DRUG INTERVENTIONS RECORD: INITIAL CONTACT FORM

Monitoring of Initial Contact

It is key for monitoring and research purposes that accurate data is collected at this initial stage. It enables, for example, a picture to be built of entry routes into the programme, the role played by partners and the profile (ethnicity, age, gender etc) of those being contacted. This will inform national and local performance management, policy development and allocation of future resources. Data will be fed back from the centre to enable local use, such as in identifying where efforts are needed or where most effective work is being carried out and in overall contract management and performance reviews.
For those cases where assessment is offered but refused, data collected to this point will assist local and national analysis of attrition rates both between areas and between groups of clients in order to inform corrective action and/ or a wider strategic approach as appropriate.
This will capture a fuller picture of all activity in the field, even on cases which do not progress on a particular occasion, reflecting more realistically the work and activity undertaken

What is the Initial Contact Form?

The Initial Contact Form is a stand-alone form made up of fields extracted from the Monitoring and Research (M&R) element of the Initial Contact Section of the main DIR.

Why has it been developed?

It has been developed in response to the wastage of full DIR forms when contacts do not lead to an assessment. In such circumstances, only 4 of the 17 pages of the DIR would be completed leaving 13 pages unused and unusable. **It was not developed to drive up the number of initial contacts reported.**

When should the DIR Initial Contact Form be used?

The Initial Contact Form should be used for contacts who do not go on to have an assessment. Your experiences as a worker will enable you to determine quite early within the process if some clients will engage further or not.

You should then use your judgement as to which is the most appropriate form to use with the aim of reducing paper wastage (i.e. if you have initiated a full DIR form when you realise the client does not want to be assessed you may as well continue to use and submit this as it is already spoiled rather than also initiating an Initial Contact form)

What counts as an initial contact for completion of the Initial Contact Form?

The definition of an initial contact remains the same as it was for completion of the full DIR:

Purpose and definition: Initial contact

For a potential client, contact is the first stage of engagement with the Drug Interventions Programme. Contact can be made in a range of settings, mainly police custody suites, court premises, CJITs places of work or in prison through referral to CARATS teams.

Definition of Contact

Contact is when the individual has had face-to-face or telephone contact with the CJIT or CARATS worker who has provided (in full or in part) an explanation of the help and support available and the next stages of the process including confidentiality and consent.

The Explanation should cover such issues as:
• A brief overview of the worker's role and that of the team
• The help and support available for the individual
• The need for the worker to ask some questions to help inform decisions about options
• How any information will be used
• How and when information might be shared with others, including issues around confidentiality and informed consent
• Initial harm reduction advice
• Information needed in order for the individual to be assessed
• Responses to any questions the individual may have about the team and help on offer
• Assurances that assessment (if in the police station) is independent of the police

The worker should then establish if an assessment is appropriate and if the individual will accept the offer of an assessment. The worker will record the final outcome of the contact and offer the team's contact details for future reference if no further action is appropriate or is refused.

The Initial Contact Form should <u>not</u> be used to record any contact which is less than that set out above.

What happens to the Initial Contact Form once it has been completed?

The Initial Contact Form should be sent to the appropriate data manager using the same route/process as used for the main DIR.

Does the Initial Contact Form assist continuity of care?

No. The Initial Contact Form is purely for M&R purposes, so that contacts may still be counted and accredited, including reasons for non-progression to assessment. It relates only to people with whom workers are not engaging further on this occasion.

What happens if a client changes his/her mind and requests an assessment after the Initial Contact Form has been sent off?

In those circumstances a new DIR would have to be completed recording the initial contact details and the date the client requested further assistance.

ID	FIELD	Monitoring and Research	Completion Guidance
1.1	**Date of client introduction to CJIT / CARATS**	Date when CJIT/CARATS worker was notified of potential DIP client DD/MM/YYYY format	This refers to the current period of activity only, not any previous involvement with CJIT or CARATS worker. For CARATS only: Introduction = referral, therefore CARATS enter date referral received
1.2	**Introduction made by**	Tick one box only. If "Other" is selected, give details up to a maximum of thirty characters.	Tick the most appropriate box to indicate who made the introduction to the CJIT worker or referral to the CARATS If the client self refers, then tick the "Other" and write in the text box "SELF"
1.3	**Contact made with**	Tick one box only Following the introduction or referral please indicate with whom contact was made.	For full definition of "contact" please read process document.
1.4	**Date of this contact**	Record the date when this contact occurred. DD/MM/YYYY format	
1.5	**Where was contact made?**	Tick one box only, and give details where required. For Prison use code from list provided. For Treatment Agency provide agency code where one exists or enter agency name. For Police Station and Court enter name.	If "Other" is selected, give details up to a maximum of thirty characters. Use NDTMS agency codes only, not locally define ones

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2	**About The Client**		
2.1	**Personal Details**		
	First initial	One character only. First letter of client's first name.	
	Surname initial	One character only - first letter of client's surname.	Names such as 'O'Connell' should be recorded as 'O'. For clients with double-barrelled surnames, record the first letter of the first surname only.
	Date of birth	DD/MM/YYYY format	
	Male / female	Tick one box only	
2.2	**Contact details**		
	Postcode	Enter postcode <u>excluding</u> the last two letters of the second part of the postcode (e.g. OX11 2BA would be recorded as OX11 2XX)	Do <u>not</u> write in the boxes already marked with X
2.5	**Ethnic group**	Tick one box only. Individual should self-identify	Must be as given by the client
2.8 Community only	**DAT where contact made**	Enter DAT code where this contact with a CJIT worker is taking place, from list provided	
2.9	**DAT where client is resident**	Enter DAT code where the client is resident	Enter even if same as where contact made.

ID	FIELD	Monitoring and Research	Completion Guidance
3.			
3.1	**Client agrees to being assessed?** *NO*	**If No box** ticked, select <u>one</u> option that most accurately reflects the main reason given by the client for not agreeing to the assessment. **Send completed initial contact form to the data manager or equivalent now.**	• Ensure that reason given is recorded. • See process guidance for details of information which should be given to all clients during initial contact • "Assessment not offered" reflects the decision of worker that an assessment is not required. • When assessment offered but refused, the worker should select the option, which most closely reflects the <u>client's stated reason</u> for refusing. The option chosen will not necessarily reflect the view of the worker. • If "Other" is selected, give details up to a maximum of fifty characters, which can be easily interpreted for monitoring.