



Public Health
England



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)*

Country of birth

Ethnicity *(see reverse)*

Religion or belief *(see reverse)*

Disability *(see reverse)*

Sexual orientation *(see reverse)*

EPISODE

Postcode

DAT *(of residence)*

Accommodation need

☐

NFA - urgent housing problem

☐

Housing problem

☐

No housing problem

British armed forces veteran? *Y/N*

☐

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

Route of administration of main drug?

☐

Inject

☐

Smoke

☐

Other

☐

Sniff

☐

Oral

Second drug

Third drug

Injecting status ☐ Previously ☐ Currently ☐ Never ☐ Declined to answer

Number of drinking days

Units of alcohol

Pregnant *Y/N*

Parental responsibility under 18s?

☐

Yes

☐

No

☐

Declined to answer

Do any of these children live with the client?

☐

All

☐

Some

☐

None

☐

Declined to answer

How many children under 18 in total live in the same house as the client?

☐

No children (U18) living with client

☐

n (1-30) children (U18) living with the client

☐

Client declined to answer

☐

Undisclosed number

What help are the client's Children / children living with the client receiving? *(Up to 3)*
See reverse for definitions)

☐

Early help

☐

Looked after child

☐

Child in need

☐

None receiving any help

☐

Has a child protection plan

☐

Client declined to answer

Issued naloxone at treatment start?

☐

Yes- nasal

☐

No- already in possession of adequate naloxone

☐

Yes- injectable

☐

No- assessed as not appropriate

☐

Yes- both nasal and injectable

☐

No- service does not provide naloxone

Ever been administered with naloxone to reverse overdose?

☐

Yes

☐

Unknown

☐

No

☐

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

Referral date to structured treatment

Referral date to structured treatment

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

☐ Facilitated access to mutual aid

☐ Family support

☐ Parenting support

☐ Housing support

☐ Employment support

☐ Education and training support

☐ Supported work projects

☐ Recovery check-ups

☐ Behavioural based relapse prevention

☐ Complementary therapies

☐ Mental health

☐ Smoking cessation

☐ 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

☐ Transferred – Recommissioning transfer

☐ Incomplete – Dropped Out

☐ Incomplete – Treatment withdrawn by provider

☐ Incomplete – Retained in custody

☐ Incomplete – Client died

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 – Not in custody

☐ Transferred to another CJIT area

☐ Transferred – Recommissioning transfer

USEFUL INFORMATION

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

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

EHCSC	
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.