

GUIDELINES FOR SOUTHAMPTON COMMON ASSESSMENT TOOL FOR ADULT TREATMENT SERVICES

INTRODUCTION

Models of Care 2002 laid a framework for tiered drug treatment services, identified the need for local screening and assessment systems, care planning and coordination of care and placed these at the centre of structured drug treatment.

Models of Care, update 2005, is now in a consultation report. In addition to the requirements of the 2002 document, Models of Care 2005 will place a greater focus on improving the service user journey through treatment and the effectiveness of that treatment.

This Common Assessment Tool (CAT) has been developed using the experiences of service users and practitioners and has taken views from tier 1 services. A wide range of models have been explored, some recent, some not so recent,. In addition, the introduction of this revised CAT follows a trial period and a wide ranging consultation.

THE SOUTHAMPTON COMMON ASSESSMENT TOOL

The Southampton CAT has been designed to reflect the increase in mandatory fields of information to 47 and is for use when referring and assessing all adult problematic substance users, irrespective of drugs, drugs and alcohol or alcohol only, although the mandatory fields of information specified by the National Treatment Agency do not currently apply to “alcohol only” service users.

Practitioners will notice the CAT, taken as a whole is 12 pages. This comprises:-

Page 1	Referral
Pages 2/3/4/5	Initial Assessment (Triage)
Pages 6 – 12	Comprehensive Assessment

In due course, the entire CAT will become electronically accessible. The referral component will be set up as a word document for ease of access to treatment by tier 1 services.

You will see the inclusion of Care Plan Review and Transfer/Closure Summary at pages 13 and 14 following on from pages 1 to 12 of the CAT. This page numbering reflects those parts of the process being part of the treatment pathway (and the data collection activity) but acknowledges that reviews and transfer/closures are subsequent both to the initial assessment(triage) and the comprehensive assessment. Care plans at the start of treatment will be part of the assessment and NOT a separate document. Changes in care plan will be subject to reviews which can be undertaken as often as necessary but not less than every 3 months.

THE 4 TREATMENT TIERS. (Provision and tier structure is subject to change and every effort will be made to update this regularly.)

Tier 1 services are non substance misuse specific. There is likely to be regular contact with service users but, with some exceptions, tier 1 services do not provide substance specific treatment provision. Non substance specific services include GP's, Probation Service, Social Services Depts, Locality Mental Health Teams, Housing providers, tenancy support services, direct access hostels and hospitals(except when providing In Patient Detox). There are a range of other local tier 1 services. The majority of referrals originate in tier 1 either directly or through contact with service users who frequently refer themselves.

Tier 2 services provide open access, non care-planned drug specific interventions. Tier 2 offers information and advice, screening and assessment (triage) with onward referral to tier 3 services, brief psychosocial interventions and harm reduction including needle exchange. Tier 2 also provides support and advice following specific interventions at tier 3 or 4 and is available to provide support for tier 1 services. Locally, the following are deemed tier 2 services. Those providers to which referrals should be directed are marked †)

Options †
147 Shirley Road, SO15 3FH
telephone 0800 0184 309/02380 630219

Open access offering support, advice and triage services.

Society of St James †
Fairways House, Mount Pleasant Industrial Estate SO14 0QB
02380634596

Substance misuse support service.

Cranstoun Drugs Advisory Service †
118 St Mary's Road
02380 631527

Open access offering support, advice and triage services.

Parent Support Link
184 Oaktree Road SO18 1PA
02380 399764

Support for drug using parents, to parents of drug users and support to those identified as carers.

Mobile Needle Exchange Service and Outreach †
02380 679593

Harm reduction, supply clean needles and syringes, advice on safer injecting, safe disposal of used injecting equipment.

No Limits †
24a Bernard Street SO14 3AY 02380 236237
278 Shirley Road SO15 3HL 02380 511051
406/408 Portsmouth Road SO19 9AT 02380 435000
Sdat/pm/110506

Support, advice and counselling to young adults up to the age of 25 years.

Drug Arrest Referral Team
Society of St James
Fairways House, Mount Pleasant Industrial Estate
02380 634596

Provides intervention at an early stage when arrested and a drug problem is identified.

Counselling, Assessment, Referral, Advice, Throughcare, Services
(CARATS)

Based in prisons and refer direct to community treatment teams.

Homeless Healthcare
30 Cranbury Avenue SO14 0LT
02380 336991

A community based GP service with highly specialist GP's and nurses whose role it is to support and care for homeless people many of whom have substance misuse or mental health difficulties.

User Group (Morph)
Voluntary Action Centre
Kingsland Square SO14 1NW

Comprising users, ex users and those in treatment offering support, advocacy and advice, working closely with commissioners and treatment providers.

Tier 3 services comprise care coordinated, care-planned community based treatments which include drug stabilisation and oral opiod maintenance prescribing, community based detoxification and prescribing interventions to prevent relapse and ameliorate drug and alcohol related conditions. Referrals to Structured Psychosocial interventions, Structured Day Services, In Patient (IP) Detox for drugs and to residential rehabilitation (see tier 4) can be made by tier 3 services. Harm reduction is a basic philosophy. Access to tier 3 is through referral (by tier 1) and triage (by tier 2). Referalls to DIP programmes are usually through criminal courts.

New Road Centre
2 The Carronades, New Road, SO14 OAA
02380 717171

Provides care coordinated community based treatment, offering comprehensive assessment, a prescribing service, community detox, referrals to IP detox and care managed referrals to residential rehab. Referrals should be made through appropriate tier 2 services (see those marked †).

GP Prescribing (Shared Care)

A service available for stable and maintained opiate users. GP's provide the primary care, including prescribing and are supported by a nurse specialist from New Road. Currently, referrals originate in New Road.

Bargate Project
70 London Road, SO15 2AJ
02380 635011
Sdat/pm/110506

Provides a fast response prescribing treatment service, working closely with police , and with the Probation Service with low intensity Drug Rehabilitation Requirements (DRR) which are orders of criminal court

Divert Project
Swaythling Clinic, Mayfield Road SO17 3SW
02380 676588

Provides treatment, including a prescribing service, for medium to high intensity DRR's. Referrals are always court originated.

Cranstoun Drug Advisory Service (see also tier 2)

Provides structured Day Care. Referrals may be made by tiers 1 and 2 or other tier 3 agencies.

Options (see tier 2)

Provides structured psychosocial interventions. Referrals may be made by tiers 1, 2 or other tier 3 agencies.

Society of St James (see tier 2)

Structured aftercare/throughcare for people leaving prison.
24 hour telephone helpline for service users leaving structured drug programmes and for those who have recently been discharged from prison.

Tier 4 services Comprise residential specialised drug treatment which is care planned and care coordinated. In the main, these services are "In Patient Detox" and "Residential Rehabilitation". A wide range of rehab provision is available for Southampton city service users. Currently, In Patient detox is provided through Nelson Unit, Two Saints at 20 Bourne Road and Phoenix Alpha House at Droxford, These may only be accessed through specific tier 3 services namely New Road Centre, Bargate Project and Divert Project.

Further information on the provision of substance mis- use services may be accessed through the National Treatment Agency – www.nta.nhs.uk

THE START OF THE TREATMENT JOURNEY (PATHWAY)

Models of Care acknowledges the separation of the 4 treatment tier roles and the 2005 update speaks of a need for greater flexibility to benefit the service user, avoiding delays in accessing treatment.

Most referrals will originate in tier 1, although other tiers will refer, usually for secondary modalities. All service users seeking to access treatment by funded tier 2, 3 or 4 treatment providers **must** be properly referred, triaged and, if entering tier 3 services (including care management), receive a comprehensive assessment. At the point of treatment (modality) commencement in whichever tier, the common assessment is to be a "whole" document whether that includes the referral and the triage (in tier 2), as well as the comprehensive assessment (tier 4).

Full guidance covering the range of treatment journeys (pathways) will be published in the summer of 2006 but, until then, some advice on "starts" may assist.

Tier 1 services are asked to direct referrals to those **tier 2** services marked † rather than send the referral straight to the tier 3 service. This will give tier 2 the opportunity to triage (initial assessment) and will help reduce waiting times.

- Referrals **from tier 1**, and service users **self referring** to a **tier 3** service, should be directed to the **appropriate tier 2** service where the initial assessment (triage) will be carried out. If the triage signposts the client to tier 3, the referral and triage papers are to be copied and sent to that service without delay. If tier 3 accepts a referral from tier 1 or a self referral, and takes the decision to assess, that service is to properly triage before undertaking a comprehensive assessment.
- Service users **self referring** to a **tier 2** service are to be triaged (initial assessment) in that service. If treatment is appropriate within service, it is to be started without delay. If, however, treatment is 'signposted' to tier 3 or even tier 4, the referral and triage papers are to be copied and sent to the tier 3 service without delay.
- **Tier 3** should receive **referrals from tier 2** only if treatment is to be provided by that tier 3 service. The triage should accompany the referral and clearly 'signpost' service user to tier 3 treatment provider.
- **Tier 4** will receive referrals from **tier 3** for "In Patient" detox and/or residential rehab. Tier 3 will have completed a comprehensive assessment prior to referring to tier 4 and will have secured the placement(s) funding in advance. Funding for rehab should be in place when a service user is admitted for IP detox to aid seamless service provision. Tier 3 care coordinators have a vital role to ensure the service users' proper preparation for treatment prior to the referral to tier 4 and throughout any waiting time.
- A **tier 4** service should not be required to refer a service user to any other service. All residents in a tier 4 establishment should be care planned by a **tier 3** designated care coordinator before admission to tier 4. (**This excludes "alcohol only" service users**).

ELIGIBILITY

- Age 18 years and over
- Complex substance misuse problems which have led to severe physical and/or psychological levels of dependence to the extent that treatment through a specialist service is required.
- Resident of or has a significant connection with Southampton and would under other circumstances reside in the city.

EXEMPTIONS TO ELIGIBILITY

- Where needs can be met through primary care services.
- Under the age of 18 years.
- When the presenting problem relates to dependence on prescribed medication only, eg benzodiazepines.

PRIORITY

- Service users with a serious mental health problem.
- Service users with serious physical health problems.
- Service users with significant problematic social factors eg subject to exploitation, at risk of accidental overdose through reduced tolerance to drugs, verge of homelessness, vulnerable sex workers, verge of family breakdown.
- Service users with dependent children at risk.
- Women who are pregnant or have given birth during the last 3 months (& still caring for child).
- Forensic cases where there is serious risk of harm to others and immediate intervention is likely to significantly reduce that risk.
- Service users with planned and agreed transfer from other services, including DIP.

ETHNICITY CODES

CODE	GROUP	ETHNICITY
A	WHITE	WHITE BRITISH
B	WHITE	WHITE IRISH
C	WHITE	OTHER WHITE
D	MIXED RACE	WHITE AND BLACK CARIBBEAN
E	MIXED RACE	WHITE AND BLACK AFRICAN
F	MIXED RACE	WHITE AND ASIAN
G	MIXED RACE	OTHER
H	ASIAN/ASIAN BRITISH	INDIAN
J	ASIAN.ASIAN BRITISH	PAKISTANI
K	ASIAN/ASIAN BRITISH	BANGLADESHI
L	ASIAN/ASIAN BRITISH	OTHER ASIAN
M	BLACK/BLACK BRITISH	CARIBBEAN
N	BLACK.BLACK BRITISH	AFRICAN
P	BLACK/BLACK BRITISH	OTHER BLACK
R	OTHER ETHNIC	CHINESE
S	OTHER ETHNIC	OTHER
Z		NOT STATED

MANDATORY DATA

The CAT is for use by practitioners and administrative staff and clearly identifies the 47 fields of data demanded by the NTA (for NDTMS). You will see throughout the referral, initial assessment (triage), comprehensive assessment, transfer and closure summary, a series of **(numbers)** which relate to the core data set. Recording the 47 fields in the Common Assessment Tool from 1st April 2006 is mandatory. Usually assessors/practitioners will record activity in plain language in the CAT. Administrative and other staff whose role it is to process data, will code this before inputting. All treatment providers should be aware of and have easy access to these guidelines and to the “Guide to NTDMS Data Collection 2006”, in particular pages 7,8 and 9 and pages 19 to 28 inclusive. DO NOT DIRECTLY INPUT DATA FOR CODES (9), (10), (34) AND (38) NDTMS pick up the information through the electronic case file and other data input.

- | | |
|---|--|
| (1) Initial of client's first name | This is the first initial of the client's first name – eg Richard would be R . |
| (2) Initial of client's surname | This is the first initial of the client's surname (or family name) – eg Smith would be S , O'Neil would be O .. |
| (3) Date of birth of client | The <u>d</u> ay, <u>m</u> onth and <u>y</u> ear the client was born – 8 figure date |
| (4) Gender of client | The gender of the client at birth. M / F |
| (5) Ethnicity | See ethnicity codes at page 6 |
| (6) Referral date | This is the date the client self referred or was referred to the agency. Eg date of referral or date phone call or referral letter <u>received</u> . |
| (7) Agency Code | This the unique agency identifier code defined by regional NDTMS centres. |
| (8) Client reference number | This is the agency's own client reference or ID number. This should remain the same throughout treatment within that . agency. |
| (11) Consent for NDTMS | YES or NO whether consent is given for electronic data collection sharing with the NTA (via NDTMS). |
| (12) Previously treated | YES or NO at start of episode if client has ever received structured drug treatment at any tier 3 or 4 agency. |
| (13) Post code | In full for agency purposes. For NDTMS purposes, a truncated post code will suffice eg SO19 7TN becomes SO19 7. See also (38) |
| (14) Accommodation status | Refers to current and most recent situation. eg if client has recently been estranged from partner, record current accommodation. |
| (15) DAT of residence | Southampton is J 17B. Hampshire (E & TVS PCT for Southern Parishes) is J 15B. |

- (16) **PCT of residence** Post codes determine PCT. If resident in southern parishes PCT code is 5LY. In Southampton, PCT code is 5 LI.
- (17) **Problem substance No1** Excluding tobacco, what is the primary problem substance presenting for this new episode.?
- (18) **Age 1st used Substance No 1** Age at which client first used primary problem substance
- (19) **Route of administration** How is the primary substance taken? Inject/Sniff/Smoke/Oral/Other
- (20) **Problem substance No2** Excluding tobacco, what is the secondary problem substance presenting for this new episode?
- (21) **Problem substance No3** Excluding tobacco, what additional substance(s) are presenting for this new episode?
- (22) **Referral source** Record in full for agency purposes. For NDTMS purposes, this is coded.
- (23) **Triage date** This is the date of the triage (initial assessment) which **must be** between the referral and the comprehensive assessment.
- (24) **Care plan started date** This can be the same date as the comprehensive assessment if the care plan is agreed at that time.
- (25) **Injecting_status** Is client currently injecting? Has client ever injected?
- (26) **Hep C – latest test date** Date of most recent test..
- (27) **Hep B – vaccination count** The number of Hep B vaccinations within the current episode. Was the vaccination programme completed?
- (28) **Hep B intervention status** Whether vaccination was offered, accepted or refused, or is client immunised already?
- (29) **Drug Treatment Health Care Assessment** Local interpretation is that all suitably qualified staff (those who carry caseloads and carry out assessments) in tier 3 services plus practitioners in Society of St James, Homeless Healthcare, CDA and Needle Exchange Service fit the criteria.
- (30) **Discharge date** This is the date of the last client contact of the treatment episode whether or not the discharge is planned.
- (31) **Discharge reason** Reasons for discharge are shown in the closure summary (page 14 of the CAT).
- (32) **Treatment modality** Is the type of treatment started or starting which practitioners will show in care plan. Currently, there are 12 modalities. These are: IP detox; specialist prescribing; GP prescribing (shared care); structured psychosocial interventions; structured day programmes; residential rehab; aftercare; needle exchange; outreach; advice and information; structured alcohol interventions (in the context of poly drug treatment), other structured interventions.(see page 21 of NDTMS guide.

(33) Date referred to modality	There is conflicting advice here with that contained in (6) . The first modality follows the referral into treatment. Eg referral by GP to prescribing team is 1 st modality. In subsequent modalities such as prescribing team referral to structured day care, the referral date will be that agreed between client and practitioner. A way to manage this potentially anomalous situation would be to ensure the referral and the date agreed are the same.
(35) Date of first appointment offered for modality	Is the date agreed to start treatment. If client keeps that appointment then dates in (35) and (36) will match.
(36) Modality start date	Is the start of treatment eg, for prescribing it is the prescription start date; for IP treatment or rehab, it is admission.
(37) Modality end date	This could be used for discharge see (30) or a move from one modality to another. In a planned modality end, the date is that agreed in the care plan. If unplanned, then the date would be the last client contact in that modality.
(39) Injected in last 4 weeks	Has there been any injecting, other than properly prescribed injectables in last 4 weeks?
(40) Ever shared	Include all injecting equipment, paraphernalia for preparation of injecting and smoking, spoons, water and other containers, water, alcohol, swabs, filters, preparation surfaces, acidifiers, tourniquets
(41) Previously Hep B infected	Has service user been Hep B infected previously?
(42) Hep C Positive	Is service user Hep C positive?
(43) Referred for Hepatology to	This is to be recorded in care plan reviews. Referrals to Hepatology must be dated.
(44) Parental status	Relates to whereabouts of dependent children (under 16years) for whom client has or had parental responsibility.
(45) Employment status	Identify as Regular employment / Pupil/Student / Economically inactive / Unemployed / Other / Not known.
(46) Sex worker category	Either "Sex working on the street " or "Sex working in a house" or "Not sex working".
(47) Local Authority	Those within Southampton City boundary, record as Southampton. Those in Southern Parishes are in Hampshire.
(9) Client id) (10) Episode id) (32) Modality id) (38) Post code incode)	These four fields are technical identifiers and are for use only by NDTMS.

USING THE COMMON ASSESSMENT TOOL ITSELF

Guidance to completing the forms is set out below. It is not proposed to advise on each field or where the response seems self evident. See also mandatory data section on pages 7, 8 and 9.

REFERRAL

(For completion by tier 1, tier 2 and tier 3 agencies. Tier 4 is likely to refer during an “alcohol only” residential detox)

NHS No	For completion wherever possible
Name	Essential information
Gender	Essential
Date of birth	Essential
Address and Post Code	Essential
GP details	Essential
SUBSTANCES USED	Essential. Please indicate clearly if alcohol only, or drugs, or poly drug and identify whether 1, 2 or 3 depending on client perception of problem. Please make a note if there is any injecting.
Reasons for referral	Some examples.(1) Using heroin..wants a prescription. (2) Drinking ¾ bottle vodka daily..wants a detox followed by rehab. (3) Leaving prison in 3 weeks, ex heroin user, clean for 4 months, wants support/aftercare and naltrexone.
Risk.....	Some examples(1) Pregnant and using cocaine daily, risk to child. (2) I/V heroin and has history of DVT (3) Chaotic poly drug use leading to psychosis/DOP admission (4) Smoking £20 heroin, in work, fairly stable.
/Priority	Risk factors 1), (2) and (3) would attract a priority assessment. (4) would be assessed within 3 weeks but not as a priority.
Details of referrer	Essential information.
Signature of service user	If service user is available, please provide signature.
Date of referral	Essential information
FOR OFFICE USE IN TIER 2/3	NOT for completion by referring agency. For completion in tier 2 and checking/completion in tier 3 for both paper and electronic record. ALL mandatory data contained in referral to be input.

INITIAL ASSESSMENT (TRIAGE)

(For completion in tier 2 services only)

All parts of this assessment to be completed or marked as NA.

ADVOCACY/Representation/ User Group	Be sure to highlight service user's right to access.
CHANGES since referral	It is important to highlight any changes in service user's circumstances since the referral and reflect those changes in the file and data base. Examples are change in pattern and/or amount and/or type of drugs used; change of address; change of GP, new or ended relationships. If no changes, please say so.
PARENTAL Status	To identify parents whose children live with them; with a partner other than at clients address; with another family member; in care. Is client pregnant; is there another category; are there no children under 16 years;
CURRENT SUBSTANCE USE	In greater detail than in the referral. It is important to tease out the full range of drugs used, in particular, differentiate between cocaine and crack cocaine..
SHARING of drug use paraphernalia	This relates not only to injecting equipment but to anything shared which poses health risks, eg, spoons, water and other containers, water, alcohol, swabs, filters, preparation surfaces, acidifiers, tourniquets.
MENTAL HEALTH	The detail here is enlarged to reflect the likelihood of service users with MH problems presenting directly to tier 2 services. There is no reason why tier 2 should not extract and use the Mental Health Assessment at page 8/14. However, it is within the tier 3 remit to deliver treatment to service users with serious and enduring mental health problems.
CLIENT GOALS) RECOMMENDATION) OUTLINE CARE PLAN)	Client goals should inform the Recommendation which in turn is developed in the Care Plan. Include in the Care Plan not only details of treatment to help reduce use and the harm of substance use but other activities including employment, training and education plans and the involvement of other agencies.
BRIEF DICES (p5) (RISK)	The use of the DICES risk assessment forms is funded for local treatment providers. Complete the brief DICES after triage to give time to reflect and share with colleagues. Summarise the risk and indicate if a Specific DICES is necessary, after completion of the brief DICE. If tier 2 is to deliver treatment, then tier 2 is responsible for the Specific DICES, otherwise, tier 3 will complete at the Comprehensive Assessment.

COMPREHENSIVE ASSESSMENT

(For completion in tier 3 (care planning) agencies).

All parts of this assessment to be completed or marked as NA

Before beginning the comprehensive assessment, please ensure you have a copy or the original of both the referral and initial assessment |(trriage).

- DATE OF TRIAGE) These boxes are to record the dates of the referral and the triage tp ensure the data is captured and
- DATE OF REFERRAL) the dates coincide with those recorded on the referral and triage forms
- RECENT CHANGES The intention is to capture information from referral and triage without duplication of assessment detail.
- CURRENT SUBSTANCE USE † reflects the clinicians assessment of seriousness. ● reflects the service users perception of problem/dependence on a scale of 1 – 5 (5 is the highest). Important to differentiate between cocaine and crack cocaine.
- SIGNIFICANT DRUG FREE PERIODS To inform future treatment by taking an overview of the factors which created previouspositive change.
- MENTAL HEALTH ASSESSMENT Although an integral part of CAT, page 8 is designed to be a stand alone document. If it is assessed there are mental health concerns, an existing diagnosis or an identified need for an assessment, page 8 should be sent to the Locality Mental Health Team to highlight the involvement of a submis agency and act as a referral. The original must remain as part of the CATin the client file while a copy is sent to the LMHT.
- (HEP A)/HEP B VACCINATION? While Hep A and Hep B is currently offered via twinrix, recording for Hep B is mandatory .
- ANY EVIDENCE...OF SEXWORKING? Either Sex working on the street or Sex working in a house or NOT sex workiiing
- RISK ASSESSMENT If the Brief DICES completed at triage indicates the need for a Specific DICES and risk management plan, that should be undertaken at tier 2 if treatment is to remain at that level. If treatment is provided at tier 3 following the comprehensive assessment, tier 3 has the responsibility for the Specific DICES and the risk management plan. Providers may copy or produce Specific DICES to fit the need. DICES and the Risk Management Plan will form part of the CAT. Even if risk reduces, changes or becomes irrelevant the document remains part of the CAT. The service user is entitled to a copy of any risk assessment subject to certain safeguards such as not sharing third party information without consent or where that sharing may pose significant risk.
- OFFICE USE Enables data input to be recorded and identifiable.
- SERVICE USER OBSERVATIONS Gives client opportunity for comment subsequent to the assessment. If completed is part of the CAT.

CARE PLAN REVIEW

(For completion in tier 2 and tier 3 treatment agencies)

All parts of this review to be completed unless irrelevant then record as NA

FREQUENCY	Reviews should be conducted, with the service user and treatment provider, every 3 months or sooner if there is significant change.
REVISED CARE PLAN	Include all significant work to be undertaken with and for service user from date of this review until the next.
RISK	If risk changes, always undertake a new DICES risk assessment following the care plan review.
OFFICE USE	Enables data input to be recorded and identifiable.

-TRANSFER/CLOSURE SUMMARY

(For completion in tier 2, tier 3 and tier 4 treatment agencies)

All parts of this document to be completed unless irrelevant then record as NA

FOR TRANSFERS ONLY	For use when service user's case is to be transferred to another worker within the same treatment agency or to another agency within the locality whatever treatment tier, or to an out of area agency.
FOR CLOSURES ONLY	For use when closing a case. The 13 discharge fields match NDTMS core data set.
CLIENT'S TREATMENT STATUS	For use when closing or transferring a case to record current treatment situation.
OUTSTANDING TREATMENT NEEDS	For use when closing or transferring a case. In the case of closure, record details of any outstanding treatment needs which have not been covered in the closing episode of care (modality). In the case of transfer, record current treatment situation and what your care plan may have been had the case not been transferred.
OTHER AGENCIES NOTIFICATION	If there is any other agency to which details of this closure/transfer should be passed, eg, child protection, Probation involvement, GP, LMHT, other providers etc, ensure this is undertaken and noted.
DATE WRITTEN TO REFERRING AGENCY	This is to record that a letter has been sent to the original referrer. In the case of closure, give reason why closed. In the case of transfer say to which agency or worker the case has been transferred.
OFFICE USE	Enables closure or transfer data input to be recorded.