**Young People using Drugs and Alcohol**

**The Alliance Contract – An Asset Based Approach to Delivering Services**

Approximately 18 months ago, Commissioners decided to take a different approach to the issue of young people’s drug and alcohol services. Together with young people, their families and practitioners we have gathered evidence to enable us to redesign a new and exciting model for delivery. The following paper provides an idea of our thinking and the reasons behind the new approach.

**Setting the context**

Lambeth has a significant proportion of young people under 19 years who are affected by drugs/alcohol, whether their own or that of a family member or carer. In 2011/12, 108 young people were being supported by specialist services. It is likely that this is an underestimation of young people using drugs/alcohol as it only includes those who were accessing specialist services. According to the Youth Offending Service (YOS), approximately 90% of all those under their supervision use cannabis. This is comparable to other London boroughs. Cannabis and/or alcohol are the predominant substances used by young people in Lambeth.

It is important to note that although a small proportion of young people display entrenched, chaotic use, most of those identified by services have not reached this stage yet. Problematic drug/alcohol use is usually a symptom of other underlying issues, (e.g. family difficulties, bereavement, undiagnosed mental health issues, learning difficulties, etc) and if these issues are not addressed at an early stage, the drug/alcohol use can have a significant impact on the young person including poor school attendance, exclusion, involvement in the criminal justice system, and mental health issues. In some instances, their use will escalate to Class A drugs such as heroin and crack and it is well documented that the majority of dependent adult heroin/crack users started their journey with tobacco and cannabis. It is, therefore, vital that young people who use drugs/alcohol are supported appropriately as early as possible, to prevent the negative impact that these substances can have on them and their families.

In 2013 the contract for our community based specialist drug and alcohol service ended. A full review of the service highlighted a number of issues which appeared to prevent young people from attending in the numbers expected. These included

* A lack of relationship with the provider, thus creating suspicion
* Fear of labelling by their referral to the service
* A lack of engagement with the ‘talking therapies’ which were on offer
* Clear evidence that many young people did not prioritise their drug/alcohol use as an issue.

The consequence of this was a high level of ‘no shows’ and insufficient regular attendees to make the service viable. Since then we have looked at how we can develop a new service built upon the knowledge acquired from our previous experience, but also building on insight from all stakeholders and most importantly, young people and their families.

**Co-designing a new approach**

As a result of a lengthy co-designing period, a number of key priorities became apparent that we believe should form part of any successful service and against which we are commissioning. The priorities are as follows:

• **Building a more flexible and innovative approach**

This priority reflects the need for the system to move away from referral to specialist services, as young people often drop out at this stage, and being more flexible and responsive to the young person’s and family’s needs using asset based interventions which seek to develop the young person’s social and emotional capabilities.

• **No Child or Family Overlooked**

The provision should be low threshold and work within a culture of ‘assess and do’ rather than ‘assess and refer’. The remit of any provision should go beyond drug/alcohol use as this rarely occurs in isolation, so that the focus is on adolescence and the scope of the intervention can be broader.

* **Building upon young people’s assets**

A young person’s assets may be their skills and capabilities, their knowledge and experience as well as the people and things they have around them. By focusing on the assets of each young person and enabling them to develop and contribute using their capabilities, their sense of marginalisation should be diminished. Additionally, the provision should work alongside those professionals, friends, family and peers who are already involved with the family to upskill them and give them the ability to intervene effectively.

* **Supporting Transition**

The age limit for this service has been raised to 21, as young adults are generally not entrenched in their drug/alcohol use, and many do not consider their use to be an issue. For this reason, adult drug/alcohol treatment services may not be appropriate for them so the opportunity has been taken to expand the service to reach the older age group.

• **Cemented in Communities**

Provision should be created from the ground where the links with communities and young people already exist. In order to be able to reach out and support those most marginalised young people and families, everyone needs to work together including providers, communities, schools and families. The young people should be given the opportunity to feel valued in their local communities and in turn, value what is around them.

**The alliance – a pilot**

As a result we are piloting a new delivery model through an **Alliance of Providers,** which combines the inherent skills and expertise of its constituent organisations to deliver a core offer of asset based interventions.

The **Alliance** will provide low threshold, responsive interventions to children, young people and their families which focus on developing and building on their social and emotional capabilities.

**Why an alliance?**

Alliance contracting incentivises all parts of the provider supply chain to work collaboratively to deliver improved outcomes. Instead of multiple separate contracts, there is one set of contractual arrangements to which the providers are all signatories. There is therefore only one performance framework for the whole service.

In other sectors, alliance contracting creates strong collaboration and shared delivery: *‘your problem is my problem; your success is my success’*. The commercial framework is set up in a way that reinforces collaboration; risks and opportunities are shared and there is joint governance.

**An asset based approach**

This pilot will not only be evaluated on the value of an alliance relationship but also the approach it will take on the ground. The alliance will base all of their core activity with young people on the premise that they have social and emotional capabilities that can be developed and built on which improves their intrinsic outcomes and helps them to feel valued and connected to a wider community.

In particular, the alliance team will be intensively trained and supervised to support young people with key elements of appreciative inquiry including ability spotting and dream-work. Appreciative inquiry is one of the most significant innovations in action research in the past decade and a method of producing long-lasting changes to the larger social system. AI is an attempt to generate a collective image of a new and better future by exploring the best of what is and has been. This approach has been used with young people in settings outside the UK and anecdotal evidence suggests a significant long-term positive impact on young people.

Additionally, co-production will be central to the alliance so that every young person is given the opportunity to contribute to the project and/or their local area. The team would be expected to work with the support system around the child or young person, including their parents and siblings, peer group, teachers and other professionals to create a sustainable change to that person’s life and upskill the community around them to be more effective in their support.

**How long is the pilot and what is the budget?**

The delivery model is being commissioned for a 12 month period initially with a budget of £96K. If successful this concept will be used as an ongoing model for the delivery of these services over the next few years.

The approach will also be used as a “proof of concept” in relation to other ‘specialist’ services with the potential to apply this method of contracting and delivery across specialist siloes (sexual health, mental health, domestic violence) in the youth sector.