



Young Peoples Specialist Substance Misuse Treatment Plan Needs Assessment 2010-2011

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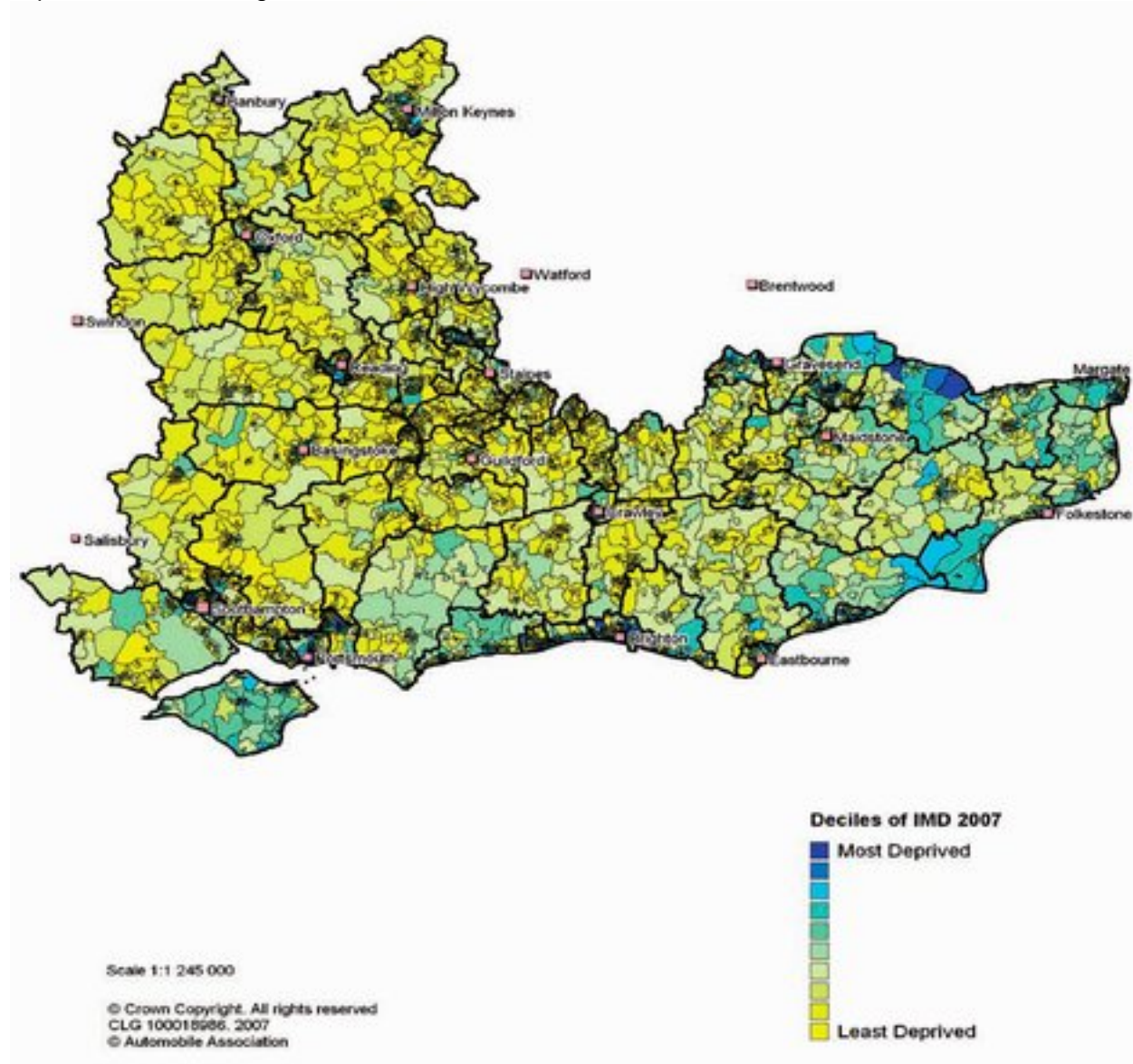
Section 1

Strategic Synopsis

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1.1 South East Regional Profile by Index of Multiple Deprivation

The South East has 95 of the 10% most deprived Lower layer Super Output Areas (LSOAs) in England. The South East has 5319 LSOAs in total so under 2% of all its LSOAs are within the 10% most deprived. Over a fifth (1252) of the South East LSOAs are in the 10% least deprived group. The most deprived LSOAs are concentrated in some of the coastal resorts of the South East, such as Brighton and Hove, Thanet and Hastings. Elsewhere there are isolated LSOAs within the 10% most deprived LSOAs in England.



The South East has the largest number of LSOAs (2037) falling in the least deprived 20% of LSOAs in England. It also has the highest percentage of its LSOAs falling in this category (38.3%). The percentage for this Region is far greater than for the other regions, and also the number of LSOAs is just over double the number of LSOAs in the East Region (the Region closest to the South East in this category).

South East region, with over 50% of the population living in Oxfordshire covers 1006 square miles, and as of the 2009 population of 630,000. Which is made up of a city based of market towns and rural villages.

There are 354 districts in England, each district can be ranked in terms of areas of multiple deprivation 1 being the most deprived (Liverpool) and 354 being the least deprived (Hart in County Durham). Oxfordshire has five districts are ranked in figure 1 below.

Figure 1 – Ranking of Areas of Multiple Deprivation

District	Ranking – Areas of Multiple Deprivation
Oxford City	155
Cherwell	276
South Oxfordshire	333
Vale of the White Horse	341
West Oxfordshire	349

Source: Oxfordshire Data Observatory

Detailed below is a breakdown of the population of some of the larger market towns:

Figure 2 – Oxfordshire Population breakdown

	Estimated 2009 population	Projected 2016 population
Cherwell	134,027	141,535
Banbury	44,874	45,675
Bicester	29,937	31,916
Kidlington	13,405	13,352
Oxford City	144,438	153,408
South Oxfordshire	127,277	137,602
Didcot	23,143	30,583
Henley	10,624	10,909
Thame	11,073	11,244
Vale of White Horse	119,762	127,492
Abingdon	33,088	33,183 or 33,775
Wantage	11,437	12,601 or 12,043
West Oxfordshire	104,496	107,693
Carterton	15,441	16,189
Witney	27,042	28,716

Source: Oxfordshire Data Observatory – Ward Profiles November 2009

Tackling inequalities and breaking the cycle of deprivation

In the county rankings, Oxfordshire has relatively low levels of deprivation, coming 137th out of 149 counties (149 being the lowest). The number of areas in Oxfordshire in the most deprived 20% nationally has gone down from thirteen (in 2004) to twelve (in 2007). Ten of these relatively deprived areas are still in Oxford City but the number in Banbury has decreased from three (in 2004) to two (in 2007). The figure below shows Oxfordshire areas in 20% most deprived nationally (SOPs):

Figure 3 – Areas in 20% most deprived nationally (2007)

Northfield Brook 68 (Oxford)	Rose Hill and Iffley 76 (Oxford)
Barton and Sandhills 13 (Oxford)	Rose Hill and Iffley 77 (Oxford)
Barton and Sandhills 14 (Oxford)	Blackbird leys 17 (Oxford)
Blackbird Leys 20 (Oxford)	Blackbird Leys 17 (Oxford)
Northfield Brook 69 (Oxford)	Banbury Ruscote 50 (Banbury)
Blackbird Leys 18 (Oxford)	Banbury Ruscote 54 (Banbury)
Littlemore 52 (Oxford)	

generally better than the England and regional averages. The national average, although more than 14,500 children are living in Oxfordshire from all causes, and early deaths from heart disease, stroke and cancer are above the England average.

However, there are inequalities within Oxfordshire with Oxford city having a greater proportion of residents living in more deprived areas than other local authorities in the county. In addition it is estimated that nearly 1 in 4 of the adult population binge drink, which is higher than the regional average. 1 in 4 adults smoke; the death rate from smoking is similar to the national average, and smoking still accounts for over 750 deaths a year.

Source: Health Profile 2009 - APHO and Department of Health © Crown Copyright 2009.

1.4 Oxfordshire DAAT Overview

Oxfordshire DAAT's strategic aim is to reduce drug and alcohol related offending, anti-social behaviour and the impact of substance misuse on children, the family and the wider community. This is being achieved by providing the best possible treatment and support for drug and alcohol misusers in order to improve their health and well-being and enable social re-integration. We do this by effective commissioning, robust financial management, wide consultation and continuing our strong links with partners and all key stakeholders. Our consistent good performance is reflected in the results of the joint NTA and Health Care Commission annual reviews for Oxfordshire which were:

Year 1 (2005/6)	Community Prescribing and care planning – 3 'Good'
Year 2 (2006/7)	Commissioning and harm reduction – 4 'Excellent'
Year 3 (2007/8)	Diversity and tier 4 services – 3 'Good'

Our strategic planning and development is based on ongoing local and externally commissioned needs analysis. These include annual adult user satisfaction surveys and consultation with service users, service providers and stakeholders.

Oxfordshire DAAT has always performed highly, however, in order to maintain and build upon this level of performance we need to continually review services to ensure that service users achieve the maximum gains from their treatment experience. 2009 saw the launch of a new community drug and alcohol service for adults which was the result of the complete reconfiguration of how community services are accessed and delivered across the county. The new service includes:-

- Increased open access,
- A mobile treatment centre,
- Increased capacity for individual support,
- Increased group provision,
- A new tier 2 and 3 alcohol service,
- A new family service.

The redevelopment of adult services impacts upon accessibility for young people. Young people do not access adult open access services and are then able to be referred or signposted to young people's services where appropriate. The new family service offers support to parents and carers no matter what level of drug and alcohol use is impacting upon them.

Figure 4 shows Oxfordshire's penetration levels, for drug treatment, in relation to all other DAT areas in the South East. As the evidence demonstrates over 74% of Oxfordshire's problematic drugs users, which includes adults and young people, were in treatment in 2008-2009.

South East

			PDU's in Treatment 2008-9	Penetration 2008-09	National Ranking 2007-8	National Ranking 2008-9
3	Bracknell Forest	232	1,986	74.66%	23	5
4	Windsor and Maidenhead	380	382	73.18%	Data not held	8
5	West Berkshire	394	155	61.51%	39	35
6	East Sussex	1,865	223	58.74%	85	49
7	Portsmouth	1,254	227	57.61%	28	55
8	Kent	4,606	1,070	57.38%	57	56
9	Hampshire	3,197	680	54.24%	71	71
10	Southampton	1,429	2,479	53.82%	88	73
11	Buckinghamshire	1,351	1,712	53.54%	79	74
12	Medway	1,375	762	53.32%	64	76
13	West Sussex	2,202	701	51.90%	109	80
14	Reading	1,432	693	50.39%	103	86
15	Brighton and Hove	2,928	1,086	49.32%	120	91
16	Slough	1,195	693	48.38%	49	97
17	Milton Keynes	930	1,243	42.46%	101	113
18	Surrey	3,192	506	42.34%	112	114
19	Wokingham	402	381	40.98%	134	117
			1,300	40.72%	123	119
			161	40.08%	114	121

Source: NDTMS data

We need to ensure that all treatment brings about effective outcomes for drug users no matter where in the cycle of change they may be. From effective changes in injecting behaviour through to becoming drug free, all outcomes for all service users must be robust, with quality psychosocial interventions and flexible packages of care available across both urban and rural communities.

An external review of our specialist young person's service, Evolve, was undertaken during 2009. As a result of which the young person's service will be re-commissioned in early 2010, for a new service to be in place by October 2010.

1.5 Oxfordshire Performance Data 2008-2009

In early 2008 we negotiated three year targets with the NTA as part of the 2008-2009 treatment planning process. The target for the number of PDU's in effective treatment was included in the Local Area Agreement (LAA) and Vital Signs. This includes all PDU's, including those aged under 18 years. The target is detailed in figure 5 below:-

Figure 5 Target:-

	2007/08 Baseline	2008/09	2009/10	2010/11
Problem drug users (crack and/or opiate users) recorded as being in effective drug treatment including young people	1636	1685 (3% from baseline)	1701 (4% from baseline)	1718 (5% from baseline)

Oxfordshire achieved an increase of 21.4%, the highest performance in the South East and amongst the top performers nationally (see figure 6 and 7 below):

Figure 6 National Comparisons:-

PDU's in Effective Treatment Top 10 Nationally	Baseline	PDU's 2008-9	Change Target	Actual Change
Suffolk	887	1135	2%	28.0%
Redcar and Cleveland	531	678	9%	27.7%
Hackney	1159	1415	8%	22.1%
Barnsley	901	1095	6%	21.5%
Oxfordshire	1636	1986	3%	21.4%
Cambridgeshire	960	1157	2%	20.5%
Bexley	220	263	10%	19.5%
Poole	259	304	5%	17.4%
Enfield	513	601	5%	17.2%
Swindon	504	590	1%	17.1%

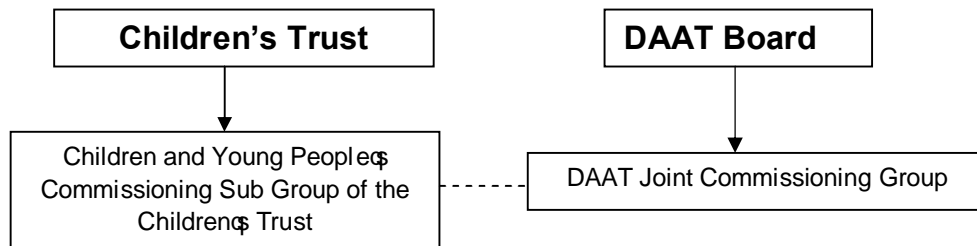
	Baseline	PDU's 2008-9	Change Target	Actual Change
	1636	1986	3%	21.4%
	600	693	5%	15.5%
	331	381	4%	15.1%
East Sussex	934	1070	4%	14.6%
Bracknell Forest	136	155	5%	14%
Kent	2180	2479	5%	13.7%
West Sussex	959	1086	2%	13.2%
Portsmouth	613	680	5%	10.9%
Slough	466	506	5%	8.6%
Brighton & Hove	1152	1243	1%	7.9%
Southampton	711	762	5%	7.2%
Buckinghamshire	655	701	3%	7.0%
Windsor and Maidenhead	211	223	5%	5.7%
Hampshire	1623	1712	2%	5.5%
Surrey	1242	1300	3%	4.7%
Wokingham	155	161	4%	3.9%
Isle of Wight	371	382	4%	3%
West Berkshire	229	227	4%	-0.9%
Reading	646	639	4%	-1.1%

1.6 Young people’s substance misuse commissioning arrangements

Due to the changes in the strategic focus and reorganisation of central government departments and the launch of the new ten year drug strategy in 2008, Oxfordshire followed government advice and changed the commissioning structure for young people’s substance misuse services. The Young Peoples Substance Misuse Partnership Grant (YPSMPG) has now been split into four parts. Two elements, one from the Home Office (HO) and one from Department for Children Schools and Families (DCSF) went into the Area Based Grant (ABG); the Department of Justice (DoJ) element went straight to the Youth Offending Service (YOS) via the Youth Justice Board (YJB) and the Department of Health (DoH) element went straight to DAATs via the National Treatment Agency (NTA).

The Children and Young Peoples Commissioning Sub Group (CYPCSG) of the Children’s Trust, of which the DAAT is a member, is responsible for the commissioning of children and young people’s services which includes substance misuse. The DAAT Board agree any contribution from the pooled treatment budget for commissioning of the specialist treatment by the CYPCSG. On behalf of the CYPCSG Oxfordshire DAAT is the lead commissioner of treatment services.

Figure 8 Oxfordshire’s Integrated Commissioning Structure for Young People



Therefore, this needs assessment provides an overall profile of Oxfordshire and young people’s substance misuse needs, with the primary focus being young people’s specialist substance misuse.

ent

range of needs of problematic drug users and involved the

file;

- Review of existing sources of information about the local system;
- Mapping of existing service provision against geographical need;
- Prevalence and profile of substance misuse
- Needs analysis by local expert groups;
- Commissioning prioritisation exercise;
- Externally commissioned reviews into diversity issues;
- Treatment planning and allocation of resources based on these priorities.

1.8 Data systems

The demands from central government on data have grown year on year, and April 2010 sees the introduction of yet another data set. This, coupled with a growing multi-modality treatment system, has necessitated a system wide review of our data needs. The review was conducted during 2009, and has resulted in the development of OTIS using a new platform. This will ensure that we continue to meet NDTMS data demands, now and into the future, and that growing performance management expectations can be met with a system that continues to be fit for purpose.

These improvements will enable us to meet the treatment outcomes profile (TOP) requirements, in particular by improving the collection and reporting of shared care data via direct data inputting onto OTIS.

Section 2

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Oxfordshire's Young People

Young People's Survey - 2009

'Your Voice 2009' was a survey, commissioned by the Oxfordshire Children and Young People's Trust, and conducted by the market research company Childwise, of 4,947 children and young people (C&YP). It was carried out in over 50 primary, secondary and special schools and colleges of further education across Oxfordshire.

The survey was undertaken to gain a better understanding of the views and needs of Oxfordshire's C&YP and establish baselines to monitor the progress of the Oxfordshire Children and Young People's Plan. The age range in the 2009 survey was 4 to 19 years old. The survey was based upon the five key elements of Every Child Matters: Be Healthy; Stay Safe; Enjoy and Achieve; Make a Positive Contribution and Achieve Economic Wellbeing.

Significant changes since OCYPS 2007, in areas that are relevant to substance indicators in terms of resilience are summarised below under the five key elements. Comparisons are with those aged between 4 and 16 years, the age range covered in 2007:-

BEING HEALTHY

91% are very / quite healthy, compared with 86% very / fairly healthy in 2007

The number of 11-16 year olds who have ever smoked cigarettes has increased to 20% (16% in 2007)

STAYING SAFE

More children feel safe in their local area in the daytime (61% always feel safe, compared with 55% in 2007), and also at night (42% always do so, 40% sometimes, compared with 34% always, 34% sometimes, in 2007)

More children feel safe at school all the time . in lessons (75% compared with 67% in 2007), between lessons (70% v 51%), and going to and from school (67% v 64%)

The number of 7-16 year olds who have been bullied at all has increased (36% compared with 26% in 2007), with numbers increasing for those bullied in school (28% v 23%) and out of school (13% v 11%)

ENJOYMENT AND ACHIEVEMENT

More children always enjoy school (33% compared with 30% in 2007)

Fewer 7-16s skipped school quite often (3% v 5% in 2007), but more did so a few times (13% v 11%)

The number of 7-16 year olds who feel that their local park or playground is safe has increased (54% compared with 43% in 2007), but fewer feel that there's enough to do (54% v 59%)

The number doing very well at school has dropped (33% compared with 37% in 2007), but more think they are doing quite well (52% v 48%)

MAKING A POSITIVE CONTRIBUTION

Fewer children aged 11-16 have a paid job this year (25% compared with 28% in 2007), but hours worked are similar

The number of 7-16 year olds who think that their school listens at all to their views has dropped (51% do so compared with 54% in 2007)

More children aged 11-16 think that they don't know what their local council does (62% do so compared with 53% in 2007), and that their council fails to keep them well informed (69% v 60%). However, numbers agreeing have not changed, but fewer are uncertain.

ACHIEVING ECONOMIC WELLBEING

The number of 11-16 year olds who are undecided about what they want to do after they leave school has dropped (23% compared with 34% in 2007), as has the number wanting to leave as soon as possible (8% v 10%)

More think that they are getting enough information and advice about the future (47% compared with 40% in 2007)

- of children and young people in relation to alcohol. The
men and young people aged 11+ felt that alcohol was part of
- 58% agree that drinking alcohol is a big problem amongst children and young people
 - 62% agree alcohol is easy for young people to get hold of in this area
 - 59% agree that drinking alcohol is a big problem among adults
 - 45% agree there's a lot of pressure from friends to drink alcohol

The survey highlighted the following alcohol usage by children and young people:-

- 72% have ever drunk alcohol, with 19% still doing so regularly
- 51% have ever been drunk, and 9% regularly do so
- 19% have ever felt under pressure from friends to drink, smoke or take drugs, with 2% still feeling under pressure at least once a week

Although the overall proportion of boys and girls ever drinking alcohol is similar, boys are more likely to do so regularly (21% v 16% for girls). However, girls are more likely to admit to having ever been drunk (55% v 49% of boys), but boys are still more likely to get drunk regularly (11% v 8%). Pressure to drink, smoke or take drugs, is the same for both sexes (19%). Boys are more likely to disagree about there being pressure from friends to drink alcohol (41% disagree compared to 38% of girls) and girls were more likely to agree that alcohol was easy for them to get hold of (65% agreed v 60% of boys).

Disabled young people are less likely to have ever drunk alcohol (64%), or got drunk (43%), but they are more likely to feel under pressure to do so (26%). Disabled young people were much more likely to agree that there was lots of pressure from friends to drink alcohol (61% agreed).

Vulnerable young people aged 14 to 19 were interviewed at specific organisations as well as those young people aged 17 to 19 interviewed on street in Oxfordshire who are not in education, employment or training (NEETs) to ensure that their experiences and views were captured. These young people are termed in the survey as fringe They were more likely to agree that alcohol was easy to get hold of (75% agreed).

Teen parents are no more likely than 14-19s overall to have got drunk (65%), and are less likely to have drunk alcohol (78%).

Those with special needs for behaviour are more likely to have ever got drunk (63%) and drink alcohol regularly (27%).

Young people from Asian backgrounds were more likely than the majority white British population to agree that alcohol was a big problem amongst children and young people (88% agreed), and among adults (73% agreed). However, they were also much less likely than the majority white British population to have ever drunk alcohol . 62% have never done this, particularly Bangladeshi (79%), Pakistani (78%) and Chinese (67%) children. They are far more likely to have never been drunk (72% overall - 82% of Pakistani young people).

Those from Black backgrounds are also less likely to have ever drunk alcohol . 43% have never done this, and only 38% have ever been drunk.

DRUGS

The survey also made the following conclusions about drug use by children and young people:-

- 17% have ever taken illegal drugs, and 5% continue to do so regularly
- 19% have ever felt under pressure from friends to drink, smoke or take drugs, with 2% still feeling under pressure at least once a week

Overall, there is little difference by gender for those ever taking illegal drugs (18% boys, 16% girls), but boys are twice as likely to still be doing to regularly (6% v 3% of girls).

the same for both sexes (19%).

y with age, especially between age 11-13 and 14-16, but dually.

The following groups are more likely to have taken illegal drugs:-

- Teen parents (30%) and felt under pressure to do so (33%);
- Looked after young people are marginally more likely to have ever taken illegal drugs (33%);
- Young people from the fringe group are much more likely than other 17-19s to have taken illegal drugs (42%);
- Young people in temporary accommodation (43%);
- Those with special needs for behaviour (32%).

2.2 The TellUs Survey

Results from the fourth TellUs survey have been delayed and are now due in late January 2010.

The third national TellUs survey began in spring 2008. The survey was undertaken by 3114 schools across 145 local authorities in England focussing on years 6, 8 and 10 which is children aged 10-15 years. Nearly 150,000 surveys were completed.

Five National Indicators (NIs) are derived from data produced by the Tellus Survey. Statistics produced from the data are used to measure the following performance indicators:

NI050: Emotional Health and well being

NI069: Percentage of children who have experienced bullying

NI110: More participation in positive activities

NI115: Reduce the proportion of YP frequently using illicit drugs, alcohol or volatile substances

NI199: Satisfaction with parks and play areas

Ofsted published the key findings from the Tellus3 survey on 28 October, with statistical information for each local authority being released in January 2009.

NI115: Reduce the Proportion of Young People Frequently Using Illicit Drugs, Alcohol or Volatile Substances.

This indicator directly relates to young peoples substance misuse, and uses both elements of question 30 and 32b in the Tellus Survey. Question 30 asks children and young people how often, if at all; they have been drunk in the last 4 weeks. Question 32b asks children that have taken drugs in the last 4 weeks how often they have done this.

The level of substance misuse by children is calculated as follows:

$$\left(\frac{x}{y}\right) * 100$$

Where:

x = the number of young people in years 6, 8 and 10 that the TellUs survey estimates have either used drugs/volatile substances and/or been drunk at least twice in the last 4 weeks or have used drugs/volatile substances once and been drunk once from the local population.

y = the Tellus estimate of the total number of young people in years 6, 8 and 10 responding to these questions in the local population, based on the school census data.

The above figures must be found from the pupil level TellUs data set.

According to the survey 9.5% of all young people in Oxfordshire, who have responded to the survey, have frequently used illicit drugs, alcohol or volatile substances. This is below the regional average of 10.1%. Figure 9 shows the percentages across the Thames Valley which shows Oxfordshire performing significantly better than other areas. This could be due to Oxfordshire DAAT's robust approach to the substance misuse agenda. This figure had been set as our baseline level. A significant improvement in this baseline would be to achieve 6.1% at the 90% confidence level (meaning confidence in the data) or 7.1% at the 75% confidence level. This translates into either a 3.4% reduction on the baseline at the 90% confidence level or a 2.4% reduction on the baseline at the 75% confidence level.

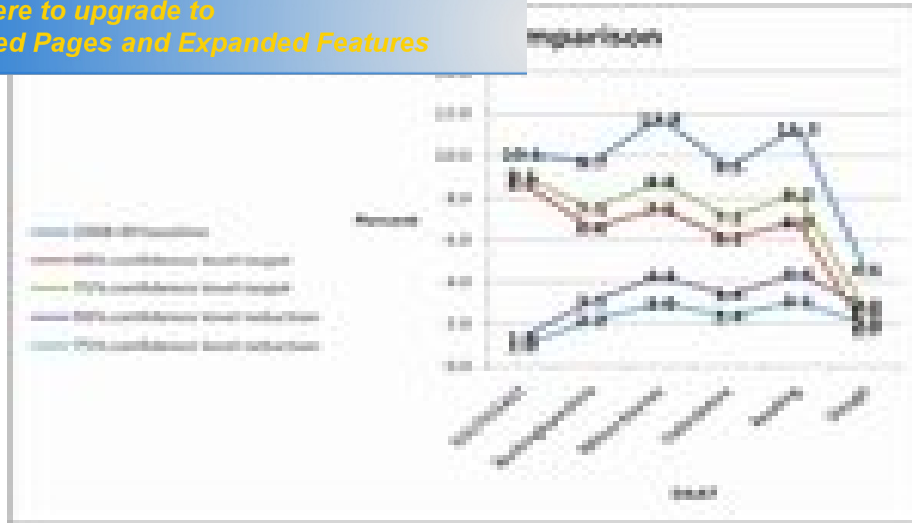


Figure 10 – Thames Valley populations of Young People by Age and Local Authority

	10-14	15*	Total
Bucks	32300	6380	38680
Milton Keynes	15000	3000	18000
Oxfordshire	38100	8700	46800
Reading	7500	1840	9340
Slough	7500	1560	9060

Source: ONS midyear estimates by local authority

*Please note: figures for the YP aged 15 were worked out by apportioning 1/5 of the amount of YP aged 15-19. This method was decided on after speaking to an analyst from the SE Public Health Observatory.

NI050 Emotional Health and Well Being

This indicator is based on the percentage of children with good relationships. This is defined as the percentage of children who answered **true** to having one or more good friends AND answered **true** to at least two of the statements about being able to talk to their parents, friends or another adult.

To demonstrate good relationships, children must state that they have one or more good friends, and state that they are able to talk about worries with at least two or more of those listed above. For example, a child who has friends, and can talk to their parents and friends but not another adult will be classified as having good relationships; whereas a child who has friends, but reports that they can only talk to their friends when worried will not. The measure reflects that children's emotional health and resilience is improved by the quality of relationships, and thus being able to access the widest range of possible sources of support.

The percentage of children with good relationships is calculated as follows:

$$\left(\frac{x}{y}\right) * 100$$

Where:

X = the number of pupils in the weighted TellUs survey data estimates who answered **true** to item 1 . **±** have one or more good friends AND answered **true** to **at least two** of items 2, 3 and 4 about being able to talk with someone when worried;

TellUs survey data estimates with valid answers (i.e. not good friends) AND at least two of items 2, 3 and 4 about

Figure 11 – Thames Valley Comparisons for NI50

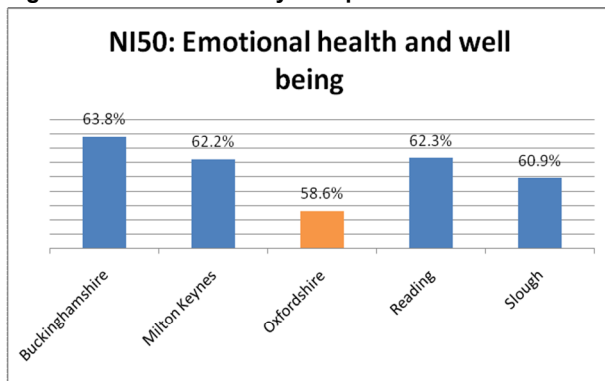


Figure 11 shows that in comparison to the rest of the Thames Valley Oxfordshire children are less likely to have good relationships as defined by NI50

NI069: Percentage of Children Who Have Experienced Bullying

The percentage of children who have experienced bullying is calculated as follows:

$$\left(\frac{x}{y}\right) * 100$$

Where:

X (the number of pupils responding that they have experienced bullying) = the sum of all x. For each pupil, x can take the value 1 or 0:

x = 1 if the pupil has responded positively to one or more of the following statements:

- " Bullied once or more in the last year at school
- " Bullied once or more in the last year somewhere else (incl. on your journey to or from school)
- " Bullied once or more in the last 4 weeks at school
- " Bullied once or more in the last 4 weeks somewhere else (incl. on your journey to or from school)
- " Bullied about once a week at school
- " Bullied about once a week somewhere else (including on your journey to or from school)
- " Bullied most days at school
- " Bullied most days somewhere else (including on your journey to or from school)

Y = the number of pupils responding to the survey, excluding those pupils that match any of the following criteria:

- " Pupils with response missing from BOTH sections (bullying at school and bullying somewhere else) of the bullying question
- " Pupils that responded 'Do not know' to BOTH sections (bullying at school and bullying somewhere else) of the bullying question
- " Pupils with MIXED responses containing any of the combinations of 'Never', 'Do not know' and 'Missing' for the two sections of the bullying question

Figure 12 shows that children in Oxfordshire are more likely to have experienced bullying (as defined above), than children or young people in other areas of the Thames Valley.

Figure 12 – Thames Valley Comparisons for NI69

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Area	Percentage
Buckinghamshire	74.9%
Milton Keynes	73.3%
Oxfordshire	71.7%
Reading	68.7%
Slough	73.7%

As figure 13 shows for NI110, Oxfordshire ranks 4th out of 5 when compared to the rest of the Thames Valley. Oxfordshire's baseline 2008-09 figure for the percentage of children who participate in positive activities is **71.7%**. As figure 14 shows for NI199, Oxfordshire's baseline 2008-2009 figure for the percentage of children who are satisfied with parks and play areas in their local area is **46.3%**. This only just ranks Oxfordshire 2nd out of 5 when compared to the rest of the Thames Valley.

Figure 13 - Thames Valley comparison for NI110

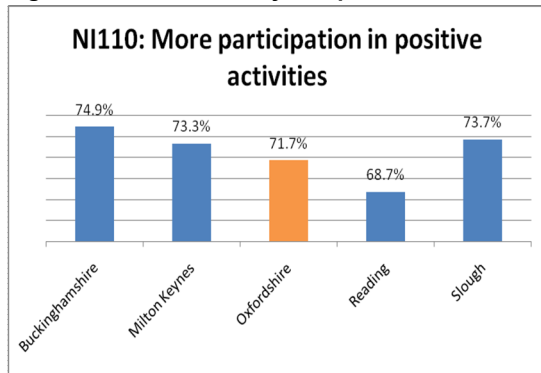
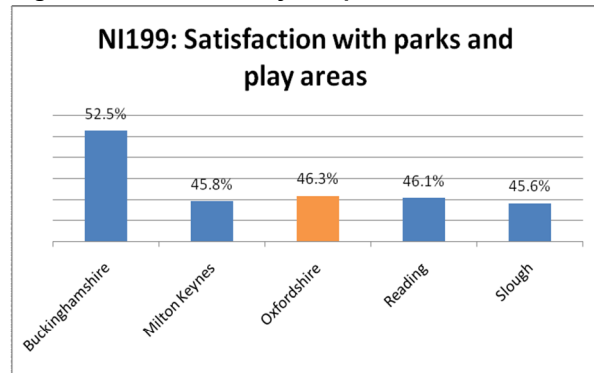


Figure 14 - Thames Valley comparison of NI199



2.3 Community Safety Partnership - Joint Strategic Intelligence Assessment

Oxfordshire DAAT is a strategic partner on all levels of the local community safety agenda. This incorporates all five District Council Crime and Disorder Reduction Partnerships (CDRPs) and strategic and operational levels of the Oxfordshire Safer Communities Partnership. In September 2008 Oxfordshire Safer Communities Partnership produced a Joint Strategic Intelligence Assessment (SIA). The SIA reported on crime trends and key areas of concern for each of the current police control strategy themes as well as each CDRP and DAAT current data and activity levels.

Oxfordshire's Local Area Agreement (LAA) contains five specific community safety targets for the period ending March 2011, these being:

- NI20 - Reduce the Assault with Injury Crime Rate
- NI40 - Drug Users in Effective Treatment
- NI21 - Dealing with Local Concerns about ASB and Crime
- NI32 - Repeat Incidents of Domestic Violence
- NI111- First Time Entrants to the Youth Justice System.

Priorities within Oxfordshire's Sustainable Communities Strategy for Community Safety include:

- Reduce Anti Social Behaviour
- Reduce Drug Related Offending
- Reduce Alcohol Related Offending
- Re-offending of Priority Prolific Offenders
- Reduce Fear of Crime
- Promote positive attitudes amongst young people
- Repeat Offending of Domestic Violence perpetrators



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e recorded crime differ in their coverage of crime. Overall
change compared to 2007-2008. Crimes recorded by the
2007-2008, with decreases in most crime types.

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POLICE RECORDED CRIME	
All police recorded crime down 5% to 4.7 million crimes	
→ Violent crime – stable	↓ Violence against the person down 6%
→ with injury – stable	↓ with injury down 7%
→ Domestic burglary – stable	↑ Domestic burglary up 1%
→ Vehicle-related theft – stable	↓ Offences against vehicles down 10%
↑ Theft from the person up 25%	↓ Theft from the person down 12%
→ Vandalism – stable	↓ Criminal damage down 10%
↑ Risk of being a victim of crime up from 22% to 23%	↓ Robbery down 5%
	↑ Drugs offences up 6%

Source: British Crime Survey 2008-09

Joint Strategic Intelligence Assessment – August 2009

National Context

Nationally over 35% of young people aged 10 to 15 had experienced at least one personal crime in the previous 12 months. This was a similar level to those aged 16 to 25 (32%) and well above those aged 26 to 65 (14%). Those young people that had committed an offence themselves were more likely to be victims. (The victimisation of young people: findings from the Crime and Justice Survey 2003 published 2005.) A 2002 Crimestoppers survey found 18% of under-15s had been victims of crime - but more than half of them failed to report it to police. Children are amongst the most victimised of all age groups when it comes to crimes like violence, and yet we more often hear about children as criminals.

Children and young people across England and Wales were surveyed by Ipsos MORI in 2007 about their attitudes towards crime committed by and against other young people as part of research commissioned by the Youth Justice Board. The top three reasons why children believe that young people commit crimes are boredom (43%), because friends do it (41%) and because of drug taking (39%). In addition, 37% believe that being drunk is a contributory factor.

Oxfordshire

The 2008 SIA demonstrated that overall the number of young offenders in Oxfordshire has reduced, as figure 16 demonstrates.

Figure 16 Total numbers of young offenders and percentage reduction

Total number of young offenders in 2006-07	Total number of young offenders in 2007-08	Percentage reduction
1527	1358	12.4%

Source: JSIA 2008

The 2008 SIA showed that Oxfordshire is one of the best performing areas in the country in terms of re offending and that new entrants to the criminal justice systems have reduced by 29.3%.

Crime and Anti-Social Behaviour in Oxfordshire

emphasis on very targeted work with the police to provide evidence earlier. This includes rigorous assessments for use of informal warnings and diversionary activities. Young people are then offered interventions, support and opportunities for positive activities as an alternative to prosecutions and enforcement action.

Tackling Anti-Social Behaviour

The City and District Councils and YOS Pre-Court and Prevention Services have implemented a protocol to ensure all young people who are likely to be subject to an ABC or ASBO are referred for additional intervention to the YOS. Systems are now in place and joint work is undertaken in all relevant cases. Work is underway currently to identify resources across YOS and City and District Councils to establish if there are gaps or duplications in resourcing and whether it is targeted where there are highest levels of need.

Integrated Youth Support Service & Targeted Youth Support

Services are being managed in a more integrated way and YOS, Connexions and Youth Services have been brought together to form the Integrated Youth Support Service. This means improved access to a range of services for young people in their localities. Children's Services are also being brought together to ensure common referral and assessment processes and ensure earlier intervention and support. Three pilot localities have been identified to progress the Targeted Youth Support approach based on need, including ASB and first-time entrants. They are in Witney, Cutteslowe and Wantage/Grove.

Reducing Re-Offending

A new approach to risk management is being implemented to ensure services are targeted to those most at risk under the Scaled Approach. Close working arrangements are also in place with police, Anti-Social Behaviour Officers and partners in education and social care to identify and support the most prolific offenders. In Cherwell, a groundbreaking Integrated Criminal Justice and PPO Strategy has been developed across a range of partners to prevent further offending by the Deter Strand (DYO) and prevent them from becoming PPOs. Communication, co-ordination and cross-agency working between Local Neighbourhood Policing Teams, YOS and ASB Officers are crucial to the success of the partnership.

There is also a current proposal for the Intensive Surveillance and Supervision Programme to be integrated into area teams, rather than being managed as a specialist countywide service, to improve outcomes for this high risk group.

Impact of Key High Level Activities on Crime and ASB

YOS Pre-Court and Prevention

LAA1 three year target has been met by 58% with a year on year improvement and a 38% reduction from 2007-2008 to 2008-2009. The reduction over 2008-2009 increased quarter by quarter as the new approaches to assessment and informal warnings were embedded (157 in Q1 to 86 in Q4).

The total number of offences for 2008-2009 was 1,626, a reduction of 19% on 2007-2008.

Locality data is increasingly available and is used to target how resources are used, e.g. in Bicester a targeted approach was used over 2008-2009 and there was a 47% reduction in first time entrants (FTE) compared with 2007-2008. Conversely, there has been an increase in FTE in Wantage from 2007-2008 to 2008-2009 and resources will be targeted as a consequence and this will be one of the Targeted Youth Support pilot areas. A mapping analysis of preventative services against FTE is key to this targeted approach.

Tackling Anti-Social Behaviour

Analysis of ASBOs and ABCs for young people indicates an overall reduction in ASBOs from 9 to 6 comparing 2007-2008 with 2008-2009 and for ABCs from 131 to 119. Named data indicated that all relevant young people had been referred to YOS Prevention by City and District Councils.

17% which is an improvement on 34% for 2007-2008. The

financing has been met at 4.31% for 2008-2009 against a 5% target and is a reduction on 6% recorded for 2007-2008. More worryingly, custodial remands have only marginally decreased from 14.6% to 14.3% against a 9% target and work is underway to rectify this.

2.4 Prevalence of young peoples' drug use in Oxfordshire

The European Monitoring Centre for Drugs and Drug Addiction¹ (EMCDDA) defines a problem drug user as intravenous or long-duration/regular use of opiates, cocaine and/or amphetamines. This standardised definition provides a UK prevalence rate, calculated for the 15 to 64 age group of 6.7 problematic drug users per 1000².

The EMCDDA methodology equates to a Problematic Drug User (PDU) population in England of 214,755, roughly in accordance with NTA targets to engage 200,000 adult drug users in treatment by 2008 and Home Office estimates of a PDU population of 280,000.

Such population-based figures as cited earlier can be applied to population figures and estimates to map projected need across the county. All these factors have been considered in producing a nominal map of projected population prevalence for the county based on the 14 to 17 years age range, with existing interventions represented. The overall population of this age group at the 2001 Census was 28,951, with a fairly consistent spread across the local authority areas.

The recent Home Office indicative data shows that the prevalence of all opiate and crack problematic drug users, aged 15-64 years, in Oxfordshire is approximately 2,947. If national prevalence estimates are applied we can predict the following for drug use in young people in Oxfordshire:

- 3,041 Of the age group will be defined as frequent drug users by BCS criteria
- 1,977 Young people will have used Class A drugs in the last year
- 1,107 Users of Class A drugs in the last month
- 194 Young problematic drug users.

Figure 17 Drug use broken down by district:

Local Authority area	Population of 14 to 17 year olds ³	'Frequent' drug use ⁴	'Problematic Drug Use' ⁵
Cherwell	6,362	643	43
Oxford City	5,699	576	38
South Oxfordshire	6,236	630	42
Vale of White Horse	6,186	625	41
West Oxfordshire	4,468	451	30
Totals	28,951	2,925	194

The mapping of projected population prevalence against service activity, as illustrated in the figure above, has been based on readily available Census and population estimates, presented against Administrative Hierarchy 2003 wards. Whilst there is an element of conjecture as to the numbers of young people who may need specialist services, the relative need of populations across the county will still apply and the resulting maps are useful for comparing with the accessibility of current service configurations.

2.5 Ethnicity

Independent research was commissioned in 2007 on diversity entitled Equal Access, Equal Outcomes⁶, in consultation with users, service providers and key stakeholders. An update of this was

¹ European Monitoring Centre for Drugs and Drug Addiction (2000) Annual report on the state of the drugs problem in the European Union, available at <http://www.emcdda.eu.int/>

² Data taken from Frischer et al 2001 (Frischer M, Hickman M, Kraus L, Mariani M, Wiessing L. A comparison of different methods for estimating the prevalence of problematic drug misuse in Great Britain. *Addiction* 2001; 96: 1465-1476

³ Population figures from Census 2001

⁴ Anticipated incidence of 'frequent' drug use by British Crime Survey findings

⁵ Anticipated incidence of 'problematic drug use' by EMCDDA findings

⁶ George, R (September 2007) *Equal Access, Equal Outcomes?* Thames Valley Partnership

No Respector of Peopleq An expert group was initiated to ll key stakeholders to explore the findings of the research.

– county and districts, 2001 census

	Oxford	Cherwell	S Oxon	VOWH	W Oxon
White British	89.9	76.8	92.5	93.8	93.3
White Irish	1.2	2.2	1.1	1	0.8
Other White Background	4	8.2	2.5	3.1	3.3
Black African	0.3	1	0.2	0.1	0.1
Black Caribbean	0.4	1.2	0.3	0.2	0.1
Other Black Background	0.1	0.2	0.1	0	0
Asian Pakistani	0.7	2	0.8	0.1	0.1
Asian Indian	0.7	1.7	0.6	0.3	0.4
Asian Bangladeshi	0.2	0.7	0.1	0.1	0.1
Other Asian Background	0.2	0.5	0.1	0.1	0.1
Mixed White/Black Caribbean	0.4	0.8	0.4	0.2	0.2
Mixed White/Black African	0.1	0.3	0.1	0.1	0.1
Mixed White/Asian	0.4	0.7	0.3	0.3	0.3
Other Mixed Background	0.3	0.6	0.3	0.2	0.2
Chinese	0.6	1.8	0.3	0.2	0.4
Any other Ethnic Group	0.5	1.3	0.3	0.2	0.2

In 2001 only Oxford city had a substantial black and minority ethnic population (BME). Whereas 12.9% of the City's population were non-white, Cherwell's was 3.9% and the other three districts less than 2.5%. In broad terms, those with a black or mixed black ethnicity comprised 1.3% of the county's population and those with an Asian or mixed Asian ethnicity 2.2%. 0.8% of Oxfordshire's population and 1.8% of the City's were Chinese.

The research found that coverage of rural areas by public services remains an important issue and our mobile approach using the market towns as a good model for the delivery of services.

In addition the model of working used by the Oxfordshire Women's service, which includes home visits, was found to be a good model for improving access by women from BME groups.

Figure 19 Summary Chart of BME % presence in the general Population and aspects of the treatment system

General Population	4.9%
Adult Treatment System	5.7%
Women's Service	10.4%
Youth Offending Service	13.5%
Evolve	7%
DIP Treatment	13%
Positive Testing	16%
DRR Caseload	11.6%
PPOs	24.2%

Source: No Respector of People, October 2009

Significant improvements in the collection of ethnicity data have been undertaken in 2009, and this is ongoing to enable a full and comprehensive picture to be developed.

Migrant Workers:

A briefing paper published in the summer of 2007 by Oxfordshire Partnership⁷ includes data drawn from the Worker Registration Scheme; under that scheme, 7,645 people from the Accession 8 countries registered for work in Oxfordshire between May 2004 and March 2007. This makes up 10% of the total for the South East region and more than 1% of the 562,000 people who registered across the country as a whole.

The following table shows the spread of nationalities across the five districts:

⁷ [http://portal.oxfordshire.gov.uk/content/public/oxfordshirepartnership/News/SCSbriefingpaper/9 Population 3Aug07.pdf](http://portal.oxfordshire.gov.uk/content/public/oxfordshirepartnership/News/SCSbriefingpaper/9%20Population%203Aug07.pdf) pp.16-19

Worker Registration Scheme, by district May 04 to March 07

	Hungary	Latvia	Lithuania	Poland	Slovakia	Slovenia	Total		
W Oxon	35	0	55	15	20	1,010	190	0	1,345
Oxfordshire Total	500	25	225	130	245	4,505	2,010	5	7,645
South East Totals	4,200	835	2,280	4,100	6,750	48,960	9,380	75	76,580
Ox. as % of SE total	11.9%	3%	9.9%	3.2%	3.6%	9.2%	21.4%	6.7%	10%

Source: Worker Registration Scheme, The Home Office (LGAR extract)

Polish nationals accounted for nearly 59% of all Worker Registration Scheme applications in Oxfordshire between May 2004 and March 2007 and are mainly distributed across Cherwell, Oxford City and West Oxfordshire. Registrations from Slovak nationals accounted for 26% of the total and are heavily concentrated in South Oxfordshire, which equates to 21% of the total South East migrant Slovakian population. Oxfordshire has 10% of the total of all migrant workers in the South East of England.

Gypsy and Travellers needs in relation to substance misuse in Oxfordshire

In mid 2009 we conducted a review of the needs of Gypsy and Travellers in Oxfordshire using information gathered from the following sources:

- Oxfordshire and Buckinghamshire Gypsy and Traveller services;
- Health Advocate;
- The Gypsy and Traveller accommodation needs assessment for the Thames Valley Region September 2006;

Definitions:

Traveller: Traveller is the term for an Irish traveller (Travellers of Irish heritage).

Gypsy: Romany/English (Gypsy Roma Travellers).

Gypsy and Irish travellers are recognised ethnicities in the Race Relations Act 1976 and Race Relations (amendment) Act 2000.

Occupational Travellers and New Travellers are not recognised ethnicities in the Race Relations Act 1976 and Race Relations (amendment) Act 2000.

Profile of the Traveller and Gypsy population in Oxfordshire

In Oxfordshire there are 18 sites; of which six belong to Oxfordshire County Council, there are no sites in Oxford City. There are a total of 200 plots and it is estimated that there are approximately 500 travellers and gypsies living on sites across Oxfordshire. It is difficult to estimate the total number because, although numbers can be recorded when they move into a site, the nature of their lifestyle means that these regularly change.

In Oxfordshire there is no recorded drug or alcohol misuse, and it is considered a taboo amongst the traveller and gypsy communities. According to the Thames Valley needs assessment children are even withdrawn from school on the basis that they would be exposed to information about drugs. However, there is some anecdotal evidence of substance use particularly with regards to alcohol use in the Irish Traveller communities and drug use amongst the younger age groups on both the traveller and gypsy sites.

Outreach into these sites is not a mechanism that can be used by drug and alcohol agencies. Therefore, other mechanisms need to be developed in order to raise awareness. There is the perception that gypsies and travellers will feel labelled if you just drop leaflets into their accommodation thinking that they are being singled out and may find it offensive. The review suggested use of welcome packs and GP Practices, as well as other projects already working at the sites, taking into consideration literacy levels.

the Muslim faith are the most numerous of the minority groups in Oxford and Cherwell. In Oxford almost 4% of the

Figure 21 - Oxfordshire's population by religion – 2001 census

	Buddhist	Hindu	Muslim	Sikh	Other
Oxfordshire	2,006	1,845	7,971	811	1,878

The needs of Muslims in relation to substance misuse in Oxfordshire

As a result of the prevalence information we engaged with officials from the three Mosques in Oxford, community leaders, voluntary workers, people from the statutory sector, service providers and a recovering drug user, within the Muslim Community in Oxford to gain an understanding of any specific needs that they may have. Muslim Leaders believe that there are approximately 11,000 Muslims living in Oxford City. Our consultations focused on the following areas:

- Family support;
- Drug use and access to treatment;
- Provision of information.

It appears that the Mosques still have a central part to play in the lives of the large majority of Muslims including younger males - those of the age more likely to be involved in drug and alcohol misuse. The Mosque elders are confident that by having knowledge themselves it will bring greater confidence and awareness of drugs (and alcohol) to other Muslims and will encourage more people to seek help. Amongst the older Muslim population there is a lack of knowledge about drugs but an awareness of alcohol and some of the issues surrounding its usage. By and large they know that some young people take drugs and are aware that much of it is hidden within the family unit because of the stigma. Alcohol is forbidden within the Islamic faith and therefore many young people turn to drugs as they are easier to disguise. It would appear that the majority of problematic drug users in the community are male. Some Muslim families still send their young people back to Pakistan hoping that they will return drug free.

Asian people in general are considerably underrepresented in the workforce in all our treatment providers and more needs to be done to encourage them to apply for jobs when they become available.

Our consultation found that Asian people in general are unlikely to attend formal talks or discussions around drugs but are more likely to access information from professionals at less formal events attached to lunch clubs and cultural events.

The priorities for 2010-2011 for ethnicity are included in the adult treatment plan.

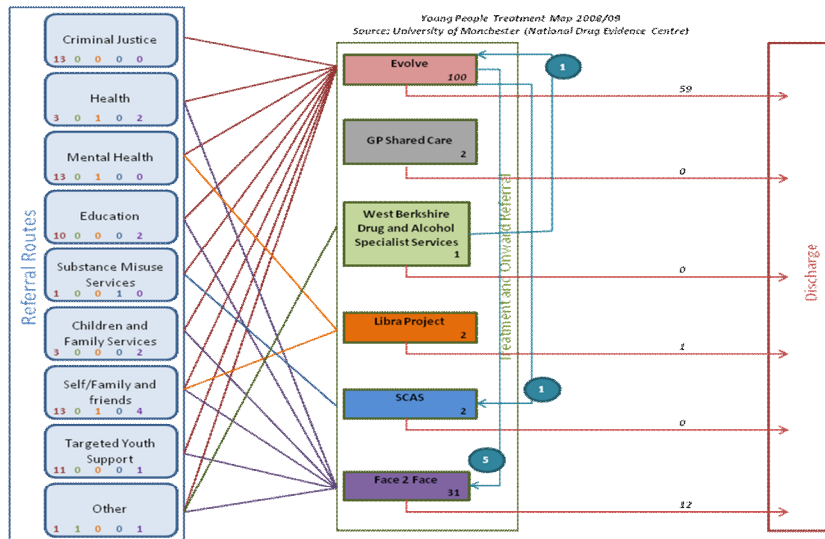
Section 3

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Treatment Analysis by Modalities

The completed treatment map information for young people's substance misuse treatment services in Oxfordshire is complemented by an in depth analysis of the numbers of young people in treatment using data held on the Oxfordshire Treatment Information System (OTIS).

Figure 22 Young Peoples Treatment Map



Please note - The discrepancies between the numbers of young people in treatment on the bulls eye compared to the treatment map are due to young people's treatment services in Oxfordshire treating people aged 19 or under. The national treatment data used for the treatment map includes only those young people aged 17 and under.

3.2 Pharmacological and Psychosocial Interventions

The government's updated drug strategy of 2004 saw the political push to develop dedicated young people's substance misuse services. Over the preceding years Government Offices and the National Treatment Agency (NTA) developed a range of performance measures against the development of dedicated young people's treatment services to include medical provision. There was little national or local data on the level of need for Opiate Substitution Therapy (OST) or medically assisted alcohol detoxification/withdrawal in young people. The prevalence data shown above suggests that 194 young people under the age of 18 use drugs problematically. However evidence gathered in Oxfordshire over the last three years shows that the need for medical assisted withdrawal from opiate and/or alcohol addiction for the under eighteens in Oxfordshire is minimal (see figure 23). It was anticipated that when a dedicated nurse was in post that an increase in the delivery of OST or detoxification/withdrawal would be seen. The table below demonstrates that this is not the case. The nurse came into post early 2007.

Figure 23 Numbers of young people treated with OST

Year	2006-7	2007-8 Nurse in post	2008-9
YP aged 16-18 on OST	1	1	2

The young people's specialist substance misuse service, Evolve, had an enthusiastic start and exceeded initial contractual targets. However changing management, staffing problems and a lack of leadership within the service led to a decline in service performance. In 2008 it was decided that a review of Evolve was required. In 2009 a comprehensive external review was commissioned from an independent consultant. As a result of which the commissioning group took the decision to not extend the current contract beyond October 2010. A new young people's service will be tendered for during early 2010.

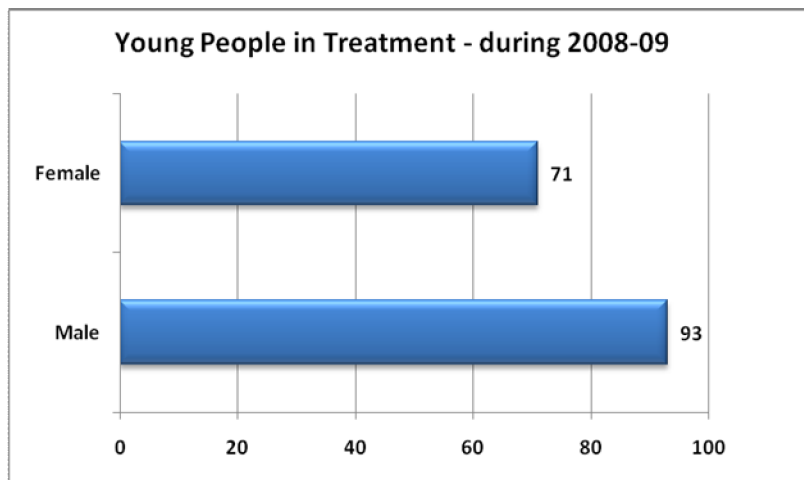
requiring OST or medically assisted withdrawal from alcohol, young people will not be part of this tender. Any medical either CAMHS or adult services as appropriate, with case plan delivered by the new specialist young people's

The following are a series of graphs and charts analysing information held locally on OTIS about young people in treatment for both pharmacological and psychosocial interventions in Oxfordshire.

3.2.1 Pharmacological and Psychosocial Interventions by Gender

Oxfordshire has marginally more males in treatment than females with 57% of those in treatment being male during 2008-2009. This is broadly in line with 2007-2008 figures, when we saw a reversal from previous measurements where it was shown that female users accounted for the large majority of people accessing treatment. The reasons for the change include the ongoing work to address the quality of data submitted by young people services.

Figure 24 – Young People - Numbers in Treatment by Gender



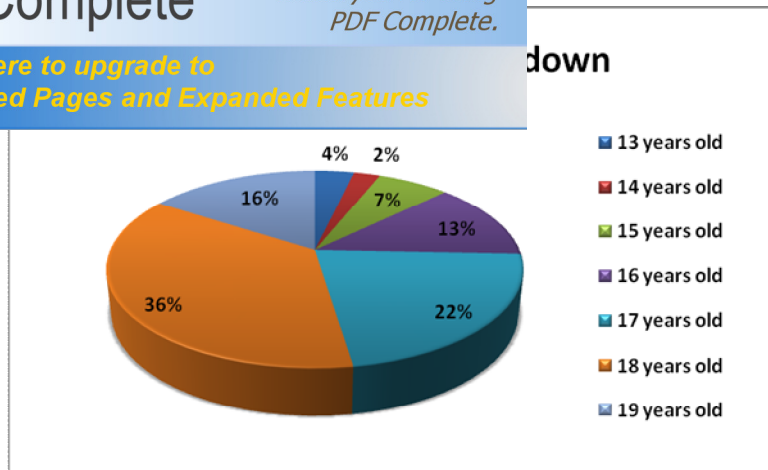
Please note that 22 young people included in figure 25 are children of drug/alcohol using parents.

3.2.2 Pharmacological and Psychosocial Interventions by Age

The age profile in Oxfordshire's four rural districts largely reflects the position across Britain as a whole, with a burgeoning elderly population and a reducing proportion of young children. The picture in Oxford City is very different due to the size of the 18-30 age groups, reflecting in part the number of students living in the city for much of the year. At the time of the 2001 census, 24% of Oxford City's population were students. Since then student numbers have increased. In 2005-2006, 42,570 students were registered with Oxford's two universities. There is a broadly consistent picture across Cherwell, South Oxfordshire and the Vale of the White Horse, but a sharp contrast in Oxford where the proportion of 18-29 year olds is roughly double the proportions in the rural districts, and the percentage of 0-17 year olds and over 34 year olds is substantially lower.

We can see from figure 25 below, over 50% of young people accessing treatment are aged more than 17 years old. We would deem it as appropriate for an 18 or 19 year old young person to still be with young people's services if it was assessed that they could not maintain their success in adult services. However, we would not expect new individuals to start at age 19.

All adult services work closely with young people's services to ensure smooth transition. All young people are encouraged to transfer to a young people service if they access adult services. However, if the young person wishes to be seen by adult services, all adult services are contracted to have the ability to do so, although there is an expectation for them to seek advice from young people's specialists.

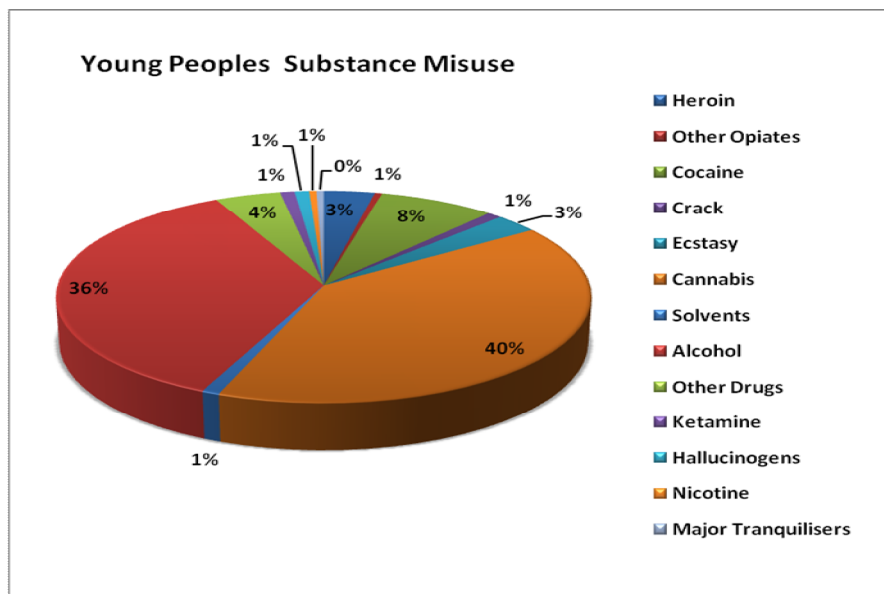


Please note that 22 young people included in figure 26 are children of drug/alcohol using parents.

3.3 Drug Usage

For adults we would demonstrate drug use as primary and secondary drug of choice, but for young people we have shown the percentage of drugs used problematically. Although young people are referred for problematic cannabis and alcohol use, many young people use whatever drugs they can get hold of.

Figure 26 – Young People – Substances Misused



As in previous years the main substances used are cannabis followed by alcohol which together make up 86% of substances used. Ketamine is now a separate code and so we are starting to see some people coming into treatment for Ketamine use.

3.4 Harm Reduction

In 2009 we came to the end of the Harm Reduction and Drug Related Death Strategy 2006-2009. In June 2009 we launched the new combined strategy for 2009-2012.

Needle Exchange

There is a good geographic spread of pharmacies, at the end of 2009 there were thirty-four pharmacies that are part of the needle exchange scheme (SWOP), through a locally enhanced service, which continues to provide harm reduction services in market towns and rural locations for drug users over the age of 18.

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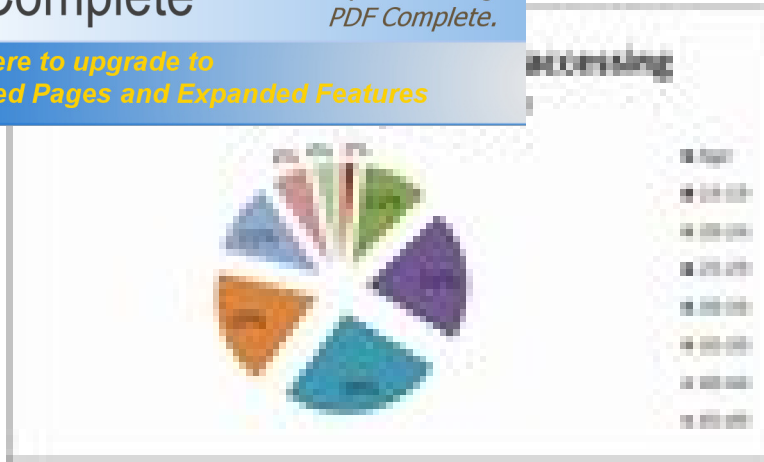


Figure 28 – Percentage of those under 25 accessing SWOP Apr-Dec 2009



According to our data we have had 5 young people under the age of 18 accessing pharmacy needle exchanges since April 2009. Therefore, we are currently exploring the development of a needle exchange service within young people’s treatment services.

All staff within the specialist young people’s treatment services are trained in delivering harm reduction and all structured interventions include harm reduction.

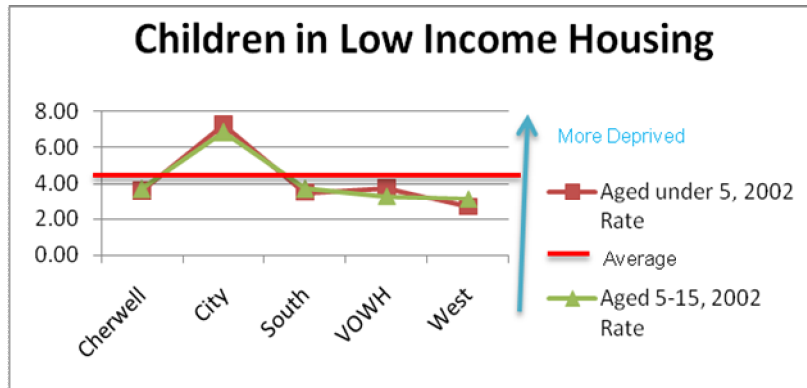
ment Plan)

as those who are misusing drugs but also their families, their mental problem drug use can often compromise the individual's life for their dependants. This can have a significant impact on the well-being of their children.

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One risk factor for substance misuse is children living in low income housing. As the figures below show, children in Oxfordshire in general live in households that are above the national income average. Oxford city is the exception to this, where an above average number of children live in below average income households.

Figure 29 - Children in Low-Income Housing



Source: Oxfordshire Data Observatory OCSI datatools ward profiles.

Figure 30 demonstrates that infant mortality in Oxfordshire is lower than the national average (approximately 0.43% compared to 0.51%), although a higher rate in Cherwell is being investigated.

Figure 30 - Deprivation affecting children and young people.

2007	Number of children living in poverty	Children living in poverty as a proportion of all children (death under 1 yr) 2005	Infant mortality (death under 1 yr) 2005
Cherwell	4,355	14.9%	0.77%
Oxford	5,911	23.7%	0.34%
South Oxfordshire	3,035	10.9%	0.26%
Vale of White Horse	2,805	10.2%	0.44%
West Oxfordshire	2,370	10.7%	0.18%
All Oxfordshire	18,476	14.0%	0.43%

Source: JSNA - Annual District Deaths Extract (ADDE) for Oxfordshire PCT, 2006.

Overall this is good news and is to be expected in a county that is relatively prosperous. Over 130,000 children and young people live in Oxfordshire and in 2007 almost 18,500 of them were living in poverty (defined as living in a family in receipt of state benefits such as Income Support), representing some 14% of the under 18 population. By far the highest proportion live in Oxford, with substantially lower rates, below 11%, in the South, West and Vale districts. All the wards in Oxford City (apart from North Oxford, Summertown and St Margaret's) have more children and young people living in poverty than the county average. In the other four districts, 26 out of 112 wards (almost a quarter) have higher than average numbers of children and young people living in poverty and high rates of forecast growth. These are the town-centre wards in Abingdon, Banbury, Bicester, Witney and Didcot.

Source: Oxfordshire's Joint Strategic Needs Assessment 2008

Families, Children Young People and Drug Use

The importance of providing advice and support to families and carers of drug users, and the role they can undertake in the individuals treatment journey, needs to be recognised and embedded into the development of family services.

Oxfordshire DAAT recognise that services for parents and carers, drug using families and the children of drug using parents need a more co-ordinated approach across the county. Therefore in recognition

Children's Trust have commissioned a 1-year post to look at drug using families and children of drug using parents, and coordination of provision. This post commenced in September 2009. A child protection lead within the service to liaise with the recommendations are implemented across the treatment system. Following our audit of safeguarding, which concluded in December 2009, we will develop a countywide action plan for drug and alcohol treatment services.

The new community drug and alcohol service includes dedicated family support service. The aim of the service is to reduce the impact on family and carers of an individual's substance misuse and increase the positive outcomes for substance misusers by enabling families to effectively support them.

Work is ongoing to ensure that all providers are effectively liaising with domestic abuse services to ensure early safe intervention and coordinated support where families experience domestic abuse and the potential implications for child protection.

Oxfordshire DAAT continues to support a small Didcot based project for children of drug using parents aged up to eleven. This activity based project runs once a week, collecting children from their own homes where necessary, and providing them with a safe place to engage in positive play, participate in arts and crafts activities as well as providing them with a cooked meal. Due to increasing numbers the project has split and runs alternate weeks for those under seven and seven and over.

In 2003 the Advisory Council on the Misuse of Drugs estimated that there were between 250,000 and 350,000 children of problem drug users in the United Kingdom⁸. Children of drug and alcohol misusing parents are less likely to achieve and more likely to become drug and alcohol misusers and end up in the criminal justice system. Oxfordshire DAAT will continue to champion this agenda within the wider partnership arena.

3.6 Residential Treatment for Young People

Young People that have required residential treatment have always been dealt with on a case by case basis. The placements for the over 16s not in the care system have been funded through the adult residential rehabilitation placement budget. There has not been a request for a placement in the last three years. In the 2009-2010 needs analysis we identified the need to formalise the care pathway for young people when cases emerge. Therefore we have developed tier 4 protocol which enables the residential rehabilitation team, Evolve and YP Social Care Services to jointly plan on a case by case basis, residential rehabilitation for young people who are problematic substance misusers.

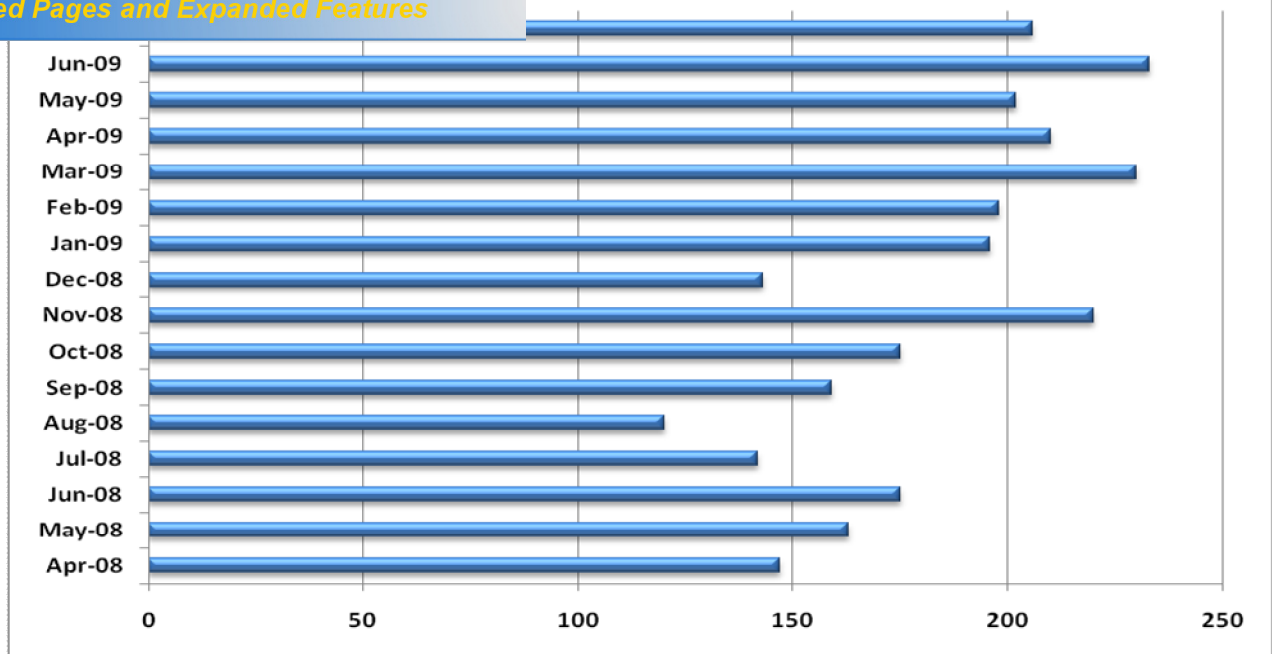
3.7 Information, Communication and Education

Oxfordshire DAAT have written and developed a dedicated young people's substance misuse website at www.evolveoxon.com which has been redesigned and updated in 2009.

This interactive website receives 30,000 plus hits per month, the graph below details unique individual visits. Young people can contact a specialist drugs worker directly for information, advice or self-referral. The site also has dedicated parents and carers section and downloadable educational resources for Teachers and other professionals.

⁸ Hidden Harm - responding to the needs of children of problem users. Advisory Council on the Misuse of Drugs (2003) Home Office.

statistics April 08 to July 09



During 2009 Oxfordshire DAAT updated our Parents and Carers Guide which was widely disseminated across services, schools and to foster carers, 2010 will see the guide disseminated to every year 7 . 10 pupil in Oxfordshire.

Integrated Provision with Tier 2 services.

Over the last year Evolve and services at Tier 2 levels have worked increasingly closely and effectively developing single points of referral and improved pathways for young people both into and out of treatment. This is part of the Targeted Youth Support agenda and following the establishment of Integrated Youth Support Services.

Drugs education

Oxfordshire DAAT supports a full drug and alcohol education programme within schools, with theatre based educational package and workshops in every secondary school in Oxfordshire.

Section 4

Recreational Drug Use

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The media have recently stated the use of recreational drugs is on the increase in the UK, especially within young people. Many people believe the use of recreational drugs, along with alcohol, is a cultural aspect of Britain and until we address this we will not be able to tackle this issue. Campaigns have been rolled out by the Home Office during 2009 and Frank surrounding recreational cocaine and alcohol use and the links with the night time economy.

We have evidence from the Oxfordshire User Team and Service Providers to suggest that Ketamine is on the increase across the county and that it is being marketed by dealers as a non-addictive heroin and is considerably cheaper. According to the annual DrugScope Street Drug Trends Survey the average price has fallen from £30 to £20 per gram since 2006.^[1] An investigation by Drug Scope has revealed trends in the use of Ketamine, including people taking higher doses of the drug, increased injecting and some areas reporting an increase in the number of young people starting to take the drug. Although Ketamine is a Class C drug a recent Lancet study in 2007 ranked it as more harmful than both cannabis and ecstasy. Doctors are also claiming that serious long term health effects are now emerging from recreational drug use. Side effects of longer term Ketamine use can include damage to the urinary tract, bladder and kidneys.

Working with community safety partners we have set up a recreational drugs focus group to monitor local trends and develop localised campaigns to raise awareness and develop harm reduction workshops for service providers. January 2010 sees the launch of the first campaign to raise awareness of the danger of combining alcohol and cocaine. The Heart and Soul of the Party literature which will be used was adapted from the Nottingham campaign

The focus group will categorise its audience into three different age groups: Under 18; 18-25 year olds and 25 plus. Within these categories we will target specific groups to ensure awareness and harm reduction messages have the most impact. The link between alcohol and recreational drugs through their use in the night time economy will form part of the underlying foundations of this work.

^[1] http://www.drugscope.org.uk/ourwork/pressoffice/pressreleases/DS_concern_ketamine_trends.htm

Section 5

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For 2010-2011 Key Actions

Following key priorities for implementation in 2010-2011:-

Strategic Requirements

- Continued development of our commissioning expertise;
- Ensure effective and coherent partnership working to develop children and young people's commissioning;
- Continued robust performance management of providers;
- Support practitioners working with vulnerable young people to attend the Drug and Alcohol National Occupational Standards (DANOS) course;
- Commission an up to date needs analysis for young people's substance misuse

Data System

- System wide implementation of the new OTIS platform;
- Ensure services are using OTIS to its full capacity;
- Ensure providers meet DAAT data requirements including ethnicity, parental status and BBV recording;
- Ensure all that all providers are TOP compliant.

Families

- Ensure the continued implementation of our countywide model for family support services;
- Develop and ensure the implementation of a countywide action plan for safeguarding within drug and alcohol treatment services;
- Ensure that all services liaise with domestic abuse service providers to promote safety and wellbeing of young people;
- Develop a more coordinated approach to parents and carers and children of drug using parents.

Information and Communication

- Develop an up to date communication strategy;
- Ensure fluid movement between services;
- Work with partners to ensure that drug and alcohol advice, information and education continues to be maintained, disseminated;
- Use a variety of media, including DVDs, to develop and disseminate advice and information on substance misuse and treatment to drug and alcohol users and their families;
- The development of guidance for pharmacies receiving SWOP requests from under 18s.

Specialist Treatment

- Re-commission a new young people's specialist substance misuse service.
- Ensure the continued development of peripatetic delivery of services;
- Continue to develop links across all young people's services;
- Continue to improve the quantity and quality of interventions within the young people's specialist service;

Recreational Drug Use

- Work with partners to develop information, advice and harm reduction campaigns to target the recreational drugs market;
- Work with Thames Valley Police Operation Falcon to ensure a coordinated approach to the enforcement agenda.