National Drug Treatment Monitoring System (NDTMS)

YP FREQUENTLY ASKED QUESTIONS

NDTMS DATA SET L
Q. There are some agencies that treat YP clients over 18. Should they still record all YP information (YP Dataset and YPOR) instead of the adult core dataset and TOP?
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. Record referral source as “Looked After Child”.

Q. Children Living With question – 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. Multi Agency Working – in the adult dataset the ‘recovery’ sub interventions can continue after the client has left structured treatment, is this the same for the multi-agency working intervention in the young people’s dataset?
A. No. Unlike adults, a young person’s specialist substance misuse service should not be care coordinating the young person once they no longer have a specialist substance misuse need. Therefore, that service would not be aware of any wider interventions accessed by the young person and so would not be able to report this onto NDTMS. For young people, multi-agency working interventions should only be completed while the young person is in structured treatment.

Q. Multi Agency Working – are providers expected to submit just this information when working with young people who are receiving no structured interventions whatsoever?
A. No. NDTMS is designed to capture activity only on those who are receiving structured interventions for their substance use, therefore we expect to only see the multi-agency working intervention alongside another structured intervention.

Q. “Has the YP been involved in antisocial behaviour or committed a criminal act on more than one occasion in the past 6 months” - Although this is to be answered at triage, there is an understanding that on some occasion the YP may not want to admit to this, and it may be something that they bring forward once they have developed a relationship with the key worker. Is it possible to update this field during the course of the treatment episode to reflect accuracy?
A. Yes, this information is designed to capture activity at triage, if it later becomes apparent that the information originally recorded at triage was incorrect, this can be updated. This cannot be updated to reflect current activity however, just activity at triage.

Q. “Does the YP have an identified mental health problem” – What do you mean by ‘identified’?
A. This question is in relation to mental health and well-being in respect of emotional, mental and behavioural need and risk and how this impacts on the child’s ability to be able to reach their full potential. Mental health is a commonly understood complexity in young people’s substance misuse treatment that means that achieving a positive outcome may be more difficult. It requires clear protocols and integrated pathways between mental health services and SM services.
An identified mental health problem means that it would be expected that this has been identified within the comprehensive assessment of need, with a record of when a child has been assessed as having or experiencing any vulnerabilities/ risk or need in respect of emotional/mental health issues ranging from lower level need such as anxiety to severe and enduring mental illness.
There is a huge spectrum of mental health needs and very few require a diagnosis. Identified means any level of mental health problem. It is trying to capture therefore: the predominance of children with mental health needs in the substance misuse treatment system, it supports the understanding of complexity and also is another indication of the level of integrated working between substance misuse and mental health services IAPT/CAMHS.
YP FREQUENTLY ASKED QUESTIONS

Version 11.03

YPOR - YOUNG PEOPLE’S OUTCOME RECORD

Q: Why have you developed an outcome record for young people? Why should we use it?
A: The YPOR was developed initially in response to ongoing feedback from the field highlighting a need to be able to produce outcome reports for young people in specialist substance misuse services. Currently the TOP form is only applicable to 16-18 year olds and the TOP dataset does not capture a full range of substance misuse outcomes specific to young people for those aged under 18 accessing specialist substance misuse services. The new YPOR aims to record the substance misuse specific changes from entry to exit of all those in young people’s specialist substance misuse services. It is a simple form developed to provide vital outcome information that will be of use to individual keyworkers and young people themselves to support them to consider their progress. The reports generated will also provide valuable information to commissioners and service managers to ensure that vulnerable young people continue to receive effective and efficient results from outcome focused services.

Q: How has it been developed?
A: This outcome record has been developed via feedback received from a national consultation exercise and by the opinions of an expert group. As part of the feedback received this record has been discussed with both YP substance misuse workers and young people directly.

Q: Will this replace TOPS for 16-18 year olds?
A: Yes from 1st November 2013 any new client that enters into a specialist substance misuse service for young people should have a YPOR completed on entry and one on exit from the service.

Q: Is the YPOR a clinical tool / is it validated?
A: The YPOR can be used by clinicians and keyworkers as an aid for facilitating discussions. Some of the questions on the YPOR have been taken from validated surveys, however as an overall tool the YPOR has not been clinically validated and therefore any reports created from the YPOR data will not qualify for the current “Reliable Change” method used in TOP reporting.

Q: Is this to be completed by the young person or the substance misuse worker?
A: The form should be completed by the young person and the worker together, it is intended to aid discussions and inform care planning and not be seen as a tick box exercise.

Q: Do we need to complete a YPOR for all young people already accessing specialist substance misuse services?
A: No, you will only need to complete a YPOR for any new clients entering services from 1st November 2013. You may wish to complete the outcome record for existing clients but this will not be mandatory.

Q: Do young people in the young people’s secure estate need to complete a YPOR?
A: No the YPOR has only been developed for use in the community.

Q: If a young person transfers into an adult service do I complete a TOP form?
A: If the young person started treatment prior to 1 November 2013 no form is mandatory. If the young person started treatment on or after 1 November 2013, on transfer the young person should complete an “exit YPOR” with their worker from the YP service, when they arrive at the adult service they will be required to complete a “Start TOP” with their keyworker from the adult service.
YP FREQUENTLY ASKED QUESTIONS

Q: Do young people who are being cared for in an adult service have a YPOR completed or a TOP?
A: The majority of young people aged 16-17 should be seen by a young person’s specific service not an adult service. In some limited circumstances, 16-17 year olds may be seen in an adult service but provision must be in place to ensure that interventions are appropriate to the age and development of the young person. In these cases, young people being cared for in an adult service should receive a TOP form.

Q: Do young people who are over the age of 18 but still being seen by a young people’s specialist substance misuse services have a YPOR completed or a TOP?
A: From 1st November, any new client, regardless of age, being seen in a young people’s services should have a YPOR completed. However, attention should be paid to the transitional arrangements of these clients to ensure that they are in the most appropriate treatment service according to their age and development.

Q: If a YP has had a form completed in their last episode but has had a break in their treatment journey do I need to complete a new form?
A: Yes the form is intended to capture important information about factors that affect a young person’s substance misuse behaviour, the nature of young people’s lives mean that their needs and behaviours change often so it is important that these are reviewed and reassessed on any new treatment journey.

Q: Do I need to complete the YPOR at every care plan review?
A: Completing the form at care plan review is not mandatory but you may wish to use this form as part of the review process and monitor progress throughout a young person’s time at your service. NDTMS will accept YPOR data at review stage, however centrally produced reports will focus on the change from start to exit.

Q: Won't data quality and completion rates affect the reports generated?
A: Yes, poor data quality and poor completion rates may affect the robustness of the data. Regular data completion and data quality reports will be produced to assist partnerships and service providers with oversight of this.

If your question has not been answered in the above, please send your query to your regional NDTMS team.