

NDTMS YP REFERENCE DATA

CDS-Q

CONSENT FOR NDTMS			
N	No client has not consented	Y	Yes client has consented
CLIENT PARTICIPATING IN IPS (IPS areas only)			
N	No	Y	Yes
CONSENT FOR IPS (IPS areas only)			
N	No – IPS client has not consented	Y	Yes – IPS client has consented
CLIENT STATED SEX			
1	Male	9	Not specified
2	Female	0	Not known
ETHNICITY			
		ONS GROUP	
A	White British	White	
B	White Irish	White	
C	Other White	White	
D	White and Black Caribbean	Mixed	
E	White and Black African	Mixed	
F	White and Asian	Mixed	
G	Other mixed	Mixed	
H	Indian	Asian/Asian British	
J	Pakistani	Asian/Asian British	
K	Bangladeshi	Asian/Asian British	
L	Other Asian	Asian/Asian British	
M	Caribbean	Black/Black British	
N	African	Black/Black British	
P	Other Black	Black/Black British	
R	Chinese	Other Ethnic	
S	Other	Other Ethnic	
T	White Gypsy or Roma or Traveller or Irish Traveller	White	
Z	Not stated	Not stated	
99	Ethnicity is unknown		
COUNTRY OF BIRTH			
Country codes: http://www.iso.org/iso/country_codes			
Z	Not stated		
POSTCODE			
ZZ99 3VZ Default Postcode for clients with no fixed abode			
ACCOMMODATION NEED §			
26	YP living with relative		
27	Independent YP – settled accommodation		
28	Independent YP – unsettled accommodation		
29	Independent YP with No Fixed Abode		
31	YP supported housing		
33	YP living in care		
34	YP living in secure care		

REFERRAL SOURCE			
4	Self		
69	Self-referred via health professional		
37	Relative/peer/ concerned other		
3	GP		
22	Hospital		
36	Outreach		
56	Employer		
75	Recommissioning transfer		
30	Children and family services		
33	Universal education		
34	Alternative education		
35	Targeted youth support		
38	Adult mental health services		
49	Primary care		
28	Children's mental health services		
50	School nurse		
39	Adult treatment provider		
40	Young people's structured treatment provider		
41	Non-structured treatment substance misuse services		
61	Children and YP secure estate		
43	Crime prevention		
45	YOT		
47	Post custody		
78	Helpline/website		
55	YP housing		
PREVIOUSLY TREATED			
N	No	Y	Yes
YP CARE STATUS			
2	Not a looked after child or child in need		
1	Looked after child		
3	Child in need		
YP SEXUAL EXPLOITATION			
N	No	U	Unknown
Y	Yes	Z	Client declined to answer
YP SELF HARM			
N	No	U	Unknown
Y	Yes	Z	Client declined to answer
HAS YP BEEN INVOLVED IN ANTISOCIAL BEHAVIOUR OR COMMITTED A CRIMINAL ACT ON MORE THAN ONE OCCASION IN THE PAST 6 MONTHS?			
N	No	Y	Yes
IS THE CLIENT THREATENED WITH HOMELESSNESS IN THE NEXT 28 DAYS (8 WEEKS)? §			
Y	Yes	N	No

All fields marked § are also collected at CIR level

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EDUCATION/EMPLOYMENT/TRAINING STATUS			
1	Mainstream education		
2	Alternative education		
3	Temporarily excluded		
4	Permanently excluded		
5	Persistent absentee		
6	Apprenticeship or training		
10	Economically inactive caring role		
11	Economically inactive health issue		
12	Voluntary work		
13	Regular employment		
14	Not in employment or education or training (NEET)		
Z	Client declined to answer		
YP REGISTERED WITH GP			
N	No	U	Not known
Y	Yes	Z	Client declined to answer
YP ENGAGED IN UNSAFE SEX			
N	No	U	Unknown
Y	Yes	Z	Client declined to answer
YP INVOLVED IN GANGS			
Y	Yes	U	Unknown
N	No	Z	Client declined to answer
YP AFFECTED BY CHILD CRIMINAL EXPLOITATION			
Y	Yes	U	Unknown
N	No	Z	Client declined to answer
YP AFFECTED BY SUBSTANCE MISUSE IN THEIR CLOSE FAMILY/MEMBERS OF THEIR HOUSEHOLD?			
N	No	Y	Yes
HEP B INTERVENTION STATUS §			
B	Offered and refused		
C	Immunised already		
D	Not offered		
F	Assessed as not appropriate to offer		
G	Offered and accepted – not yet had any vaccinations		
H	Offered and accepted – started having vaccinations		
I	Offered and accepted – completed vaccination course		
K	Deferred due to clinical reasons		
HEP C INTERVENTION STATUS §			
B	Offered and refused		
D	Not offered		
F	Assessed as not appropriate to offer		
G	Offered and accepted – not yet had a test		
H	Offered and accepted – had a hep C test		
K	Deferred due to clinical reasons		

PREGNANT §			
N	No	Y	Yes
PARENTAL RESPONSIBILITY FOR CHILDREN UNDER 18 §			
Y	Yes	Z	Client declined to answer
N	No		
IF CLIENT HAS PARENTAL RESPONSIBILITY, DO ANY OF THESE CHILDREN LIVE WITH THE CLIENT? §			
11	All the children live with client		
12	Some of children live with client		
13	None of children live with client		
15	Client declined to answer		
CHILDREN UNDER 18 LIVING WITH CLIENT §			
0	No children living with client		
1	1 child living with client		
2	2 children living with client		
n	n = integer between 0 and 30		
98	Client declined to answer		
99	Undisclosed number		
IF CLIENT HAS PARENTAL RESPONSIBILITY AND/OR CHILDREN LIVING WITH THEM, WHAT HELP ARE THE CHILDREN RECEIVING? (can select up to three) §			
1	Early Help (family support)		
2	Child in need (LA service)		
3	Has a child protection plan (LA service)		
4	Looked after child (LA service)		
5	None of the children are receiving any help	<i>Must be the only selection if used</i>	
6	Other relevant child or family support service		
7	Not known		
99	Client declined to answer		
MENTAL HEALTH TREATMENT NEED §			
N	No		
Y	Yes		
Z	Client declined to answer		
RECEIVING TREATMENT FOR MENTAL HEALTH NEED (can select up to three) §			
1	Already engaged with the community mental health team/ other mental health services		
2	Engaged with Improved Access to Psychological therapy (IAPT)		
3	Receiving mental health treatment from GP		
4	Receiving any NICE-recommended psychosocial or pharmacological intervention provided for the treatment of a mental health problem in drug or alcohol services		
5	Has an identified space in a health-based place of safety for mental health crises		
6	Treatment need identified but no treatment being received	<i>Must be the only selection if used</i>	
99	Client declined to commence treatment for their mental health need		

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YP SUBJECT TO A CHILD PROTECTION PLAN (CPP) §			
1	Is currently subject to Child Protection Plan (CPP)		
3	Has never been subject to Child Protection Plan (CPP)		
4	Has previously been subject to a Child Protection Plan (CPP)		
DISABILITY (Can select up to three)			
1	Behavioural and emotional		
2	Hearing		
3	Manual dexterity		
4	Learning disability		
5	Mobility and gross motor		
6	Perception of physical danger		
7	Personal, self-care and continence		
8	Progressive conditions and physical health		
9	Sight		
10	Speech		
11	Special educational needs		
XX	Other		
NN	No disability		
ZZ	Not stated		
HAS THE CLIENT EVER BEEN THE VICTIM OF DOMESTIC ABUSE? §			
1	Yes – currently (last 28 days)	4	No
2	Yes – previously	5	Client declined to answer
3	Yes – currently and previously	6	Not appropriate to ask
HAS THE CLIENT EVER ABUSED SOMEONE CLOSE TO THEM? §			
1	Yes – currently (last 28 days)	4	No
2	Yes – previously	5	Client declined to answer
3	Yes – currently and previously	6	Not appropriate to ask
HAS THE YP BEEN OFFERED A SCREEN FOR SEXUALLY TRANSMITTED INFECTIONS (INCLUDING CHLAMYDIA)? §			
A	Offered and accepted		
B	Offered and refused		
D	Assessed as not appropriate to offer		
PROPORTION OF FACE-TO-FACE APPOINTMENTS WITH THE KEYWORKER			
A	All face-to-face	D	Mostly digital
B	Mostly face-to-face	E	All digital
C	Equal mix of face-to-face and digital	For a list of the sub-modalities, refer to the interventions aid	

TREATMENT INTERVENTION			
98	YP pharmacological	Structured	
102	YP psychosocial	Structured	
101	YP multi agency working	Non-structured	
52	YP harm reduction service	Structured	
111	IPS (Individual Placement & Support)	IPS clients only	
113	ADDER support	ADDER clients only	
114	Accelerator support	Accelerator clients only	
117	RSDATG engagement	RSDATG clients only	
INTERVENTION SETTING			
13	YP community	11	YP residential unit – not substance misuse specific
7	YP inpatient unit – substance misuse specific	10	YP home
8	YP inpatient unit – not substance misuse specific	12	YP secure estate
9	YP residential unit – substance misuse specific	14	YP primary care
DISCHARGE REASON			
80	Treatment completed – drug-free	PLANNED	
82	Treatment completed – occasional user (not opiates or crack)		
83	Transferred – not in custody	TRANSFERRED	
84	Transferred – in custody		
74	Transferred – recommissioning transfer		
97	Transferred – transition to adult substance misuse service		
71	Incomplete – onward referral offered and refused	UNPLANNED	
85	Incomplete – dropped out		
86	Incomplete – treatment withdrawn by provider		
87	Incomplete – retained in custody		
88	Incomplete – treatment commencement declined by client		
89	Incomplete – client died		
YP MET GOALS AGREED ON CARE PLAN AT DISCHARGE			
N	No	Y	Yes
YP OFFERED CONTINUING SUPPORT FROM NON-SUBSTANCE MISUSE SERVICES AT DISCHARGE			
2	No	3 No further support required	
1	Yes		

Please refer to the business definitions for further notes and guidance

All fields marked § are also collected at CIR level