



***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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## Revision History

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1.0	Tom Aldridge	Final Draft for Review	03/02/2005
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3.2	Alastair Duncan	Section on Reporting Clarification of referral (section 5.1) & FAQs	30/03/2005
3.3	Louise Crompton	Update on changes to reference data Update to NDTMS Process Guidance New definitions and refining existing definitions	08/03/2007
3.4	G Scott	Alignment with NDTMS documentation standards	22/03/2007
5.0	G Scott	Updated in line with NDTMS Data Set E Including remove of references to fields no longer captured (Parental Status, Frequency of use of Problem Substance No. 1 & Education and Employment status) Updated in line with policy changes 2007/2008	07/06/2007
5.1	G Scott	Reclassification of Parental Status as NDTMS Data Set	30/08/2007
5.3	L Crompton	Update following policy changes and changes to NDTMS Data Set including revised treatment interventions	3/3/2008
5.3.1	G Scott	Update external references	02/07/08
6.0	T Aldridge	Update following action points for new data set outlined in 2008 Drug Strategy:	

## External References:

External References Ref No	Title	Version
1	<a href="#">NDTMS Data Set - Guidance for Young People's Treatment Providers</a>	5.3.1
2	<a href="#">NDTMS Data Set - Technical Definition</a>	6.0.2
3	<a href="#">NDTMS Data Set - Reference Data</a>	6.1.3
4	Business Definition for Young People's Treatment Providers Version.	6.1.0
4	Operational Plans: National Planning Guidance and 'Vital Signs'	9413
5	<a href="#">Care Matters: Time for Change</a>	cm7137
6,7	<a href="#">Common Assessment Framework for Children and Young People: Managers' Guide</a>	0336 - 2006BKT - EN
8	<a href="#">The Lead Professional: Factsheet</a>	IW55/1108
9	UNICEF - [REF Pending]	
10	<a href="#">NICE - Clinical Guideline 16</a>	ISBN 1 85433 409 3
11	<a href="#">Young People's Specialist Substance Misuse Treatment Services: Interim Guidance Commissioning</a>	10603
12	<a href="#">The Treatment Outcomes Profile (TOP) - Guidance notes for the reporting of TOP to NDTMS</a>	Jun 2007
13	<a href="#">Assessing young people for substance misuse</a>	Feb 2007

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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 which are collected via NDTMS are reviewed on an annual basis.

### **The current version (commonly referred to as the NDTMS Data Set F) will be introduced for national data collection from 1<sup>st</sup> April 2009**

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 F 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 version 6..1.1*

This guidance reflects the latest changes in the NDTMS Young People's Data Set F. A full description of all the data items is available in, *Business Definition for Young People's Treatment Providers Version 6.1.1*

Changes in the current version NDTMS are outlined within *Section 11 Overview of Young People's Data Set F*. Key items are:

- Changes in accommodation need
- Changes to referral codes
- Inclusion of new status questions at treatment entry and treatment exit
- Inclusion of new output measurement questions at treatment exit
- Changes to discharge codes

Data Set F 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 F 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..Whilst the data set will be monitored for effectiveness and necessary changes made it is anticipated that additional changes in 2009 and 2010 should be minimal.

## 2. Purpose of the document

This document provides a general overview of the NDTMS Young People's Data Set and its role in local, regional and national delivery assurance systems; references to other NDTMS guidance relevant to young people's services; 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 Version 6.1.1](#)- 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 TOP guidance for adult services as well as FAQs for young people's treatment providers. These are available from the NTA website – nta.nhs.uk

## 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 regional teams in supporting the continued development of treatment services locally and contributes to performance against national PSA targets.

At National, Regional 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 peoples 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.

**Regional functions** - NDTMS collects data which is reported on a monthly and quarterly basis via NTA Regional Teams to support the delivery assurance process and needs analysis, contributing to treatment planning and review:

The NTA: DCSF Memorandum of Understanding identifies that 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 F will be an important part of this process. In addition DCSF and the YJB will also be provided with quarterly summaries on a regional and national basis as well as information on partnerships if required.

**National functions** - *Drugs: protecting families and communities 2008-2011* has a young peoples section which drives delivery against PSA targets relating to:

- The proportion of young people frequently using illicit drugs, alcohol or volatile substances (PSA 14);
- The number of drug users in effective treatment (PSA 25).

Performance against these PSA targets is reported to the Interdepartmental Programme Boards which hold responsibility for them. These reports will include NDTMS data.

More detailed information on NDTMS reports is provided in section 12. Quality assurance data and reports based on NDTMS section of this document.

## 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)***

### **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 co-ordinated by a 'lead professional'. For further information on assessment see *NTA Guidance on Assessing Young People for Substance Misuse (2007)* available from the NTA website.

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.

## 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 (that is one of the 5 treatment interventions) 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 the joint YJB: NTA guidance on *The YOT Substance Misuse Worker: Integrating Youth Justice Provision and Substance Misuse Treatment* available from both NTA and YJB websites.

### **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 for Juveniles in Custody (YJB, 2004)*(currently under revision). 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

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with the *National Specification for Substance Misuse for Juveniles in Custody (YJB, 2004) (currently under revision)*. 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 for Juveniles in Custody (YJB, 2004) (currently under revision)*. 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 April 1<sup>st</sup> treatment providers will be 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 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/areas/ndtms/regional\\_NDTMS\\_contacts.aspx](http://www.nta.nhs.uk/areas/ndtms/regional_NDTMS_contacts.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:

- 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

Following extensive consultations with providers, commissioners, Government departments and regional NDTMS, considerable changes to the young person's core data set have been made. These changes have been made to reflect policy changes signposted in the new Drug Strategy, *Drugs; Protecting families and communities*. Namely this revised data set will provide information to local, regional and national PSA 14 boards on how the treatment system is helping to reduce harm arising from drug use; inform Children's Services, Children and Young People's Plans and Joint Strategic Needs Assessments; provide evidence on how the young person's treatment system is meeting local treatment need and also 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*

### Items Removed

- *Dual diagnosis*
- *Sexuality* (regional item)
- *Sex worker* (regional item)
- *CAMHS*
- *Mental Health other*
- *Independent CLA in settled accommodation*
- *Independent CLA in unsettled accommodation*
- *Independent CLA with No Fixed Abode*
- *Arrest referral/DIP*
- *Community Sentence*
- *Sentence requirement*

### Changes and the Rationale behind them

The consultation events suggested that the list of accommodation need and referral routes into treatment needed to be simplified and more specific to the young person's treatment system. The following definitions have therefore been added:

#### Accommodation Need

*Child looked after out of LA.*

This will enable commissioners to specifically identify young people from foster carers or children's homes providing placements for other Local Authorities' children.

*Young person living in supported housing*

This was a missing accommodation need from previous data sets.

#### Referral Sources

This list focuses on referrals from the range of children's services. As the Common Assessment Framework develops in every local authority area it is likely that the CAF will become a major referrer and this will need to be reflected in later data sets:

*Accident & Emergency*

An important referral route identified previously and now reinstated.



*FRANK*

To identify referrals from the FRANK helpline.

*Helpline*

To distinguish referrals from other helplines to referrals from FRANK referrals.

*Primary care*

To capture referrals from primary care professionals other than GP's, such as practice nurses, midwives, and phramacists

*Child mental health services*

To extend mental health referrals from simply being specialist Child and Adolescent Mental Health Services to include other children's mental health services at both targeted and universal level, as well as including those mental health services working across transitional age groups.

*Non child mental health services*

To identify the range of adult mental health services.

*School nurse*

School nurses in some regions have a considerable referral rate that was not previously being identified.

*Relative*

Referrals from parents, siblings and other relatives. To be distinguished from Concerned Others.

*Concerned Others*

See above. Includes carers, friends, boyfriends or girlfriends who are connected to the young person in a personal way rather than a professional capacity

*Website*

Some treatment services now have websites with referral opportunities.

Status Questions at Treatment Entry and Treatment Exit:

The inclusion of questions recorded at treatment entry and treatment exit will be able to demonstrate possible changes in risk behaviour during the young person's treatment journey as well as identifying a number of outputs or interventions the young person has received.

*YP Lead Professional at Treatment Start*

This is also recorded at treatment exit. These questions can identify whether the young person has undergone a Common Assessment framework (CAF) and whether the young person has other needs besides substance misuse. In addition the question at treatment exit can be used to identify other areas of support being provided during the treatment journey. This question at exit also allows services and commissioners to identify if the agency is undertaking the lead professional role.

*YP in contact with MH services at Treatment Start*

This is also recorded at treatment exit to demonstrate changes during the treatment journey.

*YP in contact with YOT at Treatment Start*

This is also recorded at treatment exit to demonstrate changes during the treatment journey.

*YP involved in sexual exploitation at Treatment Start*

This is also recorded at treatment exit to demonstrate changes during the treatment journey.

*YP involved in Self Harm at Treatment Start*

This is also recorded at treatment exit to demonstrate changes during the treatment journey.

*YP involved in unsafe drug use at Treatment Start*

This is also recorded at treatment exit to demonstrate changes during the treatment journey.

*YP involved in offending at Treatment Start*

This is also recorded at treatment exit to demonstrate changes during the treatment journey.

*YP education status at Treatment Start*

This item is used to identify how involved with the educational process young people are when accessing specialist services.

*YP involved in unsafe sex at Treatment Start*

This is also recorded at treatment exit to demonstrate changes during the treatment journey.

***YP parent in SM treatment at Treatment Start***

**Until clear legal advice has been obtained this question should not be entered and will not be collected by NDTMS.**

***YP parent in MH treatment at Treatment Start***

**Until clear legal advice has been obtained this question should not be entered and will not be collected by NDTMS.**

Output measurement questions at treatment exit:

*YP has a CAF at Treatment Exit*

This is to demonstrate that during treatment, non-substance misuse specific needs have been identified and assessed.

*YP sexual health interventions at Treatment Exit*

This is an output measure used to identify whether a sexual health intervention has been provided to the young person by the time that they exit treatment.

*YP registered with GP at Treatment Exit*

This is an output measure used to identify whether a young people entering treatment without a GP has registered with a GP by the time that they exit treatment.

*YP met goals agreed on care plan at Treatment Exit*

This is an output measure used to identify whether the care plan goals of the young person have been met by the time that they exit treatment.

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 and will be used as a measure for how effective treatment has been. 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	onto targeted youth support services
Incomplete- Dropped Out	back to referrer

Discharge Reason:

*Treatment Completed - Drug Free*

This refers to a young person who no longer requires a structured drug or alcohol treatment intervention and is not using heroin or cocaine or any other illicit substance.

*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 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

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 on to Children and Family, Child Looked After or Universal Education services.

*Targeted Youth Support*

This refers to a young person, who at the end of the treatment episode is referred on to 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 on to 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 on to education services for young people who cannot access universal education provision for any reason.

*Children's Mental Health Services*

This refers to a young person, who at the end of the treatment episode is referred on to 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 on to 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 on to 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 on to 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 on to another young person's specialist treatment service

*No Onward Referral*

This refers to a young person who, due to unforeseen circumstances, is not referred back or on to 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.

## 12. Quality assurance data and reports based on NDTMS.

### PSA and Vital signs reporting

NDTMS is used to provide performance information regarding PSA 25 which measures the numbers engaged in effective treatment, this includes young people.

It is also used for local vital signs targets and can provide additional information for PSA 14.

#### NDTMS data

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

In addition quarterly (green) reports are also produced that contained more detailed activity and performance assurance information

These take the following format.

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

Reports on regional and national activity will be sent automatically to DCSF 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.

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## 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. What referral source is used for YP referred from 'Housing'?

A. Currently there is no opportunity to capture this. Field should be left blank if it is only a housing referring. If Housing refers as part of the Common Assessment Framework then Children's Services should be identified.

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 correct and therefore should be left blank. However there is a question on employment later in the data set and this provides an opportunity to identify that a 16 to 18 year old is a pupil/student.

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 Children Looked After.

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. In such a case this field should be left blank

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. 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. YP parent in mental health treatment and young person parent in substance misuse treatment. Should these two questions be answered?

A. We are not requiring services to collect this information for submission to NDTMS at this current time. Should any client records be received by the NDTMS that contain this information, we will strip the data out of the record and not store this centrally.

Q. If a YP is in private foster care, therefore not a CLA, should the agency choose accommodation code 'YP living with parents or other relative'?

A. Children placed in private foster care are still looked after children.

Q. The safer sex questions at treatment entry and treatment exit are different. How do you record a young person who is not sexually active?

A. The question at treatment entry is: Is the YP involved in unsafe sex at treatment start? There are two drop down options: Yes, and No, . A young person not having sexual relations would be classified as No.

The question at treatment exit is: is the YP involved in safer sex at treatment exit? Again the two drop downs exist: Yes and No,. A young person not involved in sexual activity would again be classified as No.

This question enables at least two points for analysis. The numbers engaging in unsafe sex at treatment start and who answer Yes - and also the proportion of these who have changed their behaviour and adopted safer sex practices, and answered Yes at treatment exit. It is also possible to identify numbers either not involved in sexual activities or practicing safe sex at treatment entry who then answer No at treatment exit and have therefore adopted unsafe sexual behaviours.

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. For those people already in treatment on the 1<sup>st</sup> April and therefore 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

