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## **Introduction**

This document aims to highlight the procedures and practices of Addaction Southern Derbyshire in its partnership arrangements with local housing providers.

The purpose of the joint Treatment Agreement is to provide the housing provider and the drug/alcohol dependant tenant with a resource aimed at avoiding the need to resort to repossession proceedings whilst safeguarding the wellbeing of other tenants and property.

We recognise the difficulties encountered by housing providers in the management of substance dependant tenants, and it is our intention to promote the benefits which may be derived from an active involvement in treatment options. These would include reduction in drug-related harm, stabilisation of life-style, reduction in criminal activity and anti-social behaviour and the opportunity to provide education and prevention advice to deliver safer neighbourhoods.

## **Description of Service**

The service is based in Becket Street in Derby City Centre and provides the following services across Southern Derbyshire:

- Advice and Information
- Assessment
- One to one interventions
- Needle Exchange
- Specialist GP prescribing service
- Day Programmes aimed at Social re-integration
- Arrest Referral
- 1A6 and DTTO court orders

The service is staffed by a multi-disciplinary team of professionals specialising in the field of substance misuse.

All client work is conducted in accordance with agreed protocols and is supervised by Senior Practitioners and overseen by the Director of Services.

The Service is commissioned by The Southern Derbyshire Health Authority, Local Authorities, Derbyshire Probation Service and Derbyshire Police. Accountability is ensured through audit and monitoring of activities and outcomes.

Addaction Southern Derbyshire is part of Addaction, a national Charitable organisation providing community-based drug and alcohol initiatives in 28 projects throughout the UK.

### **1. Early Intervention**

Research has clearly that early interventions for those whose drug or alcohol use is problematic is the most successful in minimising physical and social harm.

Housing officers and managers will receive training aimed at equipping them with skills to make successful identification of problematic substance use and to inform tenants of the services available.

## **2. Screening, Referral and Access**

Where a member of a household is engaged in behaviour which is likely to put the tenancy in jeopardy then a treatment agreement may present an opportunity for a positive way forward. There are identified criteria which would indicate suitability for this type of intervention and a screening form has been devised which helps the housing officer/manager to gather the necessary data.

A designated worker within Addaction will be available to discuss suitability for the scheme prior to referral. The referral form can be faxed to the project and a fasttrack appointment will be made for a full assessment.

## **3. Assessment & Treatment Plan**

A full needs assessment will be carried out and a treatment plan formulated, in conjunction with the tenant and the process explained in detail. The treatment Plan will be based around identified goals and objectives which are achievable and may be timebound. A treatment agreement will be signed by the tenant and the assessor.

The assessment will identify any complexity of need which would indicate a referral to level 3 services at The Elms Clinic or Residential Rehab

## **4. Report & Recommendations**

The assessor will report back to the referring agency to inform them of the outcome of the initial assessment, the scope of work planned and the timescale envisaged. The Housing Providers decision to proceed or to suspend further action pending treatment will be made at this point in the process.

## **5. Treatment Plan**

The treatment plan will layout a framework for treatment and could include a range of services including:

- Solution focused therapy
- Substitute prescribing
- Relapse prevention
- Day services
- Acupuncture
- Vocational training
- Referral to other specialist services

## **6. Information Sharing & confidentiality**

Sharing relevant information about a mutual client is key to a successful outcome and both parties should seek permission from the client to breach any confidentiality policies in place. A cessation of the tenancy would indicate a return to Addactions normal confidentiality policy.

Shared information must be respected by both partners and should remain confidential within the bounds of the treatment agreement.

Regular reports as to compliance will be sent to the housing provider by Addaction and the Housing Provider will inform Addaction of any change in the status of the clients tenancy.

## **7. Compliance**

Compliance with the actions identified in the treatment plan should be treated as a positive indicator of progress, however the treatment agreement will not absolve the tenant from the

obligations and responsibilities set out in the terms of the tenancy and any breach of this would negate the agreement process.

Substance dependency is a chronic, relapsing condition and is subject to setbacks from time to time. Compliance and progress will be viewed in this context and decisions and recommendations made on the basis of overall progress.

**8. Advice and Information Hotline**

Housing Officers and Managers will be able to call Addaction to for advice, support and information between 9am and 5pm Monday to Friday

**9. Training**

Appropriate training in drug and alcohol awareness will be available to participating housing providers.

## 10. TREATMENT AGREEMENT

Following an assessment at Addaction Southern Derbyshire Substance Misuse Services, we have agreed to prepare a report confirming that you are suitable for a Joint Treatment Agreement.

**It is up to your housing provider to decide whether this is an appropriate course of action.**

The purpose of the agreement is to reduce the possibility of your lifestyle/behaviour affecting your tenancy in future by helping you to make significant changes in your drug or alcohol use.

The Addaction Substance Misuse Service has a policy on confidentiality, which has been explained to you. To participate in a Joint Treatment Agreement, it is also necessary for us to share certain information with your housing provider, which could determine the future of your tenancy.

**This information will be:**

- ◆ Confirmation of your attendance at appointments with us.
- ◆ Any explanation you may give us if you do not keep an appointment.
- ◆ Information on your progress with regard to your drug/alcohol use.

***This will include positive as well as negative information.***

*This information will only be available to your housing provider during the period of the Joint Treatment Agreement which will cease immediately if you cease to be its tenant. Any shared information will be bound by the confidentiality Policy of your housing provider.*

**It is extremely important that you keep to the conditions of the Treatment Agreement. If you do not do so, your tenancy could be at risk. YOU SHOULD BE AWARE THAT THIS IS A VOLUNTARY AGREEMENT AND IN NO WAY AFFECTS YOUR STATUTORY RIGHTS OR OBLIGATIONS IN RESPECT OF YOUR TENANCY, OR THOSE OF YOUR LANDLORD**

## TREATMENT AGREEMENT

I \_\_\_\_\_ agree that I am willing to be participate in treatment for substance dependency.

I am also aware that the Substance Misuse Services need to share the information described above during the Order. I confirm that I am willing for this to happen.

Signed (client) \_\_\_\_\_

Signed (assessor) \_\_\_\_\_ Date \_\_\_\_\_

11.

**Addaction****Southern Derbyshire****ASSESSMENT FORM****Contact details**

Date of contact		Client Number	
Place of contact			
Type of contact	[ ] New contact		[ ] Repeat contact
Referred by		Assessed by	

**Personal details**

Surname			
First Name(s)			
Other Names/alias			
DOB	_/_/19_	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address			
Post code		District	
Home Telephone	No Ring <input type="checkbox"/>	No Message <input type="checkbox"/>	No write <input type="checkbox"/>
Day Telephone	No Ring <input type="checkbox"/>	No Message <input type="checkbox"/>	

**Demographic & Child Details**

Local Authority	
Marital Status	

**Ethnic group**

White UK	White European	White Other
Black Caribbean	Black UK	Irish
Black African	Black Other	Indian
Pakistani	Other Asian	Chinese
Other		

**Employment**

<b>Registered Disabled</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	unknown <input type="checkbox"/>
<b>Employed</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	unknown <input type="checkbox"/>
<b>Income/Benefit Type</b>			

**Accommodation type**

<b>Local Authority</b>	<b>Squat</b>	<b>HMP/YOI/DC etc</b>
<b>Housing Assoc.</b>	<b>Owner occupier</b>	<b>Hostel</b>
<b>Private Tenant</b>	<b>Parents</b>	<b>NFA</b>
<b>Friends/relatives</b>	<b>Probation Hostel</b>	<b>Other (specify)</b>

<b>Specify other</b>			
<b>Accommodation</b>	<b>Temporary</b>	<b>Permanent</b>	
<b>Living with</b>			
<b>Live with drug/alc user</b>	yes	no	unknown

<b>In contact with other agency?</b>	Yes	No
<b>How did you Hear about us?</b>		

**Children**

<b>Nos Dependant Children</b>	<b>At home</b>	<b>In care</b>	<b>elsewhere</b>
<b>Are any on CPR?</b>	yes	no	<b>How many?</b>
<b>Are you Pregnant?</b>	Yes	No	<b>When due?</b>

**Drug use in last 4 weeks**

	Drugs used	Route	Frequency				Quantity used	Prescribed ? (Y/N/Both)	Duration of episode	Age 1st used
			Daily	Wkly	Mthly	Occnl				
Main drug										
Drug 2										
Drug 3										
Drug 4										
Drug 5										

Is client drug free? Yes[ ] No[ ] how long?.....  
 Injected in past 4 weeks? Yes[ ] No[ ] Ever injected? Yes[ ] No[ ]  
 Shared in past 4 weeks? Yes[ ] No[ ] Ever shared? Yes[ ] No[ ]

### Alcohol

Alcohol (beer/wine spirits)	Units/day	Binge drinker ?	If yes, how many alcohol-free days per week?	Duration of episode	Age 1st used
		Yes/No			

Describe any treatment received for your drug or alcohol use,  
including any drugs prescribed

### Drug or alcohol related contacts in past 6 months

- |  |  |
|--|--|
| <input type="checkbox"/> None                | <input type="checkbox"/> Psychiatrist            |
| <input type="checkbox"/> Drug team           | <input type="checkbox"/> Needle/syringe exchange |
| <input type="checkbox"/> Drug clinic         | <input type="checkbox"/> A&E                     |
| <input type="checkbox"/> GP (see 14 below)   | <input type="checkbox"/> Social services         |
| <input type="checkbox"/> Probation           |  |
| <input type="checkbox"/> Other, specify..... |  |

### Current professional involvement

Are there any other professional workers currently involved?



darwfor1.wpd

☐ No

☐ Yes

Please give details

Name	Agency	Telephone number	

### GP Details

Name

Address

Phone no.

### Concurrent issues

Please indicate whether there are issues in any of the following areas, and if so, describe in more detail in the box provided

☐ Physical health issues

Details, including hospital consultant and dates of last and next appointment

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☐ Mental health issues

Details, including hospital consultant and dates of last and next appointment

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## 12. ADDACTION SOUTH DERBYSHIRE

### HOUSING PARTNERSHIP INITIATIVE TREATMENT AGREEMENT

#### REFERRAL/PROGRESS FORM

##### PART 1

Month of Referral/Contact \_\_\_\_\_ Date of Referral/Contact \_\_\_\_\_

Client Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Client Address \_\_\_\_\_ Tele No. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Housing agency \_\_\_\_\_ Housing Manager \_\_\_\_\_

Current Status of Tenancy, including court action \_\_\_\_\_

\_\_\_\_\_

Referrers Name \_\_\_\_\_

Team \_\_\_\_\_

Tele No. \_\_\_\_\_

Addaction Worker's Name \_\_\_\_\_

##### PART 2

##### Screening for Treatment Agreement

- |  |     |    |
|--|-----|----|
| ♦ Is problem behaviour Substance Misuse Linked?        | Yes | No |
| ♦ Seriousness/Persistence Warrants T'ment Agreement?   | Yes | No |
| ♦ Resident within Southern Derbyshire Area?            | Yes | No |
| ♦ Tenant wishes to be considered for T'ment Agreement? | Yes | No |

Current substance use (brief details)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PART 2 (Contd...)**

Any known mental health problems? (brief details)

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Any known physical health problems? (brief details)

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Fits criteria for Treatment Agreement?

Yes

No

Don't know – Further information needed \_\_\_\_\_

\_\_\_\_\_

Action taken \_\_\_\_\_

\_\_\_\_\_

