

Treatment Outcome Profile. Additional guidance for young people.

Introduction.

The Treatment Outcomes Profile (TOP) is the NTA's new national outcomes monitoring tool. It is to be used with every client aged 16 and over who enters structured drug treatment in England.

As part of the implementation process the NTA has produced the following guidance: The Treatment Outcomes Profile. A guide for key workers; An implementation guide for managers, A guide for service users, guidance notes for the reporting of TOP to NDTMS and a TOP training pack. In addition each region had a conference to offer service users, service providers, commissioners and others the opportunity to ask questions about TOP.

This supplementary guidance has been developed to answer questions about young people's issues that have not been covered in the guidance above. As such this guide will be a work in progress and will develop and be refined over time from feedback and suggestions from the field and as NDTMS implementation develops.

This guidance is divided into three sections. Questions relating to: age, appropriateness for young people and administrative details.

Age related questions:

Has the TOP been validated for young people services?

TOP has been validated for 16 to 18 years. The majority of these young people were in young people's services. Roughly 75% of people in young people's services are aged between 16 to 18.

Why are young people under 16 not included?

TOP was validated during 2006 and early 2007. It was not possible to obtain ethical approval for the validation of TOP to be extended to young people under 16 within the validation timeframe. However, a number of enhancements are being considered which is likely to include validation for under 16's.

Why can't we enter under 16 TOP details to NDTMS?

Currently TOP does not represent a valid instrument for measuring outcomes with under 16's. It is for this reason that data is not required for submission to NDTMS as conducting analysis on this data is not appropriate prior to validation.

Should we complete a TOP form for under 16's.?

Some agencies may find using aspects of the TOP clinically useful, for example, for a number of validation sites the "calendar method" was seen as a tool that helped obtain more detailed information about drinking or drug using behaviour. The "calendar method" approach was also useful in identifying a meaningful baseline for reviewing changes at the care plan review stage. Using the TOP tool as part of a comprehensive young person's assessment could be helpful but both assessments and care plans should not be restricted to the outcomes or questions raised by TOP.

What do you do if a young person turns 16 during treatment?

When a young person turns 16 during their current treatment episode a TOP form should be completed at the next planned review and reported to NDTMS. This should not be done on their 16 birthday unless this coincides with the next planned review. Subsequent TOP forms should then be completed at all planned reviews and submitted to NDTMS.

Appropriateness questions:

Does TOP really provide an accurate picture of young people's treatment?

Young people presenting for treatment commonly have problems in a range of areas such as education, offending, family, health etc and the TOP is able to effectively measure behavioural change in each of these domains.

A summary will be produced to show what is improving, staying the same or deteriorating in the areas measured by TOP. This will be done at varying levels which are likely to include the individual, all individuals attending a particular service, individuals in all services in a region, or nationally. From this it will be possible to produce a much more detailed picture of how interventions provided in the young person's treatment systems work.

Why isn't the TOP consistent with the Every Child Matters five outcomes

The TOP has been designed to identify changes in behaviour following a treatment intervention for a small group of young people with a treatment need, and where behavioural change will be measured over a short period of time. The Every Child Matters Outcomes (ECM), being healthy; staying safe; enjoying and achieving; making a positive contribution; achieving economic well – being; are desired outcomes for all children measured over a considerable period of time.

The two models are not directly comparable because they are measuring different outcomes over a very different time period. However NTA Commissioning guidance available on the NTA web site highlights that unless a young person with treatment need has effective interventions that alleviate the harm caused by drug use then the young person is unlikely to achieve success in any of the five Every Child Matters Outcomes. Therefore if the young person's pattern of substance misuse and associated harmful behaviour can be evidenced as reducing through TOP then it would demonstrate their work towards being healthy, staying safe, achieving economic wellbeing etc. In this sense TOP provides a "snapshot" of the young person's progress in the short term against the long term ECM outcomes.

Many young people take a while to trust services so descriptions of drug use can often get more complex and chaotic. Won't this give a negative score for the drug related outcome?

There has been little indication that this is the case throughout the validation and other outcomes monitoring studies. However, the NTA do recognise that this may occur and therefore aim to monitor for such effects through sensitive and detailed analysis of the data submitted.

Providers may also want to consider how they view such disclosures. Although unable to change the baseline a young person admitting to Heroin use 6 weeks after presenting as a cannabis user should be safer as result of that disclosure and over a 3 to 6 month period NDTMS may be able to identify a pattern of worsening drug use at three months which has positively changed by the six month review along with changes in other outcomes.

Most young people in treatment are alcohol users does this affect the results?

Approximately 35% of young people present with an alcohol only profile. TOP is validated for alcohol only presentations.

Are there additional issues about confidentiality?

The issue of confidentiality is explored in detail, in Assessing young people for substance misuse (NTA, 2006), available on the NTA website. TOP data submitted via NDTMS will have the same safeguards in relation to confidentiality as any other item within the core data set.

Staff need to be aware that when a young person signs a confidentiality agreement TOP should be explicitly included. In addition confidentiality should be discussed at every TOP interview.

What about questions about injecting and offending. Aren't they too intrusive for young people?

Assessing young people for substance misuse (NTA, 2006) states that all areas of need should be explored. This includes offending and injecting. If the young people state that these are not behaviours that they engage in, then this should be reflected by answering 'no' on the TOP form.

Guidance for key workers covers this area in detail but additional confidentiality and safeguarding issues must be discussed so the young person is completely clear about the level of information required.

Administrative

How can you identify school for the last month in the school summer holidays?

You can't. Just record NA.

Guidance says that TOP should be completed every 3 months but young people are care planned every 6 weeks on average. Should we return TOP forms after every care plan review?

Although care plan reviews may occur more frequently TOP should only be completed every 3 months, and at planned discharge, regardless of the timeframe since the last TOP was completed.

In the key worker guidance under other problem substance in section 1: substance use is defined as non prescribed or illicit substance but what about Volatile Substance Abuse (VSA)?

It is recognised that many young people participate in volatile substance abuse and therefore it is recommended that this should be named and recorded on the 'other substance' row in section 1.