. The service is available to all **if they wish to participate.** The take up of the service is high and the young people enjoy their time with the counsellors and find it helpful. **The voluntary aspect of the service, person-centred approach, the informal atmosphere and the ability of the counsellors to relate to the young people make this a very positive experience for the clients.** The staff are aware that their popularity may also be attributed to the fact that the young people miss a school lesson to attend counselling sessions!

The workers are committed to their own professional standards and are experienced and skilled at engaging with young people on their own terms. **The counsellors are trusted and are seen as someone with time to listen to them, by the young people.** This is an added safeguard for the young people. The clients are encouraged to talk about their problems and to identify how they might tackle them. Some might see this approach as slow and not one which brings quick results. However, with this very vulnerable client group this approach is proving to be effective. The service links directly to the provision of youth addiction staff within Glasgow City Council's Social Work Services Community Addiction Teams. This ensures there is a seamless service for young people returning to their local community, or on entry to the school, and that work on their substance misuse problems can continue to be addressed.

Contact: gemma.mcneill@sw.glasgow.gov.uk

Streetwork Edinburgh works with young people (12-25yrs) who are at risk on the streets and rough sleepers. The project provides education, support and prevention around homelessness, drugs and crime. The project workers work (and walk) around the city to find people who may need a service. Young people also access the service themselves and can be referred by other agencies.

The philosophy behind the project is that it undertakes 'detached' work - 'detached' meaning an open agenda — the project workers find out what people want from the project and then provide it. Streetwork works with people who do not easily fit into existing provision or meet service expectations.

Contact : www.streetwork.org.uk

The 'Looked After Children' materials developed by the Department of Health in England and now used by most Scottish local authorities provide a national framework for **assessing the needs of children who are looked after**.

Young people may also be parents. Those working with young people will need to take account of the needs of any children of their clients. 'Getting our Priorities Right: Good practice guidance for working with children and families affected by substance misuse' (Scottish Executive 2003) highlights the importance of addressing children's needs and welfare in the assessment process and incorporates an **assessment framework for assessing problem substance use and its impact on parenting**.

Scottish Executive: Achieving an integrated assessment framework for Scotland's children

The Scottish Executive have established a multi-agency **Assessment Working Group** (AWG) chaired by Professor Norma Baldwin, whose task is to prepare an overarching framework for assessment (and related information sharing) for use by all agencies and individuals working with children, both in universal and targeted services.

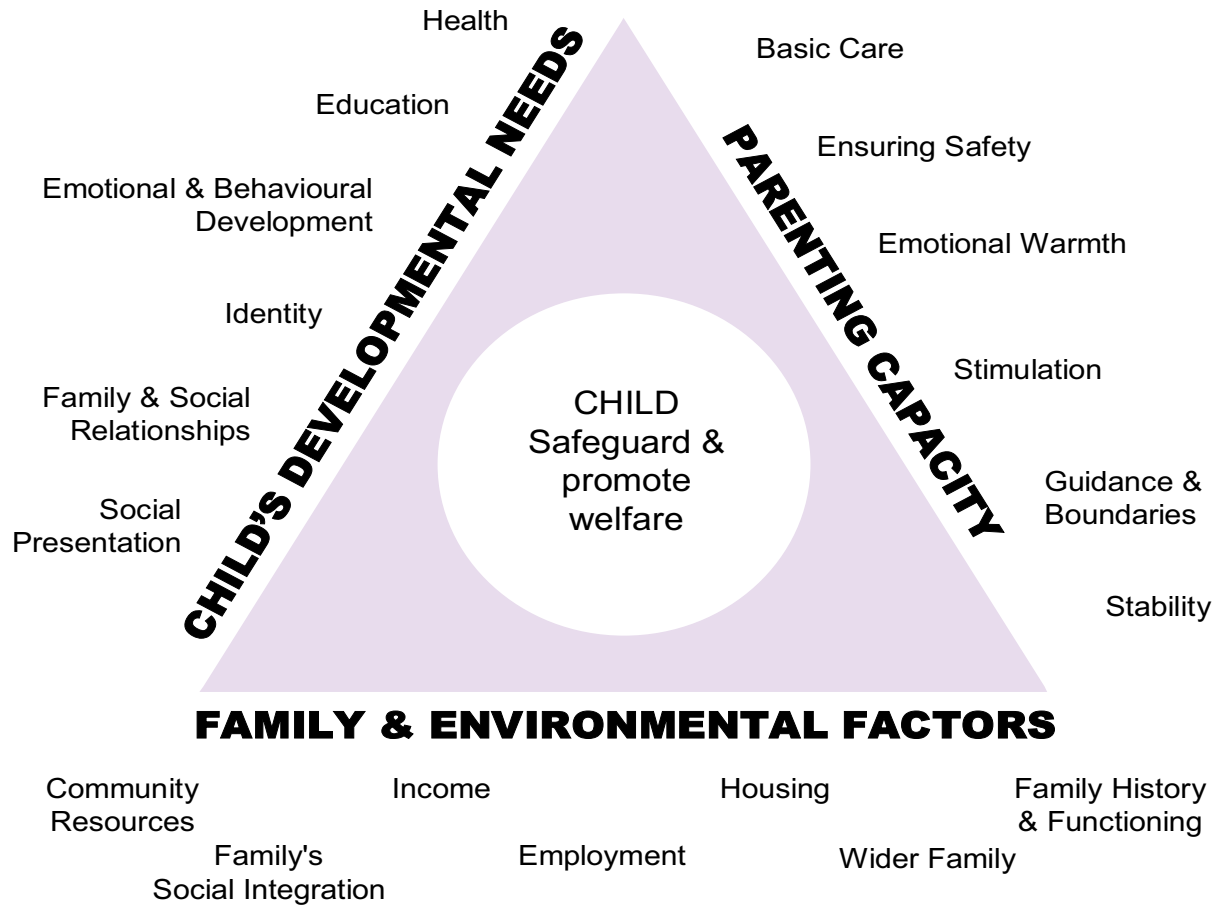
The working group's achievements so far include:

- €# reaching consensus across all disciplines on the purpose of assessment and core definitions and terminology.
- €# agreement that any assessment framework must be able to **assess the needs of any child**, not just a child 'in need' - a shift away from delivering a framework for specialist services to one which is **applicable for universal services**. This is a fundamental change towards ensuring that the needs of any child can be appropriately assessed, **wherever the child presents**; it also ensures that any lack of understanding or agreement about thresholds or definitions about 'what is a child in need?' can be avoided.
- €# careful adaptation of the **Department of Health assessment framework 'triangle'**, which is shown below. In doing so, the group is conscious of the need to reflect the move towards practice implications for universal services, e.g. schools and health services, and for the language to be easily understood by children and young people. They are considering organising information under **3 headings**: what the child or young person needs to grow and develop (personal factors), what the child or young person needs from family/carers/significant people (family and significant others; living arrangements etc), and wider influences (communities, social networks, income, housing etc).

The Scottish Executive have also commissioned research into the implementation of integrated assessment thus far in a number of local partnerships, with the aim of identifying important lessons for anyone trying to develop an integrated framework for assessment. This is due to be completed by the end of 2004.

More information about the work of the group is available at www.iaf.intranets.com

Assessment Framework



Chapter 8: Information Sharing

One of the most important elements of effective assessment is the **sharing of information with young people and with other individuals involved in the assessment**. The evidence shows that there are deficiencies in information sharing. This is a key area for action if the assessment process is to be effective for young people and lead to the appropriate and relevant treatment, care and support.

Why is information sharing important?

For the client, poor information sharing can result, for example, in delays in getting access to treatment, care and support, or referral on to inappropriate provision. This, in turn, can lead to disillusionment and non-attendance, or drop out from services. (EIU 2003, 2002). Understandably, however, agencies and service providers have concerns about how the information sharing process will work and how confidentiality will be handled. 'Integrated Care for Drug Users' emphasises commitment from partner agencies to the **sharing and safeguarding of client information** as essential to the provision of optimum treatment, care and support for individuals.

Some of the current issues in information sharing

One of the key issues is how to decide **what information** needs to be passed on and **to whom**. 'Integrated Care for Drug Users' notes that:

- €# where service providers are referring on to another service, they should be **mindful of the information needs of the receiving service**
- €# service providers have a **responsibility to clients to share only that information which is necessary to ensure that they benefit fully from the service**

It has been suggested that information should be shared on a "**need to know**" basis, but that still requires agencies and service providers to develop a common understanding and agreement about the type of information, the level of detail and confidentiality arrangements.

'For Scotland's Children: better integrated children's services' (Scottish Executive 2001) identifies "**the need to repeat the same information to each agency; the absence of mutual awareness among service providers and services pulling in different directions**" as some of the main problems with services, as perceived by service users. Meanwhile, service providers criticise other agencies for their "failure to communicate, co-operate or work together".

The EIU's consultations with practitioners working with young people (and consultation, via services, with young people themselves) confirmed **multiple assessment and poor information sharing** as a problem for young people and agencies.

"Yes, very repetitive, same information"

"Sometimes I get annoyed at the same stuff"

"Same questions"

Practitioners felt that part of the difficulty was that there can be **so many agencies involved** (even more so for young people than for adults), all with their own preferred assessment tools and processes, and **their own definitions of confidentiality**. There can be a lack of willingness to share information with colleagues in other agencies - **agency preciousness**. Deficiencies in information sharing also exist **within organisations**. Most commonly the concern is individuals and agencies getting **too little information**. But getting **too much information** can be a problem too: for example, workers in the voluntary sector complaining that social workers give them information they do not need.

How can information sharing be improved?

The EIU's consultations with practitioners identified potential **ways of improving information sharing practice**. We set out below the most common themes and ideas from the consultations, together with examples of information sharing initiatives already underway.

Obtain, and adequately record, the young person's consent to information about them being shared with others (including agreement on with whom the information can be shared). It is important to be upfront about circumstances (e.g. where there are child protection concerns) where information may be shared without their consent. There should also be regular reviews of the consent as circumstances may change over time. 'Integrated Care for Drug Users' highlights the need for information sharing to take place within an environment of **informed client consent**. To achieve informed consent **"the client must be advised of the implications of giving or of refusing consent, amongst whom their personal information is being shared and the purposes for which it is being shared"**. It is important also that "this process is not undertaken in a manner divorced from the rest of the dialogue between practitioner and client". For example, discussing with the young person their needs and how these can be addressed presents an opportunity to consider the necessary information sharing.

Guidance/leaflets on confidentiality and information sharing for young people (and workers). These materials must be simple, clear and accurate. They should incorporate assurances that data will be held securely and will need authority to be viewed. They should also explain who may want to access the information and for what purpose.

EXAMPLES OF INFORMATION SHARING MATERIALS FOR YOUNG PEOPLE AND WORKERS

NCH Scotland Gael Oig Mentoring Project have a **Client Contract**, incorporating a statement of their **Confidentiality Policy**. They also have '**Guidelines for Young People**' setting out what their rights are, 'What the project expects of each young person who receives the support of a mentor', 'What a mentor can and can't do for a young person they are supporting', young person and parent/carer contact details and details of who the mentor may contact. Contact: mikemawby@nch-gaelog.fsnet.co.uk

Hype provides support to young people in Edinburgh experiencing difficulty with drug, alcohol or volatile substance use. In Chapter 4 we included an extract from their leaflet 'Your Rights and Responsibilities as a Client of Hype'. The leaflet incorporates the service's expectations of clients and young people's rights as clients of Hype. This includes their **right to a confidential service** (except in the circumstances specifically referred to in the leaflet) See Appendix 7. Contact: : schype@mail.nch.org.uk

Healthy Respect is developing a booklet on rights, responsibilities and the law, dealing with confidentiality and its possible impact on child protection, to support professionals working with young people in the area of **sexual health and relationships**. There will also be versions for education professionals, health professionals and voluntary sector youth workers, and one for young people, explaining their rights to confidentiality. Contact healthy.respect@lhb.scot.nhs.uk or www.healthy-respect.com

The East Sussex Information, Referral and Tracking (IRT) Project, a more detailed case study on which is included on page 49, has produced guidance on information sharing **for practitioners**. This guidance aims **to enable them to share information confidently and appropriately**. It includes a helpful checklist of 'questions to ask if you want to share information about a child or family'.

The guidance is available at:

<http://www.eastsussexcc.gov.uk/socialcare/policiesandplans/childrenandfamilies/trackingchildrenatrisk/trainingpacks/download.htm>

Clarity between agencies on parental rights of access to information about problems with their children. 'Services for Young People with Problematic Drug Misuse' (EIU 2003) recognises that "sharing of information is a **potential source of tension** between parents and health and social care professionals. Although agencies share information, parents may be refused access to this information on the grounds of maintaining a young person's confidentiality (Clelland and Sutherland 2001). The Children (Scotland) Act 1995 gives parents responsibility for the young person's welfare, but **not necessarily the legal right to access confidential health information about the young person**". Further guidance is available on page 17 of the guide.

Establish trust between workers and between agencies. Trust between individuals in services is important but, if that kind of relationship does not exist between the agencies, there are likely to be problems when the individuals move on. Relationships may go with them. **Regular inter-agency staff training** can help promote understanding of what other people do and the different ethos within different agencies.

Develop inter-agency information sharing protocols (see 'Integrated Care for Drug Users': Chapter 6, Information Sharing). There is work underway within the Scottish Executive to examine existing information sharing protocols that have been developed (within both adult and children and young people's services). The intention is to develop a 'gold standard protocol' /protocol template which can be adapted to meet local information needs. The aim is to encourage consistency and best practice in protocol development and to avoid duplication of effort. It is also intended to provide templates for staff and client leaflets and guides. Contact: Tina.Yule@scotland.gsi.gov.uk

Develop information technology to support information sharing across agencies and localities. A significant effort is now being put into the **eCare Programme**, a partnership between the Scottish Executive, health bodies, local authorities and other agencies, which seeks solutions to the present lack of electronic information interchange between agencies. In **England**, ten **identification, referral and tracking (IRT) Trailblazer Projects** have been established to develop and test new ways of information sharing and multi-agency working (note: these are now part of 'Information Sharing and Assessment' - ISA). An overview of the programme is at: <http://www.cypu.gov.uk/corporate/irt/index.cfm> See also, East Sussex County Council case study below.

Information

The eCare Children's stream has four local partners: Pan-Grampian, Dumfries and Galloway, Glasgow and Lanarkshire. Specifically, the programme will develop an Integrated Children's Services Record (ICSR), identify core data sets for a Shared Assessment Framework (SAF), develop a Personal Care Record (PCR) to enable children and parents to view their own summary care data, identify a data set and methods of information sharing for Child Protection, and investigate consent and confidentiality issues for electronic data sharing. Further information is available at: http://www.ecare-scotland.gov.uk/childrens_services/childrens_services_home.htm. See also, Glasgow case study below.

Agree the common, core information that will be shared between agencies. From the practitioner consultation seminars, feedback from the Reference Group, and work undertaken by the West Lothian Shared Information Project (funded by Changing Children's Services), we have identified the following suggested core information:

- ≠ basic person details – name, sex, date of birth, address, living group (e.g. living alone, living with parents)
- ≠ any dependant children
- ≠ details of substance misuse problem
- ≠ highlight any wider issues, e.g. housing, education, offending behaviour, child protection concerns, including legal status
- ≠ other support received/other people involved
- ≠ an emergency contact

In 'Digest of Assessment Tools' (EIU 2003), EIU has set out the rationale for developing core data sets as a way to help service providers to do their job better, to reduce the duplication in assessment and to provide consistent information to help DAATS and partner agencies in planning of services. There are other developments at national level described in this guide that are likely to promote and support local developments.

EXAMPLES OF DEVELOPMENTS IN INFORMATION TECHNOLOGY

Glasgow (Glasgow City Council, NHS Glasgow and the Scottish Children's Reporters Administration), one of the partners in the **eCare** children's stream, see above, has been exploring young people's online access to their assessment and other data. From their consultations with young people they found that:

- ≠ all young people were aware that various organisations knew a lot about them
- ≠ they were all keen to have access to their own information
- ≠ views on whether parents/carers should have access to some or all of this information varied according to age and stage of development
- ≠ they had clear views on website content and wording
- ≠ most of the young people could think of instances where it would be helpful for organisations to share information about them with others
- ≠ the younger, primary aged children, shared their passwords with friends, which raised concerns about access.

In conclusion, the proposal to allow children and young people access to their own information via a website was one that they would welcome.

Contact: Susan.orr@sw.glasgow.gov.uk

The East Sussex County Council IRT Project aims to: help stop children and young people falling through the net, identify those who need help at the earliest opportunity, refer them to the right source of help and make sure they get it, and track their progress in a co-ordinated way. The project involves an initial multi-agency pilot in one locality, then rollout to the whole council area. Tasks include:

- ≠ the development of a shared view of vulnerability, based on a picture of a thriving child/young person
- ≠ an early identification common assessment tool
- ≠ a service directory to support identification of appropriate interventions
- ≠ agreements to share information- strategic and a simple guide for practitioners and their clients
- ≠ provide access to **a simple, secure database, with minimum essential information** to make communication easier and help track interventions for children and young people.

Contact:

www.eastsussexcc.gov.uk/socialcare/policiesandplans/childrenandfamilies/trackingchildrenatrisk/download.htm

Funding for voluntary organisations to invest in IT systems and IT training. Many young people are clients of voluntary sector agencies. For information sharing to be as comprehensive as possible, it would be helpful if these agencies had the opportunity to contribute to the process and to access information. This may require discussions to establish mutual understanding about the nature and purpose of the assessment process, and the role of information sharing. There would also be a need to ensure that the local protocols reflect the participation of voluntary sector agencies.

Development of an integrated approach to assessment. Practitioners referred to the development of single shared assessment for adult services, recognising the potential merits in a similar approach for children and young people's services. Since our consultations, the Scottish Executive has been progressing its work on the development of an integrated framework for assessment for all children and young people, to include guidance on information sharing. This initiative is referred to throughout this guide.

Creating, and maintaining, an up-to-date local directory of services for young people. Young people and families should know what services exist. Workers need to be aware of the services that they can refer young people on to. One of the messages from practitioner consultations was that ideally such information would be web-based to allow continual update and ease of access (and incorporate details of services offered, waiting times and referral criteria).

EXAMPLES OF DIRECTORIES

South Lanarkshire's 'Directory of services for children, young people and their families in South Lanarkshire' describes what services are available and how to access them. The directory covers: health services, education resources, careers services, housing, social work resources, parent and carers support groups, the children's hearings system, child safety initiatives, national organisations and local organisations. The information provided on each service includes: a description of the service, contact details, opening times and the referral route. The South Lanarkshire partners are in the process of updating the directory and will make it available online in the near future. For a paper copy of the directory, contact Barbara Berney on 01698 453760 or email strategicservices@southlanarkshire.gov.uk

The National Treatment Agency for Substance Misuse (NTA) in England and Wales provides an example of an online directory of services. Their '**directory of residential rehabilitation services in England and Wales for adult drug and alcohol misusers**' enables access to up-to-date information on where vacancies are currently available. The directory lists services for those over 18 and, in some cases, those over 16. **Separate information on residential services for young people is planned.**

The directory is available at <http://www.nta.nhs.uk/residentialdirectory/index.html>

The East Sussex IRT project (see case study on page 49) planned to create their service directory online and on paper. Consultation with families and young people indicated that many have access to the internet and where they do not they will use drop-ins, professionals or libraries to access information, with the support of another. This strongly influenced the decision not to produce a paper version, which has resource implications and presents a difficulty in maintaining the accuracy of the information.

CHECKLIST

Key factors to address when developing information sharing:

- J · How to obtain, and adequately record, the **young person's consent** to information about them being shared with others. Make sure that this is set in the context of the assessment, rather than being a separate process. Explain the circumstances where information may be shared without their consent. Explain the implications of refusing consent to sharing information.
- J · Developing guidance/leaflets on **confidentiality and information sharing** for young people and for workers. Consider the need for training on confidentiality and information sharing for workers.
- J · How to establish, and maintain, **trust between workers and agencies** to support information sharing: for example, via inter-agency staff training. Staff working in multi-agency settings need to talk over the issues together.
- J · How to develop **protocols for inter-agency information sharing** in a way that promotes trust between agencies.
- J · How to use **information technology to support information sharing** between workers, and across agencies and localities.
- J · Agreeing **common, core information** that will be shared between agencies.
- J · Creating, and maintaining, **up-to-date local directories of services** for young people (accessible to young people and families, and workers).

Chapter 9: Outcome of the Assessment

As highlighted in Chapter 1, the assessment process is not an end in itself. Its purpose is to inform decisions about future treatment, care and support, with a view to **matching services to the individual's assessed needs**.

The scope and duration of the assessment process will vary according to the nature and extent of the needs of the young person. In some cases, the assessment process may be relatively short and focus on one or two areas of the young person's life. At the other end of the spectrum, it may happen over several weeks and involve a number of different areas of need and, therefore, a number of workers. Whatever the nature of the process, the outcome should be an **Action Plan** setting out the assessed needs, the agreed goals of the young person and the (clearly identified) agencies/service providers who will be responsible for carrying through the components of the Action Plan.

Developing an Action Plan

There may be a need for agencies and service providers working with young people to develop effective action planning tools ('a National Evaluation of the Inclusiveness Projects- Interim Report' (SE 2003)). It may also be a helpful first step to consider creating a **Profile** of the individual from the information gathered during the assessment process that could cover:

- J · type and level of needs
- J · particular circumstances
- J · aspirations and attributes
- J · goals – short term and longer term

(Integrated Care for Drug Users, EIU 2002, adapted from the Beattie Report's 'Personal or Individual Profile')

'Integrated Care for Drug Users' also sets out the components of an Action Plan, again adapted from materials in the Beattie Report. These comprise:

- J · the goals
- J · the agreed treatment approach for drug use and the service provider
- J · the actions to address other problems e.g. housing, family support, offending behaviour, personal and social skills, education and training needs
- J · what will constitute progress and how it will be measured
- J · dates for reviewing progress, who will be involved and the format
- J · the main contact

'Assessing Young People's Drug Taking: Guidance for drug services' (SCODA 2000) also recognises that "**planning should be an intrinsic part of completing an assessment**". The SCODA guidance suggests a slightly different plan outline:

- J · identified needs
- J · how needs are to be addressed (including goals to be achieved where appropriate)
- J · a named individual who is responsible for addressing the need
- J · desired outcome
- J · the date of review.

The SCODA guidance highlights that “plans are particularly important when **inter-agency work is required**, determining which services and individuals are responsible for delivering specific parts of a package of care”. It also states that “plans should be utilised in the review to ascertain which needs have been met and which need further work”.

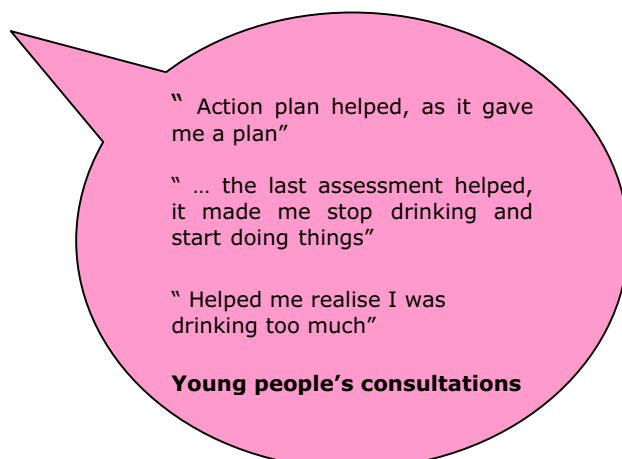
Example Action Plan, using the SCODA headings:

Identified Need	How need will be addressed	Person Responsible	Desired outcome	Review Date
Problematic use of alcohol	Harm reduction information Education on substances Goal setting	Service user Key worker	Reduction in use of alcohol	8 weeks
Offending behaviour relating to substance use	Attendance at probation Managing Behaviour programme	Service user Social worker Key worker	Reduction of risky behaviour and offending	12 weeks
Family relationships	Family work programme (communication, boundary setting and relationship building)	Service user Social worker	Improved family communication and relationships	8 weeks
Education and employment	Links to Careers service	Service user Careers officer	Attendance at Careers and Links to employment	8 weeks

As noted in Chapter 4, workers need to be **realistic about what services can be offered**. An example of this is the availability of substitute prescribing to young people. Substitute prescribing to young people under 16 is very rare and would be the subject of very careful consideration (EIU 2003).

The Action Plan should be produced **after discussion between the young person and the worker**, and services who will input to the young person’s treatment, care and support. We have already highlighted the importance of **listening to young people**. It is important also for **their views and experience to influence actions**.

The Action Plan should recognise the young person’s needs, attributes and aspirations. It should also offer a systematic way to support them to make progress towards agreed goals at a suitable pace. **Finally, and importantly, the young person should receive a copy of their Action Plan.**



CASE STUDY EXAMPLES

Rushes, in Lanarkshire, has been developing an assessment framework (including a paper-based specialist assessment and action plan), utilising, and adapting, components of the SCODA methodology. The project believes **it is imperative that planning is a key component in the assessment process, with the young person at the centre of the plan.**

They have modified the SCODA Action Plan headings and developed standardised code-lists of identified needs, interventions and objectives. In doing so, one of their considerations has been the development of a baseline to measure service delivery for monitoring and evaluation purposes. This includes the wider collation of information that requires to be submitted to the Lanarkshire ADAT and Social Work Services. At the same time they recognise that it is essential this does not compromise on the services available to meet the needs of young people attending the project (an example action plan is included at Appendix 9).

As part of the plan young people's needs are reviewed to determine if they are being met, what progress they have made and to identify future work. Rushes has utilised the EIU's Evaluation Guide 12 ('Intensive Interventions with Young People') to develop a review process that will support the young people identify if they have made progress towards their agreed plan.

Contact: TurnerG@northlan.gov.uk

NCH Scotland Gael Og Mentoring Project's Action Plan has space for the young person to express their views on their strengths, attributes, their goals and areas where they feel they need help:

A wee bit about you (please be as honest as you can)

Strengths:

Interests:

Talents:

Qualifications:

What's important for you?

(asks the young person to select, from a choice of around 20 tick boxes, things they want to improve in their life/issues they want help with. Options include: advice on drugs, stop offending, get involved in sport, improve self confidence, get information on benefits, get on better with family.....)

Dream Page

What would you do if you won a million pounds?

Where would you like to be living in five year's time?

What would be your dream job?

How would you view yourself as being successful in life?

Contact: mikemawby@nch-gaelog.fsnet.co.uk

Graeme Mollon of the Royal Edinburgh hospital works within a **person-centred planning model** with his clients who have mental health and substance use issues. There are many tools available within this model, one being an **essential lifestyle plan**. This can be used as an empowering tool for service users to articulate their future outwith hospital and a voice to express what supports they feel would enable them in any transition. The process enables people to feel central to the assessment and creates more choice for them in identifying who they believe to be the main supports in their life. The clients create a simple map of their life experiences and their contacts and relationships. They are encouraged to think about **what they would like to have in their lives and what they would like to achieve**. This approach is particularly helpful for people who have been traumatised or who for other reasons, for example disability, have difficulty in articulating their thoughts and feelings. (See example below).

Contact: Graeme.Mollon@lpct.scot.nhs.uk

I would like

Training

- training for work
- qualifications
- get a tutor/teacher
- make up missed school time



Job

- earn money
- meet new people
- make friends
- not so lonely

buy things
have a house
money to go out

always cold

Drugs Alcohol

Police No home

No Family

Lonely

No Job



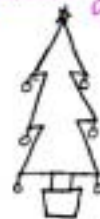
Better health

- visit a G.P.
- get dental treatment



Drug free

- use methadone
- befriending service



Family

- get in touch
- visit them
- them visit me
- Celebrations at Christmas

good memories
happy times

Feeling ill - No friends

Frightened

No money

Home

- find a suitable house
- get a tenancy
- get furniture and utensils



have my own home
friends and family can visit
shows my independence

Do things

- go on holidays
- visit places
- go to a concert

liked history at school
go on a plane
see new things

Review

The importance of 'review' has been highlighted already. It should be recognised also that given the higher risk and possibly more fluid circumstances surrounding their lives **young people may need to be reviewed more often than adults**. A planned review should take place at regular intervals to ensure that the young person's care plan is revised to take account of changing needs and circumstances and that service providers are meeting needs appropriately.

There may be a tendency to re-assess rather than review. **Reviewing progress/monitoring change can show to the worker and young person that progress is being made.**

According to the SCODA assessment guidance, review should include the following components:

- J' areas of **achievement** for the young person
- J' the **progress** that has been made towards meeting the desired outcomes
- J' **changes in drug-taking** behaviour
- J' deterioration or improvement in **health**
- J' **compliance** with treatment programme
- J' changes in **competence to consent** (where appropriate)
- J' **change in circumstances**, including possible child protection concerns
- J' young person's **views** about the treatment
- J' **new or unmet needs**

'Integrated Care for Drug Users' also suggests **areas of progress** that could be part of **ongoing assessment and review**:

- J' improvements in health
- J' improvements in family and social functioning
- J' reducing criminal behaviour
- J' reduction in drug use
- J' improvements in self esteem and motivation
- J' movement towards employability

The EIU's 'Evaluation Guide 12: Intensive Interventions with Young People' (EIU 2003) may be another helpful resource.

Finally, and very importantly, one of the suggestions from our consultations with practitioners was:

"You could get the young person to assess the worker - get their views, as well as the worker assessing the young person".

CHECKLIST

- J : Have you developed and **agreed an action planning and review process** with **other key agencies and service providers**?
- J : Have you identified suitable **action planning tools**?
- J : How will you **measure progress**?

Appendix 1: Reference Group Membership

Ian Bell, Includem

Nick Bland, Effective Interventions Unit, Scottish Executive (to Jan 2004)

Jim Chalmers, ISD Scotland

Ray de Souza, City of Edinburgh Council

Linsey Duff, Effective Interventions Unit, Scottish Executive/ISD

Lloyd Girling, Perth Connect

Julie Anne Jamieson, Careers Scotland

Sandy Jamieson, Includem

Abigail Kinsella, Careers Scotland

Tom Leckie, Social Work Services Inspectorate, Scottish Executive

Isabel McNab, Effective Interventions Unit, Scottish Executive

Gemma McNeill, Glasgow City Council

Graham McPhie, Aberlour Childcare Trust

Margaret Murphy, Fairbridge in Scotland

Vijay Patel, Children and Families Division, Scottish Executive

Chris Rich, Effective Interventions Unit

Nicola Richards, Lloyds TSB Foundation for Scotland, Partnership Drugs Initiative (to Jan 2004)

Rachel Sunderland, Lloyds TSB Foundation for Scotland, Partnership Drugs Initiative (from Feb 2004)

Gillian Turner, Rushes Young Persons Drug and Alcohol Service

Appendix 2: Consultation Seminar Attendees

Monday 29th September 2003

The Stirling Management Centre, University of Stirling, Stirling

Russell Arthur

Ian Bell, Includem

Fiona Bonnar, West Lothian NHS Trust

Seonaid Lee Brown, Substance Misuse Service

Lesley Cook, The Web Project – Kinrossshire

Sarah Duncan, East Ayrshire Council

Katrina Fannon, Dundee City Council

Phil Forbes, Bridge Project Addiction Service

Lloyd Girling, Perth Connect

Pete Glen, The Corner

Gail Gordon, Connect

Simon Gordon, Orkney Alcohol Counselling and Advisory Service

Sarah Greer, Fife Youth Drug Team

Rhona Hunter, HYPE

Vicky Hunter, Fife Youth Drug Team

Zena Johnson, HYPE

Abigail Kinsella, Careers Scotland

Fiona Leport, Substance Misuse Service

Maureen McCurley, Alternatives

Sandra McFadyen, Indie Project

Mike McGinley, North Addiction Team Glasgow

John McLean, NCH Scotland

Graham McPhie, Aberlour Child Care Trust

Janice Munro, Fife Youth Drug Team

Alison Myles, The Web Project

Liz Nardone, Fife Intensive Rehabilitation & Substance Misuse Team

Moira Oliphant, Barnardo's Scotland
Sheila Ramsay, Barnardo's Scotland
Donna Reid, Argyll & Clyde ADAT
Susan Reid, The Web Project
Allen Robertson, Substance Misuse Service
Morag Robertson, West Fife Community Drugs Team
Julie Ross, Barnardo's Freagarrach Project
Margaret Sheridan, NCH Scotland
Ian Smillie, Substance Misuse Action Team, Perth & Kinross
Rab Sneddon, West Lothian Drug and Alcohol Service
Eileen Steele, Aberdeenshire Social Work
Norrie Tait, Reiver Project
Jennifer Tocher, Dundee City Council
Eric Watson, Barnardos Youth Drug Initiative
Tam Weir, East Ayrshire Council
Sarah Welsh, LANDED, Peer Education Service
Rosemary White, Aberlour Childcare Trust

**Bishopton, Wednesday 5th November 2003,
Reid Macewan Training and Conference Centre, Erskine Hospital**

Cameron Adam, South Lanarkshire Council
Shaina Anderson, Anchor Project
Kate Balfour, Crannog
Gen Beckett, Anchor Project
Susan Bogle, Renfrewshire Drug Service
Grant Brand, North East Addiction Service
Andrew Burns, North West Addiction Service
Margaret M Cameron, Helensburgh Addiction Rehabilitation Team (HART)
John Campbell, Renfrewshire Council Social Work Department

Annamarie Campbell, Barnardo's Youth Involvement Project
Mark Connelly, Lanarkshire Alcohol and Drug Action
Susan Dupre, Community Support Team
Martin Coyne, East Dumbarton Community Addiction Service
John Crawford, Alternatives Drug Project
Flora Dick, Royal Alexandra Hospital
Grace Fletcher, Springboig St Johns Residential School
Wendy Gervais, Includem
Caroline Graham, Renfrewshire Council
Andy Gray, Rushes
Stuart Harris, East Dunbarton Community Addiction Team
Helen Hatch, Hamilton Social Work
Philip Irvine, RCA Trust
Susan Johnstone, South Lanarkshire Council
Marie Kerr, West Addiction Team
Katie Lamb, Barnardo's Youth Involvement Project
Deborah Lee, Motherwell Police Station
Stevie Lydon, Argyll & Clyde ADAT
John MacDonald, Dumbarton Area Council on Alcohol
Marianne Madill, West Addiction Team
Donna Main, Moving On Inverclyde
Linda McGregor, Glasgow City Council
Linda McCulloch, Bridge Addiction Services
Denise McLaughlan, Alternatives WD Community Drug Services
Gemma McNeill, Glasgow City Council
Helena Muirhead, North East Addiction Service
Lizzie Muknerjee, North West Addiction Service
Cameron Paul, Lanarkshire Drug Service

Callum Rae, Indie Project

Catriona Rasdale, Lanarkshire ADAT

Paul Rogon, Rushes Young Persons Drug & Alcohol Service

Karen Ross, Child and Family Centre

Patricia Singal, Rohachan House

Gillian Turner, Rushes Young Persons Drug & Alcohol Service

Marie Williams, Moving On Inverclyde (Ltd)

Joanne Wilson, South East Addictions Team

Mary Wilson, East Renfrewshire Council

Appendix 3: Feedback From the Young People Assessment Consultation Seminars, September - November 2003

This document provides information and evidence to support the work being undertaken to develop a guide about assessment for young people with, or at risk of developing, problematic substance misuse. These consultation seminars drew on experience from those working with young people to help them address their substance use and a range of other issues. The purpose of the consultation was to:

- ⌘ identify the key issues and stages of assessment for young people
- ⌘ identify those who need to be involved in the assessment process
- ⌘ suggest ways of engaging with young people in the design and delivery of the assessment process
- ⌘ consider ways of eliminating multiple assessment
- ⌘ discuss some of the assessment tools currently in use and the need for a national tool.

The seminars also provided an opportunity for those involved to share experience and good practice. We undertook to let all participants have a summary of the main points raised in the workshops. In this brief feedback sheet, we give particular emphasis to points that were raised and were common to all the discussions. We have grouped the views expressed by participants under the following headings:

- ⌘ Keys to effective assessment.
- ⌘ Multiple Assessment - how can it be eliminated?
- ⌘ Assessment Tools - what are the key elements.

Keys to effective assessment

- ⌘ The relationship between the assessor and the young person is key to a realistic assessment. Without a feeling of trust and openness on both parts, an assessment will be less effective.
- ⌘ Strong listening skills and the ability to speak in the young person's language.
- ⌘ The process must be young person friendly - this includes using media that is commonly used by young people and creating an informal atmosphere in which to meet.
- ⌘ There is need for services to focus on the individual and to avoid fitting the individual into the service.
- ⌘ Identify the young person's aspirations and support them.
- ⌘ Consider where there may be support for the young person i.e. parents, family or carers.

All who participated emphasised the importance of building a good trusting relationship with the young person and the need to invest time in building that relationship. There is a strongly held view that only once time has been invested in the relationship can an effective assessment process start.

There are a number of other issues which were highlighted as important within the assessment process. Child protection issues were a vital part of the overall consideration. Child protection protocols and confidentiality issues need to be openly addressed at the beginning of the assessment process. Many young people coming to services have multiple needs and there must be a close and trusting relationship between services in order to ensure that relevant information is properly and timeously shared. There needs to be a risk assessment of the young person at an early stage. This is for the protection and benefit of the client as well as a crucial safeguard for staff.

Multiple Assessment - How can this be eliminated?

The consultation seminars confirmed that multiple assessment is a problem for both young people and for agencies. This is undesirable for the young person who because of multiple needs may have been through a number of assessment processes, many of which seek like information:

- ≠ Services need to understand each other's roles and recognise the professional integrity of other agencies.
- ≠ Workers, and young people, need to know the full range of services that exist.
- ≠ Reduce the 'culture' gap between statutory and voluntary sector organisations.
- ≠ Agree what information can/needs to be shared and establish protocols.
- ≠ Discuss with the client at an initial stage what information needs to be shared, why and with whom.
- ≠ Increased co-operation between agencies and services built on joint working and joint training builds relationships, trust and understanding which encourages better information sharing.

There is a general perception that the sharing of information and the joint assessment was less of a problem for an individual than it was for agencies and services. Clients were more concerned about seeking help than they were concerned about basic data being shared with other agencies. Often clients have repeated their situation on a number of occasions and would welcome not having to retell their story.

Assessment Tools - what are the key elements?

There were a number of tools in use, some recognised and validated for use with clients who have particular issues. A number of these were discussed in more depth. Many agencies have created their own tool or have adapted a tool to fit the particular circumstances of their client group. Many people do not use tools.

Of all of the discussions this was the least conclusive. There was, however, a general consensus that whilst a single national tool might bring advantages in reporting data and inter-agency working, it would not be flexible enough to meet the needs of individuals. A common assessment framework (guidelines that allowed for some flexibility) would be helpful.

There was thought to be a need for a screening process to allow young people to access services which were appropriate for their needs or could form a route to get to a more appropriate service. A substance misuse element within wider tools was to be encouraged which could help route the client to an appropriate drug service.

€# A 'Tool Shed' was thought to be a way forward. This would allow a range of needs to be met.

€# The way that young people use tools is important - filling in a form was thought to be least favourable. CD - ROMs, interactive computer based, tick boxes and smiley faces were all reported.

Appendix 4: Case Studies – Services and Projects

HYPE - schype@mail.nch.org.uk

Twilight Basketball - ianreid@scottishsportsfutures.org.uk

ChYPSS (Children and Young People's Substance Service) – AnnieM@dumgal.gov.uk

Youth Counselling Services Agency (YCSA) - info@ycsa.org

Step it Up - Mark.Meiklejohn@scotland.gsi.gov.uk

The Canongate Youth Project - Stuart@canongateyouthproject.org

Scottish Network of Families Affected by Drugs (SNFAD) - p.krausen@btopenworld.com

The Problem Oriented Screening Instrument for Teenagers (POSIT) - www.niaaa.nih.gov/publications/posit/htm

The Reiver Project - reiverproject@ukonline.co.uk

Step it Up self assessment website - www.youngscot.org/stepitup

EuroADAD/Tayside Council on Alcohol – www.euroadad.com
Kathryn@alcoholtayside.com

ASSET/CHOICE project - chris.wright@dundeecity.gov.uk

Rickter Scale – www.rickterscale.com/0101.htm

HoNOSCA – www.liv.ac.uk/honosca

CASMS - aspence@dg-primarycare.scot.nhs.uk , bwalker@dg-primarycare.scot.nhs.uk

Perth Connect - Kathryn@alcoholtayside.com

Youth Addiction Services Glasgow City, assessment framework, - gemma.mcneill@sw.glasgow.gov.uk

Kerelaw School - gemma.mcneill@sw.glasgow.gov.uk

NCH Scotland Gael Og Mentoring Project – mikemawby@nch-gaelog.fsnet.co.uk

Healthy Respect Project - http://www.show.scot.nhs.uk/confidentiality/healthy_respect.htm

eCare - www.ecare-scotland.gov.uk/childrens_services/childrens_services_home.htm
Murray.McVicar@scotland.gsi.gov.uk

Glasgow eCare project - susan.orr@sw.glasgow.gov.uk

East Sussex County Council IRT project – www.eastsussexcc.gov.uk/socialcare

South Lanarkshire 'Directory of services' - strategicservices@southlanarkshire.gov.uk

The National Treatment Agency for Substance Misuse (NTA) –
www.nta.nhs.uk/residentialdirectory/index.html - Tom.Aldridge@nta-nhs.org.uk

Streetwork Edinburgh - mail@streetwork.org.uk

Person-centred planning tools - Graeme.Mollon@lpct.scot.nhs.uk

Rushes Project - TurnerG@northlan.gov.uk

Appendix 5: Consultations with Agencies and Individuals

Ian Reid and Sandy Swanson, Twilight Basketball

Stuart Mair and Andy Baker, The Canongate Youth Project

Lynne Kinnison and Sue Lorraine, Kerelaw School, Stevenson

Emma McWilliam, Ayrshire Assessment Framework

Gemma McNeill, Glasgow City Social Work Department

Alex Hunter, Social Work Department, Aberdeen City

Atta Yaqub, Youth Counselling Services Agency, Pollokshields, Glasgow

Susan Orr, Glasgow City Council Social Work Department

Patsy Kreusen, Scottish Network of Families Affected by Drugs

Shirley Barr, Children and Young People's Substance Service, ChYPSS

Laura Cochrane and Annabel Spence, Child and Adolescent Substance Misuse Service - CASMS

Peter Goody, West Lothian Shared Information Project

Kathryn Baker and Fiona Mackay, Tayside Council on Alcohol and Perth & Kinross DAAT

Norrie Tait, The Reiver Project, Scottish Borders

Graeme Mollon, Royal Edinburgh Hospital

Lavina Rodger, AMPS, Edinburgh

Scottish Executive colleagues

Peter Ashe, ISD Scotland

Appendix 6: References

Scottish Executive publications

- # *A National Evaluation of the Inclusiveness Projects – Interim Report* (2003)
- # *For Scotland’s Children: Better integrated children’s services* (2001)
- # *Getting Our Priorities Right: Good Practice Guidance for working with children and families affected by substance misuse* (2003)
- # *Identifying Learning and Support Needs: A Digest of Assessment Tools* (2001)
- # *Report of the Beattie Committee, Implementing Inclusiveness: Realising Potential* (1999)
- # *Identifying Learning and Support Needs: a digest of assessment tools* (2001).
- # *It’s Everyone’s Job to Make Sure I’m Alright: Report of the Child Protection Audit and Review* (2002)
- # *Protecting Children and Young People: The Charter* (2004)
- # *Protecting Children and Young People: Framework for Standards* (2004)
- # *Step it Up: Charting Young People’s Progress* (2003)

These publications should all be available on the Scottish Executive website: <http://www.scotland.gov.uk/>

Effective Interventions Unit publications

- # *Advocacy for Drug Users: A Guide* (EIU July 2004)
- # *Drug Treatment Services For Young People: A Research Review* (EIU June 2002)
- # *Evaluation Guide 12: Intensive Interventions with Young People* (January 2004)
- # *Integrated Care for Drug Users: Digest of tools used in the assessment process & core data sets* (EIU May 2003)
- # *Integrated Care for Drug Users: Principles and Practice* (EIU October 2002)
- # *Services for Young People with Problematic Drug Misuse; a Guide to Principles and Practice* (EIU January 2003)
- # *Supporting Families and Carers of Drug Users: A Review* (EIU November 2002)
- # *Working with Young People: A Profile of Projects Funded by the Partnership Drugs Initiative* (EIU April 2004)

These publications and the series of EIU **Evaluation Guides** are all available on the EIU section of the ISD drug misuse website: <http://www.drugmisuse.isdscotland.org/eiu/eiu.htm>

Other publications

- €# Beckett et al (2004) *Understanding Problem Drug Use Among Young People: A Multivariate Approach Using Statistical Modelling Techniques*. Home Office.
- €# Crome I et al (2004) *Young People and Substance Misuse*. The Royal College of Psychiatrists.
- €# Clelland A, Sutherland E, Eds. (2001) *Children's Rights in Scotland*. Edinburgh.
- €# Drugscope and Home Office (2003) *'First steps in identifying young people's substance related needs*. London, Drugscope
- €# Health Advisory Service (HAS) (1996) *Children and Young People: Substance Misuse Services: the Substance of Young Needs*. London, HMSO
- €# Kirby P et al. (2004) *Building a Culture of Participation: Involving Children and Young People in Policy, Service Planning, Delivery and Evaluation*. The National Children's Bureau
- €# McKeganey N, Beaton K (2001) *Drug and Alcohol Use Amongst A Sample Of Looked After Children In Scotland*. Unpublished report.
- €# Melrose M, Brodie I (2000) *Vulnerable Young People And Their Vulnerability To Drug Misuse*, in Drugscope and Department of Health (2000) *Vulnerable Young People And Drugs: Opportunities To Tackle Inequalities*. London, DrugScope
- €# Standing Conference on Drug Abuse, SCODA, (2000) *Assessing Young People's Drug Taking: Guidance for Drug Services*. London: Drugscope

Appendix 7: Hype Leaflet

Telephone Help and Support Lines

Drug Helpline (24 hours) 0800 77 66 00

Drink Line 0800 917 8282

Childline (24hrs) 0800 1111

Samaritans (24hrs) 0845 790 9090

Sexwise 0800 28 29 30

Edinburgh Rape & Sexual Abuse Centre
0131 556 9437

Young Women's Centre 0800 731 4080
(Sexual Abuse Support) (Office hrs + Wed/Fri Eve.)

M-Line (Male sexual abuse survivors support)
01382 606 055 (Office Hours)

Stonewall (Tues 7.30-9pm) 0845 113 0005
(Lesbian, Gay, Bisexual, transgender support)

Talk Adoption 0808 808 1234 (Tue-Fri 3-9pm)

Your Rights And Responsibilities As a Client of

hype

help for young people in Edinburgh

Supporting young people
experiencing difficulties with drug,
alcohol or volatile substance abuse.



Young people attending Hype have a right:

- 1 To a service as quickly as possible.
- 2 Counselling and support in respect of your drug, alcohol or volatile substance use or other concerns that you might have.
- 3 To be treated with respect and dignity.
- 4 To have your cultural or religious beliefs, ethnicity, gender, sexuality and any disabilities respected and supported as part of the service provided.
- 5 To see information that is written down about you.
- 6 To a confidential service; exceptions to this are as follows:
 - a. If someone who is under 16 (you or someone else) is being abused physically, sexually, emotionally or neglected, or is at risk of this happening.
 - b. If you are unable to take responsibility for your actions due to mental health difficulties and the worker has concerns for your safety or another's safety.
 - c. If information relating to actual or potential serious violence eg. murder, is disclosed, this may be passed on to the authorities.
 - d. In exceptional circumstances if someone who is under 16 (you or someone else) is being put in significant harm and we feel this is a Child Protection concern eg. overdosing regularly.
 - e. If you live in a residential unit eg. Young Person's Centre, Secure Unit or Residential School and disclose information

about your (or someone else's) current substance use within the unit, which puts you, or other young people at risk.

- 7 To complain or comment on this service. (We will tell you how to do this.)
- 8 To be safe whilst attending the project.
- 9 To get support to refer to other services that may be helpful.
- 10 To receive this leaflet.

In order to ensure your safety, and the safety of others, the project has the following expectations:

1. No weapons in the building.
2. No abusive, threatening or violent language or actions to be used towards others. We will involve the police if someone is assaulted in the project or is seriously threatened.
3. No damage to, or theft from, the property is acceptable. We will involve the police if property is seriously damaged or stolen.
4. The expression of racist or other prejudiced views is not acceptable and will be challenged.
5. Drugs, alcohol or other substances, whether illegal or prescribed, are not allowed on the premises. "Dealing" is not permitted.
6. If you arrive under the influence of drugs, alcohol or other substances, the appointment will be stopped and you will be given a new time to come back.
7. No dogs other than guide dogs are allowed on the premises.

Appendix 8: Accessible Services Checklist

ACCESSIBLE SERVICES CHECKLIST

When deciding **where** to site services and **when** to open, think about:

- J · Can the young person access the service without feeling **stigmatised**? *For example, a generic drop-in service that could be accessed for a wide range of reasons. Even specialist services tend to find that clients and referrers feel more comfortable if the service has a 'neutral' name, e.g. Borders Young Peoples' Drug & Alcohol Project changed its name to the Reiver Project.*
- J · Is there sufficient private space available to safeguard **confidentiality**? *For example, a separate 'consulting' room or area where conversations can not be overheard.*
- J · Are premises available **out of school hours**, at evenings and weekends? *For example, an arrangement with a community centre to use their premises for meeting young clients.*
- J · Are **staff supported to work outside normal office hours**? *For example, through a budget for irregular hours payments and a clear policy for safety and security.*
- J · Is the site already **well known and used by young people**? *For example, a community internet café, sexual health service or youth club.*
- J · Is the environment of the building **welcoming to young people**? *For example, young people have control over decorating and furnishing the space.*
- J · Are services **convenient** for public transport? Would **mobile units** be possible? *For example, a specialist service that offers discreet appointments through the school.*
- J · Will **outreach services** be needed to reach particular populations? *For example, a worker recruited specifically to build trust and develop interventions with local minority ethnic communities.*
- J · Where are the **other programmes** for young people who need additional support? *For example, national training programmes such as 'Getting Ready for Work' who deal with young people with a range of social, emotional and other difficulties and the Beattie Inclusiveness Projects.*
- J · Are a **variety of settings** available to respond to particularly vulnerable groups, such as those involved in prostitution or homeless young people? *For example, a regular clinic based within a night shelter.*

It may be necessary to develop a **multi-modal approach** with a range of **different access points**.

Appendix 9: Ruses: Example Action Plan

Priority	Identified Needs	Interventions	Objectives (How will desires/required outcomes be achieved)	Include No. from objective list	<i>Timescales (detail dates)</i>				<i>Who will do this (include self/carer)</i>
					Start	Goal	Delay	Finish	
1	Establish needs	Assessment 1	Completion of assessment in 6 sessions	1	5/01/04	16/02/04	—	16/02/04	Rushes Worker Service User Parents
2	Establish Service intervention	Action Plan 2	Completion of action plan	2	16/02/04	16/02/04		16/02/04	Rushes Worker Service User Parents
3	Problematic Substance use: alcohol	7,8,9,11, 22,23,24, 25,26,27, 28	Individual support Abstinence from main problematic substance	8	23/02/04	Review date 24/05/04			Rushes Worker Service User Parents
4	Family relationships With mother and siblings	11,13,22, 23	Family work, increased support structure, communication and relationships within the family home	5	23/02/04	Review date 24/05/04			Social worker Rushes Worker Service User Parents
5	Social relationships as regards to peer group	31,33	Completion of structured programme (stated number of sessions, i.e. 8 weeks)	5	23/02/04	24/05/04			Social worker Rushes Worker Service User
6	Awareness of sexual health and contraception issues	14,17	Distribution of information on sexual health issues	5	23/02/04	24/05/04			Rushes Worker Service User Health promotion
7	Blood borne virus tests	17	Links to BBV clinic and tests completed	10	10/03/04	17/03/04			Rushes Worker Service User Harm Reduction Nurse
8	Alternatives to substance	36	Completion of structured programme and engagement in alternatives to substance use	5	23/02/04	24/05/04			Rushes Worker Service User Parents

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SIGNATURES

Service User: _____

Date: _____

Worker completing Assessment: _____

Date: _____