



*National Treatment Agency  
for Substance Misuse*

National Drug Treatment Monitoring System (NDTMS)

## **NDTMS DATA SET**

**GUIDANCE FOR YOUNG PEOPLE'S TREATMENT PROVIDERS**

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**EXTERNAL REFERENCES**

<b>Ref No</b>	<b>Title</b>	<b>Version</b>
1	<a href="#">NDTMS Data Set - Guidance for Young People's Treatment Providers</a>	8.01
2	<a href="#">NDTMS Data Set - Technical Definition</a>	8.02
3	<a href="#">NDTMS Data Set - Reference Data</a>	8.03
4	<a href="#">Business Definition for Young People's Treatment Providers</a>	8.03
5	Operational Plans: National Planning Guidance and 'Vital Signs'	9413
6	Care Matters: Time for Change	cm7137
7	Common Assessment Framework for Children and Young People: Managers' Guide	0336 - 2006BKT - EN
8	The Lead Professional: Factsheet	IW55/1108
10	NICE - Clinical Guideline 16	ISBN 1 854334093
11	Young People's Specialist Substance Misuse Treatment Services: Interim Guidance Commissioning	10603
12	The Treatment Outcomes Profile (TOP) - Guidance notes for the reporting of TOP to NDTMS	Jun 2007
13	Assessing young people for substance misuse	Feb 2007
14	<a href="#">DRUG STRATEGY 2010. Reducing Demand, Restricting supply, Building Recovery: Supporting People to Live a Drug Free Life Home Office</a>	December 2010
15	<a href="#">Key Elements of Effective Practice: Substance Misuse 2008 YJB</a>	2008
16	<a href="#">National Specification for Substance Misuse, YJB 2009</a>	2009
17	<a href="#">Department of Health, YJB, MOJ and DCSF, When to Share Information: Best Practice Guidance for Everyone Working With Youth Justice System, DH 2008</a>	2008

This document uses the convention that any external references are indicated by square brackets e.g. [1]

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# 1 INTRODUCTION

All young people's specialist substance misuse treatment services should provide a basic level of information to NDTMS on their activities each month – this data is known as the NDTMS Data Set. In support of evolving business requirements, the data items collected via NDTMS are reviewed on an annual basis.

The current version (commonly referred to as the NDTMS Data Set H) will be introduced for national data collection from 1<sup>st</sup> April 2011

NDTMS was initially developed to collect data on adult substance misusers receiving specialist drug treatment services. The Drug Strategy, *Drugs: Protecting Families and Communities (Cabinet Office 2008)* highlighted the importance of creating a data set that is young person specific but also able to identify potential outcomes for under 16's following a treatment intervention.

During 2008 the NTA consulted with regional groups of substance misuse commissioners, children's services commissioners, treatment providers, NDTMS regional staff, information analysts and DCSF staff. This consultation produced the core data set H and further consultation, again organised by NTA regional staff, focused on guidance notes. These definitions are described in NDTMS Data Set - *Business Definition for Young People's Treatment Providers [4]*

This guidance reflects the latest changes in the NDTMS Young People's Data Set H. A full description of all the data items is available in, *Business Definition for Young People's Treatment Providers [4]*

Key changes in the latest version of the Data Set are:

- Changes to measurements of unsafe sex at treatment entry and treatment exit
- Inclusion of new status questions & output measurement at treatment entry and treatment exit
- Inclusion of new item recording LAC status of YP
- Inclusion of new item recording residential placement of treatment intervention

Data Set H for young people has been developed for all young people's services and should be completed for all people accessing young people's treatment services irrespective of age. This will enable the possibility of collecting data on young people under 18 and also people over 18 accessing young people's services.

The Treatment Outcome Profile (TOP) has been validated for all people over the age of 16. The TOP section should be completed for all people 16 and over. Outcomes will also be monitored using the new outcomes/output items from Core Data Set H for both those under and over 16.

The new data set should provide a better understanding of how young people's treatment works and should better inform the needs assessment and treatment planning process.

## **2 PURPOSE OF THIS DOCUMENT**

This document provides a general overview of the NDTMS Young People's Data Set and its role in monitoring progress locally and to inform local needs analysis and commissioning.

It summarises the latest changes; explains which services should report to NDTMS; provides relevant definitions, as well as addressing confidentiality and consent issues and provides answers to frequently asked questions.

### 3 OTHER NDTMS GUIDANCE

Young people's treatment services will still need to refer to the following guidance which provides more technical information in relation to NDTMS. These are available from the NTA website and are updated regularly.

- [\*NDTMS Data Set - Business Definition for Young People's Treatment Providers\*](#) - guidance for managers of treatment providers on NDTMS Young People's Data Set
- [\*NDTMS Data Set - Reference Data\*](#) - this guidance defines the meaning of codes in the NDTMS Data Set such as 'accommodation needs' and 'referral source' codes
- [\*NDTMS Data Set - Technical Definition\*](#) - guidance to IT managers within treatment providers and/or IT companies on the NDTMS Data Set
- [\*NDTMS CSV Input File Format\*](#) - definition of the file format for the Comma Separated Variable (CSV) used as the primary means of inputting the NDTMS Data Set items into the NDTMS database
- [\*Treatment Outcomes Profile\*](#) – for 16-18 year olds, young people's specialist substance misuse treatment providers should refer to the TOP guidance as well as FAQs for young people's treatment providers. NDTMS FAQs can found in Section 13 of this document.  
TOP guidance and FAQs are available from the NTA website – <http://www.nta.nhs.uk/who-healthcare-top.aspx>

## 4 NDTMS YOUNG PEOPLE'S DATA SET AND PERFORMANCE

Information reported to the NDTMS Young People's Data Set is used to ensure that effective specialist substance misuse treatment services are available for all young people who require them.

Data is used to inform local needs analysis and commissioning; inform NTA teams in supporting the continued development of treatment services locally. At National and Local levels it will also provide the opportunity to collect and measure outcomes and outputs.

**Local functions** - at a local level, NDTMS data offers vital information for planning and development of young people's specialist substance misuse treatment services and the planning and development of broader children's and family services. Commissioners should ensure that all young people specialist substance misuse treatment providers report to NDTMS in an effective manner.

**Central functions** - NDTMS collects data which is reported on a monthly and quarterly basis to support local functions and needs analysis, contributing to treatment planning and review:

The NTA will lead a process of delivery support and advice to assist local partnerships to identify their local need for young people's treatment and the services and systems they need to deliver it as part of the children's planning process. The data obtained from Core Data Set H will be an important part of this process. In addition DfE and YJB will also be provided with quarterly summaries on a local and national basis as well as information on partnerships if required.

**National - DRUG STRATEGY 2010, Reducing Demand, Restricting Supply, Building Recovery: Supporting People to Live a Drug Free Life**

The focus for all activity with young drug or alcohol misusers should be preventing the escalation of use and harm, including stopping young people becoming adult addicts. Drug and alcohol interventions need to respond incrementally to the risks in terms of drug use, vulnerability and, particularly, age.

For those very few young people who develop dependency, the aim is to become drug or alcohol free. This requires structured treatment with the objective of achieving abstinence, supported by specialist young people's services such as Child and Adolescent Mental Health.

For the most vulnerable young people a locally delivered multi-agency package of care, including treatment, supported housing/fostering, education and support is required. Attention will also be required to ensure that any transitional arrangements to adult services are effective at the local level.

**DRUG STRATEGY 2010, Reducing demand, restricting supply, building recovery: supporting people to live a drug free life Home Office December 2010**

<http://www.homeoffice.gov.uk/publications/drugs/drug-strategy/drug-strategy-2010?view=Binary>

More detailed information on NDTMS reports is provided in section 12.

## 5 WHAT IS SPECIALIST SUBSTANCE MISUSE TREATMENT FOR YOUNG PEOPLE?

The integrated children's system requires clear criteria for specialist services to distinguish which children and young people require these services. In order to achieve consistency across areas regarding which young people require specialist substance misuse treatment interventions the following definition has been developed:

"Young people's specialist substance misuse treatment is a care planned medical, psychosocial or specialist harm reduction intervention aimed at alleviating current harm caused by a young person's substance misuse." *Young people's specialist substance misuse treatment services: Interim Commissioning Guidance. NTA 2008.*

This is the definition that has been agreed across government departments and should be used by all local areas. This definition will help to ensure that specialist substance misuse treatment providers are accessed by young people with the greatest need. The consistency across the country will enable more reliable data to be collected to help establish needs, plan services and decide funding priorities.

**Further information on this treatment definition is provided in *Interim Guidance on Commissioning Young People's Specialist Substance Misuse Treatment Services (NTA, 2008)***

**Please note: Work will be undertaken to ensure consistency with the New Drugs Strategy 2010**

### **Interventions**

Young people must be able to access each of the following three young people's specialist substance misuse treatment interventions. Interventions include social and health care interventions, all of which are important and complement each other in reducing harm caused by a young person's substance misuse. In order to support a young person to change their pattern of substance misuse, it may be important to provide parents, family and significant others with support.

A comprehensive specialist substance misuse assessment should be completed in order to determine a young person's needs. A care plan should be developed which sets out the young person's goals to meet their needs, what actions will be taken to achieve these goals, including the range of interventions to be provided, and details of when the care plan will be reviewed.

This specialist substance misuse care plan should be developed in collaboration with other practitioners that may be involved in a young person's care and should be coordinated by a 'lead professional'. For further information on assessment see Interim Guidance on Commissioning Young People's Specialist Substance Misuse Treatment Services available from the NTA website.

### **Psychosocial Interventions**

Psychosocial interventions are structured treatment interventions that encompass a wide range of actions. Key working is the basic delivery mechanism for a range of key components including the review of care plans and goals, provision of substance including alcohol related advice and information, and interventions to increase motivation and prevent relapse.

Help to address social problems, for example peer relationships, family relationships and education. In addition, a range of formal psychosocial interventions may be provided by key workers or others with the appropriate competences.

Formal psychosocial interventions may be provided alone or in combination with other interventions and should be targeted at addressing assessed need.

They may be provided:

- To treat substance misuse including alcohol or co-occurring mental health disorders
- Alone or in addition to harm reduction or pharmacological interventions

Formal psychosocial interventions should be provided in accordance with Drug Misuse and Dependence: UK guidelines on clinical management (DH & devolved administrations, 2007), also known as the 'clinical guidelines' or 'orange book' and relevant NICE Clinical Guidelines including community-based interventions to reduce substance misuse among vulnerable and disadvantaged children and young people.

The type of psychosocial intervention should be selected on the basis of the problem and treatment need of the specific young person guided by the available evidence base of effectiveness.

**This intervention has been broken down into five psychosocial:**

- **Counselling** a process in which a counsellor hold face to face talks with young person to help him or her solve a problem, or help improve that persons attitude, behaviour (substance misuse).
- **Cognitive behavioural therapy** is a psychotherapeutic, a talking therapy, that aims to solve problems concerning dysfunctional emotions, behaviors and cognitions through a goal-oriented, systematic procedure.
- **Motivational interviewing** is a brief psychotherapeutic intervention. For substance misusers, the aim is to help individuals reflect on their substance use in the context of their own values and goals and motivate them to change
- **Relapse prevention** - Relapse-prevention CBT focuses on helping drug users to develop skills to identify situations or states where they are most vulnerable to drug use, to avoid high-risk situations, and to use a range of cognitive and behavioural strategies to cope more effectively with these situations
- **Family work** -interventions using psychosocial methods to support parents, carers and other family members to manage the impact of a young person's substance misuse, and enable them to better support the young person in their family. This includes work with siblings, grandparents, foster carers, etc. and can be provided even if the young person misusing substances is not currently accessing specialist substance treatment. Note: family work should only be reported to NDTMS if and when a young person who is a member of the family receiving family work is currently accessing specialist substance misuse young people's treatment services and should be reported using the young person's attributors.

**Specialist harm reduction** - Specialist harm reduction interventions should include services to manage:

- **Injecting** - young people need to be able to access young people's specific injecting treatment services, as adult treatment providers for injectors are too low threshold and will put young people in contact with adult drug service users, both of which may put them at further risk of harm. These treatment services could include needle exchange, advice and information on injecting practice, access to appropriate testing and treatment for blood borne viruses and participation in full assessment and other specialist substance misuse treatment services.
- **Overdose** – advice and information to prevent overdose, especially overdose associated with poly - substance use, which requires specialist knowledge about substances and their interactions. This could include protocols with accident and emergency services to ensure that measures to identify and prevent future overdose are in place

- **Accidental injury** – advice and information to ensure that measures to identify and prevent substance misuse related accidental injuries are in place.

**Pharmacological Interventions** – these are substance misuse specific pharmacological interventions which include prescribing for detoxification, stabilisation and symptomatic relief of substance misuse as well as prescribing of medications to prevent relapse.

**YP Non-structured intervention.** This code refers to universal, targeted or early interventions. This code will not be used for structured treatment purposes and will not be included in any centrally produced data.

## 6 WHICH SERVICES SHOULD REPORT TO NDTMS YOUNG PEOPLE'S DATA SET?

There are three conditions that services must fulfil in order to report to NDTMS Young People's Data Set:

1. Services should have a Service Level Agreement for providing specialist substance misuse treatment services to young people under the age 18 and their families.
2. Services will have been established as part of the young person's substance misuse treatment needs assessment and treatment planning and commissioning process to provide specialist substance misuse treatment interventions to young people under 18.
3. Services should be delivering specialist treatment interventions for young people which are listed in section 7 of this document.

### **Non-treatment substance misuse services**

Services which provide universal, targeted or early intervention substance misuse services for young people who are currently using substances in patterns which do not warrant referral to specialist substance misuse treatment services should not be registered to NDTMS and should not report provision. Any services which provide universal, targeted and or early intervention services for substance misuse as well as treatment interventions should ensure they report only young people receiving specialist treatment to NDTMS.

### **Youth Offending Teams (YOTs)**

Most YOT substance misuse workers have close and formal links with the local treatment service. There are a variety of models around provision of substance misuse specialist treatment for young offenders with some YOT Substance Misuse workers employed via YOTs and others employed via treatment providers. Some YOTs will be resourced with appropriate skills, experience and clinical governance to provide specialist substance misuse treatment provision and others will need to refer to local young people's specialist substance misuse treatment providers. Any specialist substance misuse treatment provision should be reported to NDTMS. Further guidelines on reporting are provided in the following section 7 *Reporting Treatment Provision for Young Offenders to NDTMS*

For guidance on service delivery see: **Key Elements of Effective Practice: Substance Misuse 2008 YJB** <http://www.yjb.gov.uk/en-gb/practitioners/Improvingpractice/Effectivepractice/KEEPS/>

### **Child and Adolescent Mental Health Services (CAMHS)**

A CAMHS practitioner may work solely on substance misuse issues with a young person. If CAMHS regularly provide specialist young substance misuse treatment services, then the service should register as a treatment provider with NDTMS and should then report to NDTMS.

### **Local Authority Secure Children's Homes, Secure Training Centres and Youth Offending Institutions**

**Youth Offending Institutions (YOI)** - specialist substance misuse treatment provision according to the treatment definition can be provided by Young People's Substance Misuse Service staff or Health Care Staff in accordance with the *National Specification for Substance Misuse (YJB, 2009)* At present, activity should not be reported to NDTMS.

**Secure Training Centres (STC)** - these services should be ensuring that young offenders can access the specialist substance misuse treatment providers they need in accordance with the *National Specification for Substance Misuse (YJB, 2009)* . Provision may be delivered by community-based young people's specialist substance misuse treatment providers who should report their activity with STC clients via NDTMS. At present, any specialist substance misuse treatment delivered by the STC itself should not be reported via NDTMS.

**Local Authority Secure Children's Homes (LASCH)** - these services should be ensuring that young offenders can access the specialist substance misuse treatment services they need in accordance with the *National Specification for Substance Misuse (YJB, 2009)*. Provision may be delivered by community-based young people's specialist substance misuse treatment providers who should report their activity with LASCH clients via NDTMS. At present, any specialist substance misuse treatment delivered in the LASCH by community based treatment services should be reported via NDTMS.

**Children's Residential Care Homes** - these services should be ensuring that young people can access the specialist substance misuse treatment providers they need. Provision may be delivered by community-based young people's specialist substance misuse treatment providers who should report their activity with clients via NDTMS. At present, any specialist substance misuse treatment delivered by staff in children's residential care homes should be reported to NDTMS by the treatment agency.

**Providers of Specialist Substance Misuse Treatment for Adults** – see section 8: Reporting to NDTMS Adult Data Set or Young People's Data Set.

## 7 REPORTING TREATMENT PROVISION FOR YOUNG OFFENDERS TO NDTMS?

This section provides further information on how specialist substance misuse treatment provision delivered by YOT Substance Misuse Workers and substance misuse and criminal justice interventions delivered by young people's substance misuse treatment providers should be reported to the NDTMS Young People's Data Set.

There are a variety of models around provision of specialist substance misuse treatment for young offenders with some YOT Substance Misuse workers employed via YOTs and others employed via treatment services. Some YOTs are resourced with appropriate skills, experience and clinical governance to provide specialist substance misuse treatment provision and others will need to refer to local specialist substance misuse treatment providers.

Any specialist substance misuse treatment provision provided for young offenders should be reported to NDTMS Young People's Data Set, according to the following guidelines:

**Model 1** - If the YOT has staff (including those seconded from treatment providers) with the necessary appropriate skills and experience, and appropriate clinical governance arrangements are in place, and the YOT provides young people's specialist substance misuse treatment interventions, the YOT can either register as a treatment provider and report to the NDTMS Young People's Data Set **OR** report on specialist substance misuse treatment provision via their local treatment provider.

**NOTE 1a: Neither YOTs nor treatment providers should report universal or targeted substance misuse interventions to NDTMS.**

**NOTE 1b: The YOT, the treatment provider and local commissioners should ensure there is no double reporting to NDTMS**

**Model 2** - If the YOT is not appropriately resourced to provide specialist substance misuse treatment, the YOT staff should refer to local young people's specialist substance misuse treatment providers. This process should be supported by a YOT Substance Misuse Worker who should have a specific role in relation to substance misuse. The elected treatment provider should then report treatment provision for young offenders to the NDTMS Young People's Data Set.

**NOTE 2a: Neither YOTs nor treatment providers should report universal or targeted substance misuse interventions to NDTMS.**

**NOTE 2b: The YOT, the treatment provider and local commissioners should ensure there is no double reporting to NDTMS.**

## **8 REPORTING TO NDTMS ADULT DATA SET OR YOUNG PEOPLE'S DATA SET**

From 1<sup>st</sup> April 2008 treatment providers are able to report to NDTMS Adult Drug Data Set, NDTMS Adult Alcohol Data Set, or the NDTMS Young People's Data Set according to how the service is commissioned.

If a service is commissioned to provide young person's services then irrespective of age it will complete the young person's core data set. There may be two or three services in England where the distinction between young people's and adults services has not been completed. However even in these services, staff are designated as young person or adult specific.

In these uncommon situations young person's workers will only complete the young person's core data set irrespective of the age of the person receiving treatment. In such circumstances the young person's worker or team will need to register as a young person's provider.

### **Transitional arrangements**

Transitional arrangements are fully discussed in *Young people's specialist substance misuse treatment services: Interim Guidance on Commissioning Young People's Specialist Substance Misuse Treatment Services (NTA, 2008)*. This document is available on the NTA website.

It may be appropriate for a young person's treatment providers to continue working with a young person past their 18th birthday. In all but exceptional circumstances, treatment interventions will be delivered by the young person's service until their 19<sup>th</sup> birthday, by which time the adult service will be engaged and assume responsibility for delivery of the care plan.

In some cases it may be appropriate for an adult treatment provider to work with a person under 18. Services should report to their usual NDTMS Data Set. That is, a young person's service should always report to the NDTMS Young Person's Data Set and an adult service should always report to the NDTMS Adult Drug Data Set or NDTMS Adult Alcohol Data Set, irrespective of the age of the client.

### **Adult treatment providers working with under 18 year olds**

As outlined above, NTA expects that all young people with substance misuse treatment needs should be provided with treatment services from a young people's specific specialist substance misuse treatment provider. However the Interim Commissioning Guidance states there may be valid reasons for an adult provider working with an under 18 year old.

For instance, if initiation into services occurs close to the date of a client's 18<sup>th</sup> birthday or if young people's treatment providers are currently unable to provide the appropriate treatment a young person needs. In these cases, providers should report to the NDTMS Adult Drug Data Set or NDTMS Adult Alcohol Data Set.

## **9 REGISTERING SERVICES WITH THE NDTMS**

Treatment providers who would like to register to NDTMS should contact their NDTMS Regional Managers. Contact details are available from the NTA website <http://www.nta.nhs.uk/ndtms.aspx>

A list of agencies is available via the regional NDTMS team please link above.

## 10 CONFIDENTIALITY AND CONSENT

This document focuses on confidentiality and consent issues pertaining to reporting to NDTMS and should not be considered a comprehensive guide to these issues. Young people's specialist substance misuse treatment providers should be familiar with the following documents on consent and confidentiality:

- National Specification for Substance Misuse, YJB 2009

<http://www.yjb.gov.uk/publications/Resources/Downloads/Nat%20Spec%20Substance%20Misuse%20Juveniles%20in%20Custody2009.pdf>

- Department of Health, YJB, MOJ and DCSF, When to Share Information: Best Practice Guidance for Everyone Working With Youth Justice System, DH 2008

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_084705.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_084705.pdf)

- Assessing Young People for Substance Misuse. NTA website, 2007.
- NTA: Essential Elements of a Treatment Service. NTA website, 2005.
- Department of Health: Seeking Consent Working With Children. DH website, 2001.
- Royal College of General Practitioners and Brook Advisory Services. Confidentiality and Young People: Improving teenager's uptake of sexual and other health advice, 2000.
- SCODA/ Children's Legal Centre. Young People and Drugs. Drug scope, 1999.

All young peoples' treatment agencies should have clear policies on

- a) Confidentiality and information sharing
- b) Consent to treatment, and
- c) Child protection

Policies on confidentiality and consent need to be agreed by Local Safeguarding Children's Boards which should also provide assistance on these matters. Staff should be familiar with these policies and should act in accordance with them. These policies should also include reference to confidentiality and consent in relation to NDTMS as outlined below.

### Confidentiality

All agencies should routinely and explicitly explain their confidentiality and information sharing policy in relation to NDTMS with young people and their parents or carers. Young people entering treatment should sign a confidentiality agreement as part of the care planning process.

This confidentiality statement should include details about how the treatment provider will respond to child protection issues if there is concern that a child is thought to be suffering, or to be at risk of suffering, 'significant harm'. This statement should also identify what information will be reported to NDTMS.

### Consent

In order to provide data to NDTMS, a treatment provider must first request and obtain consent from the client and/or parent or person with parental responsibility. If a treatment provider offers services which do not involve obtaining consent, NDTMS will not be able to accept data relating to the individuals in receipt of those services.

Treatment providers should determine whether a young person or their parent or person with responsibility should be asked for consent in relation to reporting to NDTMS according to their protocols for determining a young person's capacity to give informed consent. These protocols should be in line with the above guidance.

### Anonymity and NDTMS Data

Client records reported to NDTMS include initials, date of birth and gender, and are therefore treated as attributable data. The NDTMS requires these in order to be able to produce robust statistics, but their use is limited to the purposes described in the consent statement. This attributable data is not provided to government departments or criminal justices agencies.

**Access to NDTMS Data**

Under the Freedom of Information Act, requests for information, other than for attributable data, may be made to the NTA. Requests for attributable data may be made to the NTA and are governed by the Data Protection Act. An NDTMS record is considered to be attributable data, even though full names are not recorded.

## 11 OVERVIEW OF CHANGES TO YOUNG PEOPLE'S DATA SET

During this interim year of 2011/2012 minimal changes have been made to the young people's core data set. This revised data set will:

- Provide information on a local and national basis of how the treatment system is helping to reduce harm arising from drug use
- Inform Children's Services, Children and Young People's Planning and Joint Strategic Needs Assessments
- Provide evidence on how the young person's treatment system is meeting local treatment need
- Ensure a more outcome focused approach to the understanding of the treatment system

Complete definitions of all these changes can be found in *NDTMS Data Set - Business Definition for Young People's Treatment Providers [4]*. Outlined below is a brief description of the change and the rationale behind them.

### Looked After Child

Following feedback and to ensure NDTMS can properly capture these vulnerable YP for safeguarding issues, a new field has been added to record if a YP is a Looked After Child,

*"Looked after Child includes all children being looked after by a local authority including those subject to care orders under section 31 of the Children Act 1989 and those looked after on a voluntary basis through an agreement with their parents under section 20 of the Children Act 1989"*

Looked after children fall into four main groups:

- Children who are accommodated under voluntary agreement with their parents (Section 20 of The Children Act 1989)
- Children who are the subject of a care order (Section 31) or interim care order (Section 38)
- Children who are the subject of emergency orders for their protection (Section 44 and 46)
- Children who are compulsorily accommodated. This includes children remanded to the local authority or subject to a criminal justice supervision order with a residence requirement (Section 21)

### Status Questions at Treatment Entry and Treatment Exit

These items focus on the status of the YP coming into and exiting treatment. The unsafe sex questions have been updated to capture accurate and comparable information for outcomes measurements. Similarly, the frequency of use fields have been added to measure reductions of substance misuse of primary problematic drug for all YP.

#### *YP Engaged in unsafe sex at Treatment Start / Exit*

This refers to a young person's current involvement in unsafe sex or unprotected sex. It is sexual activity engaged in without precautions to protect against sexually transmitted infections, including not using condoms, either with a regular or casual partner, having multiple sexual partners and anal sex at the point of treatment entry (for Treatment Start question) or at the point of discharge (for Treatment Exit question)

#### *YP Frequency of use of drug 1 at Treatment Start / Exit*

This refers to how many days in the 28 days prior to entering treatment (for Treatment Start question) or the 28 days prior to discharge (for Treatment Exit question) the YP used the substance stated in drug 1.

**YP Substance Misuse treatment specific residential placement**

This field has been added in order to adequately capture the number of YP receiving treatment in a residential placement even if the YP is not attending a typical "residential rehab".

YP Substance Misuse treatment specific residential placement focuses on specialist treatment provision delivered within residential settings (not necessarily dedicated residential substance misuse service).

Many young people receiving residential treatment will require medical and psychosocial interventions. Many of these will be in non-substance specific services such as Paediatric or CAMHS in-patient units, foster care, or within children's homes.

In such circumstances, they will need to be supported by specialist young people's substance misuse services within reach pharmacological interventions or psychosocial interventions.

Please see breakdown of the fields below:

*Detoxification Child Adolescent Mental Health Service inpatient*

Substance misuse/complex needs programmes provided within the context of adolescent mental health services.

*Adult detoxification and rehabilitation*

Where a young person is placed in adult detoxification, residential substance misuse facilities or adult hospital ward

*In reach community detoxification*

Pharmacological intervention provided in a residential setting where the young person has been placed, away from their normal home such as children's home, foster placement or secure children's unit.

*In reach psychosocial intervention*

Provided in a residential setting where the young person has been placed away from their normal home such as children's home, foster placement or secure children's unit.

*Dedicated young person's detoxification and rehabilitation*

Where a young person is placed in a residential substance misuse placement

*Paediatric hospital detoxification*

An inpatient paediatric hospital placement

## 12 QUALITY ASSURANCE DATA AND REPORTS BASED ON NDTMS

Each month the NTA provides status reports on treatment activity during the current financial year in order that Children's Commissioners, Children's/Drugs partnerships and Primary Care Trusts (PCTs) are provided with up to date performance information.

In order for an individual to be included in these reports, an NDTMS record must have been received which includes:

- a) A full set of attributors
- b) A date of birth indicating that the individual was not less than 9 years old and not more than 75 years old at the date of triage
- c) A main drug including alcohol, for services reporting to the NDTMS Young People's Data Set.
- d) Evidence that the individual was in contact with the service during the period being reported (based on assessment/triage or intervention start dates and discharge dates)

The reports are available on NDTMS.net and on DAMS for providers and include

- Monthly summary data for Partnerships and Providers
- A report on the data quality of returns from treatment providers to help identify any data sources which may have contributed to low performance
- The summary of activity
- Nationally

In addition quarterly (green) reports are also produced that contained more detailed activity and performance information. These take the following format.

- Information for Partnerships and Providers
- Summary by Region
- National summary

Reports on local and national activity will be sent automatically to DfE and the YJB.

The NDTMS data is also used to provide partnerships with annual YP Needs Assessment data.

The age of young people in treatment in these reports is determined as under 18 at the mid point in the year.

## 13 FREQUENTLY ASKED QUESTIONS

Q. What option should be picked if client's "discharge destination" is YOT/YOS?

A. It is not possible for a young person's treatment agency to refer on to a YOT. Therefore if the young person's lead professional or main contact after discharge is the YOT or YOS the following discharges would be appropriate: If young person was referred by the YOT it should be 'back to referrer'; if they start with the YOT after treatment starts and no referral is made then the discharge destination is 'no referral required'.

Q. What option should be picked if client's "discharge destination" is Custody?

A. Discharge reason would be 'incomplete retained in custody' and discharge destination 'no onward referral'.

Q. Options are missing if the client is an adult – how would discharge destinations be recorded?

A. For adults receiving treatment in young person's services there are only three options: 'Referred to adult treatment provider', 'no onward referral' and 'no referral required'. All other referral codes are young person specific and should not be used for adults.

Q. YP education status at treatment start. This doesn't apply to 16 - 18 year olds who are not in school anymore but could be in training apprenticeships, etc.

A. This is incorrect, YP education status was updated in 2010 to include options for 16 – 18 year olds. In this example, the option 'apprenticeship/training' should be used.

Q. There are some agencies that treat YP clients over 18. Should they still report the outcome questions at treatment exit when technically the client may no longer be a YP?

A. Yes because this provides information about what is happening in YP treatment services.

Q. What should be recorded if the referral source was a "Children Looked After Nurse"?

A. This referral would come from Looked After Child.

Q. Children – what should be recorded if the YP lives in a children's home or other residential establishment. Should it be 0 or a count of all young people living in the children's home?

A. This question is designed to indicate the number of young people in a household at risk due to parental or sibling drug use. Therefore this question for children in care should be recorded as 0, unless the young person is living with other siblings. In this case the number of siblings should be recorded.

Q. Given that school leaving age is 16, and some over 18's are also seen at YP services there will be some occasions where none of the education status questions will be applicable. Should this field be left blank in these circumstances?

A. No. YP education status was updated in 2010 to include options for those over the age of 16 and 18. Options for employed, unemployed, carer, apprenticeship/training are now available and so this field should be completed for all those in YP services.

Q. For a number of young people when recording discharges it is possible that "Back to referrer" and another option will both be valid options.

A. We are advising services to only use back to referrer where none of the other options are available. So if a young person referred by mainstream education completes treatment and returns to mainstream education but also as part of their wider care plan moves on to Targeted Youth Support the discharge destination would be TYS.

Q. For those people already in treatment on the 1st April should the new Discharge Codes and treatment exit questions be completed at discharge?

A. Yes, both the treatment exit questions and the new discharge codes should be completed. Although there will not be able to be any comparison of the treatment exit questions with treatment entry questions, it can still be used to identify treatment outputs.

- Q. Some YOT staff have queried the fact that questions about offending status and the TOP crime questions may not be appropriate questions to ask?
- A. The NTA Young Person's Assessment guidance clearly indicates that questions about offending should be integral to the assessment process. In addition for YOT workers, discussions with young people about offending are part of their every day work. If a worker is concerned then they should consult with operational policies which should confirm the legitimacy of recording offending related NDTMS data.
- Q. Should the status questions asked at treatment entry and treatment exit be based on the young person's perspective or the key workers?
- A. Young people should consent to the provision of data to NDTMS. They should also consent to the information that is gathered and recorded during assessment. Information required to complete these fields should be mutually agreed via client/keyworker relationship. Some of the information is a matter of communication between professionals, such as whether the young person has a Lead Professional, or is in contact with mental health services. In those rare cases where key worker's and young person's understanding differs, the young person's position should prevail.
- Q. When should the Treatment Start questions be completed?
- A. In general, these should all be completed as close to the Treatment Start as possible. However, it is understood that some of the questions are of a sensitive nature and the young person may not share this information with their keyworker until some time after their treatment has started. Wherever necessary, if a YP later divulges that their status at Treatment start is different to what was initially recorded on NDTMS then this NDTMS record should be updated, regardless of how late in the YP's treatment journey this may be.
- Q. Does the new frequency of use of drug1 NDTMS fields need completed in addition to the frequency of use questions on the TOP form for those aged 16 and over?
- A. Yes, this will mean that any analysis is consistent across all YP when looking at reduction of substance use frequency. By completing frequency in both areas YP aged 16 and over will have the additional benefit of usual reporting and also the more detailed TOP outcome data.
- Q. If a child is legitimately placed in a Looked After Child setting e.g. foster care or children's home, which option should be used in the Accommodation Need field now that the CLA has been removed?
- A. In this situation the Accommodation Need field should be left blank but the new 'YP is a Looked After Child' should be completed as Yes / True and the 'Location of LAC' field completed.
- Q. How often should 16-17 year olds receive a TOP Form?
- A. YP aged 16-17 years old are eligible to complete TOP forms. These should be completed at treatment start, then every 12 weeks for review and finally at discharge.