



Public Health
England

Protecting and improving the nation's health

National Drug Treatment Monitoring System

Young people's treatment business definitions

Core dataset P

V14.3

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-leading science, research, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

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Revision history

Version	Author	Purpose/reason
14.3	J Palmer	<p>Amendments since V14.2</p> <p>CRTMHN - added 'If the young person has a mental health treatment need (MHTN = 1 'Yes') please record whether they are receiving treatment for their mental health needs'</p> <p>CIRCRTMHN - added 'If the young person has a mental health treatment need (CIRMHTN = 1 'Yes') please record whether they are receiving treatment for their mental health needs'</p> <p>CRTMHN & CIRCRTMHN – removed 'Is the young person receiving treatment for their mental health need?'</p>
14.2	L Hughes	<p>Amendments since V14.1</p> <p>References to 'client', 'YP' and 'individual' within definitions changed to 'young person'/ 'young people'.</p> <p>LA – added 'If the DAT code is 'Out of England' (Z00B) the LA field should be left blank'.</p> <p>PREGNANT & CIRPREGNANT – added 'required for females only'</p> <p>YPSSLFHM – definition clarified to include: Young people may be reluctant to disclose that they are self harming when they start treatment. In order to get a true reflection, this item should be updated if self harm is disclosed during treatment. If the young person disclosed self harm at the start of the episode, this should not be updated even if they report that they are no longer self harming.</p> <p>YPCPL – added 'Updates to this field should be made on Client Information Review' to Field Updatability column.</p> <p>Added that the following fields refer to 'ever': YPSSEXEX, YPSSLFHM, YPGANGS, YPCRIMEX, YPASMFM.</p>

Version	Author	Purpose/reason
		<p>Added that YPSUSS applies to the 28 days prior to treatment start.</p> <p>REFLD – added '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'.</p> <p>PRNTSTAT, CIRPRTST & Appendix E updated to state 'the majority of the time'.</p> <p>CHILDWTH & CIRCLDWT amended to state 'at least one night a fortnight'</p> <p>OTDRGUSE corrected to OTDRGUSE</p> <p>CIRHEPBSTAT – definition updated</p> <p>CIRHEPBCSTAT – definition updated</p> <p>CIRHEPBSTAT, CIRHEPCSTAT, CIRPARENT, CIRCLDWT, CIRMHTN, CIRYPCPL, CIRYPESTI, CIRYPSCCH - added 'must be completed each time a full client information review is completed' to updatability column.</p> <p>Appendix B reviewed</p> <p>Appendix D & G – minor tweaks to definition wording</p> <p>Appendix P added</p>
14.1	L Hughes	<p>CDS-P</p> <p>New headers</p> <p>UTLA – Upper Tier Local Authority</p> <p>LTLA – Lower Tier Local Authority</p> <p>PARENT and CIRPARENT – Does the client have parental responsibility for a child aged under 18?</p> <p>EHSC2, EHSC3, CIREHCSC2 and CIREHCSC3 – added to enable providers to record up to 3 forms of help being received. Definition of EHSC and CIREHCSC amended accordingly.</p> <p>YPGANG – Has YP been involved in gangs?</p> <p>YPCRIMEX – Has YP been affected by child criminal exploitation?</p> <p>RATEFAM – How well does YP get on with family?</p> <p>RATEFRI – How well does YP get on with friends?</p>

Version	Author	Purpose/reason
		<p>CIRSTAGE – CIR stage</p> <p>CIRHLCASSDT – Health care assessment date added to CIR and definition of HLCASSDT amended accordingly</p> <p>CIRYPCPL – Is the YP been subject to a child protection plan?</p> <p>CIRYPESTI – Has the YP been offered a screen for sexually transmitted infections?</p> <p>CIRYPSCCH – Has the YP been offered a screen specifically for chlamydia?</p> <p>CIREHCSC, CIREHCSC2 & CIREHCSC3 – definitions amended to remove reference to the data item at triage/ on the latest CIR changing.</p> <p>New reference data items</p> <p>RFLS:</p> <ul style="list-style-type: none"> • 37 – Relative/peer/concerned other • 61 – Children and YP secure estate • 78 – Helpline/website • 75 – Recommissioning transfer <p>YPSSEXEX:</p> <ul style="list-style-type: none"> • U – Unknown • Z – Client declined to answer <p>YPSLFFHM:</p> <ul style="list-style-type: none"> • Z – Client declined to answer <p>YPSGP:</p> <ul style="list-style-type: none"> • Z - Client declined to answer <p>YPSUSS:</p> <ul style="list-style-type: none"> • Z – Client declined to answer <p>DISRSN – 74 – Transfer - recommissioning transfer</p> <p>Dropped headers</p> <p>ROUTE – Route of administration of problem substance number 1</p> <p>CPLANDT – Care plan start date</p> <p>MODEXIT – Intervention exit status</p> <p>LWWAS – To what extent YP feels that the things they do in life are worthwhile?</p>

Version	Author	Purpose/reason
		<p>FMCRCOH – How well does YP get on with family/friends?</p> <p>Dropped reference data items</p> <p>RFLS:</p> <ul style="list-style-type: none"> • 9 – A&E • 20 – CLA – Children Looked After • 24 – Relative • 25 – Concerned other • 42 – Helpline • 51 – FRANK • 66 – Secure children's home • 67 - Secure training centre • 68 - Youth offender institute • 52 - Website <p>PRNTSTAT and CIRPRTST – '14 – not a parent' dropped as field only required if new field PARENT is 'yes'</p> <p>YPESTI – C – not known</p> <p>YPSCCH – C – not known</p> <p>MODAL – 60 – YP non-structured intervention</p> <p>Amendments</p> <p>CIR requirements changed – all CIR fields to be reviewed with the client every 6 months and a full CIR submitted to NDTMS. BBV information can be submitted on a partial CIR in between full CIRs.</p> <p>SEX – field description 'Client sex' changed to 'Client sex at registration of birth'</p> <p>NATION – field description 'Nationality' changed to 'Country of birth'</p> <p>CONSENT – definition amended to state that informed consent must be gained rather than explicit consent</p> <p>DRUG2 and DRUG3 – guidance changed so that these fields can be left blank</p> <p>PRNTSTAT – field description changed from 'Parental status' to 'If parental responsibility is 'yes', how many of these children live with the client?'</p>

Version	Author	Purpose/reason
		<p>PRNTSTAT and CIRPRTST – definition amended so field only needs populating if new field PARENT is 'yes'</p> <p>CHILDWTH and CIRCLDWT – field description & definition amended to be explicit that this relates to the <u>total</u> number of children living in the same house as the client.</p> <p>EHCS2 and CIREHCS2 – field description changed to 'What help are the client's children/children living with the client receiving?' and reference data item 5 changed from 'No' to 'None of the children are receiving any help'. Definition amended to cover how to complete EHCS2 and EHCS3/CIREHCS2 and CIREHCS3.</p> <p>RFLS:</p> <ul style="list-style-type: none"> • 22 – Hospital – definition amended so this now includes A&E • 56 - Employer – removed 'applicable to primary alcohol clients only' • 30 – Children and family services – definition expended to include Looked After Children services • 38 – 'Non child mental health services' changed to 'Adult mental health services' <p>YPLCS – reference data amended to:</p> <ul style="list-style-type: none"> • 2 – not a looked after child or child in need • 1 – looked after child • 3 – child in need <p>YPSSEXEX – amended to 'YP being sexually exploited?'</p> <p>YPSSLFHM – amended to 'Is the YP self harming at treatment start?'</p> <p>CRTMHN/CIRCRTMHN – definition of 'receiving mental health treatment from GP' clarified.</p> <p>HLCASSDT – changed from 'Drug treatment healthcare assessment date' to 'Healthcare assessment date'</p> <p>PREGNANT – now only required for female clients</p> <p>REFLD and TRIAGED definitions clarified</p> <p>Field updatability incorporated into main table</p>

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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 for use by young people's drug and alcohol services in the community, who may see young people up to the age of 24. Information and definitions relating to data collection by adult drug and alcohol treatment services and secure settings can be found at: <https://www.gov.uk/government/collections/alcohol-and-drug-misuse-treatment-core-dataset-collection-guidance>

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/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: <https://www.gov.uk/government/collections/alcohol-and-drug-misuse-treatment-core-dataset-collection-guidance>

- 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 geographic information including DAT of residence and local authority codes.
- NDTMS reference data – provides permissible values for each data item.

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

The current version (commonly referred to as the NDTMS dataset P) for national data collection will come into effect on 1 April 2020.

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

Purpose of NDTMS

The data items contained in the NDTMS dataset are intended to provide measurements to support the commissioning and delivery of specialist substance misuse services. These services help young people to stop using drugs and alcohol, to reduce the harm they cause themselves and others, to develop their resilience and to manage the risks they face so that they sustain their progress when they leave services. See [Young people commissioning support 2019 to 2020: principles and indicators](#) for further information.

Which substance misuse service provision should be reported to NDTMS?

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

1. Treatment providers should have a service level agreement for providing specialist substance misuse treatment to young people under the age of 18 and their families (see [Appendix A](#) for definition of specialist substance misuse treatment).
2. Treatment providers will have been established as part of the young person's substance misuse treatment needs assessment and treatment planning and commissioning process to provide specialist substance misuse treatment interventions to young people up to the age of 24.
3. Treatment providers should be delivering specialist treatment interventions for young people – see [Appendix K](#).

Non-treatment substance misuse services

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

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, 1 of the 3 structured treatment interventions) to NDTMS.

Data entities

The NDTMS dataset consists of fields that are updateable (such as the young person's postcode) and fields that should not change and should be completed as per the start of the episode (such as the young person's ethnicity). For some episode fields we require the most up to date information and these updates should be made on the CIR form, so that the episode field can give us a baseline to monitor change. The table in [section 6](#) (below) details for each data item the question, the definition and whether it is updateable during the episode of treatment or whether the information reported should be as per the start of the episode. In general, all data is required.

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

Client details

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

Episode details

Details pertaining to the current episode of treatment including information gained at triage such as geographic information, protected characteristics information, problem substance/s, parent and child status and BBV. 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.

Treatment intervention details

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

Sub Intervention Review (SIR)

Details regarding which sub modalities the young person has received since treatment start or since the last SIR. SIRs should be completed at least every 6 months (but can be completed more frequently if this would be of use locally) and at discharge from treatment. They should be completed retrospectively and can be completed by the keyworker/admin without the young person present.

See [Appendix K](#) for definitions of the sub-interventions.

Young Persons Outcomes Record (YPOR)

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

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

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 young person to review their substance use behaviour and health and social functioning in the last 28 days.

See [Appendix M](#) for further information on completing YPOR.

Client Information Review (CIR)

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

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

NDTMS dataset fields

1. Client details			
Field description	CSV Header	Definition	Field updatability ¹
Client ID	CLIENTID	A mandatory, unique technical identifier representing the young person, 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 young person. A possible implementation of this might be the row number of the young person in the client table.	Must be completed. If not, record rejected. This is populated by your software system. Should not change.
Initial of client's first name	FINITIAL	The first initial of the young person's first name – for example Max would be 'M'. If a young person legally changes their name this should be updated on your system. This will create a mismatch at your next submission for which you should select 'replace' or 'delete'.	Must be completed. If not, record rejected. Should not change (record as per start of episode). If changed will create a validation mismatch.
Initial of client's surname	SINITIAL	The first initial of the young person's surname – for example Smith would be 'S', O'Brian would be 'O' and McNeil would be 'M'. If a young person legally changes their name this should be updated on your system. This will create a mismatch at your next submission for which you should select 'replace' or 'delete'.	Must be completed. If not, record rejected. Should not change (record as per start of episode). If changed will create a validation mismatch.
Client birth date	DOB	The day, month and year that the young person was born.	Must be completed. If not, record rejected. Should not change (record as per start of episode). If changed will create a validation mismatch.

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

Young people's treatment business definitions

1. Client details			
Field description	CSV Header	Definition	Field updatability ¹
Client sex at registration of birth	SEX	The young person's sex at registration of birth.	Must be completed. If not, record rejected. Should not change (record as per start of episode). If changed will create a validation mismatch.
Ethnicity	ETHNIC	The ethnicity that the young person states as defined in the Office of Population Censuses and Surveys (OPCS) categories. If a young person declines to answer, then 'not stated' should be used. If young person does not know then 'Value is unknown' should be used.	Should not change (record as per start of episode).
Country of birth	NATION	Country of birth. Kosovo should be recorded as Serbia as per NHS data dictionary.	Should not change (record as per start of episode).
Agency code	AGNCY	A unique identifier for the treatment provider that is defined by the regional NDTMS team – for example L0001.	Must be completed. If not, record rejected. This is populated by your software system. Should not change. If changed file will fail on validation.
Client reference	CLIENT	A unique number or ID allocated by the treatment provider to a young person. The client reference should remain the same within a treatment provider for a young person during all treatment episodes. (NB: this must not hold or be composed of attributers, which might identify the young person).	Should not change and should be consistent across all episodes at the treatment provider.

2. Episode details			
Field description	CSV Header	Definition	Field updatability
Episode ID	EPISODID	A mandatory, unique technical identifier representing the episode, as held on the clinical system used at the treatment provider. NB – this should be a technical item, and should not hold or be composed of attributers, which might identify the individual. A possible implementation of this might be the row number of the episode in the episode table.	Must be completed. If not, record rejected. This is populated by your software system. Should not change.
Software system and version used	CMSID	A mandatory, system identifier representing the clinical system and version used at the provider, for example, agencies using the data entry tool would have DET V7.0 populated in the field.	Must be completed. If not, record rejected. This is populated by your software system. May change (record as per current situation).
Consent for NDTMS	CONSENT	Whether the young person has agreed for their data to be shared with PHE. Informed consent must be sought from all young people. For further information on obtaining NDTMS consent please see NDTMS consent and confidentiality guidelines .	All young people must give consent before their information can be sent to NDTMS. May change (record as per current situation).
Postcode	PC	The postcode of the young person's place of residence. The postcode should be truncated by your system when extracted for NDTMS (the final 2 characters of the postcode should be removed for example, 'NR14 7UJ' would be truncated to 'NR14 7'). If a young person states that they are of no fixed abode or they are normally resident outside of the UK, then the default postcode ZZ99 3VZ should be recorded (and truncated on extract).	May change (record as per current living situation).

2. Episode details			
Field description	CSV Header	Definition	Field updatability
DAT of residence	DAT	<p>The partnership area or upper tier local authority in which the young person normally resides (as defined by the postcode of their normal residence).</p> <p>If the young person is resident in Scotland, Wales, Northern Ireland or outside of the UK record the code that reflects this.</p> <p>If a young person 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. 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.</p>	<p>Must be completed. If not, data may be excluded from performance monitoring reports.</p> <p>May change (record as per current living situation).</p>
Local authority	LA	<p>The local authority in which the young person currently resides (as defined by the postcode of their normal residence).</p> <p>If the young person is resident in Scotland, Wales, Northern Ireland or outside of the UK record the code that reflects this.</p> <p>If a young person 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.</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>If the DAT code is 'Out of England' (Z00B) the LA field should be left blank.</p> <p>See NDTMS Geographic Information document for a list of LA codes.</p>	<p>Must be completed.</p> <p>May change (record as per current living situation).</p>

2. Episode details			
Field description	CSV Header	Definition	Field updatability
Upper tier local authority	UTLA	<p>This field will be electronically mapped by software providers based on the DAT of residence field. Treatment providers do not need to complete this field.</p> <p>The upper tier local authority (UTLA) in which the young person normally resides (as defined by the postcode of their normal residence).</p> <p>If the young person is resident in Scotland, Wales, Northern Ireland or outside of the UK record the code that reflects this.</p> <p>If a young person states that they are of No Fixed Abode (denoted by having an accommodation need of NFA) then for a structured community provider the UTLA of the treatment provider should be used as a proxy. Note – although the accommodation need is the status at the start of the episode, the UTLA is the current situation.</p> <p>See NDTMS Geographic Information document for a list of UTLA codes and how they should be mapped from DAT codes.</p>	<p>Should be completed by software provider based on DAT of residence field.</p> <p>May change (record as per current living situation).</p>
Lower tier local authority	LTLA	<p>This field will be electronically mapped by software providers based on the LA field. Treatment providers will not need to complete this field.</p> <p>The lower tier local authority (LTLA) in which the young person currently resides (as defined by the postcode of their normal residence).</p> <p>If the young person is resident in Scotland, Wales, Northern Ireland or outside of the UK record the code that reflects this.</p> <p>If a young person 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. Note – although the accommodation need is the status at the start of the episode, the LTLA is the current situation.</p> <p>See NDTMS Geographic Information document for a list of LTLA codes and how they should be mapped from LA codes.</p>	<p>Should be completed by software provider based on Local Authority field.</p> <p>May change (record as per current living situation).</p>

2. Episode details			
Field description	CSV Header	Definition	Field updatability
Referral date	REFLD	<p>The date that the young person was referred for this episode of structured treatment. For example, it would be the date a referral letter was received, the date a referral phone call or fax was received or the date the young person self-referred.</p> <p>For scenario examples and how this date is used in waiting times calculations please see Appendix B.</p>	<p>Must be completed. If not, data may be excluded from performance monitoring reports.</p> <p>Should not change. If changed will create a validation mismatch.</p>
Referral source	RFLS	<p>The source or method by which a young person was referred for this treatment episode. A valid referral source code should be used as defined in the NDTMS reference data. See Appendix C for list of referral sources and their definitions.</p>	<p>Should not change (record as per start of episode).</p>
Triage date	TRIAGED	<p>The date that the young person made a first face-to-face presentation to this treatment provider for structured treatment.</p> <p>If the young person is in non-structured treatment and during this time, it is established that there is a requirement for structured treatment, the non-structured episode should be closed, and a new structured episode should be opened in which the triage date should be recorded as the date that it was agreed that they require structured treatment. This will ensure that waiting times for structured treatment can be accurately calculated.</p> <p>For scenario examples see Appendix B.</p>	<p>Must be completed. If not, data may be excluded from performance monitoring reports.</p> <p>Should not change.</p>
Previously treated	PREVTR	<p>Has the young person ever received structured drug or alcohol treatment at this or any other treatment provider?</p>	<p>Should not change (record as per start of episode).</p>
Pregnant	PREGNANT	<p>Is the young person pregnant?</p> <p>Required for females only.</p>	<p>Should not change (record as per start of episode).</p> <p>Updates to this field should be made on Client Information Review.</p>

2. Episode details			
Field description	CSV Header	Definition	Field updatability
Accommodation need	ACCMNEED	The accommodation need refers to the housing need of the young person in the 28 days prior to treatment start. Services reporting the NDTMS young person's data set must use YP specific accommodation codes. Appendix D describes the reference data for this item and the relevant definitions for YP services.	Should not change (record as per start of episode).
Parental responsibility	PARENT	At treatment start, does the young person have parental responsibility for a child aged under 18? A child is a person who is under 18 years of age. Parental responsibility should include biological parents, step-parents, foster parents, adoptive parents and guardians. It should also include de facto parents where a young person lives with the parent of a child or the child alone (for example, a young person who cares for younger siblings) and has taken on full or partial parental responsibilities. Parental responsibility as used here is wider than the legal definition of parental responsibility.	Should not change (record as per start of episode). Updates to this field should be made on Client Information Review.
Do any of these children live with the client?	PRNTSTAT	If the young person has parental responsibility (PARENT = yes), please record whether none of, some of or all of the children they are responsible for live with the young person the majority of the time. A child is a person who is under 18 years old. See Appendix E for data items and definitions.	Should not change (record as per start of episode). Updates to this field should be made on Client Information Review.
How many children under 18 in total live in the same house as the client?	CHILDWTH	The total number of children under 18 that live in the same household as the young person at least one night a fortnight. The young person does not necessarily need to have parental responsibility for the children. Due to this being a numerical field please record code '98' as the response if the young person has declined to answer. For young people living in care this should be recorded as 0, unless the young person is living with other siblings. In this case the number of siblings should be recorded.	Should not change (record as per start of episode). Updates to this field should be made on Client Information Review.

2. Episode details			
Field description	CSV Header	Definition	Field updatability
What help are the client's children/ children living with the client receiving? (1)	EHCS	<p>What help are the young person's children/children living with the young person receiving?</p> <p>This question only applies to the young person 's children (regardless of whether this child lives with the young person or not) and to children aged under 18 living with the young person (regardless of whether this is the child of the young person or not).</p> <p>If more than one option applies, then please complete EHCS2 and EHCS3 as appropriate.</p> <p>If none of the children are receiving any help record 'None of the children are receiving any help' and leave EHCS2 and EHCS3 blank.</p> <p>If the young person declines to answer record 'client declined to answer' and leave EHCS2 and EHCS3 blank.</p> <p>See Appendix E for data items and definitions.</p>	<p>Should not change (record as per start of episode).</p> <p>Updates to this field should be made on Client Information Review.</p>
What help are the client's children/ children living with the client receiving? (2)	EHCS2	<p>What further help are the young person's children/children living with the young person receiving?</p> <p>This question only applies to the young person's children (regardless of whether this child lives with the young person or not) and to children aged under 18 living with the young person (regardless of whether this is the child of the young person or not).</p> <p>If more than 2 options apply, then please complete EHCS3 as appropriate.</p> <p>If the young person declines to answer or if no help is being received, then this field should be left blank.</p> <p>See Appendix E for data items and definitions.</p>	<p>Should not change (record as per start of episode).</p> <p>Updates to this field should be made on Client Information Review.</p>

2. Episode details			
Field description	CSV Header	Definition	Field updatability
What help are the client's children/ children living with the client receiving? (3)	EHCS3	<p>What further help are the young person's children/children living with the young person receiving?</p> <p>This question only applies to the young person's children (regardless of whether this child lives with the young person or not) and to children aged under 18 living with the young person (regardless of whether this is the child of the young person or not).</p> <p>If the young person declines to answer or if no help is being received, then this field may be left blank.</p> <p>See Appendix E for data items and definitions.</p>	<p>Should not change (record as per start of episode).</p> <p>Updates to this field should be made on Client Information Review.</p>
Problem substance number 1	DRUG1	<p>The substance that brought the young person into treatment at the point of triage/initial assessment, even if they are no longer actively using this substance. If a young person presents with more than one substance the provider is responsible for clinically deciding which substance is primary.</p>	Should not change (record as per start of episode).
Problem substance number 2	DRUG2	<p>An additional substance that brought the young person into treatment at the point of triage/initial assessment, even if they are no longer actively using this substance.</p> <p>If no second problem substance, then leave this field blank.</p>	Should not change (record as per start of episode).
Problem substance number 3	DRUG3	<p>An additional substance that brought the young person into treatment at the point of triage/initial assessment, even if they are no longer actively using this substance.</p> <p>If no third problem substance, then leave this field blank.</p>	Should not change (record as per start of episode).

2. Episode details			
Field description	CSV Header	Definition	Field updatability
Healthcare assessment date	HLCASSTDT	<p>Date that a specialist healthcare assessment was undertaken by a health clinician, such as a nurse, doctor or psychiatrist relating to their substance misuse for this treatment episode.</p> <p>For providers of adult substance misuse treatment, a health care assessment is required. This is not the case for young people's treatment providers who should report against this date differently.</p> <p>Treatment providers should only record a date when a young person receives an assessment from a health clinician such as a nurse, doctor or psychiatrist, and when the assessment relates specifically to their substance misuse, such as in relation to clinical management, issues arising from injecting behaviour, blood borne viruses or dual diagnosis.</p>	<p>Should not change (to be completed when initial health care assessment is completed).</p> <p>Dates of subsequent healthcare assessments should be recorded on the Client Information Review.</p>
Hep B intervention status	HEPBSTAT	<p>Within the current treatment episode, whether the young person was offered a vaccination for hepatitis B, if that offer was accepted by the young person and whether they have commenced/completed vaccinations.</p> <p>For further information on recording BBV details, please see Appendix H and the Recording NDTMS data about blood-borne virus interventions document.</p>	<p>Should not change (record as per start of episode).</p> <p>Updates to this field should be made on Client Information Review.</p>
Hep C intervention status	HEPCSTAT	<p>Within the current treatment episode, whether the young person was offered a test for hepatitis C, if that offer was accepted by the young person and whether they have had a test.</p> <p>For further information on recording BBV details please see Appendix H and the Recording NDTMS data about blood-borne virus interventions document.</p>	<p>Should not change (record as per start of episode).</p> <p>Updates to this field should be made on Client Information Review.</p>

2. Episode details			
Field description	CSV Header	Definition	Field updatability
Mental health treatment need	MHTHN	<p>Does the young person have a mental health treatment need? Mental health treatment need includes:</p> <p>common mental illness (for example, 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)</p> <p>serious mental illness (for example, psychosis, schizophrenia, personality disorder) – either current diagnosis, or currently experiencing symptoms (where the symptoms are not considered to simply due to acute psychoactive effects of substances consumed or due to current withdrawals)</p> <p>mental health crisis (person is currently suicidal or indicating a risk of harm to self or others)</p> <p>This is determined by either the young person's self-report or by formal assessment. If young person declines to answer, then record 'Client declined to answer'.</p>	<p>Should not change (record as per start of episode).</p> <p>Updates to this field should be made on Client Information Review.</p>
Receiving treatment for mental health need	CRTMHN	<p>If the young person has a mental health treatment need (MHTHN = 1 'Yes') please record whether they are 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>Should not change (record as per start of episode).</p> <p>Updates to this field should be made on Client Information Review</p>
YP care status	YPLCS	<p>What is the care status of the young person at treatment start?</p> <p>The term 'looked after children' is defined in law under the Children Act 1989. A child is looked after by a local authority if he or she is in their care or is provided with accommodation for more than 24 hours by the authority. For further details about the definitions of looked after child and child in need, please see Appendix E.</p>	<p>Should not change (record as per start of episode).</p>

2. Episode details			
Field description	CSV Header	Definition	Field updatability
YP sexual exploitation	YPSSEXEX	<p>Has the young person ever been sexually exploited prior to treatment start?</p> <p>Young people may be reluctant to disclose that they have been sexually exploited when they start treatment. In order to get a true reflection, this item should be updated if sexual exploitation prior to/at treatment start is disclosed during treatment. If the young person disclosed being sexually exploited at the start of the episode, this should not be updated even if they later report that they no longer are. See Appendix F for further information.</p>	Should not change (record as per start of episode).
YP self harm	YPSSLFHM	<p>Has the young person ever self harmed prior to treatment start?</p> <p>Young people may be reluctant to disclose that they have self harmed when they start treatment. In order to get a true reflection, this item should be updated if self harm prior to/at treatment start is disclosed during treatment. If the young person disclosed self harming at the start of the episode, this should not be updated even if they later report that they no longer are. See Appendix F for further information.</p>	Should not change (record as per start of episode).
Has YP been involved in antisocial behaviour or committed a criminal act on more than one occasion in the past 6 months?	YPABACF	<p>Has the young person been involved in antisocial behaviour or committed a criminal act on more than one occasion in the past 6 months? This is about any offending behaviour the young person discloses, not convictions.</p>	Should not change (record as per start of episode).
YP education/employment/training status	YPSESTAT	<p>What is the education/employment/training status of the young person at treatment start?</p> <p>See Appendix G for further information.</p>	Should not change (record as per start of episode).

Young people's treatment business definitions

2. Episode details			
Field description	CSV Header	Definition	Field updatability
YP registered with GP	YPSGP	Was the young person registered with a General Practitioner at treatment start?	Should not change (record as per start of episode).
YP engaged in unsafe sex	YPSUSS	Has the young person engaged in unsafe sex in the 28 days prior to treatment start? See Appendix F for further information.	Should not change (record as per start of episode).
YP offered a screen for sexually transmitted infections	YPESTI	Has the young person been offered a screen for sexually transmitted infections at treatment start? See Appendix H for further information.	Should not change (record as per start of episode). Updates to this field should be made on Client Information Review.
YP offered a screen for chlamydia	YPSCHH	Has the young person been offered a screen specifically for chlamydia? See Appendix H for further information.	Should not change (record as per start of episode). Updates to this field should be made on Client Information Review.
YP subject to a Child Protection Plan (CPP)	YPCPL	Was the young person subject to a Child Protection Plan (CPP) at treatment start? See Appendix E for further information.	Should not change (record as per start of episode). Updates to this field should be made on Client Information Review.

2. Episode details			
Field description	CSV Header	Definition	Field updatability
YP involved in gangs	YPGANGS	<p>Has the young person ever been involved in gangs?</p> <p>A gang is a group of people (at least 3) with one or more characteristics that enable its members to be identified by others as a group and engages in gang-related violence or is involved in the illegal drug market. The young person may not necessarily be (or have been) a member of a gang but is/ has been associated with a gang (for example, because of where they live or because of a family connection) or they may feel that they are being targeted or coerced to join a gang. PHE is collecting this information as part of our wider monitoring of vulnerabilities amongst children receiving substance misuse treatment. Children involved with gangs are at a greater risk of gang violence and child criminal exploitation.</p>	Should not change (record as per start of episode).
YP affected by child criminal exploitation	YPCRIMEX	<p>Has the young person ever been affected by child criminal exploitation?</p> <p>This question is applicable to all young people in YP services, even if they are over the age of 18.</p> <p>Child criminal exploitation occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a young person into any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or the threat of violence. The victim may have been criminally exploited even if the activity appears consensual. Child criminal exploitation does not always involve physical contact – it can also occur through the use of technology.</p>	Should not change (record as per start of episode).
YP affected by substance misuse in their close family/ members of their household?	YPASMFM	Does the young person feel that they have ever been affected by substance misuse in their close family/members of their household at treatment start?	Should not change (record as per start of episode).

2. Episode details			
Field description	CSV Header	Definition	Field updatability
YP ever been affected by domestic abuse	YPEBABDA	Has the young person ever been affected by domestic abuse? See Appendix F for further information.	Should not change (record as per start of episode).
YP met goals agreed on care plan at discharge	YPECAREP	At the point of discharge, has the young person met their goals as laid out in their care plan? This refers to a young person who has met the main goals of their care plan, irrespective of the treatment outcome at treatment exit. See Practice standards for young people with substance misuse problems .	Should not change (as at discharge).
YP offered continuing support from non-substance misuse services at discharge	YPCNSM	Is the young person offered support from other services on exit to address non-specialist and/or non-substance misuse need?	Should not change (record as per discharge).
Discharge date	DISD	<p>The date that the young person was discharged ending the current structured treatment episode. If a young person has had a planned discharge, then the date agreed within this plan should be used. If a young person's discharge was unplanned then the date of last face-to-face contact with the treatment provider should be used. If a young person has had no contact with the treatment provider for 2 months then for NDTMS purposes it is assumed that the young person has exited treatment. A discharge date should be returned at this point using the date of the last face-to-face contact with the young person.</p> <p>If a young person is discharged from treatment and then represents for further treatment at a later date, the expectation is that the young person should be reassessed, and a new episode created with a new triage date.</p> <p>If this proves burdensome, we can accept the re-opening of the young person's previous episode (by removing discharge date and discharge reason) as long as the gap between discharge from the old episode and representation is less than 21 calendar days. In this scenario, the</p>	Discharge date required when the young person is discharged. ALL structured modalities must now have end dates. Discharge reason must be given.

2. Episode details			
Field description	CSV Header	Definition	Field updatability
		previous modalities should remain closed and new modalities should be opened.	
Discharge reason	DISRSN	The reason why the young person's episode of structured treatment was ended. For discharge reason definitions see Appendix J .	Discharge reason required when young person is discharged. Discharge date MUST be given. Should only change from 'null' to populated as episode progresses.

3. Treatment intervention details			
Field description	CSV Header	Definition	Field updatability
Intervention ID	MODID	A mandatory, unique technical identifier representing the intervention, as held on the clinical system used at the treatment provider. (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.	MUST be completed. If not, record rejected. This is populated by your software system. Should not change.
Date referred to intervention	REFMODDT	The date that it was mutually agreed that the young person required this intervention of treatment. For the first intervention in an episode, this should be the date that the young person was referred into the treatment system requiring a structured intervention. For subsequent interventions, it should be the date that both the young person and the keyworker agreed that the young person is ready for this intervention. For how this date is used in waiting times calculations please see Appendix B .	Waiting times calculated from this field. Must be completed for all interventions. Should not change. If changed will create a validation mismatch.
Date of first appointment offered for intervention	FAOMODDT	The date of the first appointment offered to commence this intervention. This should be mutually agreed to be appropriate for the young person.	Waiting times calculated from this field. Should not change.

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

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

5. Young people's outcomes record (YPOR)			
Field description	CSV Header	Definition	Field updatability
YPOR ID	TOPID	A mandatory, unique technical identifier representing the YPOR, as held on the clinical system used at the treatment provider. (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.	Must be completed if any items in this section (YPOR) are not null. If not, record rejected. This is populated by your software system. Should not change.
Outcomes record (YPOR) date	TOPDATE	Date of most recent outcomes review. In each review all outcomes data should reflect the 28 days prior to this date. See Appendix M for outcomes process maps.	Should not change (record as per YPOR date). If changed will create a validation mismatch.
Treatment stage	TRSTAGE	Stage of treatment that the YPOR data relates to for example, start, review, exit, post-exit.	Should not change (record as per YPOR date).
Alcohol use	ALCUSE	Number of days in previous 28 days that the young person has used alcohol.	Should not change (record as per YPOR date).
Consumption (alcohol)	CONSMP	If used in the previous 28 days, number of units of alcohol consumed on a typical using day.	Should not change (record as per YPOR date).
Opiate use	OPIUSE	Number of days in previous 28 days that the young person has used opiates.	Should not change (record as per YPOR date).
Crack use	CRAUSE	Number of days in previous 28 days that the young person has used crack.	Should not change (record as per YPOR date).
Cocaine use	COCAUSE	Number of days in previous 28 days that the young person has used powder cocaine.	Should not change (record as per YPOR date).
Amphetamine use	AMPHUSE	Number of days in previous 28 days that the young person has used amphetamines.	Should not change (record as per YPOR date).
Cannabis use	CANNUSE	Number of days in previous 28 days that the young person has used cannabis.	Should not change (record as per YPOR date).

Young people's treatment business definitions

5. Young people's outcomes record (YPOR)			
Field description	CSV Header	Definition	Field updatability
Cannabis average use per day	CAUSPD	If used in the previous 28 days, number of grams of cannabis used on a typical using day.	Should not change (record as per YPOR date).
Other substance use	OTDRGUSE	Number of days in previous 28 days that the young person has used another problem drug.	Should not change (record as per YPOR date).
Other substance use 2	OTHR2YP	Number of days in previous 28 days that the young person has used other problem drug (2).	Should not change (record as per YPOR date).
Other substance use 3	OTHR3YP	Number of days in previous 28 days that the young person has used other problem drug (3).	Should not change (record as per YPOR date).
Unsuitable housing	UNSTHSE	Has the young person been in unsuitable housing in the previous 28 days? Unsuitable housing includes where accommodation may be overcrowded, damp, inadequately heated, in poor condition or in a poor state of repair. Unsuitable housing is likely to have a negative impact on health and wellbeing and/or on the likelihood of achieving recovery.	Should not change (record as per YPOR date).
Tobacco/nicotine	TOANIC	Number of days in previous 28 days that the young person smoked tobacco, in whatever form (for example, ready-made cigarettes, hand-rolled cigarettes, cannabis joints with tobacco, cigars, pipe tobacco and shisha/water pipes), but not including nicotine replacement therapy and e-cigarettes.	Should not change (record as per YPOR date).
Ecstasy	ECSTSYYP	Number of days in previous 28 days that the young person has used ecstasy.	Should not change (record as per YPOR date).
Solvents	SOLVYP	Number of days in previous 28 days that the young person has used solvents.	Should not change (record as per YPOR date).
Ketamine	KETAMNYP	Number of days in previous 28 days that the young person has used ketamine.	Should not change (record as per YPOR date).
GHB	GHBYP	Number of days in previous 28 days that the young person has used GHB.	Should not change (record as per YPOR date).

5. Young people's outcomes record (YPOR)			
Field description	CSV Header	Definition	Field updatability
New psychoactive substances (NPS)	LEHIGSY	Number of days in previous 28 days that the young person has used new psychoactive substances (NPS).	Should not change (record as per YPOR date).
Tranquilisers (including benzodiazepines)	TRANYP	Number of days in previous 28 days that the young person has used tranquilisers (including benzodiazepines).	Should not change (record as per YPOR date).
Age substance first used: cannabis	AFUCAN	What age did the young person first ever use cannabis? If substance has never been used record 0.	Should not change (record as per YPOR date).
Age substance first used: alcohol	AFUALC	What age did the young person first ever use alcohol? If substance has never been used record 0.	Should not change (record as per YPOR date).
Age substance first used: tobacco/nicotine	AFUTOBN	What age did the young person first ever use tobacco/nicotine? Includes ready-made cigarettes, hand-rolled cigarettes, cannabis joints with tobacco, cigars, pipe tobacco, shisha/water pipes, but not including nicotine replacement therapy and e-cigarettes. If substance has never been used record 0.	Should not change (record as per YPOR date).
Age substance first used: opiates (illicit)	AFUOOL	What age did the young person first ever use opiates? If substance has never been used record 0.	Should not change (record as per YPOR date).
Age substance first used: crack	AFUCRACK	What age did the young person first ever use crack? If substance has never been used record 0.	Should not change (record as per YPOR date).
Age substance first used: cocaine	AFUCOC	What age did the young person first ever use powder cocaine? If substance has never been used record 0.	Should not change (record as per YPOR date).
Age substance first used: ecstasy	AFUEST	What age did the young person first ever use ecstasy? If substance has never been used record 0.	Should not change (record as per YPOR date).
Age substance first used: amphetamines	AFUAMP	What age did the young person first ever use amphetamines? If substance has never been used record 0.	Should not change (record as per YPOR date).

5. Young people's outcomes record (YPOR)			
Field description	CSV Header	Definition	Field updatability
Age substance first used: solvents	AFUSLV	What age did the young person first ever use solvents? If substance has never been used record 0.	Should not change (record as per YPOR date).
Age substance first used: ketamine	AFUKET	What age did the young person first ever use ketamine? If substance has never been used record 0.	Should not change (record as per YPOR date).
Age substance first used: GHB	AFUGHB	What age did the young person first ever use GHB? If substance has never been used record 0.	Should not change (record as per YPOR date).
Age substance first used: new psychoactive substances (NPS)	AFULHU	What age did the young person first ever use new psychoactive substances (NPS)? If substance has never been used record 0.	Should not change (record as per YPOR date).
Age substance first used: tranquilisers (including benzodiazepines)	AFUTQL	What age did the young person first ever use tranquilisers (including benzodiazepines)? If substance has never been used record 0.	Should not change (record as per YPOR date).
Alcohol used over past 28 days/28 days prior to custody	AAUSFWK	In the previous 28 days, has the young person drunk more than 8 units of alcohol (males) or more than 6 units of alcohol (females) in a single drinking episode?	Should not change (record as per YPOR date).
Ever injected	LINSTUS	Has the young person ever injected a substance?	Should not change (record as per YPOR date).
Injecting drug use (last 28 days/28 days prior to custody)	YPIVDRGU	Has the young person injected a substance in the previous 28 days?	Should not change (record as per YPOR date).
Alcohol use weekday daytime	PTEDAWDD	In the previous 28 days has the young person consumed alcohol on a weekday during the daytime?	Should not change (record as per YPOR date).

5. Young people's outcomes record (YPOR)			
Field description	CSV Header	Definition	Field updatability
Alcohol use weekday evening	PTEDAWDE	In the previous 28 days has the young person consumed alcohol on a weekday during the evening?	Should not change (record as per YPOR date).
Alcohol use weekend daytime	PTEDAWED	In the previous 28 days has the young person consumed alcohol on a weekend during the daytime?	Should not change (record as per YPOR date).
Alcohol use weekend evening	PTEDAWEE	In the previous 28 days has the young person consumed alcohol on a weekend during the evening?	Should not change (record as per YPOR date).
Alcohol use alone	PTEDOYO	In the previous 28 days has the young person consumed alcohol on their own?	Should not change (record as per YPOR date).
Drug use weekday daytime	PTEUSWDD	In the previous 28 days has the young person used substances (excluding tobacco) on a weekday during the daytime?	Should not change (record as per YPOR date).
Drug use weekday evening	PTEUSWDE	In the previous 28 days has the young person used substances (excluding tobacco) on a weekday during the evening?	Should not change (record as per YPOR date).
Drug use weekend daytime	PTEUSWED	In the previous 28 days has the young person used substances (excluding tobacco) on a weekend during the daytime?	Should not change (record as per YPOR date).
Drug use weekend evening	PTEUSWEE	In the previous 28 days has the young person used substances (excluding tobacco) on a weekend during the evening?	Should not change (record as per YPOR date).
Drug use alone	PTEUSOYO	In the previous 28 days has the young person used any substances (excluding tobacco) on their own?	Should not change (record as per YPOR date).
How satisfied YP is with life today?	LISREDYS	How satisfied is the young person with their life these days?	Should not change (record as per YPOR date).
How anxious did YP feel yesterday?	ANSTS	How anxious did the young person feel yesterday?	Should not change (record as per YPOR date).
How happy did YP feel yesterday?	HAPSTYS	How happy did the young person feel yesterday?	Should not change (record as per YPOR date).
How well does YP get on with family?	RATEFAM	How well does the young person get on with their family?	Should not change (record as per YPOR date).

Young people's treatment business definitions

5. Young people's outcomes record (YPOR)

Field description	CSV Header	Definition	Field updatability
How well does YP get on with friends?	RATEFRI	How well does the young person get on with their friends?	Should not change (record as per YPOR date).

6. Client information review (CIR)

Field description	CSV Header	Definition	Field updatability
CIR ID	CIRID	A mandatory, unique technical identifier representing the CIR, as held on the clinical system used at the treatment provider. (NB: this should be a technical item, and should not hold or be composed of attributers, which might identify the young person).	MUST be completed if any items in this section (CIR) are not null. If not, record rejected. Should not change.
Client information review (CIR) date	CIRDT	The date that the most recent client information review took place. ALL questions on the client information review should be reviewed with the young person every 6 months and a full CIR returned to NDTMS. If BBV information changes in between reviews then a partial CIR may be returned with just the BBV information contained therein.	Must be completed each time a client information review is completed. Should not change – if changed will create a validation mismatch.
CIR Stage	CIRSTAGE	A full CIR should be completed for each young person every 6 months. Partial CIRs should be completed in between full CIRs to update BBV information.	MUST be completed if any items in this section (CIR) are not null. If not, record rejected. Should not change.

6. Client information review (CIR)			
Field description	CSV Header	Definition	Field updatability
CIR Hep B intervention status	CIRHEPBSTAT	<p>Within the current treatment episode, whether the young person was offered a vaccination for hepatitis B, if that offer was accepted by the young person and whether they have commenced/completed vaccinations.</p> <p>Once a vaccination course has been completed and recorded as 'Offered and accepted – completed vaccination', the young person's hep B status on subsequent CIRs should be recorded as 'Immunised already'. If it is later established that hep B immunity levels have fallen and vaccinations were once again required record the new offer on subsequent CIRs.</p> <p>For further information on recording BBV details please see Appendix H and the Recording NDTMS data about blood-borne virus interventions document.</p>	<p>Must be completed each time a full client information review is completed.</p> <p>Not expected to change (record as per client information review date).</p> <p>If information changes a new partial/full CIR should be completed.</p>
CIR Hep C intervention status	CIRHEPCSTAT	<p>Within the current treatment episode, whether the young person was offered a test for hepatitis C, if that offer was accepted by the young person, and whether they have had a test.</p> <p>Once a test has been done and recorded as 'Offered and accepted – had a hep C test', the young person's hep C status on subsequent CIRs should be recorded as 'Assessed as not appropriate to offer'. If the young person's risky behaviour continues and they are subsequently offered another test it should be recorded as either 'Offered and accepted' or 'Offered and refused' as appropriate.</p> <p>For further information on recording BBV details please see Appendix H and the Recording NDTMS data about blood-borne virus interventions document.</p>	<p>Must be completed each time a full client information review is completed.</p> <p>Not expected to change (record as per client information review date).</p> <p>If information changes a new partial/full CIR should be completed.</p>

6. Client information review (CIR)			
Field description	CSV Header	Definition	Field updatability
CIR Health care assessment date	CIRHLCASST	<p>Date that the latest specialist healthcare assessment was undertaken by a health clinician, such as a nurse, doctor or psychiatrist relating to their substance misuse for this treatment episode.</p> <p>For providers of adult substance misuse treatment, a health care assessment is required. This is not the case for young people's treatment providers who should report against this date differently.</p> <p>Treatment providers should only record a date when a young person receives an assessment from a health clinician such as a nurse, doctor or psychiatrist, and when the assessment relates specifically to their substance misuse, such as in relation to clinical management, issues arising from injecting behaviour, blood borne viruses or dual diagnosis.</p>	<p>Not expected to change (record as per client information review date).</p> <p>Information should be reviewed with the young person at least 6 monthly and a new full CIR completed.</p>
CIR Pregnant	CIRPREGNANT	<p>Is the young person pregnant? All sexually active young women who are under the age of 16 years should also be asked about pregnancy.</p> <p>Required for females only.</p>	<p>Not expected to change (record as per client information review date).</p> <p>Information should be reviewed with the young person at least 6 monthly and a new full CIR completed.</p>
CIR Parental responsibility	CIRPARENT	<p>Does the young person have parental responsibility for a child aged under 18?</p> <p>A child is a person who is under 18 years of age.</p> <p>Parental responsibility should include biological parents, step-parents, foster parents, adoptive parents and guardians. It should also include de facto parents where a young person lives with the parent of a child or the child alone (for example, a young person who cares for younger siblings) and has taken on full or partial parental responsibilities.</p> <p>Parental responsibility as used here is wider than the legal definition of parental responsibility.</p>	<p>Must be completed each time a full client information review is completed.</p> <p>Not expected to change (record as per client information review date).</p> <p>Information should be reviewed with the young person at least 6 monthly and a new full CIR completed.</p>

6. Client information review (CIR)			
Field description	CSV Header	Definition	Field updatability
CIR Do any of these children live with the client?	CIRPRTST	If the young person has parental responsibility (PARENT or CIRPARENT = yes), please record whether none of, some of or all of the children they are responsible for live with the young person the majority of the time. A child is a person who is under 18 years old. See Appendix E for data items and definitions.	Not expected to change (record as per client information review date). Information should be reviewed with the young person at least 6 monthly and a new full CIR completed.
CIR How many children under 18 in total live in the same house as the client?	CIRCLDWT	The total number of children under 18 that live in the same household as the young person at least one night a fortnight. The young person does not necessarily need to have parental responsibility for the children. Due to this being a numerical field please record code '98' as the response if the young person has declined to answer.	Must be completed each time a full client information review is completed. Not expected to change (record as per client information review date). Information should be reviewed with the young person at least 6 monthly and a new full CIR completed.
CIR What help are the client's children/children living with the client receiving? (1)	CIREHCSC	What further help are the young person's children/children living with the young person receiving? This question only applies to young person's children (regardless of whether this child lives with the young person or not) and to children aged under 18 living with the young person (regardless of whether this is the child of the young person or not). If more than one response applies then please also complete CIREHCSC2 and CIREHCSC3 as appropriate. If none of the children are receiving any help record 'None of the children are receiving any help' and leave CIREHCSC2 and CIREHCSC3 blank. If the young person declines to answer record 'client declined to answer' and leave CIREHCSC2 and CIREHCSC3 blank. See Appendix E for reference data items and definitions.	Not expected to change (record as per client information review date). Information should be reviewed with the young person at least 6 monthly and a new full CIR completed.

6. Client information review (CIR)			
Field description	CSV Header	Definition	Field updatability
CIR What help are the client's children/children living with the client receiving? (2)	CIREHCSC2	<p>What further help are the young person's children/children living with the young person receiving?</p> <p>This question only applies to young person's children (regardless of whether this child lives with the young person or not) and to children aged under 18 living with the young person (regardless of whether this is the child of the young person or not).</p> <p>If more than 2 responses apply then please also complete CIREHCSC3.</p> <p>If no help is being received or if the young person declines to answer then this field may be left blank.</p> <p>See Appendix E for reference data items and definitions.</p>	<p>Not expected to change (record as per client information review date).</p> <p>Information should be reviewed with the young person at least 6 monthly and a new full CIR completed.</p>
CIR What help are the client's children/children living with the client receiving? (3)	CIREHCSC3	<p>What further help are the young person's children/children living with the young person receiving?</p> <p>This question only applies to young person's children (regardless of whether this child lives with the young person or not) and to children aged under 18 living with the young person (regardless of whether this is the child of the young person or not).</p> <p>If no help is being received or if the young person declines to answer then this field may be left blank.</p> <p>See Appendix E for reference data items and definitions.</p>	<p>Not expected to change (record as per client information review date).</p> <p>Information should be reviewed with the young person at least 6 monthly and a new full CIR completed.</p>

6. Client information review (CIR)			
Field description	CSV Header	Definition	Field updatability
CIR Mental health treatment need	CIRMTHTN	<p>Does the young person have a mental health treatment need? Mental health treatment need includes:</p> <p>common mental illness (for example, 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)</p> <p>serious mental illness (for example, psychosis, schizophrenia, personality disorder) – either current diagnosis, or currently experiencing symptoms (where the symptoms are not considered to simply due to acute psychoactive effects of substances consumed or due to current withdrawals)</p> <p>mental health crisis (person is currently suicidal or indicating a risk of harm to self or others)</p> <p>This is determined by either the young person's self-report or by formal assessment. If young person declines to answer, then record 'Client declined to answer'.</p>	<p>Must be completed each time a full client information review is completed.</p> <p>Not expected to change (record as per client information review date).</p> <p>Information should be reviewed with the young person at least 6 monthly and a new full CIR completed.</p>
CIR Receiving treatment for mental health need	CIRCRTMHN	<p>If the young person has a mental health treatment need (CIRMTHTN = 1 'Yes') please record whether they are 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>Not expected to change (record as per client information review date).</p> <p>Information should be reviewed with the young person at least 6 monthly and a new full CIR completed.</p>
CIR YP subject to a Child Protection Plan	CIRYPCPL	<p>Is the young person subject to a child protection plan? See Appendix E for further information.</p>	<p>Must be completed each time a full client information review is completed.</p> <p>Not expected to change (record as per client information review date).</p> <p>Information should be reviewed with the young person at least 6 monthly and a new full CIR completed.</p>

Young people's treatment business definitions

6. Client information review (CIR)			
Field description	CSV Header	Definition	Field updatability
CIR YP offered a screen for sexually transmitted infections	CIRYPESTI	Has the young person been offered a screen for sexually transmitted infections? See Appendix H for further information.	Must be completed each time a full client information review is completed. Not expected to change (record as per client information review date). Information should be reviewed with the young person at least 6 monthly and a new full CIR completed.
CIR YP offered a screen for chlamydia	CIRYPSCCH	Has the young person been offered a screen specifically for chlamydia? See Appendix H for further information.	Must be completed each time a full client information review is completed. Not expected to change (record as per client information review date). Information should be reviewed with the young person at least 6 monthly and a new full CIR completed.

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

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

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

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

For further information on this treatment definition, see [Young people commissioning support 2019 to 2020: principles and indicators](#).

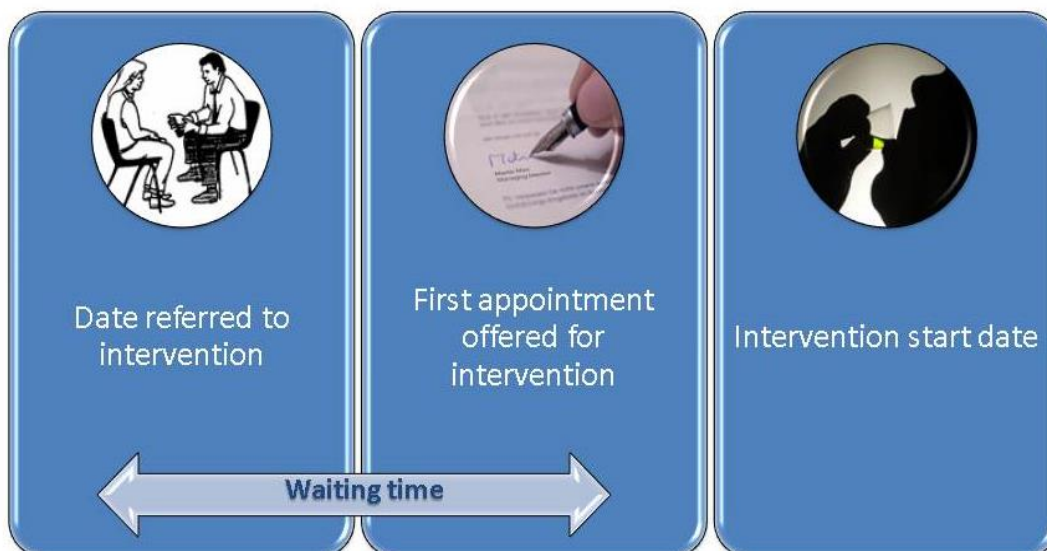
Appendix B: waiting times

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

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

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

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



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 young person actually commences an intervention, for instance, when the intervention start date is present in the data.

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

First intervention

At a partnership level, if the 'Intervention start date' and the 'Referral date' are the same as the earliest in a young person's treatment journey, the waiting time will count as a first intervention.

At provider level, if the 'intervention start date' is the earliest 'intervention start date' of the episode then it is a first intervention,

All other interventions will count as a subsequent intervention.

Waiting times scenario 1: self-referral

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



Key dates

Referral date = 1 April 2019.

Date referred to intervention = 1 April 2019.

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

Intervention start date = 22 April 2019.

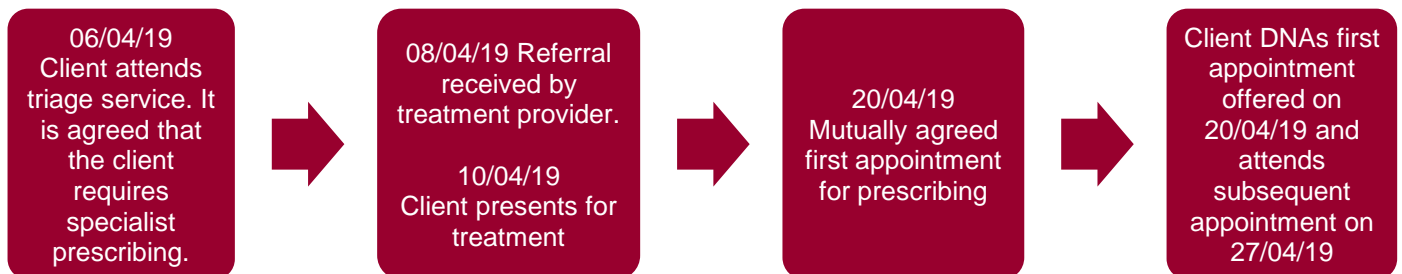
Waiting times calculations

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

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

Scenario 2: referral from an external organisation

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



Key dates

Referral date = 8 April 2019.

Date referred to intervention = 6 April 2019.

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

Intervention start date = 27 April 2019.

Waiting times calculations

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

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

Appendix C: referral sources for young people

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

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

Young people's treatment business definitions

Code	Reference data	Definition
35	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).
38	Adult mental health services	Referrals from mental health services such as adult psychiatric and psychological services, private psychiatric and psychological services and third sector mental health or advocacy services for people with mental health needs.
49	Primary care	Referrals from services delivered by health care professionals such as practice nurses, midwives and pharmacists in general medical settings such as walk in centres and pharmacies.
28	Children's mental health services	Referrals from both inpatient and outpatient child and adolescent mental health services. This includes referrals from any mental health services that work with young people.
50	School nurse	Referrals from services delivered by registered nurses within the school setting.
39	Adult treatment provider	Services providing structured drug or alcohol treatment services predominantly for those aged 18 years or older. This includes needle exchange programmes and other services to address adult substance misuse.
40	Young people's structured treatment provider	Services providing specialist substance misuse treatment services pre-dominantly for those under 18.
41	Non-structured treatment substance misuse services	Referrals from young people specific services providing universal, targeted or early interventions to address substance misuse.
43	Crime prevention	Referrals from services working with young people identified as at risk of offending or of coming into formal contact with the youth justice system such as liaison and diversion schemes, and other local early intervention services.
45	YOT	Referrals from youth offending teams or youth offending services working with young people who have been convicted or sentenced by the court and are serving either a community-based disposal or are on licence post release from custody.
47	Post custody	Self-referral from a young person who has been discharged from a young offender institution, secure training centre or local authority secure children's home in the last 28 days. After 28 days such a referral should be counted as a self-referral.
55	YP housing	Referrals from services specifically commissioned to meet the accommodation needs of young people. This could include a foyer, hostel or other accommodation provided by a registered social landlord.

Young people's treatment business definitions

Code	Reference data	Definition
78	Helpline/website	Including FRANK, apps and social media
37	Relative/peer/concerned other	Including parents, siblings and other relatives, carers, friends, boyfriends or girlfriends and other service users.
61	Children and YP secure estate	Including: Secure Children's Homes (SCHs are generally used to accommodate younger offenders who are assessed as vulnerable. They are run by local authority social services departments), Secure Training Centres (STCs house vulnerable people who are sentenced to custody or remanded to secure accommodation. These are purpose built centres for young offenders up to the age of 17 and are run by private operators under contract) and Young Offender Institutions (YOIs are facilities run by the prison service on behalf of the youth justice board and accommodate young offenders on remand or sentenced to custody).
75	Recommissioning transfer	For use when a young person has been referred from a decommissioned service for further structured drug or alcohol treatment

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.

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

Appendix E: safeguarding questions and definitions

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

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

Code	Reference data	Definition
11	All the children live with client	The young person is a parent of one or more children and all of the young person's children live with them the majority of the time.
12	Some of the children live with client	The young person is a parent of one or more children and some of the young person's children live with them the majority of the time, others live in other locations the majority of the time.
13	None of the children live with client	The young person is a parent of one or more children but none of the young person's children reside with them, they all live in other locations the majority of the time.
1 5	Client declined to answer	Only use where young person declines to answer.

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

What help are the client's children/children living with the client receiving?
(EHCSC1/2/3)

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

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

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

Code	Reference data	Definition
2	Child in need	The needs of the child and family have been assessed by a social worker and services are being provided by the local authority under Section 17 of the Children Act 1989.
3	Has a child protection plan	Social worker has led enquiries under Section 47 of the Children Act 1989. A child protection conference has determined that the child remains at continuing risk of 'significant harm' and a multi-agency child protection plan has been formulated to protect the child.
4	Looked after child	Arrangements for the child have been determined following statutory intervention and care proceedings under the Children Act 1989. Looked after children may be placed with parents, foster carers (including relatives and friends), in children's homes, in secure accommodation or with prospective adopters. See below for further information.
5	None of the children are receiving any help	None of the children are receiving early help nor are they in contact with children's services.
9	Client declined to answer	Question was asked but the young person declined to answer.

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

Care status at treatment start (YPLCS)

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

Code	Reference data	Definition
1	Looked after child	<p>The definition of a looked after child is:</p> <p>"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." See The Children Act 1989.</p> <p>Looked after children fall into 4 main groups:</p> <ul style="list-style-type: none"> • children who are accommodated under voluntary agreement with their parents (see The Children Act 1989, section 20) • children who are the subject of a care order or interim care order, (see The Children Act 1989, section 31 and 38) • children who are the subject of emergency orders for their protection, (see The Children Act 1989, sections 44 and 46) • children who are compulsorily accommodated – this includes children remanded to the local authority or subject to a criminal

Code	Reference data	Definition
		<p>justice supervision order with a residence requirement, (see The Children Act 1989, section 21)</p> <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>
3	Child in need	<p>Under section 17 (10) of the The Children Act 1989 a child is a 'child in need' if:</p> <p>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</p> <p>his/her health or development is likely to be significantly impaired, or further impaired, without the provision for him/her of such services</p> <p>he/she is a disabled child, these legislative definitions may be summarised into the following categories of children in need:</p> <ul style="list-style-type: none"> • significant harm: children who have suffered significant harm • disabled children: children with physical disabilities, sensory disabilities, learning disabilities or emotional and behavioural disabilities • parental illness/disability: alcohol or drug misusing parents, acutely ill parents (short term), chronically disabled parents, chronically mentally ill parents, children assuming responsibility for chronically ill, addicted, or disabled parents • family in acute stress: homeless family, unsupported single parent, death of carer • family dysfunction: domestic violence, inconsistent parenting, family breakdown • socially unacceptable behaviour: disorderly behaviour, offending, truancy, unsafe sexual behaviour • low income: asylum seeking families, non-habitually resident status, independent young people • absent parenting: parents died, unaccompanied child asylum seekers, children privately fostered • other: step-parent adoptions, inter country adoptions, court reports, subject access to files, historical allegations/complaints
2	Not a looked after child or a child in need	

Subject of child protection plan at treatment start (YPCPL)

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

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

Appendix F: risk/vulnerabilities

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

Sexual exploitation

For the purposes of NDTMS, sexual exploitation is defined as follows: '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' (for example, 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 [Safeguarding children from sexual exploitation](#).

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

Self-harm

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

Unsafe sex

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

Domestic abuse

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

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

'Controlling behaviour is: 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'. See [Violence against women and girls](#).

Appendix G: education, employment and training status

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

Appendix H: blood-borne viruses and sexual health

Hepatitis B and hepatitis C

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

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

For further information on recording BBV details please refer to the [Recording NDTMS data about blood-borne virus interventions document](#).

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

STI and chlamydia screening

Sexual health services, including screening for sexually transmitted infections such as chlamydia, should be carried out by an appropriate service in the local sexual health economy. This can include substance misuse services or other services where at-risk young people may attend and must be overseen with appropriate clinical governance. The substance misuse service needs to record that the young person has been assessed to see if a screen is appropriate. If so, 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.

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

Appendix I: mental health treatment definitions

Code	Reference data	Comment
1	Already engaged with the community mental health team/other mental health services	To include secondary mental health services (CMHT, Inpatient mental health services) or other mental health service (for example, other talking therapies delivered in third or private sector)
2	Engaged with Improved Access to Psychological Therapy (IAPT)	To include IAPT or other primary care based mental health service
3	Receiving mental health treatment from GP	Only select this option if the only treatment for a mental health condition that the young person is receiving is GP prescribing of psychiatric medicines. If they are also receiving another MH intervention (such as IAPT), please select that option instead.
4	Receiving any NICE-recommended psychosocial or pharmacological intervention provided for the treatment of a mental health problem in drug or alcohol services	<p>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:</p> <p>existing psychosocial sub-intervention "Evidence-based psychological interventions for co-existing mental health problems"</p> <p>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</p>
5	Has an identified space in a health-based place of safety for mental health crises	Section 136 of the Mental Health Act allows for someone believed by the police to have a mental disorder, and who may cause harm to themselves or another, to be detained in a public place and taken to a safe place where a mental health assessment can be carried out. A place of safety could be a hospital, care home, or any other suitable place. Further information and a map of health based places of safety can be found here .
6	Treatment need identified but no treatment being received	
99	Client declined to commence treatment for their mental health need	Young person was referred for treatment but treatment commencement was declined by young person.

If more than 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 [Practice standards for young people with substance misuse problems](#).

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

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

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

Code	Reference data	Definition
85	Incomplete – dropped out	The treatment provider has lost contact with the young person without a planned discharge and activities to re-engage the young person back into treatment have not been successful.
86	Incomplete – treatment withdrawn by provider	The treatment provider has withdrawn treatment provision from the young person. 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 young person has simply 'dropped out'.
87	Incomplete – retained in custody	The young person is no longer in contact with the treatment provider as they are in prison or another secure setting. While the treatment provider has confirmed this, there has been no formal 2-way communication between the treatment provider and the criminal justice system care provider leading to continuation of the appropriate assessment and care-planned structured drug/alcohol treatment.
88	Incomplete – treatment commencement declined by the client	The treatment provider has received a referral and has had a face-to-face contact with the young person after which the young person has chosen not to commence a recommended structured drug/alcohol treatment intervention.
89	Incomplete – client died	During their time in contact with structured drug/alcohol treatment the young person died.

Discharging young people as 'transferred'

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

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

Young people must be able to access each of the following 3 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 [Practice standards for young people with substance misuse problems](#).

All 3 of these 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.1 YP psychosocial sub interventions

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

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

- NICE Public Health Guidance 4: Substance misuse interventions for vulnerable under 25s including community-based interventions to reduce substance misuse among vulnerable and disadvantaged children and young people
- NICE Clinical Guideline 115: Alcohol use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence
- NICE Clinical Guideline 52: Drug misuse in over 16s: opioid detoxification
- NICE Clinical Guideline 51: Drug misuse in over 16s: psychosocial interventions

Also, see [Practice standards for young people with substance misuse problems](#).

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

CSV file header	Psychosocial sub intervention	Definition
CBIYPS	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, feelings and situations that are triggers to substance use. Focus on coping with stress, boredom and relationship issues and the prevention of escalation of harm, including relapse prevention CBT.</p> <p>For those with limited co-morbidities and good social support, young people are offered individual cognitive behavioural therapy.</p>
MIYPS	Motivational interventions	<p>A brief psychotherapeutic intervention. The aim is to help young people reflect on their substance use in the context of their own values and goals and motivate them to change. Motivational interviewing and motivational enhancement therapy are both structured forms of motivational interventions.</p>
SFIFTYPS	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 and foster carers, for example. 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>

CSV file header	Psychosocial sub intervention	Definition
MCPYPS	Multi component programmes	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 the young person's problems. They use evidence-based solution focused interventions, such as strategic family therapy and CBT. (For those with significant co-morbidities and or limited social support are offered multi-component programmes). This approach can be delivered by a range of professionals – it should only be recorded if the specialist substance misuse provider is contributing to the delivery of the intervention.
CMYPS	Contingency management	Substance misuse specific contingency management provides a system of positive reinforcement/incentivisation to make substance misuse specific behavioural changes or prevent escalation of harm.
CYPS	Counselling	A process in which a counsellor holds face to face talks with a young person to help him or her solve a problem or help improve the young person's attitude and behaviour (relating to substance misuse).

K.2 Specialist harm reduction

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

- injecting – these services could include needle exchange, advice and information on injecting practice, access to appropriate testing and treatment for blood borne viruses (see [NICE Clinical Guideline 52: Drug misuse in over 16s: opioid detoxification](#))
- overdose – advice and information to prevent overdose, especially overdose associated with poly-substance use, which requires specialist knowledge about substances and their interactions
- risky behaviour associated with substance use – advice and information to prevent and/or reduce substance misuse related injuries and substance misuse related risky behaviours

K.3 Pharmacological interventions

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

K.4 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'**.

CSV file header	Multi-agency working sub intervention	Definition
YPEDTR	Education/training	Work undertaken with services such as Connexions, NEET, colleges, PRUs, academies, schools, training services
YPEVOL	Employment/volunteering	Work undertaken with services such as job centre, school careers advisor, voluntary placement coordinator
YPINHOU	Housing	Work undertaken with services such as a housing advisor, housing association, local council
YPRGFS	Generic family support	Work undertaken with services delivered by another family service, not psychosocial family work delivered by this service. Such as FIPs, child protection, safeguarding, troubled family teams, other family services
YGPS	Generic parenting support	Work undertaken with services who are able to support the young person parenting their child
YPPSIM	Peer support involvement/mentoring	Work undertaken with services and initiatives consisting of peer supporters and peer mentoring
YPMHLTH	Mental health	Work undertaken with services such as CAMHS, emotional wellbeing, children and young people's 'improving access to psychological therapies' programme (IAPT)
YPOFFND	Offending	Work undertaken with services such as youth offending teams, youth justice liaison and diversion schemes
YPHEALTH	Health	Work undertaken with services such as GP, dentist, school nurse, BBV nurse
YPSHP	Sexual health/pregnancy	Work undertaken with services such as sexual health or family planning clinics
YPMATY	Meaningful activity	Work undertaken with services such as supported sports, positive leisure
YPDISSER	Disability services	Work undertaken with services designed to support disabled young people or young people affected by disability
YPBESER	Behavioural services	Work undertaken with services designed to support young people with behavioural difficulties

Young people's treatment business definitions

CSV file header	Multi-agency working sub intervention	Definition
YPYCAR	Young carers	Work undertaken with services designed to support young people who are a carer including support groups
YPSCES	Smoking cessation	Specific stop-smoking support has been provided by the treatment service, and/or the individual has been actively referred to a stop smoking service for smoking cessation support and take-up of that support is monitored. Suitable support will vary but should be more than very brief advice to qualify as an intervention here. It will most commonly include psychosocial support and nicotine replacement therapy, and will be provided by a trained stop smoking advisor.
YPSER	Youth services	Work undertaken with services such as integrated and targeted youth support services
YPCSC	Children's social care	Work undertaken with teams such as those who work with looked after children, children in need, child protection, leaving care teams

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.

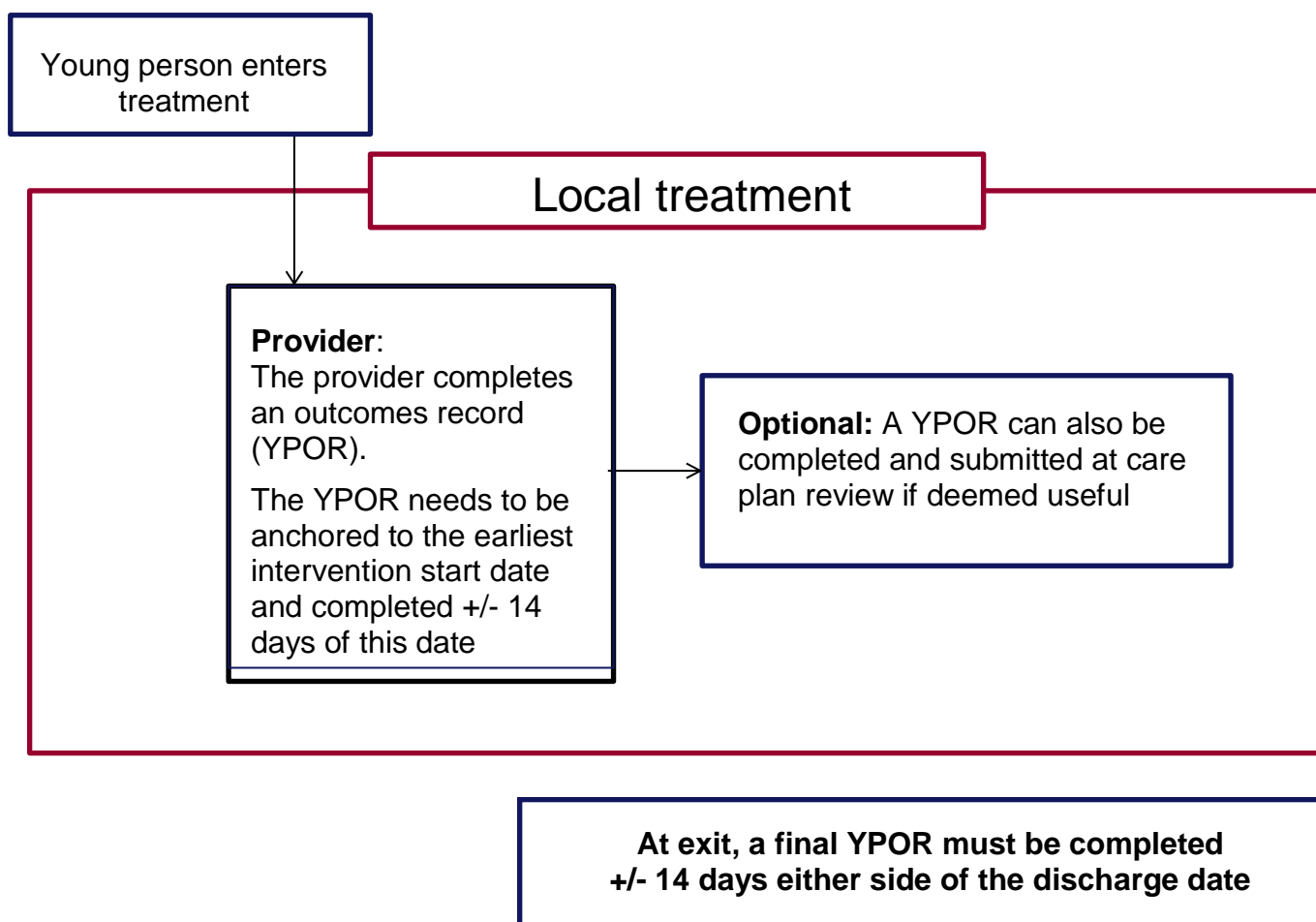
The settings below should be recorded in the intervention/modality record where the intervention being delivered is at a different setting to the one the provider is registered as.

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

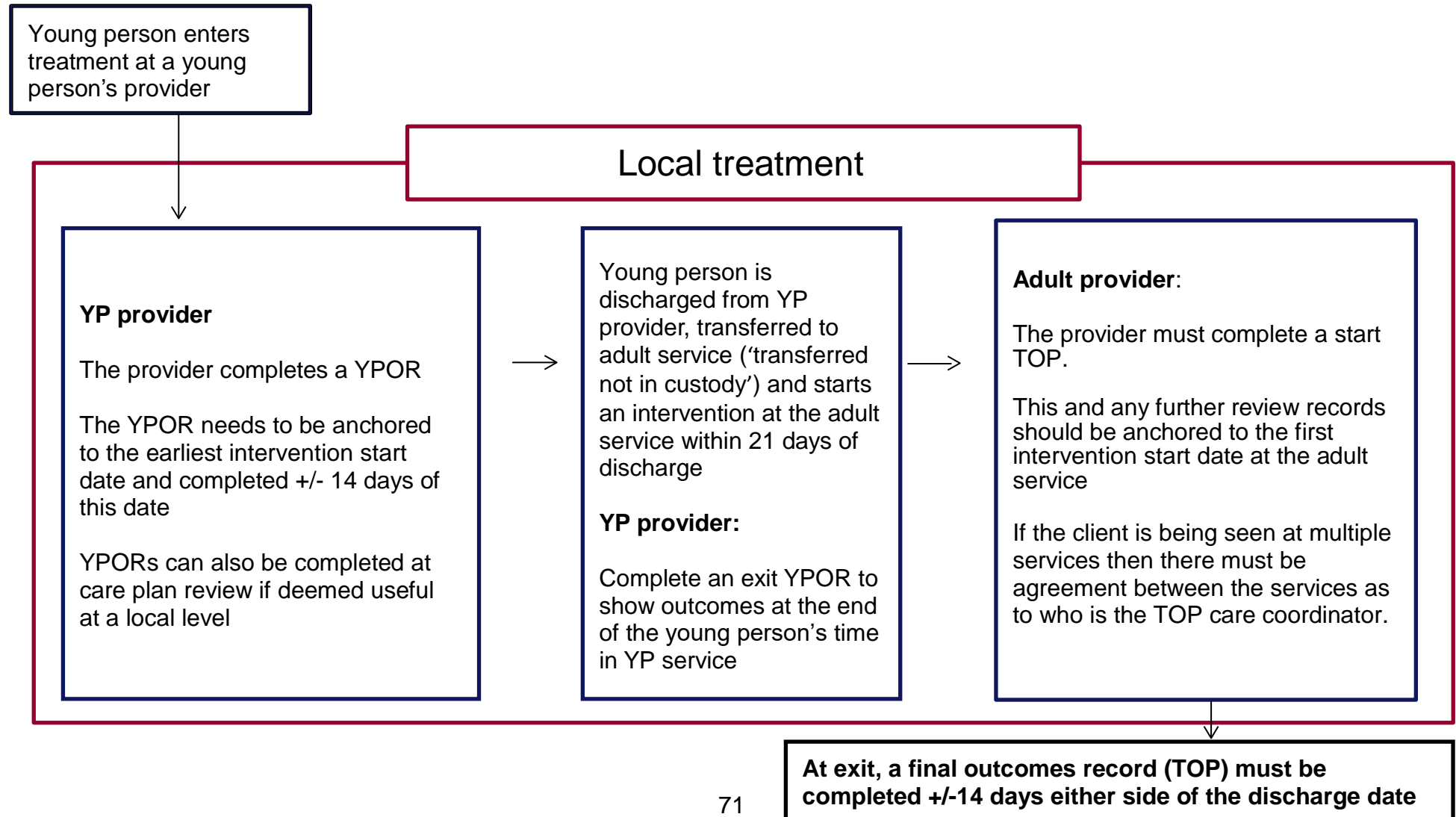
Appendix M: Young People's Outcomes Record

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

M.1 Process map for completing a YPOR



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



Appendix N: Client Review Form (CRF)

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

- Young Persons Outcome Record (YPOR)
- Client Information Review (CIR)
- Sub Intervention Review (SIR)

It should be completed at treatment start and on discharge.

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

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

