

# London Borough of Haringey Children and Young People's Service

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## Young people's specialist substance misuse treatment plan 2009/10 Part 1

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This strategic summary incorporating the planning grids and funding/expenditure profile have been approved by the Partnership and represent our collective action plan.

<b>Director of Children's Services</b>	<i>Signature</i>
<b>Chair, Partnership name</b>	<i>Signature</i>
<b>Chair, Young People's Substance Misuse Commissioning Group</b>	<i>Signature</i>

**1 Overall direction and purpose of the strategy for meeting young people's substance related needs and specifically their needs for specialist treatment interventions**

1.1 Haringey's overall strategic direction is to ensure that substance misuse treatment service provision is sufficient to meet the needs of Haringey's children and young people. In order to effectively address drugs and/or alcohol misuse there must be programmes and provision in place that:

- i. are universally provided to inform young people about the dangers and risks of substance misuse
- ii. enable early identification and support of those most at risk of substance misuse
- iii. provide appropriate support and effective treatment for those who wish to address their risk-taking behaviour or substance addiction
- iv. support those who are not yet willing or able to address their drug using behaviours and address those factors which make them vulnerable to substance misuse
- v. are supported by robust clinical governance arrangements

1.2 Apart from these guiding principles, services for young people are commissioned against the essential elements<sup>1</sup> (a summary of which can be seen at apx 1 of this document). Current provision for young people covers access to pharmacological, psychosocial, family, and specialist harm reduction services. Formal processes for agreeing access to residential treatment need to be agreed this year. Support for families of young substance misusers needs to be more clearly defined and linked in with the counselling service for carers provided at EBAN and the work of COSMIC.

1.3 Haringey's strategy will strive towards the achievement of PSA 25 – reducing the harm caused by alcohol and drugs; PSA 14 – increasing the number of children on the path to success; NI 40 – recording the increase in numbers of drug users (including under-18s) in effective treatment; NI 115 (also included in Haringey's LAA) – substance misuse by young people; and the Vital Signs Indicator, VSB 14 – the numbers of people (including under - 18s) in effective treatment

1.4 In 2006 the DAAT conducted a comprehensive needs assessment/commissioning review to ensure that treatment provision in the borough was aligned to the essential elements as outlined at apx1. The needs assessment informed the commissioning of a new treatment system across the borough in 2007/08. The treatment model was devised with the aim of increasing referral routes/access into specialist services for vulnerable young people across universal and targeted services by locating key posts within services that work with vulnerable young people, for e.g. Leaving Care and Asylum Service and the Pupil Referral Unit.

1.5 New commissioning arrangements involved separate service provision for those aged 0-12 (COSMIC) and those aged 13-21 (In-Volve Haringey). These age ranges of provision for specialist services were extended from 18 to 21 to tie in with leaving care age and to attempt to target 18-21 year olds who were previously falling through the net and not appearing until the age of 25 at adult drug treatment services. New arrangements also

included satellite provision where support is more informal and less structured. Early indications suggest that these changes are impacting positively and the uptake of services is increasing, however, it is too early for the improvements to be reflected in National Drug Treatment Monitoring System data.

- 1.6 In 2009/10 we will establish whether the treatment system needs changing or whether improved screening and referral routes into specialist treatment will yield the improvements we seek. This along with a robust review of the treatment model will be a key focus in the 2009/10 Young People's Plan.
- 1.7 The planned appointment of a Young Persons Substance Misuse Commissioner and the integration of this post into the Children and Young People's Services (CYPS) during 2009/10 will further enhance the dialogue and improve operational systems between these strategic partner agencies. The Substance Misuse Needs Assessment will need to link more effectively with the joint Strategic Needs Assessment, the Children and Young People's Plan.
- 1.8 Funding and commissioning responsibilities will be transferred to the Children and Young People's Service by 2010. This will improve the embedding of young people's substance misuse agenda into the CYPS and will strengthen the strategic leadership of this important service area. To ensure that functional links are maintained with the DAAT; following integration into CYPS, the Young Persons Substance Misuse Commissioner will continue to be located one day a week with the DAAT and will attend the DAAT Partnership Board meetings as requested.
- 1.9. **Specifically this year we need to move towards:**
  - Incrementally integrating responsibility for the planning & commissioning of specialist substance misuse treatment into the Children and Young People's Service (as per DSCF guidance)
  - Integrating the substance misuse agenda into the borough's Children & Young People's Plan
  - Taking forward the recommendations from the Scrutiny Review of the early identification, assessment and referral of children and young people with drug and alcohol problems.
  - Make real the sentiments of PSA 14 "increase the number of young people on the path to success" for young people with substance misuse problems and for those children living in families where parental substance misuse is an issue
  - Ensure greater read across to other relevant strategies e.g. Teenage Pregnancy, CAMHS, Integrated Youth Support and Safeguarding Plan
  - Further compliance with National Drug Treatment Monitoring Service (NDTMS) reporting requirements for young peoples' specialist services (particularly as the specialist service deals with up to 21 year olds, which in turn, impacts on PSA 25 reducing harm caused by drugs and alcohol which Haringey has chosen as one of its 35 improvement targets in the LAA
  - Ensuring a full range of services is available and utilised

*Please expand the box as required.*

- 2 Likely demand for specialist substance misuse treatment interventions for young people. Please identify and consider the differential impact on diverse groups and ensure that the overall plan contains actions to address negative impact**
- 2.1 Not all young people who ‘experiment’ with drugs are in need of or will seek specialist treatment. However, by using the Home Office Toolkit<sup>2</sup> for assessing need for drug treatment it is possible to estimate that there are in the region of 236 young people in need of specialist drug treatment in Haringey. It appears from the official reported treatment statistics available that this need is not currently being addressed.
- 2.2 Against this anticipated need we must set the actual number of new presentations at the treatment services. In 2008/09 there were approximately 24 new presentations of young people under 18 reported to NDTMS and a further 8 clients between the ages of 18 and 21, who are being treated by young people’s services. Treatment agencies’ figures indicate that actual presentations are likely to be double this; the discrepancy being accounted for by high levels of refusal to participate in the National Drug Treatment Monitoring System by young people.
- 2.3 Assuming the assessed need of 236 young people as having a ‘drug problem’ and an estimated number of young people treated of around 38 (based on part year data provided by the main treatment agency) it is reasonable to assume that services are being provided for less than a fifth of those who we believe are in need. A more pessimistic calculation based on the estimated number of frequent drug users suggests that less than 10% of frequent drug users who are already likely to be known to services are receiving specialist treatment. However, what this masks is a fairly small but high intensity caseload of young people at In-voke – all of whom are refusing consent and are therefore not appearing in official figures for numbers in treatment.
- 2.4 Estimates based on police information on young people who have been arrested suggests that 151 young people may be Class A drug users, yet a breakdown of NDTMS data shows that only 4 young people are recorded as using a Class A drug as their primary problem and 2 using class A drugs as a secondary problem. This suggests that less than 5% of Class A drug users presented for treatment.
- 2.5 On the basis of current reporting, service uptake appears to be centred around a limited proportion of the five “essential elements” outlined by the NTA. The information in current reports is incomplete, possibly due to high levels of refusal to provide information. NDTMS data shows no pharmacological interventions, family work or referral to residential services for Haringey. Just over half of the interventions recorded in Haringey are regarded as being psychosocial interventions and the remainder being harm reduction interventions. Work will be undertaken during this year as part of the needs assessment process to identify need and demand across the full range of elements. Improvements in NDTMS reporting (discussed elsewhere in the plan) will enable a more thorough understanding of the range of services taken up.
- 2.6 With very low numbers of opiate users in treatment, there is little or no uptake of pharmacological responses for opiate use. Providing tailored services where demand is low presents particular challenges, in terms of cost effectiveness and dedicated clinical time. However, this year, the young persons prescribing protocol was agreed. This has yet to be signed off by the Local Safeguarding Children’s Board (LSCB).

- 2.7 Of those receiving treatment (based on NDTMS data), the average length of the treatment episode is around 30 days. Only around 30% of those using the services end their involvement with the service as a planned discharge. Those who refuse consent to provide information to NDTMS are most likely to drop out of treatment.
- 2.8 We understand from In-Volve that there is an issue about being able to keep young people engaged in treatment. This is a serious matter, which needs to be addressed as a priority.
- 2.9 On the basis of NDTMS data, both genders seem to be equally represented. The largest proportion of service users are white (41% white British, 5% white Irish 18% other white) with 9% African, 9% Caribbean, 5% Bangladeshi 9% other ethnic category and 5% where ethnicity is not stated. These numbers are too low to allow further analysis of the extent to which this is representative.
- 2.10 Most service users reported to NDTMS were aged 14 or over, (5% aged 14, 9% aged 15, 36% aged 16 and 50% aged 17).
- 2.11 There are often months during which there are no new presentations for treatment. Nationally, many services show seasonal variation in referrals, often with fewer referrals over the summer months and around the winter break<sup>3</sup>.

### **3 Key findings of current needs assessment and a brief summary of the prevalence of problematic substance misuse by young people in the local area, changing trends, treatment mapping, characteristics of met and unmet need, attrition rates and treatment outcomes**

- 3.1 Data from the British Crime Survey<sup>4</sup> suggests that there are around 4,500 young people aged 16 -24 who have used drugs in the last month in Haringey. Among these are probably around 1300 users of Class A drugs, including over 60 opiate users and approaching 1,000 cocaine users.
- 3.2 The Home Office tool kit allows DAATs to estimate the prevalence of problematic drug use among young people deemed vulnerable. This formula uses absence, truancy and permanent exclusion data to estimate the number of young PDUs in the borough
- 3.3 Using the toolkit it is possible to estimate that among the frequent drug users in Haringey there are:
- nearly 400 arrestees under 18
  - 24 of the frequent truants
  - 194 of those excluded from school
  - 21 young people who are homeless or have been in care
- It is possible that there is overlap between the groups, and that individuals may appear in all four categories.
- 3.4 The same process indicates that over 600 of the approximately 1900 10-17 year olds arrested for notifiable offences will be users of drugs to some extent. Nearly 400 will be frequent drug users and that just over 150 will be Class A drug users – this last figure represents about 8% of those arrested.

<sup>3</sup> See appendix 2

<sup>4</sup> Drug Misuse Declared: Findings from the 2006-07 British Crime Survey.

Partnership name: Haringey DAAT

Date of submission to NTA: 10<sup>th</sup> April 2009

- 3.5 Nationally, Cannabis use is much more common amongst young people than Class A drug use, and the Local Needs Assessment suggests that Cannabis use is more common in Haringey than elsewhere in London. Extrapolation of data from the British Crime Survey would suggest there are nearly 3,750 cannabis users among the Haringey population aged 16-24. It is recognised that many cannabis users regard their behaviour as non-problematical, although this is not universal. There were 14 young people recorded as receiving treatment with Cannabis as either a primary or secondary drug in Haringey during the period up to the second quarter of 2008-09.
- 3.6 The most recent needs assessment clearly indicated that both the number of referrals and the number of individuals in specialist treatment is very low. These findings could be interpreted as suggesting that many of the young people involved do not require the types of interventions that require recording for NDTMS. This perception needs to be examined in detail as it may represent a barrier to appropriate referral, preventing young people accessing necessary specialist service.
- 3.7 During 2007-08, Haringey made a concerted effort to ensure its data from young people services is timely, relevant and appropriate. Despite this, current reporting to the NDTMS remains poor and will, therefore, continue to be a priority in the year ahead.
- 3.8 Service providers report that some young clients are withholding their consent to being recorded on NDTMS and, therefore, are not reflected in numbers in treatment. This situation is confirmed by In-volve who indicate that only around half of their clients consented to have data recorded for NDTMS. Those who work with young people need to make every effort to secure consent to anonymous NDTMS reporting and should have systems in place which enable service monitoring in the event of refusal. Record keeping must be seen as fundamental to good service planning and to effective case management.
- 3.9 The Senior Practitioner in Leaving Care Asylum Service (LCAS) received 13 referrals. This post provides targeted support at Tier 2, and, as such, all these cases were managed as part of an overall care package rather than requiring specialist intervention. A review by the specialist agency (In-volve) of the Senior Practitioner's caseload found this to be the case and not appropriate for NDTMS recording. A similar picture occurred with the Vulnerable Young Person's Worker for school age children. This should remain under review to ensure that opportunities for effective treatment are not missed.
- 3.10 It seems that many universal service providers are choosing to deal with young people with drug problems 'in-house'. Despite the estimate of 60 excludees and 12 frequent truants being class A drug users, only 2 referrals to treatment service came from education services in the first 6 months of 2008/09. Similarly, there were an estimated 13 class A drug users among Looked After Children, yet only one referral to treatment services. Whilst Universal children's and young person's services have a role to play in providing early intervention as part of an holistic social plan, this must not be allowed to be a barrier to appropriate onward referral where necessary; onward referrals should not be seen as excluding holistic approaches. It is important to examine the extent to which workers in universal services are using assessment tools appropriately and making appropriate deductions about the need for and value of specialist treatment.
- 3.11 Data from the YOS indicates that 28 young people required a specific substance misuse intervention. A review undertaken by the Youth Offending Service's data manager uncovered extensive under reporting. This underreporting is an issue which is being addressed. Without the consent of the young people involved it has not been possible to report numbers in retrospect. Youth Offending Service (YOS) assessment identified only 4 clients requiring onward referral to the specialist agency because most clients were managed by the specialist workers in the YOS. This is a low number, and it will be important to be confident that assessment processes appropriately differentiate between

those in need of specialist intervention and those it is appropriate to deal with 'in-house'.

- 3.12 In the first half of 2008/09 NDTMS data indicates the criminal justice system provided over 64% of the referrals into treatment. However, this high proportion of referrals from the criminal justice sector equates to only 14 young people. When the arrest data was reviewed it indicated that 95 young people arrested should be reaching drug services. This suggests that only about 14% of arrestees who would benefit from treatment actually receive it. A triage system whereby YOS workers attend custody suites to divert young people from the criminal justice system will be set up in 2009 and should identify those requiring drug services.
- 3.13 A recent Scrutiny Review by elected Members into treatment services for young people misusing drugs and alcohol made some initial recommendations, these included the need to undertake a review of the tools for identification and possible early intervention within Haringey primary and secondary schools. Members also recommended examining the individual roles of staff working with young people to identify any training needs that they may have.
- 3.14 Key to the success of increasing referrals into specialist treatment will be training for relevant staff on the appropriate use of the Common Assessment Framework (CAF) and the Drug Use Screening Tool (DUST), the more detailed substance misuse screening tool for young people with substance misuse issues.
- 3.15 The Practitioners' Forum conducted a brainstorming exercise into ways of improving the referral and engagement of Young People into the treatment system. This, and subsequent discussions with practitioners, has identified a number of methods which can usefully be used to address and to improve Young People's engagement. This work will be further developed and used to inform commissioning arrangements and plans over the coming year.
- 3.16 Findings from focus groups with young people in the Pupil Referral Unit (PRU) and YOS (2009) suggests that they are unwilling to go to a specialist service for a variety of reasons mostly centred around anonymity and confidentiality. Whilst embarrassment and anxiety about confidentiality is understandable, it is important that this is addressed and is not accepted as a legitimate reason not to access treatment.
- 3.17 Where a preference for a particular type of intervention was expressed, it was for workers to be available in settings like youth clubs/ youth centres, school and as mentors. This was again supported by the Commissioning Review, which indicated that schools were frequently dealing with issues holistically in the school environment through counsellors.
- 3.18 Focus group participants felt that young people "telling other young people about themselves" was the most effective deterrent.
- 3.19 The focus groups identified that we are faced with a problem of how to break through cultural/ family ties to the local drug economy. This is an area requiring further investigation and more direct work with young people and families, and the local 'drugs squad'.
- 3.20 The focus group work provides valuable insight into the opinions of young people in the PRU and YOS. Further focus group work with young people from other backgrounds, for example, specialist service users and former users would help identify issues within the service and inform work to lower barriers to access, reduce unplanned discharge and improve retention.

3.21	In summary, referral routes into specialist services appear not be working. Low referrals results in low numbers in treatment. Meeting this potential unmet need will be one of the key challenges in the year ahead. In addition, we need to understand if young people are having their needs met in universal and targeted services. If this is the case, in what ways does the treatment model and reporting mechanisms need to be adapted.
4	<p data-bbox="263 336 1436 436"><b>Improvements to be made in relation to the impact of treatment in terms of its outcomes which will deliver improvements in individual young people's health and social functioning</b></p> <p data-bbox="167 470 1452 840">4.1 The Treatment Outcomes profile (TOP) is the National Treatment Agency's (NTA) recently developed national outcomes monitoring tool. It has been developed by the NTA in partnership with drug treatment providers and represents a step forward from previous proxy measures. It provides a standardised approach to assessing problems and recording change using a common 'outcome language' across the treatment field. It will be increasingly important for treatment services over coming years and will be increasingly incorporated explicitly into Haringey's commissioning arrangements. As commissioners we are encouraging all providers to view TOPS as a clinical tool, rather than a set of questions that need to be answered and reported back on. It is important that we achieve a better understanding of the effectiveness of treatment across the various outcome domains identified in TOPS.</p> <p data-bbox="167 873 1452 1142">4.2 However, measurement of outcomes is ultimately predicated on having people engaged in treatment. It is important that there are robust protocols in place covering care pathways and referral procedures for young people's substance misuse services. These must be jointly owned by the DAAT and Children and Young People's Strategic Partnership. Whether young people are referred into treatment services or receiving interventions 'in-house' within targeted or mainstream services, services must be appropriate for young people's needs and expectations if they are to remain engaged as engagement is a pre-requisite for effective action and positive outcomes.</p> <p data-bbox="167 1176 1452 1310">4.3 In general, as our needs assessment and focus groups have confirmed, where substance misuse is addressed alongside other issues the young person is more likely to engage with treatment, which is important in achieving positive outcomes; we, need to be mindful of this in the year ahead when planning and commissioning for future service delivery.</p> <p data-bbox="167 1344 1452 1478">4.4 As previously stated, our needs assessment shows a low number of referrals to the specialist service In-volve, as well as a low number of young people entering treatment. This compounds the effect of low numbers and has a negative effect on outcomes. This will need to be explored as part of the review of the treatment system in the year ahead.</p> <p data-bbox="167 1512 1452 1780">4.5 Given the expressed preferences of young people in Haringey, further investigation is required to assess outcomes for specialist drug and alcohol treatment and to compare the outcomes for brief interventions delivered in other services. This may be particularly relevant in respect of alcohol use, where much evidence from research with adults indicates high levels of effectiveness for brief interventions in primary care. There is emerging evidence of effectiveness of brief interventions with young people<sup>5</sup>. The adult evidence does not support the use of brief interventions for those more severely affected seeking treatment<sup>6</sup> which suggests that appropriate selection for referral is probably</p>

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<sup>5</sup> [Determining the effectiveness of alcohol screening and brief intervention approach in a young people's sexual health service](#) by Patricia Keogh Addictions Worker, Pauline McGough Consultant in Sexual & Reproductive Health, Sandyford, Glasgow and Duncan Macfarlane Clinical Audit Facilitator, Clinical Governance Support Unit, NHS Greater Glasgow and Clyde

<sup>6</sup> Moyer A, Finney JW, Swearingen CE, Vergun P. Brief interventions for alcohol problems: a meta-analytic review of controlled investigations in treatment-seeking and non-treatment-seeking populations. *Addiction* 2002;97(3):279-92

essential with young people too. As many young people view Cannabis use as socially acceptable and non-problematic the alcohol brief intervention model may be transferable to cannabis users.

- 4.6 Successful outcomes for drug and alcohol misuse are best addressed alongside other types of support, such as training and employment, health, finance and relationship advice. Effective partnership work, especially with Connexions, schools and colleges is therefore imperative; this is reflected in the work force development strategy, the training strategy for the Integrated Youth Support Service and the development of the Multi-Disciplinary Teams, as well as the training strategy for Haringey's innovative 'Keys to Wellbeing'. 'Keys to Wellbeing' is supported by the DCSF and will bring counselling and mental wellbeing services closer to the child/young person, with earlier interventions; it includes staff from across the CYPs Strategic Partnership.
- 4.7 The deadline for the development of Haringey Children and Young People's Plan has been extended to September 2009 – this should provide an opportunity to more effectively reflect and include substance misuse priorities as mainstream issues within the new plan.

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## **5 Key priorities for developing young people's specialist substance misuse treatment interventions to meet local needs during the next financial year**

- 5.1 Our key priorities have been reached through the use of the RAG rating and through the findings of the needs assessment.
- Ensure that membership of the Young Persons' Substance Misuse Partnership includes appropriate leads from across the partnership
  - Appoint a Young Persons' Substance Misuse Coordinator/Commissioner who has good understanding of and involvement with wider CYPs strategic planning and who can ensure the effective planning, commissioning and delivery of Young People's services within wider service agendas
  - Strengthen arrangements for young people's substance misuse needs assessment. This will improve the knowledge base for commissioning young people's substance misuse services by focussing on improving referral to and retention in specialist services. This will include involving children and young people from the full range of relevant backgrounds and reviewing effectiveness and VFM of current provision
  - To ensure that all five "essential elements" of the treatment system are available to young people in Haringey
  - To ensure that care pathways, referral arrangements and service provision meet the needs and expectations of young people and those who care for them
  - Establish effective clinical governance systems and arrangements to address underperformance and ensure these systems are working effectively
  - To ensure that workforce development and training equips workers to competently and effectively deliver commissioned services
  - To review data collection arrangements in line with data protection and monitoring protocols being developed elsewhere in order to improve and strengthen reporting to NDTMS and other relevant agencies by specialist, children and young people's services and mainstream services who deal with children and young people

- To audit Tier 3 service against the National Institute for Health and Clinical Excellence (NICE) guidelines and relevant sections of the 'Drug misuse and dependence – UK guidelines on clinical management.'

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# Appendix 1

## 3.3 Types of substance misuse treatment services to be provided

By 2006, every young person with a substance misuse problem in all areas of the country should be able to access a range of specialist substance misuse treatment services as listed below:

- comprehensive assessment of substance misuse needs within five days, of referral to a specialist agency
- care-planned interventions based on identified needs, including onward referral to Tier 3 and services, within ten days of assessment
- harm reduction services – interventions provided to meet a young person's need to use substances more safely, including but not exclusively safer injecting advice and interventions provided at Tier 3 and 4
- support for family members, with or without the substance misusing young person, within ten days of referral
- psychosocial interventions, structured interventions involving individual or group work focusing on assessment, defined treatment plans and treatment goals with regular reviews
- a community-based pharmacological intervention within ten days of referral. This can be provided by a doctor in a community setting, including a competent general practitioner (GP) in or outside of structured shared care arrangements
- access to specialised inpatient or residential treatment services (this may consist of a range of services or identified provision outside of the local area)

*Young people's substance misuse treatment services – essential elements – June 2005 12/27*

# Appendix 2

## NDTMS Month By Month Treatment figures for Haringey under 18s

NB \* indicates greater than 0 but fewer than 5

<b>Month</b>	<b>No. In Treatment</b>	<b>New Presentations</b>	<b>No. In Treatment - YTD</b>	<b>Discharges</b>
Apr 2008	16	*	16	*
May 2008	16	*	18	*
Jun 2008	14	0	18	*
Jul 2008	12	*	20	*
Aug 2008	9	0	20	*
Sep 2008	8	0	20	0
Oct 2008	8	0	20	0
Nov 2008	10	*	22	0
Dec 2008	10	0	22	0

# Appendix 3

## Data yielded by Home Office Toolkit for 2009/10 planning period

<b>Frequent Truants 2007- 08</b>	<b>Haringey</b>
Number of secondary school children (11-16yrs) with 1 or more unauthorised absence	681
Estimated number of truants	341
Estimated number of frequent truants	99
Estimated number of frequent truants + Any drug use	44
Estimated number of frequent truants + Frequent drug use	24
Estimated number of frequent truants + Class A drug use	12

<b>Arrested April 2007 - March 08</b>	<b>Haringey</b>
Number of young people (10-17yrs) arrested for recorded crime (notifiable offences)	1885
Estimated number of those arrested + Any drug use	622
Estimated number of those arrested + Frequent drug use	396
Estimated number of those arrested + Class A drug use	151

<b>Ever Homeless or in Care 2008</b>	<b>Haringey</b>
Number of looked after children (0-17yrs)	425
Estimated number of LAC + Any drug use	68
Estimated number of LAC + Frequent drug use	21
Estimated number of LAC + Class A drug use	13

<b>YOT data 2007 - 08</b>	<b>Haringey</b>
Number of young offenders (10 - 17 yrs) requiring a substance misuse screening	385
Number of young offenders receiving a substance misuse screening during the period	385
Proportion screened	100%
Number of young offenders identified as requiring a substance misuse assessment during the period	47
Proportion of those requiring a screening identified as requiring a substance misuse assessment	12%
Number of young offenders assessed who were identified as requiring a Tier 2 service	24
Number of young offenders assessed who were identified as requiring a Tier 3 service	3
Number of young offenders assessed who were identified as requiring a Tier 4 service	1
Number of young offenders identified as requiring a Tier 2,3 or 4 service as a percentage of young offenders requiring screening	7%

Partnership name: Haringey DAAT  
Date of submission to NTA: 10<sup>th</sup> April 2009