

Appendix B - Proposed changes to Kent Young Person Drug and Alcohol Service Specifications:

- 1.1 Refining pathways for 18-25 year olds so it is clear which service supports this cohort, depending on their circumstances; adult services should be supporting any individuals who are physically dependent on alcohol or using opiates. Clear transition pathways between young person and adult services need to be in place and the choices of the person accessing the service should be respected, should an individual prefer to be seen by the young persons' service, wherever clinically possible.
- 1.2 Inclusion of trauma-informed principles. Although we ask services to work in a trauma informed way, we don't often provide examples of what we expect this to look like in practice. This could include:
 - 1.2.1 The use of therapeutic tools e.g. Grounding, Soothing, Coping and Regulating Cards; Signs of Safety 3 Houses tool
 - 1.2.2 Using visual metaphors to respond to stress and trauma
 - 1.2.3 Utilising the 'Human Givens' approach
- 1.3 Specific pathways for children impacted by someone else's substance use. Adult and young persons services working together to identify these young people, develop pathways, and deliver joint interventions, thus expanding the impact on families.
- 1.4 A requirement for the provider to engage with appropriate research projects; the substance use landscape will change over the life of the contract and it is important that services respond flexibly and are able to adapt.
- 1.5 Define the requirement for Quality Improvement Leads that work in conjunction with other providers and across the system to ensure learning is shared and embedded.
- 1.6 Inclusion of "Harm Reduction" into contract/service name; this will enhance the focus on the ethos of the service, which is harm reduction, rather than abstinence.
- 1.7 Education around County Lines; this is a particular issue in Kent due to the proximity to London. Whilst it is the police's responsibility, education from the provider may act as a preventative measure.
- 1.8 Specify "facilitate access to" needle exchange; the young persons' service is not expected to operate a needle exchange, however they still need to have regard to providing harm reduction, where required.
- 1.9 Added reporting of opportunistic smoking quits; there is not currently a stop smoking offer for those under the age of 18 in Kent. The service is positioned well to deliver stop smoking advice as part of Making Every Contact Count (MECC), but this should not become the focus of

interventions.