Office for Health Improvement & Disparities

National Drug Treatment Monitoring System (NDTMS)

Community Young People Business Definitions (Dataset R)

V1.1

Contents

Introduction 4

Purpose of NDTMS 6

Which substance misuse service provision should be reported to NDTMS? 7

- Non-structured treatment substance misuse services 7

Data entities 8

- Client details 8
- Episode details 8
- Treatment intervention details 8
- Sub-Intervention Review (SIR) 8
- Young People's Outcomes Record (YPOR) 9
- Client Information Review (CIR) 9

NDTMS dataset fields 10

- Client details 10
- Episode details 12
- Treatment intervention details 28
- Sub-intervention review (SIR) details 30
- Young people’s outcomes record (YPOR) 31
- Client information review (CIR) 38

Appendix A: definition of specialist substance misuse treatment for young people 47

Appendix B: waiting times 48

- Waiting times scenario 1: self-referral 48
- Scenario 2: referral from an external organisation 50

Appendix C: referral sources for young people 52

Appendix D: accommodation need guidance for young people’s services 55

Appendix E: safeguarding questions and definitions 56

- Subject of child protection plan at treatment start (YPCPL) 60

Appendix F: risk/vulnerabilities 61

- Sexual exploitation 61
- Self-harm 61
- Unsafe sex 61
- Domestic abuse 62

Appendix G: education, employment and training status 63
Appendix H: blood-borne viruses and sexual health 64
Appendix I: mental health treatment definitions 65
Appendix J: young person's discharge reasons and discharge scenarios 67
Discharging young people as 'transferred' 68
Appendix K: definitions of young person's interventions and sub-interventions 69
YP psychosocial sub-interventions 70
Specialist harm reduction 72
Pharmacological interventions 72
YP multi-agency working (non-structured) 72
Interventions flagging specific funding streams 74
Appendix L: setting 76
Appendix M: Young People's Outcomes Record 78
Process map for completing a YPOR 78
Process map for completing a YPOR for young people who are transferring from a young person's service to an adult service 79
Appendix N: Combined Review Form (CRF) 81
Appendix O: referral date to service 83
Scenario 1: self-referral 83
Scenario 2: a period of non-structured treatment before structured treatment 84
Scenario 3: outreach work followed by a period of non-structured treatment before structured treatment 85
Scenario 4: discharged from structured treatment, received recovery support, re-engaged with treatment 86
Appendix P: disability definitions 87
Appendix Q: Changes to the NDTMS young person community dataset implemented in dataset R 88
Field being moved 88
Fields being removed 88
Fields being added 89
Existing fields being amended 90
Reference data within appendices 90

Introduction

The National Drug and Alcohol Monitoring System (NDTMS) is an English substance misuse treatment data collection that has been in place since 2004. This is hosted within the Office for Health Improvement and Disparities (OHID) in the Department of Health and Social Care.

Statistics derived from the collection (including those designated as Official and National Statistics) facilitate needs-assessment and targeting of resources, assessment of demand for services, evaluation of intervention/harm-reduction strategy effectiveness and service performance, service quality assurance and analyses of substance misusing populations. NDTMS data currently underpins key indicators that support the government's drug strategy.

NDTMS is a national standard and is applicable to young people and adults within community and secure setting-based treatment providers. The dataset is accredited by NHS Digital and the Information Standard is published under section 250 of the Health and Social Care Act 2012.

This document defines the items to be collected and utilised by NDTMS for use by young people's drug and alcohol services within the community. Information and definitions relating to data collection by adult and secure settings can be found in the collection on NDTMS.net.

This document is intended to be a definitive and accessible source for use. It is not intended to be read from end to end, rather as a reference document which is utilised by a variety of readers, including:

- interpreters of data provided from OHID systems
- suppliers of systems to OHID
- suppliers of systems which interface to OHID systems
- OHID/National Drug Treatment Monitoring System (NDTMS) personnel

This document should not be used in isolation – it is part of a package of documents supporting the NDTMS dataset and reporting requirements.

Please read this document in conjunction with the following documents:

- NDTMS CSV file format specification – defines the format of the CSV file used as the primary means of inputting the core dataset into NDTMS
- NDTMS technical definitions – provides the full list of fields that are required in the CSV file and the verification rules for each item

- NDTMS geographical information – provides geographic information including eg ULTA of residence

- NDTMS reference data – provides permissible values for each data item

To assist with the operational handling of CSV input files, each significant change to the NDTMS dataset is allocated a letter.

The current version (commonly referred to as the NDTMS dataset Q) for national data collection will come into effect on 1 April 2022.

NDTMS is a consented to dataset meaning that all young people should give informed and evidenced consent for their information to be shared with NDTMS. For further details, refer to the NDTMS consent and confidentiality guidelines.

Purpose of NDTMS

The data items contained in the NDTMS dataset are intended to:

- provide measurements that support the outcome and recovery focus of the government's drug strategy, such as:
    - proportion of clients successfully completing treatment
    - proportion of clients that do not return to treatment following a successful completion
    - value for money
    - housing and employment
    - health and quality of life outcomes
    - support for children and families of drug and alcohol dependent people
- provide information which can be used to monitor how effective drug and alcohol treatment services are and help to plan and develop services that better meet local needs
- produce statistics and support research about drug and alcohol use treatment
- provide measurements to support the Public Health Outcomes Framework

Which substance misuse service provision should be reported to NDTMS?

There are 3 conditions that treatment providers must fulfil in order to report to the NDTMS young people's data set.

1. 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 (see Appendix A for definition of specialist substance misuse treatment).

2. 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 up to the age of 24.

3. Treatment providers should be delivering specialist treatment interventions for young people – see Appendix K.

Non-structured treatment substance misuse services

Treatment providers providing only universal, targeted or early intervention substance misuse services for young people who are currently using substances but do not warrant referral to structured substance misuse treatment, should not be registered to NDTMS and should not report substance misuse activity.

These services should ensure they only report substance misuse activity for young people receiving specialist treatment (eg 1 of the 3 structured treatment interventions).

Data entities

The NDTMS dataset consists of fields that are updateable (such as the young person's postcode) and fields that should not change, and should be completed as per the start of the episode (such as the young person's ethnicity). For some episode fields we require the most up-to-date information and these updates should be made on the CIR form, so that the episode field can give us a baseline to monitor change. The NDTMS dataset table (below) provides details for each data item, the question, the definition and whether it is updateable during the episode of treatment or whether the information reported should be as per the start of the episode. In general, all data is required.

The data items listed in this document may be considered as belonging to 1 of 6 different data entities, which are referred to throughout this document.

Client details

Details pertaining to the young person including initials, date of birth, sex, ethnicity and nationality.

Episode details

Details pertaining to the current episode of treatment including information gained at triage such as geographic information, protected characteristics information, problem substance/s, parent and child status and blood-borne viruses (BBVs). Some of these fields should be updated in the client information review (CIR) section as they change. A treatment episode includes time spent in treatment at one provider, where they record one triage date and one discharge date but can (and in most circumstances will) include multiple treatment interventions. Multiple treatment episodes make up a treatment journey.

Treatment intervention details

Details regarding which high-level intervention/s the young person has received and the relevant dates.

Sub-Intervention Review (SIR)

Details regarding which sub-interventions the young person has received since treatment start or since the last SIR. SIRs should be completed at least every 6 months (but can be completed more frequently if this would be of use locally) and at discharge from treatment.

They should be completed retrospectively and can be completed by the keyworker/admin without the young person present.

See Appendix K for definitions of the sub-interventions.

Young People's Outcomes Record (YPOR)

The Young People's Outcomes Record (YPOR) has been developed to assess changes to drug and alcohol use and wellbeing over the period of engagement with specialist services.

These items should be completed for all young people receiving specialist substance misuse interventions. They should be collected once at the start of treatment and once again at the end. Should localities choose to complete this form at care plan reviews as well to monitor progress, this is acceptable but is not mandatory.

These should be completed by the keyworker with the young person to review their substance use behaviour and health and social functioning in the last 28 days.

See Appendix M for further information on completing YPOR.

Client Information Review (CIR)

The CIR contains updateable information for some of the episode level questions, including parental status and children information, BBV information and mental health. All of these questions should be reviewed with the young person every 6 months and a full CIR should be returned to NDTMS. Updates to any CIR data items, such as BBV fields should be returned to NDTMS as and when they occur on a partial CIR, but the latest information should also be populated on the full CIR when it is completed.

Together, the YPOR, SIR and CIR form the Combined Review Form (CRF). See Appendix N for more information on completing the CRF.

NDTMS dataset fields

Note: where items are designated 'should not change' in the field updateability column, this does not include corrections or moving from a null in the field to it being populated.

Client details

Field description	CSV header	Definition	Field updatability
Client ID	CLIENTID	A mandatory, unique technical identifier representing the young person, as held on the clinical system used by the treatment provider. This should be a technical item and must not hold or be composed of attributors which might identify the young person. A possible implementation of this might be the row number of the young person in the client table.	Must be completed. If not, the record will be rejected. This is populated by your software system. Should not change.
Initial of client's first name	FINITIAL	The first initial of the young person's first name eg Max would be 'M'. If a young person legally changes their name this should be updated on your system. This will create a mismatch at your next submission for which you should select 'replace' or 'delete'.	Must be completed. If not, the record will be rejected. Should not change (record as per start of episode) unless client legally changes their name. If changed, it will create a validation mismatch.
Initial of client's surname	SINITIAL	The first initial of the young person's surname eg Smith would be 'S', O'Brian would be 'O' and McNeil would be 'M'. If a young person legally changes their name this should be updated on your system. This will create a mismatch at your next submission for which you should select 'replace' or 'delete'.	Must be completed. If not, the record will be rejected. Should not change (record as per start of episode) unless client legally changes their name. If changed, it will create a validation

Field description	CSV header	Definition	Field updatability
			mismatch.
Client birth date	DOB	The day, month and year that the young person was born.	Must be completed. If not, the record will be rejected. Should not change (record as per start of episode). If changed, it will create a validation mismatch.
Client stated sex	SEX	The sex as stated by the client on their birth certificate or gender recognition certificate.	Must be completed. If not, the record will be rejected. Should not change (record as per start of episode). If changed, it will create a validation mismatch.
Ethnicity	ETHNIC	The ethnicity that the young person states as defined in the Office of Population Censuses and Surveys (OPCS) categories. If a young person declines to answer, then ‘not stated’ should be used. If young person does not know then ‘Ethnicity is unknown’ should be used.	Should not change (record as per start of episode).
Country of birth	NATION	Country of birth. Kosovo should be recorded as Serbia as per NHS data dictionary.	Should not change (record as per start of episode).
Agency code	AGNCY	A unique identifier for the treatment provider that is defined by the regional NDTMS team eg L0001.	Must be completed. If not, the record will be rejected. This is populated by your software system. Should not change. If changed, the file will fail on validation.
Client reference	CLIENT	A unique number or ID allocated by the treatment provider to a young person. The client reference should remain the same within a treatment provider for a young person during all treatment episodes. This must not hold or be composed of attributors which	Should not change and should be consistent across all episodes at the treatment provider.

Field description	CSV header	Definition	Field updatability
		might identify the young person.	

Episode details

Field description	CSV header	Definition	Field updatability
Episode ID	EPISODID	A mandatory, unique technical identifier representing the episode, as held on the clinical system used at the treatment provider. This should be a technical item and should not hold or be composed of attributors which might identify the individual. A possible implementation of this might be the row number of the episode in the episode table.	Must be completed. If not, the record will be rejected. This is populated by your software system. Should not change.
Software system and version used	CMSID	A mandatory, system identifier representing the clinical system and version used at the provider.	Must be completed. If not, the record will be rejected. This is populated by your software system. May change (record as per current situation).
Consent for NDTMS	CONSENT	Whether the young person has agreed for their data to be shared with NDTMS. Informed and evidenced consent must be sought from all young people. For further information on obtaining NDTMS consent, see the NDTMS consent and privacy notices.	All young people must give informed and evidenced consent before their information can be sent to NDTMS. May change (record as per current situation).
Consent for IPS	IPSCONSENT	Whether the young person has agreed for their IPS data to be shared with NDTMS. Informed and evidenced consent must be sought from all young people. For further information on obtaining NDTMS consent, see the NDTMS consent and privacy notices and IPS consent and	IPS clients must give informed and evidenced consent before their IPS information can be sent to NDTMS. May change (record as per current situation).

Field description	CSV header	Definition	Field updatability
		privacy notices. A young person can consent to share their data with NDTMS and not consent to providing IPS data.	
National Insurance Number (IPS)	IPSNINUM	National Insurance Number only applicable to young people participating in IPS. The National Insurance Number is a reference number that is issued to a person by the Department for Work and Pensions (DWP) / HM Revenue and Customs (HMRC) for participants in the National Insurance Scheme.	Should not change (record when IPS starts).
Full postcode of residence (IPS)	IPSPC	The full postcode of the young person's place of residence, this postcode should not be truncated. If a young person states that they are of No Fixed Abode, postcode should be ZZ99 3VZ. Full postcodes should only be submitted if the young person has given IPS consent.	May change (record as per current living situation).
Postcode	PC	The postcode of the young person's place of residence. The postcode should be truncated by your system when extracted for NDTMS (the final 2 characters of the postcode should be removed eg 'NR14 7UJ' would be truncated to 'NR14 7'). If a young person states that they are of no fixed abode or they are normally resident outside of the UK, then the default postcode ZZ99 3VZ should be recorded (and truncated on extract).	May change (record as per current living situation).
Upper tier local authority	UTLA	This field will be electronically mapped by software providers based on the postcode of the young person. Treatment providers do not need to complete this field. The upper tier local authority (UTLA) in which the young person	MUST be completed by software provider. If not, the data may be excluded from performance monitoring reports. May change (record as per current

Field description	CSV header	Definition	Field updatability
		normally resides (as defined by the postcode of their normal residence). If the young person is resident in Scotland, Wales, Northern Ireland or outside of the UK record the code that reflects this. If a young person states that they are of no fixed abode (denoted by having an accommodation need of 'Independent YP with no fixed abode') then for a structured community provider the UTLA of the treatment provider should be used as a proxy. Although the accommodation need is the status at the start of the episode, the UTLA is the current situation. See NDTMS Geographic Information document for a list of UTLA codes.	living situation).
Lower tier local authority	LTLA	This field will be electronically mapped by software providers based on the postcode of the young person. Treatment providers will not need to complete this field. The lower tier local authority (LTLA) in which the young person currently resides (as defined by the postcode of their normal residence). If the young person is resident in Scotland, Wales, Northern Ireland or outside of the UK record the code that reflects this. If a young person states that they are of no fixed abode (denoted by having an accommodation need of 'Independent YP with no fixed abode') then for a structured community provider the LTLA of the treatment provider should be used as a proxy and for residential treatment providers the LTLA of the referring partnership should be	MUST be completed by software provider. May change (record as per current living situation).

Field description	CSV header	Definition	Field updatability
		used as a proxy. Although the accommodation need is the status at the start of the episode, the LTLA is the current situation. See NDTMS Geographic Information document for a list of LTLA codes.	
Referred to service date	REFLDSERV	Date young person was initially referred to this service for structured or non-structured 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 young person self-referred. For scenario examples, see Appendix O.	Should not change (record as per start of episode).
Referral date	REFLD	The date that the young person was referred for this episode of structured 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 young person self-referred. For scenario examples and how this date is used in waiting times calculations, see Appendix B.	Must be completed. If not, data may be excluded from performance monitoring reports. Should not change. If changed, it will create a validation mismatch.
Referral source	RFLS	The source or method by which a young person was referred for this treatment episode. A valid referral source code should be used as defined in the NDTMS reference data. See Appendix C for list of referral sources and their definitions.	Should not change (record as per start of episode).
Triage date	TRIAGED	The date that the young person made a first face-to-face (or equivalent) presentation to this treatment provider for structured treatment. If the young person is in non-structured treatment and during this time it is established that there is a requirement for structured treatment, the non-structured episode should be closed, and a new structured episode should be opened in which the triage date should be recorded as the date that it was agreed that they require structured treatment. This will ensure that waiting times for	Must be completed. If not, data may be excluded from performance monitoring reports. Should not change.

Field description	CSV header	Definition	Field updatability
		structured treatment can be accurately calculated. For scenario examples see Appendix B.	
Previously treated	PREVTR	Has the young person ever received structured drug or alcohol treatment at this or any other treatment provider?	Should not change (record as per start of episode).
Pregnant	PREGNANT	Is the young person pregnant?	Should not change (record as per start of episode). Updates to this field should be made on Client Information Review.
Disability 1	DISABLE1	Whether the young person considers themselves to have a disability. If a young person declines to answer, then 'not stated' should be entered and DISABLE2 and DISABLE3 should be left blank. If the young person has no disability, then 'no disability' should be entered and DISABLE2 and DISABLE3 should be left blank. Refer to Appendix P for disability definitions.	Should not change (record as per start of episode).
Disability 2	DISABLE2	Whether the young person considers themselves to have a second disability. If the young person has no second disability, then this field should be left blank. Refer to Appendix P for disability definitions.	Should not change (record as per start of episode).
Disability 3	DISABLE3	Whether the young person considers themselves to have a third disability. If the young person has no third disability, then this field should be left blank. Refer to Appendix P for disability definitions.	Should not change (record as per start of episode).
Accommodation	ACCMNEED	The accommodation need refers to the housing need of the young	Should not change (record as per

Field description	CSV header	Definition	Field updatability
need		person in the 28 days prior to treatment start. Services reporting the NDTMS young person's dataset must use YP specific accommodation codes. Appendix D describes the reference data for this item and the relevant definitions for YP services.	start of episode).
Is the client threatened with homelessness in the next 56 days (8 weeks)?	HOMELESS	The Homelessness Reduction Act 2017 places a duty on housing authorities to work with people who are threatened with homelessness within 56 days to help prevent them from becoming homeless.	Should not change (record as per start of episode). Updates to this field should be made on Client Information Review.
Parental responsibility	PARENT	At treatment start, does the young person have parental responsibility for a child aged under 18? A child is a person who is under 18 years of age. Parental responsibility should include biological parents, step-parents, foster parents, adoptive parents and guardians. It should also include de facto parents where a young person lives with the parent of a child or the child alone (eg a young person who cares for younger siblings) and has taken on full or partial parental responsibilities. Parental responsibility as used here is wider than the legal definition of parental responsibility.	Should not change (record as per start of episode). Updates to this field should be made on Client Information Review.
If client has parental responsibility, do any of these children live with the client?	PRNTSTAT	If the young person has parental responsibility (PARENT = yes), record whether none of, some of or all of the children they are responsible for live with the young person the majority of the time. A child is a person who is under 18 years old. See Appendix E for data items and definitions.	Should not change (record as per start of episode). Updates to this field should be made on Client Information Review.
How many children under 18 in total live in the	CHILDWTH	The total number of children under 18 that live in the same household as the young person at least one night a fortnight. The young person does not necessarily need to have parental	Should not change (record as per start of episode). Updates to this field should be

Field description	CSV header	Definition	Field updatability
same house as the client?		responsibility for the children. Due to this being a numerical field, record code ‘98’ as the response if the young person has declined to answer. For young people living in care this should be recorded as 0, unless the young person is living with other siblings. In this case the number of siblings should be recorded.	made on Client Information Review.
If client has parental responsibility and/or children living with them, what help are the children receiving? (1)	EHCSC	What help are the young person’s children and/or any other children living with the young person receiving? This question only applies to the children aged under 18 for which the young person has parental responsibility (regardless of whether this child lives with the young person or not) and to children aged under 18 living with the young person (regardless of whether the young person has parental responsibility or not). If more than one option applies, then complete EHCSC2 and EHCSC3 as appropriate. If none of the children are receiving any help record 'None of the children are receiving any help' and leave EHCSC2 and EHCSC3 blank. If the young person declines to answer record 'client declined to answer' and leave EHCSC2 and EHCSC3 blank. See Appendix E for data items and definitions.	Should not change (record as per start of episode). Updates to this field should be made on Client Information Review.
If client has parental responsibility and/or children living with them, what help are the children receiving? (2)	EHCSC2	What further help are the young person’s children and/or any other children living with the young person receiving? If more than two options apply, then complete EHCSC3 as appropriate. If the young person declines to answer or if no help is being received, then this field should be left blank. See Appendix E for data items and definitions.	Should not change (record as per start of episode). Updates to this field should be made on Client Information Review.

Field description	CSV header	Definition	Field updatability
If client has parental responsibility and/or children living with them, what help are the children receiving? (3)	EHCSC3	What further help are the young person's children and/or any other children living with the young person receiving? If the young person declines to answer or if no help is being received, then this field should be left blank. See Appendix E for data items and definitions.	Should not change (record as per start of episode). Updates to this field should be made on Client Information Review.
Problem substance number 1	DRUG1	The substance that brought the young person into treatment at the point of triage/initial assessment, even if they are no longer actively using this substance. If a young person presents with more than one substance the provider is responsible for clinically deciding which substance is primary.	Should not change (record as per start of episode).
Problem substance number 2	DRUG2	An additional substance that brought the young person into treatment at the point of triage/initial assessment, even if they are no longer actively using this substance. If no second problem substance, then leave this field blank.	Should not change (record as per start of episode).
Problem substance number 3	DRUG3	An additional substance that brought the young person into treatment at the point of triage/initial assessment, even if they are no longer actively using this substance. If no third problem substance, then leave this field blank.	Should not change (record as per start of episode).
Healthcare assessment date	HLCASSDT	Date that a specialist healthcare assessment was undertaken by a health clinician, such as a nurse, doctor or psychiatrist relating to their substance misuse for this treatment episode. 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	Should not change (to be completed when initial health care assessment is completed). Dates of subsequent healthcare assessments should be recorded on the Client Information Review.

Field description	CSV header	Definition	Field updatability
		management, issues arising from injecting behaviour, blood borne viruses or dual diagnosis.	
Hep B intervention status	HEPBSTAT	Within the current treatment episode, whether the young person was offered a vaccination for hepatitis B, if that offer was accepted by the young person and whether they have commenced/completed vaccinations. For further information on recording BBV details, see Appendix H and the Recording NDTMS data about blood-borne virus interventions document.	Should not change (record as per start of episode). Updates to this field should be made on Client Information Review.
Hep C intervention status	HEPCSTAT	Within the current treatment episode, whether the young person was offered a test for hepatitis C, if that offer was accepted by the young person and whether they have had a test. For further information on recording BBV details, see Appendix H and the Recording NDTMS data about blood-borne virus interventions document.	Should not change (record as per start of episode). Updates to this field should be made on Client Information Review.
Mental health treatment need	MTHTN	Does the young person have a mental health treatment need? Mental health treatment need includes: • common mental illness (eg anxiety, depression) either current diagnosis or currently experiencing symptoms (where the symptoms are not considered to be simply due to acute psychoactive effects of substances consumed or due to current withdrawals) • serious mental illness (eg psychosis, schizophrenia, personality disorder) either current diagnosis, or currently experiencing symptoms/behaviour (where the symptoms are not considered	Should not change (record as per start of episode). Updates to this field should be made on Client Information Review.

Field description	CSV header	Definition	Field updatability
		to be simply due to acute psychoactive effects of substances consumed or due to current withdrawals) • mental health crisis (person is currently suicidal or indicating a risk of harm to self or others). This is determined by either the young person's self-report or by formal assessment If young person declines to answer, then record 'Client declined to answer'.	
Receiving treatment for mental health need(s) (1)	CRTMHN	If the young person has a mental health treatment need (MTHTN = 'Yes') record whether they are receiving treatment for their mental health need(s). This could include pharmacological and/or talking therapies/psychosocial support. If more than one option applies then complete CRTMHN2 and CRTMHN3 as appropriate. If 'Treatment need identified but no treatment being received' or 'Client declined to commence treatment for their mental health need' are recorded then leave CRTMHN2 and CRTMHN3 blank. • See Appendix I for options and definitions.	Should not change (record as per start of episode). Updates to this field should be made on Client Information Review
Receiving treatment for mental health need(s) (2)	CRTMHN2	Is the young person receiving further treatment for their mental health need(s)? This could include pharmacological and/or talking therapies/psychosocial support. If more than two options apply then complete CRTMHN3 as appropriate. If CRTMHN is answered as 'Treatment need identified but no treatment being received' or 'Client declined to commence treatment for their mental health need' then leave CRTMHN2 and	Should not change (record as per start of episode). Updates to this field should be made on Client Information Review

Field description	CSV header	Definition	Field updatability
		CRTMHN3 blank. See Appendix I for options and definitions.	
Receiving treatment for mental health need(s) (3)	CRTMHN3	Is the young person receiving further treatment for their mental health need(s)? This could include pharmacological and/or talking therapies/psychosocial support. If CRTMHN is answered as 'Treatment need identified but no treatment being received' or 'Client declined to commence treatment for their mental health need' then leave CRTMHN2 and CRTMHN3 blank. See Appendix I for options and definitions.	Should not change (record as per start of episode). Updates to this field should be made on Client Information Review
YP care status	YPLCS	What is the care status of the young person at treatment start? The term 'looked after children' is defined in law under the Children Act 1989. A child is looked after by a local authority if he or she is in their care or is provided with accommodation for more than 24 hours by the authority. For further details about the definitions of looked after child and child in need, see Appendix E.	Should not change (record as per start of episode).
YP sexual exploitation	YPSSEXEX	Has the young person ever been sexually exploited prior to treatment start? Young people may be reluctant to disclose that they have been sexually exploited when they start treatment. In order to get a true reflection, this item should be updated if sexual exploitation prior to/at treatment start is disclosed during treatment. If the young person disclosed being sexually exploited at the start of the episode, this should not be updated even if they later report that they no longer are. See Appendix F for further information.	This item should only be updated if sexual exploitation is disclosed during treatment.
YP self-harm	YPSSLFHM	Has the young person ever self-harmed prior to treatment start?	This item should only be updated if

Field description	CSV header	Definition	Field updatability
		Young people may be reluctant to disclose that they have self-harmed when they start treatment. In order to get a true reflection, this item should be updated if self-harm prior to/at treatment start is disclosed during treatment. If the young person disclosed self-harming at the start of the episode, this should not be updated even if they later report that they no longer are. See Appendix F for further information.	self-harm is disclosed during treatment.
Has YP been involved in antisocial behaviour or committed a criminal act on more than one occasion in the past 6 months?	YPABACF	Has the young person been involved in antisocial behaviour or committed a criminal act on more than one occasion in the past 6 months? This is about any offending behaviour the young person discloses, not convictions.	Should not change (record as per start of episode).
YP education/ employment/ training status	YPSESTAT	What is the education/employment/training status of the young person at treatment start? See Appendix G for further information.	Should not change (record as per start of episode).
YP registered with GP	YPSGP	Was the young person registered with a General Practitioner at treatment start?	Should not change (record as per start of episode).
YP engaged in unsafe sex	YPSUSS	Has the young person engaged in unsafe sex in the 28 days prior to treatment start? See Appendix F for further information.	Should not change (record as per start of episode).
YP offered a screen for sexually transmitted	YPSSTICH	Has the young person been offered a screen for sexually transmitted infections (including chlamydia) at treatment start? See Appendix H for further information.	Should not change (record as per start of episode). Updates to this field should be made on Client Information

Field description	CSV header	Definition	Field updatability
infections (including chlamydia)			Review.
YP subject to a Child Protection Plan (CPP)	YPCPL	Was the young person subject to a Child Protection Plan (CPP) at treatment start? See Appendix E for further information.	Should not change (record as per start of episode). Updates to this field should be made on Client Information Review.
YP involved in gangs	YPGANGS	Has the young person ever been involved in gangs? A gang is a group of people (at least 3) with one or more characteristics that enable its members to be identified by others as a group and engages in gang-related violence or is involved in the illegal drug market. The young person may not necessarily be (or have been) a member of a gang but is/has been associated with a gang (eg because of where they live or because of a family connection) or they may feel that they are being targeted or coerced to join a gang. OHID is collecting this information as part of our wider monitoring of vulnerabilities amongst children receiving substance misuse treatment. Children involved with gangs are at a greater risk of gang violence and child criminal exploitation.	Should not change (record as per start of episode).
YP affected by child criminal exploitation	YPCRIMEX	Has the young person ever been affected by child criminal exploitation? This question is applicable to all young people in YP services, even if they are over the age of 18. Child criminal exploitation occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a young person into any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for	Should not change (record as per start of episode).

Field description	CSV header	Definition	Field updatability
		the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or the threat of violence. The victim may have been criminally exploited even if the activity appears consensual. Child criminal exploitation does not always involve physical contact – it can also occur through the use of technology.	
YP affected by substance misuse in their close family/ members of their household?	YPASMFM	Does the young person feel that they have ever been affected by substance misuse in their close family/members of their household at treatment start?	Should not change (record as per start of episode).
Has the client ever been the victim of domestic abuse*?	DOMVIC	The Domestic Abuse Act 2021, for the first time, introduced a statutory definition for domestic abuse. The behaviour of one person towards another is considered domestic abuse if it is “abusive”, and both are aged 16+ and are “personally connected” to one another, irrespective of where they live. The Act recognises children as victims if they “see, hear or otherwise experience the effects of abuse” and are related to either the abuser or abused. The term “Abusive” can refer to: physical or sexual abuse; violent or threatening behaviour; controlling or coercive behaviour and gaslighting; economic abuse; psychological abuse; female genital mutilation (FGM); ‘honour-based' violence and more. Young people may be reluctant to disclose that they have been the victim of domestic abuse when they start treatment. In order to get a true reflection, this item should be updated if being the victim of domestic abuse prior to entering the secure estate is disclosed during treatment. If the young person disclosed being the victim of domestic abuse at the start of the episode, this should not be updated even if they report that they are no longer the victim of	Should not change (record as per start of episode). Updates to this field should be made on Client Information Review.

Field description	CSV header	Definition	Field updatability
		domestic abuse. Record 'Not appropriate to ask' if you are not alone, there is a language barrier or staff are not confident to ask this question etc.	
Has the client ever abused* someone close to them?	DOMPER	The Domestic Abuse Act 2021, for the first time, introduced a statutory definition for domestic abuse. The behaviour of one person towards another is considered domestic abuse if it is “abusive”, and both are aged 16+ and are “personally connected” to one another, irrespective of where they live. The Act recognises children as victims if they “see, hear or otherwise experience the effects of abuse” and are related to either the abuser or abused. The term “Abusive” can refer to: physical or sexual abuse; violent or threatening behaviour; controlling or coercive behaviour and gaslighting; economic abuse; psychological abuse; female genital mutilation (FGM); ‘honour-based' violence and more. Young people may be reluctant to disclose that they have been the victim of domestic abuse when they start treatment. In order to get a true reflection, this item should be updated if being the victim of domestic abuse prior to entering the secure estate is disclosed during treatment. If the young person disclosed being the victim of domestic abuse at the start of the episode, this should not be updated even if they report that they are no longer the victim of domestic abuse. Record 'Not appropriate to ask' if you are not alone, there is a language barrier or staff are not confident to ask this question etc.	Should not change (record as per start of episode). Updates to this field should be made on Client Information Review.
YP met goals agreed on care plan at discharge	YPECAREP	At the point of discharge, has the young person met their goals as laid out in their care plan? This refers to a young person who has met the main goals of their care plan, irrespective of the treatment	Should not change (record as per discharge).

Field description	CSV header	Definition	Field updatability
		outcome at treatment exit. See Practice standards for young people with substance misuse problems.	
YP offered continuing support from non-substance misuse services at discharge	YPCSNSM	Is the young person being offered support from other services on exit to address non-specialist and/or non-substance misuse need?	Should not change (record as per discharge).
Discharge date	DISD	The date that the young person was discharged, ending the current structured treatment episode. If a young person has had a planned discharge, then the date agreed within this plan should be used. If a young person's discharge was unplanned then the date of last face-to-face (or equivalent) contact with the treatment provider should be used. If a young person has had no contact with the treatment provider for 2 months then for NDTMS purposes it is assumed that the young person has exited treatment. A discharge date should be returned at this point using the date of the last face-to-face (or equivalent) contact with the young person. If a young person is discharged from treatment and then re-presents for further treatment at a later date, the expectation is that the young person should be reassessed, and a new episode created with a new triage date. If this proves burdensome, we can accept the reopening of the young person's previous episode (by removing discharge date and discharge reason) as long as the gap between discharge from the old episode and re-presentation is less than 21 calendar days. In this scenario, the previous interventions should remain closed and new interventions should be opened.	Discharge date required when the young person is discharged. All structured interventions must have end dates. Discharge reason must be given.
Discharge reason	DISRSN	The reason why the young person's episode of structured treatment	Discharge reason required when

Field description	CSV header	Definition	Field updatability
		was ended. For discharge reason definitions see Appendix J.	young person is discharged. Discharge date must be given. Should only change from ‘null’ to populated as episode progresses.

Treatment intervention details

Field description	CSV header	Definition	Field updatability
Intervention ID	MODID	A mandatory, unique technical identifier representing the intervention, as held on the clinical system used at the treatment provider. This should be a technical item and should not hold or be composed of attributors which might identify the individual. A possible implementation of this might be the row number of the intervention in the modality table.	MUST be completed. If not, the record will be rejected. This is populated by your software system. Should not change.
Date referred to intervention	REFMODDT	The date that it was mutually agreed that the young person required this intervention of treatment. For the first intervention in an episode, this should be the date that the young person was referred into the treatment system requiring a structured intervention. For subsequent interventions, it should be the date that both the young person and the keyworker agreed that the young person is ready for this intervention. For how this date is used in waiting times calculations see Appendix B.	Waiting times are calculated using this field. It must be completed for all interventions. Should not change. If changed, it will create a validation mismatch.
Date of first appointment offered for intervention	FAOMODDT	The date of the first appointment offered to commence this intervention. This should be mutually agreed to be appropriate for the young person.	Waiting times are calculated using this field. Should not change.

Field description	CSV header	Definition	Field updatability
Treatment intervention	MODAL	The treatment intervention a young person has been referred for/commenced within this treatment episode as defined in Appendix K of this document. Those services reporting the NDTMS young people's dataset must use young people's specific treatment intervention codes. A young person may have more than one treatment intervention running sequentially or concurrently within an episode and may have more than one of the same type running concurrently as long as the setting in each are different.	Required as soon as the intervention is known. Should not change (record as per intervention start). If changed, it will create a validation mismatch.
Intervention setting	MODSET	Each provider has their own default setting. If a young person is being treated in a setting other than their default then this field should be populated. This could include where treatment is being delivered by a provider that does not normally report to NDTMS. If this field is left blank the default setting will be assumed. See Appendix L for definitions of the different settings.	Can be left blank if the intervention is delivered in the default setting. Should not change (record as per intervention start).
Intervention start date	MODST	The date the treatment intervention commenced eg when the young person attended their first appointment.	Required field when young person starts intervention. Trigger for waiting times to be calculated. Should only change from 'null' to populated as episode progresses.
Intervention end date	MODEND	The date that the stated treatment intervention ended. If the intervention has had a planned end then the date agreed within the plan should be used. If it was unplanned then the date of last face-to-face (or equivalent) contact date within the intervention should be used.	Required field when young person completes intervention or is discharged. Should only change from 'null' to populated as episode progresses.

Sub-intervention review (SIR) details

Field description	CSV header	Definition	Field updatability
Sub-intervention ID	SUBMID	A mandatory, unique technical identifier representing the sub-intervention, as held on the clinical system used at the treatment provider. This should be a technical item and should not hold or be composed of attributors which might identify the individual.	Must be completed if any items in this section (SIR) are not null. If not, the record will be rejected. This field is populated by your software system. Should not change.
Sub-intervention assessment date	SUBMODDT	The date that the sub-intervention review was completed.	Must be completed each time a sub-intervention review is completed. Should not change. If changed, it will create a validation mismatch.
Proportion of face-to-face appointments with keyworker	SUBPROPFTF	To capture how interventions are being delivered eg telephone, online audio, online video call, app, face-to-face etc.	Should not change (record as per sub-intervention review date).
Sub-interventions received	Various headers	The sub-interventions that have been received since the previous review was completed. If it is the first review then it will be the sub-interventions since the young person commenced their latest treatment episode. Sub-interventions should be submitted at a minimum of every 6 months while a young person remains in one or more of the 3 high-level intervention types (YP psychosocial, YP pharmacological or YP multi agency working). When a young person finishes structured treatment, a sub-intervention review should be completed to cover the period since the start of treatment or last review (whichever is the latter). Services reporting the NDTMS YP dataset should use the YP specific sub-interventions. See Appendix K for the sub-intervention definitions.	Should not change (record as per sub-intervention review date).

Young people’s outcomes record (YPOR)

Field description	CSV header	Definition	Field updatability
YPOR ID	TOPID	A mandatory, unique technical identifier representing the YPOR, as held on the clinical system used at the treatment provider. This should be a technical item and should not hold or be composed of attributors which might identify the individual. A possible implementation of this might be the row number of the YPOR in the YPOR table.	Must be completed if any items in this section (YPOR) are not null. If not, the record will be rejected. This field is populated by your software system. Should not change.
Outcomes record (YPOR) date	TOPDATE	Date of most recent outcomes review. In each review all outcomes data should reflect the 28 days prior to this date. See Appendix M for outcomes process maps.	Should not change (record as per YPOR date). If changed, it will create a validation mismatch.
Alcohol use	ALCUSE	Number of days in previous 28 days that the young person has used alcohol.	Should not change (record as per YPOR date).
Consumption (alcohol)	CONSMP	If used in the previous 28 days, number of units of alcohol consumed on a typical using day.	Should not change (record as per YPOR date).
Opiate use	OPIUSE	Number of days in previous 28 days that the young person has used opiates.	Should not change (record as per YPOR date).
Crack use	CRAUSE	Number of days in previous 28 days that the young person has used crack.	Should not change (record as per YPOR date).
Cocaine use	COCAUSE	Number of days in previous 28 days that the young person has used powder cocaine.	Should not change (record as per YPOR date).
Amphetamine use	AMPHUSE	Number of days in previous 28 days that the young person has used amphetamines.	Should not change (record as per YPOR date).
Cannabis use	CANNUSE	Number of days in previous 28 days that the young person has used cannabis.	Should not change (record as per YPOR date).

Field description	CSV header	Definition	Field updatability
Cannabis average use per day	CAUSPD	If used in the previous 28 days, number of grams of cannabis used on a typical using day.	Should not change (record as per YPOR date).
Nicotine vape/e-cigarette use	NICVAPUSE	Number of days in previous 28 days that the young person has used nicotine vapes/e-cigarettes.	Not expected to change (record as per YPOR date).
Cannabis vape use	CANVAPUSE	Number of days in previous 28 days that the young person has used cannabis vapes.	Not expected to change (record as per YPOR date).
Nitrous Oxide use	NITOXIUSE	Number of days in previous 28 days that the young person has used nitrous oxide.	Not expected to change (record as per YPOR date).
Benzodiazepines use	BENZOUSE	Number of days in previous 28 days that the young person has used benzodiazepines.	Not expected to change (record as per YPOR date).
Other substance use	OTDRGUSE	Number of days in previous 28 days that the young person has used another problem drug.	Should not change (record as per YPOR date).
Other substance use 2	OTHR2YP	Number of days in previous 28 days that the young person has used other problem drug (2).	Should not change (record as per YPOR date).
Other substance use 3	OTHR3YP	Number of days in previous 28 days that the young person has used other problem drug (3).	Should not change (record as per YPOR date).
Unsuitable housing	UNSTHSE	Has the young person been in unsuitable housing in the previous 28 days? Unsuitable housing includes where accommodation may be overcrowded, damp, inadequately heated, in poor condition or in a poor state of repair. Unsuitable housing is likely to have a negative impact on health and wellbeing and/or on the likelihood of achieving recovery.	Should not change (record as per YPOR date).
Reason housing is unsuitable - Poor condition of	USHCOND	The property is in a state of disrepair that is deemed unsafe for habitation including:	Not expected to change (record as per YPOR date).

Field description	CSV header	Definition	Field updatability
the accommodation		• damp and mould growth • excessive cold or heat • risk of falls • risk of rats, mice or other pests • fire risks • structural or internal disrepair	
Reason housing is unsuitable - Location (unsafe)	USHUNSAFE	The accommodation is deemed to be unsafe as the location may be subject to: • risk of violence • risk of exploitation • risk of domestic abuse	Not expected to change (record as per YPOR date).
Reason housing is unsuitable - Location (unsuitable)	USHUNSUIT	The accommodation is deemed to be unsuitable as the location may: • impact the individual's access to health, housing or other support services (due to distance, being placed out of borough).	Not expected to change (record as per YPOR date).

Field description	CSV header	Definition	Field updatability
Reason housing is unsuitable - Affordability	USHAFF	The household should be able to afford the costs of accommodation from their income after essential expenses.	Not expected to change (record as per YPOR date).
Reason housing is unsuitable - Overcrowding	USHOVER	The young person's housing meets the statutory definition of overcrowding	Not expected to change (record as per YPOR date).
Reason housing is unsuitable - Doesn't meet the needs of the individual	USHNEEDS	The accommodation does not meet the physical/medical needs of the individual.	Not expected to change (record as per YPOR date).
Tobacco use	TOANIC	Number of days in previous 28 days that the young person smoked tobacco, in whatever form (ready-made cigarettes, hand-rolled cigarettes, cannabis joints with tobacco, cigars, pipe tobacco, shisha/water pipes, etc), but not including nicotine replacement therapy and e-cigarettes.	Should not change (record as per YPOR date).
Ecstasy use	ECSTSYYP	Number of days in previous 28 days that the young person has used ecstasy.	Should not change (record as per YPOR date).
Solvents/inhalants (not nitrous oxide) use	SOLVYP	Number of days in previous 28 days that the young person has used solvents.	Should not change (record as per YPOR date).
Ketamine use	KETAMNYP	Number of days in previous 28 days that the young person has used ketamine.	Should not change (record as per YPOR date).
GHB use	GHBYP	Number of days in previous 28 days that the young person has used GHB.	Should not change (record as per YPOR date).
Synthetic	LEHIGSYP	Number of days in previous 28 days that the young person has	Should not change (record as per

Field description	CSV header	Definition	Field updatability
Cannabinoid Receptor Agonists (SCRAs) use eg Spice		used Synthetic Cannabinoid Receptor Agonists (SCRAs) eg Spice.	YPOR date).
Age substance first used: cannabis	AFUCAN	What age did the young person first ever use cannabis? If substance has never been used record 0. Only collected at Start YPOR.	Should not change (record as per YPOR date).
Age substance first used: alcohol	AFUALC	What age did the young person first ever use alcohol? If substance has never been used record 0. Only collected at Start YPOR.	Should not change (record as per YPOR date).
Age substance first used: tobacco	AFUTOBN	What age did the young person first ever use tobacco? Includes ready-made cigarettes, hand-rolled cigarettes, cannabis joints with tobacco, cigars, pipe tobacco, shisha/water pipes, but not including nicotine replacement therapy and e-cigarettes. If substance has never been used record 0. Only collected at Start YPOR.	Should not change (record as per YPOR date).
Age substance first used: opiates (illicit)	AFUOOL	What age did the young person first ever use opiates? If substance has never been used record 0. Only collected at Start YPOR.	Should not change (record as per YPOR date).
Age substance first used: crack	AFUCRACK	What age did the young person first ever use crack? If substance has never been used record 0. Only collected at Start YPOR.	Should not change (record as per YPOR date).
Age substance first used: cocaine	AFUCOC	What age did the young person first ever use powder cocaine? If substance has never been used record 0. Only collected at Start YPOR.	Should not change (record as per YPOR date).
Age substance first used: ecstasy	AFUEST	What age did the young person first ever use ecstasy? If substance has never been used record 0. Only collected at Start YPOR.	Should not change (record as per YPOR date).
Age substance first used:	AFUAMP	What age did the young person first ever use amphetamines? If substance has never been used record 0. Only collected at Start	Should not change (record as per YPOR date).

Field description	CSV header	Definition	Field updatability
amphetamines		YPOR.	
Age substance first used: solvents/inhalants (not nitrous oxide)	AFUSLV	What age did the young person first ever use solvents? If substance has never been used record 0. Only collected at Start YPOR.	Should not change (record as per YPOR date).
Age substance first used: ketamine	AFUKET	What age did the young person first ever use ketamine? If substance has never been used record 0. Only collected at Start YPOR.	Should not change (record as per YPOR date).
Age substance first used: GHB	AFUGHB	What age did the young person first ever use GHB? If substance has never been used record 0. Only collected at Start YPOR.	Should not change (record as per YPOR date).
Age substance first used: Synthetic Cannabinoid Receptor Agonists (SCRAs) eg Spice	AFULHU	What age did the young person first ever use Synthetic Cannabinoid Receptor Agonists (SCRAs) eg Spice? If substance has never been used record 0. Only collected at Start YPOR.	Should not change (record as per YPOR date).
Age substance first used: nicotine vape/e-cigarettes	AFUNICVAP	What age did the young person first ever use nicotine vapes/e-cigarettes? If substance has never been used record 0. Only collected at Start YPOR.	Not expected to change (record as per YPOR date).
Age substance first used: cannabis vape	AFUCANVAP	What age did the young person first ever use cannabis vapes? If substance has never been used record 0. Only collected at Start YPOR.	Not expected to change (record as per YPOR date).
Age substance first used: Nitrous Oxide	AFUNITOXI	What age did the young person first ever use nitrous oxide? If substance has never been used record 0. Only collected at Start YPOR.	Not expected to change (record as per YPOR date).

Field description	CSV header	Definition	Field updatability
Age substance first used: Benzodiazepines	AFUBENZO	What age did the young person first ever use benzodiazepines? If substance has never been used record 0. Only collected at Start YPOR.	Not expected to change (record as per YPOR date).
Alcohol used over past 28 days	AAUSFWK	In the previous 28 days, has the young person drunk more than 8 units of alcohol (males) or more than 6 units of alcohol (females) in a single drinking episode?	Should not change (record as per YPOR date).
Ever injected	LINSTUS	Has the young person ever injected a substance? Only collected at Start YPOR.	Should not change (record as per YPOR date).
Injecting drug use (last 28 days/28 days prior to custody)	YPIVDRGU	Has the young person injected a substance in the previous 28 days?	Should not change (record as per YPOR date).
How satisfied YP is with life today?	LISREDYS	How satisfied is the young person with their life these days?	Should not change (record as per YPOR date).
How anxious did YP feel yesterday?	ANSTS	How anxious did the young person feel yesterday?	Should not change (record as per YPOR date).
How happy did YP feel yesterday?	HAPSTYS	How happy did the young person feel yesterday?	Should not change (record as per YPOR date).
How well does YP get on with family?	RATEFAM	How well does the young person get on with their family?	Should not change (record as per YPOR date).
How well does YP get on with friends?	RATEFRI	How well does the young person get on with their friends?	Should not change (record as per YPOR date).

Client information review (CIR)

Field description	CSV header	Definition	Field updatability
CIR ID	CIRID	A mandatory, unique technical identifier representing the CIR, as held on the clinical system used at the treatment provider. This should be a technical item and should not hold or be composed of attributors which might identify the young person.	MUST be completed if any items in this section (CIR) are not null. If not, the record will be rejected. Should not change.
Client information review (CIR) date	CIRDT	The date that the most recent client information review took place. ALL questions on the client information review should be reviewed with the young person every 6 months and a full CIR submitted to NDTMS. If BBV information changes in between reviews then a partial CIR may be returned with just the BBV information contained therein.	Must be completed each time a client information review is completed. Should not change. If changed, it will create a validation mismatch.
CIR Stage	CIRSTAGE	A full CIR should be completed for each young person at least every 6 months and on discharge for planned exits. All data items should be reviewed and completed to reflect the latest status. A partial CIR should be completed on discharge for unplanned exits. A partial CIR can also be completed more frequently to notify NDTMS of changes to any CIR data items, such as BBV information. The young person needs to be present for the majority of the CIR to be completed.	MUST be completed if any items in this section (CIR) are not null. If not, the record will be rejected. Should not change.
CIR Hep B intervention status	CIRHEPBSTAT	Within the current treatment episode, whether the young person was offered a vaccination for hepatitis B, if that offer was accepted by the young person and whether they have commenced/completed vaccinations. Once a vaccination course has been completed and recorded as 'Offered and accepted – completed vaccination', the young person's hep B status on subsequent CIRs should be recorded as 'Immunised already'. If it is later established that hep B immunity levels have fallen and vaccinations were once again required record the new	Must be completed each time a full client information review is completed. Not expected to change (record as per client information review date). If information changes a new full or partial CIR should be completed.

Field description	CSV header	Definition	Field updatability
		offer on subsequent CIRs. For further information on recording BBV details, see Appendix H and the Recording NDTMS data about blood-borne virus interventions document.	
CIR Hep C intervention status	CIRHEPCSTAT	Within the current treatment episode, whether the young person was offered a test for hepatitis C, if that offer was accepted by the young person, and whether they have had a test. Once a test has been done and recorded as 'Offered and accepted – had a hep C test', the young person's hep C status on subsequent CIRs should be recorded as 'Not appropriate to test/re-test'. If the young person's risky behaviour continues and they are subsequently offered another test it should be recorded as either 'Offered and accepted - not had a test yet', 'Offered and accepted - had a Hep C test' or 'Offered and refused' as appropriate. For further information on recording BBV details, see Appendix H and the Recording NDTMS data about blood-borne virus interventions document.	Must be completed each time a full client information review is completed. Not expected to change (record as per client information review date). If information changes a new full or partial CIR should be completed.
CIR Health care assessment date	CIRHLCASSDT	Date that the latest specialist healthcare assessment was undertaken by a health clinician, such as a nurse, doctor or psychiatrist relating to their substance misuse for this treatment episode. 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.	Not expected to change (record as per client information review date). Information should be reviewed with the young person at least 6 monthly and a new full CIR completed.

Field description	CSV header	Definition	Field updatability
CIR Pregnant	CIRPREGNANT	Is the young person pregnant? All sexually active young women who are under the age of 16 years should also be asked about pregnancy.	Not expected to change (record as per client information review date). Information should be reviewed with the young person at least 6 monthly and a new full CIR completed.
CIR Parental responsibility	CIRPARENT	Does the young person have parental responsibility for a child aged under 18? A child is a person who is under 18 years of age. Parental responsibility should include biological parents, step-parents, foster parents, adoptive parents and guardians. It should also include de facto parents where a young person lives with the parent of a child or the child alone (eg a young person who cares for younger siblings) and has taken on full or partial parental responsibilities. Parental responsibility as used here is wider than the legal definition of parental responsibility.	Must be completed each time a full client information review is completed. Not expected to change (record as per client information review date). Information should be reviewed with the young person at least 6 monthly and a new full CIR completed.
CIR If client has parental responsibility, do any of these children live with the client?	CIRPRTST	If the young person has parental responsibility (PARENT or CIRPARENT = yes), record whether none of, some of or all of the children they are responsible for live with the young person the majority of the time. A child is a person who is under 18 years old. See Appendix E for data items and definitions.	Not expected to change (record as per client information review date). Information should be reviewed with the young person at least 6 monthly and a new full CIR completed.
CIR How many children under 18 in total live in the same house as the client?	CIRCLDWT	The total number of children under 18 that live in the same household as the young person at least one night a fortnight. The young person does not necessarily need to have parental responsibility for the children. Due to this being a numerical field, record code ‘98’ as the response if the young person has declined to answer.	Must be completed each time a full client information review is completed. Not expected to change (record as per client information review date). Information should be reviewed with the young person at least 6

Field description	CSV header	Definition	Field updatability
			monthly and a new full CIR completed.
CIR If client has parental responsibility and/or children living with them, what help are the children receiving? (1)	CIREHCSC	What help are the young person's children and/or any other children living with the young person receiving? This question only applies to the children aged under 18 for which the young person has parental responsibility (regardless of whether this child lives with the young person or not) and to children aged under 18 living with the young person (regardless of whether the young person has parental responsibility or not). If more than one option applies, then complete CIREHCSC2 and CIREHCSC3 as appropriate. If none of the children are receiving any help record 'None of the children are receiving any help' and leave CIREHCSC2 and CIREHCSC3 blank. If the young person declines to answer record 'client declined to answer' and leave CIREHCSC2 and CIREHCSC3 blank. See Appendix E for reference data items and definitions.	Not expected to change (record as per client information review date). Information should be reviewed with the young person at least 6 monthly and a new full CIR completed.
CIR If client has parental responsibility and/or children living with them, what help are the children receiving? (2)	CIREHCSC2	What further help are the young person's children and/or any other children living with the young person receiving? This question only applies to the children aged under 18 for which the young person has parental responsibility (regardless of whether this child lives with the young person or not) and to children aged under 18 living with the young person (regardless of whether the young person has parental responsibility or not). If more than two options apply, then complete CIREHCSC3 as appropriate. If the young person declines to answer or if no help is being received, then this field should be left blank. See Appendix E for reference data items and definitions.	Not expected to change (record as per client information review date). Information should be reviewed with the young person at least 6 monthly and a new full CIR completed.

Field description	CSV header	Definition	Field updatability
CIR If client has parental responsibility and/or children living with them, what help are the children receiving? (3)	CIREHCSC3	What further help are the young person's children and/or any other children living with the young person receiving? This question only applies to the children aged under 18 for which the young person has parental responsibility (regardless of whether this child lives with the young person or not) and to children aged under 18 living with the young person (regardless of whether the young person has parental responsibility or not). If the young person declines to answer or if no help is being received, then this field should be left blank. See Appendix E for reference data items and definitions.	Not expected to change (record as per client information review date). Information should be reviewed with the young person at least 6 monthly and a new full CIR completed.
CIR Mental health treatment need	CIRMTHTN	Does the young person have a mental health treatment need? Mental health treatment need includes: • common mental illness (eg anxiety, depression) either current diagnosis or currently experiencing symptoms/behaviours where the symptoms are not considered to simply due to acute psychoactive effects of substances consumed or due to current withdrawals) • serious mental illness (eg psychosis, schizophrenia, personality disorder) – either current diagnosis, or currently experiencing symptoms/behaviour (where the symptoms are not considered to simply due to acute psychoactive effects of substances consumed or due to current withdrawals) • mental health crisis (person is currently suicidal or indicating a	Must be completed each time a full client information review is completed. Not expected to change (record as per client information review date). Information should be reviewed with the young person at least 6 monthly and a new full CIR completed.

Field description	CSV header	Definition	Field updatability
		risk of harm to self or others) This is determined by either the young person's self-report or by formal assessment. If young person declines to answer, then record 'Client declined to answer'.	
CIR Receiving treatment for mental health need(s) (1)	CIRCRTMHN	If the young person has a mental health treatment need (CIRMTHTN = 'Yes') record whether they are receiving treatment for their mental health need(s). This could include pharmacological and/or talking therapies/psychosocial support. If more than one option applies, then complete CIRCRTMHN2 and CIRCRTMHN3 as appropriate. If 'Treatment need identified but no treatment being received' or 'Client declined to commence treatment for their mental health need' are recorded then leave CIRCRTMHN2 and CIRCRTMHN3 blank. See Appendix I for further information.	Not expected to change (record as per client information review date). Information should be reviewed with the young person at least 6 monthly and a new full CIR completed.
CIR Receiving treatment for mental health need (s) (2)	CIRCRTMHN2	Is the young person receiving further treatment for their mental health need(s)? This could include pharmacological and/or talking therapies/psychosocial support. If more than two options apply, then complete CIRCRTMHN3 as appropriate. If CIRCRTMHN is answered as 'Treatment need identified but no treatment being received' or 'Client declined to commence treatment for their mental health need' then leave CIRCRTMHN2 and CIRCRTMHN3 blank. See Appendix I for further information.	Not expected to change (record as per client information review date). Information should be reviewed with the young person at least 6 monthly and a new full CIR completed.
CIR Receiving treatment for	CIRCRTMHN3	Is the young person receiving further treatment for their mental health need(s)?	Not expected to change (record as per client information review date).

Field description	CSV header	Definition	Field updatability
mental health need(s) (3)		This could include pharmacological and/or talking therapies/psychosocial support. If CIRCRTMHN is answered as 'Treatment need identified but no treatment being received' or 'Client declined to commence treatment for their mental health need' then leave CIRCRTMHN2 and CIRCRTMHN3 blank. See Appendix I for further information.	Information should be reviewed with the young person at least 6 monthly and a new full CIR completed.
CIR YP subject to a Child Protection Plan	CIRYPCPL	Is the young person subject to a child protection plan? See Appendix E for further information.	Must be completed each time a full client information review is completed. Not expected to change (record as per client information review date). Information should be reviewed with the young person at least 6 monthly and a new full CIR completed.
CIR YP offered a screen for sexually transmitted infections (including chlamydia)	CIRYPSSTICH	Has the young person been offered a screen for sexually transmitted infections (including chlamydia)? See Appendix H for further information.	Must be completed each time a full client information review is completed. Not expected to change (record as per client information review date). Information should be reviewed with the young person at least 6 monthly and a new full CIR completed.
CIR Is the client threatened with homelessness in the next 56 days	CIRHOMELESS	The Homelessness Reduction Act 2017 places a duty on housing authorities to work with people who are threatened with homelessness within 56 days to help prevent them from becoming homeless.	Must be completed each time a full client information review is completed. Not expected to change (record as

Field description	CSV header	Definition	Field updatability
(8 weeks)?			per client information review date). Information should be reviewed with the young person at least 6 monthly and a new full CIR completed.
CIR Has the client ever been the victim of domestic abuse*?	CIRDOMVIC	The Domestic Abuse Act 2021, for the first time, introduced a statutory definition for domestic abuse. The behaviour of one person towards another is considered domestic abuse if it is “abusive”, and both are aged 16+ and are “personally connected” to one another, irrespective of where they live. The Act recognises children as victims if they “see, hear or otherwise experience the effects of abuse” and are related to either the abuser or abused. The term “Abusive” can refer to: physical or sexual abuse; violent or threatening behaviour; controlling or coercive behaviour and gaslighting; economic abuse; psychological abuse; female genital mutilation (FGM); 'honour-based' violence and more. Record 'Not appropriate to ask' if you are not alone, there is a language barrier or staff are not confident to ask this question etc.	Must be completed each time a full client information review is completed. Should not change (record as per client information review date). Information should be reviewed with the client at least 6 monthly and a new full CIR completed.
CIR Has the client ever abused* someone close to them?	CIRDOMPER	The Domestic Abuse Act 2021, for the first time, introduced a statutory definition for domestic abuse. The behaviour of one person towards another is considered domestic abuse if it is “abusive”, and both are aged 16+ and are “personally connected” to one another, irrespective of where they live. The Act recognises children as victims if they “see, hear or otherwise experience the effects of abuse” and are related to either the abuser or abused. The term “Abusive” can refer to: physical or sexual abuse; violent or threatening behaviour; controlling or coercive behaviour and gaslighting; economic abuse; psychological abuse; female genital mutilation (FGM); 'honour-based' violence and more.	Must be completed each time a full client information review is completed. Should not change (record as per client information review date). Information should be reviewed with the client at least 6 monthly and a new full CIR completed.

Field description	CSV header	Definition	Field updatability
		Record 'Not appropriate to ask' if you are not alone, there is a language barrier or staff are not confident to ask this question etc.	

Appendix A: definition of 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.'

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 need, plan services and decide funding priorities.

For further information on this treatment definition see Young people commissioning support: principles and indicators.

If a young person is released from a secure setting then presents to a community treatment service and receives a prescription for OST, i.e. a pharmacological intervention from that service (as defined in Appendix K) this is considered as the start of structured treatment in the community (and is usually the continuation of structured treatment provided in the secure setting) and as such should be reported to NDTMS.

Appendix B: waiting times

A waiting time is the period from the date a person is referred for a specific treatment intervention to the date of the first appointment offered. Referral for a specific treatment intervention typically occurs within the treatment provider at, or following, assessment.

This is measured to ensure that young people are being offered treatment in a timely fashion and to ensure that there is sufficient access to treatment. Long waiting times may indicate a lack of capacity in the treatment system.

When measuring waiting times for partnerships, they will be calculated as the difference in days between the ‘Date referred to intervention’ and the ‘Date of first appointment offered for intervention’. If the ‘Date of first appointment offered for intervention’ is not present then the ‘Intervention start date’ is used instead.

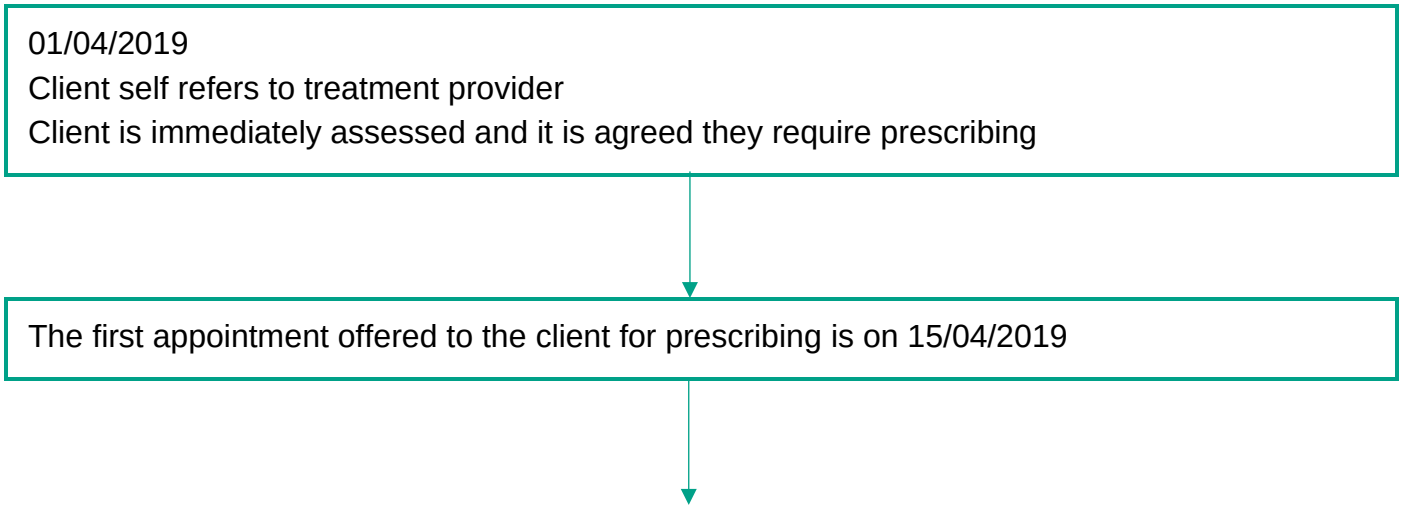
When measuring waiting times for treatment providers, they will be calculated from the ‘Referral date’ or ‘Date referred to intervention’ (whichever is later) at that specific treatment provider, to the ‘First appointment offered for intervention’ at that treatment provider.

Waiting times will only be calculated when a young person actually commences an intervention eg when the intervention start date is present in the data.

Waiting times are calculated for the first intervention and for subsequent interventions.

Waiting times scenario 1: self-referral

Key point: the ‘referral date’ and the ‘date referred to intervention’ are the same.



Client DNAs first appointment offered on 15/04/19 and attends subsequent appointment on 22/04/2019

Key dates

Referral date = 1 April 2019.

Date referred to intervention = 1 April 2019.

Date of first appointment offered for intervention = 15 April 2019.

Intervention start date = 22 April 2019.

Waiting times calculations

Partnership: Date of first appointment offered for intervention (15 April 2019) – Date referred to intervention (1 April 2019) = 14 days.

Provider: Date of first appointment offered for intervention (15 April 2019) – Referral date/Date referred to intervention (1 April 2019) = 14 days.

Scenario 2: referral from an external organisation

Key point: the ‘referral date’ is after the ‘date referred to intervention’, therefore the ‘referral date’ is used.

06/04/2019
Client attends triage service and it is agreed that the client requires specialist prescribing.

08/04/2019 referral received by treatment provider
10/04/2019 client presents for treatment

20/04/2019 mutually agreed first appointment for prescribing

Client DNAs first appointment offered on 20/04/19 and attends subsequent appointment on 27/04/19

Key dates

Referral date = 8 April 2019.

Date referred to intervention = 6 April 2019.

Date of first appointment offered for intervention = 20 April 2019.

Intervention start date = 27 April 2019.

Waiting times calculations

Partnership: Date of first appointment offered for intervention (20 April 2019) – Date referred to intervention (6 April 2019) = 14 days.

Provider: Date of first appointment offered for intervention (20 April 2019) – Referral date (8 April 2019) = 12 days. As the referral date is later than the referred to intervention date, the referral date is used to calculate the provider waiting time.

Appendix C: referral sources for young people

The referral source is the source or method by which a young person was referred for this treatment episode. Treatment providers delivering young people's substance misuse treatment and reporting to the NDTMS young people's dataset must use YP specific referral source codes.

Definitions of each referral source are provided below. Treatment providers reporting to the NDTMS young people's dataset 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 looked after child has mental health needs and is referred to treatment by a crime prevention service, 'crime prevention' should be used as the referral source.

Code	Reference data	Definition
4	Self	Self-referral by a young person eg in writing, by phone, by contact electronically or by drop-in
69	Self-referred via health professional	Self-referred following advice from a health professional
3	GP	Referrals from general medical practitioners
22	Hospital	Referrals from hospitals (including A&E departments)
36	Outreach	Referrals from services which provide active outreach to address homelessness, anti-social behaviour, child exploitation or other issues
56	Employer	School leavers (of school leaving age+ only) who are in regular and sustained employment and who are referred into treatment by their employer
30	Children and family services	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 would also include referrals from Looked After Children services
33	Universal education	Referrals from mainstream or universal educational services such as schools, colleges and universities
34	Alternative education	Referrals from Pupil Referral Units and other alternative education services for excludes and truants and/or any young people who cannot access universal education provision for any reason
35	Targeted youth	Referrals from services providing prevention, early

Code	Reference data	Definition
	support	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 (PAYP)
38	Adult mental health services	Referrals from 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
49	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
28	Children's mental health services	Referrals from both inpatient and outpatient child and adolescent mental health services. This includes referrals from any mental health services that work with young people
50	School nurse	Referrals from services delivered by registered nurses within the school setting
39	Adult treatment provider	Services providing structured drug or alcohol treatment services predominantly for those aged 18 years or older. This includes needle exchange programmes and other services to address adult substance misuse
40	Young people's structured treatment provider	Services providing specialist substance misuse treatment services predominantly for those under 18
41	Non-structured treatment substance misuse services	Referrals from young people specific services providing universal, targeted or early interventions to address substance misuse
43	Crime prevention	Referrals from services working with young people identified as at risk of offending or of coming into formal contact with the youth justice system such as liaison and diversion schemes, and other local early intervention services
45	YOT	Referrals from youth offending teams or youth offending services working with young people who have been convicted or sentenced by the court and are serving either a community-based disposal or are on licence post release from custody
47	Post custody	Self-referral from a young person who has been discharged from a young offender institution, secure training centre or

Code	Reference data	Definition
		local authority secure children's home in the last 28 days. After 28 days such a referral should be counted as a self-referral
55	YP housing	Referrals from services specifically commissioned to meet the accommodation needs of young people. This could include a foyer, hostel or other accommodation provided by a registered social landlord
78	Helpline/website	Including FRANK, apps and social media
37	Relative/peer/concerned other	Including parents, siblings and other relatives, carers, friends, boyfriends or girlfriends and other service users
61	Children and YP secure estate	Including: Secure Children's Homes (SCHs are generally used to accommodate younger offenders who are assessed as vulnerable. They are run by local authority social services departments), Secure Training Centres (STCs house vulnerable people who are sentenced to custody or remanded to secure accommodation. These are purpose-built centres for young offenders up to the age of 17 and are run by private operators under contract) and Young Offender Institutions (YOIs are facilities run by the prison service on behalf of the youth justice board and accommodate young offenders on remand or sentenced to custody)
75	Recommissioning transfer	For use when a young person has been referred from a decommissioned service for further structured drug or alcohol treatment
79	Pharmacy	
80	Dental Practice	

Appendix D: accommodation need guidance for young people's services

Treatment providers delivering young people's substance misuse treatment and reporting to the NDTMS young people's dataset must use young people's specific accommodation need codes. The codes are defined below.

Code	Reference data	Definition
26	YP living with relative	The young person is living with parents, relatives or other carers
27	Independent YP – settled accommodation	The young person is living in accommodation without the support of their family of origin (birth/adopted). The young person could be living in their own property, or in privately rented accommodation
28	Independent YP – unsettled accommodation	The young person is staying with friends or family as a short-term guest, residing in a 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
29	Independent YP with No Fixed Abode	The young person is 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, eg sleeping on a different friend's floor each night
31	YP supported housing	The young person is living in accommodation specifically commissioned to meet the needs of young people. The young person could be living in a foyer or other accommodation provided by a registered social landlord
33	YP living in care	The young person has been placed in care eg children's homes or foster care for a looked after child
34	YP living in secure care	The young person has been placed in a secure setting – either a young offender institution (YOI), a secure training centre or a secure children's home. Placements in the latter accommodation type can be youth justice driven (either on remand or sentenced) or specifically for welfare reasons, but in either instance the young person is detained within this environment

Appendix E: safeguarding questions and definitions

If parental responsibility is 'yes', how many of these children live with the client? (PRNTSTAT)

The question only needs to be completed if the response to PARENT is ‘yes’.

Code	Reference data	Definition
11	All the children live with client	The young person has parental responsibility for one or more children and all of the young person’s children live with them the majority of the time
12	Some of the children live with client	The young person has parental responsibility for one of more children and some of the young person’s children live with them the majority of the time, others live in other locations the majority of the time
13	None of the children live with client	The young person has parental responsibility for one or more children but none of the young person’s children reside with them, they all live in other locations the majority of the time
15	Client declined to answer	Only use where young person declines to answer

If the responses given at episode start change then the new responses should be recorded on a CIR.

If client has parental responsibility and/or children living with them, what help are the children receiving? (EHCSC1/2/3)

If either parental responsibility is ‘yes’ or there are children under the age of 18 living in the same house as the young person then this field should be completed.

This question applies to children of the young person in treatment (regardless of whether this child lives with the young person or not) and to children living with the young person (regardless of whether this is the child of the young person or not).

Code	Reference data	Definition
1	Early Help (family support)	The needs of the child and family have been assessed and they are receiving targeted Early Help services as defined by Working Together to Safeguard Children 2015 (HM Government)

Code	Reference data	Definition
2	Child in Need (LA service)	The needs of the child and family have been assessed by a social worker and services are being provided by the local authority under Section 17 of the Children Act 1989
3	Has a Child Protection Plan (LA service)	Social worker has led enquiries under Section 47 of the Children Act 1989. A child protection conference has determined that the child remains at continuing risk of 'significant harm' and a multi-agency child protection plan has been formulated to protect the child
4	Looked after Child (LA service)	Arrangements for the child have been determined following statutory intervention and care proceedings under the Children Act 1989. Looked after children may be placed with parents, foster carers (including relatives and friends), in children's homes, in secure accommodation or with prospective adopters
5	None of the children are receiving any help	None of the children are receiving early help nor are they in contact with children's services
6	Other relevant child or family support service	Any other child or family support service not mentioned
7	Not known	-
9	Client declined to answer	Question was asked but the young person declined to answer

If the responses given at episode start change then the new responses should be recorded on a CIR.

Care status at treatment start (YPLCS)

A child may have a care status of either a 'looked after child' or a 'child in need'. A child may be subject to a child protection plan regardless of their care status.

Code	Reference data	Definition
1	Looked after child	The definition of a looked after child is: "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."

Code	Reference data	Definition
		Looked after children fall into 4 main groups: • children who are accommodated under voluntary agreement with their parents (Section 20 of the Children Act 1989) • children who are the subject of a care order or interim care order, (Section 31 of the Children Act 1989 and Section 38 of the Children Act 1989) • children who are the subject of emergency orders for their protection, (Section 44 of the The Children Act 1989 and Section 46 of the The Children Act 1989) • children who are compulsorily accommodated – this includes children remanded to the local authority or subject to a criminal justice supervision order with a residence requirement, (Section 21 of the The Children Act 1989) All young people remanded by the court into the young people's secure estate will have 'looked after child' status for the duration of the remand. This ceases on release or sentence. (If a young person is remanded for more than 13 weeks this entitles them to leaving care support on release).
3	Child in need	Under Section 17 of the The Children Act 1989 a child is a 'child in need' if: • he/she is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him/her of services by a local authority • his/her health or development is likely to be significantly impaired, or further impaired, without the provision for him/her of such services • he/she is a disabled child These legislative definitions may be summarised into the following categories of children in need:

Code	Reference data	Definition
		• significant harm: children who have suffered significant harm • disabled children: children with physical disabilities, sensory disabilities, learning disabilities or emotional and behavioural disabilities • parental illness/disability: alcohol or drug misusing parents, acutely ill parents (short term), chronically disabled parents, chronically mentally ill parents, children assuming responsibility for chronically ill, addicted, or disabled parents • family in acute stress: homeless family, unsupported single parent, death of carer • family dysfunction: domestic violence, inconsistent parenting, family breakdown • socially unacceptable behaviour: disorderly behaviour, offending, truancy, unsafe sexual behaviour • low income: asylum seeking families, non-habitually resident status, independent young people • absent parenting: parents died, unaccompanied child asylum seekers, children privately fostered • other: step-parent adoptions, inter country adoptions, court reports, subject access to files, historical allegations/complaints
2	Not a looked after child or a child in need	-

Subject of child protection plan at treatment start (YPCPL)

A child protection plan is a formal plan developed by the local authority confirming intentions for a child's protection. The initial child protection conference is responsible for agreeing a child protection plan for any child with or without a care status. For further information, see Working Together to Safeguard Children.

If the child protection plan status changes then this should be recorded on a CIR.

Appendix F: risk/vulnerabilities

These items are collected to determine what wider vulnerabilities the young person may be experiencing alongside their substance misuse.

Sexual exploitation

For the purposes of NDTMS, sexual exploitation is defined as follows: 'Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.' See Safeguarding children from sexual exploitation for more information.

Young people may be reluctant to disclose that they are being/have been sexually exploited when they start treatment. In order to get a true reflection, this item should be updated if sexual exploitation is disclosed during treatment. If the young person disclosed being sexually exploited at the start of the episode, this should not be updated even if they report that they no longer are.

Self-harm

For the purposes of NDTMS, self-harm is defined as ‘self-poisoning or self-injury, irrespective of the apparent purpose of the act’.

Young people may be reluctant to disclose that they are/have been self-harming when they start treatment. In order to get a true reflection, this item should be updated if self-harm is disclosed during treatment. If the young person disclosed self-harming at the start of the episode, this should not be updated even if they report that they no longer are.

Unsafe sex

For the purposes of NDTMS, this refers to a young person’s engagement in unsafe sex or unprotected sex in the 28 days prior to treatment start. It is sexual activity engaged in without precautions to protect against sexually transmitted infections eg not using condoms, either with a regular or casual partner, having multiple sexual partners and anal sex.

Domestic abuse

This will include any negative effect to the young person, whether they have been a victim of abuse or witnessed it. An abuse case does not have to have gone to court to be included in this question. Please be aware that in the under 16s, law denotes that this is termed child abuse. However for ease, this question has used just one terminology (domestic abuse) – this question should be asked of all young people in treatment.

For the purposes of NDTMS, domestic abuse is defined as: ‘Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse: psychological, physical, sexual, financial and emotional’.

Controlling behaviour is defined as 'a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour’.

Coercive behaviour is defined as 'an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.’

This definition, which is not a legal definition, includes so called 'honour’ based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group’. See Violence against women and girls.

Appendix G: education, employment and training status

Code	Reference data	Definition
1	Mainstream education	Includes schooling delivered in academies and further education colleges
2	Alternative education	Includes schooling delivered within a pupil referral unit or home setting
3	Temporarily excluded	Young people excluded from school on a temporary basis for a fixed term (no more than 45 days a year)
4	Permanently excluded	Young people excluded from school where alternative schooling arrangements have not yet been made
5	Persistent absentee	Young people who have regularly been absent from school without authorisation from a teacher or other authorised representative of the school. In most cases, it is expected that the lead professional or referring agency will provide this information to the treatment provider
6	Apprenticeship or training	Young people who are undertaking a structured training programme such as National Vocational Qualifications (NVQ) or key skills qualifications including BTEC or City & Guilds certificates
10	Economically inactive caring role	Young people who are not employed because they have a role within the home as a parent or carer which prevents them from working or studying
11	Economically inactive health issue	Young people who are not employed because they have a health or mental health issue which prevents them from working or studying
12	Voluntary work	Young people who are carrying out non-paid voluntary work, full or part time
13	Regular employment	School leavers (of school leaving age+ only) in regular and sustained employment
14	Not in employment or education or training (NEET)	Young people who have the capacity to work but are not currently in education, employment or training
Z	Client declined to answer	-

Appendix H: blood-borne viruses and sexual health

Hepatitis B and Hepatitis C

Blood-borne virus testing, results and access to vaccinations should be offered by young people's specialist substance misuse providers. These vaccinations/tests should be administered by a clinician, often sitting outside of the specialist substance misuse provider such as a GUM clinic or GP surgery, as part of full health assessment. In some cases, there may be an arrangement with the local adult drug treatment service – however services need to ensure that the intervention offered is appropriate to the age and development of the young person. It is good practice for the specialist substance misuse provider to support young people with these interventions.

The young people's specialist substance misuse service needs to record that the young person has been assessed to see if a test/vaccination is appropriate and if so, whether an offer for this test/vaccination was made and accepted or not. The information about whether or not the young person goes on to complete the test/vaccination can be obtained through verbal feedback from the young person/parent/carer, or through agreed information sharing with the service.

For further information on recording BBV details, refer to the Recording NDTMS data about blood-borne virus interventions document.

All updates to the BBV fields should be made on the CIR.

STI and chlamydia screening

Sexual health services, including screening for sexually transmitted infections such as chlamydia, should be carried out by an appropriate service in the local sexual health economy. This can include substance misuse services or other services where at-risk young people may attend and must be overseen with appropriate clinical governance. The substance misuse service needs to record that the young person has been assessed to see if a screen is appropriate. If so, they should also record whether the young person has been offered the screen and whether this was accepted or not. It is good practice to ensure that clear care pathways and joint working protocols are in place.

All updates to the sexual health fields should be made on the CIR.

Appendix I: mental health treatment definitions

Code	Reference data	Comment
1	Already engaged with the community mental health team/other mental health services	To include secondary mental health services (CMHT, inpatient mental health services) or other mental health service (eg other talking therapies delivered in third or private sector)
2	Engaged with NHS Talking Therapies for anxiety and depression (NHS TTad)	To include NHS TTad or other primary care based mental health service
3	Receiving mental health treatment from GP	Only select this option if the only treatment for a mental health condition that the young person is receiving is GP prescribing of psychiatric medicines. If they are also receiving another MH intervention (such as NHS TTad), select that option instead
4	Receiving any NICE-recommended psychosocial or pharmacological intervention provided for the treatment of a mental health problem in drug or alcohol services	This refers to mental health treatment provided in drug and alcohol services and can include pharmacological interventions (for the mental health problem), or existing psychosocial interventions and recovery support interventions: • existing psychosocial sub-intervention "Evidence-based psychological interventions for co-existing mental health problems" • existing recovery support sub-intervention "Evidence-based mental health focused psychosocial interventions to support continued recovery." This as currently defined should follow completion of structured substance misuse treatment
5	Has an identified space in a health-based place of safety for mental health crises	Section 136 of the Mental Health Act allows for someone believed by the police to have a mental disorder, and who may cause harm to themselves or another, to be detained in a public place and taken to a safe place where a mental health assessment can be carried out. A place of safety could be a hospital, care home, or any other suitable place. Further information and a map of

Code	Reference data	Comment
		health-based places of safety can be found on the CQC website
6	Treatment need identified but no treatment being received	-
99	Client declined to commence treatment for their mental health need	Young person was referred for treatment but treatment commencement was declined by young person

If more than three treatment options apply, then select the option that are considered to be the priority from the perspective of the treatment service/keyworker.

For further information, see Practice standards for young people with substance misuse problems.

Appendix J: young person’s discharge reasons and discharge scenarios

Below are the discharge reasons relevant to young people and their definitions:

Code	Reference data	Definition
80	Treatment completed – drug free	The young person no longer requires structured drug (or alcohol) treatment interventions and is judged by the clinician not to be using heroin (or any other opioid, prescribed or otherwise) or crack cocaine or any other illicit drug
82	Treatment completed – occasional user (not opiates or crack)	The young person no longer requires structured drug or alcohol treatment interventions and is judged by the clinician not to be using heroin (or any other opioid, prescribed or otherwise) or crack cocaine. There is evidence of use of other illicit drug or alcohol use but this is not judged to be problematic or to require structured treatment
83	Transferred – not in custody	The young person has finished treatment at this provider but still requires further structured drug and/or alcohol treatment interventions and the individual has been referred to an alternative non-prison provider for this. This code should only be used if there is an appropriate referral path and care planned structured drug and/or alcohol treatment pathways are available
84	Transferred – in custody	The young person has received a custodial sentence or is on remand and a continuation of structured drug and/or alcohol treatment has been arranged. This will consist of the appropriate onward referral of care planning information and a 2-way communication between the community and prison treatment provider to confirm assessment and that care planned treatment will be provided as appropriate
74	Transferred – recommissioning transfer	The young person has been transferred for further structured drug and/or alcohol treatment as a result of the service being decommissioned
97	Transferred – transition to adult substance misuse service	The young person has been transferred to an adult service for further structured drug and/or alcohol treatment

Code	Reference data	Definition
71	Incomplete – onward referral offered and refused	The young person requires further structured drug and/or alcohol treatment interventions. A referral to another secure setting provider or a community provider was offered but the young person refused the transfer
85	Incomplete – dropped out	The treatment provider has lost contact with the young person without a planned discharge and activities to re-engage the young person back into treatment have not been successful
86	Incomplete – treatment withdrawn by provider	The treatment provider has withdrawn treatment provision from the young person eg in cases where the client has seriously breached a contract leading to their discharge – it should not be used if the young person has simply ‘dropped out’
87	Incomplete – retained in custody	The young person is no longer in contact with the treatment provider as they are in prison or another secure setting. While the treatment provider has confirmed this, there has been no formal 2-way communication between the treatment provider and the criminal justice system care provider leading to continuation of the appropriate assessment and care planned structured drug/alcohol treatment
88	Incomplete – treatment commencement declined by the client	The treatment provider has received a referral and has had a face-to-face (or equivalent) contact with the young person after which the young person has chosen not to commence a recommended structured drug/alcohol treatment intervention
89	Incomplete – client died	During their time in contact with structured drug/ alcohol treatment the young person died

Discharging young people as ‘transferred’

When a discharge reason of ‘transferred’ is selected, the expectation is that there should be 2-way communication between the transferring provider and the receiving provider to ensure continuity of the young person’s care.

Appendix K: definitions of young person's interventions and sub-interventions

There are 10 high-level intervention types. For young people these are:

- YP psychosocial interventions
- YP pharmacological interventions
- YP multi-agency working
- YP harm reduction service
- IPS (Individual Placement & Support)
- RSDATG engagement
- Housing Support Grant – Financial intervention (rent deposit, rent in advance, personal budgets)
- Housing Support Grant – Casework (floating support, special housing support)

The 3 structured treatment interventions require additional competencies for the worker and delivery within a governance framework including appropriate supervision.

While each of the interventions above are standalone high-level interventions, only psychosocial and YP multi-agency working interventions require sub-interventions to explain the detail of what has been delivered (described below).

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 Practice standards for young people with substance misuse problems.

YP psychosocial sub-interventions

Psychosocial interventions are structured care planned interventions delivered by staff with the appropriate competences. These psychosocial interventions may be provided alone or in combination with other interventions and should be provided in accordance with:

Drug Misuse and Dependence: UK guidelines on clinical management (also known as the 'clinical guidelines' or 'orange book')

NICE Public Health Guidance 4: Substance misuse interventions for vulnerable under 25s including community-based interventions to reduce substance misuse among vulnerable and disadvantaged children and young people

NICE Clinical Guideline 115: Alcohol use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence

NICE Clinical Guideline 52: Drug misuse in over 16s: opioid detoxification

NICE Clinical Guideline 51: Drug misuse in over 16s: psychosocial interventions

Also, see Practice standards for young people with substance misuse problems.

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

CSV header	Psychosocial sub-intervention	Definition
CBIYPS	Cognitive and behavioural interventions	A talking and solution-focused therapy that focuses on understanding the roots of problem behaviour. It can help young people to develop coping mechanisms for modifying and reducing such behaviour, and promotes rational belief as a way of achieving change and health. This includes where young people develop abilities to recognise, avoid or cope with thoughts, feelings and situations that are triggers to substance use. Focus on coping with stress, boredom and relationship issues and the prevention of escalation of harm, including relapse prevention CBT. For those with limited co-morbidities and good social support, young people are offered individual cognitive behavioural therapy

CSV header	Psychosocial sub-intervention	Definition
MIYPS	Motivational interventions	A brief psychotherapeutic intervention. The aim is to help young people reflect on their substance use in the context of their own values and goals and motivate them to change. Motivational interviewing and motivational enhancement therapy are both structured forms of motivational interventions
SFIFTYPS	Structured family interventions (including family therapy)	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 eg working with siblings, grandparents and foster carers. This is a structured family intervention and does not include brief advice and information. 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 services for specialist substance misuse interventions and should be reported using the young person's attributors
MCPYPS	Multi component programmes	Multi-component programmes may include multi-dimensional family therapy, brief strategic family therapy, functional family therapy or multi-systemic therapy. This sub-intervention may look at the individual, family, peer group, school and social networks associated with the young person's problems. They use evidence-based solution focused interventions, such as strategic family therapy and CBT. Those with significant co-morbidities and or limited social support may be offered multi-component programmes. This approach can be delivered by a range of professionals – it should only be recorded if the specialist substance misuse provider is contributing to the delivery of the intervention
CMYPS	Contingency management	Substance misuse specific contingency management provides a system of positive reinforcement/incentivisation to make substance misuse specific behavioural changes or prevent escalation of harm
CYPS	Counselling	A process in which a counsellor holds face-to-face (or equivalent) talks with a young person to help him or her solve a problem or help improve the young person's attitude and behaviour (relating to substance misuse)

Specialist harm reduction

Care planned substance misuse specific harm reduction is not brief advice and information. This intervention must be delivered as part of a structured care plan and after a full assessment of the young person's substance misuse and risks. Specialist harm reduction interventions should include services to manage those at risk of, or currently involved in:

- injecting – these services could include needle exchange, advice and information on injecting practice, access to appropriate testing and treatment for blood borne viruses (see NICE Clinical Guideline 52: Drug misuse in over 16s: opioid detoxification)

- overdose – advice and information to prevent overdose, especially overdose associated with poly-substance use, which requires specialist knowledge about substances and their interactions

- risky behaviour associated with substance use – advice and information to prevent and/or reduce substance misuse related injuries and substance misuse related risky behaviours

Pharmacological interventions

These are substance misuse specific pharmacological interventions, which include prescribing for detoxification, stabilisation and symptomatic relief of substance misuse as well as prescribing of medications to prevent relapse. See Guidance for the pharmacological management of substance misuse among young people.

YP multi-agency working (non-structured)

Multi-agency working lists work done by the substance misuse provider with other services needed in the young person's care package. This work includes facilitating access to the service, arranging appointments or making referrals to the service, working directly with the service in joint case reviews and liaising with the service to discuss the whole needs of the young person.

This intervention type is non-structured and should support other specialist substance misuse interventions – if a young person only receives this intervention type they will not be classed as 'in treatment'.

CSV header	Multi-agency working sub-intervention	Definition
YPEDTR	Education/training	Work undertaken with services such as Connexions, NEET, colleges, PRUs, academies,

CSV header	Multi-agency working sub-intervention	Definition
		schools, training services
YPEVOL	Employment/volunteering	Work undertaken with services such as job centre, school careers advisor, voluntary placement coordinator
YPINHOU	Housing	Work undertaken with services such as a housing advisor, housing association, local council
YPRGFS	Generic family support	Work undertaken with services delivered by another family service, not psychosocial family work delivered by this service. Such as FIPs, child protection, safeguarding, troubled family teams, other family services
YPGPS	Generic parenting support	Work undertaken with services who are able to support the young person parenting their child
YPPSIM	Peer support involvement/mentoring	Work undertaken with services and initiatives consisting of peer supporters and peer mentoring
YPMHLTH	Mental health	Work undertaken with services such as CAMHS, emotional wellbeing, children and young people's 'NHS Talking Therapies for anxiety and depression (NHS TTad)'
YPOFFND	Offending	Work undertaken with services such as youth offending teams, youth justice liaison and diversion schemes
YPHEALTH	Health	Work undertaken with services such as GP, dentist, school nurse, BBV nurse
YPSHP	Sexual health/pregnancy	Work undertaken with services such as sexual health or family planning clinics
YPMATY	Meaningful activity	Work undertaken with services such as supported sports, positive leisure
YPDISSER	Disability services	Work undertaken with services designed to support disabled young people or young people affected by disability
YPBESER	Behavioural services	Work undertaken with services designed to support young people with behavioural difficulties
YPYCAR	Young carers	Work undertaken with services designed to support young people who are a carer including support groups
YPSCES	Smoking cessation	Specific stop-smoking support has been provided by the treatment service, and/or the individual has

CSV header	Multi-agency working sub-intervention	Definition
		been actively referred to a stop smoking service for smoking cessation support and take-up of that support is monitored. Suitable support will vary but should be more than very brief advice to qualify as an intervention here. It will most commonly include psychosocial support and nicotine replacement therapy, and will be provided by a trained stop smoking advisor
YPSER	Youth services	Work undertaken with services such as integrated and targeted youth support services
YPCSC	Children's social care	Work undertaken with teams such as those who work with looked after children, children in need, child protection, leaving care teams
RECDOMVIC	Client provided with domestic abuse support for victim/survivor	Staff have assessed service user needs in relation to domestic abuse/violence as part of the comprehensive assessment or ongoing recovery care planning process. There are agreed goals that include support actions by the treatment service, and/or active referral to a specialist domestic abuse service. These services may include MARAC; community or refuge support providing safety planning, legal advice, advocacy and therapeutic interventions for victims/survivors and their children
RECDOMPER	Client provided with domestic abuse support for perpetrator	Staff have assessed service user needs in relation to domestic abuse/violence as part of the comprehensive assessment or ongoing recovery care planning process. There are agreed goals that include support actions by the treatment service, and/or active referral to a specialist domestic abuse service. Perpetrators of domestic abuse/violence may attend a perpetrator programme

Interventions flagging specific funding streams

Activity from IPS, RSDATG and Housing Support Grant funded posts, that run alongside structured treatment (and any subsequent multi-agency working), should be recorded via the appropriate intervention and included in NDTMS monthly data returns.

The IPS, RSDATG and Housing Support Grant interventions can pre-date ‘Triage Date’ and overlap ‘Discharge Date’ but should only be reported for those in structured treatment (and any subsequent multi-agency working).

When the IPS, RSDATG and Housing Support Grant interventions end (or where a subsequent structured episode starts), the intervention should be closed.

Appendix L: setting

The setting in which the intervention takes place – to be completed only where the interventions take place in a different setting to the one the provider is registered with NDTMS as delivering services from.

For example, if a provider is set up on NDTMS to be a community provider (agency level setting = YP community) but provides in-reach work to a CAMH ward, this should be recorded in the intervention level setting field as inpatient. However, if the intervention takes place within the provider's main areas of delivery then there is no need to complete the intervention level setting field as this will be assumed to be the same as the agency level setting.

The settings below should be recorded in the intervention record where the intervention being delivered is at a different setting to the one the provider is registered as.

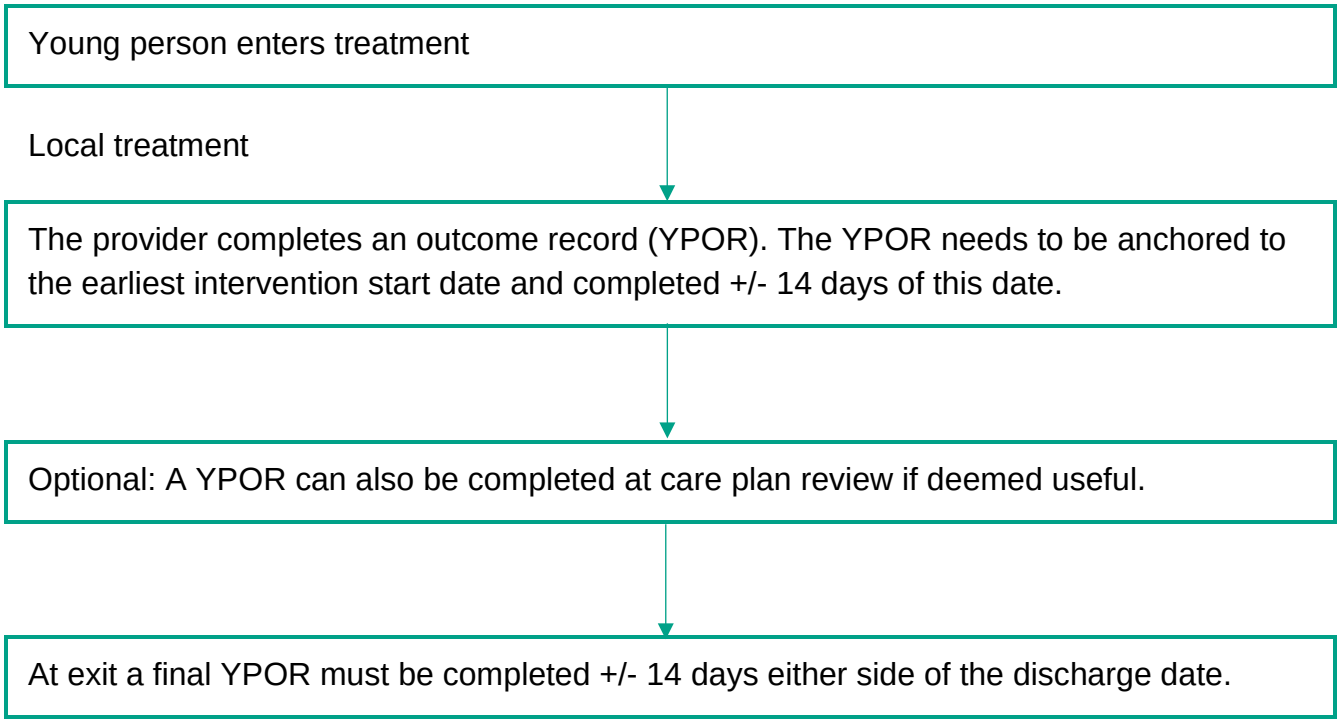
Code	Reference data	Definition
13	YP community	A young person's drug and alcohol service where residence is not a condition of engagement with that service. This will include all providers delivering interventions in a non-residential setting
7	YP inpatient unit – substance misuse specific	An inpatient unit provides assessment, stabilisation and/or assisted withdrawal with 24-hour cover from a multi-disciplinary team who have had specialist training in managing addictive behaviours eg paediatric ward, adult ward, CAMH ward
8	YP inpatient unit – not substance misuse specific	An inpatient unit provides assessment, stabilisation and/or assisted withdrawal with 24-hour cover eg hospital unit
10	YP home	Young person is being supported with specialist substance misuse interventions in their home by the treatment provider
9	YP residential unit – substance misuse specific	Anywhere where a young person is receiving interventions in their residence and that residence has been set up specifically to deal with substance misuse
11	YP residential unit – not substance misuse specific	Anywhere where a young person is receiving interventions in their residence but that residence has not been set up specifically to deal with substance misuse, eg children's homes, supported housing
12	YP secure estate	Secure children's home, secure training centre or young offender institution

Code	Reference data	Definition
14	YP primary care	Structured substance misuse treatment is provided in a primary care setting with a General Practitioner, often with a special interest in addiction treatment, having clinical responsibility

Appendix M: Young People's Outcomes Record

All young people in treatment in a young person's service should have a Young People's Outcomes Record (YPOR) completed, regardless of age.

Process map for completing a YPOR



Process map for completing a YPOR for young people who are transferring from a young person's service to an adult service

Young person enters treatment at a young person's provider

Local treatment

YP provider

The provider completes a YPOR. The YPOR needs to be anchored to the earliest intervention start date and complete +/- 14 days of this date. YPORs can also be completed at care plan review is deemed useful at a local level.

Young person is discharged from YP provider, transferred to adult service ('Transferred - not in custody') and starts an intervention at the adult service within 21 days of discharge.

YP provider

Complete an exit YPOR to show outcomes at the end of the YP's time in YP service

Adult provider

The provider must complete a start TOP. This and any further review records should be anchored to the first intervention start date at the adult service.

If the client is being seen at multiple services, then there must be an agreement between the services as to who is the TOP care coordinator.

At exit, a final outcomes record (TOP) must be completed +/- 14 days either side of the discharge date.

Appendix N: Combined Review Form (CRF)

The Combined Review Form (CRF) combines the following dataset entities into one form and one process:

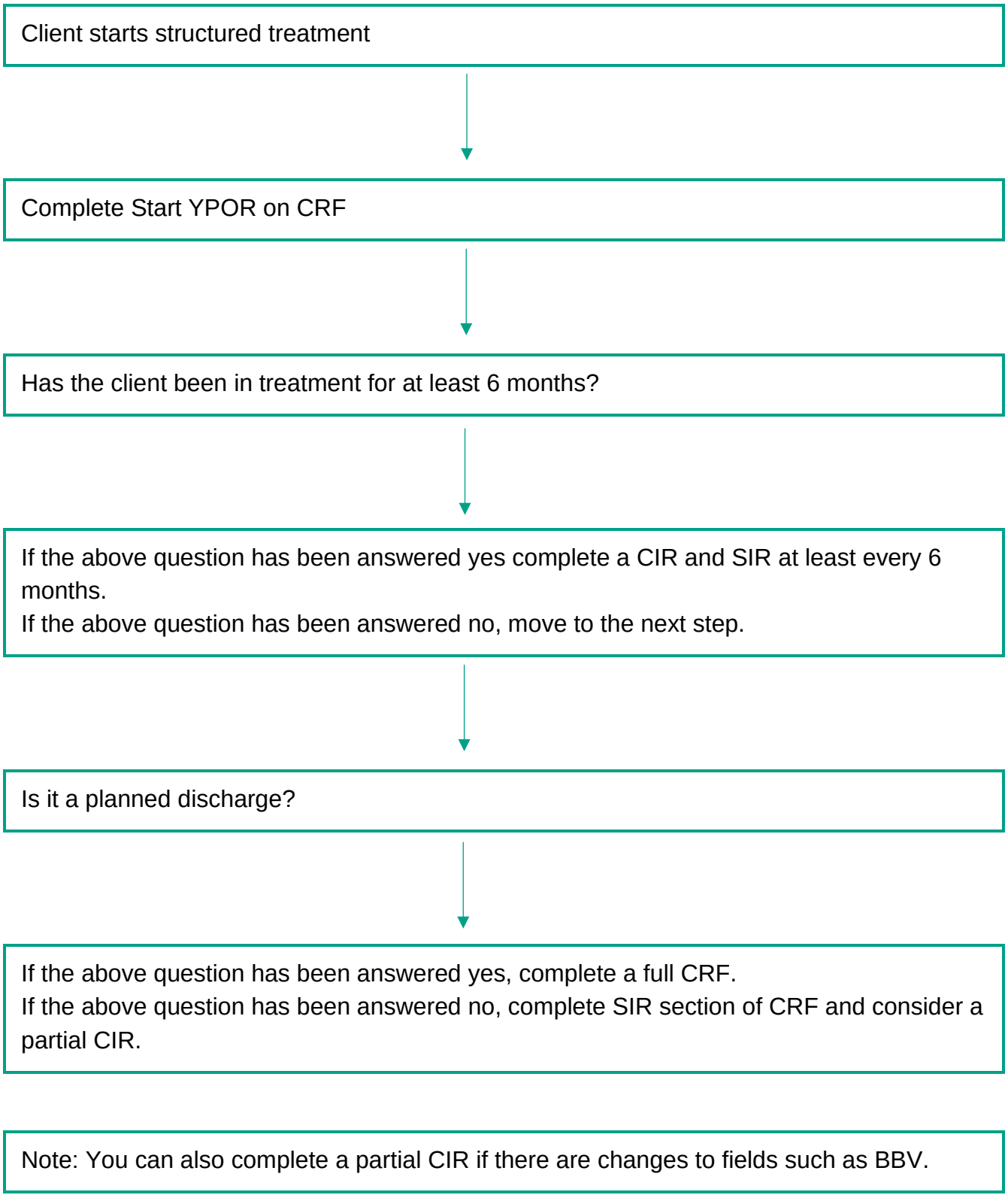
- Young People's Outcome Record (YPOR)
- Client Information Review (CIR)
- Sub-intervention Review (SIR)

It should be completed at treatment start and on discharge.

If a young person is in treatment for more than 6 months updates to the CIR and SIR sections should be done on a six-monthly basis. Services can choose to update the CIR as and when changes occur via a partial CIR.

When a client is only receiving a 'multi-agency working' (non-structured) intervention post structured treatment, only the SIR section of the CRF needs to be completed.

The flowchart below will help to understand which parts of the CRF need to be completed and when:


Client starts structured treatment
Complete Start YPOR on CRF
Has the client been in treatment for at least 6 months?
If the above question has been answered yes complete a CIR and SIR at least every 6 months.
If the above question has been answered no, move to the next step.
Is it a planned discharge?
If the above question has been answered yes, complete a full CRF.
If the above question has been answered no, complete SIR section of CRF and consider a partial CIR.
Note: You can also complete a partial CIR if there are changes to fields such as BBV.

Appendix O: referral date to service

In CDS-Q (April 2022) a new field was introduced ‘referral date to service’ to give a better understanding of the full client pathway. This should be used to record the date that the client was initially referred to the service, this would include any non-structured treatment that is undertaken prior to structured treatment.

Treatment providers should continue to record all other dates eg referral date, triage date etc as before.

The following scenarios illustrate how the referral date to service should be recorded.

Scenario 1: self-referral

Scenario: the client presents to the treatment service, is immediately assessed and it is agreed that they should enter structured treatment.

01/04/2020
Client self-refers to treatment provider.

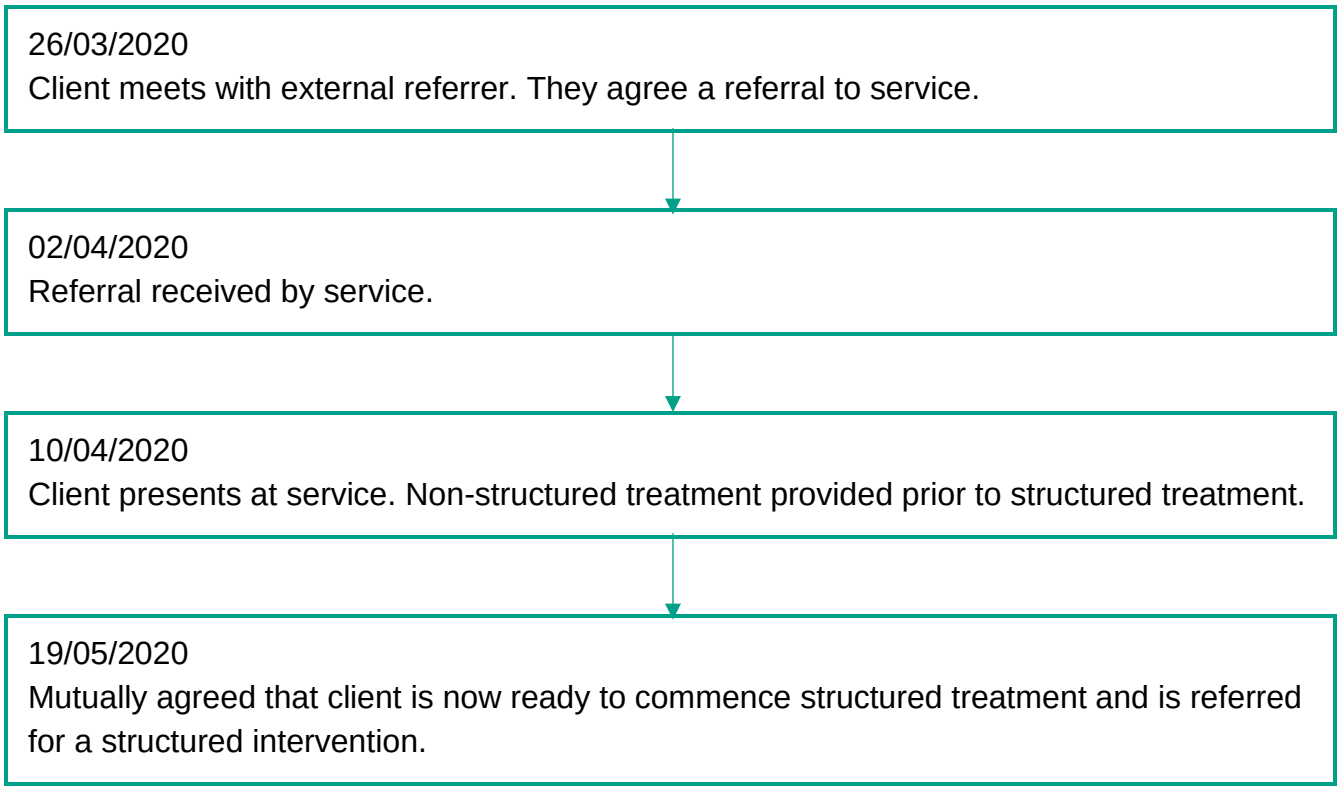
Client is immediately assessed, and it is agreed they require structured treatment.

Referral date to service = 1 April 2020

Referral date = 1 April 2020

Scenario 2: a period of non-structured treatment before structured treatment

Scenario: the client engages in a mutually agreed period of non-structured treatment prior to structured treatment.

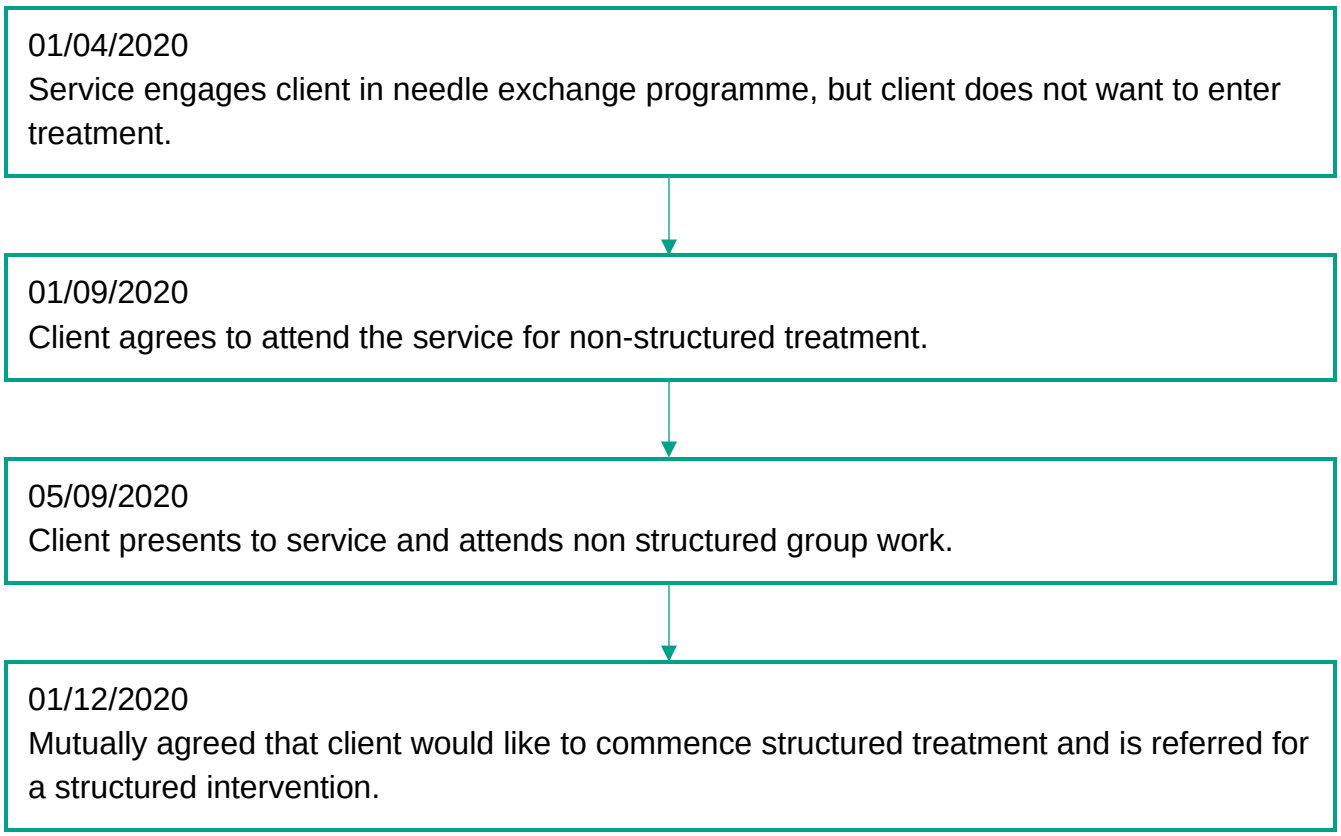


Referral date to service = 2 April 2020

Referral date = 19 May 2020

Scenario 3: outreach work followed by a period of non-structured treatment before structured treatment

Scenario: The service is working with the client in an outreach capacity for several months before the client agrees to come to the service for non-structured treatment. After several months of non-structured treatment the client agrees to enter structured treatment.



Referral date to service = 1 September 2020

Referral date = 1 December 2020

Scenario 4: discharged from structured treatment, received recovery support, re-engaged with treatment

Scenario: The client has received structured treatment and has been discharged. After discharge the client engages in recovery support (after care). During this time the client relapses and it is agreed that the client should attend the service for non-structured treatment. After a period of non-structured treatment the client agrees to re-enter structured treatment.

01/04/2020
Client is discharged from structured treatment and continues to engage in peer support.

01/06/2020
It is identified that the client is at risk of relapse and would benefit from non-structured treatment.

07/06/2020
Client presents to service and attends non-structured group work.

18/06/2020
It is mutually agreed that the client may benefit from structured treatment. The client is immediately assessed and offered a CBT appointment.

Referral date to service = 1 June 2020

Referral date = 18 June 2020

Appendix P: disability definitions

Code	Reference data	Definition
1	Behaviour and emotional	Should be used where the client has times when they lack control over their feelings or actions
2	Hearing	Should be used where the client has difficulty hearing, or needs hearing aids, or needs to lip-read what people say
3	Manual dexterity	Should be used where the client has difficulty performing tasks with their hands
4	Learning disability	Should be used where the client has difficulty with memory or ability to concentrate, learn or understand which began before the age of 1
5	Mobility and gross motor	Should be used where the client has difficulty getting around physically without assistance or needs aids like wheelchairs or walking frames; or where the client has difficulty controlling how their arms, legs or head move
6	Perception of physical danger	Should be used where the client has difficulty understanding that some things, places or situations can be dangerous and could lead to a risk of injury or harm
7	Personal, self-care and continence	Should be used where the client has difficulty keeping clean and dressing the way they would like to
8	Progressive conditions and physical health	Should be used where the client has any illness which affects what they can do, or which is making them more ill, which is getting worse, and which is going to continue getting worse eg HIV, cancer, multiple sclerosis, fits etc
9	Sight	Should be used where the client has difficulty seeing signs or things printed on paper or seeing things at a distance
10	Speech	Should be used where the client has difficulty speaking or using language to communicate or make their needs known
11	Special educational needs	Should be used where the client has learning, physical, and developmental disabilities; behavioural, emotional and communication disorders; learning deficiencies
XX	Other	Should be used where the client has any other important health issue including dementia or autism
NN	No disability	-
ZZ	Not stated	Client asked but declined to provide a response

Appendix Q: Changes to the NDTMS young person community dataset implemented in dataset R

Field being moved

National Insurance number (IPS) is being moved from the client level data to the episode level data.

Fields being removed

Level	CSV File Header	Field
Client	IPSCLIENT	Client participating in IPS
Episode	DAT	DAT of residence
Episode	LA	Local Authority
YPOR	PTEDAWDD	In the previous 28 days/28 days prior to custody, has the YP consumed alcohol on a weekday during the daytime
YPOR	PTEDAWDE	In the previous 28 days/28 days prior to custody, has the YP consumed alcohol on a weekday during the evening
YPOR	PTEDAWED	In the previous 28 days/28 days prior to custody, has the YP consumed alcohol on a weekend during the daytime
YPOR	PTEDAWEE	In the previous 28 days/28 days prior to custody, has the YP consumed alcohol on a weekend during the evening
YPOR	PTEDOYO	In the previous 28 days/28 days prior to custody, has the YP consumed alcohol on their own
YPOR	PTEUSWDD	In the previous 28 days/28 days prior to custody, has the YP used substances (excluding tobacco) on a weekday during the daytime
YPOR	PTEUSWDE	In the previous 28 days/28 days prior to custody, has the YP used substances (excluding tobacco) on a weekday during the evening

Level	CSV File Header	Field
YPOR	PTEUSWED	In the previous 28 days/28 days prior to custody, has the YP used substances (excluding tobacco) on a weekend during the daytime
YPOR	PTEUSWEE	In the previous 28 days/28 days prior to custody, has the YP used substances (excluding tobacco) on a weekend during the evening
YPOR	PTEUSOYO	In the previous 28 days/28 days prior to custody, has the YP used substances (excluding tobacco) on their own
YPOR	TRANYP	Tranquilisers (including benzodiazepines)
YPOR	AFUTQL	Age substance first used: tranquilisers (including benzodiazepines)

Fields being added

Level	CSV File Header	Field
YPOR	USHCOND	Reason housing is unsuitable - Poor condition of the accommodation
YPOR	USHUNSAFE	Reason housing is unsuitable - Location (unsafe)
YPOR	USHUNSUIT	Reason housing is unsuitable - Location (unsuitable)
YPOR	USHAFF	Reason housing is unsuitable - Affordability
YPOR	USHOVER	Reason housing is unsuitable - Overcrowding
YPOR	USHNEEDS	Reason housing is unsuitable - Doesn't meet the needs of the individual
YPOR	NICVAPUSE	Nicotine vape/e-cigarettes use
YPOR	CANVAPUSE	Cannabis vape use
YPOR	NITOXIUSE	Nitrous Oxide use
YPOR	BENZOUSE	Benzodiazepines use
YPOR	AFUNICVAP	Age substance first used: Nicotine vape/e-cigarettes
YPOR	AFUCANVAP	Age substance first used: Cannabis vape
YPOR	AFUNITOXI	Age substance first used: Nitrous Oxide
YPOR	AFUBENZO	Age substance first used: Benzodiazepines

Existing fields being amended

Level		Field
YPOR	LEHIGSYP	'Psychoactive substances' - changed to 'Cannabinoid Receptor Agonists (SCRAs) use eg Spice'
YPOR	AFULHU	'Age substance first used: psychoactive substances' - changed to 'Age substance first used: Synthetic Cannabinoid Receptor Agonists (SCRAs) eg Spice'
YPOR	TOANIC	‘Tobacco/nicotine’ – changed to ‘Tobacco use’
YPOR	AFUTOBN	'Age substance first used: tobacco/nicotine' - changed to 'Age substance first used: tobacco'
YPOR	SOLVYP	‘Solvents’ – changed to ‘Solvents/inhalants (not nitrous oxide) use’
YPOR	AFUSLV	Age substance first used: 'solvents' - changed to 'Age substance first used: solvents/inhalants (not nitrous oxide)'

Reference data within appendices

There have been a number of changes to reference data items which have been amended/removed/added to this document. For a full list of changes and all permissible data items, refer to the Reference Data document.

Revision History

Version	Author	Purpose/reason
1.1	J Palmer	PREGNANT/CIRPREGNANT - removed "applies to female clients only" DOMVIC/DOMPER - removed reference to secure estates USHOVER - added definition of overcrowding CANVAPUSE / NITOXIUSE / BENZOUSE / AFUNICVAP / AFUCANVAP / AFUNITOXI / AFUBENZO - Appendix Q field descriptions corrected