



Department  
of Health &  
Social Care

From [REDACTED]  
Parliamentary Under Secretary of State for Public  
Health and Prevention at  
Department for Health and Social Care

39 Victoria Street  
London  
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Our ref: [REDACTED]

HM Coroner Alexander Frodsham  
The West Annexe  
Town Hall  
Sankey Street  
Warrington  
Cheshire  
WA1 1UH

By email: [REDACTED]

02 August 2024

Dear Alexander,

Thank you for the Regulation 28 report of 8 June 2024 sent to the Department of Health and Social Care about the death of Oliver Barnett. I am replying as the Minister with responsibility for public health and prevention.

Firstly, I would like to say how saddened I was to read of the circumstances of Oliver's death, and I offer my sincere condolences to their family and loved ones. The circumstances your report describes are concerning and I am grateful to you for bringing these matters to my attention.

The report raises concerns over the lack of residential and detoxification facilities for children and young people in England, the disparity between adult and children's support, and parents/ carers having to manage detoxification programmes supported by alcohol and drug services.

As detoxification and residential rehabilitation programmes are distinct interventions, I will respond to your concerns in relation to each in turn.

Having taken advice from my officials, my understanding is that it is rare for detoxification to be clinically appropriate for a child under 18. In instances where it is judged appropriate, as in the case of Oliver, then in line with national clinical guidelines, most cases can be managed in the community with appropriate clinical and psychosocial support provided by community drug and alcohol treatment services. In the rare circumstances where inpatient detoxification is clinically indicated, this should be provided and managed by the community drug and

alcohol treatment service in partnership with a local NHS hospital or mental health trust. Relapse prevention support should be provided for as long as it is needed. Throughout this process, it is important that parents feel supported by the drug and alcohol treatment service managing their child's care and appropriately involved in the intervention – parents should not be left to feel they are managing the process on their own. Any parent who feels they are not receiving an adequate service should use the treatment service's complaints procedures or contact their local authority if they feel their concerns are not being addressed.

In relation to residential rehabilitation, my officials have highlighted that while interventions to address alcohol and drug use are often similar for adults and children and young people, there are important distinctions.

Substance misuse among children and young people typically cooccurs with and compounds other problems and vulnerabilities. Therefore, it is important that links are maintained with their family and positive social networks, as well as other sources of support including child social workers, schools, youth offending teams and mental health services. Differences in emotional and cognitive development, problem awareness and readiness for change, as well as consent and safeguarding issues, all require a different approach and mean that residential rehabilitation is not one that easily translates from adult to young peoples' service provision.

Community-based treatments are generally more appropriate and effective for children and young people than programmes which temporarily remove them from their family and support network. Practice standards set out by the Royal Colleges of GPs and Psychiatrists, CQC as well NICE guidelines, emphasise that professionals working with children and young people should consider local solutions before looking for residential placements.

While a small number of young peoples' residential drug and alcohol rehabilitation services have operated in England at various times over the last 30 years, they have not remained open as there was insufficient sustained demand and outcomes were mixed. Currently, for the very few young people it is appropriate for, there are options to provide residential interventions away from home, such as specialist fostering arrangements, or child and adolescent mental health inpatient units.

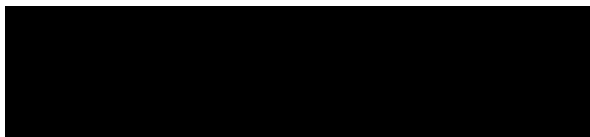
Additional funding of £532 million over three years from 2022/23 to 2024/25 has been given to local authorities to improve the quality and capacity of drug and alcohol treatment.

Alongside investment in service delivery, my department is supporting Local Authorities, providing targeted support to areas which need it, sharing good practice and working to improve treatment pathways for care leavers, and young people not in mainstream education, involved with the criminal justice system or experiencing cooccurring mental health problems. As we support quality improvements in children and young people's alcohol and drug treatment we will keep the evidence, good practice and the question of the most effective service models under review.

There has been an increase in the number of children and young people accessing drug and alcohol treatment recently (28% since March 2022) and I of course want to see that figure continue to grow and the quality of the interventions continue to improve.

I would like to thank you for bringing these concerns to my attention and I will await the outcome of the full investigation to consider the matter further. I hope this response is helpful.

Yours sincerely,

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