

Case Study 1:4 An adolescent with drug and alcohol problems (17)

Introduction

Rachel is an adolescent aged 17 and lives with her parents and younger sister (14). Both her parents work and feel that they can provide well for their family. Rachel had a good group of friends at school but most of them left school to go to college whereas Rachel stayed on to study for her A levels. Rachel's parents are becoming increasingly worried about her as she is often out late in the evening, regularly coming home drunk. When she is in the house, Rachel stays in her room and no longer spends any time with her sister. She is often moody and quiet which is out of character.

Current service delivery within universal provision and presenting issues

Rachel attends Woodgate School. Her teachers have noticed that she is not concentrating in her lessons and has started arriving at school late and been absent for some lessons. She has been rude to teachers which has surprised them as she has always been a polite, friendly student. She often sits alone and doesn't seem to be part of a group of friends.

Initial targeted response

Rachel's form tutor speaks to her about her attendance and lateness and asks if anything is worrying her but Rachel is reluctant to talk. Her tutor asks if she can arrange for her to see the pshe co-ordinator about how she is feeling about school which Rachel agrees to.

Rachel meets with the pshe co-ordinator and admits that she is finding school life hard now that her close friends have moved to college and is also finding the courses difficult. In the 3rd meeting Rachel admits that she is drinking most nights and has started smoking cannabis with a couple of girls she has recently met. She is upset that she isn't getting on well with her family.

The pshe co-ordinator feels that it would be useful to use the common assessment framework (CAF) to assess Rachel's needs and strengths and to identify how best to help. She fully explains about the CAF and Contact Point and also discusses with Rachel the involvement of her family when / if she is ready.

Outcomes of initial targeted response

After a couple more sessions with the pshe coordinator Rachel says she wants to go ahead with assessment as she doesn't feel like things are getting better and admits she needs more help. Even though the pshe coordinator has talked to Rachel about the reasons for going through the assessment with her family, she decides that she would like to go ahead alone and will tell her family about her problems when she is ready. This is agreed to as she is at a responsible age and can clearly understand and make her own decisions.

Further actions leading to coordinated targeted response

The assessment identifies a lot of strengths and that Rachel had been a happy, achieving student until the recent changes at school with the move into year 12 and

losing contact with her group of friends. Her relationship is deteriorating with her family which is causing her to feel depressed but she is finding it very difficult to speak to them about her worries. She has started using alcohol and cannabis as a way of escaping her problems. She is feeling very lonely at school and feels she no longer has true friends. She also feels she has nothing to do in her spare time. Linked to the assessment the pshe coordinator also goes through a drug screening tool with Rachel which helps her to talk about her drug and alcohol use in a non threatening way. It also helps her to start to think about the reasons she may be using drugs and how it makes her feel.

Using the information gathered in the assessment and screening tool and after discussing this, Rachel agrees that she needs help to look at her drug and alcohol use and her relationship with her family and also her loneliness. She would also benefit from some extra help with her courses. The teacher suggests a multi agency meeting is held and explains who may be invited and what they may be able to offer.

The outcome of the meeting is a drug worker from a targeted drug service is to do an assessment with Rachel, the pshe coordinator will continue to work with Rachel to resolve her problems at school, a worker from a local young women's support group will introduce her to the service and the activities available.

Rachel is happy with the actions and would like her pshe coordinator to be the Lead Professional. The pshe coordinator is recorded on Contact Point.

The following week the worker from the young women's support group meets Rachel after school and takes her to the service. She introduces her to other members and discusses with her the different activities they offer and Rachel signs up to a trip to the local climbing gym the following week.

Also the following week Rachel meets the drugs worker who goes through the drug service assessment with her. The worker has already started the assessment using the information given on the CAF Common Assessment which means that Rachel doesn't have to repeat things. She discusses her drug use with the worker and they complete a care plan together, detailing the interventions which will be used to address Rachel's drug use.

The pshe coordinator continues to meet Rachel twice a week, working with her on her attendance at school, encouraging her to join in after school activities and giving her chance to speak about her life at home and relationship with her family. She organises for Rachel to meet her course tutors to discuss her difficulties and what help she may find useful.

Outcomes of coordinated targeted response

The coordinated targeted support identified that due to losing contact with her group of friends and the stressful change of moving into Year 12 including the increased workload of A levels, Rachel had found it hard to cope, had lost confidence and it had impacted on her life in various ways. It was evident that Rachel wanted to address the issues she faced and get her life back on track and have the good relationship back with her family that she had before.

As lead professional, the pshe coordinator arranges and chairs the first monthly meeting of the team, including Rachel as agreed. The team report back on their actions from the last month and their view of progress towards the outcomes. They review and update the action plan.

After 6 months, Rachel is making really good progress and is feeling much happier with her life. She is spending much more time at home and her relationship with her family has improved. She has made some really good friends through the young women's support group and has taken part in lots of confidence building activities with them. Rachel has also made a group of friends at school through going to after school dance classes and feels she is getting to know them well.

She is enjoying her courses more after working with tutors to catch up on lessons she had missed and looking at better learning strategies to cope with the higher level of learning.

Rachel has stopped using cannabis and has reduced her alcohol use to weekends, she will soon complete her exit plan.

Appropriate maintenance within universal provision

Rachel no longer needs to see her drugs worker but knows she can contact the service whenever she wants to. She still joins activities with the young women's support group but doesn't need 1:1 support. Rachel continues to meet her pshe co-ordinator in school but she feels this could be less often now that she needs less support. She is now doing well do well at school and Rachel's family are really pleased with the changes she has made. She is much more confident and enjoys meeting her friends at the weekend. Rachel feels happier with the relationship she has with her family and feels that she has a good group of friends in and out of school, she feels really positive about her future. The support team meet and agree that there is no longer a need for their support.