National Treatment Agency for Substance Misuse

National Drug Treatment Monitoring System (NDTMS)

NDTMS Data Set

Business Definition for Young People's Treatment Providers

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Revision History

Version	Author	Purpose / Reason	Date
Ver 4.0	M. Roxburgh	New items added for 2007 - 08 data collection Nationality Accommodation Need Frequency of use of problem substance No.1 Children Pregnant Drinking days Units alcohol Dual diagnosis Hep C – Intervention Status Intervention Exit Status Sexuality (regional item) Items removed Accommodation Status (replaced by accommodation need) Postcode Incode (technical change to existing postcode field will enable this to be captured by regional NDATMS centres without requiring a separate data item) Parental Status (replaced with no. of children and pregnancy)	04/10/2006
Ver 4.1	M Roxburgh	Parental Status reinstated, in order to ensure that existing DH and NTA commitments to Hidden Harm data monitoring are not discontinuous. The wider YP treatment monitoring requirements are currently being reviewed. This will probably lead to further YP specific changes being announced as part of NDATMS Data Set E (April 07) Employment Status moved from Regional data items to National data item	26/10/2006
Ver 4.2	G Scott	Description of Client Reference correct (field may contain attributable information)	03/11/2006
Ver 4.3	G Scott	Update following review by external parties Clarification of guidance relating to clients that are NFA Clarification of definition of Nationality	09/11/2006
Ver 4.4	G Scott	Clarify all references to "last month" or "four weeks" to 30 days	12/02/2007
Ver 4.5	L Crompton	Alterations to ensure relevance to services reporting to NDTMS Young People's Data Set	02/03/2007
Ver 4.6	G Scott	Standardisation with NDATMS document standard	22/032007
Ver 5.0	G Scott L Crompton	Update for NDTMS Data Set E Update following policy changes in 2007	29/05/2007
Ver 5.1	G Scott	Update following review Inclusion of TOP Id field Re - classification of Parental Status and Employment Status as local fields	07/06/2007
Ver 5.2	G Scott	Reclassification of Parental Status as NDTMS Data Set	30/08/2007

Version	Author	Purpose / Reason	Date
Ver 5.3	L Crompton	Update following policy changes and check for consistency with guidance Updated referral source codes, discharge codes and interventions	03/03/2008
5.3.1	G Scott	Update external references	02/07/08
6.0.0	O Kueberuwa	Update following policy changes in 2008 New items added for data collection - Child looked after out of LA - Young person living in supported housing - Accident & Emergency - Helpline - Primary care - Child mental health services - Non child mental health services - School nurse - FRANK - Relative - Concerned Others - Website - YP Lead Professional at Treatment Start - YP in contact with MH services at Treatment Start - YP in contact with YOT at Treatment Start - YP involved in sexual exploitation at Treatment Start - YP involved in Self Harm at Treatment Start - YP involved in unsafe drug use at Treatment Start - YP involved in offending at Treatment Start - YP education status at Treatment Start - YP involved in unsafe sex at Treatment Start - YP parent in SM treatment at Treatment Start - YP parent in MH treatment at Treatment Start - YP Lead professional at Treatment Exit - YP in contact with MH services at Treatment Exit - YP in contact with YOT at Treatment Exit - YP involved in sexual Exploitation at Treatment Exit - YP involved in Self Harm at Treatment Exit - YP involved in Unsafe Drug Use at Treatment exit - YP has a CAF at Treatment Exit - YP safer sex at Treatment Exit - YP sexual health interventions at Treatment Exit - YP registered with GP at Treatment Exit - YP met goals agreed on care plan at Treatment Exit - Drug treatment health care assessment date Items removed: - Dual diagnosis - Sexuality (regional item) - Sex worker category (regional item)	01/2009

Version	Author	Purpose / Reason	Date
		- CAMHS - MH other - Independent CLA in settled accommodation - Independent CLA in unsettled accommodation - Independent CLA with No Fixed Abode - Arrest referral/DIP - Community Sentence - Sentence requirement	
6.0.1	M Roxburgh	Child is under 18 (Children item) YP Non-structured intervention code description added. Statement contradicting this deleted. Treatment Completed – drug free definition changed Code numbers removed from Appendices C, D, H, I and J to avoid possible conflicts with Reference Data code changes	13/2/2009
6.0.2	M Roxburgh	Refinement of young person's age definition for TOP	16/2/2009
6.1.3	R Bull	Consolidation of 6.0.1, 6.0.2, 6.0.3 changes	16/2/2009
6.1.4	O Kueberuwa	– UNICEF Sexual Exploitation definition replaced with DCSF definition – Reference to TOP guidance updated – Term 'suspected involvement' removed from the status entry and exit question descriptors – Drug treatment healthcare assessment date field reinstated – Refinement of NTA 'YP involved in sexual exploitation' descriptor – Refinement of 'YP involved in offending' descriptor – Refinement of referral source 'Youth Offending Service' descriptor – Insertion of referral source 'website' – Refinement of 'YP involved in unsafe drug use' descriptor – Strikethrough of 'YP parent in contact with mental health/substance misuse treatment services' field – Refinement of 'YP met goals agreed on care plan' at treatment exit descriptor – Refinement of NTA YP safer sex descriptor – Removal of statement that providers can report tier 2 activity to NDTMS	27/03/2009

External References

Ref No	Title	Version
1	NDTMS Data Set - Guidance for Young People's Treatment Providers	5.3.1
2	NDTMS Data Set - Technical Definition	6.0.2
3	NDTMS Data Set - Reference Data	6.0.1

Ref No	Title	Version
4	Operational Plans: National Planning Guidance and 'Vital Signs'	9413
5	Care Matters: Time for Change	cm7137
6,7	Common Assessment Framework for Children and Young People: Managers' Guide	0336 - 2006BKT - EN
8	The Lead Professional: Factsheet	IW55/1108
9	Safeguarding Children and Young People from Sexual Exploitation	Forthcoming DCSF publication
10	NICE - Clinical Guideline 16	ISBN 1 85433 409 3
11	Interim Guidance on Commissioning Young People's Specialist Substance Misuse Treatment Services	10603
12	The Treatment Outcomes Profile (TOP) - Interim revised guidance	Aug 2008
13	Assessing young people for substance misuse	Feb 2007

This document uses the convention that any external references are indicated by square brackets e.g. [3].

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1 INTRODUCTION

This document establishes, at a business level, the set of performance data items (known as the NDTMS Young People's Data Set) to be collected and utilised by the NDTMS system.

In support of evolving business requirements, the data items which are collected by the NDTMS Programme are reviewed on an annual basis.

This version (commonly referred to as the Data Set 'F') came into effect on 1st April 2009.

This document contains definitions which are primarily applicable to treatment providers reporting to the NDTMS Young People's Data Set and should be read in conjunction with the following guidance:

Ref [1] provides an overview of performance monitoring of the young people's treatment system, an overview of NDTMS Young People's Data Set, advises which treatment providers should be reporting to the NDTMS Young People's Data Set, confidentiality and consent in relation to young people and NDTMS and answers to frequently asked questions. This document is available from the NTA website.

The NDTMS system itself is scoped at capturing performance data on clients who reach the assessment/triage stage at the agency which generates the report.

This document should not be interpreted as a technical statement - it is intended to serve the business perspective of what data will be so managed. From this document, the technical specification[1] will be derived and established in Ref [2]. Code - sets for the data items listed in this document are provided in the Ref[3]. Both documents are available from the NTA website.

[1] The technical specification extends the scope of the data beyond that referenced in this document, to include items of a purely technical nature, which may be used to support operational and/or qualitative requirements.

2 REQUIREMENTS

The data items contained in the NDTMS Data Set are intended to address the following critical requirements:

- Provide measurements for the PSA, Vital Signs (Ref [4]) and other public sector targets:
- Provide measurements NTA for Key Performance Indicators (KPIs) relating to young people and to support development of the young people's substance misuse treatment system, regionally, nationally and locally.

3 WHICH SUBSTANCE MISUSE SERVICE PROVISION SHOULD BE REPORTED TO NDTMS?

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

- Treatment providers should have a Service Level Agreement for providing specialist substance misuse treatment to young people under the age of 18 and their families.
- Treatment providers 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.
- Treatment providers should be delivering specialist treatment interventions for young people – see APPENDIX H .

3.1 Non - treatment substance misuse services

Treatment providers 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 treatment providers should not be registered to NDTMS and should not report provision. Any treatment providers which provide universal, targeted and/or early intervention services for substance misuse as well as specialist treatment interventions should ensure they report only young people receiving treatment (that is one of the five treatment interventions) to NDTMS.

4 DATA ENTITIES

The data items (listed later in this document) may be considered as belonging to one of five different entities or groups. These are:

- Client details
- Episode details (including client details which may vary over time)
- Treatment intervention details
- Treatment Outcomes Profile details
- Local (i.e. regional) fields whose usage will depend on regional requirements.

5 TREATMENT OUTCOME PROFILES

Additional items were added to the Data Set for young people following the development of the NTA's Treatment Outcomes Profile (TOP) in 2007/8. TOP has been developed to assess changes to drug and alcohol use, health, social needs and legal and criminal issues. TOP items should only be completed for young people aged 16 and over. Young people's specialist substance misuse treatment providers should refer to ref [12].

6 DATA ITEMS

Sect No	Item	Description
1	Initial of client's first name	The first initial of the client's first name – for example Max would be 'M'
	Initial of client's surname	The first initial of the clients surname – for example Smith would be 'S', O'Brian would be 'O' and McNeil would be 'M'.
	Date of birth of client	The day, month and year that the client was born.
	Sex of client	The sex that the client was at birth
	Ethnicity	The ethnicity that the client states as defined in the OPCS census categories. If a client declines to answer then 'not stated' should be used, if a client is not asked then the field should be left blank.
	Nationality	Country of nationality at birth.

Sect No	Item	Description
2	Referral Date	The date that the client was referred to the agency for this episode of treatment – for example it would be the date a referral letter was received, the date a referral phone call or fax was received or the date the client self referred.
	Agency Code	An unique identifier for the Treatment provider (agency) that is defined by the regional NDTMS centres – for example L0001
	Client Reference	A unique number or ID allocated by the treatment provider to a client. The client reference should remain the same within a treatment provider for a client during all treatment episodes.
	Client ID	A technical identifier representing the client, as held on the clinical system used at the agency (treatment provider). (NB: this should be a technical item, and must not hold or be composed of attributers which might identify the individual – this data is merely to assist in synchronising the data held in NDTMS with that on the clinical system). A possible implementation of this might be the row number of the client in the client table.
	Episode ID	A technical identifier representing the episode, as held on the clinical system used at the treatment provider (NB: this should be a technical item, and should not hold or be composed of attributers which might identify the individual – this data is merely to assist in synchronising the data held in NDTMS with that on the clinical system). A possible implementation of this might be the row number of the episode in the episode table.

Sect No	Item	Description
	Consent for NDTMS	Whether the client has agreed for their data to be shared with regional NDTMS teams and the NTA. Informed consent must be sought from all clients and this field needs to be completed for all records triaged after 1st April 2006. It does not need to be completed for clients triaged before this date (it is assumed that all records previously returned have been consented for).
	Previously treated	Has the client ever received structured drug treatment at this or any other treatment provider?
	Postcode	The postcode of the client's place of residence. Depending upon regional preference regarding client confidentiality, this postcode may or may not be truncated, by removing the final two characters of the postcode (i.e. 'NR14 7UJ' would be truncated to 'NR14 7'). If a client states that they are of No Fixe

	Employment Status	The client's current employment status. See APPENDIX I

APPENDIX A - WHAT DATA ITEMS SHOULD BE UPDATED AS EPISODE OF TREATMENT PROGRESSES

Sect No	No	Field Description	Rules & Guidance
1	1	Initial of Client's First Name	✓ MUST be completed. If not, record rejected. Should not change – otherwise the regional NDTMS team should be formally advised
	2	Initial of Client's Surname	✓ MUST be completed. If not, record rejected. Should not change – otherwise the regional NDTMS team should be formally advised
	3	Date of birth of client	✓ MUST be completed. If not, record rejected. Should not change – otherwise the regional NDTMS team should be formally advised
	4	Sex of client	✓ MUST be completed. If not, record rejected. Should not change – otherwise the regional NDTMS team should be formally advised
	5	Ethnicity	Should not change
	6	Nationality	Should not change
2	7	Referral Date	✓ MUST be completed. If not data may be excluded from performance monitoring reports. Should not change – otherwise the regional NDTMS team should be formally advised
	8	Agency Code	✓ MUST be completed. If not, record rejected. Should not change – otherwise the regional NDTMS team should be formally advised
	9	Client Reference	Should not change and should be consistent across all episodes at the Agency.
	10	Client ID	Should not change
	11	Episode ID	Should not change
	12	Consent for NDTMS	👍Client must give consent before their information can be sent to NDTMS May change (i.e. current situation)
	13	Previously treated	Not expected to change (i.e. as at start of Episode)

Sect No	No	Field Description	Rules & Guidance
	14	Post Code	May change (i.e. current living situation)
	15	Accommodation Need	Not expected to change (i.e. as at start of Episode)
	16	Parental Status	Not expected to change (i.e. as at start of Episode)
	17	DAT of residence	✓ MUST be completed. If not data may be excluded from performance monitoring reports. May change (i.e. current living situation)
	18	PCT of residence	May change (i.e. current living situation)
	19	Problem Substance No 1	✓ MUST be completed. If not, record rejected. Not expected to change (i.e. as at start of Episode)
	20	Age of first use of Problem Substance No 1	Not expected to change (i.e. as at start of Episode)
	21	Route of Administration of Problem Substance No 1	Not expected to change (i.e. as at start of Episode)
	22	Problem Substance No 2	May be left blank if client has no second drug Not expected to change (i.e. as at start of Episode)
	23	Problem Substance No 3	May be left blank if client has no third drug Not expected to change (i.e. as at start of Episode)
	24	Referral Source	Not expected to change (i.e. as at start of Episode)
	25	Assessment/Triage Date	✓ Trigger to submit record and MUST be completed. If not, record rejected Not expected to change (i.e. as at start of Episode)
	26	Care Plan Started Date	🖹 MUST be completed when Modality Start Date given. Not expected to change (i.e. as at start of Episode)
	27	Injecting Status	Not expected to change (i.e. as at start of Episode)
	28	Drug Treatment Health Care Assessment Date	Not expected to change (to be completed when initial health care assessment is completed)

Sect No	No	Field Description	Rules & Guidance
	29	TOP Care Coordination	May change (i.e. current situation)
	30	Children	Not expected to change (i.e. as at start of Episode).
	31	Pregnant	May change (i.e. current situation)
	32	Drinking Days	Not expected to change (i.e. as at start of Episode)
	33	Units of Alcohol	Not expected to change (i.e. as at start of Episode)
	34	Hep C – Latest Test Date	May change (i.e. current situation)
	35	Hep C - Intervention Status	May change (i.e. current situation)
	36	Hep B Vaccination Count	May change (i.e. current situation)
	37	Hep B Intervention Status	May change (i.e. current situation)
	38	Drug Treatment Health Care Assessment Date	Not expected to change (to be completed when initial health care assessment is completed)
	39	YP Lead professional at treatment start	Not expected to change (i.e. as at start of Episode)
	40	YP in contact with mental health services at treatment start	Not expected to change (i.e. as at start of Episode)
	41	YP in contact with YOT at treatment start	Not expected to change (i.e. as at start of Episode)
	42	YP involved in sexual exploitation at treatment start	Not expected to change (i.e. as at start of Episode)
	43	YP involved in unsafe drug use at treatment start	Not expected to change (i.e. as at start of Episode)
	44	YP involved in offending at treatment start	Not expected to change (i.e. as at start of Episode)

Sect No	No	Field Description	Rules & Guidance
	45	YP education status at treatment start	Not expected to change (i.e. as at start of Episode) If not applicable to those over 16 years old leave blank
	46	YP unsafe sex at treatment start	Not expected to change (i.e. as at start of Episode)
	~~47~~	~~YP parent in SM treatment at treatment start~~	~~Not expected to change (i.e. as at start of Episode)~~
	~~48~~	~~YP parent in Mental Health treatment at treatment start~~	~~Not expected to change (i.e. as at start of Episode)~~
	49	YP self-harm at treatment start	Not expected to change (i.e. as at Discharge)
	50	YP lead professional at treatment exit	Not expected to change (i.e. as at Discharge)
	51	YP in contact with mental health services at treatment exit	Not expected to change (i.e. as at Discharge)
	52	YP in contact with YOT at treatment exit	Not expected to change (i.e. as at Discharge)
	53	YP involved in sexual exploitation at treatment exit	Not expected to change (i.e. as at Discharge)
	54	YP involved in self harm at treatment exit	Not expected to change (i.e. as at Discharge)
	55	YP involved in unsafe drug use at treatment exit	Not expected to change (i.e. as at Discharge)
	56	YP involved in offending at treatment exit	Not expected to change (i.e. as at Discharge)
	57	YP has a CAF at treatment exit	Not expected to change (i.e. as at Discharge)

Sect No	No	Field Description	Rules & Guidance
	58	YP safer sex at treatment exit	Not expected to change (i.e. as at Discharge)
	59	YP sexual health interventions at treatment exit	Not expected to change (i.e. as at Discharge)
	60	YP registered with GP at treatment exit	Not expected to change (i.e. as at Discharge)
	61	YP met goals agreed on care plan at treatment exit	Not expected to change (i.e. as at Discharge)
	62	Discharge Date	✋ Discharge date required when client is discharged. ALL modalities MUST now have end date. Discharge reason MUST be given. Should only change from 'null' to populated as episode progresses
	63	Discharge Reason	✋ Discharge reason required when client is discharged. Discharge date MUST be given. Should only change from 'null' to populated as episode progresses
3	64	Treatment Intervention	✋ Required as soon as intervention is known. Should not change – otherwise the regional NDTMS team should be formally advised
	65	Date Referred to Intervention	🕑 Waiting times calculated from this field. MUST be completed for new presentations/interventions. Should not change – otherwise the regional NDTMS team should be formally advised
	66	Intervention ID	Should not change
	67	Date of First Appointment Offered for Intervention	🕑 Waiting times calculated from this field. Should not change
	68	Intervention Start Date	✋ Required when client actually starts intervention. 🕑 Trigger for Waiting Time to be calculated. Should only change from 'null' to populated as episode progresses
	69	Intervention End Date	✋ Required when client completes intervention or is discharged. Should only change from 'null' to populated as episode progresses
	70	Intervention Exit Status	✋ Required when client completes intervention or is discharged. Should only change from 'null' to populated as episode progresses

Sect No	No	Field Description	Rules & Guidance
4	71	Treatment Outcomes Profile (TOP) date	Not expected to change (i.e. as at TOP date)
	72	TOP ID	Not expected to change (i.e. as at TOP date)
	73	Treatment Stage	Not expected to change (i.e. as at TOP date)
	74	Alcohol use	Not expected to change (i.e. as at TOP date)
	75	Opiate use	Not expected to change (i.e. as at TOP date)
	76	Crack use	Not expected to change (i.e. as at TOP date)
	77	Cocaine use	Not expected to change (i.e. as at TOP date)
	78	Amphetamine use	Not expected to change (i.e. as at TOP date)
	79	Cannabis use	Not expected to change (i.e. as at TOP date)
	80	Other drug use	Not expected to change (i.e. as at TOP date)
	81	IV drug use	Not expected to change (i.e. as at TOP date)
	82	Sharing	Not expected to change (i.e. as at TOP date)
	83	Shop theft	Not expected to change (i.e. as at TOP date)
	84	Drug selling	Not expected to change (i.e. as at TOP date)
	85	Other theft	Not expected to change (i.e. as at TOP date)
	86	Assault/violence	Not expected to change (i.e. as at TOP date)
	87	Psychological health status	Not expected to change (i.e. as at TOP date)
	88	Paid work	Not expected to change (i.e. as at TOP date)
	89	Education	Not expected to change (i.e. as at TOP date)
	90	Acute housing problem	Not expected to change (i.e. as at TOP date)
	91	Housing risk	Not expected to change (i.e. as at TOP date)

Sect No	No	Field Description	Rules & Guidance
	92	Physical health status	Not expected to change (i.e. as at TOP date)
	93	Quality of Life	Not expected to change (i.e. as at TOP date)
5	94	Injected in last 28 days?	Not expected to change (i.e. as at start of Episode)
	95	Ever Shared?	Not expected to change (i.e. as at start of Episode)
	96	Previously Hep B Infected?	May change (i.e. current situation)
	97	Hep C Positive?	May change (i.e. current situation)
	98	Referred for Hepatology?	May change (i.e. current situation)
	99	Local Authority	May change (i.e. current living situation)
	100	Employment Status	Not expected to change (i.e. as at start of Episode)

Where items are designated as 'not expected to change' this does not include corrections or moving from a null in the field to it being populated.

APPENDIX B - REPORTING DATES

These dates should be reported as described in the NDTMS Data Set - Business Definitions for Young People's Treatment Providers and Ref [3].

However, treatment providers should be aware that good practice for Young People's provision indicates that rapid access to treatment providers for young people is important. This indicates there is a need for fewer steps in the intake process. Also, as there are unlikely to be capacity issues for young people's treatment providers, a multistage intake process is neither necessary nor appropriate. This means that in many cases, the referral date, assessment/ triage date, care plan start date and intervention start can be the same.

Dates should always be reported in the sequence they are presented above, that is triage date cannot take place before referral date.

APPENDIX C - ACCOMODATION NEED

There are now accommodation need codes specific to the NDTMS Young People's Data Set. Those providing young people's substance misuse treatment and reporting to the NDTMS Young People's Data Set must use young people's specific accommodation need codes. The codes are defined below:

"Children looked after 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"

See Ref [5]

Child Looked After Living in Care– this refers to a child looked after who is currently living either in a residential care home or in foster care

Child Looked After Out of LA – this refers to a child looked after who is currently placed outside the geographical boundaries of the Local Authority responsible for them

Young Offender Living in Secure Care – this refers to a young offender who is currently living in a Local Authority Secure Children's Home, Secure Training Centre or Youth Offender Institution

Young People Living With Parents or Other Relatives – this refers to a young person who is currently living with parents, relatives or other carers

Young Person Living Independently in Settled Accommodation – this refers to a young person currently living in accommodation without support of their family of origin (birth/adopted). The young person could be living in their own property, or in privately rented accommodation

Young Person Living Independently in Unsettled Accommodation – this refers to a young person who is staying with friends or family as a short term guest, residing in bed and breakfast or hostel accommodation. Young people who are at risk of losing their long term accommodation could also be categorised as living in unsettled accommodation

Young Person Living Independently With No Fixed Abode - this refers to a young person who is currently living on the streets or using night hostels (on a night by night basis). This could also include young people who are staying with friends or family as a very short term guest i.e. sleeping on a different friend's floor each night

Young Person Living in Supported Housing - this refers to accommodation specifically commissioned to meet the needs of young people. A young person could be currently living in a Foyer or other accommodation provided by a registered social landlord

APPENDIX D - REFERRAL SOURCE

D.1 Revised Referral Sources for Young People

The referral source refers to the source or method by which a client was referred for this treatment episode. A valid referral source code should be used as defined in Ref [3].

Referral source codes for young people have been revised and updated. Definitions of each referral source are provided below. Referral sources are grouped according to the following broad categories: Children and Family Services; Health and Mental Health Services; Substance Misuse Services; Criminal Justice Services and Family and Friends. These categories are further broken down into referral codes. Treatment providers reporting to the NDTMS Young People's Data Set should select the code which best reflects the service which referred the young person into treatment. For example, for a young person who is a child looked after and has mental health needs and is referred to treatment by a crime prevention service, crime prevention should be used as the referral source.

Please note that the numbers against each of the referral sources below relates to the NDTMS code.

D.1.1 Children and Family Services

"The CAF is a standardised approach to conducting an assessment of a child's additional needs and deciding how those needs should be met. It can be used by practitioners across children's services in England"

"It aims to help early identification of need, promote coordinated service provision and reduce the number of assessments that some children and young people go through"

It is acknowledged that in some areas young people will have been referred into specialist substance misuse services collectively by a CAF panel and not a single professional. For the purposes of NDTMS collection, in such cases the home agency of the person appointed to take the lead in coordinating support for the young person (lead professional) should be listed as the referral source

See Refs [6] and [7]

Children and Family - Any referrals from Children and Family Social Services such as safeguarding. This may include referrals from other programmes to support families such as Family Intervention Projects (FIPs). This should not include referrals for young people registered as Child looked after see Child looked after

Child Looked After - Any referrals from services designated to ensure the needs of children and young people who are registered as Child looked after are met

Universal Education - Referrals from mainstream or universal educational services such as schools, colleges and universities

Alternative Education - Referrals from Pupil Referral Units and other alternative education services for excludees and truants and/or any young people who cannot access universal education provision for any reason

Targeted youth support - Referrals from services providing prevention, early intervention or support for vulnerable young people. This includes generic youth services providing Information, Advice and Guidance, and targeted services such as Connexions and Positive Activities for Young People

Outreach - Services which provide active outreach to address homelessness, anti - social behaviour, or sex work and other issues

Helpline – Referrals from help lines and other local or regional substance misuse initiatives apart from FRANK

D.1.2 Health and Mental Health Services

GP – Direct referrals from General Medical Practitioners who are not formally part of a treatment provider

Primary Care – Referrals from services delivered by health care professionals such as practice nurses, midwives and pharmacists in general medical settings such as walk in centres and pharmacies

Child Mental Health Services –Both inpatient and outpatient Child and Adolescent Mental Health Services. This includes referrals from mental health services that work across the age range (i.e.16 - 25) such as early interventions teams

A&E - Accident and Emergency services

Hospital – Referrals from Hospitals not including A&E departments

Non Child Mental Health Services – Mental health services such as adult psychiatric and psychological services; private psychiatric and psychological services and third sector mental health or advocacy services for people with mental health needs

School Nurse - Referrals from services delivered by registered nurses within the school setting

D.1.3 Substance Misuse Services

Adult Treatment Provider - Services providing drug or alcohol treatment services pre - dominantly for over 18 year olds. This includes needle exchange programmes and other services to address adult substance misuse

Young People's Treatment Provider - Services providing specialist substance misuse treatment services predominantly for under 18 year olds.

Non Treatment Substance Misuse - Referrals from young people specific services providing universal, targeted or early interventions to address substance misuse. Young people specific services which provide both treatment and non - treatment interventions should use this code when referring clients to the treatment elements of their programmes

Frank - Referrals from the Talk to FRANK helpline

D.1.4 Criminal Justice Services

Crime Prevention - Services working with young people identified as at risk of offending and who are not due to attend court and are not currently under sentence such as Youth Inclusion Programmes (YIPs), Youth Inclusion Support Panels (YISPs) or any arrest referral schemes in operation

YOT – Youth Offending Teams or Youth Offending Services working with young people as a result of them having received a reprimand or final warning, acceptable behaviour contract (ABC), anti social behaviour order (ASBO) or Community Sentence

Custody Providers - Custodial providers such as Youth Offending Institutes, Secure Training Centres or Local Authority Secure Children's Homes for young people

Post Custody – Self referral from a young person who has been discharged from a Youth Offending Institute, Secure Training Centre or Local Authority Children's home in the last 28 days. After 28 days such a referral should be counted as a self referral (see below)

D.1.5 Family and Friends

Self - Young person with treatment needs has sought treatment.

Relative - Parents, siblings and other relatives

Concerned Others - Carers, friends, boyfriends or girlfriends who are connected to the young person in a personal rather than a professional capacity and have referred the young person to treatment

Relative - Parents, siblings and other relatives

Website- Self referrals through a treatment service website

APPENDIX E - INJECTING STATUS, BLOOD BORNE VIRUSES AND INTERVENTIONS

Previous consultations with young people's providers have revealed concerns about asking young people who have no injecting experience questions about blood borne viruses. On this basis, previous guidance advised providers to leave these items blank. There is now more built in flexibility on items relating to Hepatitis B and C intervention status and providers should endeavour to complete rather than leaving blank. See Ref [3].

Further guidance in relation to harm reduction and blood borne viruses for young people will be published in the forthcoming young people's harm reduction guidance by the end of 2009.

APPENDIX F - HEALTH CARE ASSESSMENT DATE

Drug treatment health care assessment date - For providers of adult substance misuse treatment providers, a health care assessment is required. This is not the case for young people's treatment providers who should report against this date differently. Treatment providers should only record a date when a young person receives an assessment from a health clinician such as a Nurse, Doctor or Psychiatrist AND when the assessment relates specifically to their substance misuse such as in relation to clinical management, issues arising from injecting behaviour, blood borne viruses or dual diagnosis. Providers should refer to Ref [13] for guidance on when it is appropriate for a young person to be assessed by a health clinician.

Further guidance in relation to health care assessments for young people will be published alongside the forthcoming harm reduction guidance by the end of 2009.

APPENDIX G - STATUS QUESTIONS AT TREATMENT ENTRY AND EXIT

These items focus on the status of the YP coming into and exiting treatment. They are an acknowledgement that young people sometimes present with complex needs and vulnerabilities that may impact on their substance misuse and that as a consequence may also be engaged with a range of other targeted and specialist services. See Ref [1].

Please note that the numbers against each of the referral sources below relates to the NDTMS code.

G.1 Treatment Entry

"The lead professional is a key element of integrated support. They take the lead to coordinate provision and act as a single point of contact for a child and their family when a range of services are involved and an integrated response is required"

See Ref [8]

YP Lead Professional at Treatment Start – this refers to the professional who as part of the CAF process has been appointed to act as a single point of contact and coordinate provision for a child and their family when a range of services are involved and an integrated response is required

YP in Contact with Mental Health Services at Treatment Start – this refers to a young person who is currently in contact with either inpatient or outpatient Mental Health Services

YP in Contact with YOT at Treatment Start – this refers to a young person who is currently in contact with the Youth Offending Team as a result of receiving a reprimand or final warning, acceptable behaviour contract (ABC), anti social behaviour order (ASBO) or community sentence

For the purposes of NDTMS data collection, sexual exploitation is defined as follows:

"Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability" See Ref [9]

YP Involved in Sexual Exploitation at Treatment Start - this refers to a young person's current involvement in activities such as prostitution or the production of pornography

For the purposes of NDTMS data collection, self-harm is defined as follows:

"Self - poisoning or self - injury, irrespective of the apparent purpose of the act"

See Ref [10]

YP Involved in Self Harm at Treatment Start – this refers to a young person's current involvement in activities such as cutting, burning, banging, hair pulling or poisoning. This includes accidental and non - accidental overdose

It is acknowledged that drug and alcohol use among young people can never be safe. Moreover, young people have a need for treatment when their current use of *any* substance causes them direct and immediate physical, emotional or social harm (Ref [11]). Nonetheless, there are some young people who partake in particularly risky drug and alcohol related activities.

For the purposes of NDTMS data collection, unsafe drug use is defined as follows:

"Substance use related behaviour that disproportionately increases the magnitude of physical, emotional or social harm to the young person taking the substance"

Examples include the use of particularly hazardous routes of administration such as injecting; the use of substances in particularly high quantities and/or in combination or the use of substances alone or with older people.

YP Involved in Unsafe Drug use at Treatment Start– this refers to a young person's current involvement in unsafe situational drug and alcohol related activities such as binge drinking, poly drug use, sharing of injecting equipment, being injected by someone else or solvent abuse

YP Involved in Offending at Treatment Start– this refers to a young person's current involvement in activities which may or may not have come to the attention of the police, YOT/Youth Offending Service or local authority. Examples include stealing money from parents or friends, shoplifting, drug selling, street drinking (in alcohol restricted zones), graffiti and vandalism

YP Education Status at Treatment Start– this refers to a young person's current educational involvement. Mainstream education includes schools, academies and further education colleges; alternative education includes schooling delivered within a pupil referral unit or home setting; temporarily excluded refers to young people currently excluded from school on a temporary basis for a fixed term (no more than 45 days a year); permanently excluded refers to young people currently excluded from school where alternative schooling arrangements have not yet been made

YP Unsafe Sex at Treatment Start– this refers to a young person's current involvement in unsafe sexual activities such as unprotected vaginal, anal or oral sex

~~**YP Parent in SM Treatment at Treatment Start** – this refers to a young person who has one or more parent or guardian currently in contact with treatment services to address their drug or alcohol problems~~

~~**YP Parent in Mental Health Treatment at Treatment Start** – this refers to a young person who has one or more parent or guardian currently in contact with treatment services to address their mental health problems~~

G.2 Treatment Exit

YP Lead Professional at Treatment Exit – As part of the CAF process a lead professional takes the lead to coordinate provision and acts as a single point of contact for a child and their family when a range of services are involved and an integrated response is required. The Lead professional may ordinarily be located in children's services. Occasionally, a drug and alcohol worker may take the role of lead professional

9.35 YP in Contact with Mental Health Services at Treatment Exit– this refers to a young person who is currently in contact with either inpatient or outpatient Mental Health Services at the point of discharge

9.36 YP in Contact with YOT at Treatment Exit– this refers to a young person who is currently in contact with the Youth Offending Team or Youth Offending Services as a result of receiving a reprimand or final warning, acceptable behaviour contract (ABC), anti social behaviour order (ASBO) or community sentence at the point of discharge

9.37 YP Involved in Sexual Exploitation at Treatment Exit– this refers to a young person's current involvement in activities such as prostitution or the production of pornography at the point of discharge

9.38 YP Involved in Self Harm at Treatment Exit– this refers to a young person's current involvement in activities such as cutting, burning, banging, hair pulling or poisoning at the point of discharge. This includes accidental and non - accidental overdose

9.39 YP Involved in Unsafe Drug use at Treatment Exit– this refers to a young person's current involvement in unsafe drug and alcohol related activities such as binge drinking, poly drug use, sharing of injecting equipment, being injected by someone else or solvent abuse at the point of discharge

9.40 YP Involved in Offending at Treatment Exit– this refers to a young person's current involvement in activities which may or may not have come to the attention of the police, YOT/Youth Offending Service or local authority. Examples include stealing money from parents or friends, shoplifting, drug selling, street drinking (in alcohol restricted zones), graffiti and vandalism at the point of discharge

9.41 YP has a CAF at Treatment Exit– this refers to a young person who has been identified as requiring additional needs and assessed using the Common Assessment Framework at the point of discharge

9.42 YP Safer Sex at Treatment Exit– this refers to a young persons current involvement in safer sex practices such as protected vaginal, anal or oral sex at the point of discharge

9.43 YP Sexual Health Interventions at Treatment Exit– this refers to a young person who has been directly offered, or offered access to a sexual health intervention. These can include STI screening, pre and post test counselling, advice on safer sex, contraception (i.e. condoms), or pregnancy testing

9.44 YP Registered with a GP at Treatment Exit– this refers to a young person who has registered with a General Practitioner since the point of treatment entry

9.45 YP Met Goals Agreed on Care Plan at Treatment Exit– this refers to a young person who has met the main goals of their care plan, irrespective of the treatment outcome at treatment exit. See ref [13]

APPENDIX H DEFINITIONS OF TREATMENT INTERVENTIONS FOR YOUNG PEOPLE'S TREATMENT PROVIDERS

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."

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 Ref [11**].**

H.1 Interventions

Young people must be able to access each of the following five 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 Ref [13].

Apart from **Access to Residential treatment for substance misuse**, these interventions describe the service provided rather than the setting the intervention is delivered in.

Psychosocial Interventions - These interventions use psychological, psychotherapeutic, counselling and counselling based techniques to encourage behavioural and emotional change; the support of lifestyle adjustments and the enhancement of coping skills. They include motivational interviewing, relapse prevention and interventions designed to reduce or stop substance misuse, as well as interventions which address the negative impact of substance misuse on offending and attendance at education, employment or training.

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.

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

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.

Pharmacological Interventions - these interventions include prescribing for detoxification, stabilisation and symptomatic relief of substance misuse as well as prescribing of medications to prevent relapse.

Access to Residential treatment for substance misuse - any specialist substance misuse intervention (as defined in 1 - 4 above) provided in a residential setting where the young person has been placed, away from their normal home, specifically in order to decrease levels of risk from substance misuse and to gain access to highly intensive young people's specialist substance misuse interventions. Examples include, in - patient treatments for the pharmacological management of substance misuse and therapeutic residential services designed to address adolescent substance misuse.

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.

APPENDIX I DEFINITIONS OF EDUCATION AND EMPLOYMENT STATUS CODES FOR YOUNG PEOPLE'S SERVICES

These codes describe whether the young person is engaged in education or employment. Additional education codes specifically for young people have now been added. See APPENDIX G Practitioners should select the code which best reflects the young persons current situation from the list of codes available which are relevant to young people. The definition of each code and its relevance to each client group is outlined below.

Regular Employment – this refers to employment which is regular and sustained.

Client group: Young people and adults

Pupil/Student – this refers to education which is regular and sustained and is provided by a school, further education college or university. Young people who receive education from a specialist service in response to specialist needs including problem behaviour or difficulties with standard educational environments should refer to code 8 below.

Client group: Young people and adults

Economically Inactive – this refers to young people and adults or are not currently in education or employment outside the home either because they have a role within the home as a parent or carer or because they have reached retirement age or because they have health or mental health issues which currently prevent them form working or studying.

Client group: Young people and adults

Unemployed – this refers to adults who have the capacity to work and who are not currently in regular and sustained employment.

Client group: Adult specific

Other - this refers to any activity which is not described by other codes

Client group: Young people and adults

Not Known – treatment services should endeavour to find out how young people spend their time, if this has not been possible, this code should be used.

Client group: Young people and adults

APPENDIX J - DEFINITIONS OF DISCHARGE CODES

The discharge code has two elements; the discharge reason and the discharge destination. The **Discharge Reason** refers to the outcome following treatment end. The **Discharge Destination** refers to the lead agency that the treatment provider has referred a young person to once the treatment episode has been completed. This could be *back* to the lead agency which made the initial referral into specialist treatment, or *onto* another agency (see example A). The full list of discharge destination codes is provided below:

Example A – Discharge Code

Discharge Reason	Discharge Destination
Treatment completed – Drug* Free	On to targeted youth support services
Incomplete- Dropped Out	back to referrer

J.1 Discharge Reason

Treatment Completed - Drug Free – The client no longer requires structured drug or alcohol treatment interventions and is judged by the clinician not to be using heroin (or any other opioids) or crack cocaine or any other illicit drug

Treatment Completed - **Occasional User (not heroin or crack)** – this refers to a young person who no longer requires a structured drug treatment intervention There is evidence of occasional drug and/or alcohol use (not heroin, any other opioids or crack) but this is not judged to be problematic

Transferred-Not in Custody – this refers to a young person who has finished at this treatment provider but still has a treatment need so is referred onto another community based treatment provider. This code should only be used if the young person is transferred from one specialist treatment provider to the another in a care planned way

Transferred-In Custody – this refers to a young person who has received a custodial sentence or is on remand and a continuation of structured treatment has been arranged. This will consist of the appropriate onward referral and a two-way communication between the community and secure setting to confirm assessment and that care planned treatment will be provided as appropriate

Incomplete-Treatment Withdrawn by Provider – the treatment provider has withdrawn treatment provision from the client. This item could be used in cases where the client has seriously breached a contract leading to their discharge. It should not be used if the client has simply 'dropped out' see below

Incomplete-Dropped Out – the treatment provider has lost contact with the client without a planned discharge and activities to re-engage the client back into treatment have not been successful

Incomplete-Retained in Custody – the client is no longer with the treatment provider as they are in a secure setting such as a Youth Offending Institution, Secure Training Setting or Secure Children's Home. While the treatment provider has confirmed this, there has been no formal two-way communication between the treatment provider and the criminal justice care provider leading to continuation of the appropriate assessment and care-planned structured drug treatment

Incomplete Treatment Commencement Declined by the Client—the treatment provider has had face to face contact with the client after which the client has chosen not to commence a recommended structured drug treatment intervention

Incomplete-Client died – during their time in contact with structured drug treatment the client died

J.2 Discharge Destination

Back to Referrer – this refers to a young person, who at the end of the treatment episode is referred back to the lead agency that originally referred them into specialist treatment

Generic Children's Services– this refers to a young person, who at the end of the treatment episode is referred onto Children and Family, Child Looked After or Universal Education services. See

APPENDIX D for a more detailed description of Children and Family, Child Looked After and Universal Education

Targeted Youth Support - this refers to a young person, who at the end of the treatment episode is referred onto services providing prevention, early intervention or support for vulnerable young people. This includes generic youth services providing Information, Advice and Guidance, and targeted services such as Connexions and Positive Activities for Young People

Lead Professional – this refers to a young person, who at the end of the treatment episode is referred onto a Lead Professional. As part of the CAF process a lead professional takes the lead to coordinate provision and acts as a single point of contact for a child and their family when a range of services are involved and an integrated response is required

Alternative Education – this refers to a young person, who at the end of the treatment episode is referred onto education services for young people who cannot access universal education provision for any reason. Please see APPENDIX D for a more detailed description of Alternative Education

Children's Mental Health Services– this refers to a young person, who at the end of the treatment episode is referred onto inpatient or outpatient Child and Adolescent Mental Health Services. This includes referrals from mental health services that work across the age range (i.e.16-25) such as early interventions teams

Crime prevention– this refers to a young person, who at the end of the treatment episode is referred onto services working with young people identified as at risk of offending and who are not due to attend court and are not currently under sentence such as YIPs, YISPs or any arrest referral schemes in operation

Accommodation Services - this refers to a young person, who at the end of the treatment episode is referred onto accommodation services specifically commissioned to meet the needs of young people such as supported housing

Adult Treatment Provider – this refers to a young person, who at the end of the treatment episode is referred onto services providing drug or alcohol treatment services predominantly for those aged 18 or over. This includes needle exchange programmes and other services to address adult substance misuse

Other YP Treatment Service – this refers to a young person, who at the end of the treatment episode is referred onto another young persons specialist treatment service

No Onward Referral– this refers to a young person who, due to unforeseen circumstances, is not referred back or onto other services at the end of the treatment episode.

No Referral Required – this refers to a young person, who at the end of the treatment episode does not require an onward referral.

APPENDIX K PARENTAL STATUS FROM APRIL 2009

Parental status should include biological parents, step parents, foster parents, adoptive parents and guardians. It should also include *de facto* parents where an adult lives with the parent of a child or the child alone (for example, clients who care for younger siblings or grandchildren) and have taken on full or partial parental responsibilities.

The minimum period of cohabitation would be one month.

Data item name – All the children live with client

Data item description – The client is a parent of one or more children under 18 and all the client's children (who are under 18) reside with them full time.

Data item name – Some of the children live with client

Data item description – The client is a parent of children under 18 and some of the client's children (who are under 18) reside with them, others live full time in other locations.

Data item name – None of the children live with client

Data item description – The client is a parent of one or more children under 18 but none of the client's children (who are under 18) reside with them, they all live in other locations full time.

Data item name – Not a parent

Data item description – The client is not a parent of any children under 18

Data item name – Client declined to answer