

# Publication withdrawn

This guidance was withdrawn in April 2024.

For up-to-date information about the National Drug Treatment Monitoring System (NDTMS), see [core data set documentation on the NDTMS website](#).



Public Health  
England

Protecting and improving the nation's health

# National Drug Treatment Monitoring System (NDTMS)

## CJIT business definitions

Core data set P

# About Public Health England

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## Revision history

Version	Author	Purpose/reason
3.2	L Hughes	<p><b>Changes since V 3.1</b></p> <p>RELIGION – field description changed from ‘Religion or belief’ to ‘Religion’</p> <p>PRNTSTAT updated to state ‘the majority of the time’.</p> <p>CHILDWTH amended to state ‘at least one night a fortnight’.</p> <p>NALOXISS definition updated</p>
3.1	L Hughes	<p><b>CDS-P</b></p> <p><b>New headers:</b></p> <ul style="list-style-type: none"> <li>• UTLA - Upper tier local authority</li> <li>• VETERAN – Is the client a veteran of the British Armed Forces?</li> <li>• PARENT – Does the client have parental responsibility for a child aged under 18?</li> <li>• EHCSC2 &amp; EHCSC3 – added to enable providers to record up to 3 forms of help being received. Definition of EHCSC amended accordingly.</li> <li>• NALOXISS – client issued with naloxone at episode start</li> <li>• NALOXAD – client ever been administered with naloxone to reverse an overdose</li> </ul> <p><b>New reference data items:</b></p> <ul style="list-style-type: none"> <li>• CJDISRSN <ul style="list-style-type: none"> <li>○ Transferred – recommissioning transfer</li> </ul> </li> </ul> <p><b>Dropped headers:</b></p> <ul style="list-style-type: none"> <li>• IOMS - Is the client on an Integrated Offender Management (IOM) scheme?</li> <li>• MAPPA - Is the client is on a Multi-Agency Public Protection Arrangement (MAPPA)?</li> <li>• EXITDEST – Secure setting transferred to</li> <li>• REFAGNCY – Referred to agency</li> <li>• All TOP fields</li> </ul> <p><b>Dropped reference data items:</b></p> <ul style="list-style-type: none"> <li>• PRNTSTAT – 14 – not a parent as field only required if new field PARENT is ‘yes’</li> </ul>

Version	Author	Purpose/reason
		<p><b>Amendments:</b></p> <ul style="list-style-type: none"> <li>• NATION - field description 'Nationality' changed to 'Country of birth'</li> <li>• SEX - field description 'Client sex' changed to 'Client sex at registration of birth'</li> <li>• SEXUALO - field description 'Sexual orientation' changed to 'Client stated sexual orientation'</li> <li>• DISABLE2, DISABLE3, DRUG2 &amp; DRUG3 – guidance changed so that these fields can be left blank</li> <li>• PRNTSTAT – field description changed from 'Parental status' to 'If parental responsibility is 'yes', how many of these children live with the client?'</li> <li>• PRNTSTAT – definition amended so field only needs populating if new field PARENT is 'yes'</li> <li>• CHILDWTH – field description amended to be explicit that this relates to the <u>total</u> number of children living in the same house as the client.</li> <li>• EHCSC – field description changed to 'What help are the client's children/ children living with the client receiving?' and reference data item 5 changed from 'No' to 'None of the children are receiving any help'. Definition amended to cover how to complete EHCSC2 &amp; EHCSC3.</li> <li>• PREGNANT – now only required for female clients</li> <li>• CJDISRSN – 'Already case managed by treatment provider/ other CJIT/ offender management' changed to 'Already case managed by <b>structured</b> treatment provider/ other CJIT/ offender management'</li> <li>• CJDISRSN - 'Transferred not in custody' now also a 'prior to caseload' discharge reason</li> <li>• Field updatability incorporated into main table</li> </ul>

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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](http://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 2020 and is known as CJIT dataset P.

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, please 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, gender, 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](#)).

### 3. CJIT dataset fields

1. Client details			
Field description	CSV Header	Definition	Field updatability <sup>1</sup>
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.
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 sex at registration of birth	SEX	The client sex at registration of birth.	MUST be completed. If not, record rejected. Should not change (ie as at start of episode). If changed will create a validation mismatch.

<sup>1</sup> 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 <sup>1</sup>
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 nationality at 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.
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.

2. Episode details			
Field description	CSV Header	Definition	Field updatability
Software system and version used	CMSID	A mandatory, system identifier representing the clinical system and version used at the provider, for example, agencies using the data entry tool would have DET V2 populated in the field.	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 regional NDTMS teams and Public Health England in line with the NDTMS confidentiality toolkit.	Client must give consent before their information can be sent to NDTMS. May change (ie current situation).
Postcode	PC	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'). 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).	May change (ie current living situation).
DAT of residence	DAT	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. If a client states that they are of No Fixed Abode (denoted by having an accommodation need of NFA) then the partnership (DAT) of the CJIT should be used as a proxy. Note – although the accommodation need is the status at the start of the episode, the DAT of residence is the current situation. See <a href="#">NDTMS Geographic Information</a> document for a list of DAT codes.	MUST be completed. If not, data may be excluded from performance monitoring reports. May change (ie current living situation).

2. Episode details			
Field description	CSV Header	Definition	Field updatability
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).</p> <p>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 (denoted by having an accommodation need of NFA) then for a structured community provider the UTLA of the treatment provider should be used as a proxy and for residential treatment providers the UTLA of the referring partnership should be used as a proxy. Note – although the accommodation need is the status at the start of the episode, the UTLA is the current situation.</p> <p>See <b>NDTMS Geographic Information</b> 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>
Date of the event which prompted this contact	REFLD	<p>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.</p>	<p>MUST be completed. If not, data may be excluded from performance monitoring reports.</p> <p>Should not change. If changed will create a validation mismatch.</p>
What event prompted the contact?	CJRFLS	<p>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.</p>	<p>Should not change (ie as at start of episode).</p>

2. Episode details			
Field description	CSV Header	Definition	Field updatability
Contact/ assessment date	TRIAGED	This is the required assessment, initial contact with the service or triage date (eg the first face-to-face 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).
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 <a href="#">Appendix A</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 <a href="#">Appendix A</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 <a href="#">Appendix A</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).

2. Episode details			
Field description	CSV Header	Definition	Field updatability
Accommodation need	CJACCMNEED	The accommodation need refers to the housing need of the client in the 28 days prior to treatment start. <a href="#">Appendix B</a> describes the reference data for this item and the relevant definitions.	Should not change (ie as at start of episode).
British Armed Forces veteran	VETERAN	Is the client a veteran of the British Armed Forces? Veterans have a higher incidence of substance misuse (and mental health) 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. British armed forces include: Royal Navy, Royal Marines, British Army, Royal Air Force, Regular Reserve, Volunteer Reserves or Sponsored Reserves.	Should not change (ie as at start of episode).
Parental responsibility	PARENT	At treatment start, does the client 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 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.	Should not change (ie as at start of episode).
Do any of these children live with the client?	PRNTSTAT	If the client has parental responsibility (PARENT = yes), please 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. See <a href="#">Appendix C</a> for data items and definitions.	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, please record code '98' as the response if the client has declined to answer.	Should not change (ie as at start of episode).
What help are the client's children/ children living with the client receiving? (1)	EHCS	What help are the client's children/ children living with the client receiving? This question only applies to the client's children aged under 18 (regardless of whether this child lives with the client or not) and to children aged under 18 living with the client (regardless of whether this is the child of the client or not). If more than one option applies then please complete EHCS2 and EHCS3 as appropriate. If none of the children are receiving any help record 'None of the children are receiving any help' and leave EHCS2 and EHCS3 blank. If client declines to answer record 'client declined to answer' and leave EHCS2 and EHCS3 blank. See <a href="#">Appendix C</a> for data items and definitions.	Should not change (ie as at start of episode).
What help are the client's children/ children living with the client receiving? (2)	EHCS2	What further help are the client's children/ children living with the client receiving? This question only applies to the client's children aged under 18 (regardless of whether this child lives with the client or not) and to children aged under 18 living with the client (regardless of whether this is the child of the client or not). If more than 2 options apply then please complete EHCS3 as appropriate. If client declines to answer or if no help is being received then this field should be left blank. See <a href="#">Appendix C</a> for data items and definitions.	Should not change (ie as at start of episode).

2. Episode details			
Field description	CSV Header	Definition	Field updatability
What help are the client's children/ children living with the client receiving? (3)	EHCS3	What further help are the client's children/ children living with the client receiving? This question only applies to the client's children aged under 18 (regardless of whether this child lives with the client or not) and to children aged under 18 living with the client (regardless of whether this is the child of the client or not). If client declines to answer or if no help is being received then this field should be left blank. See <a href="#">Appendix C</a> for data items and definitions.	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).
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).

2. Episode details			
Field description	CSV Header	Definition	Field updatability
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).
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 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 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 represent to the CJIT at a later date, the expectation is that the client should be reassessed 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.

2. Episode details			
Field description	CSV Header	Definition	Field updatability
Case closure reason	CJDISRSN	The reason why the client has left the caseload or has not been taken onto the caseload. See <a href="#">Appendix E</a> for definitions of case closure reasons.	Closure reason required when client's case is closed. Case closure date <b>MUST</b> be given. Should only change from 'null' to populated as episode progresses.

3. Treatment intervention details			
Field description	CSV Header	Definition	Field updatability
Sub intervention ID	SUBMID	A mandatory, unique technical identifier representing the intervention assessment, 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.	<b>MUST be completed. If not, record rejected. This is populated by your software system.</b> Should not change.
Recovery support assessment date	SUBMODDT	The date that the intervention review was completed.	<b>MUST be completed each time an intervention review is completed.</b> Should not change. If changed will create a validation mismatch.

3. Treatment intervention details			
Field description	CSV Header	Definition	Field updatability
Client provided with peer support involvement	RECPEER	<p>Has the client been provided with peer support involvement?</p> <p>A supportive relationship where an individual who has direct or indirect experience of drug or alcohol problems may be specifically recruited on a paid or voluntary basis to provide support and guidance to peers. Peer support can also include less formal supportive arrangements where shared experience is the basis but generic support is the outcome (eg as a part of a social group). This may include mental health focused peer support where a service user has co-existing mental health problems.</p> <p>Where support programmes are available, staff peer should provide information on access to service users, and support access where service users express an interest in using this type of support.</p>	Should not change (ie as at recovery support assessment date).
Client provided with facilitated access to mutual aid	RECMAID	<p>Has the client been provided with facilitated access to mutual aid?</p> <p>Staff provide a service user with information about mutual aid groups <b>and</b> facilitate their initial contact by, for example, making arrangements for them to meet a group member, arranging transport and/or accompaniment to the first session and dealing with any subsequent concerns (see <b>Facilitating Access to Mutual Aid</b>). These groups may be based on 12-step principles (such as Alcoholics Anonymous, Narcotics Anonymous and Cocaine Anonymous) or another approach (such as SMART Recovery). It is not sufficient to simply provide a client with a leaflet.</p>	Should not change (ie as at recovery support assessment date).
Client provided with family support	RECFMSP	<p>Has the client been provided with family support?</p> <p>Staff have assessed the family support needs of the individual/family as part of a comprehensive assessment, or ongoing review of their treatment package. Agreed actions can include arranging family support for the family in their own right or family support that includes the individual in treatment.</p>	Should not change (ie as at recovery support assessment date).

3. Treatment intervention details			
Field description	CSV Header	Definition	Field updatability
Client provided with parenting support	RECPRT	<p>Has the client been provided with parenting support?</p> <p>Staff have assessed the family support needs of the individual as part of a comprehensive assessment, or ongoing review of their treatment package. Agreed actions can include a referral to an in-house parenting support worker where available, or to a local service which delivers parenting support.</p>	Should not change (ie as at recovery support assessment date).
Client provided with housing support	RECHSE	<p>Has the client been provided with housing support?</p> <p>Staff have assessed the housing needs of the individual as part of the comprehensive assessment, or ongoing recovery care-planning process, and has agreed goals that include specific housing support actions by the treatment service, and/or active referral to a housing agency for specialist housing support.</p> <p>Housing support covers a range of activities that either allows the individual to maintain their accommodation or to address an urgent housing need.</p>	Should not change (ie as at recovery support assessment date).
Client provided with employment support	RECEMP	<p>Has the client been provided with employment support?</p> <p>Staff have assessed the employment needs of the individual as part of the comprehensive assessment, or ongoing recovery care-planning process, and agreed goals that include specific specialised employment support actions by the treatment service, and/or active referral to an agency for specialist employment support.</p> <p>Where the individual is already a claimant with Jobcentre Plus or the Work Programme, the referral can include a three-way meeting with the relevant advisor to discuss education/employment/training (ETE) needs. The referral can also be made directly to an ETE provider.</p>	Should not change (ie as at recovery support assessment date).

3. Treatment intervention details			
Field description	CSV Header	Definition	Field updatability
Client provided with education and training support	RECEDUT	<p>Has the client been provided with education and training support? Staff have assessed the education and training related needs of the individual as part of the comprehensive assessment, or ongoing recovery care-planning process and agreed goals that include specific specialised education and training support actions by the treatment service, and/or active referral to an agency for specialist education and training support.</p> <p>Where the individual is already a claimant with Jobcentre Plus or the Work Programme, the referral can include a three-way meeting with the relevant advisor to discuss ETE needs. The referral can also be made directly to an ETE provider.</p>	Should not change (ie as at recovery support assessment date).
Client provided with supported work projects	RECWPRJ	<p>Has the client been provided with supported work projects? Staff have assessed the employment related needs of the individual as part of the comprehensive assessment, or on-going recovery care-planning process and agreed goals that include the referral to a service providing paid employment positions. Where the employee receives significant on-going support to attend and perform duties.</p>	Should not change (ie as at recovery support assessment date).
Client provided with recovery check ups	RECCHKP	<p>Has the client been provided with recovery check-ups? Following successful completion of formal substance misuse treatment there is an agreement for periodic contact between a treatment provider and the former participant in the structured treatment phase of support.</p> <p>The periodic contact is initiated by the service, and comprises a structured check-up on recovery progress and maintenance, checks for signs of lapses, sign posting to any appropriate further recovery services, and in the case of relapse (or marked risk of relapse) facilitates a prompt return to treatment services.</p>	Should not change (ie as at recovery support assessment date).

3. Treatment intervention details			
Field description	CSV Header	Definition	Field updatability
Client provided with evidence-based psychosocial interventions to support relapse prevention	RECRLPP	<p>Has the client been provided with structured evidence-based psychosocial interventions to support relapse prevention?</p> <p>Evidence based psychosocial interventions that support ongoing relapse prevention and recovery, delivered following successful completion of structured substance misuse treatment.</p> <p>These are interventions with a specific substance misuse focus and delivered within substance misuse services.</p>	Should not change (ie as at recovery support assessment date).
Client provided with complementary therapies	RECCMPT	<p>Has the client been provided with complementary therapies?</p> <p>Complementary therapies aimed at promoting and maintaining change to substance use, for example, through the use of therapies such as acupuncture and reflexology that are provided in the context of substance misuse specific recovery support.</p>	Should not change (ie as at recovery support assessment date).
Client provided with evidence based mental health focused psychosocial interventions to support continued recovery	RECGNH	<p>Has the client been provided with mental health interventions?</p> <p>Evidence-based psychosocial interventions for common mental health problems that support continued recovery by focusing on improving psychological well-being that might otherwise increase the likelihood of relapse to substance use.</p> <p>These are delivered following successful completion of structured substance misuse treatment, and may be delivered by services outside the substance misuse treatment system, following an identification of need for further psychological treatment and a referral by substance misuse services.</p>	Should not change (ie as at recovery support assessment date).

3. Treatment intervention details			
Field description	CSV Header	Definition	Field updatability
Client provided with smoking cessation interventions	RECSMOC	<p>Has the client been provided with smoking cessation interventions? Specific stop-smoking support has been provided by the treatment service, and/or the individual has 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.</p>	Should not change (ie as at recovery support assessment date).
Has there been facilitation to domestic abuse/violence support?	RECDOMV	<p>Has the client been provided with facilitation to domestic abuse/violence support?                      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. Perpetrators of domestic abuse/violence may attend a perpetrator programme.</p>	Should not change (ie as at recovery support assessment date).

4. 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.	<b>MUST be completed. If not, record rejected. This is populated by your software system.</b> 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 <b>Appendix D</b> .	<b>MUST be completed for each referral to structured treatment.</b> 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 need hearing aids, or need 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 – Accommodation need guidance for CJITs

The accommodation need for CJIT clients has been defined with high-level reference data. The following provides guidance as to the sub-categories that make up the high-level view.

Code	Text	Comments
1	NFA - urgent housing problem	Lives on streets/rough sleeper Uses night shelter (night-by-night basis)/emergency hostels Sofa surfing/sleeps on different friend's floor each night
2	Housing problem	Staying with friends/family as a short term guest Night winter shelter Direct Access short stay hostel Short term B&B or other hotel Placed in temporary accommodation by local authority Squatting
3	No housing problem	Owner occupier Tenant – private landlord/housing association/local authority/registered landlord/arm's length management Approved premises Supported housing/hostel Traveller Own property Settled mainstream housing with friends/family Shared ownership scheme

## 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 is a parent of 1 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 is a parent of 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 is a parent of 1 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.

What help are the client's children/ children living with the client receiving?  
(EHSC1/2/3)

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 please complete EHSC2/ EHSC3 as appropriate.

Code	Reference data	Definition
1	Early Help	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 Govt.)
2	Child in Need	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	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

Code	Reference data	Definition
4	Looked after Child	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.
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:

- harm reduction advice and information
- BBV screening and immunisation
- advocacy
- appropriate access and referral to healthcare and health monitoring
- crisis and risk management support
- referral to homelessness and housing support
- education
- training and employment support
- 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**

<b>Code</b>	<b>Data item name</b>	<b>Definition</b>
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 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.