



Public Health
England

Protecting and improving the nation's health

National Drug Treatment Monitoring System

Young people's drug and alcohol secure settings business definitions

Core data set P

About Public Health England

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Revision history

Version	Author	Purpose/reason
6.1	L Hughes	<p>CDS-P</p> <p>Secure setting YP business definitions separated from secure setting adult business definitions.</p> <p>New headers</p> <p>UTLA – Upper tier local authority</p> <p>ACCMNEED – Accommodation need prior to custody</p> <p>PARENT – Does the client have parental responsibility for a child aged under 18?</p> <p>EHSC2 and EHSC3 – added to enable providers to record up to 3 forms of help being received. Definition of EHSC amended accordingly.</p> <p>YPLCS – Care status of the young person in the 28 days prior to custody</p> <p>YPSSEXEX – Was the young person being sexually exploited in the 28 days prior to custody?</p> <p>YPSSELFHM – Was the young person self-harming in the 28 days prior to custody?</p> <p>YPGANG – Was the young person involved in gangs in the 28 days prior to custody?</p> <p>YPCRIMEX – was the young person affected by child criminal exploitation in the 28 days prior to custody?</p> <p>YPSESTAT – What was the education status of the young person in the 28 days prior to custody?</p> <p>YPSGP – Was the young person registered with a General Practitioner in the 28 days prior to custody?</p> <p>YPSUSS – Was the young person engaged in unsafe sex in the 28 days prior to custody?</p> <p>YPCPL – Was the young person subject to a Child Protection Plan (CPP) in the 28 days prior to custody?</p>

Version	Author	Purpose/reason
		<p>YPASMFM – Does the young person feel they were affected by substance misuse in their close family/members of their household in the 28 days prior to custody?</p> <p>YPEBABDA – Prior to custody, has the young person ever been affected by domestic abuse?</p> <p>RATEFAM – How well does YP get on with family?</p> <p>RATEFRI – How well does YP get on with friends?</p> <p>New reference data items</p> <p>DISRSN – 74 – Transferred – recommissioning transfer</p> <p>Dropped headers</p> <p>CPLANDT – care plan date</p> <p>ALCDDAYS – drinking days</p> <p>ALCUNITS – units of alcohol</p> <p>PRERREVD – pre-release review 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> <p>FMCRCOH – How well does YP get on with family/friends?</p> <p>Dropped reference data items</p> <p>PRNTSTAT – '14 – not a parent' dropped as field only required if new field PARENT is 'yes'</p> <p>Amendments</p> <p>PC updatability corrected and amended from 'May change (record as per current living situation' to 'Should not change (record as per prior to custody)</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>

Version	Author	Purpose/reason
		<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> <p>PRNTSTAT – definition amended so field only needs populating if new field PARENT is 'yes'</p> <p>CHILDWTH – field description amended to be explicit that this relates to the total number of children living in the same house as the client.</p> <p>EHCS2 and EHCS3 – 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.</p> <p>PREGNANT – now only required for female clients</p> <p>Field updatability incorporated into main table</p>

Introduction

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

This document contains definitions that are primarily applicable to use with young people who are receiving structured drug and alcohol treatment in secure settings. See Appendix A for the definition of structured treatment. Young people's secure settings include secure children's homes, welfare only homes, young offender institutions (with populations under 18 years of age) and secure training centres. Information and definitions relating to data collection from adults and young people in the community and adults in the secure setting can be found [here](#).

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 Public Health England (PHE) systems
- suppliers of systems to PHE
- suppliers of systems that interface to PHE systems
- PHE/National Drug Treatment Monitoring System (NDTMS) personnel

This document should not be used in isolation. It is part of a package of documents supporting the NDTMS dataset and reporting requirements.

Please read this document in conjunction with:

- NDTMS CSV File Format Specification – which defines the format of the CSV file used as the primary means of inputting the core dataset into NDTMS
- NDTMS technical definition – which provides the full list of fields that are required in the CSV file and the verification rules for each item
- NDTMS geographic information – which provides geographic information including DAT of residence and local authority codes
- NDTMS reference data – which 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 Core Dataset P (CDS-P) for national data collection, will come into effect on 1 April 2020.

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

Purpose of NDTMS

The data items contained in the NDTMS dataset are intended to provide measurements to support the Section 7A agreement as appropriate and 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.

Data entities

The NDTMS dataset consists of fields that are updateable (such as the client's postcode and BBV information) and fields that should not change and should be completed as per the start of the episode (such as the client's ethnicity). The table in [section 4](#) (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 4 different sections, which are used throughout this document.

Client details

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

Episode details

Details pertaining to the current episode of treatment including information gained on reception and at triage such as geographic information, problem substance/s, parent and child status, BBV, among others. A treatment episode includes time spent engaged in treatment at one secure setting, made up of one triage date and one discharge date but can (and in most circumstances will) include multiple treatment interventions. Multiple treatment episodes can be recorded at each estate at different times to record clients who may complete or drop out of treatment but represent later in their stay.

Treatment intervention details

Details regarding which intervention/s the client has received and the relevant start and end dates.

Outcomes profile

The YPOR should be completed at treatment start ideally by the first secure setting to receive the client. It should be completed by the keyworker with the client to review their substance use behaviour and health and social functioning in the 28 days prior to arrival in the setting.

NDTMS dataset fields

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

1. Client details			
Field description	CSV Header	Definition	Field updatability ¹
Client sex at registration of birth	SEX	The client 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 client states as defined in the Office of Population Censuses and Surveys (OPCS) categories. If a client declines to answer, then 'not stated' should be used. If client 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 client. The client reference should remain the same within a treatment provider for a client during all treatment episodes. (NB: this must not hold or be composed of attributers, which might identify the individual).	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.	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 DET2 V1.0 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 client has agreed for their data to be shared with PHE. Informed consent must be sought from all clients. For further information on obtaining NDTMS consent please see NDTMS consent and confidentiality guidelines .	Client must give consent before their information can be sent to NDTMS. May change (record as per current situation).
Postcode	PC	The postcode of the client's place of residence prior to entering custody. 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 client states that they are of no fixed abode or they are normally resident outside of the UK then the default postcode ZZ99 3VZ should be recorded (and truncated on extract).	Should not change (record as per prior to custody).
DAT of residence	DAT	The Partnership area in which the client was residing prior to entering custody (as defined by the postcode of their normal residence). If the client is resident in Scotland, Wales, Northern Ireland, or outside of the UK record the code that reflects this. If a client states that they are of no fixed abode (NFA) record the Partnership (DAT) area where the client was last NFA. See NDTMS Geographic Information document for a list of DAT codes.	Must be completed. If not, record rejected. Should not change (record as per prior to custody).

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 will not need to complete this field.</p> <p>The upper tier local authority (UTLA) in which the client normally resides (as defined by the postcode of their normal residence).</p> <p>If the client is resident in Scotland, Wales, Northern Ireland or outside of the UK record the code that reflects this.</p> <p>If a client states that they are of no fixed abode (NFA) record the Partnership (DAT) area where the client was last NFA.</p> <p>See NDTMS Geographic Information document for a list of UTLA codes and how they should be mapped from DAT codes.</p>	Should not change (record as per prior to custody).
Initial reception date	INTRCPTD	The date that the client was received into the first secure setting where they began their current continuous period in custody or a welfare setting	<p>Must be completed. If not, record rejected.</p> <p>Should not change.</p>
Reception date	RECPTD	The date that the client was received into the current secure setting.	<p>Must be completed. If not, record rejected.</p> <p>Should not change.</p>
Transferred from (other secure estate)	PRISON	The previous secure setting from which the client has transferred from into the current secure setting (if applicable). If this is the first secure setting the client has entered during this custodial period this field can be left blank.	Should not change. Can be blank if client hasn't been transferred in.
Triage date	TRIAGED	The date that the client made a first face to face presentation to a substance misuse worker (this includes healthcare staff who initiated substance misuse treatment for the client).	<p>Must be completed. If not, record rejected.</p> <p>Should not change (record as per start of episode).</p>
Pregnant	PREGNANT	Is the client pregnant at triage?	Should not change (record as per start of episode).

2. Episode details			
Field description	CSV Header	Definition	Field updatability
Accommodation need	ACCMNEED	The accommodation need of the young person prior to custody. The accommodation need refers to the housing need of the young person in the 28 days prior to custody. Services reporting the NDTMS secure setting YP data set must use YP specific accommodation codes. Appendix B describes the reference data for this item and the relevant definitions for YP services.	Must be completed. If not, record rejected. Should not change (record as per start of episode).
Parental responsibility	PARENT	In the 28 days prior to custody did the client have parental responsibility for a child aged under 18? A child is a person who is under 18 years of age. Parental responsibility should include biological parents, step-parents, foster parents, adoptive parents and guardians. It should also include de facto parents where a client lives with the parent of a child or the child alone (for example, clients who care for younger siblings or grandchildren) and have taken on full or partial parental responsibilities. Parental responsibility as used here is wider than the legal definition of parental responsibility.	Should not change (record as per start of episode).
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 client. A child is a person who is under 18 years old. See Appendix C for data items and definitions.	Should not change (record as per start of episode).
How many children under 18 in total live in the same house as the client?	CHILDWTH	The number of children under 18 that lived in the same household as the client at least one night a week in the 28 days prior to custody. The client does not necessarily need to have parental responsibility for the children. Due to this being a numerical field, please record code '98' as the response if the client has declined to answer. For children 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).

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 client's children/children living with the client prior to entering custody receiving?</p> <p>This question applies to the client's children aged under 18 (regardless of whether this child lives with the client or not) and to children aged under 18 living with the client (regardless of whether this is the child of the client or not). If more than one option applies then please complete EHCS2 and EHCS3 as appropriate. If none of the children are receiving any help record 'None of the children are receiving any help' and leave EHCS2 and EHCS3 blank. If client declines to answer record 'client declined to answer' and leave EHCS2 and EHCS3 blank.</p> <p>See Appendix C for data items and definitions.</p>	Should not change (record as per start of episode).
What help are the client's children/children living with the client receiving? (2)	EHCS2	<p>What further help are the client's children/children living with the client prior to entering custody receiving?</p> <p>This question only applies to the client's children aged under 18 (regardless of whether this child lives with the client or not) and to children aged under 18 living with the client (regardless of whether this is the child of the client or not).</p> <p>If more than 2 options apply then please complete EHCS3 as appropriate.</p> <p>If client declines to answer or if no help is being received then this field should be left blank.</p> <p>See Appendix C for data items and definitions.</p>	Should not change (record as per start of episode).

2. Episode details

Field description	CSV Header	Definition	Field updatability
What help are the client's children/children living with the client receiving? (3)	EHSC3	What further help are the client's children/children living with the client prior to entering custody receiving? This question only applies to the client's children aged under 18 (regardless of whether this child lives with the client or not) and to children aged under 18 living with the client (regardless of whether this is the child of the client or not). If client declines to answer or if no help is being received then this field should be left blank. See Appendix C for data items and definitions.	Should not change (record as per start of episode).
Problem substance number 1	DRUG1	The substance that brought the client into treatment at the point of triage/initial assessment, even if they are no longer actively using this substance. If a client presents with more than one substance the provider(s) is/are responsible for clinically deciding which substance is primary.	Must be completed. If not, record rejected. Should not change (record as per start of episode).
Problem substance number 2	DRUG2	An additional substance that brought the client into treatment at the point of triage/initial assessment, even if they are no longer actively using this substance. If no second problem substance then leave this field blank.	Should not change (record as per start of episode).
Problem substance number 3	DRUG3	An additional substance that brought the client into treatment at the point of triage/initial assessment, even if they are no longer actively using this substance. If no third problem substance then leave this field blank.	Should not change (record as per start of episode).
Injecting status	INJSTAT	In the 28 days prior to custody was the client injecting? Record 'C - currently injecting' if the client was injecting in the 28 days prior to custody. Record 'P - previously injected' if the client has previously injected but not in the 28 days prior to custody. Record 'N - never injected' if the client has never injected. Record 'Z - client declines to answer' if the client declines to answer.	Should not change (record as per start of episode).

2. Episode details			
Field description	CSV Header	Definition	Field updatability
AUDIT score (alcohol use disorders identification test)	AUDIT	<p>What was the client's AUDIT score on reception? This should be the client's score on the full AUDIT (10 questions) completed during the initial healthcare screening and/or the substance misuse assessment. The score should be between 0 and 40. AUDIT-C scores should not be recorded here, only the full ten-question AUDIT score. See here for more information.</p> <p>If a full AUDIT has not been completed for the client, leave this field blank.</p> <p>AUDIT scores should be recorded for all individuals coming into contact with substance misuse treatment services, including those not requiring structured alcohol treatment but accessing treatment to address their drug misuse.</p>	Should not change (record as per start of episode).
Hep B intervention status	HEPBSTAT	<p>Whether the client was offered a vaccination for hepatitis B within the current episode at the secure setting, and if that offer was accepted by the client.</p> <p>For further information on recording BBV details please refer to the Recording NDTMS data about blood-borne virus interventions document.</p>	May change (record as per current situation).
Hep C intervention status	HEPCSTAT	<p>Whether the client was offered a test for hepatitis C within the current episode at the secure setting, and if that offer was accepted by the client.</p> <p>For further information on recording BBV details please refer to the Recording NDTMS data about blood-borne virus interventions document.</p>	May change (record as per current situation).
Dual diagnosis	DUALDIAG	<p>Does the client have need of a mental health intervention for reasons other than substance misuse?</p> <p>See Appendix H for definitions.</p>	Should not change (record as per start of episode).

2. Episode details

Field description	CSV Header	Definition	Field updatability
YP care status	YPLCS	<p>What was the care status of the young person in the 28 days prior to custody?</p> <p>The term 'looked after children' is defined in law under the Children Act 1989.</p> <p>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.</p> <p>For further details about the definitions of looked after child and child in need, please see Appendix C.</p>	Should not change (record as per start of episode).
YP sexual exploitation	YPSSEXEX	<p>Was the young person being sexually exploited in the 28 days prior to custody?</p> <p>Young people may be reluctant to disclose that they are being sexually exploited when they start treatment. In order to get a true reflection, this item should be updated if sexual exploitation prior to custody is disclosed during treatment.</p> <p>See Appendix D for further information.</p>	Should not change (record as per start of episode).
YP self harm	YPSSLFHM	<p>Has the young person self harmed in the 28 days prior to custody?</p> <p>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 prior to custody is disclosed during treatment.</p> <p>See Appendix D for further information.</p>	Should not change (record as per start of episode).
YP education/employment/training status	YPSESTAT	<p>What was the education status of the young person in the 28 days prior to custody?</p> <p>See Appendix E for further information.</p>	Should not change (record as per start of episode).
YP registered with GP	YPSGP	<p>Was the young person registered with a General Practitioner in the 28 days prior to custody?</p>	Should not change (record as per start of episode).

2. Episode details			
Field description	CSV Header	Definition	Field updatability
YP engaged in unsafe sex	YPSUSS	Was the young person engaged in unsafe sex in the 28 days prior to custody? See Appendix D for further information.	Should not change (record as per start of episode).
YP subject to a Child Protection Plan	YPCPL	Was the young person subject to a Child Protection Plan (CPP) in the 28 days prior to custody? See Appendix C for further information.	Should not change (record as per start of episode).
YP involved in gangs	YPGANGS	Was the young person involved in gangs in the 28 days prior to custody? 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 YP may not necessarily be (or have been) a member of a gang but is associated with a gang (e.g. 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.	Should not change (record as per start of episode).

2. Episode details			
Field description	CSV Header	Definition	Field updatability
YP affected by child criminal exploitation	YPCRIMEX	<p>Was the young person affected by child criminal exploitation in the 28 days prior to custody?</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 child or young person under the age of 18 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	<p>Does the young person feel they were affected by substance misuse in their close family/members of their household in the 28 days prior to custody?</p>	Should not change (record as per start of episode).
YP ever affected by domestic abuse	YPEBABDA	<p>Prior to custody, has the young person ever been affected by domestic abuse?</p> <p>See Appendix D for further information.</p>	Should not change (record as per start of episode).

2. Episode details			
Field description	CSV Header	Definition	Field updatability
Discharge date	DISD	<p>The date that the client stopped receiving structured treatment in the secure setting (even if they remain in the same secure setting). If a client has had a planned discharge from treatment, then the date agreed within this plan should be used. If a client's discharge was unplanned then the date of the last face to face contact with the treatment provider should be used.</p> <p>If a client is discharged from treatment and then represents for further treatment at a later date, the expectation is that the client should be reassessed, and a new episode created with a new triage date. If this proves burdensome, we can accept the re-opening of the client's previous episode (by removing discharge date and discharge reason) as long as the gap between discharge from the old episode and representation is less than 21 calendar days. In this scenario, the previous modalities should remain closed and new modalities should be opened.</p>	Discharge date required when client is discharged from treatment. Prior to discharge ALL interventions must have end dates and exit statuses. If discharge date is populated then discharge reason must also be populated. Should only change from 'null' to populated as episode progresses.
Discharge reason	DISRSN	<p>The reason why the client's episode of structured treatment was ended. For discharge codes and definitions see Appendix F.</p>	Discharge reason required when client is discharged from treatment. Prior to discharge ALL interventions must have end dates and exit statuses. If discharge reason is populated then discharge date must also be populated. Should only change from 'null' to populated as episode progresses.

2. Episode details

Field description	CSV Header	Definition	Field updatability
Secure setting exit date	EXITD	The date that the client left the secure setting (or died).	Secure setting exit date required when client exits current secure setting. Prior to exit all episodes must have discharge dates and discharge reasons. If exit date is populated exit reason must also be populated. Should only change from 'null' to populated as episode progresses.
Secure setting exit reason	EXITRSN	The reason that the client left the secure setting. For detailed definitions see Appendix F .	Secure setting exit reason required when client exits current secure setting. Prior to exit all episodes must have discharge dates and discharge reasons. If exit reason is populated exit date must also be populated. Should only change from 'null' to populated as episode progresses.
Secure setting exit destination	EXITDEST	The Partnership area to which the client was released or the secure setting that the client was transferred to. Use 'outside UK' option if client is deported or leaving the country on release. For any services that do not report to NDTMS (for example, secure hospitals) record 'non NDTMS reporting secure setting'.	Required if secure setting exit date is populated and exit reason is recorded as 'transferred to another secure setting', or if the client is 'released' and referred to a structured treatment service or recovery support service, then the treatment service partnership/local authority should be recorded. Should not change (record as per exit from secure setting).

2. Episode details			
Field description	CSV Header	Definition	Field updatability
Referral on release status	RTOAGNCY	If the reason for the exit from the secure setting is 'released', record whether a referral was made to a recovery support provider (or YOT if under 18), or to a structured treatment provider in the community, or to both a recovery support provider (or YOT if under 18) and a structured treatment provider, or if no onward referral was made for the client.	Required when the client leaves the secure setting and exit reason is released. Should not change (record as per release from secure setting).

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).	Must be completed. If not, record rejected. This is populated by your software system. Should not change.
Treatment intervention	MODAL	The treatment intervention a client has been referred for/commenced within this treatment episode as defined in Appendix G of this document. There are different interventions for adult and YP clients. A client may have more than one treatment intervention running sequentially or concurrently within an episode.	Required as soon as intervention is known. Should not change (record as per intervention start). If changed will create a validation mismatch.
Intervention start date	MODST	The date that the stated treatment intervention commenced, that is the client attended for the appointment.	Required when client starts intervention. Should only change from 'null' to populated as episode progresses. If changed will create a validation mismatch.

3. Treatment intervention details			
Field description	CSV Header	Definition	Field updatability
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 when client completes intervention or is discharged. Should only change from 'null' to populated as episode progresses.

4. Outcomes profile (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).	Must be completed if any items in this section (YPOR) are not null. If not, record rejected. Should not change.
Young Person's Outcomes Record (YPOR) date	TOPDATE	Date of the YPOR. This should be on or up to 2 weeks after the client's initial reception into the establishment. All outcomes data should reflect the 28 days prior to custody. See Appendix I for recording outcomes information.	Not expected to 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 secure settings this should always be recorded as 'Start'.	Should not change (record as per YPOR date).
Alcohol use	ALCUSE	Number of days in the 28 days prior to custody that the client has used alcohol.	Should not change (record as per YPOR date).
Consumption (alcohol)	CONSMP	Typical number of alcohol units consumed on a drinking day in the 28 days prior to custody.	Should not change (record as per YPOR date).
Opiate use	OPIUSE	Number of days in the 28 days prior to custody that the client has used opiates.	Should not change (record as per YPOR date).

4. Outcomes profile (YPOR)			
Field description	CSV Header	Definition	Field updatability
Crack use	CRAUSE	Number of days in the 28 days prior to custody that the client has used crack.	Should not change (record as per YPOR date).
Cocaine use	COCAUSE	Number of days in the 28 days prior to custody that the client has used powder cocaine.	Should not change (record as per YPOR date).
Amphetamine use	AMPHUSE	Number of days in the 28 days prior to custody that the client has used amphetamines.	Should not change (record as per YPOR date).
Cannabis use	CANNUSE	Number of days in the 28 days prior to custody that the client has used cannabis.	Should not change (record as per YPOR date).
Cannabis average use per day	CAUSPD	Typical number of grams of cannabis used on a typical using day in the 28 days prior to custody.	Should not change (record as per YPOR date).
Other substance use	OTDRGUSE	Number of days in the 28 days prior to custody that the client has used other problem drugs that are not listed on the TOP/YPOR form.	Should not change (record as per YPOR date).
Other substance 2 use	OTHR2YP	Number of days in the 28 days prior to custody that the client has used a second other problem drug that is not listed on the YPOR form.	Should not change (record as per YPOR date).
Other substance 3 use	OTHR3YP	Number of days in the 28 days prior to custody that the client has used a third other problem drug that is not listed on the YPOR form.	Should not change (record as per YPOR date).
Unsuitable housing	UNSTHSE	Has the client been in unsuitable housing in the 28 days prior to custody? 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 the 28 days prior to custody that the YP has smoked tobacco/nicotine.	Should not change (record as per YPOR date).
Ecstasy	ECSTSYYP	Number of days in the 28 days prior to custody that the YP has used ecstasy.	Should not change (record as per YPOR date).

4. Outcomes profile (YPOR)			
Field description	CSV Header	Definition	Field updatability
Solvents	SOLVYP	Number of days in the 28 days prior to custody that the YP has used solvents.	Should not change (record as per YPOR date).
Ketamine	KETAMNYP	Number of days in the 28 days prior to custody that the YP has used ketamine.	Should not change (record as per YPOR date).
GHB	GHBYP	Number of days in the 28 days prior to custody that the YP has used GHB.	Should not change (record as per YPOR date).
New psychoactive substances (NPS)	LEHIGSY	Number of days in the 28 days prior to custody that the YP has used new psychoactive substances (NPS).	Should not change (record as per YPOR date).
Tranquilisers (including benzodiazepines)	TRANYP	Number of days in the 28 days prior to custody that the YP has used tranquilisers (including benzodiazepines).	Should not change (record as per YPOR date).
Age substance first used: cannabis	AFUCAN	What age did the YP 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 YP first ever consume 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 YP first ever use tobacco/nicotine? 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 YP 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 YP 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 YP first ever use powder cocaine? If substance has never been used record 0.	Should not change (record as per YPOR date).

4. Outcomes profile (YPOR)			
Field description	CSV Header	Definition	Field updatability
Age substance first used: ecstasy	AFUEST	What age did the YP 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 YP first ever use amphetamines? If substance has never been used record 0.	Should not change (record as per YPOR date).
Age substance first used: solvents	AFUSLV	What age did the YP 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 YP 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 YP 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 YP 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 YP first ever use tranquilisers (including benzodiazepines)? If substance has never been used record 0.	Should not change (record as per YPOR date).
Alcohol use – Binge drinking	AAUSFWK	In the previous 28 days, has the YP 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 YP ever injected a substance?	Should not change (record as per YPOR date).

4. Outcomes profile (YPOR)			
Field description	CSV Header	Definition	Field updatability
Current injecting drug use	YPIVDRGU	Has the YP injected a substance in 28 days prior to custody?	Should not change (record as per YPOR date).
Alc using behaviour: On a weekday during daytime	PTEDAWDD	In the 28 days prior to custody, has the YP consumed alcohol on a weekday during the daytime?	Should not change (record as per YPOR date).
Alc using behaviour: On a weekday during the evening	PTEDAWDE	In the 28 days prior to custody, has the YP consumed alcohol on a weekday during the evening?	Should not change (record as per YPOR date).
Alc using behaviour: On a weekend during the daytime	PTEDAWED	In the 28 days prior to custody, has the YP consumed alcohol on a weekend during the daytime?	Should not change (record as per YPOR date).
Alc using behaviour: On a weekend during the evening	PTEDAWEE	In the 28 days prior to custody, has the YP consumed alcohol on a weekend during the evening?	Should not change (record as per YPOR date).
Alc using behaviour: On their own	PTEDOYO	In the 28 days prior to custody, has the YP consumed alcohol on their own?	Should not change (record as per YPOR date).
Substance using behaviour: On a weekday during daytime	PTEUSWDD	In the 28 days prior to custody, has the YP used substances (excluding tobacco) on a weekday during the daytime?	Should not change (record as per YPOR date).

4. Outcomes profile (YPOR)			
Field description	CSV Header	Definition	Field updatability
Substance using behaviour: On a weekday during evening	PTEUSWDE	In the 28 days prior to custody, has the YP used substances (excluding tobacco) on a weekday during the evening?	Should not change (record as per YPOR date).
Substance using behaviour: On a weekend during daytime	PTEUSWED	In the 28 days prior to custody, has the YP used substances (excluding tobacco) on a weekend during the daytime?	Should not change (record as per YPOR date).
Substance using behaviour: On a weekend during evening	PTEUSWEE	In the 28 days prior to custody, has the YP used substances (excluding tobacco) on a weekend during the evening?	Should not change (record as per YPOR date).
Substance using behaviour: On their own	PTEUSOYO	In the 28 days prior to custody, has the YP used any substances (excluding tobacco) on their own?	Should not change (record as per YPOR date).
Life satisfaction	LISREDYS	How satisfied is the YP with life today?	Should not change (record as per YPOR date).
Anxiety	ANSTS	How anxious did the YP feel yesterday?	Should not change (record as per YPOR date).
Happiness	HAPSTYS	How happy did the YP feel yesterday?	Should not change (record as per YPOR date).
How well does YP get on with family?	RATEFAM	How well does the YP get on with their family?	Should not change (record as per YPOR date).
How well does YP get on with friends?	RATEFRI	How well does the YP get on with their friends?	Should not change (record as per YPOR date).

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

Treatment providers should be delivering specialist treatment interventions for young people in secure settings. The definition that has been agreed across government departments, and should be used in this context, is that young people's specialist substance misuse treatment is a care-planned medical, psychosocial or specialist harm reduction aimed at alleviating current harm caused by a young person's substance misuse.

Universal, targeted or early intervention substance misuse activity for young people should not be reported to NDTMS. 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 to NDTMS.

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

Appendix B: accommodation need guidance for young people's services

The client's accommodation need should be reported as per the situation in the 28 days prior to custody.

The YP specific codes are defined below:

Code	Reference data	Definition
26	YP living with relative	Young person living with parents, relatives or other carers.
27	Independent YP – settled accommodation	This refers to a young person currently living in accommodation without support of their family of origin (birth/adopted). The young person could be living in their own property, or in privately rented accommodation.
28	Independent YP – unsettled accommodation	This refers to a young person who is staying with friends or family as a short-term guest, residing in bed and breakfast or hostel accommodation. Young people who are at risk of losing their long-term accommodation could also be categorised as living in unsettled accommodation.
29	Independent YP with No Fixed Abode	This refers to a young person who is currently living on the streets or using night hostels (on a night-by-night basis). This could also include young people who are staying with friends or family as a very short-term guest, that is, sleeping on a different friend's floor each night.
31	YP supported housing	This refers to accommodation specifically commissioned to meet the needs of young people. A young person could be currently living in a foyer or other accommodation provided by a registered social landlord.
33	YP living in care	This refers to accommodation where the young person has been placed in care, such as children's homes, foster care for looked after child.

Appendix C: safeguarding definitions

These questions should be answered as per the situation of the client in the 28 days prior to custody.

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

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

Code	Reference data	Definition
11	All the children live with client	The client is a parent of one or more children under 18 and all the client's children (who are under 18) reside with them full time.
12	Some of the children live with client	The client is a parent of children under 18 and some of the client's children (who are under 18) reside with them, others live full time in other locations.
13	None of the children live with client	The client is a parent of one or more children under 18 but none of the client's children (under 18) reside with them, they all live in other locations full time.
15	Client declined to answer	Only use where client declines to answer.

What help are the client's children /children living with the client receiving? (EHCS1/2/3)

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

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

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)
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

Code	Reference data	Definition
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
5	None of the children are receiving any help	None of the children are receiving early help nor are they in contact with children's social care.
99	Client declined to answer	Question was asked but client declined to answer.

Care status prior to custody (YPLCS)

The question should be answered in relation to the client's care status prior to custody.

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 justice supervision order with a residence requirement, (see The Children Act 1989, section 21)

Code	Reference data	Definition
		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).
3	Child in need	<p>Under section 17 (10) of the The Children Act 1989 a child is a 'child in need' if:</p> <ul style="list-style-type: none"> • 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 • his/her health or development is likely to be significantly impaired, or further impaired, without the provision for him/her of such services • he/she is a disabled child <p>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 to a Child Protection Plan prior to custody (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 refer to [Working Together to Safeguard Children](#).

Appendix D: risk/vulnerabilities

These items are collected to determine what wider vulnerabilities the young person may have been experiencing prior to custody 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 [Child sexual exploitation: definition and guidance for practitioners](#).

Young people may be reluctant to disclose that they are being sexually exploited when they start treatment. In order to get a true reflection, this item should be updated if sexual exploitation prior to custody is disclosed during treatment.

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'.

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 prior to custody is disclosed during treatment.

Unsafe sex

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

Domestic abuse

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

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

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

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

Appendix E: education, employment and training status

This question should be answered as per the situation of the client in the 28 days prior to custody.

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

Appendix F: discharge reason and exit reason definitions

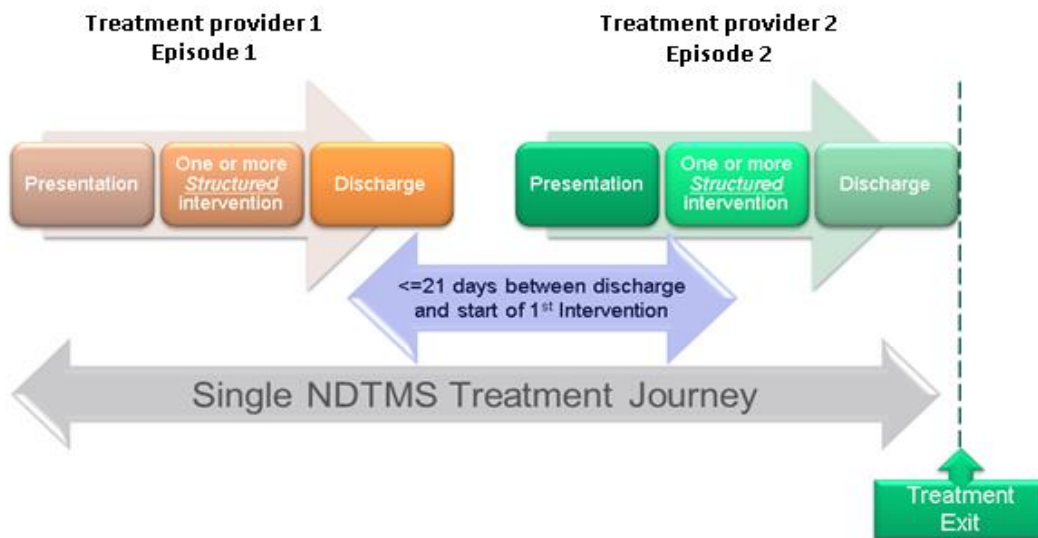
Below are the current discharge reasons and their definitions:

Code	Reference data	Definition
80	Treatment completed – drug free	The client no longer requires structured drug (or alcohol) treatment interventions and is judged by the clinician not to be using heroin (or any other opioid, prescribed or otherwise) or crack cocaine or any other illicit drug.
82	Treatment completed – occasional user (not heroin and crack)	The client no longer requires structured drug or alcohol treatment interventions and is judged by the clinician not to be using heroin (or any other opioid, prescribed or otherwise) or crack cocaine. There is evidence of use of other illicit drug or alcohol use but this is not judged to be problematic or to require treatment.
83	Transferred – not in custody	The client has finished treatment at this provider but still requires further structured drug 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 treatment pathways are available.
84	Transferred – in custody	The client has received a custodial sentence or is on remand and a continuation of structured treatment has been arranged. This will consist of the appropriate onward referral of care planning information and a 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	Client has been transferred for further structured drug and/or alcohol treatment as a result of the service being decommissioned.
71	Incomplete - onward referral offered and refused	The client has finished treatment at this secure setting provider but still requires further structured drug and/or alcohol treatment interventions. A referral to another secure setting provider or a community provider was offered but client refused the transfer.
85	Incomplete – dropped out	The treatment provider has lost contact with the client without a planned discharge and activities to re-engage the client back into treatment have not been successful.
86	Incomplete – treatment withdrawn by provider	The treatment provider has withdrawn treatment provision from the client. This item could be used, for example, in cases where the client has seriously breached a contract leading to their discharge. It should not be used if the client has simply 'dropped out'.
88	Incomplete – treatment start declined by the client	The treatment provider has received a referral and has had a face-to-face contact with the client after which the client has chosen not to commence a recommended structured drug treatment intervention.

Code	Reference data	Definition
98	Incomplete – client deported	Without completing their episode of structured treatment, the client has been deported to another country.
99	Incomplete – client released from court	The treatment provider has been unable to continue the client’s treatment due to the client being released from court.
89	Incomplete – client died	During their time in contact with structured treatment the client died.

Discharging clients 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 client’s care. If the client commences a structured treatment intervention at the receiving provider within 21 days of their discharge date from the transferring provider, then NDTMS count this as a successful transfer and the client continues their treatment within the same treatment journey. If they do not start a structured treatment intervention elsewhere within 21 days of their discharge date, they will be recorded as an unsuccessful transfer at the provider level and their treatment journey will end. If the client should represent for treatment after more than 21 days, then they will be deemed to have started a new treatment journey. Please see the diagram below.



Secure setting exit status

Below are the current secure setting exit statuses and their definitions:

	Data item name	Definition
T	Transferred	The client has been transferred to another secure setting.
R	Released	The client is no longer in a secure setting and has been released.
A	Absconded	The client has escaped from the secure setting without permission.
D	Died	During their time in the secure setting the client has died.

Appendix G: definitions of interventions

Young people (under 18s) must be able to access each of the young people's specialist substance misuse treatment interventions described below. 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.

Psychosocial interventions are structured treatment interventions that encompass a wide range of actions. Key working is the basic delivery mechanism for a range of key components including the review of care plans and goals, provision of substance related advice and information, interventions to increase motivation and prevent relapse and help to address social problems, for example peer relationships, family relationships and education. In addition, a range of formal psychosocial interventions may be provided by key workers or others with the appropriate competences.

Formal psychosocial interventions may be provided alone or in combination with other interventions and should be targeted at addressing assessed need. They may be provided:

- to treat substance misuse including alcohol or co-occurring mental health disorders
- alone or in addition to harm reduction or pharmacological interventions

Formal psychosocial interventions should be provided in accordance with [Drug Misuse and Dependence: UK guidelines on clinical management](#) (also known as the 'clinical guidelines' or 'orange book') and relevant NICE clinical guidelines.

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 on effectiveness.

Definitions of the YP secure setting interventions are provided below:

G.1. Specialist pharmacological intervention

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.

The intervention start is the date of dispensing the first dose of medication.

G.2 Counselling

Counselling is a process in which a counsellor holds face-to-face talks with young person to help him or her solve a problem, or help improve that person's attitude, behaviour (substance misuse).

G.3. Cognitive behavioural therapy

Cognitive behavioural therapy is a psychotherapeutic, talking therapy that aims to solve problems concerning dysfunctional emotions, behaviours and cognitions through a goal oriented, systematic procedure.

G.4. Motivational interviewing

Motivational interviewing is a brief psychotherapeutic intervention. For substance misusers, the aim is to help individuals reflect on their substance use in the context of their own values and goals and motivate them to change.

G.5. Relapse prevention

Relapse-prevention CBT focuses on helping drug users to develop skills to identify situations or states where they are most vulnerable to drug use, to avoid high-risk situations, and to use a range of cognitive and behavioural strategies to cope more effectively with these situations.

G.6. Family work

Interventions using psychosocial methods to support parents, carers and other family members to manage the impact of a young person's substance misuse and enable them to better support the young person in their family. This includes work with siblings, grandparents, foster carers, for example, and can be provided even if the young person misusing substances is not currently accessing specialist substance treatment.

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 specialist substance misuse young people's treatment services and should be reported using the young person's attributors.

The intervention start is the date of the first formal and time-limited appointment.

G.7. YP harm reduction service (specialist)

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 treatment services could include needle exchange, advice and information on injecting practice, access to appropriate testing and treatment for blood borne viruses
- 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

The intervention start is the date of the first appointment where specialist harm reduction interventions were provided.

Appendix H: dual diagnosis

Data item – “Does the client have need of a mental health intervention for reasons other than substance misuse?”

Data item definition – identification of the need for a current or future mental health intervention could be based on information obtained from community services (for example, GP, community mental health service) or could be a need newly identified by healthcare staff in the secure setting.

Where and when the intervention is delivered will depend on the level of need, the time the young person spends in the secure setting and/or access to appropriate services.

The mental health intervention can include a range of evidence-based interventions delivered according to individual needs and provided by the child and adolescent mental health services (CAMHS). It can also include interventions to support children who have experienced violence, abuse and other adverse childhood experiences.

The need for specific mental health support/intervention may be clear even if it may not involve diagnosis of a specific mental disorder, or a particular structured specialist mental health intervention required.

Appendix I: recording outcomes profiles in YP secure settings

The Young People's Outcomes Record (YPOR) is used as a national outcomes monitoring tool for young people receiving substance misuse treatment. It consists of a simple set of questions that can aid improvements in clinical practice by enhancing assessment and care plan reviews. It can also help to ensure that each service user's recovery care plan identifies and addresses his or her needs and treatment goals.

There are 3 different areas covered by the YPOR – substance use, substance risk behaviours and health and social functioning. The latter includes information on psychological health, housing and relationships with family and friends. Outcomes reports are compiled centrally within Public Health England (PHE) via NDTMS.

All establishments should record a YPOR for any detainees who have started a new custodial stay and are assessed by a substance misuse worker. The YPOR should be completed within 2 weeks of initial reception, ideally when the detainee is being assessed for their treatment need. This may be on the date of initial reception into custody or shortly thereafter.

The YPOR should reflect the 28 days before entering custody or a welfare setting. This will provide a baseline record of behaviour in the month leading up to the custodial stay and commencement of a new secure setting treatment journey. If a young person has transferred from another establishment, and was assessed in the sending secure setting, a YPOR does not need to be completed by the receiving establishment – the establishment where they were first received into custody should already have completed the YPOR. If a young person is assessed more than 2 weeks after initial reception, for example, because they chose not to engage with treatment when they first came into custody, a YPOR does not need to be completed. This is because it will not be possible to robustly capture behaviour in the 28 days before entering custody.

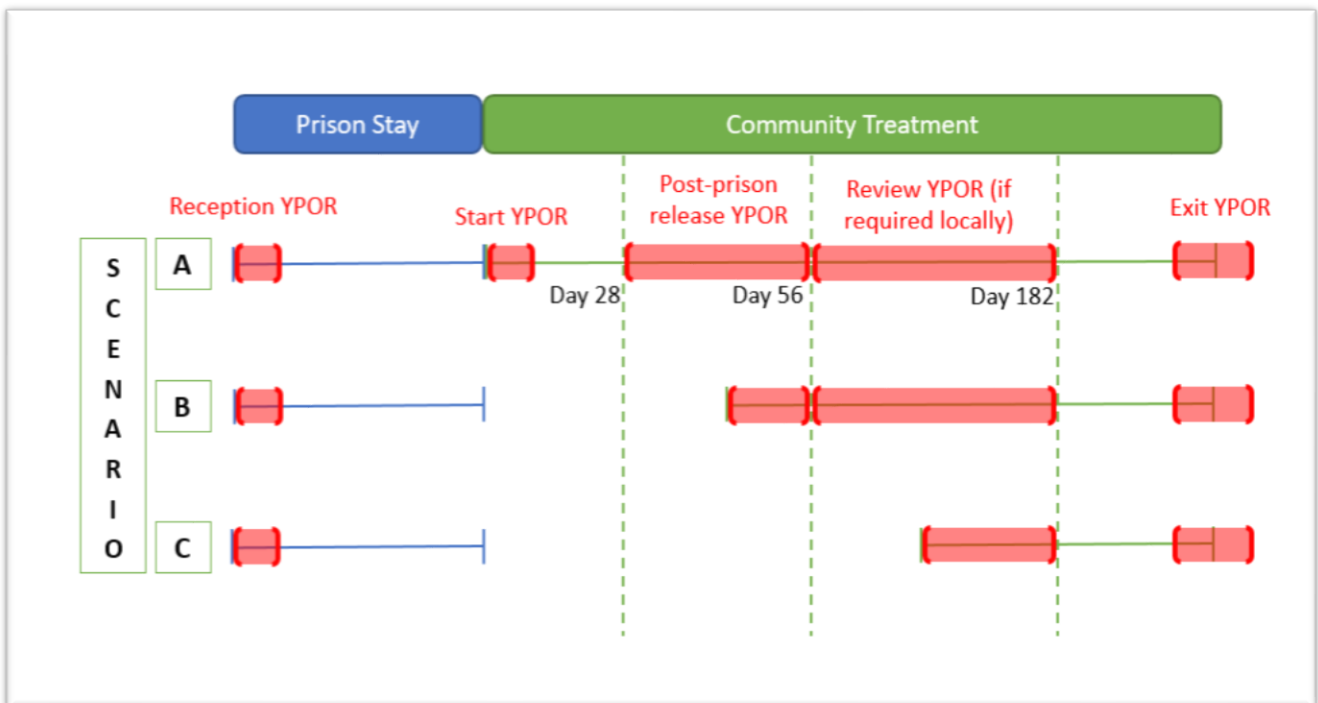
The YPOR should be used for all structured substance misuse clients entering the children's and young person's secure estate. All questions on the forms should be answered; zero should be recorded where the client does not use that particular substance and NA used when the question has not been answered.

In the community, treatment providers record YPOR with young people at treatment start and exit. They may also complete regular review YPORs if they are deemed useful locally.

Following release from custody, post-release YPOR reviews will be completed by community providers, where the client has been referred to and engaged with specialist treatment. Community providers will complete a post-release YPOR at least 28 days after the client leaves custody (and within 56 days of release). To support this, please ensure that the secure setting release date is shared with the community provider.

By collecting YPOR information at secure setting entry, NDTMS will be able to monitor treatment outcomes post-release and across a young person’s entire treatment journey, for example, from secure setting treatment to community treatment and at treatment completion.

Secure setting YPOR scenarios



Scenario A

The secure setting completes the reception YPOR within 2 weeks of the young person entering custody or a welfare setting. Following their secure stay, the young person immediately presents to treatment in the community (the community provider may complete a start YPOR within 2 weeks of the community treatment start date) but the community provider will need to wait until the young person has been out of custody for at least 28 days to complete the post-prison release YPOR. An exit YPOR will be completed by the community provider as normal when the client leaves treatment.

Scenario B

The secure setting completes the reception YPOR within 2 weeks of the young person entering custody or a welfare setting. Following custody, the client does not present to community treatment until they have been out of custody for between 28 to 56 days. The community provider can complete just one YPOR in this period that will count as both their community start YPOR and their post-prison release YPOR. An exit YPOR will be completed by the community provider as normal when the client leaves treatment.

Scenario C – The secure setting completes the reception YPOR within 2 weeks of the young person entering custody or a welfare setting. Following custody, the client doesn't present to community treatment until after the 28 to 56 day post-prison release window. In this situation the post-secure release YPOR is not required and the community provider would complete a start and exit YPOR as normal.