

**Bringing evidence and analysis
together to inform UK drug policy**

UKDPC

UK DRUG POLICY COMMISSION

Domino Effects:

The impact of localism and austerity on
services for young people and on drug
problems

October 2012



About UKDPC

The UK Drug Policy Commission (UKDPC) is an independent body providing objective analysis of evidence related to UK drug policy. It aims to improve political, media and public understanding of drug policy issues and the options for achieving an effective, evidence-led response to the problems caused by illegal drugs.

The views, interpretations and conclusions set out in this publication are those of the authors and are not necessarily those of the UK Drug Policy Commission.

UKDPC brings together senior figures from policing, public policy and the media along with leading experts from the drug treatment and medical research fields:

John Varley (President)

Dame Ruth Runciman (Chair)

Professor Baroness Haleh Afshar OBE

Tracey Brown

Professor Colin Blakemore FRS

David Blakey CBE QPM

Annette Dale-Perera

Professor Baroness Ilora Finlay of Llandaff

Jeremy Hardie CBE

Professor Alan Maynard OBE

Vivienne Parry OBE

Adam Sampson

Professor John Strang

UKDPC Chief Executive: Roger Howard

UKDPC is a company limited by guarantee registered in England and Wales No. 5823583 and is a charity registered in England No. 1118203. UKDPC is grateful to the Esmée Fairbairn Foundation for its support.

Acknowledgements

We are very grateful to all those who so willingly gave us their time, either as interviewees or participants in the seminar and to Enver Solomon of the Children's Society who also provided helpful comments on the report. Their experience and insights were essential to the production of this report but the authors alone are responsible for the contents.

We would also like to thank Paul Hamlyn Foundation for supporting the additional research into the particular issues faced by young people's services, Barclays who funded the wider research project which also contributed to this report, and UKDPC's principal funders, the Esmée Fairbairn Foundation for their on-going support.

The report was produced in collaboration with DrugScope and Mentor. The interviews and data analysis were undertaken by Helen Beck, Senior Researcher at UK Drug Policy Commission.

Published by:
The UK Drug Policy Commission (UKDPC)
Kings Place
90 York Way
London N1 9AG
Tel: +44 (0)20 7812 3790
Email: info@ukdpc.org.uk
Web: www.ukdpc.org.uk

This publication is available online at <http://www.ukdpc.org.uk/publication/domino-effects>.

ISBN: 978-1-906246-42-6
© UKDPC October 2012

Abbreviations

CAMHS – Child and Adolescent Mental Health Services

CAYT – Centre for Analysis of Youth Transitions

EIG – Early Intervention Grant

HWB – Health and Well-being Board

IAPT – Improving Access to Psychological Therapies

JRF – Joseph Rowntree Foundation

PTB – Pooled Treatment Budget

YJB – Youth Justice Board

YOS – Youth Offending Service

YOT – Youth Offending Team

Table of Contents

Introduction	6
Young People’s Services and Drug Use.....	7
Funding and commissioning of services.....	8
Extent and nature of funding changes	8
Managing the changes	10
Opportunities and risks.....	11
Leadership and prioritisation	13
The impact of reforms	14
The need for evidence	15
The influence of local structures	16
Partnerships, links and pathways.....	16
Localism and big society	19
Conclusions	20

Introduction

The importance of giving children and young people the best start in life and enabling them to maximise their potential is widely recognised and was identified as one of six policy objectives to reduce health inequalities in the Marmot Review *Fair Society: Healthy Lives*.¹ A recent comment piece and series of articles in *The Lancet* have also drawn attention to the importance of a focus on adolescence because *"Adolescence is central to global health goals for physical, mental, sexual, and reproductive health, reductions in injuries, incidence of HIV, and chronic substance misuse. At least 70% of premature adult deaths reflect behaviours started or reinforced during adolescence."*²

The UK Drug Policy Commission research report *Charting New Waters*³ highlighted the unprecedented level of change to structures and services currently occurring at the local level. At the same time, the period of financial austerity has led to cuts to services in many areas and the research highlighted the variation in how decisions were being taken on where spending reductions should be made, and how there often appeared to be little consideration of the potential knock-on effects of these cuts. The main focus of the project was on adult drug treatment services and policing but it became clear in the course of the research that in many areas youth services were being particularly hard hit by funding reductions.

This differential impact on children and young people was also highlighted in a recent report for the Joseph Rowntree Foundation⁴ (JRF) which stated that *"... the 'next generation' are the most obvious casualty of the current remaking of local government"* (page 65). The authors also highlight how the budgetary reductions will impact substantially on families with younger children and on youths/young adults: *"particularly those from poorer backgrounds who would be hard-pressed to substitute private forms of service. ... Taken in conjunction with the seriously limited employment prospects facing young people in the current recession, the combined effects on this group, and ultimately on communities, could be serious"* (page 61).

This briefing reviews the changes that are occurring to services for young people at the local level and considers the potential impact of these for drug problems. It draws on interviews with 27 people working in a range of different types of young people's services in nine local case study areas⁵, a one-day event attended by people from statutory and voluntary organisations working with young people, as well as relevant published reports. The main focus of this report is on services for adolescents, generally those under 18, which tends to be the threshold for transition into adult services. It should be noted that the need for robust transitional

¹ The Marmot Review *'Fair Society: Healthy Lives'* Available: www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review

² Resnick, M.D. et al (2012) "Seizing the opportunities of adolescent health" *The Lancet*. Comment 25 April 2012.

³ Available at: <http://www.ukdpc.org.uk/wp-content/uploads/charting-new-waters-delivering-drug-policy-at-a-time-of-radical-reform-and-financial-austerity.pdf>.

⁴ *Serving Deprived Communities in a Recession*, Hastings et al. Joseph Rowntree Foundation, 2012. Available: www.jrf.org.uk/publications/serving-deprived-communities-recession

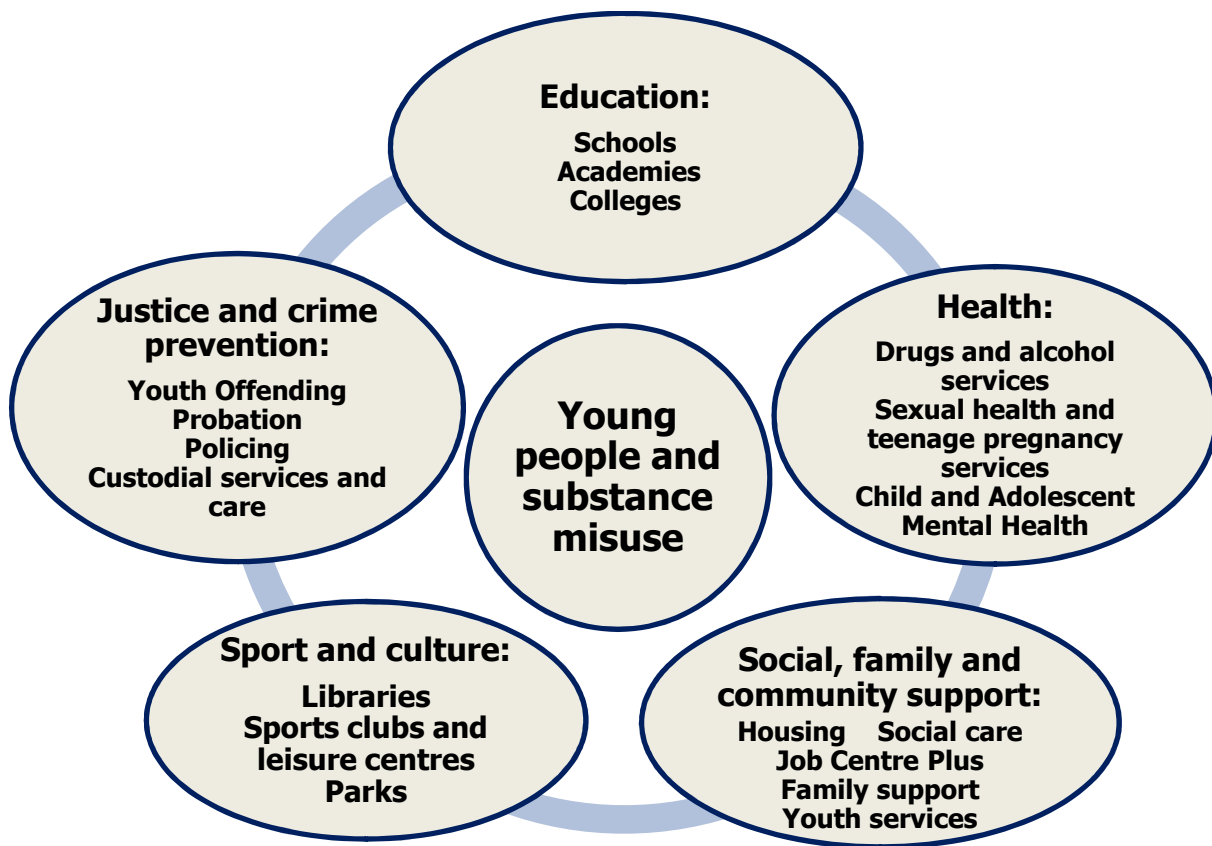
⁵ Those interviewed included commissioners of young people's drug treatment and other services, youth offending service staff, local authority children and young people service staff, and drug education advisors.

arrangements and appropriate service provision for young adults was also raised by participants in the consultation and is a very important issue in its own right, but is one we have not been able to pursue in detail here.

Young People's Services and Drug Use

A wide range of services have a role to play in the prevention, assessment, referral and treatment of drug problems among young people, as illustrated in Figure 1. Most young people who seek help for substance misuse problems do so because of alcohol or cannabis problems⁶, and those who need treatment will require specialist young people's services.

FIGURE 1: THE RANGE OF YOUNG PEOPLE'S SERVICES THAT IMPACT ON DRUG USE



Substance misuse is just one of a range of risky behaviours that are more common among vulnerable young people, such as young offenders, young people who truant or are excluded from school and those in local authority care. So services that engage and provide support for these groups have an important role in preventing escalation of problems and providing referrals to services.

Wider education and youth services, while often not directly focused on drug problems, can play an important role in this area by providing positive activities, role models and peer groups as well

⁶ NTA (2011) *Statistics from the National Drug Treatment Monitoring System (NDTMS) Statistics relating to young people England, 1 April 2010– 31 March 2011.*

as providing opportunities for identifying early signs of problems and referring young people for help when needed. In addition they have an important role to play in supporting young people to continue to build on the progress they have made once they have left treatment services.

Each of these different types of service has an important role to play and cuts in universal provision of services for young people, even if not specifically aimed at drug prevention, can have a knock-on impact on drug problems both in the short-term from decreased referrals for help but also in the longer-term if more young people develop drug problems as a result.

Funding and commissioning of services

EXTENT AND NATURE OF FUNDING CHANGES

KEY POINTS:

- Young people's services are being differentially affected by reductions in budgets and changes to funding streams at the local level.
- While Young People's treatment services are currently being protected from these reductions in some areas, wider youth services that are important for drug prevention, problem identification and sustaining treatment benefits may be being more seriously affected.

The wide variety of children and young people's services are matched by a diverse range of funding sources which makes identifying and quantifying the change in expenditure and service provision extremely difficult. For example, our case study areas reported using funding for drug services from: the Pooled Treatment Budget (PTB), the Youth Justice budget, the Early Intervention Grant, a Primary Care Trust contribution, Community Safety Partnership funding, Police contributions, plus in some cases external grants from the Home Office, or from charities like the Lottery Fund. There is also a lack of transparency in regard to spending on young people's services, with different local authorities reporting it under different headings and major reorganisation of many of the specific grants on which they depend, which compounds the problems. This lack of transparency raises questions about local accountability following the many changes to structures and responsibilities.

Getting a clear picture of change has also been hampered by delays in decisions about funding allocations meaning that interviewees (even for interviews carried out within the financial year 2012/13) were uncertain as to what their eventual funding allocations would be for the year. An added complexity and further difficulty in disentangling the impact of austerity and reform on activities that may impact on drug problems was that many of the services were provided in partnership, not directly drug-related (more diversionary) and often quite broad-ranging in their focus, in terms of target groups and outcomes.

The patchwork of funding sources may also make funding for young people's services particularly vulnerable to early disinvestment, since it is not 'core business' for most funders, and there is a

considerable amount of evidence that spending on young people's services is being reduced in many areas. The JRF study mentioned above found that in the 2011/12 financial year services for children and young people appear to have taken one of the biggest hits in terms of budget cuts (second after 'central services', see page 51). Only 10% of local authorities were seeking to protect services for young people.

Similarly, a report by the Chartered Institute of Public Finance and Accountancy (CIPFA) for the National Society for the Prevention of Cruelty to Children (NSPCC), *Smart Cuts? Public spending on children's social care*,⁷ found that spending by local authorities on children's social care is expected to be reduced by an average of 24% in 2011/12 and cuts are more apparent in deprived areas.

Changes in the allocation formulae used for many of the funding streams have compounded the variation between local areas. The interviews conducted for this study illustrated the wide variation in experiences between areas as well as the complexity of the funding arrangements.

For example, in five areas, allocations for young people's treatment services from the Early Intervention Grant (EIG) had decreased significantly, with reductions of around 50%. Although the EIG has no age specification attached to it, there is a tendency in many areas to focus its use on early years interventions at the expense of youth activities. However, in some areas it was reported that overall funding for young people's treatment services had held steady due to a commitment within their area to do so, even if individual sources of money had changed. One interviewee described their county council took the decision, in light of the loss of around £100,000 in EIG funding (around 50%), to offset this loss for one year due to the county's commitment to vulnerable children and young people. "*It's recognised that we work with children who are at risk – both of offending and committing harm – but also children who are vulnerable.*" In another area, money from the relatively protected and much larger adult treatment budget was used to protect the young people's treatment budget. In a survey of Drug Action Teams conducted towards the end of the 2011/12 Financial Year as part of the wider study of the impact of localism and austerity, 41% of respondents reported a significant decrease in funding for young people's substance misuse treatment services, 51% a significant decline in substance misuse prevention activity funding and 44% a significant decline in funding for other services that might have an impact on young people's drug use.⁸

For Youth Offending Teams (YOTs), one of the most significant issues was the proposed change in funding allocations from the Youth Justice Board (YJB). The proposed abolition of the YJB (which was later cancelled) and consultation on the funding formula contributed to considerable uncertainty around the services they could in the future provide.

Overall, our case study interviews revealed a fairly negative picture in regard to the wider, support services. In particular, cuts to youth services (especially youth centres and

⁷ CIPFA (2010) *Smart Cuts? Public spending on children's social care*. London: NSPCC. Available: www.nspcc.org.uk/Inform/research/findings/smart_cuts_wda85751.html

⁸ For more information about the survey see the UKDPC report *Charting New Waters: Delivering drug policy at a time of radical reform and financial austerity* available at: <http://www.ukdpc.org.uk/wp-content/uploads/charting-new-waters-delivering-drug-policy-at-a-time-of-radical-reform-and-financial-austerity.pdf>.

outreach/detached support), Supporting People (impacting on accommodation for young people) and Connexions (impacting on ability to refer young people to this support) were highlighted. In addition, cuts to the Education Maintenance Allowance (EMA) and welfare changes were having a negative impact “*overall young people feel that there is less out there for them*” (Young People’s Commissioner, Metropolitan Borough).

Managing the changes

KEY POINTS:

A range of strategies are being adopted to try and deal with budget constraints at the local level including:

- Looking for efficiency gains eg from reducing posts, sharing staff, and premises and ‘back room’ functions.
- Reducing or cutting specific activities.
- Shifting from universal to more targeted services.
- Moving towards more traded activities.

The report by JRF highlighted the different approaches that local authorities were taking to manage the changes and our case studies confirmed this.

Everywhere people were **looking for efficiency gains**. A common observation was that dedicated Young People’s Substance Misuse Commissioner positions are becoming less common as staffing costs were reduced as far as possible. Most people were now dealing with a far broader range of issues and responsibilities so there is a potential impact on people’s ability to develop specialist skills: “*The last young person’s leads meeting in London, everyone went through the areas they now commission and it was almost comical the sheer range of services.*” (County Local Authority Interviewee).

Interviewees had reviewed and reduced their back-office costs, ie their management and administration expenditure (including the costs of treatment contracts and leaving vacancies unfilled) as a way of making budget cuts without impacting on the services provided.

Some areas had **reduced or cut specific activities**. In one unitary authority, the re-commissioning of a new targeted, early intervention young people’s service was cancelled after funding from the EIG was withdrawn (the tender documents and specifications had already been drawn up). It was subsequently decided to re-commission the adult and young person’s treatment services together and to move towards targeted support.

In three areas, all county authorities, it was reported that the YOTs had reduced the amount of early intervention, prevention and outreach activities provided. For example, one area had taken the decision to stop providing a basic skills service, which the substance misuse workers would refer their clients on to.

One metropolitan area, due to the significant cut in PTB money arising from changes to the funding formula, had stopped a number of activities including the provision of an HIV/AIDs support service and contributions to Child and Adolescent Mental Health Services (CAMHS) and Social Care towards two staff members (although in both cases CAMHS and Social Care absorbed this and the staff stayed in place).

Another strategy being adopted involves a **shift from universal to more targeted services**. The Head of Joint Commissioning in Children's Services in a Metropolitan Borough commented *"we have had to completely reshape our service offer, so two to three years ago you would have seen much more universal provision, there would have been much more open access, walk through the door, anybody can get anything....That is no longer a sustainable model, we have had to refocus resources in a much more targeted approach...so there has been a retrenchment away from that universal model of provision."*

Others reported looking at ways to **move towards traded activities**, for example in regard to charging for the provision of school education services. This marketisation of services was noted as a general trend. For example, in one area the YOS Substance Misuse Practitioners had experienced problems in finding spaces to meet with young people due to local libraries starting to charge for rooms and Connexions started shutting for lunch. One attendee at the event held as part of the study reported that the police were now charging for information for use in needs assessments which in the past had been provided free.

Opportunities and risks

KEY POINTS:

The changes in funding provide some opportunities for improvements but also pose risks.

Opportunities include:

- Efficiency savings, new partnerships and improved integration of services from adopting new ways of working.
- Some areas have accessed new sources of funding from the charitable sector.

Risks identified were:

- The widespread marketisation of services could impact negatively on partnerships and collaboration, inhibit evidence building and sharing of good practice, and increase costs (due to multiple tendering processes) and might particularly disadvantage voluntary sector organisations.
- In some areas there is a shift from universal to more targeted provision which may reduce the effectiveness and efficiency of some services.

Some opportunities were perceived despite an unsteady funding situation. New work was taking place, mainly around establishing better links with CAMHS and social care services and in regard to family activities. The necessity to rethink delivery and greater co-location of services and departments could lead to **efficiency savings, new partnerships and improved referral pathways**.

As was identified in the report *Charting New Waters* with respect to adult treatment services, commissioners of young people's services in our case study areas talked of the need for economies of scale. Because of the lower prevalence of drug problems among young people compared with adults this could take novel forms, for example two areas were considering remodelling their services and combining with sexual health. In another area they had absorbed their service providers into the council: *"So I'm now a provider and a commissioner if that makes sense. I don't know if that's allowed."* The rationale behind this change was that this would bring everything into one department, be cheaper and make data sharing easier.

In some areas, voluntary sector treatment provider organisations have successfully applied for **additional sources of funding** from the Home Office, National Lottery and Asda, to provide activities for young people accessing substance misuse services. For example, one area obtained funding from Asda to provide outreach and detached work with young people at risk of misusing alcohol: *"we have had almost free reign really to create what we think is needed and that has been really exciting and unusual."*

In one county area it was calculated that voluntary providers had brought in an additional £1 million of external funding: *"the flexibility that you get from voluntary sector providers to generate their own income has been marked. And you don't get that with in-house provision, your local authority's Children's services; it's a different mind-set completely."* (Interviewee, County area).

However, a number of risks were also identified. One key area of risk was the **marketisation of services**, which is being manifest at all levels.

As discussed above, within local authorities and agencies, reductions in funding have led many to charge for services that are not seen as 'core' and this may have a **negative impact on partnership working and collaboration**. The example above of the police charging for data services they had previously provided as part of a partnership illustrates this. For contracted service providers, the sharing of information may impact on their competitive advantage, so this may discourage the sharing of good practice or learning.

A range of challenges and potential **increased costs also arise from the increasing range of activities** that are subject to commissioning and the number of levels at which this commissioning takes place. Services for young people may be commissioned by bodies that include schools (with academies buying in health services, drug education etc), clinical commissioning groups, district councils, county councils or unitary authorities, and police force areas (which may encompass several local authorities). The potential for duplication and variability in quality within this mix is clear. The costs for service providers in dealing with this range of bodies, is also significant and tends to favour the private sector and larger voluntary organisations. Since most children's charities are small⁹ there is a clear risk to their survival within this environment.

⁹ NCB (2012) *Beyond the cuts: Children's charities adapting to austerity*. Available at: http://www.ncb.org.uk/media/705870/beyond_the_cuts.pdf

The **shift from universal to more targeted activities also poses risks**. Although targeted services, such as specialist treatment, are essential for some young people who have severe problems, for programmes that seek to integrate vulnerable groups into the mainstream, a more targeted approach will clearly reduce effectiveness bringing with it the risk of the damaging effects of labelling and "ghettoisation". There is also the potential risk that the loss of universal services leads to more people developing problems and needing the targeted interventions. Having no universal services to link young people into when they leave specialist provision can also lead to the more targeted, specialist interventions being less effective or being required for longer.

It was also suggested that there is a risk that this shift away from general to more specialised provision might lead to some young people being treated in specialist services, such as substance misuse treatment, who do not really need it or who need a more general intervention, which could be ineffective and inefficient.

Leadership and prioritisation

KEY POINTS:

- There is a concern at the local level that there is a lack of national champion or lead for young people's issues which is having an impact on the priority given to these at the local level.
- A wide range of reforms are having an impact on services for young people and this is leading to considerable uncertainty within youth services. Youth offending was one area of particular concern.
- The development of strong relationships between Directors of Public Health and Directors of Children's Services will be very important to local delivery of the drug strategy.
- Improvements in the evidence base in support of young people's services was seen as important for maintaining investment in these services.

Alongside the funding changes there are a wide range of structural reforms which have affected those involved in the provision of youth services. As a result a number of concerns were raised in our research about where the leadership for young people's issues lies, including around drugs, and the level of priority that they will be given.

The Government's *Positive for Youth* strategy spells out a broad vision for improving the lives of teenagers using a partnership approach "*...with young people themselves as key influencers and with voluntary and community groups and local businesses drawn in as full partners*". It highlighted the wide range of types of services and support that can help achieve the aim of supporting young people to lead happy and healthy lives and confirmed the Government's intention to retain the duty on local authorities to secure, as far as is practicable, services and activities for young people: see section 507B of the Education Act 2006. In the recently published

Statutory Guidance for Local Authorities on Services and Activities to Improve Young People's Well-being, the government has widened the definition of the types of services and activities included but at the same time leaves it to local areas to determine which and how much of these to provide, something that a large proportion of those who responded to the consultation expressed concern about.¹⁰

Despite the *Positive for Youth* strategy, it was felt that there was a lack of a national champion or lead for young people's issues, with the Department for Education stepping back and focusing much more on education and schools. This was highlighted as a negative development and there was widespread concern about the leadership for young people's services and the impact that this would have on the priority given to it at the local level, in view of the wide range of changes underway. It is clear from the evidence above that youth services are being particularly hard hit by funding cuts.

THE IMPACT OF REFORMS

There are a wide range of public sector reforms that will impact on young people. Young people's treatment services will be affected by the NHS reforms, with responsibility for commissioning being within departments of Public Health in local authorities. Strategic direction for Public Health will be set by Health and Well-being Boards (HWBs) and a key perceived risk is that these may have an "adult bias", particularly as many will be chaired by Directors of Adult Social Care (although Directors of Children's Services will sit on the HWBs). The development of a strong relationship between Directors of Public Health and Directors of Children's Services will be essential to mitigate this risk and also to the delivery of the "integrated and co-ordinated approach to determine how best to use their resources to prevent and tackle drug and alcohol misuse" envisioned in the 2010 Drug Strategy (p11). These concerns have also been highlighted in the recently published report looking at how local authorities are approaching Children's Trust arrangements.¹¹ This found that although the seven case study areas were generally positive about how new partnerships were developing and saw benefits in having a single Joint Strategic Needs Assessment, several raised concerns about the potential for marginalisation of children's needs within the context of pressures on the adult care budgets.

The majority of interviewees were not involved in conversations around how the move to a new public health system will impact on their work. Most thought that it was too soon to know, and were unclear as to how they would relate to the new structures. It was observed by some Young People's Commissioner interviewees that, while they were not involved in such discussions themselves, their colleagues in Children and Young People's Services (CYPS) probably were involved, but that lines of communication were not well established. A key risk is the lack of young people-specific outcomes in the Public Health Outcomes Framework and the potential domination of adult agendas on Health and Wellbeing Boards. On the other hand some people

¹⁰ Both the Guidance document and a summary of the consultation responses are available at: <http://www.education.gov.uk/childrenandyoungpeople/youngpeople/Positive%20for%20Youth/a00204650/launchofconsultationondraftyouthguidanceforlas> [accessed 22/08/12]

¹¹ Easton, C., Hetherington, M., Smith, R., Wade, P., Aston, H. and Gee, G. (2012). *Local Authorities' Approaches to Children's Trust Arrangements*. (LGA Research Report). Slough: NFER.

saw the move to public health as an opportunity that would enable data sharing and the taking of a population-level approach to issues.

The introduction of Police and Crime Commissioners was also of concern due to their control of an element of the community safety funding, which can be used for youth interventions.

There has been considerable uncertainty and restructuring within the youth offending area with an impact on staffing levels and morale. Interviewees from the YOTs in two areas observed that lines of management and responsibility had become very unclear. There was felt to be no capacity to deal with any increase in referrals, which was felt to be a potential problem in a time of economic hardship: *"if we saw an increase...recognising that in financial hardship times it's generally felt that crime increases, if that happens then on the basis of the loss of the staff, our staff will be extremely pushed"*(County, Youth Offending Service (YOS) Manager).

It was also pointed out that there was a danger of losing the gains of the last 10 years and that there would be costs in reinstating the infrastructure if it was found to be needed in the future. The issue was also raised of the timescale for the impact of the changes to what are often preventive services. The impact of cut in services now may not appear until the longer term: *"I think in two or three years' time someone will come along and sort of say "youth offenders, well what's gone wrong?""*(County, YOS Manager).

THE NEED FOR EVIDENCE

Interviewees were frustrated by the poor-quality evidence base on the value and impact of their work (poorer than the evidence base around adult services and interventions) and it was felt that this had an impact on the level of priority they received. The importance of being included in their area's children's and young people's plans was recognised and the use of data to inform the targeting of services was highlighted as a growing area of need, together with the importance to keep up-to-date with the emergence of new drugs. One YOS Manager spoke of her frustration with their assessment tool and the variable results this produces.

Demonstrating the impact of some approaches, such as early intervention, requires collection of evidence over time, with large numbers and is often best done through collaboration across areas and services. One YP Commissioner gave an example of the barriers they had faced in their work to improve the evidence base. They established an early intervention project for young people involving a mix of one-to-ones and group work. This was set up following a review of the existing evidence and they subsequently sought to take this forward into a managed control trial. However this was not possible due to a lack of investment in development required to prepare for bids for additional robust research funding, insufficient capability and capacity required to develop bids for research funding and a general lack of research and evaluation funding that includes intervention costs. The drive to localism and the increased variability in provision that is inherent in this can make it more difficult to build robust evidence of effectiveness and value for money of new approaches that might be used to increase the priority given to these services.

The Centre for Analysis of Youth Transitions (CAYT) has been sponsored by the Department for Education to establish a 'data repository' of programmes for use in 'promoting positive outcomes for young people.'¹² CAYT has established a seven point scale against which interventions will be gauged. This may improve access to the evidence base but it is not clear that it will address the issue above concerning the need for large scale evaluations that cannot be undertaken at the local level. The recently published framework of outcomes for young people¹³ if adopted widely may help to provide consistent evidence of outcomes that can be aggregated.

THE INFLUENCE OF LOCAL STRUCTURES

The influence of local structures and where a particular Substance Misuse Young People's Commissioner was located was noted as being important. A number of interviewees thought it was more beneficial for YP substance misuse services to be located outside Children and Young People's Services to avoid a loss of priority and funding from comparison with big issues such as safeguarding. *"So in a place like [name], and this will be true for other areas, there are enormous pressures on safeguarding services. So in the context of an environment where cuts have been taken to public services there's also this enormous pressure in safeguarding services. And if your budget sits within a wider children's budget I think that you're more likely to have other things prioritised"* (County, Young People's Commissioner).

In contrast, in another area, priority for all young people's services had been significantly boosted by a poor Ofsted assessment a couple of years previously and another highlighted the new opportunities for learning from different colleagues within new structures and *"so there is a lot more cross-fertilisation of information"* (Unitary, Young People's Commissioner).

Partnerships, links and pathways

KEY POINTS:

- In general, partnerships were being maintained, in part because they were seen to be key to efficient working in the face of austerity. New and improved partnerships were seen as a potential opportunity in the current climate.
- However, there is concern that the loss of generic youth services may close off important referral routes and pathways into specialist services. Referrals to drug treatment from YOTs, Connexions and youth services have noticeably decreased.
- There is potential for deterioration in drug education and other school-based prevention activities, in particular where academies are commissioning their own services without necessarily having skills or knowledge of what works.

Drug problems are a cross-cutting issue and partnerships are therefore of great importance. Our research suggests that partnerships seemed to be continuing and a key reason for this was the

¹² See www.ifs.org.uk/centres/cayt/repository

¹³ McNeil, B., Reeder, N. and Rich, J. (2012) *A Framework of Outcomes for Young People*. London: The Young Foundation.

need to work more efficiently in the face of increasing austerity. In some areas, the Police had stepped back, either in terms of engaging less with partnerships, or were doing less operationally; but in other areas they were still actively engaged.

Drug prevention is a key plank of the drug strategy but is an area where labelled expenditure has dropped dramatically, having gone from £5.4 million in 2006/07 to £3.9 million in 2009/10 before falling to only £0.5 million in 2010/11.¹⁴ This decrease was due to a reduction in spending on the FRANK campaign and school drugs education is not included within these figures. Drug education in schools historically has been quite limited, with most schools delivering drug education once a year or less,¹⁵ and there is evidence from a number of sources suggesting that cuts may be having a negative impact on even this limited provision.¹⁶ The growth in the number of academies and the impact this may have on the continued engagement of drug services in the provision of educational activities was a big theme in the interviews we conducted and an area of considerable uncertainty. There were concerns that this could lead to a reduction in quality of drug education given that a number of programmes that have been shown to be ineffective are nevertheless extensively marketed. In two of the case study areas consideration was being given to the provision of an evidence-based hub of materials and educational information that academies can draw upon to address this issue.

The people in our case study areas were generally confident that their partnerships were resilient and would continue to survive. For instance in one area, although the post of Substance Misuse YP Commissioner had been lost it was believed that existing relationships would keep things going and make the links where necessary: *"I don't see the necessity for lots of different meetings at the moment to engage with something that is working okay, but if that is what was needed then we would respond to it, so I suppose it is being more reactive at the moment rather than having a lot of overhead."* However, as posts reduce, staff and structures change and people have increasing responsibilities there is a risk that this will become more difficult and one YP Commissioner noted that it was harder to get involved or around the table in his new directorate (Children and Young People's Services).

Two areas in which there appeared to be positive developments were families work and children's mental health services. There is a high priority being given to work with families but a lot of this work is at an early stage and the links with those working on young people and substance misuse were not always being made, although it was hoped or assumed it would be in the future. There also seem to be a number of overlapping programmes addressing similar issues and the relationships between new work associated with Troubled Families, and older work, such as work funded by the European Social Fund (ESF) via the Department for Work and Pensions, is very unclear and muddled. There is a danger of duplication.

With respect to mental health, many interviewees commented that they worked hard to improve pathways between their services and CAMHS and that, while these had been historically poor,

¹⁴ UK Focal Point on Drugs (2011) *United Kingdom Drug Situation 2011 Edition*. p37.

¹⁵ Formby et al (2011) *Personal, Social, Health and Economic (PSHE) Education: A mapping study of the prevalent models of delivery and their effectiveness*, DfE

¹⁶ McNicoll A (2011) "Young people's drug support hit by 'devastating' cuts." *Druglink* July/August 2011 p2.

they were starting to improve. Many young people with substance misuse problems have mental health problems, including depression and anxiety. The launch of the Children and Young People's project within the Improving Access to Psychological Therapies (IAPT) programme in 2011 was a welcome development, and is providing a significant injection of public funding into primary care psychological support for this age group. Initially, £8 million was allocated over four years. In February 2012, the Deputy Prime Minister, Nick Clegg, and the Health Minister, Paul Burstow, announced an additional £22 million.

The focus of the Children and Young People's IAPT programme is:

- Working in partnership with children and young people to shape their local services;
- Improving the workforce through training in evidence-based practice;
- Developing mechanisms for 'session by session' outcome monitoring; and
- Supporting local areas to improve their infrastructure to collect and analyse the data to see if children and young people are getting better.

While this is an encouraging development and could be a key opportunity for improvement, there is as yet little recognition of the relationships between young people's mental health and substance misuse problems. For example, the National Curriculum document for Phase 1 of the Children and Young People's IAPT does not make any reference to young people's drug or alcohol use in more than 70 pages (although there is one reference to the issue of parental drug use). Overall, the current context did not seem to be making much of a difference to what has traditionally been a problematic area, although it was acknowledged that with future cuts this could change so is an area for concern.

Concerns were also expressed that routes into services are being hit by austerity. The declining levels of referrals to Young People's drug treatment services may be a reflection of this. Referrals from YOTs, Connexions and youth services have noticeably decreased and although there may be other reasons for this the participants in our study felt that it was due to a decline in detached youth work and number of youth centres rather than a reduction in need. The problem is in understanding the entire picture at a time when so much change is going on. Yet government departments are stepping back so this understanding will not come from the centre.

The transition between young people's and adult treatment services is an age-old problem: young people do not transform on their 18th birthday into a completely different person with different needs. There are some particular issues for drug services. For example, the Drug Strategy's emphasis on recovery appears to be built primarily around adults with opiate dependence, and severe alcohol dependency, and it may not be seen as so relevant to young adults with less entrenched problems with different substances. They need services that are adaptable and personalised depending on the severity of use and range of problems a young adult has. Some areas are continuing to commission new, 'bridging' treatment services to address this issue.

Localism and big society

Very similar issues to these were explored in Charting New Waters, however overall there seemed to be a greater level of engagement with local voluntary youth organisations (one reason as discussed earlier, is the fact that voluntary organisations can raise their own funding) and more involvement with elected members (usually the councillor with the portfolio for Children and Young People's Services).

The importance of engaging with local councillors was highlighted by the way some areas had chosen to protect youth services from cuts that were seen elsewhere.

A common theme was that young people would usually be engaged with services in some way, but usually because they were a young person, and not necessarily because they had problems with substance misuse: *"we don't necessarily go through which box they tick. It's just the fact that we want young people involved and we know that they're representative of the young people that live in [name] but I couldn't say for definite that there is a substance misuser involved in it"* (County, Integrated Health Officer).

It was pointed out, however, that both the decline in youth centres and the growth of academies are having an impact on services' abilities to access young people. The impact of less money on the ability to go and see young people in areas that are very large, as in some of the county council areas, was highlighted: *"the issue that we have whenever there is a lack of capacity is trying to work out the geography and how people can take on extra bits of patches."* (County, service provider). This has an impact both on service provision and in engaging young people in service design.

The stigmatisation or stereotyping of young people was also highlighted. One interviewee felt that the riots had contributed negatively to this. The focus on targeted provision also increased the focus on young people as problems.

Conclusions

Our study suggests that services for young people may be being affected disproportionately by the reforms and the impact of austerity at the local level. Key points have been highlighted above but a number of broad issues also stand out:

- **Young people's services are particularly vulnerable to cuts at the current time.**

The funding and provision of these services has currently involved a patchwork of funding streams and provision by a wide range of bodies and agencies. This makes them vulnerable in a period of retrenchment as they may be seen as peripheral to 'core business'.

- **Cuts to generic services can have a knock-on effect on substance misuse problems, which may be being overlooked.**

Although many of these services are not directly focused on drugs or wider substance misuse they may nevertheless be important in preventing such problems arising or in identifying problems early and referring young people who are developing problems with drugs to more specialist services. It appears from our research that in many areas there is little consideration of the potential wider impact of cuts to these services for the delivery of the Drug Strategy or for the well-being of the young people concerned.

- **There is increasing variation in provision between areas, if good practice is to be spread and developing problems addressed some co-ordinated monitoring needs to be established.**

The picture varies widely from area to area and our work has highlighted opportunities as well as risks. It is also just a snapshot in time before many of the changes worked through. However, if problems are to be identified before the gains of previous years are undone, and if good practice is to be highlighted and shared, it is essential that there is some co-ordinated monitoring of the impact of the wide range of changes occurring at the local level. At present there is concern that there is no national champion or lead in this area to take on this role and it does not appear to be happening.

- **There is a risk within the current period of rapid change at the local level that the welcome declining trend in substance misuse among young people will reverse or stall.**

It may appear trite to talk about young people as 'the nation's future' or to raise the spectre of 'a lost generation' but it is nevertheless essential for society to ensure that we provide an environment that supports the healthy development of young people and promotes successful transitions to adulthood – particularly for the most vulnerable - part of which includes the avoidance of drug problems. Our study suggests that at present this may be under threat and we run the risk of reversing the welcome declining trend in substance misuse among young people. This will have a negative impact on families, schools, neighbourhoods and communities, as well as young people themselves.