CLIENT CONTACT FORM YOUNG PERSONS SECURE ESTATE CDS Q v1

	CONFIDENTIAL All wh	ONFIDENTIAL All white boxes must be completed for NDTMS. Grey boxes not submitted to NDTMS						
	Date		Client/NOMS ID			Keyworker		
							KEY - U update	eable item
	First name initial			Ethnicity	O White Brit		O Other Asian	
	Surname initial)	 White Iris Other whi 		 Caribbean African 	
2				J		l Black Caribbean	 O Other Black 	
בפר	Date of Birth dd/mm/yyyy			ļ	\bigcirc White and	l Black African	⊖ Chinese	
	Client stated sex				O White and	l Asian	⊖ Other	
	• • • • • •				O Other mix	ed	O White Gypsy on Traveller or Iris	r Roma or h Traveller
	Country of birth)		 Indian Dakiatani 		 Not stated 	
					 Pakistani Banglade 	shi	O Unknown	
Ξ					Dailgiado			
	Consent for NDTMS u	Yes / No		Postcode				
	DAT of residence							
	Initial Reception Date			Reception Date				
	Tuese of succession of Succession							
	Transferred From			Assessment/triage date]
	Pregnant (female only)	Yes / No						
5								
	Accommodation need prior to entry into the secure estate one option to be selected from below							
26. Living with parents, relatives or other carers 28. Living independently in unsettled accommodation 31. Living in specifically careful accommodation 21. Living in specifical accommodation 21. Living in specifica						ally commissioned ho	ousing	
27. Living independently in settled accommodation 29. Living independently with No Fixed Abode 33. Has been placed					in care, e.g children's	homes, foster care for lo	ooked after child	
2	Disability up to 3 options can be	cability up to 3 options can be selected 1. shaviour and emotional 3. Manual dexterity 5. Mobility and gross motor		2. 3.]	
3	-			7. Personal, self-care and continence 9. Sight XX. Other ZZ. Not sta				
	2. Hearing 4. Lear	rning disability	6. Perception of physical danger	8. Progressive	conditions and physic	al health 10. Spee	ch NN. No disability	
	Has the client ever been victim of domestic abuse						 No Not appropriate to ask 	
aı, r			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
			- previously					
	Has the client ever abuse someone close to them	ed 🔿 Ye	s - currently (last 28 days)	~	urrently & previous	ly C) No	
5		⊖ Ye	s - previously	O Client d	eclined to answer	С	Not appropriate to a	ask
20	Parental responsibility of	children 1118	Yes / No / Declined to answer	lf client ha	as narental res	nonsibility and	l/or children livin	a with
R	r arontal responsibility of						/ing? up to 3 options of	
	If client has parental resp bility do any of those of		ome / None / Declined to answer			1. Early Help		
	bility, do any of these children live with the client if Parental responsibility is 'No' do not answer this question		1. 2. Child in need					
0			2. 3. Has a child protection plan 4. Looked after child					
5	How many children U18 in total live in the		3.			hildren are receiving any	help	
		ame household as the client re client does not necessarily need to have parental responsibility		6. Other relevant child or family support service				
	for these children	to have parental res		, ,		7. Not known 99. Client declin	led to answer	
				1				
	Problem substance up to 3 options can be selected	1.		Injecting status		Previous / Current / Never / Declined to answer		
		2.		Alcohol AUDIT score				
						ر)
		3.					CONTINUE OV	

	Hep B intervention status U - tick one option									
	Offered and accepted - not yet had any vaccinations Offered a	nd accepted - refused at later date	○ Not offered							
	O Offered and accepted - started having vaccinations O Offered a	nd refused	\bigcirc Assessed as not appropriate to offer							
9	O Offered and accepted - completed vaccination course O Immunise	ed already	 Deferred due to clinical reasons 							
Healthcare										
Ith	Hep C intervention status U - tick one option									
ea	○ Offered and accepted - not yet had a test ○ Offered a	nd refused	O Deferred due to clinical reasons							
I	O Offered and accepted - had a hep C test	ed								
	Offered and accepted - refused at a later date	d as not appropriate to offer								
	Dual Diagnosis Yes / No									
	YP care status	YP being sexually exploited								
	1. Looked after child	Yes / No / Unknown / Declined to answer								
	2. Not looked after child or child in need									
o	3. Child in need	YP education status								
priol		1. Mainstream education 10. Economically inactive caring role								
	YP self-harmed	2. Alternative education 11. Economically inactive health issue								
days	Yes / No / Unknown / Declined to answer	3. Temporarily excluded 12. Voluntary work								
28	VB registered with CB	4. Permanently excluded 13. Regular employment 5. Persistent absentee 14. Not in employment or training (NEET)								
ע ש	YP registered with GP Yes / No / Unknown / Declined to answer	5. Persistent absentee 14. Not in employment or training (NEEL) 6. Apprenticeship or training Z. Declined to answer								
Ę										
2	YP subject to Child Protection Plan	YP engaged in unsafe sex Yes / No / Unknown / Declined to answer								
SU	1. Is YP currently subject to CPP	res / No / Unknown / Declined to answer								
tat	2. Has YP never been subject to CPP	YP involved in gangs								
လ	3. Has YP previously been subject to CPP	Yes / No / Unknown / Declined to answer								
	YP affected by child criminal exploitation	YP affected by substance misuse in their close								
	Yes / No / Unknown / Declined to answer	family/members of their house	1657100							
Interventions	Intervention type Intervention type Intervention start date Intervention start date Intervention end date Intervention end Intervention type Intervention type Intervention start date Intervention start date Intervention end date Intervention start date Intervention end date Intervention start date	tart date	 Select one or more from below 52. YP harm reduction (specialist) 56. YP specialist pharmacological intervention 63. YP psychosocial - counselling 64. YP psychosocial - cognitive behavioural therapy 65. YP psychosocial - motivational interviewin 66. YP psychosocial - relapse prevention 67. YP psychosocial - family work 							
	Discharge date	Prison exit date								
		Prison exit reason	Released / Transferred / Died / Absconded							
	Discharge reason - tick one option									
Exit Information		Prison exit destination								
nat	C Treatment completed - drug-free	Referral on release status - tick one option								
orn	O Treatment completed - occasional user (not opiates or crack)									
nfo	O Transferred - not in custody	Referred to youth offending team and structured treatment provider								
it	O Transferred - in custody	 Referred to youth offending team Referred to structured treatment provider 								
ы	O Transferred - recommissioning transfer	Referred to structured treatment provider No onward referral								
e /	O Incomplete - dropped out									
Discharge /	O Incomplete - treatment withdrawn by provider	~								
sha	O Incomplete - treatment commencement declined by client	Has the client been provided	 Yes - Standard reconnect support Yes - Enhanced reconnect support No 							
isc	O Incomplete - client died	with reconnect support?								
Δ	O Incomplete - deported									
	O Incomplete - released from court	Is the client threatened with								
	O Incomplete - onward referral offered and refused	homelessness in the 56 days	(8 weeks) following							
		exit from secure estate?	Yes / No							

ſ