



SOLID LINE BLOCKS WILL BE SHARED WITH PHE
 DOTTED LINE BLOCKS ARE FOR LOCAL USE
 You do not have to re-record client or episode information to add new treatments or referrals or to close an episode.

Consent for NDTMS Y/N
 Client reference
 Keyworker

CLIENT INFORMATION

First name (initial)
 Surname (initial)
 Date of birth (dd/mm/yyyy) Sex M/F
 Nationality (country of birth)
 Ethnicity (see reverse)

Religion or belief (see reverse)
 Disability (see reverse) 1
 2
 3
 Sexual orientation (see reverse)

EPISODE

Postcode
 DAT (of residence)
 Accommodation need NFA - urgent housing problem Housing problem No housing problem
 Pregnant Y/N
 Offender Management Schemes IOM MAPPA
 DAT/LA or prison transferred from
 What event prompted the contact
 Required asmt imposed following positive test
 Restriction on Bail
 Conditional Cautioning
 Pre-Sentence Report
 Required by Offender Manager / DRR / ATR / IOM
 Voluntary - following release from prison
 Voluntary - following cell sweep
 Voluntary - liaison and diversion team
 Voluntary - other
 Following referral by treatment provider (post tx)
 Requested by Offender Manager (post DRR / ATR)
 Other
 Date of the event which prompted this contact
 Contact / Assessment date
 Offence (see reverse)
 Main drug
 Second drug (Please state if no second or third drug)
 Third drug
 Route of administration of main drug? Inject Sniff Smoke Oral Other
 Injecting status Previously Currently Never Declined to answer
 Number of drinking days (0-28) in last 28 days
 Units of alcohol Daily average (0-200 units) (see reverse)
 Parental status of the client
 Parental responsibility for U18 year olds
 All the children (U18) live with client
 Some of the children (U18) live with client
 None of the children (U18) live with client
 Not a parent (of an U18 year old)
 Client declined to answer
 Number of children (U18) living with the client
 No children (U18) living with client
 n (1-30) children (U18) living with the client
 Client declined to answer
 Undisclosed number
 Are any of the client's children (U18) or any of the children (U18) living with the client receiving early help or in contact with children's social care? (see reverse)
 Early help Child in need Has a child protection plan Looked after child No Client declined to answer

TAKEN ON TO CASELOAD

Caseload start date
If not being taken on to the caseload then this episode must be closed with a 'prior to caseload' reason.

REFERRALS

Referral date to structured treatment
 Treatment agency referred to
 Referral date to structured treatment
 Treatment agency referred to

INTERVENTIONS

Recovery support assessment date
 Select which interventions delivered by the CJIT have started since the first assessment or prior to the most recent assessment (see reverse)
 Peer support involvement Supported work projects
 Facilitated access to mutual aid Recovery check-ups
 Family support Behavioural based relapse prevention
 Parenting support Complementary therapies
 Housing support Mental health
 Employment support Smoking cessation
 Education and training support Domestic abuse / violence support

CASE CLOSURE (from caseload)

From caseload closure date
This is the date the client left the caseload. A date should be entered (and the episode closed) if the client goes to prison. If a client's case closure was unplanned then the date of last face-to-face contact with the CJIT should be used. If a client has had no contact with the CJIT for 2 months then, for NDTMS purposes, it is assumed that the client has disengaged and a case closure date should be returned at this point using the date of the last face-to-face contact with the client.

Care plan objectives completed – Drug free
 Care plan objectives completed – Alcohol free
 Care plan objectives completed – Occasional user
 Transferred – Not in custody
 Transferred – In custody
 Transferred to another CJIT area
 Transferred to offender management team and no longer case managed by the CJIT
 Incomplete – Dropped Out
 Incomplete – Treatment withdrawn by provider
 Incomplete – Retained in custody
 Incomplete – Client died

CJIT (DAT) or prison code transferred to

CASE CLOSURE (if not being taken on to caseload)

Prior to caseload closure date
If the client is not taken onto the caseload then the last assessment date should be entered.
 No further intervention required
 Did not want to engage
 Already case managed by structured treatment provider / other CJIT / Offender Manager
 Transferred – In custody
 Transferred to another CJIT area
 CJIT (DAT) or prison code transferred to

USEFUL INFORMATION

Ethnicity	Religion	Disability	Sexual orientation	Offence
White-British	Baha'i	Behaviour and emotional	Heterosexual or straight	Theft – shoplifting
White-Irish	Buddhist	Hearing	Gay or Lesbian	Theft – of a vehicle
White-Other White	Christian	Manual dexterity	Bisexual	Theft – from a vehicle
Black/Black British-African	Hindu	Learning disability	Other sexual orientation not listed	Theft – other
Black/Black British-Caribbean	Jain	Mobility and gross motor	Not stated	Robbery
Black/Black British-Other Black	Jewish	Personal, self-care and continence	Client asked and does not know or is not sure	Burglary – domestic
Mixed-White and Black African	Muslim	Progressive conditions and physical health (such as HIV, cancer, multiple sclerosis, fits etc)	Not known (not recorded)	Burglary – other
Mixed-White and Black Caribbean	Pagan	Sight		TWOC
Mixed-White and Asian	Sikh	Speech		Fraud
Mixed-Other Mixed	Zoroastrian	Other		Handling
Other Ethnic-Chinese	Other	No disability		Going equipped
Other Ethnic-Other	None	Not stated (client asked but declined to provide a response)		Possession
Asian or Asian British-Indian	Declines to Disclose			
Asian or Asian British-Pakistani	Patient religion unknown			
Asian or Asian British-Bangladeshi				
Asian or Asian British-Other Asian				
Not stated				
Ethnicity is unknown				

Drink	%ABV	Units
Pint ordinary strength lager, beer or cider	3.5	2
Pint strong lager, beer or cider	5	3
440ml can ordinary strength lager	3.5	1.5
440ml can strong lager, beer or cider	5	2
440ml can super strength lager or cider	9	4
1 litre bottle ordinary strength cider	5	5
1 litre bottle strong cider	9	9
Glass of wine (175ml)	12	2
Large glass of wine (250ml)	12	3
Bottle of wine (750ml)	12	10
Single measure of spirits (25ml)	40	1
Bottle of spirits (750ml)	40	30
275ml bottle alcopops	5	1.5

EHCS	
Early Help	Early Help - the needs of the child and family have been assessed and they are receiving targeted early help services as defined by Working Together to Safeguard Children 2015 (HM Govt.).
Child in need	Child in need – the needs of the child and family have been assessed by a social worker and services are being provided by the local authority under Section 17 of the Children Act 1989.
Has a child protection plan	Has a child protection plan - social worker has led enquiries under Section 47 of the Children Act 1989. A child protection conference has determined that the child remains at continuing risk of 'significant harm' and a multi-agency child protection plan has been formulated to protect the child.
Looked after child	Looked after child - arrangements for the child have been determined following statutory intervention and care proceedings under the Children Act 1989. Looked after children may be placed with parents, foster carers (including relatives and friends), in children's homes, in secure accommodation or with prospective adopters
No	Children are not receiving early help nor are they in contact with children's services.

Recovery support sub-intervention and definition

Peer support involvement - A supportive relationship where an individual who has direct or indirect experience of drug or alcohol problems may be specifically recruited on a paid or voluntary basis to provide support and guidance to peers. Peer support can also include less formal supportive arrangements where shared experience is the basis but generic support is the outcome (e.g. as a part of a social group). This may include mental health focused peer support where a service user has co-existing mental health problems.

Where peer support programmes are available, staff should provide information on access to service users, and support access where service users express an interest in using this type of support.

Facilitated access to mutual aid - Staff provide a service user with information about self-help groups. If a service user has expressed an interest in attending a mutual aid group, staff facilitate the person's initial contact with the group, for example by making arrangements for them to meet a group member, arranging transport, accompanying him or her to the first session and dealing with any concerns. These groups may be based on 12-step principles (such as Alcoholics Anonymous, Narcotics Anonymous and Cocaine Anonymous) or another approach (such as SMART Recovery).

Family support - Staff have assessed the family support needs of the individual/family as part of a comprehensive assessment, or on-going review of their treatment package. Agreed actions can include: arranging family support for the family in their own right or family support that includes the individual in treatment.

Parenting support - Staff have assessed the family support needs of the individual as part of a comprehensive assessment, or on-going review of their treatment package. Agreed actions can include a referral to an in-house parenting support worker where available, or to a local service which delivers parenting support.

Housing support - Staff have assessed the housing needs of the individual as part of the comprehensive assessment, or on-going recovery care planning process, and has agreed goals that include specific housing support actions by the treatment service, and/or active referral to a housing agency for specialist housing support.

Housing support covers a range of activities that either allows the individual to maintain their accommodation or to address an urgent housing need.

Employment support - Staff have assessed the employment needs of the individual as part of the comprehensive assessment, or on-going recovery care planning process, and agreed goals that include specific specialised employment support actions by the treatment service, and/or active referral to an agency for specialist employment support.

Where the individual is already a claimant with Jobcentre Plus or the Work Programme, the referral can include a three way meeting with the relevant advisor to discuss education/employment/training (ETE) needs. The referral can also be made directly to an ETE provider.

Education and training support - Staff have assessed the education and training related needs of the individual as part of the comprehensive assessment, or on-going recovery care planning process and agreed goals that include specific specialised education & training support actions by the treatment service, and/or active referral to an agency for specialist education & training support.

Where the individual is already a claimant with Jobcentre Plus or the Work Programme, the referral can include a 3 way meeting with the relevant advisor to discuss ETE needs. The referral can also be made directly to an ETE provider.

Supported work projects - Staff have assessed the employment related needs of the individual as part of the comprehensive assessment, or on-going recovery care planning process and agreed goals that include the referral to a service providing paid employment positions where the employee receives significant on-going support to attend and perform duties.

Recovery check-ups - Following successful completion of formal substance misuse treatment there is an agreement for periodic contact between a service provider and the former participant in the structured treatment phase of support.

The periodic contact is initiated by the service, and comprises a structured check-up on recovery progress and maintenance, checks for signs of lapses, sign posting to any appropriate further recovery services, and in the case of relapse (or marked risk of relapse) facilitates a prompt return to treatment services.

Behavioural based relapse prevention (Previously Evidence-based psychosocial interventions to support substance misuse relapse prevention) - Evidence based psychosocial interventions that support on-going relapse prevention and recovery, delivered following successful completion of structured substance misuse treatment.

These are interventions with a specific substance misuse focus and delivered within substance misuse services.

Complementary therapies - Complementary therapies aimed at promoting and maintaining change to substance use, for example through the use of therapies such as acupuncture and reflexology that are provided in the context of substance misuse specific recovery support.

Evidence-based mental health focused psychosocial interventions to support continued recovery - Evidence-based psychosocial interventions for common mental health problems that support continued recovery by focusing on improving psychological well-being that might otherwise increase the likelihood of relapse to substance use.

These are delivered following successful completion of structured substance misuse treatment and may be delivered by services outside the substance misuse treatment system following an identification of need for further psychological treatment and a referral by substance misuse services.

Referred to stop-smoking intervention - Specific stop-smoking support has been provided by the treatment service, and/or the individual has been actively referred to a stop smoking service for smoking cessation support and take-up of that support is monitored. Suitable support will vary but should be more than very brief advice to qualify as an intervention here. It will most commonly include psychosocial support and nicotine replacement therapy, and will be provided by a trained stop smoking advisor.

Domestic abuse / violence support - Staff have assessed service user needs in relation to domestic abuse/ violence as part of the comprehensive assessment or on-going recovery care planning process. There are agreed goals that include support actions by the treatment service, and/or active referral to a specialist domestic abuse service. These services may include MARAC, community or refuge support providing safety planning, legal advice, advocacy and therapeutic interventions for victims/survivors and their children. Perpetrators of domestic abuse/violence may attend a perpetrator programme.