

# Pilot CRAFFT Screening & Brief Interventions in Glasgow Youth Work Settings

Final Report

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for  
The CRAFFT Working Group



# Summary

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## Introduction

The CRAFFT tool provides an opportunity for youth workers to have a structured conversation with young people about alcohol and drug use, and can identify young people who may benefit from brief interventions to address needs around alcohol and/or drugs, or who may benefit from referral to other agencies for support.

A working group was established to oversee the development and delivery of new guidelines for screening, delivering brief interventions and making onward referrals for young people in youth work settings in Glasgow City. The working group commissioned work to develop guidelines and evaluate a pilot implementation.

## Programme of Work

The original aims of the programme of work were to:

- Develop and produce guidelines around CRAFFT related processes and procedures for youth workers, working with young people aged 11-17 (subsequently revised to 12-17)
- Monitor and evaluate the implementation of the CRAFFT guidelines across three youth work settings in Glasgow City (subsequently revised to two youth work settings)

The work was broken down into the following six objectives:

1. Review of local, national and international policies and procedures that relate to young people's alcohol and drug use.
2. Identify local youth organisations' policies and procedures relating to young people's alcohol and drug use.
3. Map appropriate agencies that youth services can refer young people to and their capacity to manage, if applicable, an increase in referrals.
4. Based upon the findings from objectives 1,2 and 3 and local evidence, produce age appropriate guidelines for CRAFFT screenings, brief interventions and referrals by youth work staff.
5. Refine the content and usability of the guidelines after consultation with youth work staff.
6. Monitor and evaluate the implementation of the CRAFFT guidelines across three youth work settings in Glasgow City and recommend any further changes.

## Findings from Review of Policies and Procedures

The key findings from the review of policies and procedures were:

## **Feasibility/Acceptability of Alcohol and Drugs Screening and Brief Interventions for Young People in a Youth Work Setting**

- CRAFFT is a validated tool for screening young people's alcohol and drug use, developed for 12-18 year olds.
- Youth work settings are well placed to identify and address drug and alcohol related issues, and screenings and brief interventions have been successfully carried out in youth work settings in Scotland and elsewhere.
- CRAFFT screenings provide a basis for appropriate follow-up conversations.

## **Child Protection and Drug & Alcohol Policies and Consent**

- Scottish Government National Guidance for Child Protection recognises the risk of harm from children's own drug or alcohol use. Some local Safeguarding Children Boards have specific policies/procedures for alcohol/drug use and advocate the use of screening (some of which advocate CRAFFT as a screening tool).
- Youth organisations' safeguarding or child protection policies do not usually mention children's own behaviour. However, safeguarding concerns relating to children's own behaviour may arise during CRAFFT screening.
- Few national or local youth organisations have specific drugs and alcohol policies relating to young people's use of alcohol and drugs.
- Young people's ability to consent should be considered according to the Gillick ruling and the Age of Legal Capacity (Scotland) Act. In Glasgow, in other contexts, 12 is used as the 'rule of thumb' age to provide informed consent.

## **Survey of Youth Work Organisations**

A total of 23 Glasgow City youth work organisations responded to an online survey. Seventeen (74%) said they currently provided information, advice, support or interventions on drugs and/or alcohol issues. All knew of at least one organisation they could refer young people to if they were concerned about their drug or alcohol use.

## **Mapping of Local Referral Agencies**

Investigations were carried out to identify suitable referral agencies for young people who identified as requiring additional support as a result of CRAFFT screenings. It became apparent that the new Multiple Risk service (which was in development at the time) would be the most appropriate referral agency. The roll-out of CRAFFT was delayed in order to ensure the new service was in operation and able to accept referrals. The service, called

*Know Your Way* provides a person-centred 12 week programme of one-to-one support for young people.

Although *Know Your Way* was the default referral agency, the Alcohol Drug Recovery Service (ADRS) was identified as the most appropriate referral service where young people were identified as having an urgent need of support, with signs of dangerous use/dependency.

### **Development of the Guideline**

The development of the guideline was informed by the evidence from the review of policies and procedures. The guideline sets out the protocols for conducting CRAFFT screenings, brief interventions and referrals.

### **Development of the CRAFFT App**

The development of the CRAFFT App was overseen by the CRAFFT working group, and was commissioned to an application development organisation. The App collects all the required information to monitor CRAFFT scores and outcomes, as well as giving appropriate feedback. The app was signed off as compliant with NHSGFC governance concerning GDPR.

### **Validation Workshop**

Staff from nine organisations attended a validation workshop. Youth workers were given the draft CRAFFT guideline document prior to the event, and at the event there was a section-by-section presentation, and comment/feedback was sought. Overall the guideline was felt to be clear and appropriate and no required changes were identified.

### **Policy Development**

A key requirement for youth organisations enlisted to deliver CRAFFT screenings was that they would have to have an appropriate alcohol and drugs policy. In order to progress with the pilot, the working group developed a 'CRAFFT Practice Implications Document' which was intended to be a 'holding position', in the absence of a formal policy.

### **Identification of Pilot Sites**

Youth work sites were recruited in each of the three localities (South, North West and North East) for the CRAFFT pilot.

### **CRAFFT Training and Support**

Bespoke training was developed for those who would be delivering CRAFFT screening. The training was divided into four sessions. Two training courses were run:

- One in August-September 2019, with five youth workers from the two pilot sites in the South and North West (run as four half day sessions over a four-week period).
- One in October 2019 with two youth workers from the pilot site in the North East (run as two full day sessions on consecutive days).

Following the training, there was an open invitation for youth workers to get in touch with the trainers with any queries or support needs. Following the first training course, the two trainers met with the youth workers from the two organisations to obtain feedback on the initial CRAFFT screenings and respond to any concern or queries.

## **Pilot Findings**

### **Training**

Overall, the two trainers felt that the training had gone well, and they felt that the course worked better as four half days over four weeks than two full consecutive days. All the youth workers interviewed enthused about the training, praising the trainers, the content and the format. Trainers and participants all felt that the training was very helpful in providing the skills and knowledge needed to conduct the CRAFFT screenings and appropriate brief interventions and referrals where required.

All training participants completed pre-and post-training evaluation forms and also evaluations of each of the four sessions. The evaluation data show very positive findings, with all elements of the training being very well received. The data showed that training was successful in increasing knowledge on all the points it was developed to address and in providing the required skills.

### **Policy and Governance Barriers to Implementation**

Although the staff at the pilot site in the North East (further education establishment) were positive about the training and keen to deliver CRAFFT screenings, they were unable to proceed with this due to a potential conflict with the institution's safeguarding policy which prohibited staff from 'investigating' any safeguarding issues. There were also concerns about how screenings may be conducted within their safeguarding requirements which prohibit staff from being alone with a young person. It is understood the staff are currently liaising with their safeguarding team to resolve these points, but at the time of the evaluation this pilot site had not been able to begin CRAFFT screening.

### **Practical Opportunities and Limitations**

The youth workers were able to find a variety of spaces to conduct the CRAFFT screenings with privacy, which they felt were suitable.

Both pilot sites who had conducted CRAFFT screenings had periods where it was difficult to find time for screenings and brief interventions. The organisation in the North West is activity-centred and staff could struggle to take time away from activities to do screenings. The organisation in the South was more varied and youth-led, but there were periods where planned events

took precedence or otherwise impacted screening activity. In the South, there was a two-week period where the key youth worker forgot her password and was therefore unable to use the app or carry out screenings.

### **Youth worker resources**

In the North West organisation, two members of staff had been trained and both were undertaking CRAFFT screenings and brief interventions with young people. In the South, only one member of staff was undertaking CRAFFT screenings, but another (who had attended the training) was involved in delivering brief interventions and informal conversations following screening. The pilot identified a potential barrier of some youth work staff not being comfortable using the app-based technology to conduct screenings.

### **Brief interventions**

All young people who had positive CRAFFT scores (and some with negative scores) received a brief intervention. Ideally, BIs were conducted straight after the screening, but that this was not always possible.

### **Numbers of Screenings, CRAFFT Scores and Outcomes**

During the pilot period, 21 young people aged between 12 and 17 participated in CRAFFT screenings across two youth work settings. Eight of the 21 young people had a CRAFFT score of 2 or more, indicating risk.

Youth workers indicated that no referrals to services had been offered. They felt that the most appropriate actions for the young people they encountered with positive scores was a brief intervention. They had not encountered anyone who raised any 'red flags', child protection issues or in need of urgent attention for addiction. They had not referred any of the young people to the *Know Your Way* service. One youth worker felt that the length of support (12 weeks) offered at *Know Your Way* would not appeal to the young people they saw.

Staff in the pilot site in the South described a very obvious difference in the CRAFFT scores by ethnicity. Cannabis use was widespread for the Scottish white young people they worked with, but other ethnic groups and nationalities tended not to use drugs or alcohol at all.

### **Willingness to participate**

Youth workers in both pilot sites who conducted screenings reported that young people had all been willing and happy to engage in the screening and provide consent for anonymised data to be held. The youth workers felt that young people engaged well and were candid in their responses.

Young people interviewed all indicated that they had been given the choice of participating and that they were happy to do so. Although most young people could not recall what they were told about the screening and its purpose before hand, one young person was under the impression that the purpose was to check that young people who were going on a trip with the organisation were not drinking or using drugs. A youth worker in the South said that she explained to young people that they were doing the screenings to see what

services were needed in the area, and that taking part could bring services to the area.

### **Youth Work Setting**

Youth workers felt that the delivery of CRAFFT screenings and brief interventions in a youth work setting was very appropriate and allowed them to build on the relationship and rapport they had with the young people. The young people who had participated in CRAFFT screenings, regardless of the outcome of the screening, saw the youth work setting as a very appropriate and relevant place to have conversations about drug and alcohol use.

### **The CRAFFT Tool**

The youth workers felt that the CRAFFT tool was easy to use, appropriate and was effective as a quick screening tool. The CRAFFT app was viewed positively by youth workers and the young people. All felt that it was very user-friendly, being clear and easy to use.

### **The CRAFFT Guideline Document**

Although youth workers were issued the CRAFFT guideline document prior to attending training, and trainers stressing the importance of reading the document, youth workers did not use or refer to the document prior to training or after training/during the delivery of CRAFFT. However, during training, participants were exposed to the entire content of the guideline document as the training was based on the content of the guideline, broken down into sections and discussed in full.

### **Impacts**

All the youth workers interviewed felt the CRAFFT tool was very useful as a means of starting conversations and opening a dialogue about alcohol and drugs. Young people often saw value in initiating the discussion with youth workers and opening a door to future conversations.

Youth workers reported that CRAFFT screenings which had resulted in 'amber' or 'red' feedback on positive scores had often elicited an emotive response from young people, who could be shocked that their behaviour was indicative of risk. Three of the young people who were interviewed had CRAFFT screenings which had resulted in a positive score. Two talked about how their score and the subsequent conversations with the youth worker had initiated a real change in both their attitude and behaviour regarding cannabis use, either completely stopping or significantly cutting down their use. In one case, elimination of cannabis was associated with an increase in tobacco use.

## **Messages from the evaluation**

### **Key Successes**

- The CRAFFT training was very successful.
- The protocols set out in the guideline, the CRAFFT app and the age range targeted are regarded as appropriate and work well.

- The youth work setting appears particularly successful for the delivery of CRAFFT screening and brief interventions.
- Young people have generally been willing to participate in CRAFFT screenings and have been open and candid in their responses.
- The CRAFFT screenings provide a useful opportunity to begin a dialogue between the youth worker and young person regarding alcohol and drug use, affording future opportunities to discuss any relevant issues if they arise.
- There is evidence of CRAFFT screenings and brief interventions with young people effecting an immediate and real change in attitudes and behaviours with regards to substance use.

### **Other messages and emerging issues**

The evaluation has also highlighted the following messages:

- The third pilot site (a large further education establishment) was unable to initiate the CRAFFT programme due to a potential conflict between the CRAFFT protocols and the organisation's policies.
- The CRAFFT guideline document has largely not been read by youth workers as a standalone document prior to beginning screenings nor referred to in the course of conducting screenings or brief interventions. However, during training, participants were exposed to the entire content of the document as the training was based on the content of the guideline, broken down into sections and discussed in full.
- The pilot site in the South has highlighted the importance of cultural and environmental factors influencing behaviour around substance use – this includes very disparate patterns of behaviour by ethnicity and local community pockets with specific cultural norms.
- No referrals have been made to the *Know Your Way* service identified as the key referral route.
- There may be some variation in how the purpose of the CRAFFT screening is explained by youth workers to young people, or how this is understood by young people.
- At least one example of positive behaviour change also included some displacement of substance use to increased use of tobacco.

### **Gaps in Evidence**

Gaps in evidence include:

- Only a fairly small number of young people have been screened.

- No young people were referred to *Know Your Way*. There were no instances of red flags, child protection issues or young people requiring a referral to the Alcohol and Drugs Recovery Service.
- There is ongoing dialogue at the third pilot site to attempt to resolve the issues relating to the possible conflict between CRAFFT protocols and internal policies – learning from this process and any resulting resolution is not yet available.
- Because the guideline has not been read or referred to as a stand-alone document, it was not possible to gauge youth workers' views on the document itself.
- It is not possible to determine longer term impacts of screenings and BIs.

## Recommendations

Based on the evaluation findings and the evidence gaps, the following nine recommendations are made:

1. Implement a Second Phase Pilot.
2. Consider expanding the data gathered by the CRAFFT app (e.g. include ethnicity)
3. Develop a template alcohol and drugs policy
4. Refine the CRAFFT training programme
5. Improve clarity on the purpose of CRAFFT screenings
6. Review advice regarding referring to *Know Your Way*
7. Further emphasise the importance of using the guideline document
8. Provide youth workers with information on smoking cessation
9. Enable paper versions of CRAFFT screenings

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# 1 Introduction

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## 1.1 Alcohol and Young People

Drinking alcohol is more prevalent in Scotland than in England and many other European countries. In 2018, the rate of alcohol-specific deaths in Scotland was 20.8 per 100,000, compared to 10.7 per 100,000 in England<sup>1</sup>. Drinking above guideline amounts is also much more prevalent in Scotland than England<sup>2</sup>. Drinking alcohol is associated with short and long-term health risk factors. Long term effects include damage to the liver and brain, and alcohol can be a contributory factor in numerous diseases including cancer, stroke and heart disease, and can affect mental health. Short term effects include the risk of social disorder, violence and injury due to intoxication.

Drinking among children and young people can cause short and long-term health effects and also make them more likely to be at risk of harm when drunk. Alcohol Focus Scotland also points to research that shows that the earlier a young person starts drinking alcohol, the more likely they are to drink in ways that can be harmful later in life<sup>3</sup>.

The Scottish Government's 2009 strategy document *Changing Scotland's Relationship with Alcohol: A Framework for Action*<sup>4</sup> identified the need for sustained action to reduce alcohol consumption and to support families and communities, promote positive attitudes and choices and improve treatment and support. Initiatives introduced since the framework was implemented include the delivery of alcohol brief interventions and the establishment of Alcohol and Drugs Partnerships. With recognition that affordability is a key driver of increased consumption, as part of its commitment to addressing the harm caused by alcohol in Scotland, the Government passed the Alcohol Minimum Pricing (Scotland) Act 2012 which was implemented in May 2018 and sets a minimum price of 50p per unit of alcohol. This is likely to have impacted the accessibility of alcohol to young people.

The Scottish Government document *Alcohol Framework 2018: Preventing Harm*<sup>5</sup> builds on the 2009 framework for action and sets out new alcohol prevention aims. This includes an overarching commitment to 'put the voices of children and young people at the heart of developing preventative measures on alcohol', and specific initiatives aimed at preventing harm to young people including alcohol education in schools, limiting exposure to

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<sup>1</sup><https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/alcoholrelateddeathsintheunitedkingdom/previousReleases>

<sup>2</sup><https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/drugusealcoholandsmoking/bulletins/opinionsandlifestylesurveyadultdrinkinghabitsingreatbritain/2005to2016>

<sup>3</sup><https://www.alcohol-focus-scotland.org.uk/alcohol-information/alcohol-and-young-people/>

<sup>4</sup> <http://www.gov.scot/Publications/2009/03/04144703/0>

<sup>5</sup> <https://www.gov.scot/publications/alcohol-framework-2018-preventing-harm-next-steps-changing-relationship-alcohol/>

alcohol marketing, and the delivery of education-based person-centred approaches to reach children and young people including non-traditional settings such as youth groups.

The national strategy *Rights, Respect and Recovery: Alcohol and Drugs Treatment Strategy*<sup>6</sup> was published in November 2018. This sets out a commitment to improving partnership working, and includes delivering education early interventions and prevention, as well as recovery services and family approaches to addressing both alcohol and drug problems.

Glasgow City Alcohol and Drug Partnership's Prevention, Harm Reduction and Recovery Strategy 2017-2020<sup>7</sup> sets out a priority of continuing to extend the workforce in Glasgow City who are able to undertake Alcohol Brief Interventions (ABIs) and delivery.

The Glasgow City Schools Health and Wellbeing survey in 2014/15<sup>8</sup> showed that 38% of all secondary age pupils in Glasgow drank alcohol at least sometimes, and among pupils in S5-S6, two in three (66%) drank alcohol. However, trends in school surveys in Glasgow since 2006/7 show a reduction in the proportion of pupils who drink alcohol (among 11-16 year olds).

## **1.2 Drugs and Young People**

Drug use represents a threat to the health of individuals and damages lives, families and communities and contributes to violence and crime.

Illegal or controlled drugs are those which are illegal to market, supply or possess under the Misuse of Drugs Act (1971). In recent years, new types of substances have emerged. Known as New Psychoactive Substances (NPS), these substances are synthesized to have the same or similar effects to illegal drugs. However, the New Psychoactive Substances Act 2016 made it an offence to produce or supply NPS.

National Records for Scotland show that in 2018 there were 1,187 drug-related deaths in Scotland, marking an increase of 27% since the previous year and making the rate of drug-related deaths in Scotland the highest in Europe. Within Scotland, the Greater Glasgow & Clyde health board area has the highest drug-related death rate.

The Scottish Government's national strategy for drugs was set out in its 2008 document, *The Road to Recovery: A New Approach to Tackling Scotland's*

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<sup>6</sup><https://www.gov.scot/publications/rights-respect-and-recovery-action-plan/>

<sup>7</sup> <http://www.glasgow.gov.uk/CHttpHandler.ashx?id=4262>

<sup>8</sup>[https://www.nhsggc.org.uk/media/236921/nhsggc\\_ph\\_glasgow\\_city\\_schools\\_health\\_wellbeing\\_survey\\_2014-15.pdf](https://www.nhsggc.org.uk/media/236921/nhsggc_ph_glasgow_city_schools_health_wellbeing_survey_2014-15.pdf)

*Drug Problem*<sup>9</sup>. The strategy includes a focus on preventing drug use through substance misuse education in schools. As mentioned above, the national strategy *Rights, Respect and Recovery: Alcohol and Drugs Treatment Strategy*<sup>10</sup> was published in November 2018. This sets out approaches and actions including those aimed at preventing drug use and making early interventions with the aim of fewer people developing problem drug use, developing appropriate systems of recovery/care for those with problem drug use, and supporting children, young people and families affected by drug use.

Glasgow City Alcohol and Drug Partnership's Prevention, Harm Reduction and Recovery Strategy 2017-2020<sup>11</sup> sets out a priority of supporting age specific multiple risk learning programmes in education and youth settings.

The Glasgow City Schools Health and Wellbeing Survey in 2014/15 showed that 11% of all secondary school pupils in Glasgow had ever taken illegal drugs. Cannabis was by far the most common. Among those who took drugs, two in five combined drugs with alcohol. Trend data shows a significant drop in drug taking among S1-S4 pupils in Glasgow since 2006/7<sup>12</sup>.

### **1.3 Screening and Brief Interventions in Youth Work Settings**

There is evidence supporting screenings and alcohol and drugs brief interventions by youth workers. The CRAFFT tool provides an opportunity for youth workers to have a structured conversation with young people about alcohol and drug use, and can identify young people who may benefit from brief interventions to address needs around alcohol and/or drugs, or who may benefit from referral to other agencies for support. While NICE Guidelines (PH24) recommend screening and brief interventions for 16-17 year olds, a campaign in Govan in 2016 provided evidence that younger people are exhibiting positive scores from CRAFFT screening and this prompted concern among youth workers<sup>13</sup>.

In response, a working group was established to oversee the development and delivery of new guidelines for screening, delivering brief interventions and making onward referrals for young people in youth work settings in Glasgow City. The working group commissioned work to develop guidelines and evaluate a pilot implementation in youth work settings.

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<sup>9</sup> <http://www.gov.scot/Publications/2008/05/22161610/0>

<sup>10</sup> <https://www.gov.scot/publications/rights-respect-and-recovery-action-plan/>

<sup>11</sup> <http://www.glasgow.gov.uk/CHttpHandler.ashx?id=4262>

<sup>12</sup> [https://www.nhsggc.org.uk/media/236921/nhsggc\\_ph\\_glasgow\\_city\\_schools\\_health\\_wellbeing\\_survey\\_2014-15.pdf](https://www.nhsggc.org.uk/media/236921/nhsggc_ph_glasgow_city_schools_health_wellbeing_survey_2014-15.pdf)

<sup>13</sup> <https://www.nhsggc.org.uk/about-us/professional-support-sites/health-improvement-alcohol-and-drugs/policy-and-research/data-sources/>

## 1.4 Programme of Work

The original aims of the programme of work were to:

- Develop and produce guidelines around CRAFFT related processes and procedures for youth workers, working with young people aged 11-17 (subsequently revised to 12-17)
- Monitor and evaluate the implementation of the CRAFFT guidelines across three youth work settings in Glasgow City (subsequently revised to two youth work settings)

The work was broken down into the following six objectives:

1. Review of local, national and international policies and procedures that relate to young people's alcohol and drug use.
2. Identify local youth organisations' policies and procedures relating to young people's alcohol and drug use.
3. Map appropriate agencies that youth services can refer young people to and their capacity to manage, if applicable, an increase in referrals.
4. Based upon the findings from objectives 1,2 and 3 and local evidence, produce age appropriate guidelines for CRAFFT screenings, brief interventions and referrals by youth work staff.
5. Refine the content and usability of the guidelines after consultation with youth work staff.
6. Monitor and evaluate the implementation of the CRAFFT guidelines across three youth work settings in Glasgow City and recommend any further changes.

## 2 Methods

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The tasks conducted, which inform the findings here, comprised:

### **1. Review of evidence from national and international sources including relevant guidance, policies and evaluations relating to the delivery of screening and brief interventions.**

The review was conducted primarily online in February-March 2018.

### **2. Survey of youth work organisations in Glasgow**

An online survey was conducted in April-June 2018, with 23 organisations responding. The survey measured current practice and interest in being involved in CRAFFT.

### **3. Mapping of local referral agencies**

Interviews were conducted with organisations identified as potential referral agencies who could support young people with alcohol and/or drug problems.

### **4. Development of guidelines for youth workers to deliver CRAFFT**

A guideline was developed based on the evidence identified in the first three tasks.

### **5. Validation workshop with youth work organisations.**

The validation workshop in January 2019 brought together youth workers from nine organisations to present the draft guideline and invite comment, and also gauge interest in being involved as pilot sites.

### **6. Analysis of CRAFFT training evaluation feedback data**

Pre- and post-evaluation forms were issued to all youth workers who participated in the CRAFFT training. Data were input from the forms into SPSS and frequencies run to explore findings.

### **7. Interviews/group discussions with the CRAFFT working group members**

The views of the CRAFFT working group members were sought in November 2019. CRAFFT working group members were interviewed in two sessions – one was a paired interview with the two members of the working group who had developed and delivered the training; the other was a group discussion with a further five working group members.

## **8. Interviews with four youth workers who had conducted CRAFFT screenings and brief interventions.**

In November 2019, four youth workers who delivered CRAFFT screenings (in two different organisations) were interviewed to explore their views and experiences.

## **9. Interviews with nine young people who had received CRAFFT screenings in youth work settings.**

Two visits were made to youth work venues and young people who were attending at the time of the visit, and who had received a CRAFFT screening, were interviewed. Across the two visits, ten young people attending at the time of the visit had participated in a CRAFFT screening. One declined to be interviewed, and the other nine consented to an interview. No names were given in interviews. Three of the nine young people interviewed had a positive CRAFFT score. The interviews explored views of the CRAFFT process and outcomes (including brief interventions) and impacts.

## **10. Interview with a member of staff at the referral agency.**

In November 2019 a telephone interview was conducted with the key staff member from the main referral agency who had also attended the CRAFFT training.

### 3 Findings from the Review of Policies and Procedures

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The review of available national and international evidence was conducted in February-March 2018, and learning points were extracted which had direct implications for the development of a CRAFFT guideline. These are summarised below.

#### 3.1 Feasibility/Acceptability of Alcohol and Drugs Screening and Brief Interventions for Young People in a Youth Work Setting

##### Learning Point 1: HEAT and NICE guidelines do not necessarily support Brief Interventions with young people under the age of 16

Scottish Government's HEAT Standard National Guidance notes that there is no evidence to support ABIs with individuals under 16 as the research has not been undertaken. A 2012 review in the USA also concluded that there was insufficient evidence to determine the efficacy of BIs for adolescents.

NICE guidelines are that screening and BIs should be conducted with young people aged 16-17, but not younger. The NICE guidelines for screening include the identification of CRAFFT as a validated abbreviated screening tool to identify those who would benefit from a BI.

##### Learning Point 2: There is opportunity to exercise professional judgement to undertake screening and BIs with younger people

NICE considerations on screening and BIs being limited to 16 and 17 year olds recognises that young people vary greatly physically, emotionally and by levels of maturity. NICE recognise that it ***takes professional judgement to decide how to deal with children and young people who drink early in life.***

##### Learning Point 3: Other national standards advocate screening for younger people and BIs for those aged 15+

Practice standards for young people with problems relating to substance use were published in 2012, as a joint initiative from the Royal College of General Practitioners, Alcohol Concern, DrugScope and the Royal College of Psychiatrists (Gilvarry, et al., 2012). These standards advocate the use of screening tools including CRAFFT as well as comprehensive assessments by professionals if relevant. The care pathway set out in these standards includes offering advice and extended brief interventions for young people aged 15 or over, while those aged under 15 should be offered a comprehensive assessment by appropriate professionals.

Learning Point 4: CRAFFT is a highly validated tool for screening young people's alcohol and drug use.

Many studies have validated CRAFFT, although most have been in the USA and have been limited to clinical/primary care settings. CRAFFT has been re-examined and the cut-off point of a score of 2 remains an appropriate level for a 'positive score' and demonstrates an acceptable sensitivity (Mitchell, et al., 2014).

There is academic evidence of the value of CRAFFT for screening for substance use and brief interventions for adolescents, but most of these have been limited to clinical/primary care settings e.g. (Pilowsky & Wu, 2013) (Agle, Gassman, Jun, Nowicke, & Samuel, 2015) (John R Knight, Lon Sherritt, Lydia A Shrier, Sion Kim Harris, & Grace Chang, 2002).

Learning Point 5: The age range for the use of CRAFFT varies.

The most recent version of CRAFFT is stated as being developed for use for children aged 12-18. However, across the USA, where it is used widely in clinical settings, local sources vary in the age range targeted by CRAFFT - examples are 14-18, 14-21, 13-17, etc.

In Hull, CRAFFT is used with young people aged 15 or over. In Norfolk (Norfolk Drug & Alcohol Partnership, 2014), its lower age recommendation is 14.

Learning Point 6: Youth work settings are well placed to identify and address drugs and alcohol related issues

An NHS Health Scotland scoping exercise in 2013 (Laird, 2013) found that "non-statutory youth services appear to be well-placed to offer holistic and alcohol-focused approaches at different levels" (although the focus of the study was more on education/prevention than intervention).

Guidelines set out for youth workers in England (DrugScope , 2006) state state that youth workers can conduct screening for substance use routinely, using informal conversations. They point to the important role of youth work in dealing with alcohol and drug issues:

*"The youth service is well positioned in being able to develop voluntary, trusting relationships with young people who may not be in school or may have personal or social needs which cannot be addressed in school. The youth service therefore has an important role in both universal and targeted drug education and prevention work with young people by building on those unique relationships".*

## Learning Point 7: Screening and brief interventions have been successfully carried out in youth work settings in Scotland and elsewhere

A 2017 study (Stead, et al., 2017) examined the feasibility and acceptability of the delivery of ABIs in community-based youth work settings across Scotland. The study concluded that ABIs were feasible in a range of youth work settings. Some used screening, and CRAFFT was a popular and useful tool for those projects which adopted it. Young people aged 12-23 were included across the projects. Young people were largely comfortable with the conversations. Youth work staff's views were influenced by the perceived benefits and the extent to which the ABIs fitted with their project's ethos. Some projects viewed ABIs as an 'add-on', while others viewed it as core activity. Where ABIs were used as a case to support additional funding for projects, ABI activity was high. ABIs appeared to work particularly well in multi-agency, multi-disciplinary teams where there were health professionals with expertise on alcohol and its relationship to other health issues and knowledge of specialist services. Youth workers stressed the need to be adaptive and flexible in delivering ABIs, and ready to offer an ABI when an appropriate situation arose. Some projects did not use screening tools because they considered them off-putting to young people – some felt that ABIs best focused on education and advice rather than formal screening. However, some used screening tools, and these had often been adapted. An example was a project which did not refer to units when discussing how much alcohol was consumed, and focusing on regretted behaviour and harm reduction rather than discussing long-term health consequences. The tool used for screening was a modified CRAFFT – in a credit-card size, and asking only about alcohol. Where these had been used, screening was conducted with all consenting users of the service twice – six months apart, and ABIs were offered to those who screened positively. The study reports that generally CRAFFT was popular with the projects that had adopted it. Although the structured framework of ABIs was viewed positively, a recommendation was that the model for delivery of ABIs should allow flexibility for adaptation to individual needs regarding content – allowing youth workers to apply professional judgement.

The Street Talk<sup>14</sup> (Hart, Rathbone, & Russell, 2012) project across five areas in England completed in 2012, and targeted young people aged 10-19 to reduce or stop alcohol and drug use. The model included obtaining informed consent, conducting a CRAFFT screening and delivering BIs. The evaluation showed increase in knowledge and confidence in making informed decisions about safer levels and methods of alcohol and drug use, and most young people showed an intention to change behaviour.

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<sup>14</sup> <http://mentoruk.org.uk/wp-content/uploads/sites/3/2017/07/street-talk-evaluation.pdf>

Learning Point 8: There may be a preference for self-completion of CRAFFT and/or use of technology.

The Street Talk report stressed that the use of technology was important to ensure young people participated. A specifically designed Smartphone App was used to collect young people's responses to CRAFFT screening and evaluation data. The evaluation suggested that tablets would have been better than phones.

Some studies in the USA suggest that young people prefer filling out CRAFFT questions themselves on a computer or on paper rather than having a clinician asking them e.g. (Knight, et al., 2007), but these are limited to clinical settings.

Learning Point 9: Youth Work staff should be involved in the development of screening and brief intervention protocols.

DrinkThink was initiated in 2009 by Bath and North East Somerset Council. This is a service-led ABI designed specifically for young people with risky alcohol use. Training was given to professionals working with young people aged 14-19. A qualitative evaluation (Derges, et al., 2017) of the training and implementation concluded that implementation was limited because staff had not been involved in the design and planning of DrinkThink. The study recommended that youth focused ABIs should be co-produced with the professionals who deliver them and the young people they target.

Learning Point 10: CRAFFT screening will be enhanced with appropriate follow-up conversations/supplementary questions

The model used in Norfolk provides helpful supplementary questions to ascertain levels of knowledge, types and patterns of use, impact of use and readiness for change.

Learning Point 11: Pathways for young people with positive CRAFFT scores may vary depending on age.

It is important to consider pathways for young people according to their age as well as their CRAFFT scores (and other relevant factors). For example, the USA policy statement from the American Academy of Pediatrics (American Academy of Pediatrics, 2011) recommends BIs with young people who have positive CRAFFT scores but where there are only minor consequences associated with their substance abuse, whereas those who have signs of acute danger or 'red flags for addiction' should be referred to specialist services. Red flags for addiction are those with a CRAFFT score of 5 or higher, or those with a CRAFFT score of 2 or more where the young person is aged 14 or under.

## 3.2 Child Protection Policy

Learning Point 12: Scottish Government National Guidance for Child Protection (2014) recognises the risk of harm from children's own drug or alcohol use.

National guidance on child<sup>15</sup> protection states that young people can place themselves at risk of significant harm from their own behaviour, and alcohol and/or drug use is listed as one of the types of concern which may arise, and may require measures of Supervision.

*"Some children and young people place themselves at risk of significant harm from their own behaviour. Concerns about these children and young people can be just as significant as concerns relating to children who are at risk because of their care environment. The main difference is the source of risk, though it should be recognised that at least some of the negative behaviour may stem from experiences of abuse. Where such risk is identified, as with other child protection concerns, it is important that a multi-agency response is mobilised and a support plan identified to minimise future risk and that consideration is given to whether Compulsory Measures of Supervision might be required. The key test for triggering these processes should always be the level of risk to the individual child or young person and whether the risk is being addressed, not the source of risk".*

Learning Point 13: Some local Safeguarding Children Boards have specific policies/procedures for alcohol/drug use.

Most local Safeguarding Children Boards in the UK have policies and procedures for different situations involving children and young people where they may be at risk of harm. However, only a few have specific policies/procedures for young people's own alcohol or drug use. Boards including Sheffield and Suffolk advocate screening tool kits other than CRAFFT (DUST or bespoke screening). Norfolk and Hull<sup>16</sup> advocate the use of CRAFFT for screening. Cambridgeshire also have a policy of using CRAFFT to screen young people in care<sup>17</sup>.

Learning Point 14: Youth Organisations' Safeguarding or Child Protection policies tend to focus on abuse and do not mention children's own behaviour.

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<sup>15</sup> <https://www.gov.scot/publications/national-guidance-child-protection-scotland/>

<sup>16</sup> [http://hullscb.proceduresonline.com/chapters/p\\_yp\\_sub\\_misuse.html](http://hullscb.proceduresonline.com/chapters/p_yp_sub_misuse.html)

<sup>17</sup> [http://cambridgeshirecin.proceduresonline.com/chapters/p\\_sub\\_mis.html](http://cambridgeshirecin.proceduresonline.com/chapters/p_sub_mis.html)

Youth Scotland's sample/template child protection policy for youth organisations<sup>18</sup> focuses on how to respond to concerns about abuse, and does not mention concerns arising from children's own behaviour. This is replicated in national youth organisations' safeguarding and child protection policies.

Learning Point 15: Safeguarding concerns may arise in the course of screening.

Screening conversations may lead to safeguarding concerns. There are various sources of advice regarding concerns which may arise when screening for substance use. These include advice from Sheffield, which suggests concern may arise when:

- The substance use is unusual in view of the age of the child
- The use is becoming chaotic and risky
- The use is leading to crime or exploitation by others, including sexual exploitation
- The use is a serious danger to health
- The child is caring for another child and using substances
- An adult is involved in facilitating the substance use
- The parents/carers are misusing substances.

The guidelines set out for youth workers in England relating to drugs screening and referral (DrugScope , 2006) state that all agencies need to have clear protection policies that indicate what a worker should do if they have a concern about the welfare of the young person. They may be concerned because of:

- How the young person is affected by the drug or alcohol use of someone else
- Because of the pattern of drug or alcohol use of the young person; or
- Because the circumstances of the drug use is making the young person vulnerable.

### **3.3 Drug and Alcohol Policies**

Learning Point 16: Few national youth organisations have specific drug and alcohol policies.

Few national youth organisations have specific drugs and alcohol policies, and those which do relate only to how to deal with drugs/alcohol on the premises or young people under the influence, stating a zero tolerance policy. This

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<sup>18</sup> <http://www.youthworkessentials.org/volunteer-induction/child-protection.aspx>

includes, for example, The Pony Club<sup>19</sup> and Scout Association<sup>20</sup>. The Princes Trust has a more comprehensive alcohol and drugs policy<sup>21</sup> which includes procedures for dealing with young people under the influence and young people in possession of drugs or alcohol, with policies of temporary or permanent exclusions depending on the incidents. However, it also includes guidance on what to do when a young person discloses a drug or alcohol dependency, including seeking guidance from, or signposting to, specialist external agencies.

Youth Scotland provides sample policies for guidance for youth organisations, but does not have a sample policy relating to drugs or alcohol.

### 3.4 Consent

Learning Point 17: Young people's ability to consent should be considered according to the Gillick ruling and the Age of Legal Capacity (Scotland) Act

The Gillick ruling is:

*"..whether or not a child is capable of giving the necessary consent will depend on the child's maturity and understanding and the nature of the consent required. The child must be capable of making a reasonable assessment of the advantages and disadvantages of the treatment proposed, so the consent, if given, can be properly and fairly described as true consent".*

In Scotland, the 1991 Age of Legal Capacity (Scotland) Act<sup>22</sup> recognises that adulthood begins at 16, but there is provision that children under the age of 16 can be deemed to have the capacity to consent to medical treatment or procedure of he/she is capable of understanding the nature and consequences of the proposed treatment or procedure. This is compatible with the Gillick principle.

Learning Point 18: In Glasgow, in other contexts, 12 is used as the 'rule of thumb' age to provide informed consent.

The Glasgow City HSCP consent form for photographs/videos of young people states that the general rule of thumb is that a child aged 12 or above has the

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[http://www.pcuk.org/index.php/dcs\\_health\\_safety/alcohol\\_and\\_drugs\\_policy/](http://www.pcuk.org/index.php/dcs_health_safety/alcohol_and_drugs_policy/)

20 <https://members.scouts.org.uk/supportresources/4165/substance-use-and-misuse?cat=299,303&moduleID=10>

21 [https://www.princes-trust.org.uk/Document\\_Drugs-and-Alcohol-Policy.pdf](https://www.princes-trust.org.uk/Document_Drugs-and-Alcohol-Policy.pdf)

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[http://www.legislation.gov.uk/ukpga/1991/50/pdfs/ukpga\\_19910050\\_en.pdf](http://www.legislation.gov.uk/ukpga/1991/50/pdfs/ukpga_19910050_en.pdf)

capacity to give and withhold consent unless there is some basis for believing they lack capacity (for example, a learning disability). If a competent child gives consent then this cannot be overridden by the parent.

## **4 Findings from Survey of Local Youth Work Settings and Mapping of Local Referral Agencies**

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### **4.1 Survey of Youth Work Organisations**

A total of 23 youth work organisations responded to the survey. These were varied in nature and included city-wide organisations as well as those offering provision in specific parts of the city.

Seventeen of the 23 organisations (74%) said they currently provided information, advice, support or interventions on drugs and/or alcohol issues. Often these included delivering workshop sessions on these issues; some had alcohol/drugs awareness training which they used in open conversations with young people.

All those who responded said that they knew of at least one organisation they could refer young people to if they were concerned about their drug or alcohol use. The most commonly mentioned organisations were council-run addiction services and/or social work.

All organisations said that they had a child protection/safeguarding policy, and 11 were able to share this. Fifteen of the 23 organisations said they had a drugs and/or alcohol policy, but only one was able to provide it.

Seventeen of the 23 organisations said they had a policy covering data sharing, and four were able to provide it.

The survey sought to establish interest in participating in the CRAFFT pilot. Of the 23 organisations surveyed:

- 15 said they were interested in attending the workshop to refine the CRAFFT guidelines
- 21 were interested in having staff trained to deliver CRAFFT
- 19 were interested in being a pilot site.

### **4.2 Mapping of Local Referral Agencies**

Investigations were carried out to identify suitable referral agencies for young people who identified as requiring additional support as a result of CRAFFT screening. These were informed by the agencies identified by youth workers in the survey, advice from the CRAFFT Working Group and an internet search.

Interviews were conducted with organisations including:

- Alcohol and Drug Recovery Service
- Lifelink counselling service

- Youth Health Service
- GEAPP
- Glasgow Council on Alcohol Multiple Risk service (which, at the time, was in development)

Although most of these afforded opportunities for referrals following CRAFFT screenings, having multiple referral routes would put the onus on the youth worker to assess need and direct referrals as appropriate. In parallel with the work to inform the development of the CRAFFT guideline, a separate work stream was underway in NHSGGC where Glasgow Council on Alcohol were commissioned to develop the Multiple Risk service. It became apparent during the development stage that the new Multiple Risk service would be the most appropriate referral agency, and the roll-out of CRAFFT was delayed in order to ensure the new service was in operation and able to accept referrals.

Working group members liaised with the internal NHSGGC contract managers group to determine timelines for the development of the Multiple Risk service, the appropriateness of the service being the main referral agency for CRAFFT screenings, the capacity of the service to accept referrals, and practical arrangements for making referrals.

The new Multiple Risk Service is called *Know Your Way*. It provides a person-centred 12 week programme of one-to-one support for young people. The advantages of having this service as the 'default' referral agency include:

- It is a city-wide service, able to take referrals from anywhere in Glasgow
- It is a specific service for young people aged 12-18, therefore fits well with the age range for CRAFFT screenings
- It recognises that hazardous use of alcohol and/or drugs often occurs together with other risky behaviours and the service provides support tailored to the needs of each young person.

However, the Alcohol Drug Recovery Service (ADRS) was identified as the most appropriate service for youth workers to contact where young people were identified as having an urgent need for support, with signs of dangerous use/dependency. ADRS offers client-led services including medication, detox services and includes liaison with social work as appropriate. ADRS have local teams throughout Glasgow who could accept referrals from youth workers.

## 5 Development and Implementation of CRAFFT Guidelines

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### 5.1 Development of the Guideline

The development of the guideline was informed by the evidence from the review (summarised in Chapter 3). The guideline sets out the protocols for conducting CRAFFT screenings, brief interventions and referrals.

The guideline covers:

- Description of the CRAFFT tool and the CRAFFT App (see 5.2 below); description of Brief Interventions (BIs)
- Rationale for delivering CRAFFT and BIs
- The requirement for youth workers to have appropriate qualifications and have completed the CRAFFT training, and adhere to the CRAFFT Practice Implications Document (see 5.4)
- The age range for CRAFFT screenings being defined as 12-17
- Requirements relating to consent (for screening and for retention of data)
- Suggested questions for BIs and BI approach to summarising, informing and encouraging change
- CRAFFT screening routes, identifying young people as low risk, moderate risk, or high risk depending on responses, with possible outcomes based on scores, age and the presence of 'red flags'
- Descriptions of actions to take following CRAFFT screening depending on the outcome, including reinforcing good choices, delivering BIs, making referrals and acting on child protection concerns.
- Contact details for making referrals to Know Your Way and Alcohol and Drugs Recovery Service (ADRS)
- Child Protection requirements and contact details for reporting child protection concerns to Social Work
- Contact details at the Glasgow Health and Social Care Partnership in case of query.

The guideline can be found in Appendix A.

### 5.2 Development of the CRAFFT App

The development of the CRAFFT App was overseen by the CRAFFT working group, and was commissioned to an application development organisation, KisWebs. The development of the App was undertaken in parallel with the development of the guideline, ensuring that the App collected all the required information to monitor CRAFFT scores and outcomes, as well as giving appropriate feedback. The guideline includes screenshots of the App (see Appendix).

Once the App was developed, the working group became aware of the need to ensure that it was compliant with NHSGGC governance concerning GDPR. There was a lengthy internal process to ensure this was signed off as compliant, but was ultimately approved. The App enables the storage of CRAFFT data in a database, but does not include names or other identifying information.

### **5.3 Validation Workshop**

The Validation workshop took place in January 2019. All those who indicated in the survey that they would be interested in attending were invited. Thirteen youth work organisations booked a place at the workshop, but on the day, staff from nine organisations attended. Youth workers were given the draft CRAFFT guideline document prior to the event, and at the event there was a section-by-section presentation, and comment/feedback was sought. Although there were some concerns among some organisations about the practicalities of finding time/opportunity to conduct one-to-one CRAFFT screenings, overall youth workers recognised the value of conducting CRAFFT screenings and were supportive of the protocols and guidance set out in the guideline. Overall the guideline was felt to be clear and appropriate and no required changes were identified.

Members of staff from the Know Your Way service were also present at the validation workshop and gave information about the nature of the service and how referrals could be made.

The workshop also set out the plans for the pilot, seeking three youth work organisations to commit to undertaking CRAFFT screenings over a two to three month period. The requirements to attend CRAFFT training and work to develop an alcohol and drugs policy were also explained.

### **5.4 Policy Development**

A key requirement for youth organisations enlisted to deliver CRAFFT screenings was that they would have to have an appropriate alcohol and drugs policy. The working group were aware of work happening independently by a separate agency to develop an appropriate policy which could be used as a template for the organisations to follow. There was a fairly long process of consultation on this, but there were some delays to this separate workstream, and it was not possible to progress this element of the work programme without a further lengthy delay to the pilot implementation.

In order to progress with the pilot, while fulfilling the need for an appropriate alcohol and drugs policy, the working group developed a 'CRAFFT Practice Implications Document' which was intended to be a 'holding position', in the absence of a formal policy. This document set out the requirements and

responsibilities of the youth workers delivering the CRAFFT screenings; unlike a full policy, it was not intended to be adopted by the whole organisation. Youth work organisations were required to make a commitment to following the Practice Implications Document. The content of the Practice Implications Document was largely drawn from the guidance document.

## **5.5 Identification of Pilot Sites**

There was some initial interest among some of the youth work organisations who attended the workshop, although none of these resulted in a commitment to participate. CRAFFT working group members made approaches to youth work organisations in their area, with the aim of achieving one site in each locality (South, North West and North East).

In the North West, the organisation which showed the most interest in taking part, and was selected as a pilot site, was a community-based youth work organisation in a deprived area providing two groups for young people aged 10 or over – a cooking class and a group working on confidence building.

In the South, the organisation approached which was very interested in participating in the pilot provides detached street work in three neighbouring areas in the south. They provide a weekly drop-in centre and also work with young people on the street. The provision of diversionary activities and support are the main elements of their work. Staff describe their work as holistic and youth-led.

The North East proved to be the area where it was most difficult to recruit a youth work organisation for the pilot. While several showed initial interest, and conversations began about becoming a pilot site, communication waned without any reasons becoming apparent for not progressing with CRAFFT. By the time of the initial CRAFFT training sessions, no organisations in the North East had committed to take part. However, subsequently, a large organisation within a further education setting in the North East agreed to take part and staff from this organisation attended a separate training course.

## **5.6 Training and Support for Pilot Sites**

Bespoke training was developed for those who would be delivering CRAFFT screening. The training was divided into four sessions. The first two were based on the existing Alcohol, Drugs and Youth Work Training Pack (funded by NHS GGC and East Dunbartonshire Council), but was updated with current information including new classifications of drugs and up-to-date statistics, and new alcohol guidelines. The third session was based on the content of the guidance document and also health behaviour change. The fourth session focussed on communication skills and application of scenarios/role play. The training covered each of the elements in the guidance document in full, broken down into sections.

Two members of the working group (Health Improvement Practitioner and Health Improvement Senior) took the lead on developing the training programme and these members delivered the training.

Two training courses were run:

- One in August-September 2019, with five youth workers from the two pilot sites in the South and North West, together with the service manager from one of the organisations, and the key worker at the multiple risk service *Know Your Way* (the referral agency).
- One in October 2019 with two youth workers from the pilot site in the North East, together with a Health Improvement Practitioner from NHSGGC.

The first training course was run as four half day sessions over a four week period. This also included input from the referral agency and the researcher conducting the evaluation. The second training course covered the same information but without the direct input from the referral agency and the researcher. The second course was run as two full days (consecutive days).

Following the training, there was an open invitation for youth workers to get in touch with the trainers with any queries or support needs. Youth workers were also regularly emailed with reminders to conduct screenings. Following the first training course, the two trainers met with the youth workers from the two organisations to obtain feedback on the initial CRAFFT screenings and respond to any concerns or queries.

## 6 Pilot Findings

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### 6.1 Training

Seven youth workers from three different organisations participated in the CRAFFT training.

#### **Views of the trainers**

Overall, the two trainers felt that the training had gone well, that participants engaged well and appeared to be motivated, and they obtained the skills, knowledge and confidence to conduct CRAFFT screenings, brief interventions and referrals.

The trainers felt that it was useful to have tried doing the training as four half day sessions over four weeks, but also a separate course as two full consecutive days as this tested which worked better. They felt that the four weekly half-day sessions worked better because they provided more of an opportunity to build a rapport with the participants and that it reinforced the learning because each session began with a recap of what was covered the previous week. The trainers also felt that the first course worked better with a larger number of participants. Also, staff from one youth work organisation was felt to be particularly motivated and interested, and the other organisation benefited from this energy. Having more than one organisation in the same training course was also felt to be fruitful in terms of discussions, scenarios and ideas, and also contributed to the sense that they were a collective, working on a project bigger than one organisation.

Although overall the trainers felt that the content and format of the training worked well, they identified some minor modifications which may be implemented for any future training. In particular, they felt that some of the content on drug and alcohol statistics was too 'high level' and would appeal more to researchers and policy makers (e.g. the cost to the economy), but not necessarily as relevant to youth workers or young people. They felt it would be better to have more information that youth workers felt they could talk directly to young people about. They felt it would be helpful to have youth workers involved in any further refinement of the training resources.

#### **Views of participants**

All the youth workers interviewed enthused about the training, praising the trainers, the content and the format. All felt that the training was very helpful and gave them the skills and knowledge they needed to conduct the CRAFFT screenings and appropriate brief interventions and referrals where required.

*"I've got no negative feedback whatsoever from the training. I go to training a lot and they can be quite dull and dry, but*

*the CRAFFT training was great and I didn't lose interest at all".*

Youth worker

*"I loved the training. (The trainers) were excellent – perfect really. It was a good mix of information and it was all very relevant".*

Youth worker

*"The training was brilliant. The facilitators were both great. They gave you all the information you needed, but also they listened to us as youth workers. We felt that we brought something to the table in the discussions and they embraced that".*

Youth worker

All training participants completed pre- and post-training evaluation forms and also evaluations of each of the four sessions. The evaluation data show very positive findings, with all elements of the training being very well received.

Table 6.1 shows that the training was successful in increasing knowledge on all the points it was developed to address.

**Table 6.1: Pre-and Post- Training Responses to Questions about Key Knowledge (Numbers responses from 7 participants)**

	Before training		After training	
	I don't know anything about this or I know a little about this	I know a this well/very well	I don't know anything about this or I know a little about this	I know a this well/very well
Different types of drugs effects and risks	4	3	0	7
The health effects of alcohol	2	5	0	7
Units of alcohol and the alcohol content of common drinks	6	1	1	6
Low risk drinking limits	4	3	0	7
Different types/levels of substance use/misuse	3	4	0	7
Brief interventions as a means of preventing/reducing substance problems	7	0	0	7
Motivational techniques	5	2	1	6
Referral services for young people with problematic alcohol/drug use	7	0	1	6

The pre-and post-training evaluation forms also measured relevant skills. The responses show that the training was successful in providing the required skills, as shown in the following table.

**Table 6.2: Pre-and Post- Training Responses to Questions about Key Skills (Numbers responses from 7 participants)**

	Before training		After training	
	Would not be confident/would not know what to do/say or think could manage but would be a little unsure of what to do/say	Would manage the situation well and would have a good idea or would know what to do/say	Would not be confident/would not know what to do/say or think could manage but would be a little unsure of what to do/say	Would manage the situation well and would have a good idea or would know what to do/say
Explain what alcohol is and its impact on individuals and society	3	4	0	7
Explain the effects of different types of drugs and their impact on individuals and society	4	3	0	7
In terms of units, explain the alcohol content of common drinks and low risk drinking limits	5	2	1	6
Raise the issue of alcohol and drug use in an appropriate way	4	3	0	7
Encourage young people to take personal responsibility for their drinking/drug use	1	6	1	6
Use the appropriate screening tool to identify possible substance related issues	7	0	0	7
Be able to respond appropriately to the results of screening including giving information on associated risks	5	2	0	7
Choose and put into practice the most effective brief intervention approach depending on the response of the young person	7	0	0	7
Understand and deliver a screening and brief intervention	7	0	0	7

Responses from the post-training evaluation forms show that:

- All seven youth workers said they would integrate CRAFFT screening and BIs within their youth work.
- All seven youth workers said they would recommend the course to a colleague to enable them to deal with alcohol and drugs related situations.
- All seven youth workers rated the course as very useful.
- All elements of the course (the presentations, the handouts, the case studies, the role play) were rated as useful or very useful by all seven youth workers.

## 6.2 Policy and Governance Barriers to Implementation

Although the CRAFFT app had been approved for use within NHS GGC and confirmation that this was compliant with GDPR and associated legislation, youth workers had to seek internal approval from their own organisations to install and use the CRAFFT app on work devices.

Although the staff at the pilot site in the North East (further education establishment) were positive about the training and keen to deliver CRAFFT screenings, they were unable to proceed with this due to a potential conflict with the institution's safeguarding policy which prohibited staff from 'investigating' any safeguarding issues. There were also concerns about how screenings may be conducted within their safeguarding requirements which prohibit staff from being alone with a young person. It is understood the staff are currently liaising with their safeguarding team to resolve these points, but at the time of the evaluation this pilot site had not been able to begin CRAFFT screening.

## 6.3 Practical Opportunities and Limitations

### Spaces for screening

The youth workers were able to find suitable spaces to conduct the CRAFFT screenings with privacy. These included separate rooms within community venues (e.g. in the kitchen or office), or in a quiet corner in the main room. The youth workers in the South had also conducted screenings on the street and in a car when engaging with young people in the community. All these arrangements were felt by youth workers to be suitable, although the screenings on the street could be a little more difficult.

### Barriers to screening

Both pilot sites that conducted CRAFFT screenings had periods where it was difficult to find time for screenings and brief interventions. The organisation in the North West is activity-centred and staff could struggle to take time away from activities to do screenings. The organisation in the South was more varied and youth-led, but there were periods where planned events took precedence or otherwise impacted screening activity.

In the South, there was also a period of around two weeks where the key youth worker undertaking the CRAFFT screenings forgot their password and was therefore unable to use the app or carry out screenings.

### **Youth worker resources**

In the North West organisation, two members of staff had been trained and both were undertaking CRAFFT screenings and brief interventions with young people. In the South, only one member of staff was undertaking CRAFFT screenings, but another (who had attended the training) was involved in delivering brief interventions and informal conversations following screening. The pilot identified a potential barrier of some youth work staff not being comfortable using the app-based technology to conduct screenings.

### **Brief interventions**

In the pilot site in the South, several young people had positive CRAFFT scores and all received a brief intervention (brief interventions were also delivered to some with negative CRAFFT scores). The youth workers said that ideally, they conduct the brief intervention straight after the screening, but that this is not always possible; in some cases they have asked the young person to drop into the office the next day, and all had been happy to do so. Youth workers also made a point of checking in with them each time they used the service to informally chat about how they were getting on, particularly if they had indicated an intention to change behaviour.

## **6.4 Numbers of Screenings, CRAFFT Scores and Outcomes**

During the pilot period, 21 young people aged between 12 and 17 participated in CRAFFT screenings across two youth work settings. (A further five young people aged 18 or over also participated, but these are excluded from the analysis of findings presented below).

Staff at the pilot site in the North West indicated that they had screened most of the eligible young people who used their service. The South indicated that they intended to keep screening young people and there were many more they had contact with, particularly on the street, who could yet be screened.

### **Profile of Young People**

Of the 21 young people who participated:

- 4 were aged 12
- 1 was aged 13
- 2 were aged 14
- 7 were aged 15
- 3 were aged 16
- 4 were aged 17

The profile by gender is:

- 9 male
- 11 female
- 1 not specified

### CRAFFT Scores

As shown in the following table, eight of the 21 young people had a CRAFFT score of 2 or more, indicating risk.

**Table 6.3: CRAFFT Scores – Number of young people (from sample of 20) who registered each score**

	CRAFFT Score							Total CRAFFT Positive Score
	0	1	Total CRAFFT Negative score	2	3	4	5	
Age								
12-13	4	0	<b>4</b>	1	0	0	0	<b>1</b>
14-15	3	1	<b>4</b>	0	2	2	1*	<b>5</b>
16-17	2	3	<b>5</b>	1	1	0	0	<b>2</b>
Total	9	5	<b>13</b>	2	3	2	1	<b>8</b>

\*This score was identified by a youth worker as not a valid score, but based on false responses (see 6.5).

### Outcomes

The data collected via the CRAFFT app show that all of those who had positive CRAFFT scores received a brief intervention. In addition, four of those with negative scores (two with a score of 0 and two with a score of 1) received a brief intervention.

The data show that one young person was offered a referral to Know Your Way, although this may have been entered in error as the youth workers interviewed indicated that no referrals to the service had been offered.

Youth workers indicated that they had felt that the most appropriate actions for the young people they encountered with positive scores was a brief intervention. They had not encountered anyone who raised any 'red flags', child protection issues or in need of urgent attention for addiction. They had not referred any of the young people to *Know Your Way*. One youth worker in the South expressed the feeling that the youth workers would be best places to support young people with issues in most cases, and felt that the length of support offered at *Know Your Way* would not appeal to the young people they saw:

*"I am confident in my own skills to intervene, build on the relationship I have with the young person. I've not yet come across something I can't deal with. We're trained in BIs. If there was something that came up that I couldn't deal with, I would look into the referral service. But I think it's something like 10 or 12 weeks and there's no way our young people would be willing to do that".*

Youth Worker

### **Variance by Ethnicity**

Staff in the pilot site in the South described a very obvious difference in the CRAFFT scores by ethnicity. They felt that the young people they worked with fell into two distinct groups – indigenous Scottish white young people for whom cannabis use was widespread, and a large diverse group from other ethnic groups and nationalities who tended not to use alcohol or drugs at all. Staff reported that nearly all their white Scottish young people had a positive CRAFFT score and all the other ethnic groups had a negative CRAFFT score, and suggested that the overall scores therefore under-represented the prevalence of problematic substance use among the white Scottish local population.

## **6.5 Appropriateness/Relevance of CRAFFT and Brief Interventions in Youth Work Settings**

### **Willingness to participate**

Youth workers in both pilot sites who conducted screenings reported that young people had all been willing and happy to engage in the screening, and that no-one had declined consent for their anonymised data to be held<sup>23</sup>. The youth workers felt that young people engaged well and were candid in their responses. There was only one instance where a youth worker was aware that a young person was making up responses in order to get a high score, but she felt that there would always be an occasional joker and it was easy to tell that they were not engaging seriously in the exercise.

Young people interviewed all indicated that they had been given the choice of participating and that they were happy to do so. Although most young people could not recall what they were told about the screening and its purpose before hand, one young person was under the impression that the purpose was to check that young people who were going on a trip with the organisation were not drinking or using drugs. The youth worker in the South who conducted the screenings said that she explained to young people that they

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<sup>23</sup> This differs from the discussions the trainers had with the youth workers at the support meeting where youth workers indicated there had been one discard at each of the two pilot sites.

were doing the screenings to see what services were needed in the area, and that taking part could bring services to the area.

## **Youth Work Setting**

Youth workers felt that the delivery of CRAFFT screening and brief interventions in a youth work setting was very appropriate and allowed them to build on the relationship and rapport they had with the young people. They felt that CRAFFT sat well within the work they were already doing to support young people. In the South in particular, youth workers were very aware of the prevalence of cannabis use and the risks to young people and very much welcomed a tool which would provide an opportunity to address such issues.

The young people who had participated in CRAFFT screenings, regardless of the outcome of the screening, saw the youth work setting as a very appropriate and relevant place to have conversations about drug and alcohol use. Indeed, they frequently said that youth workers were the people they would want to have these conversations with above anyone else.

*"I think this (youth work setting) is a good place to have conversations like that – I don't think there's anywhere else you can do it. I don't drink or take drugs and the moment, but if I had any issues or questions, I would tell the adults here because I trust them".*

15 year old boy

*"I felt fine answering the questions, and it's appropriate. I have a good relationship with (youth worker). I think it's good that they do that – that they find out if you're at risk. If I had issues, the youth workers here would be the only people I would talk to about it. I was made homeless last year, and the first thing I did was come here (youth work organisation) to get help".*

17 year old girl

## **The CRAFFT Tool**

The youth workers felt that the CRAFFT tool was easy to use, appropriate and was effective as a quick screening tool. The trainers had stressed the importance of using the language as written in the tool as it is a validated instrument, but that youth workers can explain some of the terms if required. The word 'huffing' had caused some discussion particularly in the training course. However, when interviewed, the youth workers said they felt that the tool worked well and did not raise any concerns about the language.

Although the multiple risk service *Know Your Way* had not received any referrals from CRAFFT screening in youth work settings by the end of the pilot period, the key staff member from the service felt that CRAFFT was a very

useful and appropriate tool for identifying young people at risk and would likely identify young people who could benefit from the service. She saw scope to widen the use of CRAFFT into other settings including the Youth Health Service and within *Know Your Way* itself.

The CRAFFT app was viewed positively by youth workers and the young people. All felt that it was very user-friendly, being clear and easy to use.

## **The CRAFFT Guideline Document**

The CRAFFT guideline document was given to all youth workers prior to the training. However, the trainers said that it was evident that they had not read through the document prior to or during the training course. The trainers stressed the importance of reading, and becoming familiar with, the guidance document before beginning to conduct CRAFFT screenings, and youth workers would be expected to refer to it regularly. However, even at the support meeting several weeks after the training, it was apparent that the guideline had not been read or used.

In response to the apparent reluctance to read the guideline, the training programme was modified for the second training course in which, rather than preparing handouts with elements of the guideline in it, the trainers used the guideline itself as a resource for participants to refer to. However, in both methods, participants were exposed to the entire content of the guidance document as the training was based on the content of the guideline, broken down into sections and discussed in full.

In the interviews with youth workers in the South and North West, although they had been conducting many CRAFFT screenings and brief interventions, the youth workers had not properly read the guideline or referred to it in the course of their work. They all felt that the training had provided them with all the skills and knowledge they needed and that they would refer to the guideline if they were unsure of anything or encountered a problem.

## **6.6 Impacts**

### **Opening a dialogue between young person and youth worker**

All the youth workers interviewed enthused about the CRAFFT tool being very useful as a means of starting conversations and opening a dialogue about alcohol and drugs.

Where young people had a CRAFFT negative score, they often saw value in the exercise in initiating the discussion with youth workers, and opening a door to future conversations when or if issues arose:

*"It's good to have that chat and get the feedback, and it's good to know that if you had a problem you can talk to the workers here".*

12 year old boy (CRAFFT negative score)

### **Attitude and Behaviour change**

Youth workers reported that CRAFFT screenings which had resulted in 'amber' or 'red' feedback on positive scores had often elicited an emotive response from young people, who could be shocked that their behaviour was indicative of risk. All positive scores were followed up by brief interventions which included some 'hard hitting' messages about risks and young people were generally responsive to these.

Three of the young people who were interviewed had CRAFFT screenings which had resulted in a positive score. Two talked about how their score and the subsequent conversations with the youth worker had initiated a real change on both their attitude and behaviour regarding cannabis use:

*"I got a score of 2 which was about my drug use (cannabis). (Youth Worker) spoke to me about how I should stop and I should be looking at not wasting my life smoking weed. To be honest, she is the only person that has ever spoken to me about it. Having a talk with her made me think more about it. Since we had that chat three weeks ago, I have only smoked two times. I hadn't realised all the downsides of smoking weed like you could lose your mind or become schizophrenic. It got me a bit scared. Up to that point I had been smoking weed every day. I have had two since we talked about it, and I'd like to stop completely but it's a habit now. After the chat I said to (youth worker) that I was going to cut down and she asks me every Thursday how I'm doing".*

17-year-old girl

*"I did (CRAFFT) a couple of months ago. I was using cannabis. We talked about how it causes brain damage and you can have one bad trip and become paranoid. It actually made me feel stupid for using it. I started using cannabis because life's a bit stressful for me. I guess I've probably heard bad things about cannabis before at school and places, but hearing it from someone that's a youth worker who's got that experience of seeing people using drugs the wrong way and having all these effects – that's what made the difference. I went away and thought about it for a couple of days, and I thought – there's no need for it; I can calm*

*myself down in other ways. I had been using it every day – having maybe five a day – for six months, without my parents knowing. Now I have totally stopped. Stopping weed has made me a bit more mature. I’m looking at college applications and I’ve got a Saturday job. There’s no way I could have done that when I was using – I was too lazy. I still smoke fags – I used to smoke five fags and five joints in a day. I’ve stopped smoking weed, but I’m now smoking nine fags a day. I do kind of want to stop smoking too”.*

15-year-old boy

### **Other factors affecting impacts**

The youth workers in the South were encouraged by the response of the young people to the brief interventions and felt there had been examples of real and positive change. However, they also expressed concern about the extent of the cannabis culture locally, including parents and family using and dealing drugs, and the prevalence, accessibility and normalisation of cannabis use. They felt that their work to effect behaviour change was challenged by these environmental influences:

*“We’ve got someone who was doing well and coming off cannabis – he was really making headway. Then he got a part-time job and instead of being paid a wage he was paid in weed – that’s what we’re up against! It’s everywhere in this area. The environment is the challenge. We know who’s dealing and where they’re selling it but nothing gets done about it”.*

Youth worker

## 7 Discussion and Recommendations

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### 7.1 Messages from the evaluation

#### **Key Successes**

The evaluation has highlighted a number of key successes evident from the pilot:

- The CRAFFT training was exceptionally well received and appears to have been very successful in equipping youth workers with the skills, knowledge and motivation to effectively conduct CRAFFT screenings and brief interventions.
- The protocols developed and set out in the guideline are apparently appropriate and work well (although not all outcomes have been tested as discussed in section 7.2).
- The CRAFFT app appeared to work well functionally and was viewed positively by youth workers and young people.
- The CRAFFT tool appears to be appropriate for the age range of young people targeted.
- The evaluation showed the youth work setting to be particularly successful for the delivery of CRAFFT screening and brief interventions, building on existing relationships of understanding and trust between youth workers and young people.
- Young people have generally been willing to participate in CRAFFT screenings and have been open and candid in their responses.
- The CRAFFT screenings provide a useful opportunity to begin a dialogue between the youth worker and young person regarding alcohol and drug use, affording future opportunities to discuss any relevant issues if they arise.
- There is evidence of CRAFFT screenings and brief interventions with young people effecting an immediate and real change in attitudes and behaviours with regards to substance use.

#### **Other messages and emerging issues**

The evaluation has also highlighted the following messages:

- The third pilot site (a large further education establishment) was unable to initiate the CRAFFT programme due to a potential conflict between the CRAFFT protocols and the organisation's policies.

- The CRAFFT guideline document has largely not been read by youth workers prior to beginning screenings nor referred to in the course of conducting screenings or brief interventions.
- The pilot site in the South has highlighted the importance of cultural and environmental factors influencing behaviour around substance use – this includes very disparate patterns of behaviour by ethnicity and local community pockets with specific cultural norms.
- No referrals have been made to the *Know Your Way* service identified as the key referral route.
- There may be some variation in how the purpose of the CRAFFT screening is explained by youth workers to young people, or how this is understood by young people.
- At least one example (the 15 year old boy quoted in Section 6.6) of positive behaviour change also included some displacement of substance use to increased use of tobacco.

## 7.2 Gaps in Evidence

While the pilot has provided much useful information on the successes, and clear evidence of very positive impacts, there are some significant gaps in evidence. These include:

- Only a fairly small number of young people have been screened. With the third pilot site unable to participate within the pilot timetable, the study was limited to two youth work organisations of moderate scale and reach.
- No young people were referred to *Know Your Way* so it was not possible to evaluate the referral process or examine outcomes relating to referrals.
- There were no instances of red flags, child protection issues or young people requiring a referral to the Alcohol and Drugs Recovery Service, so it was not possible to evaluate the processes of dealing with these issues or the outcomes.
- At the time of the evaluation, there was ongoing dialogue at the third pilot site to attempt to resolve the issues relating to the possible conflict between CRAFFT protocols and internal policies – learning from this process and any resulting resolution is not yet available.
- Because the guideline has not been read or referred to as a stand-alone document, it was not possible to gauge youth workers' views on the document itself.

- While the evaluation has highlighted examples of young people making positive changes to their behaviour as a result of CRAFFT screening and brief interventions, the nature of the evaluation means it is not possible to assess whether these changes are maintained. Equally it is not possible to determine other longer term impacts (e.g. while the evaluation findings suggest CRAFFT has been effective in opening a dialogue between young people and youth workers, it can not be determined how this dialogue may develop or what impacts this may have).

### **7.3 Recommendations**

Based on the evaluation findings and the evidence gaps, the following nine recommendations are made:

#### **1. Implement a Second Phase Pilot.**

Given the gaps in evidence, it is suggested that it would be most valuable to augment the current pilot with a second phase which would:

- Allow the third pilot site in the North East to resolve issues around the policy implications of delivering CRAFFT. This would provide important learning about whether/how this is resolved. It would also allow an evaluation of how CRAFFT screenings and brief interventions are delivered within this larger and somewhat different setting, and provide a larger number of young people for whom CRAFFT scores and outcomes can be measured.
- Allow a longer period to deliver CRAFFT in the other two existing pilot sites, allowing more young people to be screened and also allow an examination of longer term impacts on those who have already be screened.
- Invite other youth work organisations to participate as additional pilot sites (possibly two or three additional organisations), providing further data and testing the applicability in a wider range of organisations.
- Hopefully, allow the examination of the processes and outcomes related to referrals.

#### **2. Consider expanding the data gathered by the CRAFFT app**

The youth workers in the South site suggested that the app should collect data on ethnicity in order to highlight the differences in CRAFFT scores by ethnic group. This may be of interest in an extended pilot, and may provide evidence of ethnic/cultural differences. However, this should be considered

carefully in light of data protection implications as it may increase the possibility of young people becoming identifiable.

### **3. Develop a template alcohol and drugs policy**

The working group will continue the process of developing an alcohol and drugs policy template which will replace the temporary Policy Implications documents which was used in the pilot. This should be considered in light of any relevant learning from the policy implications highlighted by the pilot site in the North East.

The case of the pilot site in the North East has also shown that policy issues should be examined and discussed prior to attending CRAFFT training, including a review of how the requirements for CRAFFT will fit with existing organisational policies.

### **4. Refine the CRAFFT training programme**

The training programme worked well and will not need major revision. However, the trainers themselves have recognised that there may be value in making some changes to the information provided in the early sessions to ensure they are most relevant and of interest to youth work and young people, and they have suggested that they would benefit from input from youth workers. It may be valuable to enlist the views of the youth workers who have already been delivering CRAFFT (and/or other interested youth workers) when making changes to the training programme.

### **5. Clarity on the purpose of CRAFFT screenings**

At least one of the youth workers indicated that they had told young people that the purpose of the CRAFFT screening was to see what services were needed in the local area, and at least one young person thought that the purpose was to see if they would be allowed to go on a trip. It is vital that the purpose of the screening is understood by the youth worker and the young person and that both are clear about this. The purpose is to review a young person's use of alcohol and drugs with regards to impact on their health, wellbeing and safety and assessing whether they may be at risk. This should be emphasised in training, and it may be of value to add a scripted statement to the guidance document and the CRAFFT app for youth workers to use when initiating CRAFFT screenings with young people.

### **6. Review advice regarding referring to *Know Your Way***

The lack of referrals to the *Know Your Way* service is likely indicative only of the fact that none of the young people screened during the pilot phase required any support other than the brief interventions offered by the youth workers. However, one youth worker expressed scepticism of the suitability of a 12 week programme and felt that this would be a barrier to young people agreeing to a referral. It may be worth exploring with *Know Your Way*

whether shorter-term support may be offered, and if so, this may encourage more referrals.

## **7. Further emphasise the importance of using the guideline document**

For any future youth work organisations undertaking CRAFFT screenings, the importance of the guidance document should be further emphasised and they should be required to read this before beginning training and encouraged to refer to it regularly when conducting screenings and brief interventions.

## **8. Provide information on smoking cessation**

Although it was only one example, the young person who spoke about stopping using cannabis but increasing use of tobacco highlights the potential for the reduction of some substance use to be linked with an increase in other harmful behaviour. Although smoking cessation support would not necessarily be within the youth worker's remit, it may be of value for youth workers to be aware of the potential for smoking to increase or replace other substance use, and to have contact details for appropriate smoking cessation services to signpost young people to if required.

## **9. Enable paper versions of CRAFFT screenings**

The CRAFFT app worked well and the generated feedback from scores was helpful for young people. It is advocated that the CRAFFT app remains the primary tool for conducting screenings and recording scores. However, it may be prudent to also allow screenings to be conducted using a paper questionnaire when required. For example, the issue of a youth worker being prevented from conducting screenings when she forgot her password could have been prevented if there was a paper back-up. Also, this could be an alternative method for youth workers who are not comfortable using the technology. There may be some circumstances, such as street work, where paper versions may be deemed more appropriate.

If an alternative protocol was developed for paper-based screenings, the guideline and training should be updated accordingly. It is also recommended that youth workers be issued with laminate cards showing the different feedback options (red, amber or green) with the same text that young people would receive as feedback from the app based on their score.

Any paper-based screenings should be subsequently entered into the CRAFFT app to allow the monitoring of screening data.

## **7.4 Concluding Comments**

Overall, the evaluation has confirmed that CRAFFT is an appropriate tool to use in youth work settings and is effective in highlighting young people at risk from alcohol and drug use and effecting change through brief interventions. It has provided many valuable learning points regarding the processes for

implementation and delivery, but there are some limitations to the learning provided from the small scale pilot conducted to date.

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# Guidelines for Addressing Risky Alcohol & Drug Use with Young People in Youth Work Settings

Prepared by Traci Leven

For the CRAFFT Working Group

*DRAFT 9: AUGUST 2019*



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## Introduction

These guidelines have been produced by Traci Leven Research on behalf of the CRAFFT Working Group in Glasgow. The CRAFFT Working Group is being led by the Glasgow City HSCP, NHS Greater Glasgow & Clyde, the Glasgow City Alcohol and Drug Partnership (ADP) Prevention Group, along with other local partners.

These guidelines have been informed by:

- Review of local, national and international policies and procedures that relate to young people's alcohol and drug use
- Review of evidence of effectiveness of CRAFFT as a screening tool and delivery of alcohol and drugs Brief Interventions with young people
- Survey of youth work organisations in Glasgow to determine current policy and practice
- Consultation with potential referral agencies to determine appropriate referral pathways

**The guidelines should only be used by youth workers who have received CRAFFT training and the training pack. Those trained should also adhere to the CRAFFT Practice Implications document and the organisations alcohol and drug policy.**

## What are Brief Interventions?

Brief Interventions (BIs) are methods of effecting change for an unhealthy or risky behaviour. They are usually conducted on a one-to-one basis, and provide an opportunity to raise awareness, share information, and encourage people to consider making changes to their behaviour in order to improve their health and/or risk of harm. Brief Interventions are used extensively with adult populations, and Alcohol Brief Interventions (ABI) is a key element of the national alcohol strategy in Scotland.

## What is CRAFFT?

CRAFFT<sup>i</sup> is a short screening test designed to screen for substance-related risks and problems in adolescents. It was developed at the Center for Adolescent Substance Abuse Research (CeASAR) at Boston Children's hospital, and it is used extensively (predominantly in clinical settings) in the USA. CRAFFT is validated as being effective in identifying young people with potentially problematic use. CRAFFT has been used in other parts of the UK including Hull and Norfolk to identify substance misuse needs in young people.

The acronym CRAFFT relates to six circumstances or consequences relating to substance use:

**C**ar  
**R**elax  
**A**lone  
**F**orget  
**F**amily or friends  
**T**rouble

The short CRAFFT interview is in two parts, shown on the next page.

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<sup>i</sup> CRAFFT Manual: [https://ceasar.childrenshospital.org/wp-content/uploads/2018/01/FINAL-2.1-CRAFFTv2\\_provider\\_manual\\_with-CRAFFTN\\_2018-01-29.pdf](https://ceasar.childrenshospital.org/wp-content/uploads/2018/01/FINAL-2.1-CRAFFTv2_provider_manual_with-CRAFFTN_2018-01-29.pdf)

Part A asks three initial screening questions:

**PART A:**

During the PAST 12 MONTHS, did you:

1. Drink any alcohol (more than a few sips)?  
(Do not count sips of alcohol taken during family or religious events).
2. Smoke marijuana or hashish?
3. Use anything else to get high?  
("anything else" includes illegal drugs, over the counter and prescription drugs, and things that you sniff or "huff").

Where the young person answers no to all three questions in Part A, you ask only the CAR question from Part B, otherwise all six questions in Part B are asked:

**PART B:**

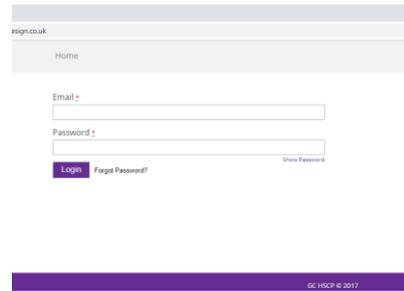
1. Have you ever ridden in a **CAR** driven by someone (including yourself) who was "high" or had been using alcohol or drugs?
2. Do you ever use alcohol to **RELAX**, feel better about yourself or fit in?
3. Do you ever use alcohol or drugs while you are by yourself, or **ALONE**?
4. Do you ever **FORGET** things you did while using alcohol or drugs?
5. Do your **FAMILY** or **FRIENDS** ever tell you that you should cut down on your drinking or drug use?
6. Have you ever gotten into **TROUBLE** while you were using alcohol or drugs?

A score of 2 or more (saying yes to 2 or more items in Part B) is categorised as a 'CRAFFT Positive' score, and indicative that intervention may be appropriate.

A bespoke app has been developed for youth workers in Glasgow to use to deliver CRAFFT screenings and record outcomes.

## The CRAFFT App

You will be asked to register your email address and you will be given a password in order to log in to the CRAFFT App.



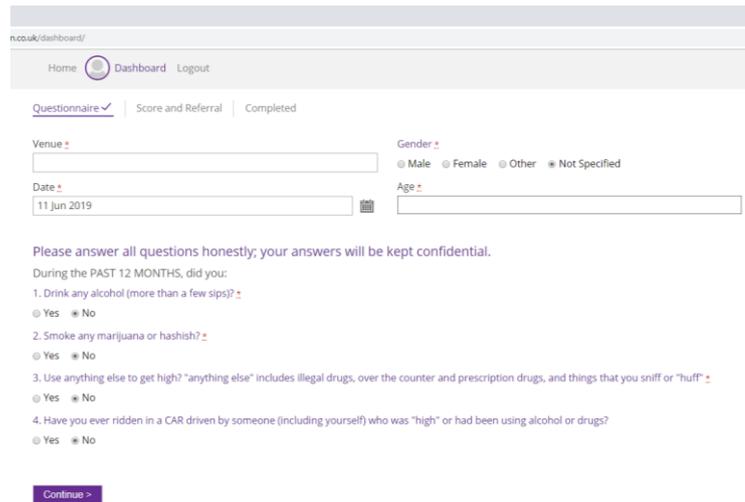
On the first screen you should enter the:

**Venue** (the name of the youth project, with location)

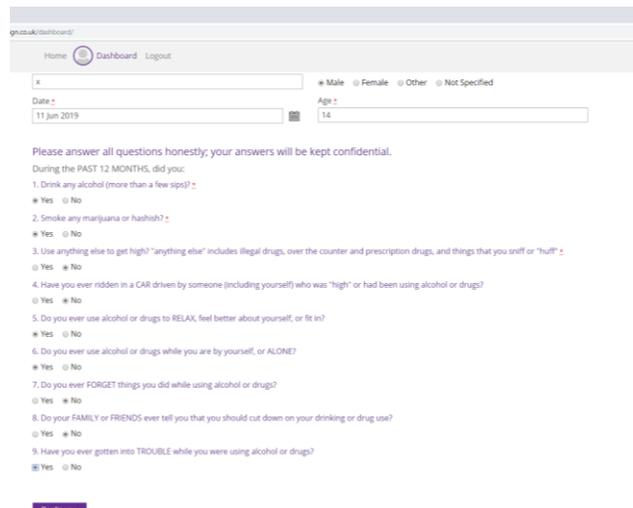
**Date** of the screening (the app will automatically enter today's date)

**Gender** of the young person you are screening (it will be set at 'not specified' – you should select male, female or other in consultation with the young person)

**Age** (the CRAFFT screening tool should be used for those aged 12-17. The App will not let you proceed if you enter an age under 12).



The first four CRAFFT questions will be displayed. They will be set at default 'no' to each. Ask each question, and where the young person answers 'yes' record the yes response. If a 'yes' response is recorded for any of the first three initial screening questions, the remaining five questions will automatically be added to the screen, as shown below.

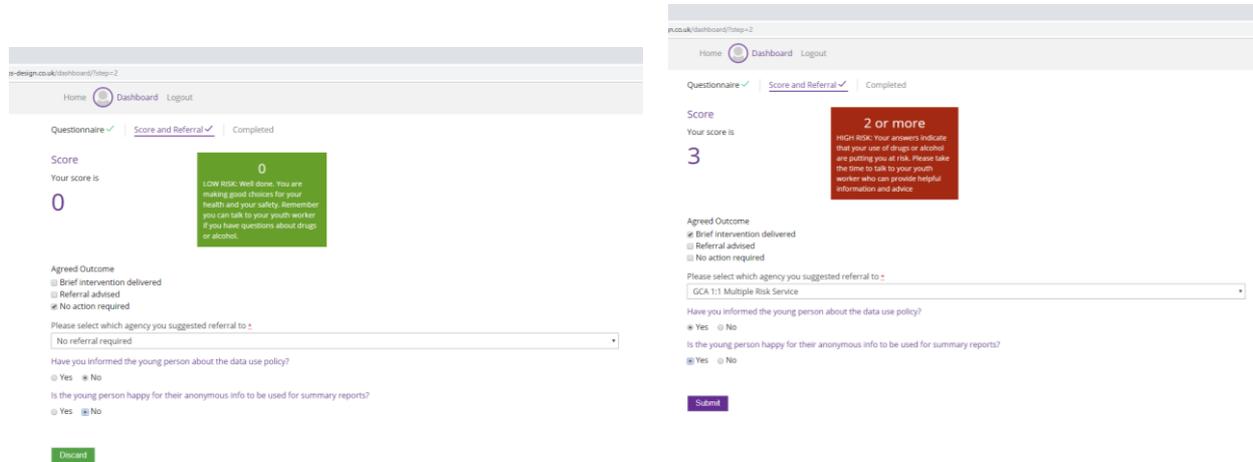


Again, the default will be shown as a 'no' to each question. Continue to ask each question, recording each 'yes' response.

Press **CONTINUE** at the end of the screening questions.

The CRAFFT App will generate a message to the young person, depending on whether they are assigned a low risk, medium risk or high risk score.

You should record the agreed outcome (brief intervention delivered and/or referral advised or no action required). If a referral is made, please select the referral agency from the drop-down list.



You should explain how the data will be stored and used and record that you have done so, and also the young person's consent to store data (see Page 6). The default answers are 'no' to both of these. If you do not select 'yes' to both of these the data can not be submitted. The default button at the end of the interview is 'DISCARD'. However, this will change to 'SUBMIT' once the two questions about data use are answered 'yes'.

## Why deliver CRAFFT and Brief Interventions?

NICE Guideline (PH24)<sup>i</sup> recommends that screenings (using a validated screening tool) and Brief Interventions should be delivered to 16 and 17 year olds. However, NICE considerations on screening and BIs being limited to 16 and 17 year olds (consideration 3.35)<sup>ii</sup> acknowledges that people aged under 16 may vary greatly in terms of their problems and susceptibility, and that professional judgement should be used to decide how to deal with children and young people who drink early in life.

CRAFFT is an effective way of screening for problematic alcohol and drug use in young people, in a few short questions. Many research studies have confirmed the validity of the tool and its value in identifying problematic use, although most have been limited to clinical/primary care settings<sup>iii</sup>.

Recent studies have highlighted the value of BIs for young people in youth work settings. This included a recent study (2017) led by the University of Stirling which reviewed the delivery of Alcohol Brief Interventions (ABIs) in community-based youth work settings across Scotland, and concluded that ABIs were feasible with some adaptations<sup>iv</sup>. Some of these used CRAFFT as a screening tool.

## Who Should Deliver CRAFFT Screening and Brief Interventions?

Youth workers are well placed to deliver CRAFFT Screening and Brief Interventions. The delivery of CRAFFT Screening and Brief Interventions by youth workers offers the advantage where there is an existing relationship of trust between the youth worker and the young person, and the youth work setting allows for delivery in a safe environment. Those delivering CRAFFT and Brief Interventions should have Youth Work qualifications (minimum of Certificate in Youth Work Practice), be registered with the CLD Standards Council and have a full understanding of the relevant policies of their organisation relating to alcohol/drug use and child protection. They should also have been trained specifically to deliver CRAFFT and Brief Interventions. **Those trained should also adhere to the CRAFFT Practice Implications document.**

## When to Conduct CRAFFT Screenings

CRAFFT Screening should be conducted with young people **aged 12-17** who are engaging with youth work organisations in Glasgow.

In practice, a youth work organisation embarking on CRAFFT screenings for the first time is likely to invite all current eligible users of their service to take part in a screening. These would then be followed up periodically.

Following initial introduction of CRAFFT screenings, subsequent screenings could be:

- **Planned:** e.g. issue based workshops, annually as a follow-up;
- **Client Led:** e.g. when a young person initiates a conversation/asks for advice or information about alcohol or drugs;
- **Opportunistic:** e.g. when concerns arise relating to a young person's use of alcohol or drugs.

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<sup>i</sup> <https://www.nice.org.uk/guidance/ph24>

<sup>ii</sup> <https://www.nice.org.uk/guidance/ph24/chapter/3-Considerations>

## Consent

Young people should consent to CRAFFT screenings, and should be assured that their answers are confidential unless a child protection issue arises.

Across the UK, competency for children to provide consent is considered under the Gillick principle, which relates to the judgement of Mr Justice Woolf in the ruling of *Gillick v West Norfolk*, 1984:

*“..whether or not a child is capable of giving the necessary consent will depend on the child’s maturity and understanding of the consent required. The child must be capable of making a reasonable assessment of the advantages and disadvantages of the treatment proposed, so the consent, if given, can be properly and fairly described as true consent”<sup>i</sup>.*

The Gillick principle has informed the NICE Guideline (PH24).

In Scotland, specifically, the enactment of the 1991 Age of Legal Capacity (Scotland) Act, recognises that adulthood begins at 16, but has provision that children under the age of 16 can be deemed to have the capacity to consent to medical treatment or procedures if he/she is capable of understanding the nature and consequences of the proposed treatment or procedure<sup>ii</sup>. This is compatible with the Gillick principle.

Within NHS Greater Glasgow & Clyde and Glasgow City HSCP, it is generally accepted that a child aged 12 or above has the capacity to give or withhold consent and this cannot be overturned by parents. For example, the consent form for providing consent for photographs/videos of young people states:

*“The general rule of thumb is that a child aged 12 or above has the capacity to give and withhold consent unless there is some basis for believing they lack capacity (for example, a learning disability). If a competent child gives consent then this cannot be overridden by the parent and parental consent is not additionally required”<sup>iii</sup>.*

However, youth workers should exercise professional judgement regarding the capacity of a young person to consent, and this will depend on factors such as their level of maturity and whether they have learning or developmental differences. Please always refer to your own organisation’s policies and procedures if you are unsure.

Young people deemed able to provide consent to CRAFFT screenings should equally be able to consent (or refuse consent) to any proposed outcomes from the screenings including brief interventions or referrals to other agencies.

The worker is under a duty to pass on information in any cases where child protection issues arise (see Page 16).

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<sup>i</sup> *Gillick v West Norfolk and Wisbech Area Health Authority and Department of Health and Social Security* (1984) Q.B 581

<sup>ii</sup> <https://www.legislation.gov.uk/ukpga/1991/50/section/2>

<sup>iii</sup> Glasgow City HSCP Image Consent Form

## How to Conduct a CRAFFT Screening Interview

CRAFFT screening interviews should be conducted in a private setting with a youth worker and young person. The CRAFFT app should be used, ideally on a tablet or other suitably sized hand-held device. Before beginning, it is important to stress that the young person should be honest, and that answers will be confidential unless child protection issues arise. Assurances may be given that no name or identifying information will be entered at any stage onto the app.

Ideally, interviews should be conducted side-by-side with the young person, ensuring the young person has sight of the screen. The youth worker should read the questions, but the session should be collaborative. Answers to the CRAFFT questions can be input either by the youth worker or the young person, but the questions at the end regarding outcome should be completed by the youth worker.

CRAFFT screenings may be very quick if the young person is abstaining from all alcohol and substance use. However, it is important that sufficient time is available to allow for screenings which will result in positive scores, follow-up discussions, brief intervention and, if necessary, referrals.

The CRAFFT screening interview consists of nine questions to which only a yes or no response is required. However, young people may offer explanatory or contextual information in the course of the interview. In such cases, youth workers should listen carefully to these disclosures, as they may help to inform:

- Areas to explore and the choice of questions in the Brief Intervention (see Page 8)
- The identification of Red Flags (see page 13)

As a validated tool, it is important to ask the questions as they are worded on the app. However, it is acknowledged that some of the language may be 'American', and youth workers should ensure that young people understand what is being asked, and more local terminology can be used to clarify questions if required.

### **Recording the Outcome**

The outcome of the CRAFFT screening should be recorded at the end of the interaction with the young person – following the screening and, where relevant, brief intervention and/or referral.

### **Consent to keep data**

The CRAFFT app will ask for a record that the young person consents for the data from the CRAFFT screening to be stored. It should be emphasised at this point that neither the young person's name nor any other identifying information have been input. However, the young person may feel that the information given would be enough to identify them (e.g. given their age and venue entered), and in this case the data could be seen as 'identifiers' under data protection regulation<sup>1</sup>. This is why we are asking young people to consent to data being stored.

The purpose of storing the data is so that we can look at the combined scores for all young people who are taking part in screenings. This is to monitor and improve service provision. However, the young person has a right to decline for their data to be kept. If they decline, the youth worker should ensure the young person has confirmation that all data are deleted- both verbally and showing the dismissal on the screen.

## When and How to Use a Brief Intervention

Brief Interventions (BIs) should be offered to all young people who have a positive ( $\geq 2$ ) CRAFFT score. The BIs should be delivered immediately after screening, wherever possible.

### Suggested Areas to Explore and Questions

Following CRAFFT screening, it is useful to explore the nature and extent of issues around alcohol/substance use. Youth workers should use questions and discussions as they choose and as they consider appropriate. Some areas worth exploring (modified from guidance in Norfolk), are given below (although youth workers should feel free to select some or all of these, or to modify language etc as appropriate). Some examples of specific questions are listed below. More of these are available in the CRAFFT training pack.

Knowledge about substances:

- What do you know about drugs/alcohol?
- What drug/alcohol education have you received at school?

Type of substance:

- What kinds of alcohol do you drink?
- What type of drugs do you use?

Patterns of substance use:

- How often do you use drugs/alcohol?
- When are you likely to use drugs/alcohol?

Reasons for substance use:

- Why do you use drugs/alcohol?

Impact of substance use:

- Are you worried about your use of drugs/alcohol?
- How do you think your drug/alcohol use affects your life?

Readiness for change:

- What would make it difficult for you to stop using alcohol or drugs at the moment?
- What might make you want to change your drug/alcohol use?

### Summarising, Informing, and Encouraging Change

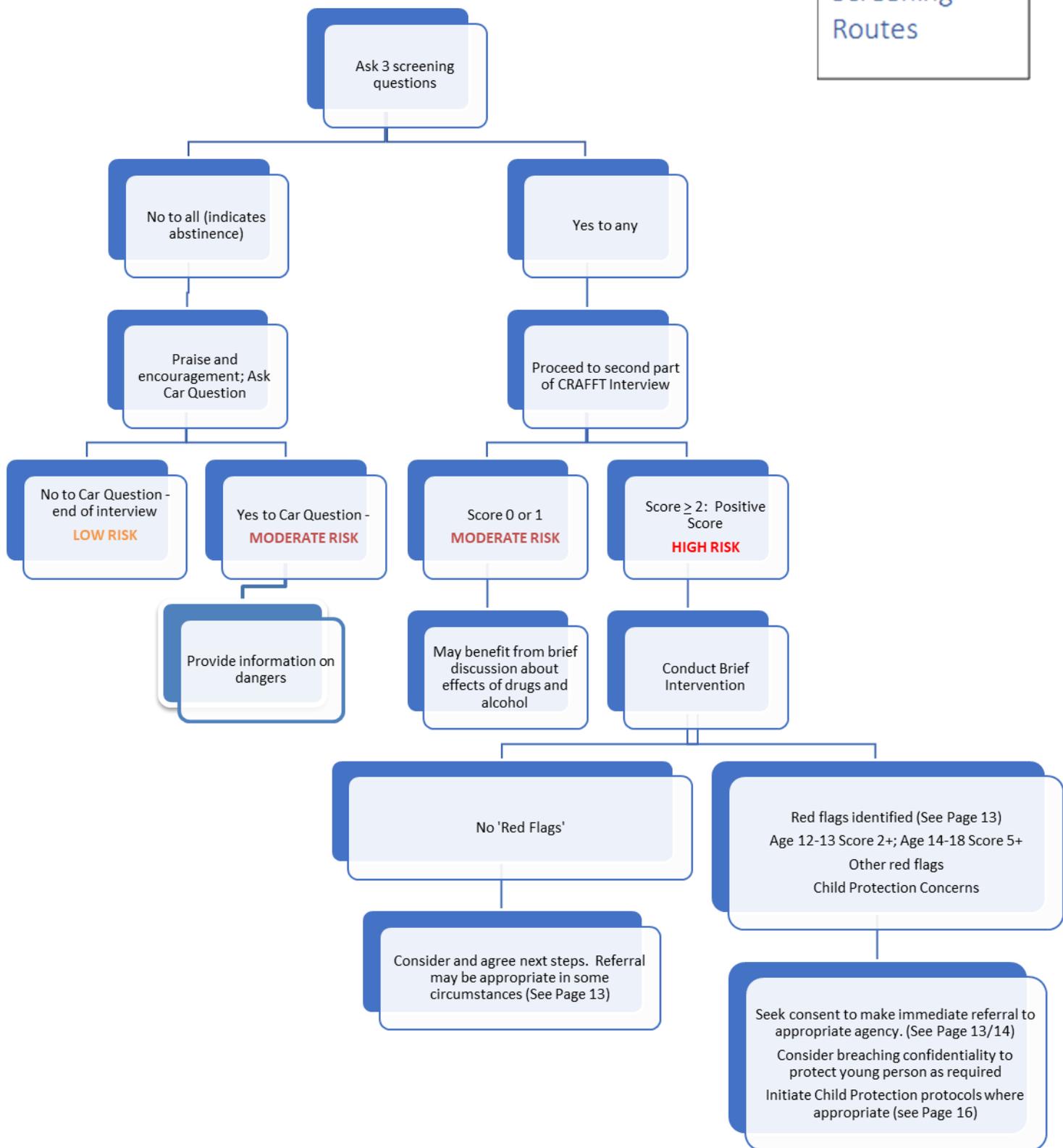
Brief interventions should:

- Provide a summary of the issues raised during CRAFFT screening and answers to follow-up questions
- Provide advice and information about the effects of alcohol/drug use and reasons to change
- Elicit the young person's feelings about their alcohol/drug use and whether they are willing to stop/cut down

- Adopt a 'guided' style (encouraging the young person to explore the pros and cons of current behaviour followed by the cons and pros of change behaviour) that allows them to come to their own conclusions with regard to change.
- Give praise and encouragement where the young person is willing to stop/cut down
- Invite the young person to check in with the youth worker (e.g. in a month) to review how they are getting on (whether or not they have expressed an intention to stop or cut down).
- Potentially refer to other agencies depending upon score / discussions

Youth workers may wish to use BIs adaptively and flexibly depending on the individual circumstances of the young person.

CRAFFT  
Screening  
Routes



## Red Flags

Further action for young people at High Risk will depend on whether there are any 'red flags'.

While the list below may be a helpful checklist, it is not exhaustive. The youth worker should use professional judgement to determine whether the young person has disclosed or displayed any signs of serious concern regarding their safety or wellbeing, requiring referral to other agencies.

In the course of the CRAFFT screening, and Brief Interventions, any of the following are Red Flags:

- CRAFFT score of 5 or more - or a CRAFFT score of 2 or more if aged 12-13
- Daily or near daily use of a substance
- Alcohol-related blackouts
- Use of alcohol/drugs causes failure to fulfil obligations at school or elsewhere
- Continued use despite recurrent problems
- Using intravenous drugs
- Consuming large volumes of alcohol
- Substance use is unusual/alarming in view of the age of the child
- Recurrent use in hazardous situations (e.g. driving)
- Use is leading to crime or exploitation by others, including sexual exploitation
- Evidence of sexual risk taking/repeatedly seeking emergency contraception
- Other evidence of use being chaotic or risky
- Young person is caring for another child and using substances
- An adult is involved in facilitating use
- Parents/carers are misusing substances

## Making a Referral (without Red Flags)

Where a young person has a positive CRAFFT score, but does not have Red Flags, the most appropriate outcome may be for the youth worker to deliver a BI only, and referral to other agencies may not be required. However, other agencies can provide further support where deemed appropriate by the youth worker, and where the young person agrees for a referral to be made.

The Glasgow Council on Alcohol Multiple Risk Service will provide further support for young people with positive CRAFFT scores. Referral should only be made with the consent of the young person.

Where a young person does not agree to a referral, but a need for further support is recognised, the youth worker may wish to give the young person information about the service in case they would like to follow this up themselves at a later stage.

Agency	Referral Criteria	Support Offered	How to Refer
<b>Know Your Way</b>	Young people scoring 2 or more in the CRAFFT screening and/or demonstrating risk clustering, i.e. engaged with at least one other risk behaviour in addition to problematic alcohol/substance use.	Referral to youth health service/multiple risk service where young person can be assessed and offered appropriate support.	To refer, please call 0141 556 6631. Office opening hours are 9-5pm Mon-Fri. Outwith these hours, a message can be left on their answerphone service. Leave your name, organisation and contact number and they will return your call the next working day. (For any other correspondence you can contact head office on 0141 353 1800 Mon-Thu 9am-9pm).

## Acting on Red Flags

Where there are Red Flags, the youth worker should consider actions described below.

### Making a Referral (with Red Flags)

The Alcohol and Drug Recovery Service (ADRS) is a joint service between Social Work Services and NHS. For referral to this service, the young person would have to have a level of dependency and/or chaotic use of alcohol/drugs.

Young people accessing ADRS will be assigned a care manager. The team can provide medication and a detox service where required, and liaison with social workers as appropriate. The safety of the young person is the key priority.

If youth workers are not sure whether to refer a young person to ADRS, the advice is always to err on the side of calling for advice. ADRS will be able to advise whether the young person can/should be seen by their service, and should be able to recommend other services if appropriate.

ADRS works in three teams across Glasgow – South, North East and North West. The team to contact will be based on where the young person lives (not the location of the youth work organisation they are attending). Contact details are given below.

Before making a referral to ADRS, youth workers should explain to the young person why they are concerned about the young person, and that they feel they need support from people who are best placed help them. The young person's consent for referral to ADRS should be sought. Where consent is not given, the circumstances and nature of concern should be considered in light of child protection concerns (see Page 16), and child protection protocols should be initiated where appropriate.

Agency	Referral Criteria	Support Offered	How to Refer
<b>Alcohol and Drugs Recovery Service (ADRS)</b>	Red Flags, dependency and/or chaotic use of alcohol/drugs (see Page 13)	Client-led services including medication, detox, liaison with social work	<p><b>ADRS South Glasgow:</b>            Govan: 0141 276 8740            Gorbals: 0141 420 8100            Pollok: 0141 276 3010            Castlemilk: 0141 287 6168</p> <p><b>ADRS North East Glasgow:</b>            Easterhouse: 0141 276 3420            Parkhead: 0141565 0200</p> <p><b>ADRS North West Glasgow:</b>            Dumchapel: 0141 276 4330            Possil (Closeburn St):0141 276 4580            Possil (Saracen St): 0141 800 0670</p>

## Child Protection

While some local Child Protection policies may focus on issues of abuse or neglect, it is equally important to consider Child Protection issues regarding risks relating to young people's own behaviour. The Scottish Government's national guidance for Child Protection (2014)<sup>i</sup> states:

*Some children and young people place themselves at risk of significant harm from their own behaviour. Concerns about these children and young people can be just as significant as concerns relating to children who are at risk because of their care environment.*

The types of concerns which may arise include children's alcohol and/or drug misuse.

Youth workers are obliged to share confidential information given by a young person where:

- There are Red Flags and the young person has refused a referral to ADRS or other appropriate agency
- There are any other reasons to suggest the young person is suffering or likely to suffer **significant harm**

Youth workers should follow their own organisation's Child Protection protocols. There will usually be a designated member of staff/assigned Child Protection Officer within the organisation to whom concerns must be reported, or there will be protocols to report concerns to a line manager. There may be internal protocols regarding how to log concerns.

### **There is a legal obligation to report Child Protection concerns to Social Work:**

Office hours: Social Care Direct – 0141 287 0555 or [scdchildrenandfamilies@glasgow.gov.uk](mailto:scdchildrenandfamilies@glasgow.gov.uk)

Out of office hours: Glasgow and Partners Emergency Social Work Services 0300 343 1505.

Where a young person is in immediate danger, Police Scotland should be contacted on 999.

Where child protection concerns are raised and reported, the young person's parent/carer should usually be informed unless there are exceptional circumstances – e.g. where informing the parent/carer would be considered to be putting the young person at further risk, or where youth work staff felt at personal risk.

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<sup>i</sup> <https://www.gov.scot/Resource/0045/00450733.pdf>

## Further Information about CRAFFT training and delivery

If you would like more information or advice about conducting CRAFFT screenings in youth work settings, conducting brief interventions or making referrals, please contact:

[Pollok.HIAdmin@ggc.scot.nhs.uk](mailto:Pollok.HIAdmin@ggc.scot.nhs.uk) putting 'CRAFFT Portfolio 1' in the subject line of your email.

Administration  
South Locality Health Improvement Team (Portfolio 1)  
Glasgow Health and Social Care Partnership (GHSCP)  
Pollok Health Centre  
21 Cowglen Road  
Glasgow  
G53 6EQ