



Public Health  
England

Protecting and improving the nation's health

# **National Drug Treatment Monitoring System (NDTMS)**

## **Young people's treatment business definitions**

### **Core dataset N**

# About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health, and are a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.

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## Revision history

Version	Author	Purpose/reason
12.01	NAIhaddad	<p><b>CDS N – new fields &amp; removed items for NDTMS Young People's dataset</b></p> <p>New episode headers:</p> <ul style="list-style-type: none"> <li>• EHCSC</li> <li>• MHTN</li> <li>• CRTMHN</li> </ul> <p>New YPOR headers:</p> <ul style="list-style-type: none"> <li>• UNSTHSE</li> <li>• YPIVDRGU</li> </ul> <p>New CIR headers:</p> <ul style="list-style-type: none"> <li>• CIRDT</li> <li>• CIRID</li> <li>• CIRPREGNANT</li> <li>• CIRPRTST</li> <li>• CIRCLDWT</li> <li>• CIREHCSC</li> <li>• CIRMHTN</li> <li>• CIRCRTMHN</li> <li>• CIRHEPBSTAT</li> <li>• CIRHEPCSTAT</li> </ul> <p>New reference data items:</p> <ul style="list-style-type: none"> <li>• RFLS – <ol style="list-style-type: none"> <li>1. self-health professional</li> <li>2. PRU</li> </ol> </li> <li>• HEPBSTAT – <ol style="list-style-type: none"> <li>1. offered and accepted but refused at a later date</li> <li>2. deferred due to clinical reasons</li> </ol> </li> <li>• HEPCSTAT – <ol style="list-style-type: none"> <li>1. offered and accepted but refused at a later date</li> <li>2. deferred due to clinical reasons</li> </ol> </li> </ul> <p>Dropped headers:</p> <ul style="list-style-type: none"> <li>• PCT</li> <li>• GPPTCE</li> <li>• YPIMHP</li> </ul>

Version	Author	Purpose/reason
		<ul style="list-style-type: none"><li>• REFHEPGY</li><li>• INJECT</li><li>• SHARE</li><li>• PREVHEPB</li><li>• HEPCPOS</li><li>• AACLWY</li></ul> <p>Reference data has been reformatted and community, secure setting and outcomes separated into 3 sections</p> <p>'Adult Alcohol' and 'Adult Drug' business definitions have been merged.</p> <p>Technical definitions rules have been updated and re-numbered</p>

Revision history prior to CDS-N can be found in the Revision History Pre CDS-N document available on [www.nta.nhs.uk/core-data-set.aspx](http://www.nta.nhs.uk/core-data-set.aspx).

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# 1. Introduction

The National Drug Treatment Monitoring System (NDTMS) data helps drug 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.

This document defines the items to be collected and utilised by the NDTMS.

This document contains definitions that are primarily applicable to use with drug and alcohol clients aged under 18 in community treatment. Information and definitions relating to data collection from adult drug and alcohol clients and secure settings can be found at [www.nta.nhs.uk/core-data-set.aspx](http://www.nta.nhs.uk/core-data-set.aspx)

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 NDTMS dataset and reporting requirements.

Please read this document in conjunction with the following documents, all of which are available on [www.nta.nhs.uk/core-data-set.aspx](http://www.nta.nhs.uk/core-data-set.aspx):

- **NDTMS CSV File Format Specification** – defines the format of the CSV file used as the primary means of inputting the core dataset into NDTMS
- **NDTMS technical definition** – provides the full list of fields that are required in the CSV file and the verification rules for each item.
- **NDTMS geographic information** – provides the locality information eg DAT of residence, Local Authority etc.
- **NDTMS reference data** – provides permissible values for each data item
- **Guidance for young people's treatment providers** – specific guidance for young person's treatment providers
- **YP frequently asked questions**

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

The current version (commonly referred to as the NDTMS dataset N) for national data collection will come into effect on 1st April 2017.

## 2. Purpose of NDTMS

The data items contained in the NDTMS dataset are intended to provide measurements that support the outcome and recovery focus of the government's drug strategy which states: 'The aim of specialist substance misuse interventions is to stop young people's drug and alcohol use from escalating, to reduce harm to themselves or others and to prevent them becoming drug or alcohol-dependent adults. Specialist substance misuse interventions should be delivered according to a young person's age, their levels of vulnerability and the severity of their substance misuse problem, and should help young people become drug and alcohol-free.' See Ref [13].

### 3. Which substance misuse service provision should be reported to NDTMS?

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

1. Treatment providers should have a service level agreement for providing specialist substance misuse treatment to young people under the age of 18 and their families (see Appendix A for definition of specialist substance misuse treatment).
2. Treatment providers will have been established as part of the young person's substance misuse treatment needs assessment and treatment planning and commissioning process to provide specialist substance misuse treatment interventions to young people under the age of 18.
3. Treatment providers should be delivering specialist treatment interventions for young people – see Appendix K.

#### Non-treatment substance misuse services

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

Any treatment providers providing universal, targeted and/or early intervention services for substance misuse should ensure they report only substance misuse activity for young people receiving specialist treatment (that is, one of the three structured treatment interventions) to NDTMS.



## 4. Data entities

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

1. **Client details** – details pertaining to the client including initials, date of birth, gender, ethnicity and nationality.
2. **Episode details** – details pertaining to the current episode of treatment including information gained at triage such as geographic information, protected characteristics information, problem substance/s, parent and child status, BBV, etc. Some of these fields should be updated in the CIR section as they change. A treatment episode includes time spent in treatment at one provider, where they record one triage date and one discharge date but can (and in most circumstances will) include multiple treatment interventions. Multiple treatment episodes make up a treatment journey.
3. **Treatment intervention details** – details regarding which high level intervention/s the client has received and the relevant dates.
4. **Sub Intervention Review (SIR)** – details regarding which sub modalities the client has received since treatment start or since the last SIR. SIRs should be completed at least every 6 months (but can be completed more frequently if this would be of use locally) and at discharge from treatment. They should be completed retrospectively and can be completed by the keyworker/admin without the client present.
5. **Outcomes profile** – the Young People's Outcomes Record (YPOR) should be completed at treatment start and at discharge (or more frequently if deemed of use locally). These should be completed by the keyworker with the client to review their substance use behaviour and health and social functioning in the last 28 days.
6. **Client Information Review (CIR)** – the CIR contains updateable information for some of the episode level questions, including parental status and children information, BBV information and mental health. As this information changes it should not be updated in the episode but a CIR should be completed with all relevant fields updated as and when required.

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 section 7).

NDTMS is a consented to dataset meaning that all clients should give explicit consent for their information to be shared with NDTMS. For further details please refer to NDTMS Confidentiality Toolkit: <http://www.nta.nhs.uk/uploads/ndtmsconfidentialitytoolkitv6.3.pdf>

## 5. Young People's Outcomes Record (YPOR)

The YPOR has been developed to assess changes to drug and alcohol use and wellbeing over the period of engagement with specialist services.

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

Providers should not complete the TOP with young people. For further details, young people's specialist substance misuse treatment providers should refer to the YPOR Guidance document <http://www.nta.nhs.uk/uploads/ypor-guidanceforkeyworkers-final.pdf>.

## 6. NDTMS dataset fields

1. Client details		
Field description	CSV Header	Definition
Initial of client's first name	FINITIAL	The first initial of the client's first name – for example Max would be 'M'.
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'.
Client birth date	DOB	The day, month and year that the client was born.
Client sex	SEX	The client sex at registration of birth.
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.
Nationality	NATION	Country of nationality at registration of birth.

2. Episode details		
Field description	CSV Header	Definition
Agency code	AGNCY	A unique identifier for the treatment provider that is defined by the regional NDTMS team – for example L0001.
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 V7.0 populated in the field.
Consent for NDTMS	CONSENT	Whether the client has agreed for their data to be shared with PHE. Informed consent must be sought from all clients and this field needs to be completed for all records triaged after 1 April 2006. It does not need to be completed for clients triaged before this date (it is assumed that all records previously returned have been consented for).

2. Episode details		
Field description	CSV Header	Definition
DAT of residence	DAT	<p>The Drug Action Team (or partnership area) in which the client normally resides (as defined by the postcode of their normal residence).</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 partnership (DAT) of the treatment provider should be used as a proxy; and for residential treatment providers the DAT of the referring partnership should be used as a proxy.</p> <p>Note – although the accommodation need 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  <a href="http://www.nta.nhs.uk/uploads/ndtms_geographic_information_v10.pdf">http://www.nta.nhs.uk/uploads/ndtms_geographic_information_v10.pdf</a></p>
Local Authority	LA	<p>The local authority in which the client currently resides (as defined by the postcode of their normal residence).</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 local authority of the treatment provider should be used as a proxy; and for residential treatment providers the local authority of the referring partnership should be used as a proxy.</p> <p>Note – although the accommodation need is the status at the start of the episode, the local authority is the current situation.</p> <p>See NDTMS Geographic Information document for a list of LA codes  <a href="http://www.nta.nhs.uk/uploads/ndtms_geographic_information_v10.pdf">http://www.nta.nhs.uk/uploads/ndtms_geographic_information_v10.pdf</a></p>
Postcode	PC	<p>The postcode of the client's place of residence. Depending upon regional preference regarding client confidentiality, this postcode may or may not be truncated, by removing the final two characters of the postcode (ie 'NR14 7UJ' would be truncated to 'NR14 7').</p> <p>If a client states that they are of No Fixed Abode (denoted by having an accommodation need of NFA) the postcode should be left blank.</p>
Client ID	CLIENTID	<p>A mandatory, 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.</p>
Client reference	CLIENT	<p>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).</p>

2. Episode details		
Field description	CSV Header	Definition
Episode ID	EPISODID	A mandatory, 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.
Referral date	REFLD	The date that the client was referred to the service for this episode of treatment – for example it would be the date a referral letter was received, the date a referral phone call or fax was received or the date the client self-referred. For how this date is used in waiting times calculations please see Appendix B.
Referral source	RFLS	The source or method by which a client was referred for this treatment episode. A valid referral source code should be used as defined in the NDTMS YP data set. See Appendix C for list of YP referral sources and their definitions.
Triage date	TRIAGED	The date that the client made a first face-to-face presentation to this treatment provider. This could be the date of triage/initial assessment though this may not always be the case.  If the client is in non-structured treatment and during this time it is established that there is a requirement for structured treatment, the non-structured episode should be closed and a new structured episode should be opened in which the triage date should reflect the date that they are starting their structured treatment, this will ensure that waiting times for structured treatment can be accurately calculated.
Previously treated	PREVTR	Has the client ever received structured drug or alcohol treatment at this or any other treatment provider?
Accommodation need	ACCMNEED	The accommodation need refers to the housing need of the client in the 28 days prior to treatment start. Services reporting the NDTMS YP data set must use YP specific accommodation codes. Appendix D describes the reference data for this item and the relevant definitions for YP services.
Pregnant	PREGNANT	Is the client pregnant? All sexually active young women who are under the age of 16 years should also be asked about pregnancy.
Parental status	PRNTSTAT	The parental status of the client – whether or not the client is a 'parent' and whether none of, some of or all of the children they are responsible for live with the client. Young people who are under the age of 18 years can also have parental responsibility and should be asked about parental status.  A child is a person who is under 18 years old. See Appendix E for data items and definitions.

2. Episode details		
Field description	CSV Header	Definition
Children living with client	CHILDWTH	The number of children under 18 that live in the same household as the client at least one night a week. 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.
Children receiving early help or in contact with children's social care	EHCS	<p>Are the client's children/ any children living with the client receiving early help or are they in contact with children's social care?</p> <p>This question applies to children of the client in treatment (regardless of whether this child lives with the client or not) and to children living with the client (regardless of whether this is the child of the client or not).</p> <p>If more than one option applies, then please select the one that is considered to be the priority from the perspective of the treatment service/keyworker.</p> <p>See Appendix E for data items and definitions.</p>
YP care status at treatment start	YPLCS	The care status of the young person. The term 'looked after children' is defined in law under the Children Act 1989. See Ref [6]. A child is looked after by a local authority if he or she is in their care or is provided with accommodation for more than 24 hours by the authority. For further details about the definitions of looked after child and child in need, please see Appendix E.
YP involved in sexual exploitation at treatment start	YPSSEXEX	<p>Is the young person being sexually exploited?</p> <p>Young people may be reluctant to disclose that they are being sexually exploited when they start treatment. In order to get a true reflection, this item should be updated if sexual exploitation is disclosed during treatment. If the young person disclosed being sexually exploited at the start of the episode, this should not be updated even if they report that they no longer are.</p> <p>See Appendix F for further information.</p>
YP has lead professional at treatment start	YPSLEAD	Does the young person have a lead professional? "The lead professional is a key element of integrated support. They take the lead to coordinate provision and act as a single point of contact for a child and their family when a range of services are involved and an integrated response is required". See Ref [1].
YP involved in self-harm at treatment start	YPSLFHM	Is the young person involved in self-harm? See Appendix F for further information.

2. Episode details		
Field description	CSV Header	Definition
Has YP been involved in antisocial behaviour or committed a criminal act on more than one occasion in the past six months?	YPABACF	Has the young person been involved in antisocial behaviour or committed a criminal act on more than one occasion in the past six months. This is about any offending behaviour the client discloses, not convictions.
YP education status, employment/ training status at treatment start	YPSESTAT	What is the education status of the client at the start of the treatment episode? See Appendix G for further information.
YP registered with GP at treatment start	YPSGP	Is the young person registered with a General Practitioner?
YP has CAF at treatment start	YPSCAF	Has the young person been assessed using the Common Assessment Framework?
YP engaged in unsafe sex at treatment start	YPSUSS	Is the client involved in unsafe sex? See Appendix F for further information.
YP has been offered a screen for sexually transmitted infections	YPESTI	Has the young person been offered a screen for sexually transmitted infections? See Appendix H for further information.

2. Episode details		
Field description	CSV Header	Definition
YP been offered a screen for chlamydia	YPSCCH	Has the young person been offered a screen specifically for Chlamydia? See Appendix H for further information.
YP subject to a child protection plan at treatment start	YPCPL	Is the young person subject to a child protection plan? See Appendix E for further information.
YP affected by substance misuse in their close family/members of their household at treatment start?	YPASMF	Does the young person feel affected by substance misuse in their close family/ members of their household?
YP been affected by domestic abuse at treatment start	YPEBABDA	Has the young person ever been affected by domestic abuse. See Appendix F for further information.
Problem substance number 1	DRUG1	The substance that brought the client into treatment 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. 'Poly drug' should no longer be used in this field; instead the specific substances should be recorded in each of the problem substance fields. Alcohol can be reported to NDTMS as a problem substance, with or without another problem substance.
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.



2. Episode details		
Field description	CSV Header	Definition
Problem substance number 2	DRUG2	An additional substance that brought the client into treatment at the point of triage/initial assessment, even if they are no longer actively using this substance. 'Poly drug' should no longer be used in this field; instead the specific substances should be recorded in each of the problem substance fields. If no additional substance 'no second drug' should be recorded.
Problem substance number 3	DRUG3	An additional substance that brought the client into treatment at the point of triage / initial assessment, even if they are no longer actively using this substance. 'Poly drug' should no longer be used in this field; instead the specific substances should be recorded in each of the problem substance fields. If no additional substance 'no third drug' should be recorded.
Care plan started date	CPLANDT	Date that a care plan was created and agreed with the client for this treatment episode.
Hep B intervention status	HEPBSTAT	<p>Within the current treatment episode, whether the client was offered a vaccination for hepatitis B, and if that offer was accepted by the client.</p> <p>For further information on recording BBV details please see Appendix H and the 'Recording NDTMS data about BBV interventions' document: <a href="http://www.nta.nhs.uk/uploads/recording-ndtms-data-about-blood-borne-virus-interventions-v2.pdf">http://www.nta.nhs.uk/uploads/recording-ndtms-data-about-blood-borne-virus-interventions-v2.pdf</a></p>
Hep C intervention status	HEPCSTAT	<p>Within the current treatment episode, whether the client was offered a test for hepatitis C, and if that offer was accepted by the client.</p> <p>For further information on recording BBV details please see Appendix H and the 'Recording NDTMS data about BBV interventions' document: <a href="http://www.nta.nhs.uk/uploads/recording-ndtms-data-about-blood-borne-virus-interventions-v2.pdf">http://www.nta.nhs.uk/uploads/recording-ndtms-data-about-blood-borne-virus-interventions-v2.pdf</a></p>
Drug treatment health care assessment date	HLCASST	The date that the initial health care assessment was completed in accordance to defined local protocols. The full scope and depth of the assessment will vary according to the presenting needs of the client, but should include an initial assessment of the client's physical health and mental health needs. Any arising needs should form part of the care plan and would be directly responded to by the treatment provider itself or, where health needs are more specialised (eg dental care, sexual health) a formal referral is made to an appropriately qualified professional and followed up and reviewed by the drug or alcohol worker as part of the on-going delivery of the care plan.

2. Episode details		
Field description	CSV Header	Definition
Mental health treatment need	MHTHN	<p>Does the client have a mental health treatment need? Mental health treatment need includes:</p> <ul style="list-style-type: none"> <li>• common mental illness (eg anxiety, depression) either current diagnosis or currently experiencing symptoms consistent with, (where the symptoms are not considered to simply due to acute psychoactive effects of substances consumed or due to current withdrawals)</li> <li>• serious mental illness (eg psychosis, schizophrenia, personality disorder) – either current diagnosis, or currently experiencing symptoms</li> <li>• mental health crisis (person is currently suicidal or indicating a risk of harm to self or others, history of self-harm/suicide attempts/harm to others)</li> </ul>
Receiving treatment for mental health need	CRTMHN	<p>Is the client receiving treatment for their mental health need? This could include pharmacological and/ or talking therapies/ psychosocial support. See Appendix I for further information. If more than one treatment option applies, then please select the one that is considered to be the priority from the perspective of the treatment service/keyworker.</p>
YP met goals agreed on care plan at discharge	YPECAREP	<p>At the point of discharge, has the young person met their goals as laid out in their care plan? This refers to a young person who has met the main goals of their care plan, irrespective of the treatment outcome at treatment exit. See Ref [4].</p>
YP offered continuing support from non-substance misuse services at discharge	YPCSNSM	<p>Is the young person offered support from other services on exit to address non-specialist and/or non-substance misuse need?</p>

2. Episode details		
Field description	CSV Header	Definition
Discharge date	DISD	The date that the client was discharged ending the current structured treatment episode. If a client has had a planned discharge then the date agreed within this plan should be used. If a client's discharge was unplanned then the date of last face-to-face contact with the treatment provider should be used. If a client has had no contact with the treatment provider for two months then for NDTMS purposes it is assumed that the client has exited treatment and a discharge 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 with treatment may occur. Note: this process should be used for clients triaged after 1 April 2006 and records should not be amended retrospectively. If a client is discharged from treatment and then represents for further treatment at a later date the expectation is that the client should be reassessed and a new episode created with a new triage date. If this proves burdensome, we can accept the re-opening of the client's previous episode (by removing discharge date and discharge reason) <u>as long as the gap between discharge from the old episode and representation is less than 21 calendar days</u> . In this scenario the previous modalities should remain closed and new modalities should be opened.
Discharge reason	DISRSN	The reason why the client's episode of structured treatment was ended. For discharge reason definitions see Appendix J.

3. Treatment intervention details		
Field description	CSV Header	Definition
Treatment intervention	MODAL	The treatment intervention a client has been referred for/commenced within this treatment episode as defined in Appendix K of this document. Those services reporting the NDTMS young people's dataset must use young people's specific treatment intervention codes. A client may have more than one treatment intervention running sequentially or concurrently within an episode and may have more than one of the same type running concurrently as long as the setting in each are different.
Intervention ID	MODID	A mandatory, technical identifier representing the intervention, as held on the clinical system used at the treatment provider. (Note: 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 intervention in the modality table.

### 3. Treatment intervention details

Field description	CSV Header	Definition
Intervention setting	MODSET	Each provider has their own default setting. If a client is being treated in a setting other than their default then this field should be populated. This could include where treatment is being delivered by a provider that does not normally report to NDTMS. If this field is left blank the default setting will be assumed. See Appendix L for definitions of the different settings.
Date referred to intervention	REFMODDT	The date that it was mutually agreed that the client required this intervention of treatment. For the first intervention in an episode, this should be the date that the client was referred into the treatment system requiring a structured intervention. For subsequent interventions, it should be the date that both the client and the keyworker agreed that the client is ready for this intervention. For how this date is used in waiting times calculations please see Appendix B.
Date of first appointment offered for intervention	FAOMODDT	The date of the first appointment offered to commence this intervention. This should be mutually agreed to be appropriate for the client.
Intervention start date	MODST	The date that the stated treatment intervention commenced, ie the client attended for the appointment.
Intervention end date	MODEND	The date that the stated treatment intervention ended. If the intervention has had a planned end then the date agreed within the plan should be used. If it was unplanned then the date of last face to face contact date within the intervention should be used.
Intervention exit status	MODEXIT	Whether the exit from the treatment intervention was planned (mutually agreed), unplanned (client dropped out) or withdrawn (service withdrawn by provider).

### 4. Sub intervention review (SIR) details

Field description	CSV Header	Definition
Sub intervention assessment date	SUBMODDT	The date that the sub intervention review was completed.
Sub intervention ID	SUBMID	A mandatory, technical identifier representing the sub intervention, 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.
Sub interventions received	Various headers	The sub interventions that have been received since the previous review was completed. If it is the first review then it will be the sub interventions since the client commenced their latest treatment episode. Sub interventions should be submitted at a minimum of every six months while a client remains in one or more of the three high-level intervention types (YP psychosocial, YP pharmacological or YP multi agency working). When a client finishes structured treatment a sub-intervention review should be completed to cover the period since the start of treatment or last review (whichever is the latter). Services reporting the NDTMS YP dataset should use the YP specific sub interventions. See Appendix K for the sub intervention definitions.

### 5. Young people's outcomes record (YPOR)

Field description	CSV Header	Definition
Outcomes record (YPOR) date	TOPDATE	Date of most recent outcomes review. In each review all outcomes data should reflect the 28 days prior to this date. See Appendix M for outcomes process maps.
YPOR ID	TOPID	A mandatory, technical identifier representing the YPOR, 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 YPOR in the YPOR table.
Treatment stage	TRSTAGE	Stage of treatment that the YPOR data relates to eg start, review, exit, post-exit.
Alcohol use	ALCUSE	Number of days in previous 28 days that client has used alcohol.
Consumption (alcohol)	CONSMP	If used in the previous 28 days, number of units of alcohol consumed on a typical using day
Opiate use	OPIUSE	Number of days in previous 28 days that client has used opiates.
Crack use	CRAUSE	Number of days in previous 28 days that client has used crack.
Cocaine use	COCAUSE	Number of days in previous 28 days that client has used powder cocaine.
Amphetamine use	AMPHUSE	Number of days in previous 28 days that client has used amphetamines.
Cannabis use	CANNUSE	Number of days in previous 28 days that client has used cannabis.
Cannabis average use per day	CAUSPD	If used in the previous 28 days, number of grams of cannabis used on a typical using day

<b>5. Young people's outcomes record (YPOR)</b>		
<b>Field description</b>	<b>CSV Header</b>	<b>Definition</b>
Other substance use	OTRDRGUSE	Number of days in previous 28 days that client has used another problem drug.
Other substance use 2	OTHR2YP	Number of days in previous 28 days that YP has used other problem drug (2).
Other substance use 3	OTHR3YP	Number of days in previous 28 days that YP has used other problem drug (3).
Unsuitable housing	UNSTHSE	Has the client been in unsuitable housing in the previous 28 days? Unsuitable housing includes where accommodation may be overcrowded, damp, inadequately heated, in poor condition or in a poor state of repair. Unsuitable housing is likely to have a negative impact on health and wellbeing and / or on the likelihood of achieving recovery.
Tobacco/nicotine	TOANIC	Number of days in previous 28 days that the client smoked tobacco, in whatever form (ready-made cigarettes, hand-rolled cigarettes, cannabis joints with tobacco, cigars, pipe tobacco, shisha/ water pipes, etc), but not including nicotine replacement therapy and e-cigarettes.
Ecstasy	ECSTSYYP	Number of days in previous 28 days that client has used ecstasy.
Solvents	SOLVYP	Number of days in previous 28 days that client has used solvents.
Ketamine	KETAMNYP	Number of days in previous 28 days that client has used ketamine.
GHB	GHBYP	Number of days in previous 28 days that client has used GHB.
Legal highs (NPS)	LEHIGSYP	Number of days in previous 28 days that client has used legal highs (NPS).
Tranquilisers (including benzodiazepines)	TRANYP	Number of days in previous 28 days that client has used tranquilisers (including benzodiazepines).
Age substance first used: cannabis	AFUCAN	What age did the client first ever use cannabis?
Age substance first used: alcohol	AFUALC	What age did the client first ever use alcohol?

### 5. Young people's outcomes record (YPOR)

Field description	CSV Header	Definition
Age substance first used: tobacco/nicotine	AFUTOBN	What age did the client first ever use tobacco/ nicotine? Includes ready-made cigarettes, hand-rolled cigarettes, cannabis joints with tobacco, cigars, pipe tobacco, shisha/ water pipes, etc but not including nicotine replacement therapy and e-cigarettes.
Age substance first used: opiates (illicit)	AFUOOL	What age did the client first ever use opiates?
Age substance first used: crack	AFUCRACK	What age did the client first ever use crack?
Age substance first used: cocaine	AFUCOC	What age did the client first ever use powder cocaine?
Age substance first used: ecstasy	AFUEST	What age did the client first ever use ecstasy?
Age substance first used: amphetamines	AFUAMP	What age did the client first ever use amphetamines?
Age substance first used: solvents	AFUSLV	What age did the client first ever use solvents?
Age substance first used: ketamine	AFUKET	What age did the client first ever use ketamine?
Age substance first used: GHB	AFUGHB	What age did the client first ever use GHB?
Age substance first used: legal highs (NPS)	AFULHU	What age did the client first ever use legal highs (NPS)?
Age substance first used: tranquilisers (including benzodiazepines)	AFUTQL	What age did the client first ever use tranquilisers (including benzodiazepines)?

### 5. Young people's outcomes record (YPOR)

Field description	CSV Header	Definition
Alcohol used over past 28 days/ 28 days prior to custody	AAUSFWK	In the previous 28 days, has the client drunk more than eight units of alcohol (males) or more than six units of alcohol (females) in a single drinking episode?
Ever injected	LINSTUS	Has the YP ever injected a substance?
Injecting drug use (last 28 days/ 28 days prior to custody)	YPIVDRGU	Has the YP injected a substance in the previous 28 days/ 28 days prior to custody?
Alcohol use weekday daytime	PTEDAWDD	In the previous 28 days/ 28 days prior to custody, has the client consumed alcohol on a weekday during the daytime?
Alcohol use weekday evening	PTEDAWDE	In the previous 28 days/ 28 days prior to custody, has the client consumed alcohol on a weekday during the evening?
Alcohol use weekend daytime	PTEDAWED	In the previous 28 days/ 28 days prior to custody, has the client consumed alcohol on a weekend during the daytime?
Alcohol use weekend evening	PTEDAWEE	In the previous 28 days/ 28 days prior to custody, has the client consumed alcohol on a weekend during the evening?
Alcohol use alone	PTEDOYO	In the previous 28 days/ 28 days prior to custody, has the client consumed alcohol on their own?
Drug use weekday daytime	PTEUSWDD	In the previous 28 days/ 28 days prior to custody, has the client used substances (excluding tobacco) on a weekday during the daytime?
Drug use weekday evening	PTEUSWDE	In the previous 28 days/ 28 days prior to custody, has the client used substances (excluding tobacco) on a weekday during the evening?
Drug use weekend daytime	PTEUSWED	In the previous 28 days/ 28 days prior to custody, has the client used substances (excluding tobacco) on a weekend during the daytime?
Drug use weekend evening	PTEUSWEE	In the previous 28 days/ 28 days prior to custody, has the client used substances (excluding tobacco) on a weekend during the evening?



**5. Young people's outcomes record (YPOR)**

Field description	CSV Header	Definition
Drug use alone	PTEUSOYO	In the previous 28 days/ 28 days prior to custody, has the client used any substances (excluding tobacco) on their own?
Life satisfaction	LISREDYS	How satisfied is the YP with their life these days?
Worthwhile	LWWAS	To what extent does the YP think that the things they do in their life are worthwhile
Anxiety	ANSTS	How anxious did the YP feel yesterday?
Happy	HAPSTYS	How happy did the YP feel yesterday?
Relationships	FMCRCOH	How well does the client get on with their family/close relationships?

**6. Client information review (CIR)**

Field description	CSV Header	Definition
Client information review (CIR) date	CIRDT	The date that the most recent client information review took place. <b>The client information review should be completed at least annually but is recommended to be completed following each care plan review and any information updates reported to NDTMS.</b>
CIR ID	CIRID	A mandatory, technical identifier representing the CIR, 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).
CIR Pregnant	CIRPREGNANT	Is the client pregnant? Is the client pregnant? All sexually active young women who are under the age of 16 years should also be asked about pregnancy. <b>This should be recorded if the client's pregnancy status has changed since it was recorded at treatment start or since their last client information review.</b>

6. Client information review (CIR)		
Field description	CSV Header	Definition
CIR Parental Status	CIRPRTST	<p>The parental status of the client – whether or not the client is a 'parent' and whether none of, some of or all of the children they are responsible for live with the client. Young people who are under the age of 18 years can also have parental responsibility and should be asked about parental status.</p> <p>A child is a person who is under 18 years old. See Appendix E for data items and definitions.</p> <p><b>This should be recorded if the client's parental status has changed since it was recorded at treatment start or since their last client information review.</b></p>
CIR Children living with client	CIRCLDWT	<p>The number of children under 18 that live in the same household as the client at least one night a week. 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.</p> <p><b>This should be recorded if the number of children living with the client has changed since it was recorded at treatment start or since their last client information review.</b></p>
CIR Children receiving early help or in contact with children's social care	CIREHCSC	<p>Are the client's children/ any children living with the client receiving early help or are they in contact with children's social care?</p> <p>This question applies to children of the client in treatment (regardless of whether this child lives with the client or not) and to children living with the client (regardless of whether this is the child of the client or not).</p> <p>If more than one option applies, then please select the one that is considered to be the priority from the perspective of the treatment service/keyworker.</p> <p>See Appendix E for data items and definitions.</p> <p><b>This should be recorded if the situation has changed since it was recorded at treatment start or since their last client information review.</b></p>

6. Client information review (CIR)		
Field description	CSV Header	Definition
CIR Mental health treatment need	CIRMTHTN	<p>Does the client have a mental health treatment need? Mental health treatment need includes:</p> <ul style="list-style-type: none"> <li>• common mental illness (eg anxiety, depression) either current diagnosis or currently experiencing symptoms consistent with, (where the symptoms are not considered to simply due to acute psychoactive effects of substances consumed or due to current withdrawals)</li> <li>• serious mental illness (eg psychosis, schizophrenia, personality disorder) – either current diagnosis, or currently experiencing symptoms</li> <li>• mental health crisis (person is currently suicidal or indicating a risk of harm to self or others, history of self-harm/suicide attempts/harm to others)</li> </ul> <p>This is determined by either the client's self-report or by formal assessment.</p> <p><b>This should be recorded if the client's mental health need has changed since it was recorded at treatment start or since their last client information review.</b></p>
CIR Receiving treatment for mental health need	CIRCRTMHN	<p>Is the client receiving treatment for their mental health needs? This could include pharmacological and/ or talking therapies/ psychosocial support. See Appendix I for further information. If more than one treatment option applies, then please select the one that is considered to be the priority from the perspective of the treatment service/keyworker.</p> <p><b>This should be recorded if the client's situation has changed since it was recorded at treatment start or since their last client information review.</b></p>
CIR Hep B intervention status	CIRHEPBSTAT	<p>Within the current treatment episode, whether the client was offered a vaccination for hepatitis B, and if that offer was accepted by the client.</p> <p><b>This should be recorded if the client's hep B status has changed since it was recorded at treatment start or since their last client information review.</b></p> <p>For further information on recording BBV details please see Appendix H and the 'Recording NDTMS data about BBV interventions' document: <a href="http://www.nta.nhs.uk/uploads/recording-ndtms-data-about-blood-borne-virus-interventions-v2.pdf">http://www.nta.nhs.uk/uploads/recording-ndtms-data-about-blood-borne-virus-interventions-v2.pdf</a>.</p>

6. Client information review (CIR)		
Field description	CSV Header	Definition
CIR Hep C intervention status	CIRHEPCSTAT	<p>Within the current treatment episode, whether the client was offered a test for hepatitis C, and if that offer was accepted by the client.</p> <p><b>This should be recorded if the client's hep C status has changed since it was recorded at treatment start or since their last client information review.</b></p> <p>For further information on recording BBV details please see Appendix H and the 'Recording NDTMS data about BBV interventions' document: <a href="http://www.nta.nhs.uk/uploads/recording-ndtms-data-about-blood-borne-virus-interventions-v2.pdf">http://www.nta.nhs.uk/uploads/recording-ndtms-data-about-blood-borne-virus-interventions-v2.pdf</a>.</p>

## 7. Data collection guidance and field updateability

The NDTMS dataset consists of fields that are updateable (such as the client's postcode) and fields that should not change and should be completed as per the start of the episode (such as the client's sexuality). For some episode fields we require the most up to date information and these updates should be made on the CIR form, so that the episode field can give us a baseline to monitor change. The tables below detail for each data item whether it is updateable during the episode of treatment or whether the information reported should be as per the start of the episode.

1. Client details	
Field description	Guidance
Initial of client's first name	<b>MUST be completed. If not, record rejected.</b> Should not change (ie as at start of episode). If changed will create a validation mismatch.
Initial of client's surname	<b>MUST be completed. If not, record rejected.</b> Should not change (ie as at start of episode). If changed will create a validation mismatch.
Client birth date	<b>MUST be completed. If not, record rejected.</b> Should not change (ie as at start of episode). If changed will create a validation mismatch.
Client sex at registration of birth	<b>MUST be completed. If not, record rejected.</b> Should not change (ie as at start of episode). If changed will create a validation mismatch.
Ethnicity	Should not change (ie as at start of episode).
Nationality	Should not change (ie as at start of episode).

2. Episode details	
Field description	Guidance
Agency code	<b>MUST be completed. If not, record rejected. This is populated by your software system.</b> Should not change. If changed will create a validation mismatch.
Software system and version used	<b>MUST be completed. If not, record rejected. This is populated by your software system.</b> May change (ie current situation).
Consent for NDTMS	<b>Client must give consent before their information can be sent to NDTMS.</b> May change (ie current situation).
DAT of residence	<b>MUST be completed. If not data may be excluded from performance monitoring reports.</b> May change (ie current living situation).
Local authority	<b>MUST be completed.</b> May change (ie current living situation).
Postcode	May change (ie current living situation).
Client ID	<b>MUST be completed. If not, record rejected. This is populated by your software system.</b> Should not change.
Client reference number	Should not change and should be consistent across all episodes at the treatment provider.
Episode ID	<b>MUST be completed. If not, record rejected. This is populated by your software system.</b> Should not change.
Referral date	<b>MUST be completed. If not data may be excluded from performance monitoring reports.</b> Should not change. If changed will create a validation mismatch.
Referral source	Should not change (ie as at start of episode).
Triage date	<b>MUST be completed. If not data may be excluded from performance monitoring reports.</b> Should not change.
Previously treated	Should not change (ie as at start of episode).

<b>2. Episode details</b>	
<b>Field description</b>	<b>Guidance</b>
Accommodation need	Should not change (ie as at start of episode).
Pregnant	Should not change (ie as at start of episode). Updates to this field should be made on Client Information Review.
Parental status	Should not change (ie as at start of episode). Updates to this field should be made on Client Information Review.
Children living with client	Should not change (ie as at start of episode). Updates to this field should be made on Client Information Review.
Are any of the client's children or any of the children living with the client receiving early help or are they in contact with children's social care?	Should not change (ie as at start of episode). Updates to this field should be made on Client Information Review.
YP care status at treatment start	Should not change (ie as at start of episode).
YP involved in sexual exploitation at treatment start	Should not change (ie as at start of episode).
YP has lead professional at treatment start	Should not change (ie as at start of episode).
YP involved in self-harm at treatment start	Should not change (ie as at start of episode).
Has YP been involved in antisocial behaviour or committed a criminal act on more than one occasion in the past six months?	Should not change (ie as at start of episode).
YP education status, employment/training status at treatment start	Should not change (ie as at start of episode).

2. Episode details	
Field description	Guidance
YP registered with GP at treatment start	Should not change (ie as at start of episode).
YP has CAF at treatment start	Should not change (ie as at start of episode).
YP engaged in unsafe sex at treatment start	Should not change (ie as at start of episode).
YP has been offered a screen for sexually transmitted infections	May change (ie current situation).
YP been offered a screen for chlamydia	May change (ie current situation).
YP subject to a child protection plan at treatment start	Should not change (ie as at start of episode).
YP affected by substance misuse in their close family/members of their household at treatment start?	Should not change (ie as at start of episode).
YP been affected by domestic abuse at treatment start	Should not change (ie as at start of episode).
Problem substance number 1	<b>MUST be completed. If not, record rejected.</b> Should not change (ie as at start of episode).
Route of administration of problem substance number 1	Should not change (ie as at start of episode).
Problem substance number 2	Should not change (ie as at start of episode).
Problem substance number 3	Should not change (ie as at start of episode).
Care plan started date	<b>MUST be completed when intervention start date given.</b> Should not change (ie as at start of episode).



2. Episode details	
Field description	Guidance
Hep B intervention status	Should not change (ie as at start of episode). Updates to this field should be made on Client Information Review.
Hep C intervention status	Should not change (ie as at start of episode). Updates to this field should be made on Client Information Review.
Drug treatment health care assessment date	Should not change (to be completed when initial health care assessment is completed).
Does the client have a mental health treatment need?	Should not change (ie as at start of episode). Updates to this field should be made on Client Information Review.
Is the client receiving treatment for their mental health need?	Should not change (ie as at start of episode). Updates to this field should be made on Client Information Review
YP met goals agreed on care plan at discharge	Should not change (ie as at discharge).
YP offered continuing support from non-substance misuse services at discharge	Should not change (ie as at discharge).
Discharge date	Discharge date required when client is discharged. ALL structured modalities MUST now have end dates. Discharge reason MUST be given.
Discharge reason	Discharge reason required when client is discharged. Discharge date MUST be given. Should only change from 'null' to populated as episode progresses.

3. Treatment intervention details	
Field description	Guidance
Treatment intervention	Required as soon as intervention is known. Should not change (ie as at intervention start). If changed will create a validation mismatch.
Intervention ID	<b>MUST be completed. If not, record rejected. This is populated by your software system.</b> Should not change.
Intervention setting	Can be left blank for default setting. Should not change (ie as at intervention start).
Date referred to intervention	Waiting times calculated from this field. <b>MUST be completed for all interventions.</b> Should not change. If changed will create a validation mismatch.
Date of first appointment offered for intervention	Waiting times calculated from this field. Should not change.
Intervention start date	Required field when client starts intervention. Trigger for waiting times to be calculated. Should only change from 'null' to populated as episode progresses. If changed will create a validation mismatch.
Intervention end date	Required field when client completes intervention or is discharged. Should only change from 'null' to populated as episode progresses.
Intervention exit status	Required field when client completes intervention or is discharged. Should only change from 'null' to populated as episode progresses.

4. Sub interventions review (SIR) details	
Field description	Guidance
Sub intervention assessment date	<b>Must be completed each time a sub intervention review is completed.</b> Should not change. If changed will create a validation mismatch.

4. Sub interventions review (SIR) details	
Field description	Guidance
Sub intervention ID	<b>MUST be completed if any items in this section (SIR) are not null. If not, record rejected. This is populated by your software system.</b> Should not change.
Sub interventions (various headers)	Should not change (ie as at sub intervention review date).

5. Young people's outcomes record (YPOR)	
Field description	Guidance
Outcomes record (YPOR) date	Should not change (ie as at YPOR date). If changed will create a validation mismatch.
YPOR ID	<b>MUST be completed if any items in this section (YPOR) are not null. If not, record rejected. This is populated by your software system.</b> Should not change.
Treatment stage	Should not change (ie as at YPOR date).
Alcohol use	Should not change (ie as at YPOR date).
Consumption (alcohol)	Should not change (ie as at YPOR date).
Opiate use	Should not change (ie as at YPOR date).
Crack use	Should not change (ie as at YPOR date).
Cocaine use	Should not change (ie as at YPOR date).
Amphetamine use	Should not change (ie as at YPOR date).
Cannabis use	Should not change (ie as at YPOR date).
Cannabis average use per day	Should not change (ie as at YPOR date).
Other drug use	Should not change (ie as at YPOR date).

<b>5. Young people's outcomes record (YPOR)</b>	
<b>Field description</b>	<b>Guidance</b>
Other drug use 2	Should not change (ie as at YPOR date).
Other drug use 3	Should not change (ie as at YPOR date).
Unsuitable housing	Should not change (ie as at YPOR date).
Tobacco/nicotine	Should not change (ie as at YPOR date).
Ecstasy	Should not change (ie as at YPOR date).
Solvents	Should not change (ie as at YPOR date).
Ketamine	Should not change (ie as at YPOR date).
GHB	Should not change (ie as at YPOR date).
Legal highs (NPS)	Should not change (ie as at YPOR date).
Tranquilisers (including benzodiazepines)	Should not change (ie as at YPOR date).
Age substance first used: cannabis	Should not change (ie as at YPOR date).
Age substance first used: alcohol	Should not change (ie as at YPOR date).
Age substance first used: tobacco/nicotine	Should not change (ie as at YPOR date).
Age substance first used: opiates (illicit)	Should not change (ie as at YPOR date).
Age substance first used: crack	Should not change (ie as at YPOR date).
Age substance first used: cocaine	Should not change (ie as at YPOR date).
Age substance first used: ecstasy	Should not change (ie as at YPOR date).
Age substance first used: amphetamines	Should not change (ie as at YPOR date).
Age substance first used: solvents	Should not change (ie as at YPOR date).
Age substance first used: ketamine	Should not change (ie as at YPOR date).

<b>5. Young people's outcomes record (YPOR)</b>	
<b>Field description</b>	<b>Guidance</b>
Age substance first used: GHB	Should not change (ie as at YPOR date).
Age substance first used: legal highs (NPS)	Should not change (ie as at YPOR date).
Age substance first used: tranquilisers (including benzodiazepines)	Should not change (ie as at YPOR date).
Alcohol used over past 28 days/ 28 days prior to custody	Should not change (ie as at YPOR date).
Ever injected	Should not change (ie as at YPOR date).
Injecting drug use (last 28 days/ 28 days prior to custody)	Should not change (ie as at YPOR date).
Alcohol use weekday daytime	Should not change (ie as at YPOR date).
Alcohol use weekday evening	Should not change (ie as at YPOR date).
Alcohol use weekend daytime	Should not change (ie as at YPOR date).
Alcohol use weekend evening	Should not change (ie as at YPOR date).
Alcohol use alone	Should not change (ie as at YPOR date).
Drug use weekday daytime	Should not change (ie as at YPOR date).
Drug use weekday evening	Should not change (ie as at YPOR date).
Drug use weekend daytime	Should not change (ie as at YPOR date).
Drug use weekend evening	Should not change (ie as at YPOR date).
Drug use alone	Should not change (ie as at YPOR date).
Life satisfaction	Should not change (ie as at YPOR date).
Worthwhile	Should not change (ie as at YPOR date).
Anxiety	Should not change (ie as at YPOR date).

5. Young people's outcomes record (YPOR)	
Field description	Guidance
Happy	Should not change (ie as at YPOR date).
Relationships	Should not change (ie as at YPOR date).

6. Client information review (CIR) information	
Field description	Guidance
Client information review (CIR) date	Must be completed each time a client information review is completed. Should not change – If changed will create a validation mismatch.
CIR ID	MUST be completed if any items in this section (CIR) are not null. If not, record rejected. Should not change.
CIR Pregnant	Should not change (ie as at client information review date).
CIR Parental Status	Should not change (ie as at client information review date).
CIR Children living with client	Should not change (ie as at client information review date).
CIR Children in contact with early help or childrens' social care	Should not change (ie as at client information review date).
CIR Mental health treatment need	Should not change (ie as at client information review date).
CIR Receiving help for mental health treatment need	Should not change (ie as at client information review date).
CIR Hep B intervention status	Should not change (ie as at client information review date).
CIR Hep C intervention status	Should not change (ie as at client information review date).

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.

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

The integrated children's system requires clear criteria for specialist services to distinguish which children and young people require these services. In order to achieve consistency across areas regarding which young people require specialist substance misuse treatment interventions, the following definition has been developed:

'Young people's specialist substance misuse treatment is a care planned medical, psychosocial or specialist harm reduction intervention aimed at alleviating current harm caused by a young person's substance misuse.'

This is the definition that has been agreed across government departments and should be used by all local areas. This definition will help to ensure that specialist substance misuse treatment providers are accessed by young people with the greatest need. The consistency across the country will enable more reliable data to be collected to help establish need, plan services and decide funding priorities.

For further information on this treatment definition see Ref [3].

## Appendix B: waiting times

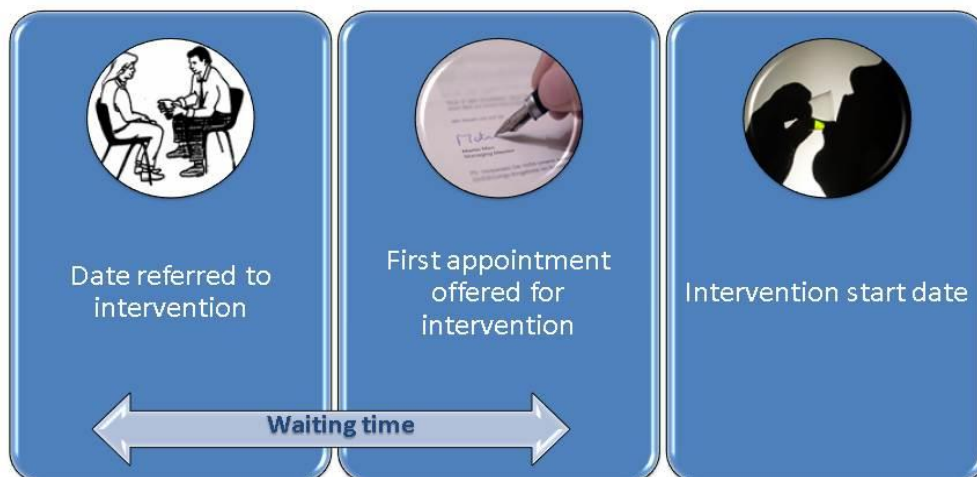
A waiting time is the period from the date a person is referred for a specific treatment intervention and the date of the first appointment offered. Referral for a specific treatment intervention typically occurs within the treatment provider at, or following, assessment.

This is measured to ensure that clients are being offered treatment in a timely fashion and to ensure that there is sufficient access to treatment. Long waiting times may indicate a lack of capacity in the treatment system. Any waits over 3 weeks are reported in performance reports. Waiting times are calculated in days.

Waiting times are measured as the difference in days between the 'Date referred to Intervention' and the 'Date of first appointment offered for intervention'. If the 'Date of first appointment offered for intervention' is not present then the 'Intervention start date' is used instead.

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

The 'Referral date' recorded by a treatment provider may be later than the 'Date referred to Intervention' if the initial contact of a client entering the treatment system is an external organization such as GP, criminal justice system, mental health service (please see scenario 2 below).



N.B. if first appointment offered date is left blank the waiting time will be calculated to the intervention start date which can cause longer waiting times to be generated.

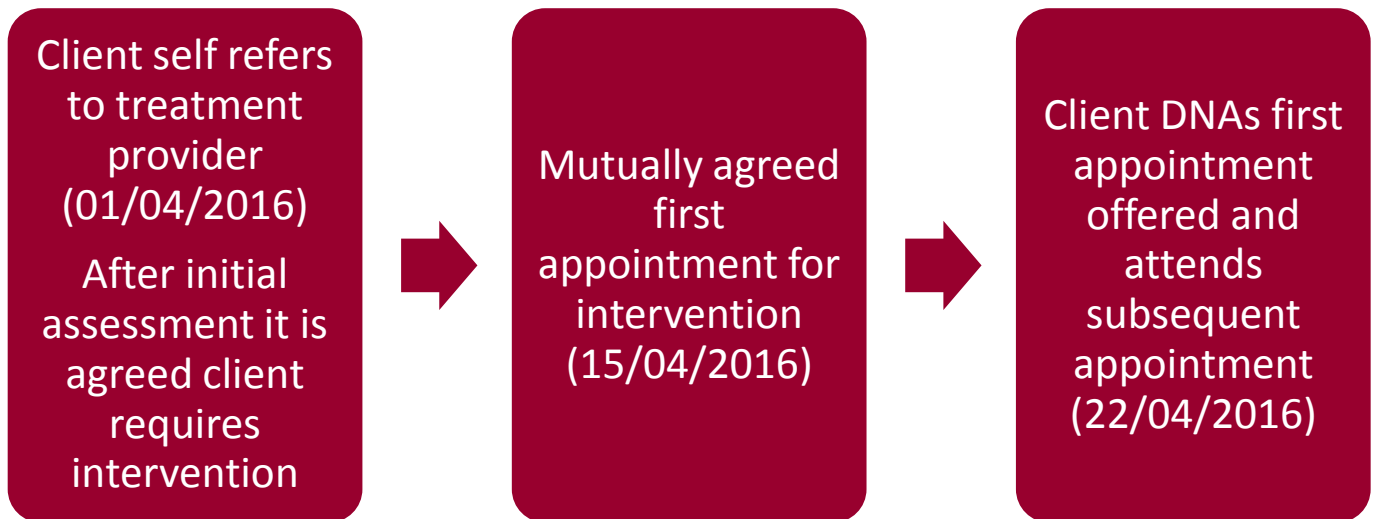
Waiting times will only be calculated when a client actually commences an intervention, ie when the intervention start date is present in the data.

If the intervention start date is the earliest intervention start date of the episode then it is a first intervention, otherwise it is a subsequent intervention.



**Waiting times scenario 1 – self referral**

**Key point** – the agency 'referral date' and the 'date referred to modality' are the same.



Referral date = 01/04/2016

Date referred to intervention = 01/04/2016

Date of first appointment offered for intervention = 15/04/2016

Intervention start date = 22/04/2016

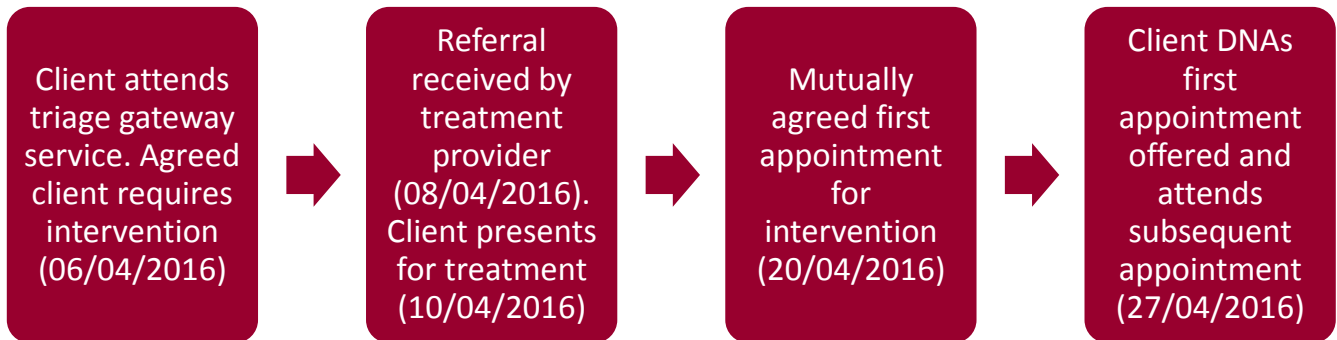
Waiting times calculations:

Partnership = Date of first appointment offered for intervention (15/04/2016) - Date referred to intervention (01/04/2016) = 14 days

Provider = Date of first appointment offered for intervention (15/04/2016) - Referral date/Date referred to intervention (01/04/2016) = 14 days

**Waiting times scenario 2 – referral from an external organization**

**Key point** – the agency 'referral date' is after the 'date referred to intervention', therefore the 'referral date' is used.



Referral date = 08/04/2016

Date referred to intervention = 06/04/2016

Date of first appointment offered for intervention = 20/04/2016

Intervention start date = 27/04/2016

Waiting times calculations:

Partnership = Date of first appointment offered for intervention (20/04/2016) - Date referred to intervention (06/04/2016) = 14 days

Provider = Date of first appointment offered for intervention (20/04/2016) - Referral date (08/04/2016) = 12 days. NOTE: As the referral date is later than the referred to intervention date then the referral date is used to calculate the provider waiting time.

## Appendix C: referral sources for young people

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

Definitions of each referral source are provided below. Treatment providers reporting to the NDTMS young people's data set should select the code which best reflects the service which referred the young person into treatment. For example, for a young person who is a child looked after and has mental health needs, and is referred to treatment by a crime prevention service, 'crime prevention' should be used as the referral source.

Please note, the numbers against each of the referral sources below relates to the NDTMS code.

Reference data	Definition
Self	Self-referral by a young person
Self-referred via health professional	Self-referred following advice from a health professional
GP	Direct referrals from general medical practitioners
A&E	Accident and Emergency services
PRU	Pupil Referral Unit and other alternative education provision (eg tuition provided for an excluded young person, home tuition/alternative education schemes etc.)
CLA - Children Looked After	Any referrals from services designated to ensure the needs of children and young people who are registered as 'looked after child' are met.
Hospital	Referrals from hospitals (not including A&E departments)
Relative	Parents, siblings and other relatives
Concerned other	Carers, friends, boyfriends or girlfriends who are connected to the young person in a personal rather than a professional capacity and have referred the young person to treatment
Outreach	Referrals from services which provide active outreach to address homelessness, anti-social behaviour, child exploitation or other issues.
Employer	School leavers (of school leaving age+ only) who are in regular and sustained employment and who are referred into treatment by their employer <b>(for primary alcohol use only)</b> .
Children and family services	Any referrals from Children and Family Social Services such as Safeguarding. This may include referrals from other programmes to support families such as family intervention projects (FIPs). This should not include referrals for young people registered as children looked after (see 'children looked after' referral code).
Universal education	Referrals from mainstream or universal educational services such as schools, colleges and universities.
Alternative education	Referrals from pupil referral units and other alternative education services for excludees and truants and/or any young people who cannot access universal education provision for any reason.

Reference data	Definition
Targeted youth support	Referrals from services providing prevention, early intervention or support for vulnerable young people. This includes generic youth services providing information, advice and guidance, and targeted services such as Connexions and Positive Activities for Young People (PAYP).
Non child mental health services	Referrals from mental health services such as adult psychiatric and psychological services; private psychiatric and psychological services and third sector mental health or advocacy services for people with mental health needs.
Primary care	Referrals from services delivered by health care professionals such as practice nurses, midwives and pharmacists in general medical settings such as walk in centres and pharmacies.
Children's mental health services	Referrals from both inpatient and outpatient child and adolescent mental health services. This includes referrals from any mental health services that work with under 18 year olds.
School nurse	Referrals from services delivered by registered nurses within the school setting.
Adult treatment provider	Services providing structured drug or alcohol treatment services predominantly for those aged 18 years or older. This includes needle exchange programmes and other services to address adult substance misuse
Young people's structured treatment provider	Services providing specialist substance misuse treatment services predominantly for those under 18
Non structured treatment substance misuse services	Referrals from young people specific services providing universal, targeted or early interventions to address substance misuse. Young people specific services which provide both treatment and non-treatment interventions should use this code when referring clients from targeted to the treatment elements of their programmes.
FRANK	Referrals from the 'Talk to FRANK' helpline
Crime prevention	Referrals from services working with young people identified as at risk of offending or of coming into formal contact with the youth justice system such as liaison and diversion schemes, and other local early intervention services.
YOT	Referrals from youth offending teams or youth offending services working with young people who have been convicted or sentenced by the court and are serving either a community based disposal or are on licence post release from custody. See Ref [5].
Post custody	Self-referral from a young person who has been discharged from a young offender institution, secure training centre or local authority secure children's home in the last 28 days. After 28 days such a referral should be counted as a self-referral.
Secure children's home	Secure children's homes (SCHs) are generally used to accommodate younger offenders who are assessed as vulnerable. They are run by local authority social services departments
Secure training centre	Secure training centres (STCs) house vulnerable young people who are sentenced to custody or remanded to secure accommodation. These are purpose-built centres for young offenders up to the age of 17 and are run by private operators under contract

Reference data	Definition
Youth offender institute	Young offender institutions (YOIs) are facilities run by the prison service (NOMS) on behalf of the youth justice board and accommodate young offenders on remand or sentenced to custody
Website	Self-referrals through a treatment service website
YP housing	Referrals from services specifically commissioned to meet the accommodation needs of young people. This could include a foyer, hostel or other accommodation provided by a registered social landlord.
Helpline	Referrals from help lines apart from FRANK and other local or regional substance misuse initiatives

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

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

Reference data	Definition
YP living with relative	Young person living with parents or other relatives
Independent YP – settled accommodation	This refers to a young person currently living in accommodation without support of their family of origin (birth/adopted). The young person could be living in their own property, or in privately rented accommodation.
Independent YP – unsettled accommodation	This refers to a young person who is staying with friends or family as a short-term guest, residing in bed and breakfast or hostel accommodation. Young people who are at risk of losing their long-term accommodation could also be categorised as living in unsettled accommodation.
Independent YP with No Fixed Abode	This refers to a young person who is currently living on the streets or using night hostels (on a night-by-night basis). This could also include young people who are staying with friends or family as a very short-term guest, ie sleeping on a different friend's floor each night.
YP supported housing	This refers to accommodation specifically commissioned to meet the needs of young people. A young person could be currently living in a foyer or other accommodation provided by a registered social landlord.
YP living in care	This refers to accommodation where the young person has been placed in care, such as children's homes, foster care for looked after child.
YP living in secure care	This refers to accommodation within any secure setting where a young person has been placed – either a young offender institution (YOI), a secure training centre or a secure children's home. Placements in the latter accommodation type can be youth justice driven (either on remand or sentenced) or specifically for welfare reasons, but in either instance the young person is detained within this environment.

## Appendix E: safeguarding questions' and definitions

### Parental status

Parental status 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.

Reference data	Definition
All the children live with client	The client is a parent of one or more children under 18 and all the client's children (who are under 18) reside with them full time.
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, others live full time in other locations.
None of the children live with client	The client is a parent of one or more children under 18 but none of the client's children (under 18) reside with them, they all live in other locations full time.
Not a parent	The client is not a parent of any children under 18.
Client declined to answer	Only use where client declines to answer.

### Children receiving early help or in contact with children's social care

Are the client's children or any of the children living with the client receiving early help or in contact with children's social care?

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

If more than one treatment option applies, then please select the one that is considered to be the priority from the perspective of the treatment service/keyworker.

Reference data	Definition
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.)
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
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

Reference data	Definition
	risk of 'significant harm' and a multi-agency child protection plan has been formulated to protect the child
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. See below for further information.
No	Children are not receiving early help nor are they in contact with children's services.

### Care status at treatment start

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

Reference data	Definition
Looked after child	<p>The definition of a looked after child is:</p> <p><i>'Children looked after includes all children being looked after by a local authority including those subject to care orders under section 31 of the Children Act 1989 and those looked after on a voluntary basis through an agreement with their parents under section 20 of the Children Act 1989.'</i> See Ref [6].</p> <p>Looked after children fall into four main groups:</p> <ul style="list-style-type: none"> <li>• children who are accommodated under voluntary agreement with their parents, see Ref [6] (section 20)</li> <li>• children who are the subject of a care order (Section 31) or interim care order, see Ref [6] (section 38)</li> <li>• children who are the subject of emergency orders for their protection, see Ref [6] (sections 44 and 46)</li> <li>• children who are compulsorily accommodated – this includes children remanded to the local authority or subject to a criminal justice supervision order with a residence requirement, see Ref [6] (section 21)</li> </ul> <p>All young people remanded by the court into the young people's secure estate will have 'looked after child' status for the duration of the remand. This ceases on release or sentence. (If a young person is remanded for more than 13 weeks this entitles them to leaving care support on release.)</p>
Child in need	<p>Under section 17 (10) of the Children Act 1989 (Ref [6]), a child is a 'child in need' if:</p> <ul style="list-style-type: none"> <li>• he/she is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him/her of services by a local authority</li> <li>• his/her health or development is likely to be significantly impaired, or</li> </ul>



Reference data	Definition
	<p>further impaired, without the provision for him/her of such services</p> <ul style="list-style-type: none"> <li>• he/she is a disabled child</li> </ul> <p>These legislative definitions may be summarised into the following categories of children in need:</p> <ul style="list-style-type: none"> <li>• significant harm: children who have suffered significant harm</li> <li>• disabled children: children with physical disabilities, sensory disabilities, learning disabilities or emotional and behavioural disabilities</li> <li>• parental illness/disability: alcohol or drug misusing parents, acutely ill parents (short term), chronically disabled parents, chronically mentally ill parents, children assuming responsibility for chronically ill, addicted, or disabled parents</li> <li>• family in acute stress: homeless family, unsupported single parent, death of carer</li> <li>• family dysfunction: domestic violence, inconsistent parenting, family breakdown</li> <li>• socially unacceptable behaviour: disorderly behaviour, offending, truancy, unsafe sexual behaviour</li> <li>• low income: asylum seeking families, non-habitually resident status, independent young people</li> <li>• absent parenting: parents died, unaccompanied child asylum seekers, children privately fostered</li> <li>• other: step-parent adoptions, inter country adoptions, court reports, subject access to files, historical allegations/complaints</li> </ul>
No	Child is not a looked after child or a child in need.

### Subject of child protection plan at treatment start

A child protection plan is a formal plans developed by the local authority confirming intentions for a child's protection. The initial child protection conference is responsible for agreeing a child protection plan for any child with or without a care status. For further information, please refer to Ref [1].

## Appendix F: risk/vulnerabilities

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

### **Sexual exploitation**

For the purposes of NDTMS, sexual exploitation is defined as follows; 'Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (eg food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability.' See Ref [2].

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

### **Unsafe sex**

For the purposes of NDTMS, this refers to a young person's current involvement in unsafe sex or unprotected sex. It is sexual activity engaged in without precautions to protect against sexually transmitted infections, including not using condoms, either with a regular or casual partner, having multiple sexual partners and anal sex.

### **Self-harm**

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

### **Domestic abuse**

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

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

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

'Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.' This definition, which is not a legal definition, includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group. Ref [11].

## Appendix G: education, employment and training status

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

## Appendix H: blood-borne viruses and sexual health

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

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

For further information on recording BBV details please refer to the Recording NDTMS data about blood-borne virus interventions document: <http://www.nta.nhs.uk/uploads/recording-ndtms-data-about-blood-borne-virus-interventions-v2.pdf>

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

## Appendix I: mental health treatment definitions

Code	Text	Comment
1	Already engaged with the community mental health team/ other mental health services	To include secondary mental health services (CMHT, Inpatient mental health services) or other mental health service (eg other talking therapies delivered in third or private sector)
2	Engaged with IAPT	IAPT: Improved Access to Psychological Therapy. To include IAPT or other primary care based mental health service
3	Receiving mental health treatment from GP	To include any pharmacological treatment for mental health condition received from GP
4	Receiving any NICE-recommended psychosocial or pharmacological intervention provided for the treatment of a mental health problem in drug or alcohol services	This refers to mental health treatment provided in drug and alcohol services and can include pharmacological interventions (for the mental health problem), or existing psychosocial interventions and recovery support interventions: <ul style="list-style-type: none"> <li>Existing psychosocial sub- intervention "Evidence-based psychological interventions for co-existing mental health problems"</li> <li>Existing recovery support sub-intervention "Evidence-based mental health focused psychosocial interventions to support continued recovery" NB this as currently defined should follow completion of structured substance misuse treatment</li> </ul>
5	Has an identified space in a health-based place of safety for mental health crises	Awaiting NHSE publication of their evidence based treatment pathway for 24/7 community MH crisis response for further definition.
6	Treatment need identified but no treatment being received	

If more than one treatment option applies, then please select the one that is considered to be the priority from the perspective of the treatment service/keyworker

For further information see Ref [4].

## Appendix J: young person's discharge reasons and discharge scenarios

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

Data item name	Definition
Treatment completed – drug free	The client no longer requires structured drug (or alcohol) treatment interventions and is judged by the clinician not to be using heroin (or any other opioid, prescribed or otherwise) or crack cocaine or any other illicit drug.
Treatment completed – occasional user (not heroin and crack)	The client no longer requires structured drug or alcohol treatment interventions and is judged by the clinician not to be using heroin (or any other opioid, prescribed or otherwise) or crack cocaine. There is evidence of use of other illicit drug or alcohol use but this is not judged to be problematic or to require treatment.
Transferred – not in custody	The client has finished treatment at this provider but still requires further structured drug and/or alcohol treatment interventions and the individual has been referred to an alternative non-prison provider for this. This code should only be used if there is an appropriate referral path and care planned structured drug and/or alcohol treatment pathways are available.
Transferred – in custody	The client has received a custodial sentence or is on remand and a continuation of structured treatment has been arranged. This will consist of the appropriate onward referral of care planning information and a two- way communication between the community and prison treatment provider to confirm assessment and that care planned treatment will be provided as appropriate.
Incomplete – dropped out	The treatment provider has lost contact with the client without a planned discharge and activities to re-engage the client back into treatment have not been successful.
Incomplete – treatment withdrawn by provider	The treatment provider 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 discharge; it should not be used if the client has simply 'dropped out'.
Incomplete – retained in custody	The client is no longer in contact with the treatment provider as they are in prison or another secure setting. While the treatment provider has confirmed this, there has been no formal two-way communication between the treatment provider and the criminal justice system care provider leading to continuation of the appropriate assessment and care- planned structured drug/alcohol treatment.
Incomplete – treatment commencement declined by the client	The treatment provider has received a referral and has had a face-to-face contact with the client after which the client has chosen not to commence a recommended structured drug/alcohol treatment intervention.
Incomplete – client died	During their time in contact with structured drug/alcohol treatment the client died.
Transferred – transition to adult substance misuse service	The client has been transferred to an adult service

### **Discharging clients as 'transferred'**

When a discharge reason of 'transferred' is selected the expectation is that there should be two way communication between the transferring provider and the receiving provider to ensure continuity of the client's care.



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

Young people must be able to access each of the following three young people's structured specialist substance misuse treatment interventions:

- Psychosocial interventions
- Pharmacological interventions
- Specialist harm reduction

Interventions include social and health care interventions, all of which are important and complement each other in reducing harm caused by a young person's substance misuse. In order to support a young person to change their pattern of substance misuse, it may be important to provide parents, family and significant others with support.

A comprehensive specialist substance misuse assessment should be completed in order to determine a young person's needs. A care plan should be developed which sets out the young person's goals to meet their needs, what actions will be taken to achieve these goals, including the range of interventions to be provided, and details of when the care plan will be reviewed. This specialist substance misuse care plan should be developed in collaboration with other practitioners that may be involved in a young person's care and should be coordinated by a 'lead professional'. For further information on assessment see Ref [4].

All of these three young people's structured specialist substance misuse treatment interventions require additional competencies for the worker and delivery within a governance framework including appropriate supervision.

### K.2 YP psychosocial sub interventions

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

- Drug Misuse and Dependence: UK guidelines on clinical management (DH & devolved administrations, 2007), also known as the 'clinical guidelines' or 'orange book'. See Ref [8].
- NICE Public Health Guidance 4 including community-based interventions to reduce substance misuse among vulnerable and disadvantaged children and young people, Ref [7]
- NICE Alcohol Guidance 2011, Ref [12].
- NICE 2007 Drug Misuse: clinical guidance on opiate detoxification, Ref [14]
- NICE Clinical Guideline 51: Psychosocial interventions for drug use (from 16 years), Ref [9]

Also see Ref [4] Practice standards for young people with substance misuse problems.

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

Psychosocial sub intervention	Definition
Cognitive and behavioural interventions	<p>A talking and solution-focused therapy that focuses on understanding the roots of problem behaviour. It can help young people to develop coping mechanisms for modifying and reducing such behaviour, and promotes rational belief as a way of achieving change and health.</p> <p>This includes where young people develop abilities to recognise, avoid or cope with thoughts, feeling and situations that are triggers to substance use. Focus on coping with stress, boredom and relationship issues and the prevention of escalation of harm, including relapse prevention CBT.</p> <p>For those with limited co-morbidities and good social support, young people are offered individual cognitive behavioural therapy.</p>
Motivational interventions	<p>A brief psychotherapeutic intervention. For substance misusers, the aim is to help individuals reflect on their substance use in the context of their own values and goals and motivate them to change. Motivational interviewing and motivational enhancement therapy are both structured forms of motivational interventions.</p>
Structured family interventions (including family therapy)	<p>Interventions using psychosocial methods to support parents, carers and other family members to manage the impact of a young person's substance misuse, and enable them to better support the young person in their family. This includes work with siblings, grandparents, foster carers, etc. This is a structured family intervention and does not include brief advice and information. Note: family work should only be reported to NDTMS if and when a young person who is a member of the family receiving family work is currently accessing services for specialist substance misuse interventions and should be reported using the young person's attributors.</p>
Multi component programmes	<p>Multi-component programmes may include multi-dimensional family therapy, brief strategic family therapy, functional family therapy or multi-systemic therapy. Interventions that look at the individual, family, peer group, school and social networks associated with young person's problems. They use evidence based solution focused interventions, such as strategic family therapy and CBT.</p> <p>(For those with significant co-morbidities and or limited social support are offered multi-component programmes).</p> <p>This approach can be delivered by a range of professionals; it should only be recorded if the specialist substance misuse provider is contributing to the delivery of the intervention.</p>
Contingency management	<p>Substance misuse specific contingency management provides a system of positive reinforcement/ incentivisation to make substance misuse specific behavioural changes or prevent escalation of harm.</p>
Counselling	<p>A process in which a counsellor holds face to face talks with a young person to help him or her solve a problem, or help improve that person's attitude and behaviour (relating to substance misuse).</p>

### K.3 Specialist harm reduction

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

- injecting – these services could include needle exchange, advice and information on injecting practice, access to appropriate testing and treatment for blood borne viruses (see Ref [14]).
- overdose – advice and information to prevent overdose, especially overdose associated with poly-substance use, which requires specialist knowledge about substances and their interactions
- risky behaviour associated with substance use – advice and information to prevent and/or reduce substance misuse related injuries and substance misuse related risky behaviours

### K.4 Pharmacological interventions

These are substance misuse specific pharmacological interventions which include prescribing for detoxification, stabilisation and symptomatic relief of substance misuse as well as prescribing of medications to prevent relapse. See Ref [10].

### K.5 YP multi-agency working (non-structured)

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

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

Multi-agency working sub intervention	Definition
Education/training	Such as Connexions, NEET, colleges, PRUs, academies, schools, training services
Employment/volunteering	Such as job centre, school careers advisor, voluntary placement coordinator
Housing	Such as a housing advisor, housing association, local council
Generic family support	Support delivered by another family service, not psychosocial family work

Multi-agency working sub intervention	Definition
	delivered by this service. Such as FIPs, child protection, safeguarding, troubled family teams, other family services
Generic parenting support	For the young person as a parent supporting them in parenting their child
Peer support involvement/mentoring	Refers to initiatives consisting of peer supporters and peer mentoring
Mental health	Such as CAMHS, emotional wellbeing, children and young people's 'improving access to psychological therapies' programme (IAPT)
Offending	Such as youth offending teams, youth justice liaison and diversion schemes
Health	Such as GP, dentist, school nurse, BBV nurse
Sexual health/ pregnancy	Such as sexual health or family planning clinics
Meaningful activities	Such as supported sports, positive leisure
Disability services	Services designed to support disabled young people or young people affected by disability
Behavioural services	Services designed to support young people with behavioural difficulties
Young carers	Services designed to support young people who are a carer including support groups
Youth services	Including integrated and targeted youth support services
Children's social care	Including teams working with looked after children, children in need, child protection, leaving care teams
Smoking cessation	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.

## Appendix L: setting

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

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

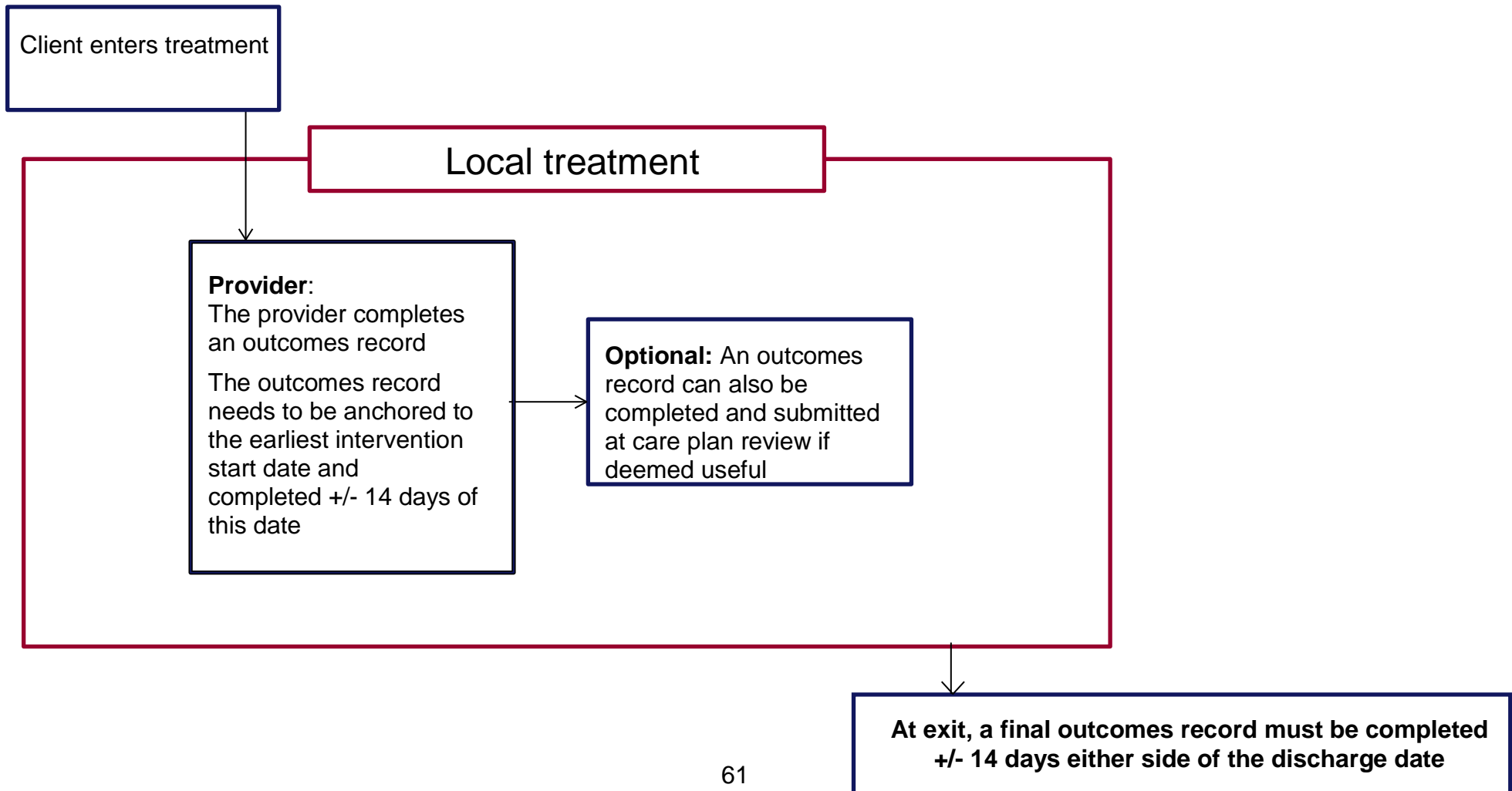
The settings below should be recorded in the intervention/modality record where the intervention being delivered is at a different setting to the one the provider is registered as.

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

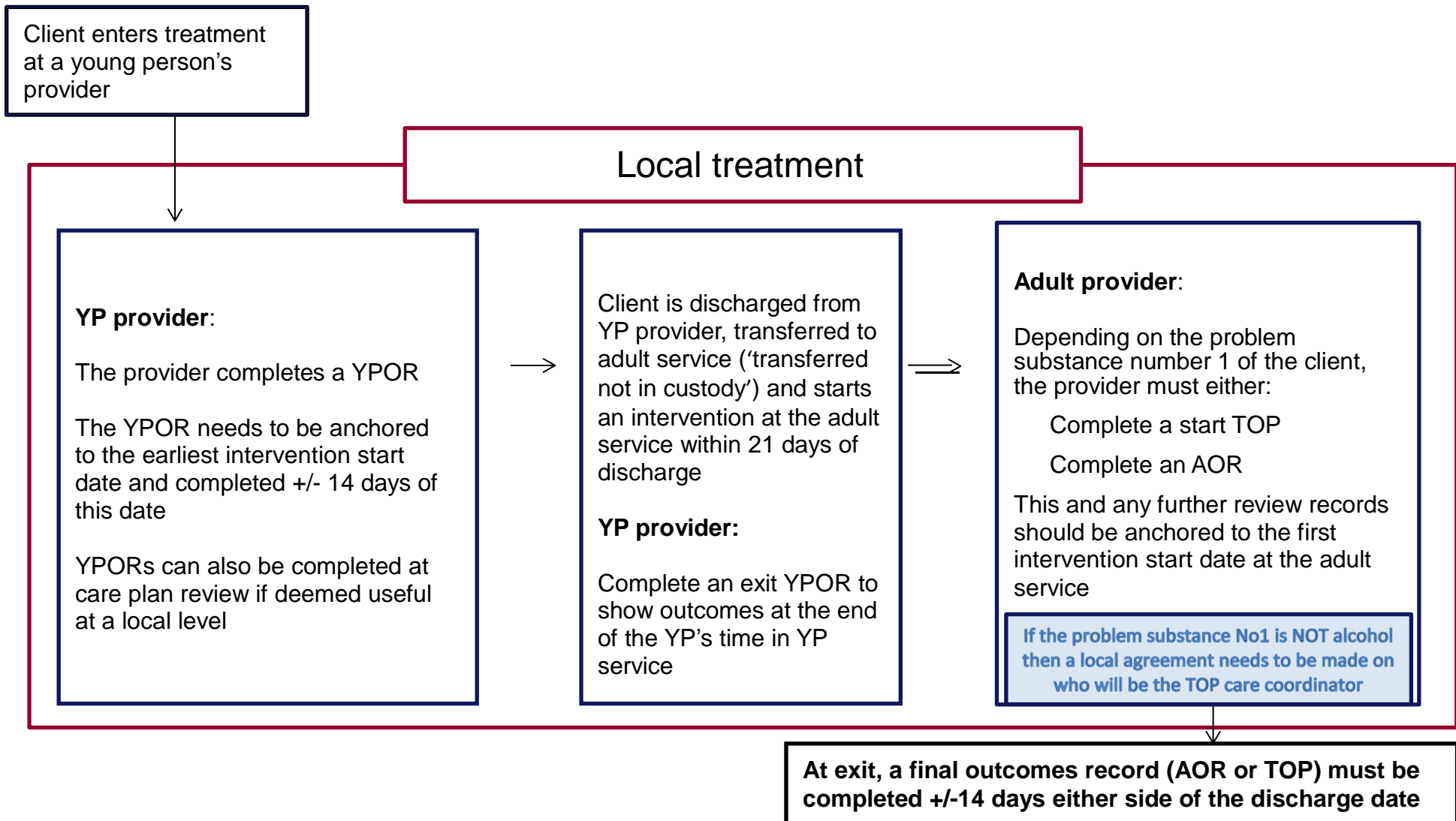
## Appendix M : Young People's Outcomes Record (YPOR)

All clients in treatment in a young person's service should have a YPOR completed, regardless of age.

### M.1 Process map for completing a Young People's Outcome Record (YPOR)



M.2 Process map for completing a YPOR for clients who are transferring from a young person's service to an adult service



## Appendix N: external references

Ref No	Title	Version
1	<a href="#">Working Together to Safeguard Children 2015</a>	March 2015
2	<a href="#">Safeguarding children from sexual exploitation</a>	Aug 2009
3	<a href="#">Young people – substance misuse JSNA support pack 2017-18: commissioning prompts</a>	Sept 2016
4	<a href="#">Practice standards for young people with substance misuse problems</a>	June 2012
5	<a href="#">Placing young people in custody: guide for youth justice practitioners</a>	July 2014
6	<a href="#">The Children Act 1989</a>	1989
7	<a href="#">NICE Public Health Intervention Guidance 4: Substance misuse interventions for vulnerable under 25s</a>	2007
8	<a href="#">Drug misuse and dependence: UK guidelines on clinical management</a> (also known as the 'clinical guidelines' or 'orange book')	2007
9	<a href="#">NICE Clinical Guideline 51: Drug misuse in over 16s: psychosocial interventions</a>	July 2007
10	<a href="#">Guidance for the pharmacological management of substance misuse among young people among young people</a>	March 2009
11	<a href="#">Violence against women and girls</a>	
12	<a href="#">NICE Clinical Guideline 115: Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence</a>	2011
13	<a href="#">Drug Strategy 2010</a>	December 2010
14	<a href="#">NICE Clinical Guideline 52: Drug misuse in over 16s: opioid detoxification</a>	July 2007