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Foreword to MOC document

The 2001 Community Safety Audit in Blackpool identified nine priority issues. One of these was substance misuse, which was extended to take into account the effect of alcohol, and the effects that these substances can have on individuals, crime rates and the community as a whole.

The widespread addiction to these substances destroys lives and communities. Alcohol also plays a role in other crimes such as violence and incidents of nuisance and disorder. The financing of drug misuse often also leads to other crimes, such as burglary and robbery.

For the past three years in Blackpool, we have been working hard to improve services for substance misusers in the town. By improving our services, and the ease with which people can access these services, we have been able to make a significant impact on the crime and social problems caused by the use and misuse of substances, as well as supporting more substance misusers to undergo treatment, helping them to become and remain drug free.

However, we need to ensure that this work continues. I am therefore pleased to introduce **'Models of Care'**. Using this national framework as guidance, all agencies and organisations working in Blackpool to reduce the harm done by substance misuse, will now be able to work together in a more co-ordinated and collaborative way, maximising efficiency of local services and ensuring value for money.

Together with our partners from the Police, Social Services, Probation, Primary Care Trust and Education, we will be combining our efforts to address the problems associated with substance misuse in the town, and I hope and trust that the Models of Care framework will make this task easier.

My sincere thanks goes out to all those who have contributed to the development of this guidance and the accompanying CD-ROM. In particular, I would like to thank all the staff from the local substance misuse services for their hard work and commitment over the past twelve months with this initiative. Special thanks are also extended to the members of the Blackpool Service Users Group for their invaluable input in the development of this work, as well as to my colleagues Ian Treasure, Kris Johnson and Dominic Blackburn for their instrumental role in the production of the CD-ROM and the document itself.

Finally, may I thank Jennifer Woods and Patricia McGirr for their continued support in the development of Models of Care, as well as for their commitment in supporting Blackpool over the last three years with a number of initiatives in relation to substance misuse



Paolo Pertica
Head of Blackpool Community Safety and Drugs Partnership

Section 1 Background & Guidance

Section 1.1 An Introduction to Models of Care

Models of Care provides a national framework for drug treatment services that underpins the expansion and improvement of these services. It was established to enhance the planning and provision of services to help meet the objectives of the government's 10-year strategy for tackling drug problems.

Drug misuse problems are often complex and affect a wide range of physical, psychological and social functioning. Specialist drug treatment services cannot and should not therefore work in isolation.

Models of Care advocates a **systems approach** to meeting the multiple needs of drug misusers, including those who also misuse alcohol, and those involved with the criminal justice system. The model incorporates the new Drug Intervention Programme (DIP) (see Section 1.3) and the two initiatives are based on the same principles.

Local systems can be achieved through the development of effective pathways of care, linking services together and ensuring that services users do not 'fall through the gaps' between different service providers and different types of treatment. These systems have the overall aim of attracting as many people into treatment as possible, retaining them in treatment, and reducing drug related crime. Partnership and integrated working between a range of agencies and individuals, including the users of services, is vital to the success of Models of Care.

Who is this document for?

All staff working in substance misuse related services within Blackpool Borough, as well as those people who encounter substance misuse in their daily work, although this may not be the main focus of their job or service.

This document will be of particular relevance to new members of staff in specialist substance misuse services and to those working in related non-drug specialist services or agencies

1.2 Definitions of terms used in this document

Advice

The term 'advice' is used to refer to a brief consultation, to provide someone with appropriate and accurate information and give suggestions about how to act on that information. This may include: offering a view of the situation or problem faced by the person; advocating a particular course of action; or presenting a range of options and possible consequences.

Assessment

The purpose of a drug and alcohol assessment is to identify the needs directly or indirectly associated with drug or alcohol misuse. These needs will, in turn determine what type of intervention should be provided. People experiencing drug misuse often have complex needs and a range of interventions may be required. A thorough assessment should be undertaken following a referral to a drug treatment service, prior to the provision of any intervention.

Brief Intervention

Interventions, which consist of brief advice supported by self-help materials, condensed cognitive behavioural therapy or motivational interviewing, or sessions of motivational enhancement. They are usually delivered in short timeframes in a community setting. Non-specialists on a one-to one basis can deliver brief interventions.

Care Plan

A process, which follows assessment, where a range of interventions and support are devised to meet the needs highlighted. To be effective the client needs to be fully involved in drawing up the care plan, and engaged in its delivery.

Children, adolescents and young people

This document deals with people OVER the age of 19 years. The national guidance on Models of Care recommends transitional arrangements for substance misusers who present for help who are aged 16 – 19 years and whose needs may not best be met within 'adult' services. The term 'children' refers to all those individuals who are under the age of 18, in accordance with the Children Act 1989 and the UN Convention on the Rights of the Child (1989).

N.B: Local authorities, acting under certain provisions in the Children Act 1989, use the term 'young person' to refer to those up to the age of 21. Substance use should be considered for all young people, but those older than 18 may require a different approach to those described in this document, which should take account of their adult status.

Community Safety and Drugs Partnership (formerly CSP and DAT)

Made up of senior representatives, including those from police, probation, prison, primary care trust, education, social services, local authority, housing, youth offending team and connexions services. This body is responsible for implementing the national drugs strategy in the light of local needs and must develop plans annually to tackle drugs. Some Partnerships or Drug Action Teams include alcohol within their remit.

Drug Reference Group (DRG)

The group of service providers, including representatives of the statutory and non-statutory sectors, that has responsibility for both strategic and operational overviews of local service provision. The group may also monitor local trends and emerging issues in substance use and misuse and highlight particular areas of need. Information and views from this group are relayed to the locality Joint Commissioning Group and the Community Safety & Drugs Partnership (CS&DP) to inform the commissioning process.

Joint Commissioning Group (JCG)

The group comprises of representatives from CS&DP and other major stakeholders throughout Blackpool. It is responsible for the identification and commissioning of service developments, taking into consideration a range of local needs. The group should ensure that developments at local level form a systematic approach to drug and substance misuse services across the whole county.

Drugs, alcohol and substances

In this document, the term 'drugs' is used to refer to any psychotropic substance, including illegal drugs, illicit use of prescription drugs and volatile substances, but excluding tobacco.

Information

In this document, the term 'information' refers to verbal and written statements that present facts (in so far as they have been established or are commonly understood at the time), without opinion or interpretation.

Integrated Care Pathway (ICP)

'Integrated Care Pathways' are the anticipated course of treatment for a particular client, following a pre-determined plan of interventions, which are part of an overall Care Plan.

Intervention

Refers to the taking of any particular planned course of action with a person by a professional, a team of professionals and/or a specific type of service.

Prolific and Priority Offender scheme (PPO)

This is a recently introduced Government initiative to identify the small number of individuals who pose the greatest threat to the safety and confidence of their local community. The emphasis will be on a multi-agency approach to tackling and resolving the root causes of prolific offending with the Police, Crown Prosecution Service, Probation and Prisons working together, with Local Criminal Justice Boards co-ordination, to effectively catch, convict, manage and facilitate the rehabilitation of these offenders - be they in custody or in the community.

Screening (for substance related needs)

The process to identify whether or not drug, alcohol or solvent use is taking place, if there is any related harm, and if an intervention is required. Confidentiality must always be addressed before any information is obtained from a person presenting for help.

Staff competence

Staff competence means having demonstrable skills, using appropriate knowledge and/or experience to carry out specified tasks in accordance with the Drugs and Alcohol National Occupational Standards (DANOS)

Substance use

Substance use is the taking of a substance, which requires a lower level intervention than treatment. Harm may still occur through substance use, whether through intoxication, illegal activity or health problems, even though it may not be immediately apparent. Substance use will require the appropriate provision of interventions such as education, advice, information, and prevention work, to reduce the potential for harm.

Substance misuse

Substance taking which harms health or social functioning is described as 'substance misuse'. Substance misuse may be dependency (physical or psychological) or substance taking that is part of a wider spectrum of problematic or harmful behaviour. Substance misuse (as defined here) will require appropriate treatment.

Treatment

Treatment is defined as an intervention, which is intended to remedy an identified problem or condition in relation to an individual's physical, behavioral, and psychological well being. Treating a person for drug misuse will require a full assessment and the treatment will be delivered within a plan, according to the agreed procedures for case management.

Treatment domains

Treatment domains describe the range of difficulties experienced by drug misusers. These are outlined in the NTA Models of Care guidance and they are:

- Drug and Alcohol abuse
- Physical and Psychological Health
- Social Functioning
- Criminal Involvement

Treatment modality

This describes the type of treatment a service user might receive within each of the *domains*, for example In the drug and alcohol use domain, some of the different treatment **modalities** include needle exchange services, prescribing, detoxification, counselling and residential rehabilitation.

Treatment Tiers

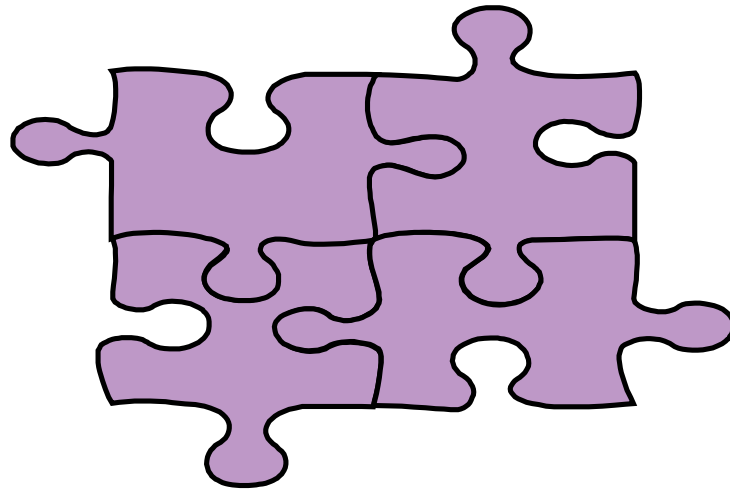
For an explanation and overview of the Treatment Tiers please see Section 1.4.

Triage

A methodical process of prioritising access to services according to defined criteria and based on clients presenting needs. Triage in substance misuse services may result in client referrals, which are routine, planned or urgent.

1.3 Models of Care and the Drug Intervention Programme (formerly Criminal Justice Interventions Programme, CJIP)

Joining up the Jigsaw



Models of Care provides us with a national framework for the delivery of services to substance users in local communities. Within the criminal justice system there is a related framework that sets out the national plans for those people who are involved in crime related to their substance use. This is called **The Drug Intervention Programme, or DIP**. The two initiatives are closely similar in approach and cover between them the treatment of adult substance users both in community treatment and the criminal justice system settings.

Some important underpinning principles are common to both systems:

- To enable the free flow of correct information from one service provider to another, and between different types of service (referred to as service *modalities* in Models of Care).
- The need for clear and transparent information sharing protocols, enabling properly informed consent.
- A rationalisation of the assessment process that does not lead to multiple assessments of the same client.

The aim of DIP is to reduce drug related crime by maximising the numbers of people entering and remaining in treatment for their drug use. The DIP will ensure that, at the time of arrest, appearance at court, sentencing, or on leaving any treatment programme, systems and services will be in place to make access to treatment easy for the substance misuser.

DIP is supported across Government departments by the Home Office and the National Treatment Agency (NTA). Community based **Drug Interventions Teams (DITs)** will be developed in each DAT area. These teams will, where possible, build on work and arrangements already in place using a combination of existing and new resources. They will work alongside the community treatment services implementing Models of Care so that the two initiatives complement each other.

The implementation of Models of Care therefore runs alongside the development of the DIP in Blackpool, and all the assessment and referral processes should be compatible.

Between the two initiatives, the aim is to achieve client centred services that **attract and retain** more people into treatment, resulting in a reduction in drug related crime, fear of crime and drug related deaths, together with an increase in overall public health, numbers of people in treatment, community safety and social inclusion.

For the most part, implementing Models of Care and DIP means consolidating existing good practice and making more formal arrangements to embed this and ensure consistency across all provision at all times. So it's not doing more work, but maybe doing things differently in some instances, and doing it more effectively for the greater benefit of everyone, clients, communities and workers.

1.4 The 4-Tier System

Models of Care outlines a four-tier system of service provision. All services in Blackpool operate within these tiers depending on what they offer.

It should be borne in mind that many agencies and organisations offer a range of interventions and may, therefore, provide services across different tiers.

Tier 1 Services

Are those services offering non - substance misuse specific service

In Blackpool these services are provided by:

Including:

- Healthcare
- Housing and homelessness
- Sexual health and health promotions
- Vaccinations
- Accident and emergency
- General psychiatric care
- Children and family services
- Education and employment
- Training
- General Practitioners
- Police
- Chemists
- NHS Walk In Centre
- Teachers
- Social Services
- Probation
- Housing
- Sexual Health Services
- Dentists
- Progress to Work

Tier 2 Services

Are those offering open access drug and alcohol treatment services.

In Blackpool these services are provided by:

Including:

- Advice and information
- Open access or drop in services
- Motivational interviewing and brief interventions
- Needle exchange
- Outreach services
- Alcohol & Drug Services (ADS)
- Inward House
- Drugline – Lancashire Ltd

Tier 3 Services

Are those offering structured community based specialist drug misuse services

In Blackpool these services are provided by:

Including:

- Drug specialist care planning and coordination including counselling and therapy options
- Structured day programmes
- Community based Detox or prescribing
- Structured aftercare
- Hope House, Community Drug Team (CDT), Lancashire Care (NHS) Trust
- Addaction
- Drugline - Lancashire

Tier 4 Services

Are those offering residential substance misuse services and highly specialist non – substance misuse services

Including:

- Residential and hospital inpatient services for Detox and rehabilitation

- Specialist hospital units for liver disease and HIV
- Specialist psychiatric units

In Blackpool these services are provided by:

- Pierpoint House
- Inward House or other residential rehabilitation provider
- Drugs North west

- Specialist hospital units

1.5 Developing Integrated Care Pathways

What are integrated care pathways?

Integrated care pathways (ICPs) are the anticipated course of treatment for a particular client and a pre-determined plan of interventions”

Why have a care pathway?

Drug users may have multiple needs that require better co-ordination of treatment and care. Several services can be involved in providing care at the same time or consecutively. A range of needs may emerge over time that requires referral to different services with different levels of speciality. The pathway helps to ensure that clients are handed from one kind of treatment intervention to another smoothly and efficiently without the need for re-assessment.

What's in a pathway?

Each pathway should describe services available to the client as they progress through the treatment and care system and should make clear:

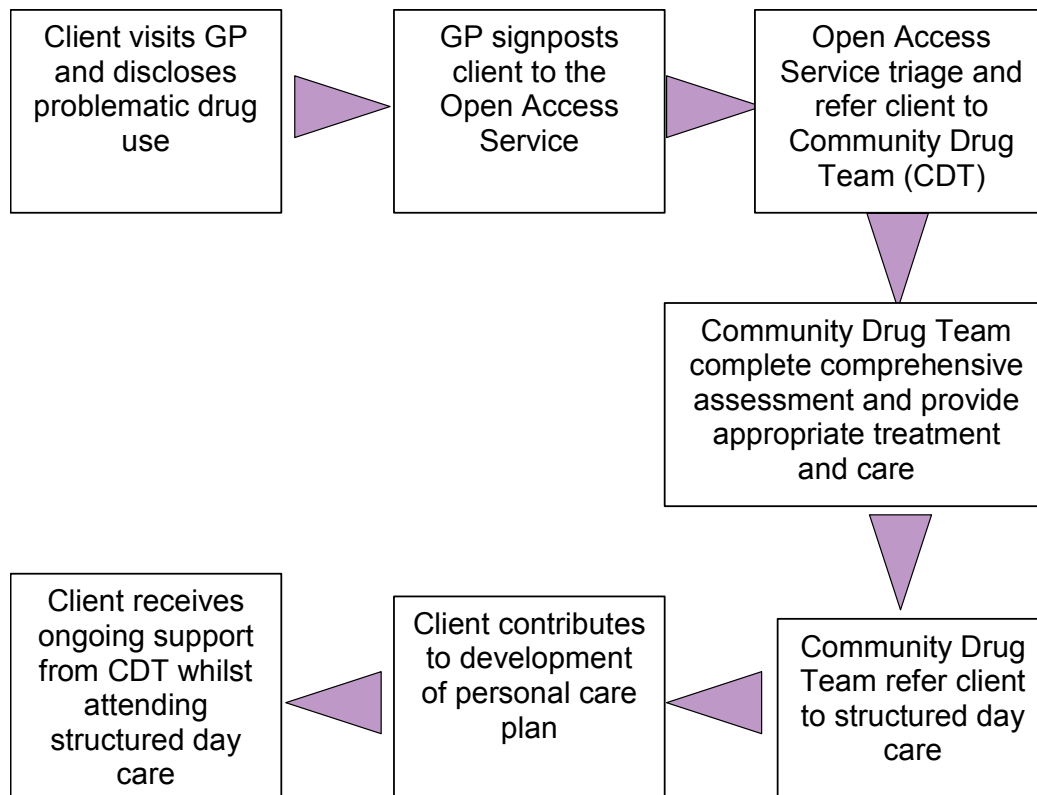
- What is available and who provides it
- Who it is for and not for
- Where it is available
- When it is available
- How many people can get access to it.
- What benefits there are for the client.
- What happens along way

Other overlapping services that the client might need to access

See Figure 1 on the next page for an example of an integrated care pathway.

Figure 1:

Illustration of an integrated care pathway



1.6 Care Co-ordination Protocol

What is care co-ordination?

Care co-ordination is a way of ensuring that clients have access to the full range of services and that they remain in contact with services for as long as necessary.

Whose role is it to co-ordinate care?

All service providers have a responsibility to co-ordinate the support delivered to clients in their care. Other agencies must contribute as appropriate to the clients care plan, with handovers agreed, etc, where this is necessary.

How does care co-ordination work in Blackpool?

Effective care co-ordination is only made possible through the appropriate sharing of information regarding a clients needs and the services that they require to meet these needs. In order to facilitate this a **client confidentiality** and agency **information sharing protocol** has been developed (see Appendix A). All substance misuse services in Blackpool have signed up to this agreement, which is compliant with national guidance for the Models of Care and Drug Intervention Programme.

An overall model for care co-ordination across the system of treatment in Blackpool is still evolving. As this model develops further guidance will be issued to all service providers.

A flow-chart demonstrating how this system will work locally, will be issued in due course.

1.7 Access to drug services in Blackpool

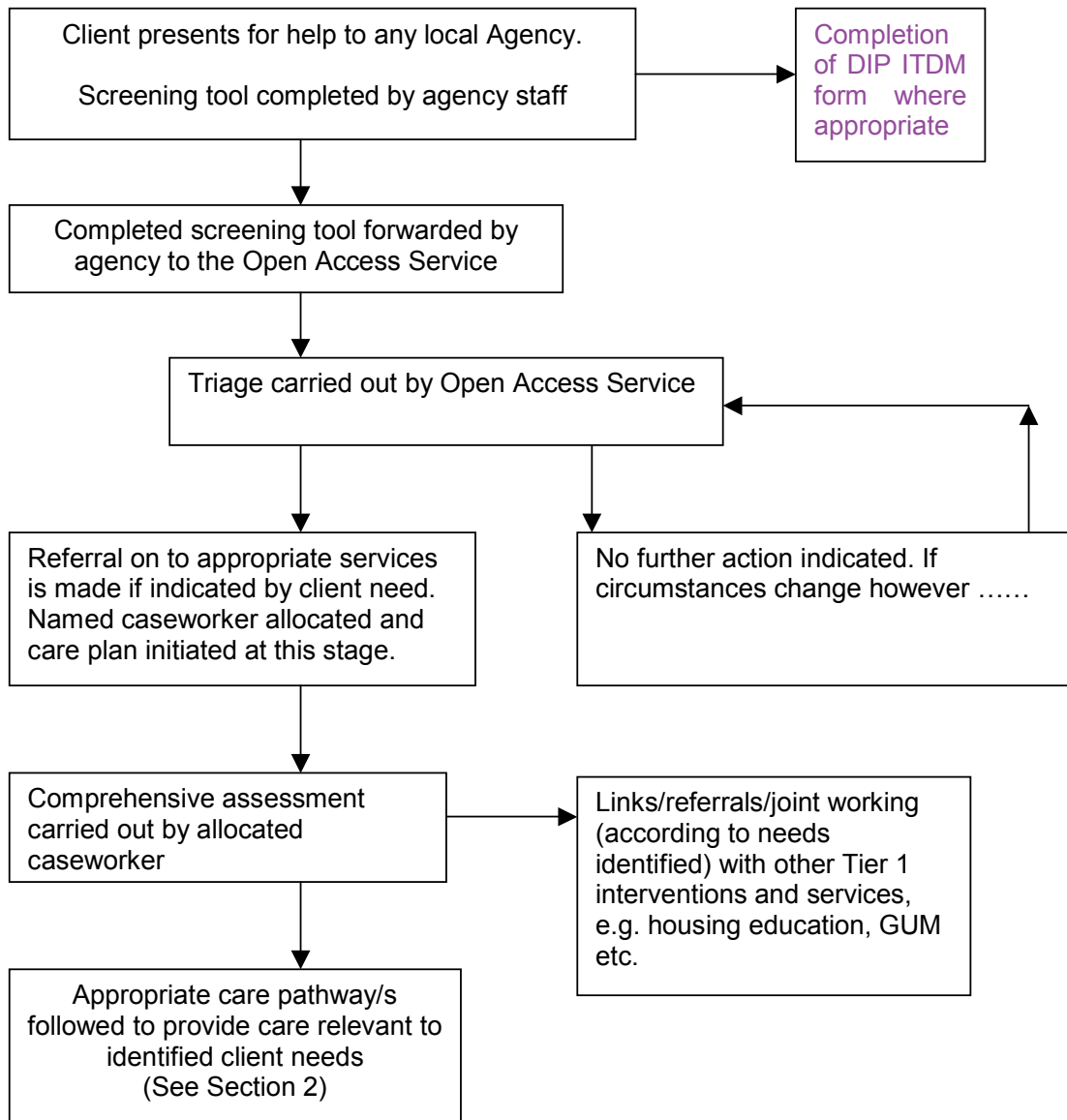
Blackpool drug services wish to ensure that all clients who need help with a drug problem, get access to the right support at the right time. In order to achieve this, a system has been established to enable all agencies to more effectively signpost clients into the full range of agencies and services that are available locally.

Staff in Tier 1 Services (see Section 1.4 for outline of treatment tiers) should provide initial help and support and where necessary should signpost a client to services where they can get help and specific support with their drug problem. To assist with this staff might find it useful to use the Screening Tool which has been developed to assist in defining the client's needs and deciding on the best course of action (see Section 1.8.1 and Appendix B). This tool requires little personal information to be disclosed, minimal training to use and acts as a referral tool that can be forwarded to the next stage, Triage, if this is appropriate.

Figure 2 on the next page shows an outline of this process in action and details the steps that should be followed to ensure that people with drug problems are appropriately signposted and referred into services in Blackpool.

Figure 2:

Access to drug services in Blackpool



1.8 Assessments, Levels 1 - 3

Models of Care outlines **three levels of assessment** to enable both staff and clients to match the needs of a client to the right type and modality of treatment or care.

These levels are:

Level 1 – Screening

Level 2 – Triage

Level 3 – Comprehensive Assessment

This section provides an overview and guidance on these assessments.

It should be remembered that assessment is an ongoing process rather than a one off event as an individual's needs are likely to change and evolve over time. Review and re-assessment at regular intervals is therefore necessary to ensure good care and co-ordination.

1.8.1 Assessment Level 1 - Screening

What do we mean by screening?

Screening is the first or **level 1** in the three-stage assessment process. If properly conducted, a screening will assist in ensuring that a client is referred to the most appropriate service, therefore reducing waiting times and inappropriate referrals.

Who should carry out these level 1 screening assessments?

Initial screening for substance misuse problems can and should be carried out at tiers 1 and 4b, by agencies and staff who are not substance misuse specialists.

Whilst it is a basic process, ideally all personnel in tiers 1 and 4b should have received basic training to help them in the identification of drug misuse problems.

When should level 1 screening be carried out?

Screening should be undertaken when a person with a substance misuse problem makes first contact with any service in Blackpool.

What is included in a screening assessment?

Screening is less complex than assessments at levels 2 and 3 but at a minimum it should include:

- Identification of the drug or alcohol misuse problem
- Identification of any related, co-existing problems (e.g. physical health problems, social problems)
- Identification of any immediate apparent risks (e.g. health emergencies)
- An indication of the urgency of, or need for onward referral

To assist staff in conducting level 1 assessment a Screening Tool has been developed within Blackpool Drug Services.

A copy of this tool can be found at Appendix B

This tool forms the first part of the referral process into local agencies.

1.8.2 Assessment Level 2 - Triage

What do we mean by Triage?

This is the second or **level 2** in the three-stage assessment process.

It is a filtering process that should establish which type of intervention would best suit the client at the time of assessment.

Who should carry out these level 2 assessments?

Each drug service should have at least one individual, and preferably more than one, who is trained to carry out triage assessment. Only staff with appropriate skills and training should carry out these assessments, as they will determine the critically important first stage as the client embarks upon a treatment and care pathway.

What's the difference between initial screening assessment and triage assessment?

Triage assessment is a fuller assessment of the problem.

The purpose of level 2 assessments is to gather enough information to be able to identify accurately the client's needs and provide guidance to help access the right services. Good triage assessment also maximises the chances of the client making contact with the services they need.

What is included in a Triage assessment?

Building on the information gained at screening, the triage assessment also identifies any immediate risks and makes a brief assessment of the 'readiness' of the individual to engage in treatment. The triage assessor will also say whether or not the client meets the criteria for needing a more complete level 3 assessment.

When should Triage assessment be carried out?

Triage assessment will be carried out by the Open Access Service, following receipt of a completed screening assessment tool.

Alongside the triage assessment, the Open Access Service will also complete Part 1 of the Risk Assessment form and will ensure that the client is aware of the confidentiality policy and has signed the information sharing agreement.

To assist staff in conducting level 2 assessment a Triage Tool has been developed within Blackpool Drug Services.

A copy of this tool can be found at Appendix C

1.8.3 Assessment Level 3 - Comprehensive Assessment

What do we mean by Comprehensive Assessment?

This is the third or **level 3** in the three-stage assessment process.

It is a detailed process of establishing the needs directly or indirectly associated with drug or alcohol misuse. These needs will, in turn, determine what type of intervention should be provided. These needs can be complex and require a high level of intervention.

What's the difference between initial screening assessment, triage assessment and comprehensive assessment?

Comprehensive assessment will generally only take place once a Triage assessment has been conducted.

The purpose of level 3 assessments is to gather enough information to be able to identify accurately the client's needs and provide guidance to help access the right services. Good triage assessment also maximises the chances of the client making contact with the services they need.

Who should carry out these level 3 assessments?

The nature of the information gathered through this process is likely to be complex and is crucial to the development and delivery of a client's care plan. It, therefore, requires a high level of skill to both collect and interpret appropriately and should only be undertaken by specialist staff that are appropriately trained, experienced and/or qualified to do so.

When should Comprehensive assessment be carried out?

Within Blackpool Drug Services, a comprehensive assessment will generally only be undertaken following receipt of a completed Triage Assessment as this forms the basis of the client referral process and acts as the '**first section**' of the overall assessment.

NB: Before undertaking a comprehensive assessment the agency/worker receiving the referral should check the triage form. If it is more than 30 days since this was completed, the information should be updated to record any significant changes in the client's circumstances

What is included in a Comprehensive Assessment?

Basic information gathered at the Triage Assessment will be expanded in order to build-up an accurate picture of the client's needs.

Not all sections of the comprehensive assessment form will be completed for every client, as the assessment will be based on the client's needs and on the services being accessed at that time.

What happens after the assessment has been completed?

The information obtained will then be used to explore a range of options for providing the client with support, care and treatment, usually on a more complex basis, and will lead to the formation of a care plan (which is negotiated directly with the client and any significant others as appropriate).

For further information see Section 2

To assist staff in conducting level 3 assessment a Comprehensive Assessment tool has been developed within Blackpool Drug Services.

A copy of this tool can be found at Appendix D

1.9 Risk Assessment

What is risk assessment?

Risk assessment is a process by which challenges, issues and problems can be identified and a plan formed to remove, reduce, avoid or manage the impact that these risks can have on the planned course of action.

The risk assessment process may identify risks on the following basis:

- those which have previously been experienced
- those which are currently being experienced
- those which may be/are likely to be experienced in the future

Taken together these areas inform the basis of any future work with the client and should contribute to the overall clients care plan.

Every agency has an obligation to undertake a risk assessment within their own service context and environment and may have their own tools to facilitate this process. The risk assessment is generally undertaken through the use of a tool to record information and issues that have been discussed with the client. **It is NOT** a checklist or questionnaire and should not be used as such.

Who completes risk assessments?

All Tier 2 and 3 workers can complete risk assessments **once they have been appropriately trained** to do so.

When does a risk assessment take place?

Within Blackpool Drug Treatment Service, Part 1 of the Risk Assessment Form is completed at the triage assessment stage. Part 2 of the Risk Assessment Form is usually completed (if necessary and appropriate) when a comprehensive assessment is being conducted.

N.B. However, if high risks are identified during completion of part 1 of the risk assessment, staff must take appropriate action, which might include completing Part 2 of the risk assessment, rather than waiting until a comprehensive assessment is being completed.

How often should the risk assessment be repeated?

Risk assessment must be repeated in cases where new information becomes available which casts doubt over previous conclusions. A new risk assessment must be completed at regular intervals (i.e. following a care plan review meeting) even if there are no changes. This will ensure that risk has been reassessed and continues to be appropriately managed.

Should the client always be present when the risk assessment is completed?

The risk assessment need not be completed with client present. In all cases, where risk exists, your manager and all other agency staff must be made aware of it.

What do the scores indicate?

A high number of 'yes' answers indicate a higher level of risk and a potentially greater need for a range of interventions to be required to reduce or remove these.

What happens with the information gathered during a risk assessment?

The information obtained as a result of a risk assessment is covered under the information sharing protocol and will be shared only with those agencies who have a need to know in order to ensure that the services they provide as part of a package of care and support remain relevant, appropriate and safe for the client and the staff involved.

A copy of the Risk Assessment Parts 1 & 2 can be found at Appendix E

1.10 Confidentiality and Information Sharing

At all stages of the process of working with a client, confidentiality should be outlined. The worker should ensure that the client has fully understood the boundaries of confidentiality before any course of intervention and/or treatment is commenced.

Across Blackpool Drug Services, workers will use the following confidentiality agreement and consent forms to record clients' permission. All clients will be required to sign the relevant forms at the triage assessment stage.

A copy of the Confidentiality Agreement can be found at Appendix F

A copy of the Information Sharing Consent Form can be found at Appendix G

1.11 What happens following assessment?

Further treatment generally takes place when the following has been completed

- The client has been screened
- The triage assessment has been completed
- The confidentiality agreement and consent forms have been completed

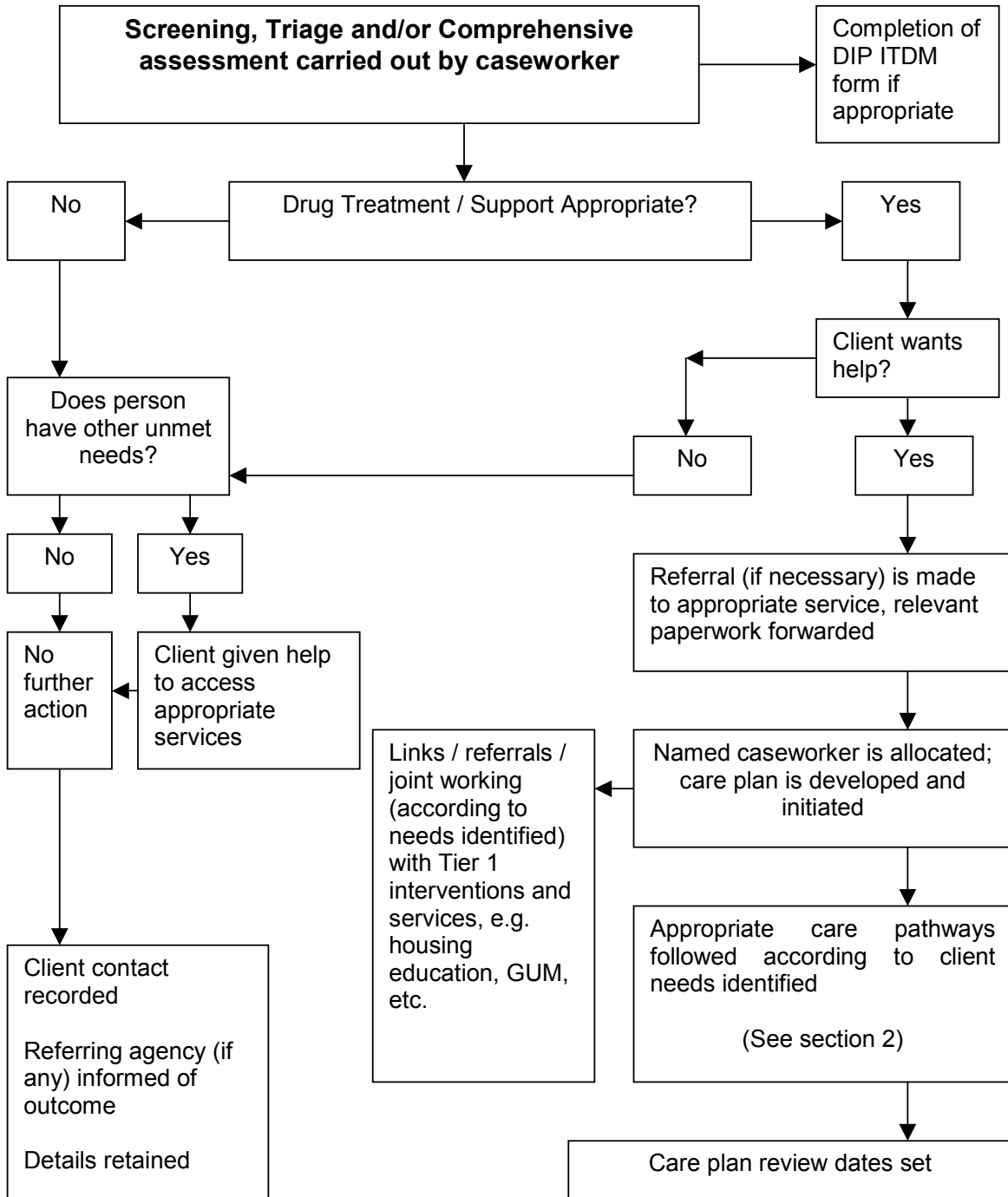
The caseworker initiates the development of a care plan (**see Section 1.12**) and refers the client on to the appropriate agencies to meet the clients identified needs (in accordance with the integrated care pathways (**see Section 2**)).

Figure 3 on the next page shows an overview of this process

Figure 3:

What happens following assessment?

(See Figure 2, Section 1.7 for overview of access into local services)



1.12 Care Planning

What is a care plan?

A **care plan** is a structured, often multidisciplinary, and task-oriented individual care pathway plan, which details the essential steps in the care of a client and describes the person's expected course of treatment and care. A care plan should be reviewed and evaluated at regular intervals and/or at the request of a member of the care team, the client or their carer. Copies of care plans and reviews should be available for clients.

What is it important to have a care plan?

Continuity of care is very important for the individual client. This can only happen when the right information is provided, and used by all the agencies involved, with the informed consent of the client, throughout the time the person is in contact with services. This can be in the community or within the criminal justice system

Good systems of **care planning** and care co-ordination will ensure services are '*client-centred*' and not determined by whatever type of service a particular agency happens to provide.

Every client entering into a structured treatment service should have a written plan, that details the care they can expect to receive, how that will be provided and by whom. This is referred to as a **care plan**, is reviewed regularly because circumstances change, and always in consultation with the client themselves.

These reviews should ask the following questions:

- Is the care plan right for the individual?
- Is it effective?
- Is it meeting the needs of the individual?
- Is the client satisfied with the plan?

These systems, care planning and care co-ordination, are intended to facilitate access to a programme of integrated and co-ordinated health and social care and to maximise client retention and minimise disengagement ('drop out') from treatment services.

How often are care plans reviewed?

Care plans are generally reviewed at regular intervals, which should be negotiated with the client (and other providers involved in their care) and can be set in advance.

In addition to this, care plans should be reviewed if it is clear that the care provided is not meeting the needs of the client or if the client's circumstances significantly change.

Clients should be fully involved in the review process.

What is included in a care plan review?

The review should focus on the treatment domains and should include as a minimum a discussion on:

- how things have changed for the client (*actual outcomes*)
- how the Care Plan has helped them make changes
- whether they need any further help or care (*including whether (or not) they wish to keep in touch with Blackpool Substance Misuse Services*).
- what form of further care would be best for them
- the development of a new or revised Care Plan if they decide to stay in touch with services

NB:

Treatment Domain Key:

- **Drug & Alcohol abuse**
- **Physical & Psychological Health**
- **Social Functioning (Childcare, housing, relationships, housing etc)**
- **Criminal Involvement**

Notes: Please complete a Part 2 sheet of the care Plan documentation for each domain as appropriate to the clients needs

A copy of the care planning documentation in use across Blackpool Substance Misuse Services can be found at Appendix H

Section 2 The Care Pathways

Access to Drug Services in Blackpool

Pharmacy pathway, observed consumption of methadone and administration of Buprenorphine (Subutex)

Pharmacy pathway, substitute opiate dispensing

Substitute therapy prescribing pathway

Community detoxification pathway

Needle exchange pathway

Structured Day Care pathway

Residential rehabilitation pathway

Pathway for access to in-patient detoxification

The transfer of young people into adult services

Pathway

Access to Drug Services in Blackpool

This pathway is also included at Figure 2, section 1.7

Aim of this pathway

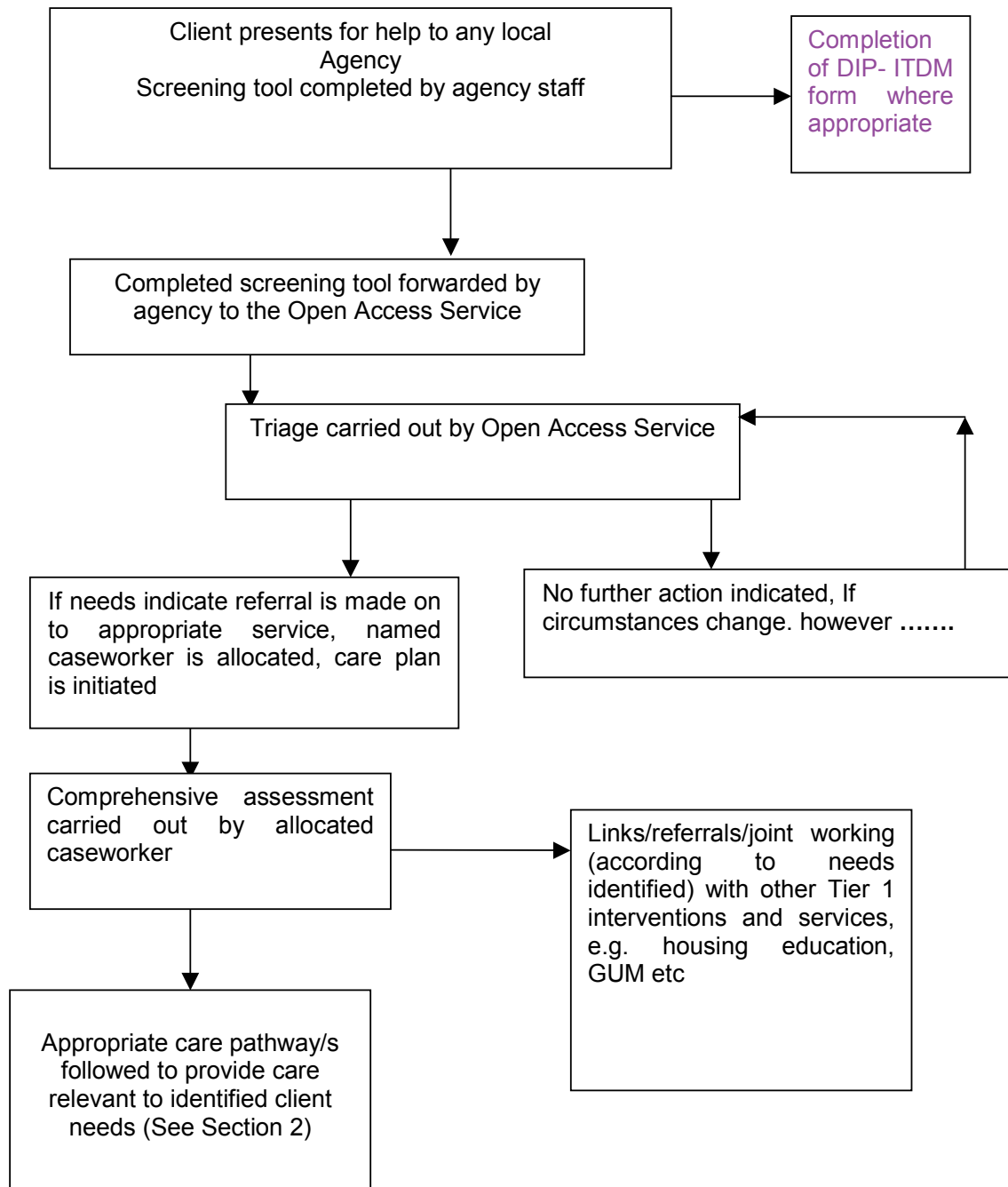
This pathway provides a central point of contact for screening and assessment, from which speedy and efficient referrals can be made to an appropriate service.

The aim of the pathway is to enable new and existing drug/alcohol users who want advice, information and support, to access a range of services that will help them address problems associated with their drug/alcohol use.

Who is this pathway for?

This pathway is for new and existing drug/alcohol users and their family, friends, parents/carers, other professionals and generic (Tier 1) providers.

Access to drug services in Blackpool



Pathway

Pharmacy Pathway for the Observed Consumption of Methadone and Administration of Buprenorphine (Subutex)

Aim

This is the pathway for clients who, in line with the guidelines on good clinical practice, **require observed consumption of methadone or Buprenorphine.**

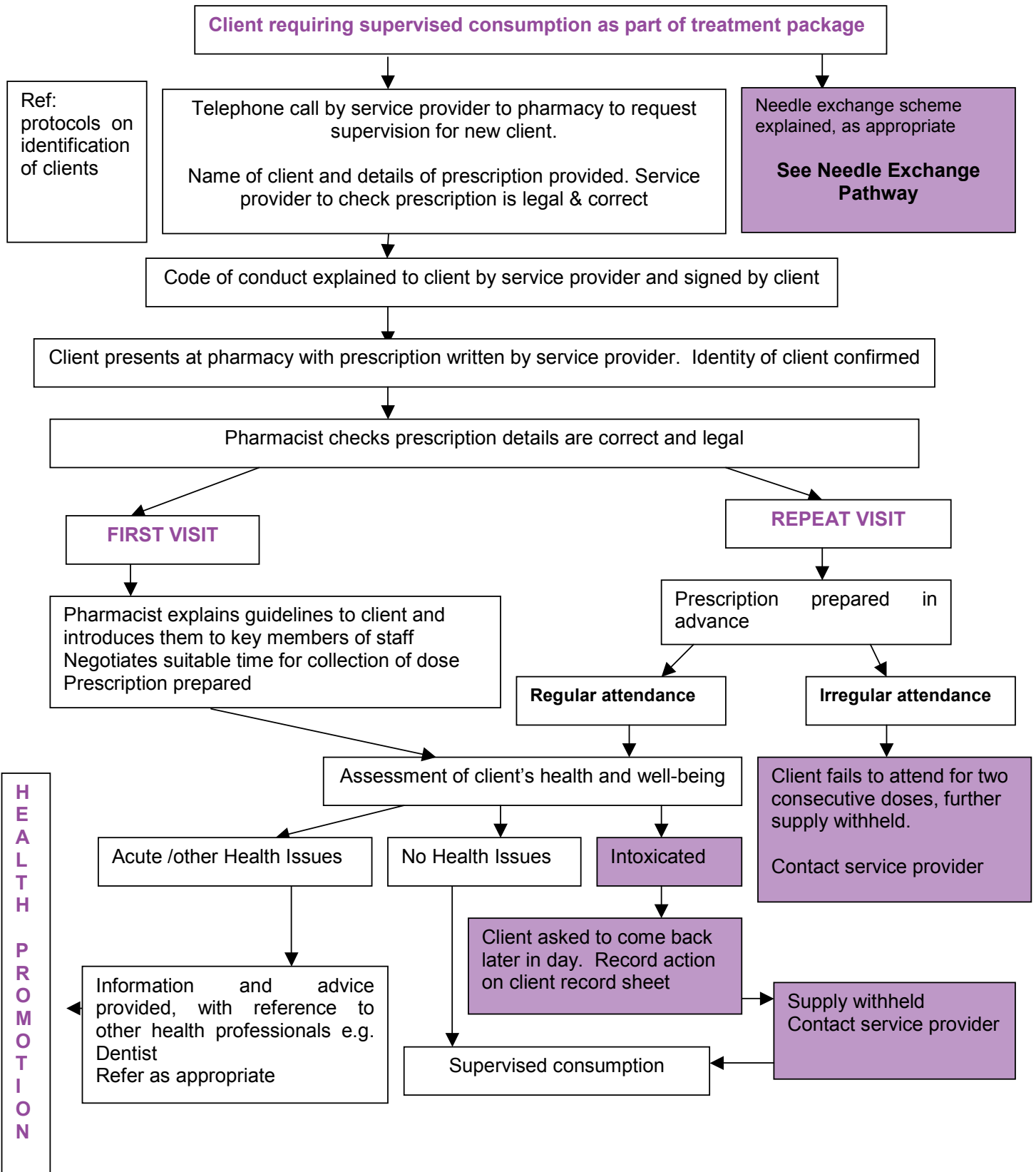
Who is this pathway for?

- Clients who are already receiving treatment, that includes prescribed drugs, from one of the services in Blackpool.
- Clients with lower levels of opiate dependence, i.e. 30mg methadone or less daily
- Clients who have a care plan in place

Who is the pathway not suitable for?

- Clients who have not yet been fully assessed.
- Clients on higher doses of methadone, i.e. over 30mg daily

Pharmacy Pathway for the Observed Consumption of Methadone and Administration of Buprenorphine (Subutex)



Pathway

Pharmacy Pathway for Substitute Opiate Dispensing

Aim

The aim of this pathway is to minimise harm, stabilise clients on treatment and maximise their engagement with, and retention in, services.

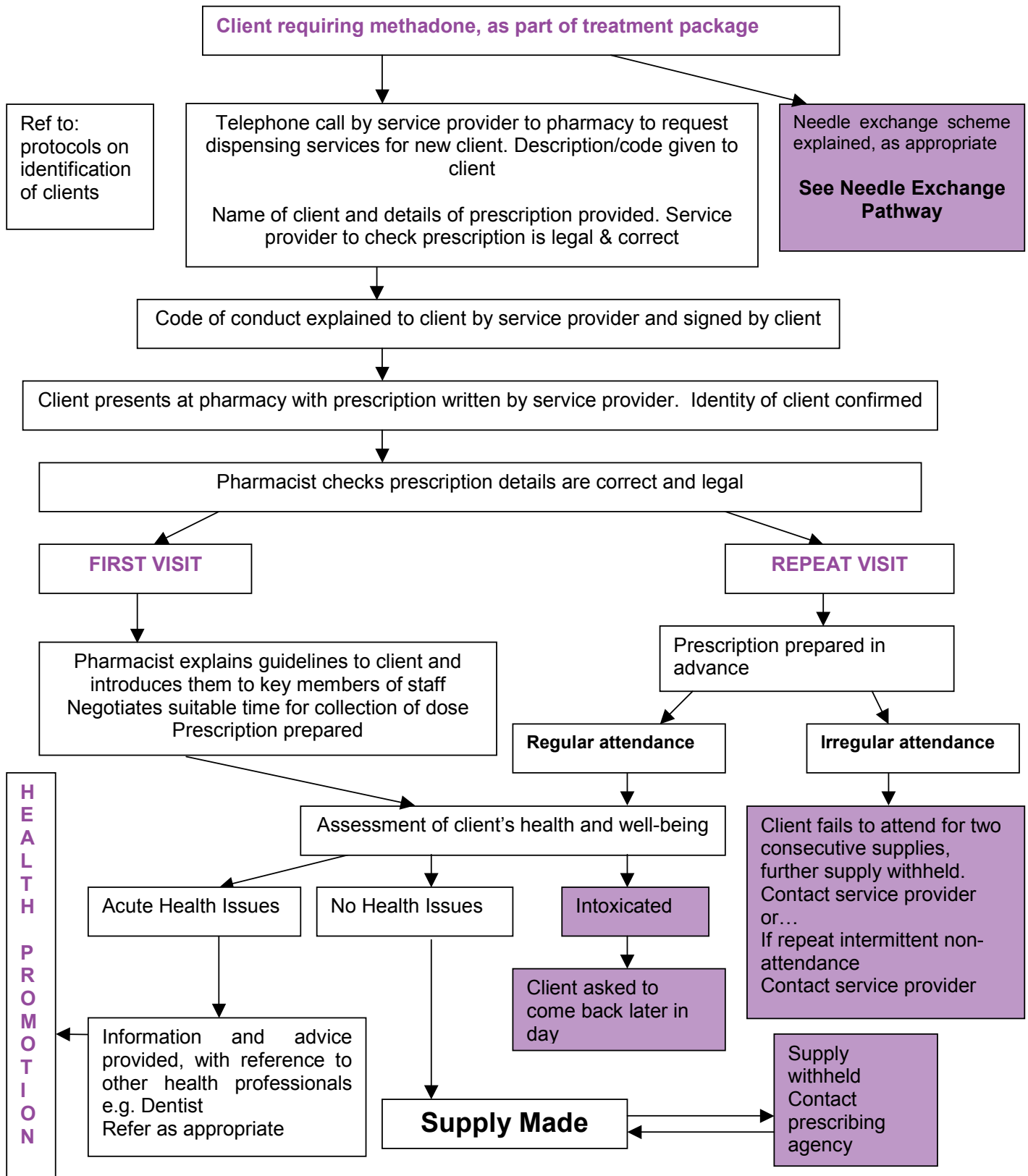
Who is this pathway for?

- This pathway is for clients who, in line with the clinical guidelines, require methadone, but do **NOT** require supervised consumption.

Who is the pathway not suitable for?

- Clients whose drug use is unstable or who are not compliant with treatment.

Pharmacy Pathway for Substitute Opiate Dispensing



Pathway

Substitute Therapy Prescribing Pathway

Aim

The aim of this prescribing pathway is to assist drug users to moderate and eventually discontinue their drug use while, in the meantime, helping them minimise the harm their drug use causes to themselves and the community.

Substitute therapy is provided through both the specialist service and shared care services. Substitute therapy will not be prescribed in isolation, but will be provided as part of a holistic and comprehensive service designed to address each client's needs.

This pathway should be used in conjunction with the specialist service treatment protocol.

Developing protocols for those working in shared care services will also take account of this pathway.

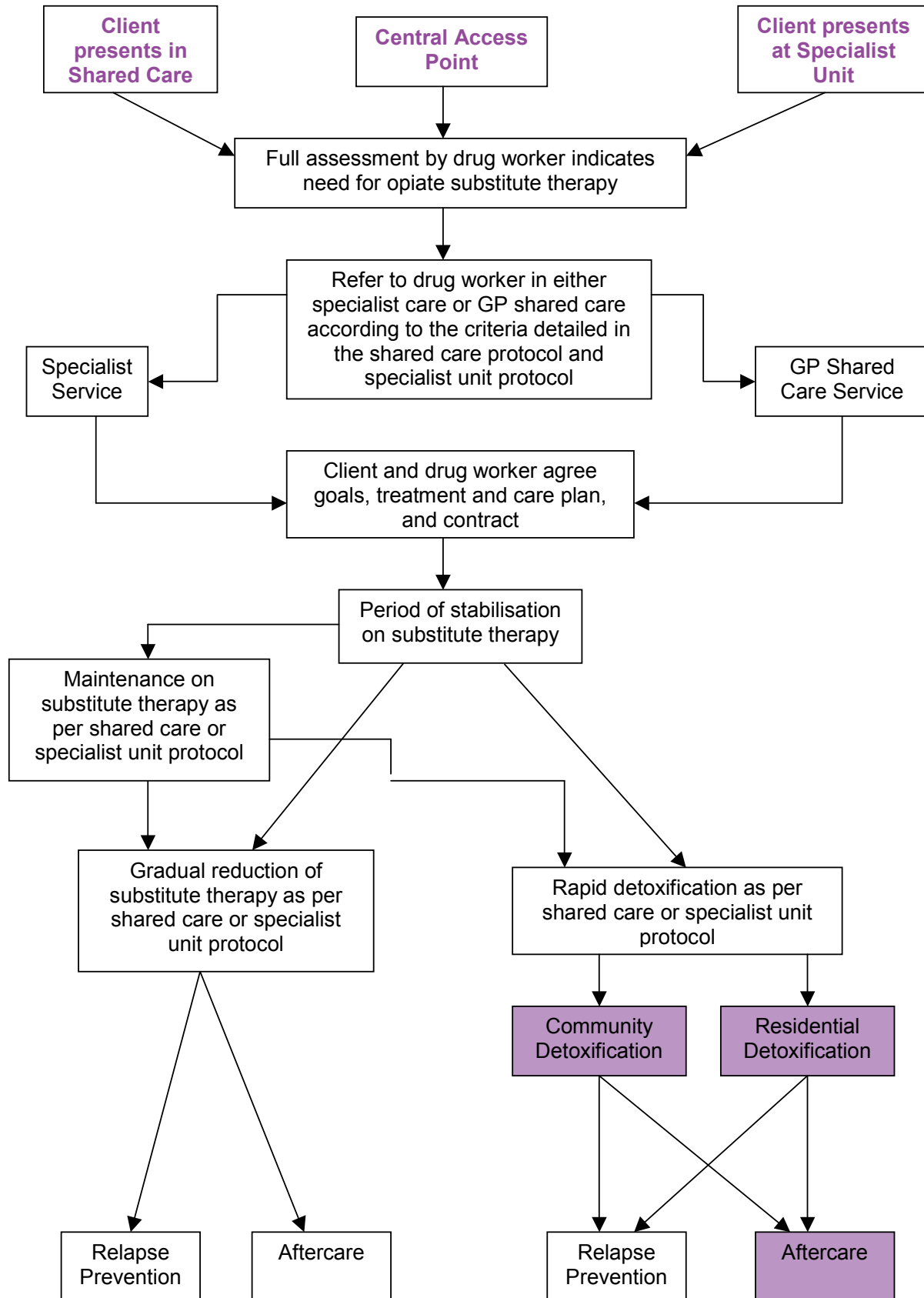
Who is this pathway for?

- Clients requiring a prescribed drug regime to help with the process of withdrawal, detoxification and/or maintenance
- Clients who have been assessed to level 3 (a comprehensive assessment) and have a care plan in place

Who is the pathway not suitable for?

- Clients whose levels and pattern of drug use has not been properly established, i.e. those who have not been fully assessed

Substitute Therapy Prescribing Pathway



Pathway

Community Detoxification

Aim

The aim of the pathway is to provide safe, structured supervision within a community setting to clients during the process of detoxification from a variety of substances.

It is recommended that any co-existing physical, emotional, social and legal problems are addressed as far as possible alongside the community detoxification process.

The majority of people who need a detoxification programme are dependent on opiate drugs but often use one or more other substances as well (poly drug use)

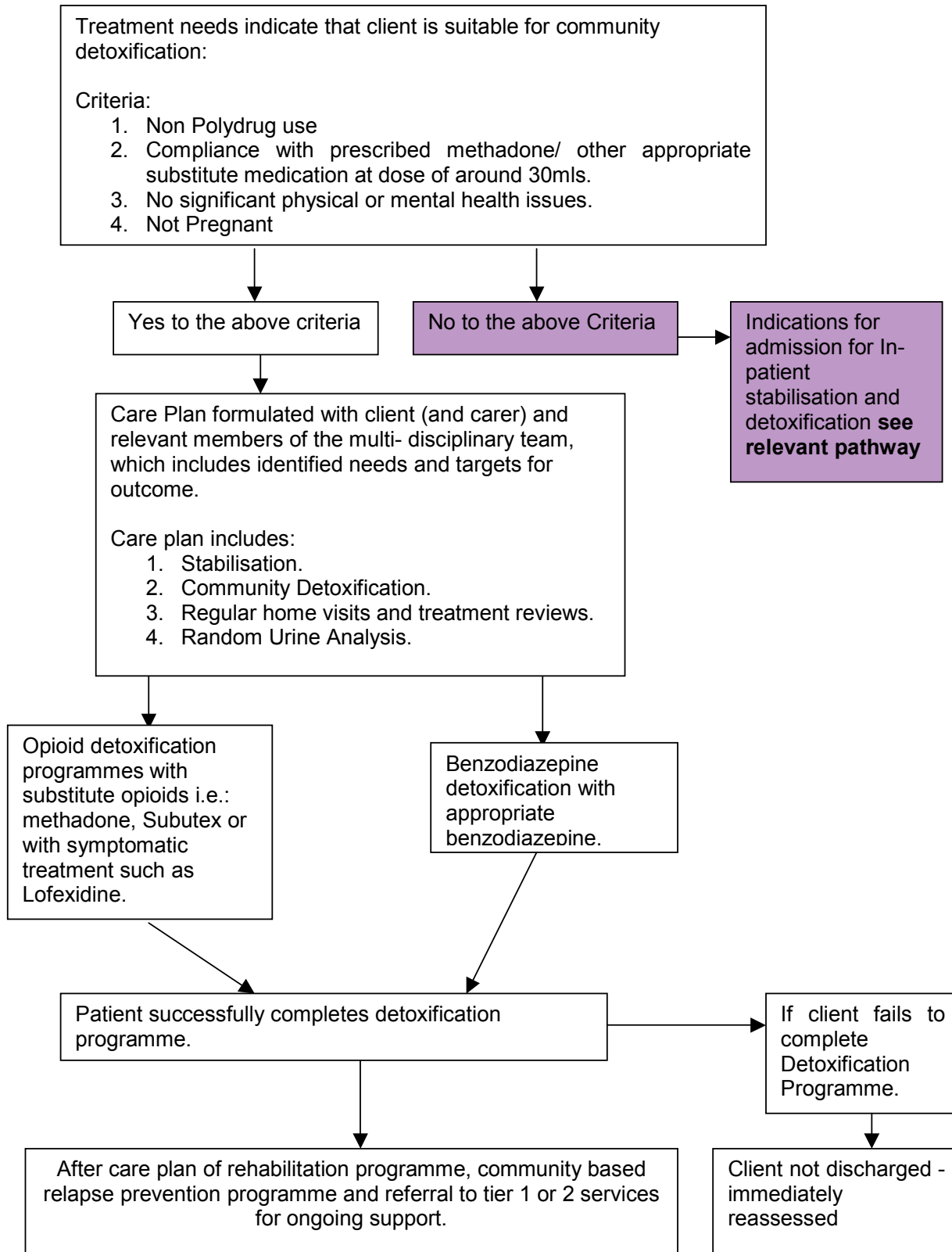
Who is this pathway for?

- Clients who are in treatment with the Community Drugs Team or Shared Care who wish to, and are able to, remain in their own homes whilst undergoing a detoxification procedure
- Clients who are motivated to reduce their drug use and/or who wish to become drug-free
- Clients who have access to both community and family support whilst undergoing treatment

Who is the pathway not suitable for?

- Non Poly-drug users
- Clients who are not compliant with prescribed methadone/ other appropriate substitute medication at dose of around 30mls.
- Clients with significant physical or mental health issues.
- Pregnant users

Community Detoxification



Pathway

Needle Exchange Pathway

Aim

The aim of the pathway is to provide clean, safe injecting equipment for those clients who are not yet ready to embark upon a treatment programme

Who is this pathway for?

- This is the pathway for all persons requesting needle exchange services, whether or not they have accessed other substance misuse services.

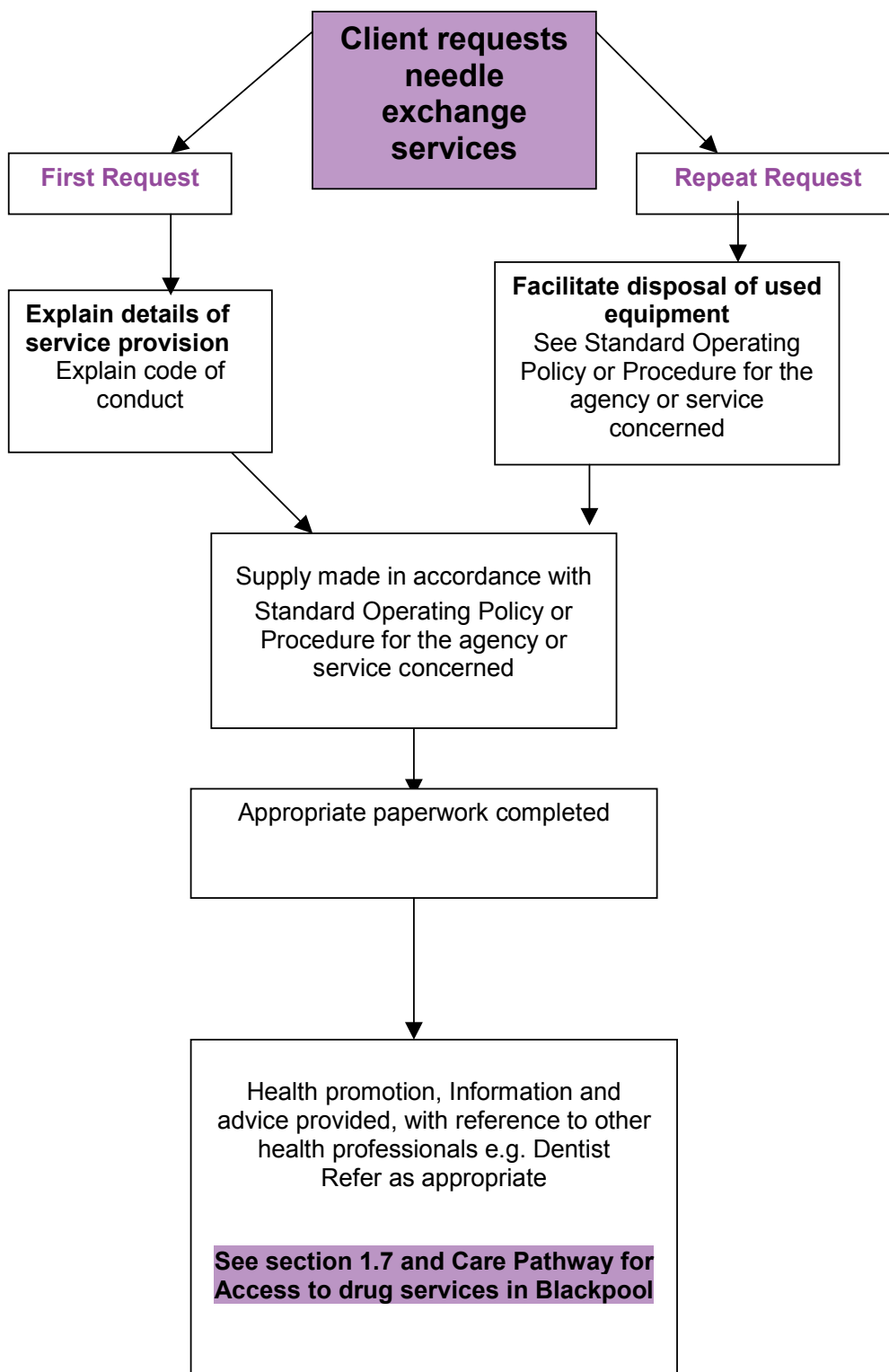
Who is the pathway not suitable for?

- A client who is, or appears to be, less than 19 years of age*

* Young people under the age of 19 years wishing to receive clean injecting equipment can do so if they attend Blackpool's Young People's Substance Misuse Service, (BYPSMS) temporarily based in Connect Health Centre on Talbot Road) following a brief medical assessment. The BYPSMS is currently developing, with partners, policy and procedures for a Needle Exchange Scheme for the under 19's.

For pharmacists in the community setting, it may be necessary to refer young people to a specialist service for assessment where it is recommended that a specialist worker conducts a full assessment.

Needle Exchange



Pathway

Structured Day Care Pathway

Aim

The aim of this pathway is to provide intensive community based support, treatment and rehabilitation for clients who would find it difficult to comply, for a variety of reasons, with their agreed personal care plan.

Clients may engage with a structured day care programme for anywhere between 1 and 5 days per week, depending upon their needs.

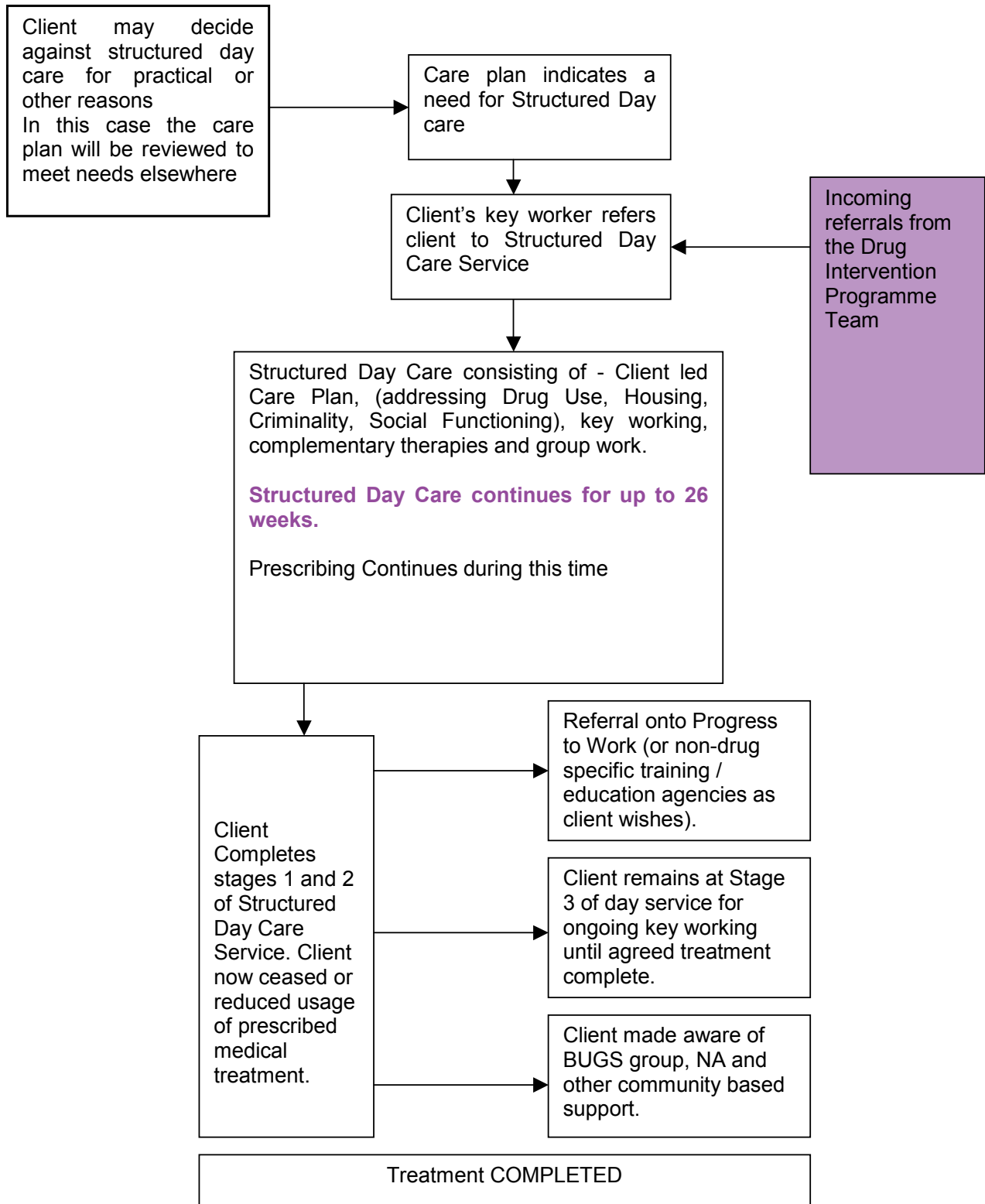
Who is this pathway for?

- Structured Day Care is for clients who have significantly reduced their use of illicit or prescribed drugs. Suitable candidates will be willing, with support, to fulfil care plans, engage with the service, and attend group work.
- Clients who have experienced social problems, and are prone to relapse without engagement with a structured day programme.
- Clients with both drug and mental health problems often referred to as having a *dual diagnosis*.

Who is the pathway not suitable for?

- Young people under the age of 19
- Where alcohol is the only substance used
- Clients who have not yet been fully assessed
- Those who are still engaged in heavy use of street drugs, or who are on significant amounts of medication
- Clients who are not able easily to attend at the day care centre for a range of reasons.

Structured Day Care



Pathway

Residential rehabilitation Pathway

Aim

This pathway is designed to help clients, within a residential setting, to make the changes that will enable them to maintain drug free lifestyles.

Who is this pathway for?

- Residential rehabilitation is suitable for people whose need has been identified by comprehensive assessment
- Those who have experienced significant physical and social problems with their drug use and
- Most commonly, clients who have undertaken and/or completed a treatment programme

Who is the pathway not suitable for?

- Young people under the age of 19
- Clients who use only alcohol
- Those who are still using drugs or who are on significant amounts of medication
- Clients who have not been fully assessed
- Clients who have serious acute psychiatric problems e.g. acute psychosis, requiring acute psychiatric treatment
- Clients who have serious physical conditions requiring specialist care

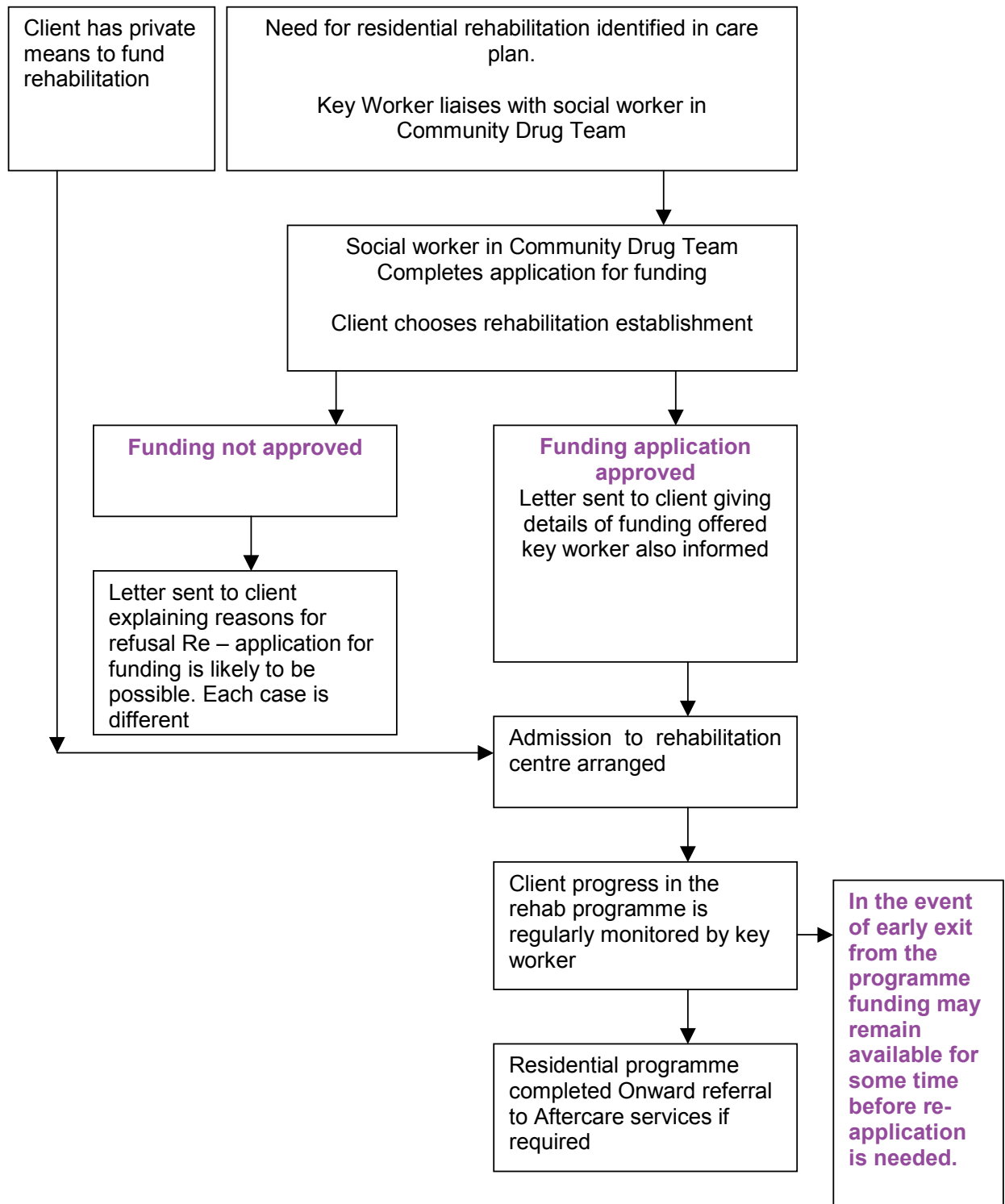
NB:

The majority of residential care providers would require people to be drug-free prior to admission.

Some providers do provide detoxification services as part of their overall programme; funding for this however comes from different sources.

In order to maximise effectiveness is essential that clients who require residential rehabilitation have access to this immediately following successful completion of a detoxification programme.

Residential Rehabilitation



Pathway

Pathway for Access to In-Patient Detoxification

Aim

The aim of the pathway is to ensure provision of safe structured supervision during the process of detoxification from a variety of **substances** within a hospital or in-patient setting

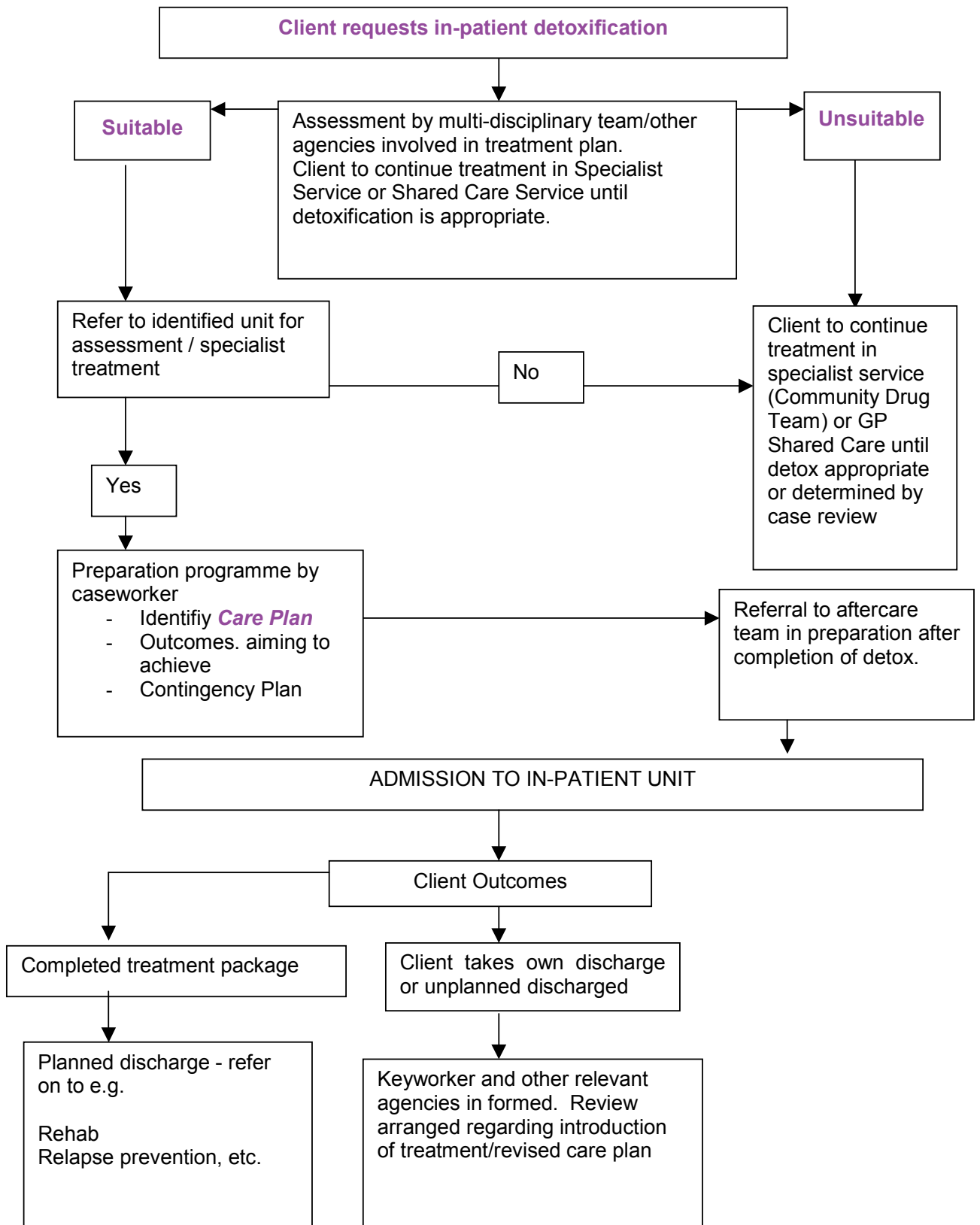
Who is this pathway for?

- Clients who are physically dependent on one or more drugs
- Clients who have physical or psychiatric complications
- Clients with chaotic polydrug use
- Women who are pregnant
- Clients who have failed to complete outpatient drug treatment programmes
- Clients who are unlikely to cope with outpatient detoxification due to significant personal isolation or lack of support from family or friends.

Who is the pathway not suitable for?

- Clients who have serious acute psychiatric conditions, e.g. acute psychosis, requiring acute psychiatric treatment
- Clients who have serious physical conditions (e.g. life threatening physical illness)

In-patient Detoxification



Pathway

Transfer of young people into adult services

Aims:

To ensure the smooth transfer of responsibility for care between young people and adult services.

Guiding principles:

To avoid the need for young people to be transferred to adult services if at all possible.

Transfer should always be discussed with both the young person and the organisation to determine whether or not adult services are appropriate, and to establish their needs.

As a matter of good practice, all young people's services should be provided in line with the Standing Conference on Drug Abuse and the Children's Legal Centre (1999) ten key policy principles, as outlined below.

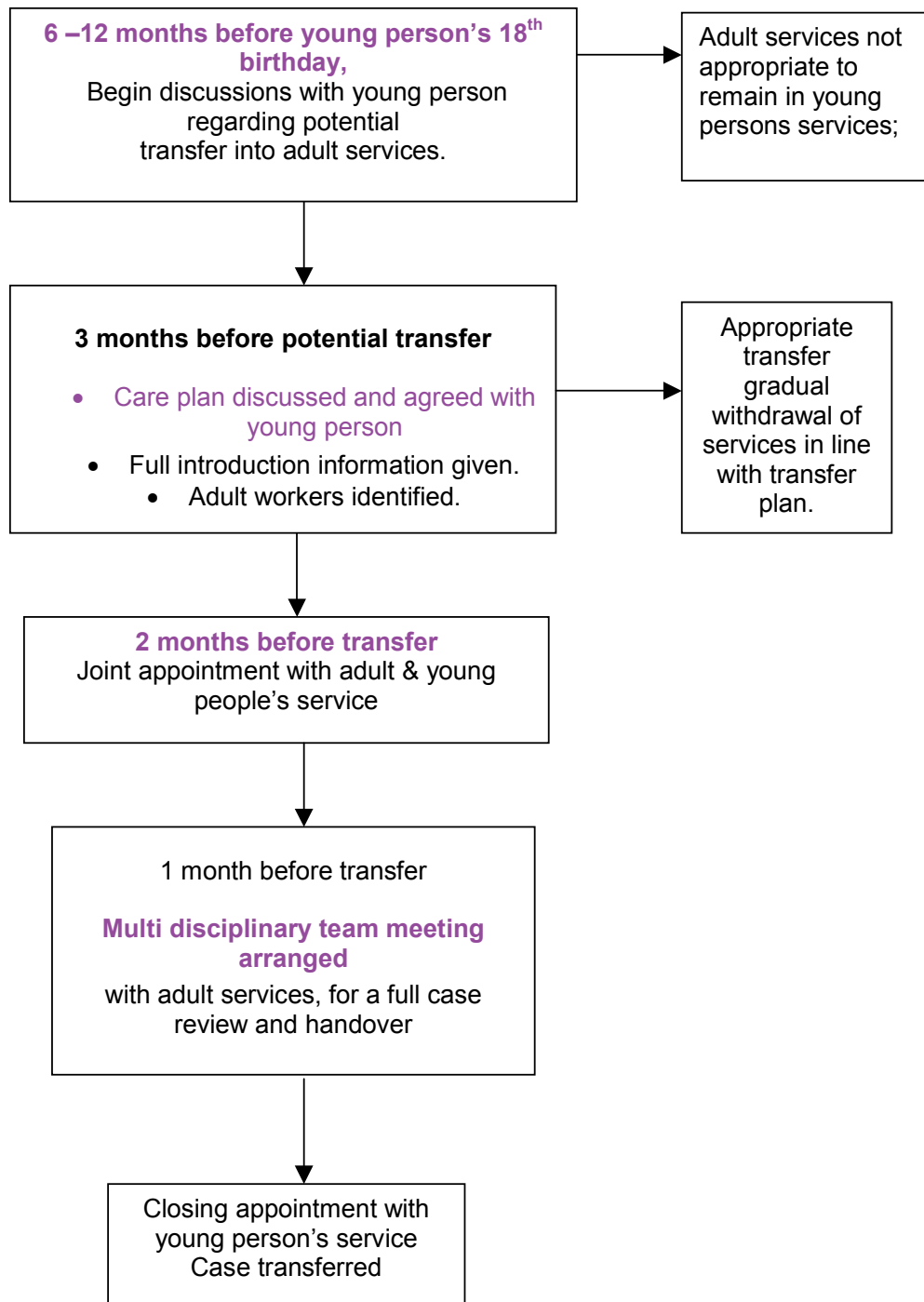
The 10 key principles for good practice in children's services are....

- A child or young person is not an adult.
- The overall welfare of the individual child or young person is of paramount importance.
- The views of the young person are of central importance, and should always be sought and considered.
- Services need to respect parental responsibility when working with a young person.
- Services should recognise the role of, and co-operate with, the local authority in carrying out its responsibilities towards children and young people.
- Services must be child-centred.
- A comprehensive range of services needs to be provided.
- Services must be competent to respond to the needs of the young person.
- Services should aim to operate, in all cases, according to the principles of good practice.

Who is this pathway for?

Young people approaching their 18th birthday who have a continuing substance misuse problem that is unlikely to be resolved in the near future.

Transfer of young people into adult services



Section 3 Appendices

Section 3 Appendices

- A Information Sharing Protocol**
- B Substance Misuse Problem Screening / Referral Form**
- C Triage Tool**
- D Comprehensive Assessment Tool**
- E Risk Assessment Tool (parts 1 and 2)**
- F Confidentiality Agreement**
- G Information Sharing Consent Form**
- H Care Planning Documentation**

Appendix A

Information Sharing Protocol

Purpose of this protocol

Information sharing is a sensitive issue and it is important that it is handled properly. The best way to ensure this is for all parties to understand why information needs to be shared and then to operate within a carefully worked out and fully agreed information sharing protocol

This protocol is a joint statement from all the agencies providing services in Blackpool. It is designed to help the Blackpool Substance Misuse Service (including Tier 1 referral agencies) to share information in a way that safeguards and promotes the well-being service users, whilst recognising the duty of confidentiality and the right to privacy in respect of their personal information.

It is also meant to help manage the risk that the individual might pose. It will be used along with leaflets for staff and service users, posters and training materials.

This protocol will describe:

- When information can be shared
- Why information is shared
- The principles and commitments that all the substance misuse services in Blackpool will adopt when they collect and share information

General Principles

We should tell service users that their information will be collected and shared:

- Within the Blackpool Substance Misuse Service
- With other organisations, but only with the client's knowledge unless an urgent situation arises where there is a risk to themselves or others
- For research, audit, planning and management of services (but in these circumstances the information will be anonymised)

Informed consent

The informed consent of service users is required in order to share or seek personal information (other than in those exceptional circumstances prescribed by law). 'Informed consent' means that an explanation needs to be given to service users as to why the information is being sought or shared, with whom, and to what purpose.

Information shared will be adequate, relevant and not excessive to fulfil the purpose. Agency records will confirm that information has been shared in line with the principles contained within the Caldicott Report i.e. services will:

- Always justify the purpose(s) for using confidential information
- Only use confidential information when it is absolutely necessary
- Only use the minimum that is required
- Give access on a strict 'need to know' basis
- Ensure that everyone knows his or her responsibilities
- Ensure that everyone understands and complies with the law

Blackpool Substance Misuse Service

It is vital for the Blackpool Substance Misuse Service to share information to provide good quality care and treatment. Typically this will be within and between member agencies of Blackpool Substance Misuse Service and their referring agencies. Consent will always wherever possible be agreed with the service user and this should be explained to the individual.

Blackpool Substance Misuse Service comprises:

- Addaction
- Alcohol and Drug Service (ADS)
- Drugline-Lancashire Ltd
- Inward House Projects
- Lancashire Care NHS Trust
- Pierpoint House
- Turning Point
- Unity
- Fylde Coast Medical Service – Shared Care Clinic

However, it is also important that service users and their carers can feel confident that personal information will be kept confidential and that their privacy will be respected.

They should know that all staff must keep their information safe in order to comply with the law, their contracts of employment and in many cases their professional codes of conduct. Breach of confidentiality could lead to disciplinary action and provides grounds for complaint and possible legal claims against staff.

Staff Obligations

All staff has an obligation to safeguard the confidentiality of personal information. It is an offence to knowingly or recklessly obtain or disclose personal data without the consent of the agency in control of the personal data, or without lawful excuse. This is governed by Law, contracts of employment, and professional codes of conduct and agency policies. All staff must be made aware of their obligations through training and/or job induction procedures. All staff should understand the consequences to both the individual and themselves resulting from a breach of confidentiality.

The Wider Range of Services

Blackpool Substance Misuse Service may need to share information about individuals with other services. For example, to refer them for further or specialist need assessment, care or treatment.

When this happens, the individual should be informed and asked for their consent for information to be shared. It is good practice to get written or signed consent if possible. This might happen, for instance, as part of the first contact assessment or care planning process. The individual should know that there is then a channel of communication open with named agencies mentioned within the care plan. When this happens, the individual should be informed and asked for their consent. The individual should also be told that information might flow for some time after the initial referral.

Information shared in this way should only include details that are relevant to that service. Each service should be bound by the same rules about confidentiality and the “need to know” principle.

Staff should ask for consent even when sharing information with a carer or relative. Again it is good practice to obtain written or signed consent.

There are some exceptions when dealing with the law and the criminal justice system that are explained later. Individuals should also know the limits of confidentiality that can be offered.

An individual may not want information about them to be shared with another person or agency, which might otherwise have received it. Their wishes should be respected, unless there are exceptional circumstances. Every effort should be made to explain the consequences for their care and the management and planning of the service to the individual. The final decision should rest with them.

Exceptional Circumstances

Exceptional circumstances, which override an individual's wishes, arise: -

- Where there is a serious public health risk of harm to other individuals.
- Where there is a serious risk of harm to the individual.
- Where information might be used for the prevention, detection or prosecution of serious crime.
- There are laws, which require information to be released (which are described in more detail later).

The decision to release information in these circumstances, where judgement is required, should be made by a senior professional/ manager within the agency. It may be necessary to take legal or other specific advice.

When information is released in this way, staff must document what information was released to whom and why they felt it was justified.

Unable to consent

Where individuals are unable to give consent to information being shared, those responsible for providing care should decide on their behalf. They must take into account any previously expressed views of the service user and their carers, **the individual's best interest being the most important consideration**. Where practical, advice should be sought from the nominated senior professional/ manager. The reasons for the final decision should be clearly

recorded. The involvement of an advocate would be considered as good practice in these situations but they need to know all the relevant information.

Individuals do experience times when they might not be able to make judgements. It is good practice when developing a care plan, when the patient/client can make decisions, to ask them who should be consulted if this situation arises.

The Need to Know

Access to personal information should be on a strict **need to know** basis. Only those who can demonstrate a legitimate reason for having access to an individual's information have a "need to know". In other words they have to justify their need to see the information. Only the information that is relevant to that legitimate reason should be shared. Legitimate reasons would include:

- Delivering personal care and treatment
- Risk management
- Supervision and management of services

The Blackpool Substance Misuse Service should not simply wait for people to ask for information. They should also work on behalf of the individual to provide information that others need to know. It is the responsibility of Care Co-ordinators to seek out and relay relevant information to other agencies, who have a legitimate need to know, for example the wider team involved with providing care or services. This is particularly important in circumstances where there may be family and child welfare issues; or probation; housing; health and social care issues involving other agencies. This of course applies to any member of the Blackpool Substance Misuse Service involved with the person concerned (not just the care Co-ordinator) who feels information should be shared.

The Duty of Care

For example, if an individual made threats to harm identified people, then even if they demanded secrecy; the worker has an obligation to use that information to prevent those threats being carried out. The worker **must** act. This is called the "duty of care" and applies to all workers.

Third parties

Information about third parties

A person's case file may contain information about a third party. For example, information about or given by a member of the person's family, a neighbour or the police. This information should not be disclosed unless the third party provides consent.

Information provided to third parties

When providing information to other agencies, staff should ensure that the recipient knows that they should not share it with anyone else unless:

- they are entitled to it, or
- the person has explicitly consented, or
- the person is aware that information needs to be passed on to enable care to be co-ordinated properly.

Clear documentation and record keeping must support these communications.

Legal Issues and the Criminal Justice System

Disclosure of information can be required by law or court order or exceptionally, the absence of consent can be justified in the public interest. The following list gives some examples, but is not exhaustive:

- Where a child is believed to be at risk of harm (Children Act 1989)
- Where the service or individual is instructed to do so by a Court
- For the prevention, detection or prosecution of *serious* crime
- If the service user gives information about a serious crime which has been committed, such as assault, murder, manslaughter, rape, treason or kidnapping (Police and Criminal Evidence Act 1984)
- If the service user gives information about money made from drug trafficking (Section 26b of the Drug Trafficking Offences Act)
- If the service user gives information about suspected terrorism (Prevention of Terrorism Act 1989)
- When the service user is going to undertake assessment and treatment under the Criminal Justice Act. The agreement of the service user is obtained at the commencement of the Treatment Order for communication between partnership agencies.
- Under the Mental Health Act 1983 where the patient objects to their 'nearest relative' being consulted re:
 - An application for Treatment Order (Section 3) is being considered
 - An application for assessment and/or treatment has been made.
 - Under Mental Health (Patients in the Community) Act 1995, where the patient objects to their nearest relative being consulted and the patient is known to have the propensity to violent or dangerous behaviour.

There are also legal restrictions on the disclosure of information relating to:

- HIV and AIDS, other sexually transmitted diseases, assisted conception and abortion (NHS (Venereal Diseases) Regulation 1974 and 1991)
- Human Fertilisation and Embryology Act 1990 and Human Fertilisation and Embryology (Disclosure of Information) Act 1992
- Abortion Act 1991

Police Enquiries

Enquiries by police officers do not have the same force as a Court of Law. Unless the enquiry is related to serious crime (see above) information can be given only with the individuals consent. Statements of observed fact can be made. Many organisations have local protocols regarding communications with the police and these should be referred to. The Police and Criminal Evidence Act 1984 allows the police to gain access to medical records for the purpose of a criminal investigation on the order of a judge.

Legal right to access

The legal context within which disclosure decisions have to be taken is continually evolving and the Courts remain the ultimate authority on the circumstance of what and how information can be disclosed by the Police and other agencies. For example, some or all of these separate areas of law may have a bearing on disclosure in any specific case:

- The common law of duty of care
- The common law of duty of confidence
- The Data Protection Act 1998
- The European Convention on Human Rights - especially the right to the protection of private and family life, and the principle of proportionality
- The law on defamation
- The Children's Act 1989 - which provides a framework for the care and protection of children
- The Crime and Disorder Act 1998.

Service users (or persons authorised to act on their behalf) have statutory rights to know what information is held about them. Users have a right to access this information under the following legislation:

Human Rights' Legislation
Data Protection Act 1998 (for all records)

Whilst written and computerised records will be regarded as shared between the agencies, an individual's right of access to the information contained in the records differs when it has been provided by a health professional from when it has been provided by social services staff or the voluntary sector. Therefore, each agency's procedures for access to records will need to be complied with. (However, it is intended that access for requests to records held by Blackpool Substance Misuse Service will be treated as if they are requests to all its member organizations and may require differing access routes as noted above dependent on where and with whom the records lie. If multiple agencies with differing access procedures this may involve multiple and differing requests to each information holder and may result in differing access ability.

Information regarding a service user from a third party e.g. a carer, will only be accessible with the agreement from that third party or subject to the provisions of the Data Protection Act 1998.

The Eight data protection principles

Each agency recognises the need to comply with the eight Data Protection Act principles, which in summary are:

- First:** Personal data shall be processed fairly and lawfully.
- Second:** Personal data shall be obtained and used only for lawful and specific purposes.
- Third:** Personal data shall be adequate, relevant and not excessive in relation to the purpose for which it is processed.
- Fourth:** Personal data shall be accurate and, where necessary, kept up-to-date.
- Fifth:** Personal data shall not be kept for any longer than is necessary.
- Sixth:** Personal data shall be processed in accordance with the rights of the data subject under the Act.
- Seventh:** Measures must be undertaken to ensure personal data is kept securely.
- Eighth:** Personal data will not be transferred to another country outside the European Economic Area unless that country can ensure adequate protection for the rights of data subjects.

Further Information

If you need further information about these guidelines please discuss them with your manager or contact.

The organisations signed up to this agreement are

| | |
|--|--------------------------------|
| Lancashire Care NHS Trust | Alcohol and Drug Service (ADS) |
| Addaction | Pierpoint House |
| Drugline Lancashire Ltd | Inward House Projects |
| Turning Point | Unity |
| Fylde Coast Medical Service – Shared Care Clinic | |

Appendix B

Substance Misuse Problem Screening / Referral Form

Guidance for completing the screening process

Completing this form can help you decide how serious someone's drug and/or alcohol problem is and what to do next.

The information is also designed to help any specialist service you refer to.

You may not be able to complete all the information; just complete what you can, working through the questions together with the person you are screening.

This is a guide to help with your decision-making. Please note that there are few absolutely hard and fast rules and this form is simply an aid. It cannot replace your own judgement or that of the person you are working with. This form is not suitable for arriving at a clinical diagnosis.

Agency Details

| | | | |
|--|----------|---------------------|--|
| Name of person screening | | Date of screening | |
| Name of Agency | | Contact Tel. Number | |
| Confidentiality and information sharing policy explained | YES / NO | | |

Client Details

| | | | | | | | |
|---|-----|---------------|--|---------|--|--|--|
| First Name | | | | Surname | | | |
| Gender | M/F | Date of Birth | | Age | If under 19yrs ALWAYS refer to Young Persons Services | | |
| Address | | | | | | | |
| Post Code | | | | | | | |
| How does the client wish to be contacted for an appointment (give contact details) | | | | | | | |

Drug and or Alcohol Use (use this to select the appropriate service over leaf)

Do you have any concerns about your use of drugs and/or alcohol?
(note to person completing the screening tool – please try to use your clients own words)

Would you like to talk in more detail to someone (in confidence) about your concerns?

| Priority Check List | Tick all that apply ✓ |
|---|-----------------------|
| Pregnant | |
| Child care responsibilities | |
| Intravenous drug use | |
| Physical health conditions/symptoms likely to require treatment | |
| Mental health conditions/symptoms likely to require treatment | |
| Risk of self harm or suicidal thoughts | |
| Threat to others | |
| Involved with criminal justice in last 8 weeks | |
| Homeless / No Fixed Abode | |

| | | |
|---|--|---|
| Referral Priority: Please circle or 3 | Individual is pregnant / at risk of serious self harm or harm to others | 1 |
| | Individual is injecting / in need of medical/psychiatric treatment/ homeless | 2 |
| | All other clients | 3 |

| |
|--|
| <p>Any other relevant information</p> |
|--|

Consent statement (to be signed by individual being referred)

I understand that these details may be passed on to other services for a more detailed assessment to be offered. I am aware that I have requested this referral to be made. Anonymous details will be used to monitor service levels and quality.

Client Signature:

Date:

| |
|---|
| <p>To initiate an onward referral into Blackpool Drug Services simply fax this completed form (both sides) to the Open Access Service on 01253 312 226</p> |
|---|

Appendix C

Triage Assessment Form (for completion by the Open Access Service Only)

| REFERRAL BY: | CODE: | | | | |
|-------------------------|-------|----------------------|----|---------------------------|----|
| Drug Service Statutory | 1 | DTTO | 6 | Psychiatry | 11 |
| Drug Service non – stat | 2 | Youth Offending Team | 7 | Community Care Assessment | 12 |
| GP | 3 | Probation | 8 | CARAT | 13 |
| Self | 4 | A&E | 9 | Other; please state | |
| Arrest Referral | 5 | Needle Exchange | 10 | | |

| About your legal circumstances (please tick) | |
|---|--|
| Have you been Arrested in the previous eight weeks? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do you have any outstanding court appearances? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Have you been released from prison in the last eight weeks? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are you on a community sentence with condition of treatment? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are you involved with any of the below criminal justice agencies? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Tower Project Arrest Referral Court Liaison Prison In-reach Probation Service | |
| If the answer is yes to any of the above, liaise with the Criminal Justice Team before completing a DIR form WITH THE CLIENTS CONSENT FIRST. | |

| | |
|------------------------|-------------------------------------|
| Date of Triage: | Triage conducted by (name) |
| Referral Agency: | |

| Client details | | | Client reference number | |
|--|-----|--|-------------------------|---|
| Last Name: | | | First Name: | |
| Date of Birth: | Age | | Gender: | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Address: | | | | |
| | | | | |
| | | | | |
| Postcode: | | | Telephone No: | |
| Mailing address if different from above: | | | | |
| | | | | |
| | | | | |
| Postcode: | | | Telephone No: | |

| | | | | | | | | | |
|--|---|--|--|--|--|--|--|--|--|
| Other including prescribed medication (please specify) | | | | | | | | | |
| Have you ever injected? | Y <input type="checkbox"/> N <input type="checkbox"/> | | | | | Have you injected in the past 4 weeks? Y <input type="checkbox"/> N <input type="checkbox"/> | | | |
| Have you ever shared? | Y <input type="checkbox"/> N <input type="checkbox"/> | | | | | Have you shared in the past 4 weeks? Y <input type="checkbox"/> N <input type="checkbox"/> | | | |
| Where do you inject? | | | | | | Injection sites inspected? Y <input type="checkbox"/> N <input type="checkbox"/> | | | |

Reasons for seeking treatment:

About your social circumstances (accommodation, living with, employment, next of kin, pets, financial status etc)

| Children | | | | | | | | |
|-----------------|---------|-----|-----|-----|---------------|---------|----|--------|
| Forename | Surname | Sex | DOB | Age | Primary Carer | Address | GP | School |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Note any child protection issues raised:

About your Mental Health

(Ever received treatment, from who inpatient CMHT GP, how many times, when was the last episode, currently in treatment, why receiving treatment)

Empty box for mental health details.

About your Physical Health

(Serious illness or operations? Tested for blood borne viruses? Pregnant? Drug or alcohol related physical problems, prescribed medications, recent attendance at A&E)

Empty box for physical health details.

Dependence Checklist

In the past six months

if yes, score 1

- A** Have you needed to use more (main substance) to get the desired effect, or has taking your usual amount had less of an effect than it used to?
- B** Have you felt sick or unwell when the effects of (main substance) have worn off, or have you taken more of it, or a similar drug, to relieve or avoid feeling unwell?
- C** Have you used (main substance) in larger amounts or for a longer period of time than you intended?
- D** Have you had a persistent or strong desire to take (main substance) or have you had problems cutting down, or controlling how often or how much you use?
- E** Have you spent a large amount of time obtaining, or using, or recovering from the effects of (main substance)?
- F** Have you given up work, recreational, or social activities as a result of your (main substance) use?
- G** Have you continued to use (main substance) despite having physical or psychological problems as a result?

If total score is 3 or more, dependence is diagnosed.

Total Score

Have you been in contact with substance misuse services in the past?
 (if yes, please state the agency and when the contact occurred and the outcome)

| Current Involvement with other services (Tick all that apply at present) | | | |
|---|--------------------------|---------------------|--------------------------|
| Community prescribing | <input type="checkbox"/> | Social Services | <input type="checkbox"/> |
| Inpatient drug and alcohol misuse treatment | <input type="checkbox"/> | Probation | <input type="checkbox"/> |
| Care planned counselling | <input type="checkbox"/> | Midwife | <input type="checkbox"/> |
| Structured day care | <input type="checkbox"/> | GP | <input type="checkbox"/> |
| Residential rehab | <input type="checkbox"/> | Mental Health | <input type="checkbox"/> |
| Advice & information | <input type="checkbox"/> | Other; please state | <input type="checkbox"/> |
| Aftercare Service | <input type="checkbox"/> | | |

| Client's preferred treatment modality (Tick all that apply) | | Previous experience of modality (Tick) | Notes on Previous experience |
|--|--------------------------|---|-------------------------------------|
| Inpatient treatment | <input type="checkbox"/> | <input type="checkbox"/> | |
| Community detox | <input type="checkbox"/> | <input type="checkbox"/> | |
| Community prescribing | <input type="checkbox"/> | <input type="checkbox"/> | |
| Residential rehab | <input type="checkbox"/> | <input type="checkbox"/> | |
| Structured day care | <input type="checkbox"/> | <input type="checkbox"/> | |
| Counselling | <input type="checkbox"/> | <input type="checkbox"/> | |
| Aftercare Service | <input type="checkbox"/> | <input type="checkbox"/> | |
| No Preference | <input type="checkbox"/> | | |

| Referral to Treatment Modality | | | |
|---|--------------------------|---------------------|--------------------------|
| Advice & Information | <input type="checkbox"/> | Mental Health | <input type="checkbox"/> |
| Care Planned Counselling | <input type="checkbox"/> | Midwife | <input type="checkbox"/> |
| Structured Day Programmes | <input type="checkbox"/> | Probation | <input type="checkbox"/> |
| Community Prescribing | <input type="checkbox"/> | Social Services | <input type="checkbox"/> |
| Inpatient drug & alcohol misuse treatment | <input type="checkbox"/> | GP | <input type="checkbox"/> |
| Residential Rehab | <input type="checkbox"/> | Other, please state | <input type="checkbox"/> |

.....

Client Signature:

Print:

Date of referral on:

| To be completed by Triage Assessor | | |
|--|-------------------|------------------|
| | Yes (tick) | No (tick) |
| Part 1 Risk Assessment completed | | |
| Confidentiality policy explained and client given copy | | |
| Information Sharing agreement signed/dated, client given copy? | | |
| All documents copied and attached to Screening and Triage forms before onward referral | | |
| All relevant documents forwarded to agency receiving client | | |
| Signature of assessor | | |
| Date | | |

Appendix D

Comprehensive Assessment Tool

Note to staff member conducting comprehensive assessment

Please check that a copy of the triage form is attached and that this information is updated where necessary

Person to be contacted in an emergency:

Name of Person:

Address:

.....

.....

Postcode: Tel no:

OK to contact this person? Y N

Section 1 Treatment Domain: Drug and Alcohol Abuse

Substance Use History (Update any changes since Triage Assessment)

| Drug name | Method used | How often used? | How much used? | How long using for? | Prescribed |
|------------------------------|-------------|-----------------|----------------|---------------------|------------|
| Alcohol | | | | | |
| Amphetamine | | | | | |
| Anti-depressants | | | | | |
| Benzodiazepines illicit | | | | | |
| Benzodiazepines (prescribed) | | | | | |
| Cannabis | | | | | |
| Cocaine | | | | | |
| Crack | | | | | |
| Ecstasy | | | | | |
| GBH | | | | | |
| Heroin | | | | | |
| LSD | | | | | |
| Methadone illicit | | | | | |
| Methadone prescribed | | | | | |
| Nicotine | | | | | |
| Solvents | | | | | |
| Steroids | | | | | |
| Other | | | | | |

Substance Use History (See Triage Form) - continued

| | |
|--|--|
| 2. Do you attend a needle exchange? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. Are you aware of Safer Injecting? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <p>4. Have you had any support in the past when stopping or reducing? <i>Please tick:</i></p> <p>Detox</p> <p>CDT (Community Drug Team) <input type="checkbox"/></p> <p>GP <input type="checkbox"/></p> <p>Psychiatrist <input type="checkbox"/></p> <p>Needle Exchange <input type="checkbox"/></p> <p>A&E (Accident & Emergency) <input type="checkbox"/></p> <p>Social Services <input type="checkbox"/></p> <p>CARATs <input type="checkbox"/></p> <p>Arrest Referral <input type="checkbox"/></p> <p>Probation <input type="checkbox"/></p> <p>Drug Agency <input type="checkbox"/></p> <p>Residential Rehabilitation <input type="checkbox"/></p> <p>Aftercare <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <p>5. Have you had any periods of abstinence from your substance of choice? How and why did you stop using?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Why did you start using again?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>If you have never stopped, have you ever made any attempt to reduce your drug use?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Section 2 Treatment Domain: Physical and Psychological Health

Medical History

1. Previous medical problems:
.....
.....
2. Current medical problems:
.....
.....
3. Current prescribed medication:
.....
4. Hospital admissions:
.....
.....
5. Operations:
.....
.....
6. Heart problems:
7. Lung problems:
8. Neurological problems:
9. Digestive problems/appetite:
- 10.. Muscular/skeletal problems/appliances used:
.....
11. Blood borne infections/Sexually Transmitted Infections:
.....
12. Energy levels:
13. Weight loss/gain:
14. Allergies:
15. Other:
.....

Health risk and blood borne viruses

| | |
|--|--|
| Have you ever had any Hepatitis B vaccinations? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Would you like to have Hepatitis B vaccinations? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Would you like to discuss: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Hepatitis C? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| HIV? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Sexual Health? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Current Observations

| |
|--|
| |
|--|

Baseline Observations: *(To be completed by appropriate agencies only e.g. In Patient Detox, prescribing agencies)*

| | | |
|--------------------------|----------------|------------------|
| Temp: | Pulse: | BP: |
| Urinalysis | | |
| Bilirubin: | Ascorbic Acid: | Blood: |
| Glucose: | Protein: | Nitrate: |
| Ketones: | Ph: | Urobilinogen: |
| Drug Test | | |
| Opiates: | Cocaine: | Benzodiazepines: |
| Methadone: | Amphetamines: | MDMA: |
| Pregnancy: | Weight: | |
| Bloods taken for: | | |
| Hepatitis A: | LFT: | U and E: |
| Hepatitis B: | FBC: | HIV: |
| Hepatitis C: | Other: | |

Mental Health

| | |
|--|--|
| 1. Have you suffered any mental health problems either currently or in the past? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. Have you had any involvement with Mental Health Services? Contact details of service: Name: Address: Telephone no: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. Have you ever attempted suicide? (if yes, please give details) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. Have you ever intentionally hurt yourself? (if yes, please give details) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5. Have you ever behaved aggressively or violently now or in the past? (if yes, please give details) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 6. Was it connected to your drug use/drinking? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Section 3 Treatment Domain: Criminal Involvement

| Legal History and Criminal Involvement | |
|---|--|
| 1.. How are you currently funding your drug use? | |
| 2. Do you have any outstanding legal issues or are you currently subject to any Court Order? (probation supervision, prison licence, fines, bail conditions). If so, please detail: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. Contact information for supervising officer: Name: Address: Tel No: | |

Previous Convictions:
(To be completed by appropriate services only, e.g. Residential Rehabilitation Providers)

| Date | Nature of Offence | Sentence |
|------|-------------------|----------|
| | | |
| | | |
| | | |
| | | |

Section 4 Treatment Domain: Social Functioning

| Family History | |
|--|--|
| 1. Do you have any children, if so how many? 2. Do they usually live with you or are they in care or elsewhere? 3. Describe your parenting/carer responsibilities 4. Do you have contact with your family and/or partner 5. Are any of your family, partner or friends drug users or do they experience problems with alcohol? 6. Has your substance use affected your family, partner, children and/or friends? 7. Do you need support with this? | |
| Education and Work History | |
| 1. Any current education issues? For example are you at school, college or university? (if yes, please give details). | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. What is your current employment status? | |
| 3. Are you unemployed? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Education and Work History (continued)

4. If you are employed, what is your current job, how long have you been doing this work and is this your usual type of employment?

Current job:

How long in this job?

Is this your usual type of employment?

.....

5. If unemployed, how long have you been unemployed for?

.....

6. Are you currently receiving benefits? If so, which ones, how much do you get and how often?

Which benefit

How much?

How often?

| | | |
|-------|-------|-------|
| | | |
| | | |
| | | |
| | | |

Accommodation History

Key issues to be explored – current arrangements, periods of residency, stability of accommodation

| Address | Dates there (from – to) [last 5 years] Approx. | Type of Accommodation | Why did you leave? | Rent arrears (yes or no) |
|---|---|--------------------------|-----------------------|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 1. Does your present accommodation meet your housing needs? | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. Do you have any pets (if yes, do they live with you) Do you need any help with caring for them (for residential care only) | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

To be completed by staff member/agency

| | | | |
|--|-----|------------------------|--|
| Name of agency | | Agency tel. Number: | |
| Name of person conducting assessment | | Date of assessment | |
| Confidentiality and information sharing explained? | Yes | No | |

Risk Assessment Tool (Part 2)

This form is to be used both at triage, and again after comprehensive assessment and at care review stage. It should be used in interim period when a risk issue is highlighted. Complete on all clients scoring 2 or more on risk to self/others. Tick whichever box is appropriate (Y for Yes, N for No, or ? for unknown) for each question.

The degree of risk is dependent on the total number of y and n responses. The higher the number the greater the risk.

| 1. Self Harm – Deliberate & Suicide | | | | | | | |
|---|--------------------------|--------------------------|--------------------------|------------------------|--------------------------|--------------------------|--------------------------|
| | Y | ? | N | | Y | ? | N |
| Depressed mood (subjective) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Impulsivity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Past history of non-suicidal self-harm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Suicidal ideas | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Suicide plans made | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Action taken on plan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Previous suicide attempt (<i>give details</i>): | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | |
| Dangerous method (high risk to self and others i.e. irresponsibility) | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Discovery avoided | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Final acts (notes etc) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| 2. Accidental Overdose | | | | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Y | ? | N | | Y | ? | N |
| If yes, how many times? | | | | Regular intravenous use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Poly drug use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | How many times in last 90 days? | | | |
| History of past overdoses | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Has witnessed overdose(s) by others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Alcohol involved? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Injects alone | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Which were the main drugs involved? | | | | | | | |
| | | | | | | | |

| 3. Harm to Others – Aggression | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|-----------------------------|--------------------------|--------------------------|--------------------------|
| | Y | ? | N | | Y | ? | N |
| Past history of violence to others (may include sexual violence) | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lack of provocation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lack of regret | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Thoughts/threats of violence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Paranoid thoughts/delusions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Available weapon | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Identified target | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Impulsivity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Prone to emotional arousal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Relevant criminal record | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Conflict | | | |

| 4. Child Care | | | | | | | |
|-------------------------------|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|
| | Y | ? | N | | Y | ? | N |
| Responsible for child under 5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Currently pregnant | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Single parent | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Apparently intoxicated while solely responsible for child(ren) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| 5. Personal Safety – Self Neglect | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|------------------------------|--------------------------|--------------------------|--------------------------|
| | Y | ? | N | | Y | ? | N |
| Past history of self-neglect? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Long-term institutional care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the client reliant on others? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| <i>Cannot cope with or needs help or prompting in:</i> | | | | | | | |
| Budgeting/handling money/accommodation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doing weekly shopping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Taking care of personal hygiene | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cooking for self | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Homeless/no fixed abode (<i>give details</i>) | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have there been any major events or issues in your life or those around you in the last 12 months? | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| 6. Risk in the Community | | | | | | | |
|---|--------------------------|---|--------------------------|---------------------------------------|--------------------------|--------------------------|--------------------------|
| | Y | ? | N | | Y | ? | N |
| Drink-drive conviction | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Drives/operates as part of occupation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Drives/works while intoxicated | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Uncaring/indifferent to risk | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Chronic intoxication but still drives/works | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Risk/threat from others (<i>give details</i>) | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Level of Risk | | <i>Risk indicator – tick as appropriate</i> | | | | | |
| | | High | Medium | Low | Nil | | |
| For self harm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| For harm to others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| For personal safety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

| Category of Risk | <i>Risk indicator – tick as appropriate</i> | | | |
|---|---|--------------------------|--------------------------|--------------------------|
| | High | Medium | Low | Nil |
| Risk to staff, clients and or residents | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Risk to the public | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Risk to self | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Is there any significant evidence of risk in the following areas?

| | | Past | Current | |
|---|--|--|--|------------------------------------|
| A | Risk of violence, harm to others | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Not Known <input type="checkbox"/> |
| B | Risk of suicide | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Not Known <input type="checkbox"/> |
| C | Risk of other self harm (please state) | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Not Known <input type="checkbox"/> |
| D | Risk of neglect/vulnerability | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Not Known <input type="checkbox"/> |
| E | Risk to staff | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Not Known <input type="checkbox"/> |
| F | Risk of medication abuse | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Not Known <input type="checkbox"/> |

Further action recommended

Please Tick

| | | |
|---|----------------------------------|--------------------------|
| A | None at this stage | <input type="checkbox"/> |
| B | Discussion with team members | <input type="checkbox"/> |
| C | Discussion with manager | <input type="checkbox"/> |
| D | Risk profile descriptive account | <input type="checkbox"/> |
| E | Risk management plan | <input type="checkbox"/> |

Risk history – Describe below (include details of most serious harm caused description account; to self or others)

Appendix F

Blackpool Substance Misuse Service - Confidentiality Agreement

Project Worker: Date:

The worker must read the following statements **in full** to the client

So that we can decide on the sort of help, which will best meet your needs I need to ask you some questions about yourself. The answers you give me will be treated in the strictest confidence. I will not share any information you give me with anyone, unless:

1. I have your written permission.
2. You or someone else is in immediate danger or 'at risk'
3. There is a threat of terrorist offences.

If it becomes necessary to break confidentiality the following steps will be taken:

1. We will attempt to discuss it with you first if at all possible.
2. You will be told why it is necessary to break confidentiality and encouraged to take action yourself.
3. If you do not take action yourself, and it is appropriate, you may be asked to give permission to break the agreement
4. If you do not, or cannot give permission and it is felt that it is necessary to break the confidentiality agreement, the Agency Manager will be consulted and a decision taken.
5. Any decision to break a confidentiality agreement will be recorded fully on your file.

Information about you will be shared between staff members *within this agency* and recorded on your file and in other service records. You may request to view your case file and we will ensure a worker is made available to accommodate this process and answer any questions you might have.

It is very important that the answers you give me are truthful and as accurate as possible. The help we are able to give you is dependent on the information we get from you.

If you don't wish to answer a question it is better to say so, rather than giving a false answer.

Our agency is regularly required to collect information on the people we work with. This information is used for statistical analysis and is about numbers, not about you. The researchers who handle this data will not know your name or address and are not allowed to pass on any information about individual clients.

Do I have your permission to continue? (please tick one) Yes No

Signed (client name): Print:

Date:

Please retain a copy of this on the client's case files

Appendix G

Blackpool Substance Misuse Service - Information Sharing Consent Form

In order to ensure we provide you with the best care possible, we may need to share information with other agencies and staff.

We will only provide information that is directly relevant to the help you need from us and the other agencies involved in supporting you.

We will discuss this with you first and will ask you to sign this form giving us your written permission to provide the information.

I, *(client name)*..... give*(insert staff name)* from.....*(insert agency name)*

permission to share information in this assessment with those stated below.

If for any reason I should change my mind I will inform a member of the Blackpool Substance Misuse Service. This will be recorded in my case files.

I understand that any possibility of this contract being broken will be discussed with me as set out in the Blackpool Substance Misuse Service Confidentiality Agreement.

| Name | Relationship | Information to be Shared | Client Signature | Staff Signature | Date |
|---|--------------|--------------------------|------------------|-----------------|------|
| [agency, family member, solicitor, GP, CARAT, CDT, other] | | [none, attendance, all] | | | |
| ADS | Agency | | | | |
| Addaction | Agency | | | | |
| Community Drugs Team (Lancashire Care Trust) | Agency | | | | |
| Drugline | Agency | | | | |
| Inward House | Agency | | | | |
| Pierpoint House | Agency | | | | |
| Probation Service | | | | | |
| Court Link Worker | | | | | |

Appendix H

Care Planning Documentation

| Personal Details: | | | | |
|---|------------|---|----------------|---|
| Last Name: | | First Name: | | |
| Title [Miss, Ms, Mrs, Mr]: | | Date of Birth: | | |
| Permanent Address: | | Temporary Address: | | |
| Postcode: | | Postcode: | | |
| Tel No: | | Tel No: | | |
| GP: Registered? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |
| GP Name: | | | | |
| Address: | | | | |
| | | | | |
| Postcode: | | Tel No: | | |
| People involved in your Care Plan | | | | |
| Name of agency | Key worker | | Contact Number | |
| Addaction | | | | |
| ADS | | | | |
| Drugline | | | | |
| Hope House (CDT) | | | | |
| Inward House | | | | |
| Pierpoint | | | | |
| Mental Health | | | | |
| Progress 2 Work | | | | |
| | | | | |
| Others contributing to your Initial Care Plan Meeting <i>(including written/verbal report)</i> | | | | |
| | | | | |
| | | | | |
| | | | | |
| Date of Initial Care Plan Session: | | | | |
| Review dates: | 1 | 2 | 3 | 4 |
| | 5 | 6 | 7 | 8 |

| | | |
|---|----------------|-----------------------|
| Blackpool Substance Misuses Services Care Plan | | Sheet No: |
| Client's Name: | Domain: | Date of Birth: |

Care Coordinator's / Key worker's Name:

| No. & Date | Goals | Intervention | Review Date | Achieved Yes / No | Initials |
|-----------------------|--------------|---------------------|--------------------|------------------------------|-----------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |

