



Informing policy, reducing risk

**Response to the Government
consultation on the Green Paper
*Every Child Matters***

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DrugScope response

Green paper - Every Child Matters

DrugScope is the UK's leading independent centre of expertise on drugs. Our aim is to inform policy development and reduce drug-related risk. We provide quality drug information, promote effective responses to drug taking, undertake research at local, national and international levels, advise on policy-making, encourage informed debate and speak for our member organisations working on the ground.

DrugScope is a voice for its 1000+ member bodies. The process of preparing our response has involved consultation with colleagues and a representative group of member organisations working directly with children and young people across a full range of drug services, from education and prevention through to treatment. The focus of our response therefore is on substance misuse issues, particularly those relating to the voluntary sector's role. This response sets out our principal concerns, makes some suggestions for improvement, and raises numerous questions that will need to be explored prior to any implementation to ensure that the end result is appropriate to the needs of all children and young people.

Drugs as a central theme

In general we welcome the proposals set out in *Every Child Matters* that are specifically about substance misuse. However, the centrality of drugs as an issue for young people – and particularly the most vulnerable - needs to be recognised by everyone concerned with the welfare of young people, and we are disappointed that this was not reflected more in the document. For example, a recent Youth Justice Board survey found that 51% of school excludees had tried at least one Class B drug and 23% at least one Class A drug (*Mori 2002 Youth Survey*, Youth Justice Board, 2002). Similarly, the Youth Lifestyle Survey found that one in 12 serial runaways had been using a Class A drug at least monthly over the previous year (Chris Goulden and Arun Sondhi, *At the margins: drug use by vulnerable young people in 1998/1999 Youth Lifestyles Survey*, Home Office Research Study 228).

When it comes to day-to-day practice in the field, one of our member organisations reported that vulnerable children and young people – who are sometimes excluded from school and have been 'lost' by other mainstream agencies – often first present to services because they are experiencing drug problems. Many other issues are identified and addressed through working with these young people and drug workers are often left wondering why these other issues have not been picked up and addressed earlier. If drug services are picking up vulnerable young people who are 'lost' to the system, then they will

have an absolutely *pivotal* role to play in developing multi-disciplinary processes and protocols to ensure that no child slips through the net of child protection and welfare services, and every child matters. (Our members pointed out that there are DH standards on working with children with acute and chronic illness that might apply to drug treatment provision.)

A notable omission from the document is any reference to the work of the Advisory Council on the Misuse of Drugs on the issue of children of substance misusing parents. *Hidden Harm* was published in July 2003, but surprisingly is not mentioned in the Green Paper at all. It concluded that the children of problem drug users can face both physical and psychological harm, may have to fend for themselves and may have to look after both their siblings and, in some cases, their parents. Given this, it is surprising that *Every Child Matters* has nothing to say about young carers, who may be struggling to look after both themselves and adults within their households, sometimes as a result of alcohol and drug problems within the family.

Voluntary sector issues

As a national voluntary organisation DrugScope is concerned to stress the unique contribution that the voluntary sector can make, and the importance of recognising and protecting its distinctive role. We would highlight the following issues in particular:

- The importance of ensuring that the voluntary sector is not only viewed as a *deliverer* of services but also plays a central role in the local *commissioning* of substance misuse services for young people and therefore in the development of a *strategic* approach to substance misuse work with young people.
- The issue of the voluntary sector maintaining independence. There needs to be recognition of the *distinctive* contribution that voluntary agencies have to make and services should not simply be modelled on statutory protocols and practices. Often the voluntary sector is able to engage with young people because of its status and credibility with this particular client group – and this is partly about the operation of different thresholds for breach of confidentiality. It is difficult to encourage young people to access services if they are anxious about where any information they provide might be going.
- The issue of funding pressures for the voluntary sector. This follows on from the point above. There is a concern that the voluntary sector will be vulnerable to pressure to fit within a common statutory system as in many cases voluntary agencies are *reliant on statutory funding*. There will need to be flexibility and negotiation about how the relationship between the statutory and the voluntary sectors will work.

We need to be clear that there are quality and standard expectations for both the voluntary sector and statutory sector and any new framework or system needs to focus on getting the practice right. We know a lot about good practice and there are a number of guidance documents already available. These include, for example, the National Treatment Agency's *Models of Care and Young People and Drugs* produced by SCODA (now DrugScope). We know a lot about good practice already. The challenge now is to ensure professionals and agencies are on board and committed to further developing and ensuring quality service provision for children and young people.

Tracking and Information Sharing proposals

Civil liberties and confidentiality issues

The failure to share information between relevant agencies has been a factor in a number of recent tragedies where the child protection system had broken down. While these concerns are valid and need addressing our concern is that these tragic, but exceptional, cases are being used to justify a massive extension of the information on children and young people that is collected and shared. We need to ensure clarity on the justification for the proposals and benefits of any new systems that are going to track and record information about *all* children and young people.

While the importance of sharing information appropriately is recognised by DrugScope, the following concerns and questions were raised in relation to substance misuse issues and the long term impact of a young person being labelled through this 'tracking and information sharing' proposal.

The questions we feel need to be answered include:

- How would the information be collected and accessed? Training for all those working with children and young people on confidentiality and data protection with respect to the appropriate handling of this kind of information is vital. One of the consultation questions asks '*What should be the thresholds and triggers for sharing information about a child?*' however, initially the important question is what the thresholds should be for recording the information. When would a situation or incident be flagged up on the system? Adolescent experimentation with drugs may trigger a whole range of labelling processes and referrals to services with potentially long term implications for the young people. There is also a danger that more vulnerable young people will get caught up in these labelling processes where other more affluent young people may not, even where young people from these social groups are using drugs in similar ways. There could also be a danger that professionals will over-record in order to protect themselves and that very large numbers of children will get flagged – especially given the (understandable) concern that a failure to take proper account of indicators of abuse has contributed to child protection tragedies. The problem is that if professionals veer too much on

the side of caution then the most at risk children could be in danger of getting lost due to the sheer numbers of other children who are getting flagged by the system.

- How would the information be used? For example, would a school be able to check whether or not there were any flags in relation to substance misuse? We would be concerned that information could then be used to prevent certain young people from accessing a school of their choice. Again, there is concern that under the proposals the level of information shared could amplify the existing tendency for excluded/marginalised young people to be treated very differently from their more affluent counterparts for the same kinds of behaviours and that there will be problems with labelling and exclusion. There are other situations too where young people may be excluded from services, particularly tier 2 services (such as housing services). Foyers, for example, often won't accept young people who have mental health and/or substance misuse problems. Some agencies will evict people who bring drugs onto the property. People with a methadone script can find themselves being excluded from some local tier 2 services. Exclusion from services will only exacerbate substance misuse problems by increasing the vulnerability of these young people. All tier 2 services should know about and respond to substance misuse problems.
- How long would information be kept? and Would this information be passed on to the adult services?

Parents and carers with drug problems

Consultation Question

Should information on parents and carers, such as domestic violence, imprisonment, mental health or drug problems be shared?

Problematic substance misuse can and does cause serious harm to children (see the ACMD's report *Hidden Harm*). DrugScope recognises that parental substance misuse can be a 'warning sign' for the purposes of child protection, particularly where parents/carers have serious drug problems. It is very important, however, to proceed with caution, and not to create an environment where substance misusing parents are routinely assumed to be and labelled as 'bad parents'. There is a danger that people with serious drug problems will be discouraged from accessing services if they feel that their ability to act as parents and carers will automatically be called into question. The problem here is that parental/carer substance misuse will often become known to the system only when people start to address these problems and present to services, and this could be a disincentive to get help.

For example, one of our members posed this question:

A 15 year old known to services has a father on a methadone script. Will this young person have a flag placed on their record?

It is true that children might actually be at more risk when a parent or carer is coming off drugs, but there is a real issue about the point in time at which the flag will disappear from a child's records. (Our members also had questions around whether or not information collected would be stored on the records of siblings.)

Capacity and resource issues

The success or otherwise of these proposals rests firmly on the access to, and existence of, appropriate IT systems and infrastructure. Without compatible systems data transfer cannot take place between authorities, or perhaps even within authorities.

There is concern, particularly among smaller voluntary agencies that they might be written out of the system. Work may be directed to statutory or large voluntary agencies that are more likely to have the capacity (both of trained staff and equipment).

The lessons must be learnt from the problems experienced by the Criminal Records Bureau in setting up and running highly complex IT systems for the storage and retrieval of vast amounts of information. A full assessment of the risks in electronically storing information about all children and young people as well as the functionality of such a system should be considered prior to implementation. The government can't rely on an untested model simply on the basis that it would be a good idea *if* it worked effectively. Vulnerable children and young people will be at considerable risk if the IT systems fail that are supposed to ensure that relevant information is recorded and appropriately shared.

Training

Consultation question

Should all those working with children share a common core of skills and knowledge?

DrugScope welcomes the proposals to ensure that all professionals working with children and young people have the relevant knowledge and skills. The core skills should be an ability to engage effectively with young people and build relationships with them. Other areas of expertise – for example, substance misuse, mental health and child protection - can then be developed on this base. We strongly support the proposal that training on substance misuse is a vital component of both initial and ongoing staff training and development across children and young people's services. DANOS provides a national framework for training for services operating at all tiers

As already mentioned there are also training issues in relation to the systems and structure for the information sharing proposals.

Due to the large numbers (currently about 4 million according to the Partial Regulatory Impact Assessment) of professionals working with children and young people, the biggest issues that present around training are, again, resource and capacity implications. There is still a need for further clarification of the government's plans to fund a training programme of this size. There is concern about which existing funding streams will be affected, how they will be affected and how much 'new' money will be available. Of equal importance is the need for an infrastructure to ensure training is of a sufficient standard and quality and that this can be monitored across the country. Significant and long term investment will be required and the Green Paper does not explore this.

All children and young people?

Every Child Matters seems to focus on the most vulnerable children and young people. But there are groups of young people who have specific needs and will therefore require more targeted approaches - for example children who have a black or minority ethnic background and children of travellers. The Green paper has nothing specific to say about the particular needs of these children.

Multi-disciplinary teams and a coordinated approach

DrugScope fully supports the principle of bringing together professionals in multi-disciplinary teams. However, we do have some concerns about implementation. There will no doubt be many challenges when attempting to bring different agencies together in multi-disciplinary teams and information-sharing arrangements as there are significant cultural differences between people with different professional backgrounds.

It is evident that a whole range of services need to be in place to protect the most vulnerable young people. An example from one of our member organisations illustrates the importance of the need for a coordinated approach across this range of services and the impact on a young person if this is not achieved.

A young people's drug treatment service works closely with the prison service and YOT to try to provide some throughcare and aftercare support for young prisoners about to be released. They begin liaising with the relevant agencies 4 weeks prior to the release date for these young prisoners and they find the real struggle is often in accessing tier 2 services, and particularly housing. Young people can end up with adults in hostels. Where they end up in hostels and other environments with adults there are problems of power and control and there is a potential for abuse.

It is important that there is coordination too at a senior level to ensure the funding and functionality of these proposals. In particular, the government needs to consider how the different agendas and targets are going to be harmonised. For example, the drug strategy targets around reducing the number of young people who end up entering adult services are distinct from new initiatives around children and young people's services and child protection. There could be tensions between these two different agendas, particularly if resources are tight.

The proposed transformation of the role of schools and location of these multi-disciplinary teams within some schools also raises many important questions.

- If a range of services is to be offered through schools, are schools going to be open in evenings and during public holidays?
- What are the responsibilities of schools when there are children and young people not registered as pupils on school grounds visiting health or social services?
- Is it likely that young people from other schools will be comfortable accessing services in a neighbouring school? The Green Paper states that this will promote self-referral.
- Will young people have access to these services if they have been excluded from school?

We are also a little disappointed that the full discussion of children who get in trouble with the law is not dealt with in the body of a Green Paper entitled *Every Child Matters*, but in a separate document.

Conclusion

DrugScope is acutely aware of the dilemma with which the Government has had to wrestle. Everyone wants to ensure that children are protected from harm. But everyone is also concerned that children - and carers and parents - are not subject to forms of surveillance that are invasive of their rights and liberties. Of course it is important that warning signs are picked up and shared where children are running into trouble, or there is a reasonable suspicion that they are being neglected or abused. But, at the same time, it is important that information systems are not excessively intrusive. Getting the balance between these two principles right will be the big challenge in taking forward the proposals set out in *Every Child Matters*.

Careful thought needs to be given to the development and implementation of the proposals that are sketched out in the Green Paper. As detailed, DrugScope is particularly concerned that the distinctive character and role of the voluntary sector is recognised and preserved; there is greater clarity about where, when, why and for how long information will be recorded and children 'flagged'; the issue of labelling is addressed; there is transparency about funding and resourcing issues; and that further thought is given to the practical difficulties of developing and operating IT systems.

DrugScope is a strong supporter of the multi-agency approach that is at the core of these proposals. We welcome the clear and explicit recognition that substance misuse work needs to be embedded within all mainstream services and that all relevant professionals should have the skills to identify and address substance misuse issues. The devil will be in the implementational details. This is a massive and welcome undertaking to improve child welfare and protection. DrugScope looks forward to working with the Government on these proposals.

This response was prepared by Felicity Stephens, Head of Programme Development, and Marcus Roberts, Head of Policy, at DrugScope. It is based on consultation with DrugScope members and all DrugScope staff with expertise in substance misuse issues affecting children and young people.

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