



Public Health
England

Protecting and improving the nation's health

National Drug Treatment Monitoring System (NDTMS)

CJIT business definitions

Core dataset Q

V4.0

Revision history

Version	Author	Change
4.0	P Brand W Richardson	<p>CDS-Q</p> <p>New headers</p> <p>HOUSING – What is the client’s current housing situation?</p> <p>HOMELESS – Is the client threatened with homelessness in the next 56 days (8 weeks)?</p> <p>Dropped headers</p> <p>CJACCMNEED – Accommodation need</p> <p>SUBMID – Sub intervention ID</p> <p>SUBMODDT – - Recovery support assessment date</p> <p>RECPEER – Client provided with peer support involvement</p> <p>RECMAID – Client provided with facilitated access to mutual aid</p> <p>RECFMSP – Client provided with family support</p> <p>RECPRNT – Client provided with parenting support</p> <p>RECHSE – Client provided with housing support</p> <p>RECEMP – Client provided with employment support</p> <p>RECEDUT – Client provided with education and training support</p> <p>RECWPRJ – Client provided with supported work projects</p> <p>RECCHKP – Client provided with recovery check-ups</p> <p>RECRLPP – Client provided with evidence based psychosocial interventions to support relapse prevention</p> <p>RECCMPT – Client provided with complimentary therapies</p> <p>RECGNH – Client provided with mental health interventions</p> <p>RECSMOC – Client provided with smoking cessation interventions</p> <p>RECDOMV – Client provided with domestic abuse/violence support</p>

Version	Author	Change
		<p>Amendments</p> <p>SEX – field description changed to ‘client stated sex’ from ‘client stated sex at registration of birth’</p> <p>PRNTSTAT – field description changed to ‘If client has parental responsibility, do any of these children live with the client?’ from ‘Do any of these children live with the client?’</p> <p>EHCSC (1)(2)(3) – field description changed to ‘If client has parental responsibility and/or children living with them, what help are the children receiving?’ from ‘What help are the client’s children/ children living with the client receiving?’</p> <p>SEX – field definition changed to ‘The sex as stated by the client on their birth certificate or gender recognition certificate.’</p> <p>CONSENT – field definition changed to ‘Whether the client has agreed for their data to be shared with NDTMS. Informed and evidenced consent must be sought from all clients. For further information on obtaining NDTMS consent, see NDTMS consent and confidentiality guidelines.’</p> <p>EHCSC (1)(2)(3) - field definition changed to ‘What help are the client's children and/or any other children living with the client receiving? This question only applies to the children aged under 18 for which the client has parental responsibility (regardless of whether this child lives with the client or not) and to children aged under 18 living with the client (regardless of whether the client has parental responsibility or not).’</p>

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1. Introduction

The National Drug Treatment Monitoring System (NDTMS) data helps drug and alcohol treatment demonstrate the outcomes it achieves for the people it treats and in doing so aids accountability for the money invested in it. NDTMS is a national standard and is applicable to young people and adults within community and secure setting based treatment providers.

The CJIT dataset is part of NDTMS.

This document defines the items to be collected by the CJIT dataset.

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 PHE systems
- suppliers of systems to PHE
- suppliers of systems which interface to PHE systems
- PHE/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 CJIT dataset and reporting requirements.

Please read this document in conjunction with:

- **CJIT CSV file input specification** – defines the file format of the CSV file used as the primary means of submitting CJIT data
- **CJIT technical definition** – provides guidance to CJIT software suppliers on the structure of CJIT data items to be collected, as well as outlining the rules associated with key data items within the data set
- **CJIT reference data** – provides permissible values for each data item
- **NDTMS geographic information** – provides locality information including DAT of residence and local authority codes

Documentation can be found at: www.gov.uk/government/collections/alcohol-and-drug-misuse-treatment-core-dataset-collection-guidance

To assist with the operational handling of CSV input files, each significant change to the CJIT dataset is allocated a letter. The latest version of national data collection by CJIT will come into effect on 1 April 2022 and is known as CJIT dataset Q.

CJIT Business Definitions

NDTMS CJIT is a consented to dataset meaning that all clients should give informed consent for their information to be shared with NDTMS. For further details, refer to the [NDTMS consent and confidentiality guidelines](#).

2. Purpose of CJIT Dataset

The data items contained in the NDTMS-CJIT dataset are intended to support the following:

1. 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.
2. Produce statistics and support research about drug and alcohol treatment.

3. Data entities

The data items listed in this document may be considered as belonging to one of 4 different sections, which are used throughout this document. These are:

1. **Client information** – details pertaining to the client including initials, date of birth, sex, ethnicity, nationality, religion, disability and sexuality.
2. **Episode details** – details pertaining to the current episode of treatment including information gained at triage such as geographic information, problem substance/s, parent and child status, etc. A treatment episode includes time spent in treatment at one provider, where they record one triage date and one case closure date but can include multiple interventions.
3. **Interventions** – details of any intervention delivered by the CJIT since the previous intervention assessment date (or since the client started on the caseload if this is the first intervention assessment date). Intervention assessments should be updated at a minimum of every 6 months whilst on the CJIT caseload and when a client leaves the caseload. They should be completed retrospectively and can be completed by the keyworker/admin without the client present.
4. **Referrals to structured treatment** – details of any referrals to structured treatment.

In general, all data is required. Some fields are required at treatment start. Others should be provided as and when the client progresses through their treatment (see 'Field updatability' column in table in [section 4](#)).

4. CJIT dataset fields

1. Client details			
Field description	CSV header	Definition	Field updatability ¹
Client ID	CLIENTID	A mandatory, unique technical identifier representing the client, as held on the clinical system used by the treatment provider. NB: this should be a technical item, and must not hold or be composed of attributers, which might identify the individual. A possible implementation of this might be the row number of the client in the client table.	MUST be completed. If not, record rejected. This is populated by your software system. Should not change.
Initial of client's first name	FINITIAL	The first initial of the client's first name – for example, Max would be 'M'. For hyphenated first names, record the first letter of the first part of the name. If a client 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, record rejected. Should not change (ie as at start of episode), unless client legally changes their name. If changed will create a validation mismatch.
Initial of client's surname	SINITIAL	The first initial of the client's surname – for example Smith would be 'S', O'Brian would be 'O' and McNeil would be 'M'. For hyphenated surnames, record the first letter of the first part of the surname. If a client legally changes their name it 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, record rejected. Should not change (ie as at start of episode), unless client legally changes their name. If changed will create a validation mismatch.

¹ Where items are designated as 'should not change', this does not include corrections or moving from a null in the field to it being populated.

1. Client details			
Field description	CSV header	Definition	Field updatability ¹
Client date of birth	DOB	The day, month and year that the client was born.	MUST be completed. If not, record rejected. Should not change (ie as at start of episode). If changed 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, record rejected. Should not change (ie as at start of episode). If changed will create a validation mismatch.
Ethnicity	ETHNIC	The ethnicity that the client states as defined in the Office of Population Censuses and Surveys (OPCS) categories. If a client declines to answer, then 'not stated' should be used. If the client does not know, then 'Value is unknown' should be used.	Should not change (ie as at start of episode).
Country of birth	NATION	Country of birth. Kosovo should be recorded as Serbia as per NHS data dictionary.	Should not change (ie as at start of episode).
CJIT agency code	AGNCY	Each Criminal Justice Intervention Team (CJIT) is assigned with a CJIT agency code. Responsibility for allocating a CJIT agency code is that of the regional NDTMS team. For example, CJ123. A general guideline is that the code should comprise of 2 parts 1) a 2 letter prefix which indicates that the service is a CJIT and the NDTMS region and an identifier (3 numeric characters) which uniquely identifies that CJIT eg CP001. This guideline will ensure uniqueness of the CJIT agency code on a national basis.	MUST be completed. If not, record rejected. This is populated by your software system. Should not change. If changed will create a validation mismatch.

1. Client details			
Field description	CSV header	Definition	Field updatability ¹
Client reference	CLIENT	A unique number or ID allocated by the treatment provider to a client. The client reference should remain the same within a treatment provider for a client during all treatment episodes. (NB: this must not hold or be composed of attributers, which might identify the individual).	MUST be completed. If not, record rejected. Should not change and should be consistent across all episodes at the treatment provider.

2. 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. NB: this should be a technical item, and should not hold or be composed of attributers, 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, record 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, record rejected. This is populated by your software system. May change (ie current situation).
Consent for NDTMS	CONSENT	Whether the client has agreed for their data to be shared with NDTMS. Informed and evidenced consent must be sought from all clients. For further information on obtaining NDTMS consent, see NDTMS consent and confidentiality guidelines .	Client must give consent before their information can be sent to NDTMS. May change (ie current situation).

2. Episode details			
Field description	CSV header	Definition	Field updatability
Postcode	PC	<p>The postcode of the client'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').</p> <p>If a client 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).</p>	May change (ie current living situation).
DAT of residence	DAT	<p>The partnership area or upper tier local authority in which the client normally resides (as defined by the postcode of their normal residence). If the client is resident in Scotland, Wales, Northern Ireland or outside of the UK record the code that reflects this.</p> <p>If a client states that they are of No Fixed Abode then the partnership (DAT) of the CJIT should be used as a proxy.</p> <p>Note – although the housing situation is the status at the start of the episode, the DAT of residence is the current situation.</p> <p>See NDTMS Geographic Information document for a list of DAT codes.</p>	<p>MUST be completed. If not, data may be excluded from performance monitoring reports.</p> <p>May change (ie current living situation).</p>
Upper tier local authority	UTLA	<p>This field will be electronically mapped by software providers based on the DAT of residence field. Treatment providers do not need to complete this field.</p> <p>The upper tier local authority (UTLA) in which the client normally resides (as defined by the postcode of their normal residence). If the client is resident in Scotland, Wales, Northern Ireland or outside of the UK record the code that reflects this.</p> <p>If client states that they are of No Fixed Abode (NFA) record the Partnership (DAT) area where the client was last NFA.</p> <p>See NDTMS Geographic Information document for a list of UTLA codes and how they should be mapped from DAT codes.</p>	<p>Should be completed by software provider based on DAT of residence field.</p> <p>May change (ie current living situation).</p>

2. Episode details			
Field description	CSV header	Definition	Field updatability
Date of the event which prompted this contact	REFLD	For clients presenting following a drug test (even if there was not a mandatory requirement for them to do so). This should be the date of that drug test. If a client has presented following release from a prison, then this should be the date of release. If referred by another service, this should be the date of that referral. If there is no clear preceding event, such as when a client presents without a referral from a service or without a recent arrest/release from prison, then this should be the same as the triage/assessment date.	MUST be completed. If not, data may be excluded from performance monitoring reports. Should not change. If changed will create a validation mismatch.
What event prompted the contact?	CJRFLS	This item is applicable even for those that do not engage beyond the required assessment. 'Voluntary' has been expanded to distinguish between non-mandated contacts following arrest and those following release from a prison.	Should not change (ie as at start of episode).
Contact/ assessment date	TRIAGED	This is the required assessment, initial contact with the service or triage date (eg the first face-to-face (or equivalent) contact with a CJIT worker).	MUST be completed. If not, data may be excluded from performance monitoring reports. Should not change.
Offence	OFFENCE	What offence prompted the client's current/most recent contact with the criminal justice system?	Should not change (ie as at start of episode).
DAT/LA or secure setting transferred from	PRISON	DAT, LA or prison the client has been transferred from.	Should not change (ie as at start of episode).
Client stated sexual orientation	SEXUALO	The sexual orientation of the client. If a client declines to answer, then 'not stated' should be used.	Should not change (ie as at start of episode).
Pregnant	PREGNANT	Is the client pregnant? (female clients only)	Should not change (ie as at start of episode).
Religion	RELIGION	The religion or belief of the client. If a client declines to answer, then 'not stated' should be used.	Should not change (ie as at start of episode).

2. Episode details			
Field description	CSV header	Definition	Field updatability
Disability 1	DISABLE1	Whether the client considers themselves to have a disability. If a client declines to answer, then 'not stated' should be entered and DISABLE2 and DISABLE3 should be left blank. If the client has no disability, then 'no disability' should be entered and DISABLE2 and DISABLE3 should be left blank. Refer to Appendix A for disability definitions.	Should not change (ie as at start of episode).
Disability 2	DISABLE2	Whether the client considers themselves to have a second disability. If the client has no second disability then this field should be left blank. Refer to Appendix A for disability definitions.	Should not change (ie as at start of episode).
Disability 3	DISABLE3	Whether the client considers themselves to have a third disability. If the client has no third disability then this field should be left blank. Refer to Appendix A for disability definitions.	Should not change (ie as at start of episode).
Drinking days	ALCDDAYS	Number of days in the 28 days prior to initial assessment that the client consumed alcohol.	Should not change (ie as at start of episode).
Units of alcohol	ALCUNITS	Typical number of units consumed on a typical drinking day in the 28 days prior to initial assessment.	Should not change (ie as at start of episode).
What is the client's current housing situation?	HOUSING	The client's current housing situation refers to the 28 days prior to treatment start. Appendix B contains the reference data and the relevant definitions.	Should not change (ie as at start of episode).
Is the client threatened with homelessness in the next 56 days (8 weeks)?	HOMELESS	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 (ie as at start of episode).

2. Episode details			
Field description	CSV header	Definition	Field updatability
British Armed Forces veteran	VETERAN	<p>Is the client a veteran of the British Armed Forces?</p> <p>Veterans have a higher incidence of substance misuse (and mental health issues) than the general population. The purpose of this question is to better understand the needs of British veterans with respect to substance misuse and their engagement in treatment and subsequent outcomes.</p> <p>British armed forces include: Royal Navy, Royal Marines, British Army, Royal Air Force, Regular Reserve, Volunteer Reserves or Sponsored Reserves.</p>	Should not change (ie as at start of episode).
Parental responsibility	PARENT	<p>At treatment start, does the client have parental responsibility for a child aged under 18?</p> <p>A child is a person who is under 18 years of age.</p> <p>Parental responsibility should include biological parents, step-parents, foster parents, adoptive parents and guardians. It should also include de facto parents where a client lives with the parent of a child or the child alone (for example, clients who care for younger siblings or grandchildren) and have taken on full or partial parental responsibilities. Parental responsibility as used here is wider than the legal definition of parental responsibility.</p>	Should not change (ie as at start of episode).
If client has parental responsibility, do any of these children live with the client?	PRNTSTAT	<p>If the client has parental responsibility (PARENT = yes), record whether none of, some of or all of the children they are responsible for live with the client the majority of the time. A child is a person who is under 18 years old.</p> <p>See Appendix C for data items and definitions.</p>	Should not change (ie as at start of episode).

2. Episode details			
Field description	CSV header	Definition	Field updatability
How many children under 18 in total live in the same house as the client?	CHILDWTH	The total number of children under 18 that live in the same household as the client at least one night a fortnight. The client 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 client has declined to answer.	Should not change (ie as at start of episode).
If client has parental responsibility and/or children living with them, what help are the children receiving? (1)	EHCS	<p>What help are the client's children and/or any other children living with the client receiving?</p> <p>This question only applies to the children aged under 18 for which the client has parental responsibility (regardless of whether this child lives with the client or not) and to children aged under 18 living with the client (regardless of whether the client has parental responsibility or not).</p> <p>If more than one option applies, then complete EHCS2 and EHCS3 as appropriate.</p> <p>If none of the children are receiving any help record 'None of the children are receiving any help' and leave EHCS2 and EHCS3 blank.</p> <p>If the client declines to answer record 'client declined to answer' and leave EHCS2 and EHCS3 blank.</p> <p>See Appendix C for data items and definitions.</p>	Should not change (ie as at start of episode).

2. Episode details			
Field description	CSV header	Definition	Field updatability
If client has parental responsibility and/or children living with them, what help are the children receiving? (2)	EHCS2	<p>What further help are the client's children and/or any other children living with the client receiving?</p> <p>This question only applies to the children aged under 18 for which the client has parental responsibility (regardless of whether this child lives with the client or not) and to children aged under 18 living with the client (regardless of whether the client has parental responsibility or not).</p> <p>If more than two options apply, then complete EHCS3 as appropriate.</p> <p>If the client declines to answer or if no help is being received then this field should be left blank.</p> <p>See Appendix C for data items and definitions.</p>	Should not change (ie as at start of episode).
If client has parental responsibility and/or children living with them, what help are the children receiving? (3)	EHCS3	<p>What further help are the client's children and/or any other children living with the client receiving?</p> <p>This question only applies to the children aged under 18 for which the client has parental responsibility (regardless of whether this child lives with the client or not) and to children aged under 18 living with the client (regardless of whether the client has parental responsibility or not).</p> <p>If the client declines to answer or if no help is being received then this field should be left blank.</p> <p>See Appendix C for data items and definitions.</p>	Should not change (ie as at start of episode).
Problem substance number 1	DRUG1	The substance that brought the client into contact with CJIT at the point of triage/initial assessment, even if they are no longer actively using this substance. If a client presents with more than one substance, the provider is responsible for clinically deciding which substance is primary.	MUST be completed. If not, record rejected. Should not change (ie as at start of episode).

2. Episode details			
Field description	CSV header	Definition	Field updatability
Route of administration of problem substance number 1	ROUTE	The route of administration of problem substance number 1 recorded at the point of triage/initial assessment.	Should not change (ie as at start of episode).
Problem substance number 2	DRUG2	An additional substance that brought the client into contact with CJIT 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 (ie as at start of episode).
Problem substance number 3	DRUG3	An additional substance that brought the client into contact with the CJIT 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 (ie as at start of episode).
Injecting status	INJSTAT	Is the client currently injecting, have they ever previously injected, never injected or declined to answer?	Should not change (ie as at start of episode).
Caseload start date	CPLANDT	Date that a care plan was created and agreed with the client (used for defining when a client is taken onto the caseload). If not being taken onto the caseload, then this episode must be closed with a 'prior to caseload' reason.	Should not change (ie as at start of episode).
Has the client been issued with naloxone at episode start?	NALOXISS	Whether the client has been issued with either injectable or nasal naloxone (or both) by provider at treatment start. If the client is already in possession of naloxone record 'No – already in possession of adequate naloxone'.	Should not change (ie as at start of episode).

2. Episode details			
Field description	CSV header	Definition	Field updatability
Has the client ever been administered with naloxone to reverse the effects of an overdose?	NALOXAD	At treatment start, has the client ever been administered with naloxone (either injectable or nasal) to reverse the effects of an overdose?	Should not change (ie as at start of episode).
Case closure date	DISD	This is the date the client left the caseload or the last assessment date if the client is not taken onto the caseload. A date should be entered (and the episode closed) if the client goes to prison. If a client's case closure was unplanned then the date of last face-to-face (or equivalent) contact with the CJIT should be used. If a client has had no contact with the CJIT for 2 months then, for NDTMS purposes, it is assumed that the client has disengaged and a case closure date should be returned at this point using the date of the last face-to-face (or equivalent) contact with the client. It should be noted that this is not meant to determine clinical practice and it is understood that further work beyond this point to re-engage the client may occur. Note: this process should be used for clients with a contact/assessment date after 1 April 2006 and records should not be amended retrospectively. If a client's case is closed and they then re-present to the CJIT at a later date, the expectation is that the client should be re-assessed and a new episode created with a new triage date.	Closure date required when client's case is closed. Case closure reason MUST be given.
Case closure reason	CJDISRSN	The reason why the client has left the caseload or has not been taken onto the caseload. See Appendix E for definitions of case closure reasons.	Closure reason required when client's case is closed. Case closure date MUST be given. Should only change from 'null' to populated as episode progresses.

3. Referrals to structured treatment			
Field description	CSV header	Definition	Field updatability
Referral to structured treatment ID	REFERID	A mandatory, unique technical identifier representing the referral to structured treatment, as held on the clinical system used at the treatment provider. NB: this should be a technical item, and should not hold or be composed of attributers, which might identify the individual.	MUST be completed. If not, record rejected. This is populated by your software system. Should not change.
Date referred to structured treatment agency	REFDATE	The date that a referral to a structured treatment provider has been made. Multiple referrals may be made and recorded while the client is on the caseload. Definition of structured treatment can be found in Appendix D .	MUST be completed for each referral to structured treatment. Should not change.

Appendix A - Disability definitions

Code	Text	Comments
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 experiences 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 18.
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 (such as 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.
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 B – Housing situation

Code	Reference data	Definition
1	Owns home	
2	Rented home only – self-contained – rents from a private landlord	
3	Rented home only – self-contained - rents from a social landlord (local authority or housing association)	
4	Rented home only – shares facilities - rents from a private landlord	Shares facilities with others, eg shared kitchen or bathroom
5	Rented home only – shares facilities - rents from a social landlord (local authority or housing association)	Shares facilities with others, eg shared kitchen or bathroom
6	Other – university or college accommodation	
7	Other – living with friends permanently	
8	Other – living with family permanently	
9	Other – supported accommodation	Where housing, support and sometimes care services are provided to enable independent living. Permanent solution, not a homelessness response.
10	Other – healthcare setting	eg mental health institution or hospital
11	Other – accommodation tied to job (including Armed Forces)	
12	Other – approved premises	Approved premises offer an enhanced level of public protection in the community and are used primarily for high and very high risk of serious harm individuals released on licence from custody (have been called bail or probation hostels in the past).
13	Other – authorised Gypsy and Traveller site	
14	No home of their own – living with friends as a short-term guest	Has own bed space

CJIT Business Definitions

Code	Reference data	Definition
15	No home of their own – living with family as a short-term guest	Has own bed space
16	No home of their own – sofa surfing (sleeps on different friends' floor or sofa each night)	Does not have a bed space
17	No home of their own – lives on the streets/rough sleeping	
18	No home of their own – squatting	
19	No home of their own – night/winter shelter	
20	No home of their own – bed and breakfast, or other hotel	
21	No home of their own – hostel	
22	No home of their own – supported accommodation	Where housing, support and sometimes care services are provided to enable independent living – specifically provided as a temporary solution to alleviate homelessness/enable move to more permanent situation
23	No home of their own – temporary housing	Other forms of temporary housing not already stated
24	No home of their own – unauthorised Gypsy and Traveller encampment	

Appendix C – Safeguarding questions’ 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 client has parental responsibility for one or more children under 18 and all the client’s children (who are under 18) reside with them the majority of the time.
12	Some of the children live with client	The client has parental responsibility for children under 18 and some of the client’s children (who are under 18) reside 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 client has parental responsibility for one or more children under 18 but none of the client’s children (under 18) reside with them, they all live in other locations the majority of the time.
15	Client declined to answer	Only use where client declines to answer.

If client has parental responsibility and/or children living with them, what help are the children receiving? (EHCS1/2/3)

If either parental responsibility is ‘yes’ or there are children under the age of 18 living in the same house as the client then this field should be completed. If more than one option applies, then complete EHCS2/ EHCS3 as appropriate.

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).
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.

CJIT Business Definitions

Code	Reference data	Definition
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 social care.
6	Other relevant child or family support service	Any other child or family support service not mentioned.
7	Not known	
99	Client declined to answer	Question was asked but client declined to answer.

Appendix D – Definition of structured treatment

If a client is to be referred for structured treatment the treatment should meet the definition below:

If one or more pharmacological interventions and/or one or more psychosocial interventions are selected then the treatment package is a structured treatment intervention, if the following definition of structured treatment also applies.

Structured treatment definition

Structured drug and alcohol treatment consists of a comprehensive package of concurrent or sequential specialist drug- and alcohol-focused interventions. It addresses multiple or more severe needs that would not be expected to respond, or have already not responded, to less intensive or non-specialist interventions alone.

Structured treatment requires a comprehensive assessment of need, and is delivered according to a recovery care plan, which is regularly reviewed with the client. The plan sets out clear goals which include change to substance use, and how other client needs will be addressed in 1 or more of the following domains: physical health; psychological health; social well-being; and, when appropriate, criminal involvement and offending. All interventions must be delivered by competent staff, within appropriate supervision and clinical governance structures.

Structured drug and alcohol treatment provides access to specialist medical assessment and intervention, and works jointly with mental and physical health services and safeguarding & family support services according to need.

In addition to pharmacological and psychosocial interventions that are provided alongside, or integrated within, the key working or case management function of structured treatment, service users should be provided with the following as appropriate:

5. harm reduction advice and information
6. BBV screening and immunisation
7. advocacy
8. appropriate access and referral to healthcare and health monitoring
9. crisis and risk management support
10. referral to homelessness and housing support
11. education
12. training and employment support
13. family support and mutual aid/peer support

Appendix E – Case closure reasons

Below are the current case closure reasons and their definitions.

Prior to caseload

Code	Data item name	Definition
73	No further intervention required	The client has been assessed by the CJIT worker and is judged not to need any further intervention with the team. This includes any brief advice given to the client or signposting/referrals made to other services at assessment. No care plan is required.
1	Did not want to engage	The client has indicated an unwillingness to engage with the CJIT in any alcohol or drug treatment, or the CJIT has been unable to successfully engage with the client.
2	Already case managed by structured treatment provider/ other CJIT/ offender management	On assessment, it is found the client is already being case managed by another structured treatment provider/ other CJIT/ offender management. It is determined further treatment would be unnecessary duplication.
99	Transferred – not in custody	The client has been transferred to a structured treatment provider for structured drug and/or alcohol treatment before a care plan was agreed at the CJIT. This code should only be used if there is an appropriate referral pathway for structured drug and/or alcohol treatment.
13	Transferred – in custody	The client has received a custodial sentence or is on remand before a care plan could be agreed regarding structured treatment for drugs or alcohol. Select the prison code of the secure establishment where the client has been transferred to.
14	Transferred to another CJIT area	The client has relocated to a different CJIT area before a care plan could be agreed regarding structured treatment for drugs or alcohol. Select the DAT Code of the CJIT where the client has been transferred to.
74	Transferred – recommissioning transfer	Client has been transferred to another CJIT service as a result of the current service being decommissioned.

From caseload

Code	Data item name	Definition
10	Care plan objectives completed – drug free	The client no longer requires drug (or alcohol) treatment interventions and is judged by the CJIT worker not to be using heroin (or any other opioid, prescribed or otherwise) or crack cocaine or any other illicit drug.
15	Care plan objectives completed – alcohol free	The client no longer requires alcohol treatment interventions and is judged by the CJIT worker to no longer be using alcohol in a harmful manner.
4	Care plan objectives completed – occasional user (not heroin and crack)	The client no longer requires drug or alcohol treatment interventions and is judged by the CJIT worker not to be using heroin (or any other opioid, prescribed or otherwise) or crack cocaine. There is evidence of use of other illicit drug use, but this is not judged to be problematic or to require treatment.
99	Transferred – not in custody	The client has finished treatment at the CJIT but still requires further 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 pathway for structured drug and/or alcohol treatment.
13	Transferred – in custody	The client has received a custodial sentence or is on remand and a continuation of treatment has been arranged. This will consist of the appropriate onward referral of care-planning information and a two-way communication between the CJIT and prison treatment provider to confirm assessment and that care-planned treatment will be provided as appropriate. Select the prison code of the secure establishment where the client has been transferred to.
14	Transferred to another CJIT area	The client has relocated to a different CJIT area and a continuation of treatment has been arranged. This will consist of the appropriate onward referral of care-planning information and a two-way communication between the 2 CJIT agencies to confirm that treatment will be provided as appropriate. Select the DAT Code of the CJIT where the client has been transferred to.
72	Transferred – recommissioning transfer	Client has been transferred to another CJIT service as a result of the current service being decommissioned.

Code	Data item name	Definition
7	Transferred to offender management team and no longer case managed by the CJIT	The client has been re-allocated to an offender manager to serve a community sentence and a continuation of treatment has been arranged. This will consist of the appropriate onward referral of care-planning information and a two-way communication between the CJIT agency and the offender manager to confirm assessment and that care-planned treatment will be provided as appropriate.
8	Incomplete – dropped out	The CJIT has lost contact with the client without a planned discharge and activities to re-engage the client back into treatment have not been successful. If a client has had no contact with the CJIT for 2 months, then for NDTMS purposes, it is assumed that the client has disengaged and a case closure date should be returned at this point using the date of the last face-to-face (or equivalent) contact with the client.
12	Incomplete – treatment withdrawn by provider	The CJIT has withdrawn treatment provision from the client. This item could be used, for example, in cases where the client has seriously breached a contract leading to their case closure. It should not be used if the client has simply ‘dropped out’.
11	Incomplete – retained in custody	The client is no longer in contact with the CJIT as they are in prison or another secure setting. While the CJIT has confirmed this, there has been no formal two-way communication between the CJIT and the prison substance misuse service and so continuation of care cannot be confirmed.
9	Incomplete – client died	During their time in contact with the CJIT the client has died.

Case closure of ‘transferred’

When a case closure reason of ‘transferred’ is selected, the expectation is that there should be two-way communication between the transferring CJIT and the receiving provider to ensure continuity of the client’s care.