



Pregnancy and Post-Natal

Service Report

1st April 2009 – 31st March 2010

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Introduction

The Pregnancy and Post-Natal Service was set up over 12 years ago, and was developed in order to consolidate and support the development of a multi-agency partnership approach to ante-natal and post-natal services for drugs users, and thus support them to maximise their potential as individuals and in their role as parents.

Drugs Action has a specific remit to deliver support and counselling which aims to minimise any potential negative impact of drug use in the family. This is accomplished by providing a service which attracts and engages at a street level with high risk individuals affected by drug use and enables service users to move forward in their recovery by:

- making positive changes in drug use and related lifestyle.
- improving social functioning and parenting capacity.
- accessing a range of support packages.

Further information regarding the strategic context of this post can be found in Appendix A.

Objectives

1. Improve physical health, including high-risk drug use.
2. Improve mental health, including self-confidence and coping skills.
3. Contribute to the prevention of the spread of blood-borne pathogens and sexually transmitted infection.
4. Improved access to other services to ensure holistic care is provided to the family.
5. Support the maintenance of abstinence where appropriate through addressing lapse and relapse in a constructive manner.

Service information: 1st April 2009 – 31st March 2010

There are two main elements to the delivery of this unique service:

A. Community settings, away from the hospital.

This includes:

- Engaging with hard to reach women, for example sex workers, victims of abuse, those with physical and/or mental health issues, those who are not in drug treatment, due to the close links with other Drugs Action Services.
- Pregnancy testing which enables women to access ante-natal care at the earliest opportunity.
- Support on a consultancy basis to other professionals regarding the process of accessing ante-natal and post-natal care.
- Improving access and reducing barriers for women to be able to access ante-natal care.
- Structured work and brief interventions with pregnant drug users and their partners if appropriate.
- On-going support and counselling available up to one year post-natally.

- Direct referral pathways and assistance to engage with appropriate services to enhance opportunities for recovery e.g. Drugs Action Services, Families First, community support, community rehabilitation service (IDS-CR).
- Advocacy and liaison with other professionals as appropriate.

B. Ante-Natal and Post-Natal Clinics, and on an in-patient basis.

This includes:

- Initial engagement with pregnant drug users and their partners if appropriate.
- Advice, information and crisis intervention.
- Brief interventions and structured work.
- Advocacy and liaison with the Golden Square Pregnancy Support Team and other professionals as appropriate.

These two elements are provided by a number of components of the Drugs Action Pregnancy/Post-Natal Workers role:

1. Pregnancy/Post-Natal Drop-in held at Drugs Actions base.
2. Client Caseload.
3. Ante-Natal/Post-Natal Lifestyle Group held at Primrosehill Family Centre.
4. Ante-Natal and Post-Natal Clinics as part of the Golden Square Pregnancy Support Team at Aberdeen Maternity Hospital.

Updates for each of these four components are provided in this report.

A. Community settings, away from the hospital.

1. Pregnancy/Post-Natal Drop-in held at Drugs Actions base

The Pregnancy/Post-Natal Drop-In is held on a Tuesday between 3pm and 5pm at Drugs Action. The Drop-in began in response to feedback from women at the ante-natal clinic. As the clinic operates as a one-stop shop and women rightly prioritise their appointments with the midwifery team and SMS (which can sometimes take 1 - 2 hours to complete) they are not always able to engage with DA's Pregnancy/Post-Natal service.

At present the drop-in is advertised by word of mouth, although with secure funding it would be our intention to dedicate time to advertise and develop this service further.

The aims of the Drop-In are to:

- Provide information and support to women who are using drugs or in drug treatment who are planning pregnancy.
- Create easy access for pregnant women to ante-natal care, in particular to develop care pathways for referrals from Quay Services, which works with women involved in the sex industry, and Needle Exchange Services at Drugs Action who may not traditionally access ante-natal care.
- Provide information and support to women who are pregnant and already receiving care through the Golden Square Pregnancy Support Team.

- Provide on-going support to women up to a year post-natally.

Each intervention provided at the drop-in is recorded. This is in the form of an appointment record for each client and a master sheet for each drop-in summarising the data detailed below. Copies of both the appointment record and master sheet can be found in Appendix B and C. Raw data is also available in Appendix D - F.

1.1 Number of contacts/clients

A total of **22** contacts occurred at the drop-in with **14** different clients at 13 two hour drop-in sessions.

4 contacts occurred with **4** different ante-natal clients.

18 contacts occurred with **12** different post-natal clients.

2 clients were seen both ante-natally and post-natally.

On average clients were seen between **1** and **3** times at the drop-in.

It is interesting to note that more post-natal clients have been seen, and more often, than ante-natal clients.

Opportunistic contacts with service users and consultancy support to other members of staff are not included in these figures.

1.2 Type of contact provided

A number of different types of contact are undertaken at the drop-in depending on the needs of the individual.

These include:

Type of contact	No. of times contact provided
Brief Interventions to women and their partners	17
Information, referral, and signposting to other services	4
Advocacy and contact with other services	2
Structured work including needs assessment, counselling appointment and review	7

Full data regarding type of contact provided can be found in Appendix D.

1.3 Interventions provided

A range of interventions are provided at the drop-in which are appropriate to the needs of the individual client and in accordance with the service objectives.

The table below shows that the main interventions delivered at the drop-in focus on promoting positive lifestyle change to enable clients to move on from their drug using past, and move forward in their recovery.

Intervention	No. of clients receiving intervention	No. of times intervention provided
Use of Time	11	14
Information on Service	10	11
Support Networks	10	13
Coping Strategies	10	13
Drugs and Effects	9	11
Relationship Work	9	10
Routines/Exercise/Diet	9	9
Relapse Prevention	8	9
High Risk Situations	7	10
Pros and Cons	6	6
Housing	6	7

Full data regarding type of contact provided can be found in Appendix E.

1.4 Liaison/links with other agencies/services

Drugs Action's Pregnancy/Post-Natal Workers liaise with a range of services at the drop-in, in order to fully meet the needs of clients, and joint working takes place on an on-going basis as appropriate. Advocacy is a key role provided by workers on client's behalf. Information sharing occurs in line with the principles of GIRFEC.

The table below shows the four services liaison has occurred most frequently with:

Service	No. of times liaison provided
GP	10
Social Work – Children and Families	10
SMS	9
Health Visitor/Specialist Health Visitor	6

In comparison to the clinic (see Section 4.4 and Appendix I), the majority of liaison is not with the Golden Square Team.

One explanation for this is that the majority of clients seen at the drop-in are post-natal, and involvement with staff at the Golden Square Team is time limited to three months maximum at this time. Service users are in the main 'moved on' to generic services after this three month period.

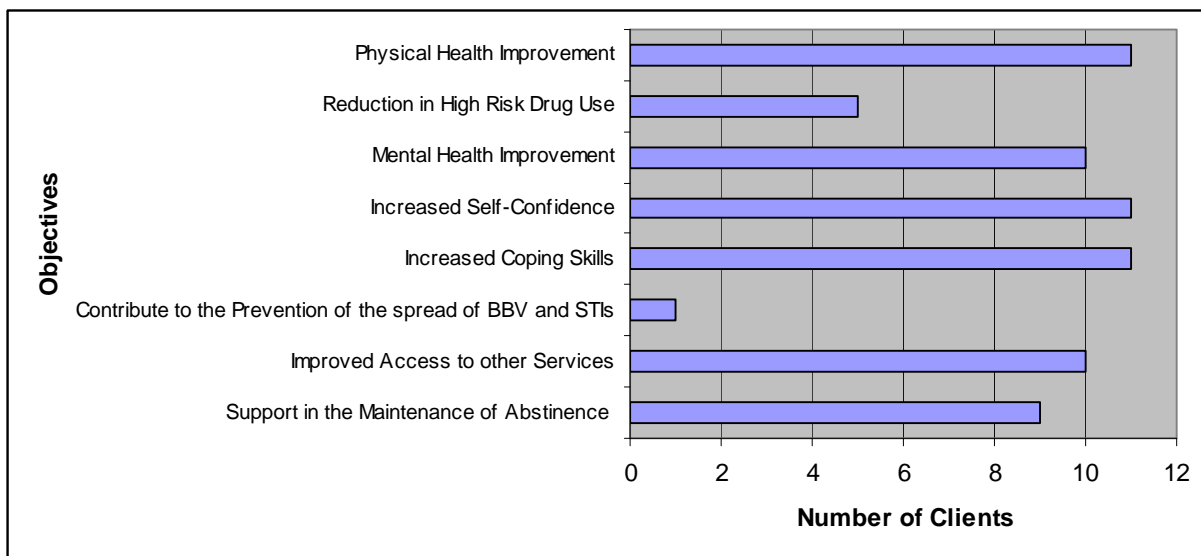
The drop-in therefore provides a unique opportunity for service users to receive consistent care throughout their pregnancy up to a year post-natal.

Full data regarding type of contact provided can be found in Appendix F.

1.5 Outcomes

Outcomes for the drop-in are measured in relation to the five service objectives outlined at the beginning of this report using Single Shared Assessment scores and Review scores.

The graph below shows that as a result of structured work at the drop-in, service outcomes are being met.



A small number of clients have recorded an outcome for objective 3 relating to the prevention of the spread of BBV and STIs. The reason for this is that the majority of drop-in clients are post-natal. Although this is usually a focus of work, other professionals, particularly the Specialist Health Visitor, cover this topic at the post-natal clinic.

Further analysis shows that every person who has attended the drop-in has achieved at least one outcome, with the majority of service users achieving between three and five outcomes (71%).

2. Client Caseload

A caseload is held by both Pregnancy/Post-Natal workers. This provides clients with structured, in-depth, 1:1 interventions which are available to clients on a needs led basis in a venue which suits the client, often away from the hospital setting.

The process for all new referrals is to undertake a period of assessment (e.g. Single Shared Assessment, SCODA) to gather historical and current information. From this information a care plan is formed outlining work to be undertaken, and also detailing links to other professionals the client is working with. A review is completed every three months, from which a further care plan is developed.

Each appointment arranged with the client is recorded. This is in the form of a follow-up appointment record. A copy can be found in Appendix G.

2.1 Number of contacts/clients

13 individuals received in-depth, structured 1:1 work during the reporting period.

5 new referrals were received.

9 cases were closed.

4 cases remain open at the end of the reporting period.

A total of **337** counselling appointments were offered. Clients attended **259** of these (**77%**). This is an excellent attendance record and clearly demonstrates the high value that clients place on this service.

2.2 Age breakdown

Age/years	16 - 20	21 - 25	26 - 30	31 and above
No.of Clients	1	1	5	6

2.3 Interventions provided

A range of interventions are provided which are appropriate to the needs of the individual clients. The interventions aim to address the service outcomes outlined above, and therefore minimise any potential negative impact of drug use in the family.

Interventions can be broadly grouped into different categories in relation to the service outcomes:

- Reduction in high risk drug use – interventions include: drug information, harm reduction techniques, overdose awareness, relapse management and prevention strategies.

- Physical health improvement – interventions include: drug related issues, dental health, physical health and fitness.
- Mental health improvement – interventions include: increasing self-confidence, increasing self-esteem, reducing anxiety, coping skills, goal setting, motivational work.
- Contribute to the prevention of the spread of blood-borne pathogens and sexually transmitted infection – interventions include: information, links to other services.
- Improved access to other services – interventions include: ensuring holistic care is provided to the family.
- Support the maintenance of abstinence – interventions include: positive lifestyle changes such as structure and routines, positive use of time, relationships, parenting issues, network of support, housing, finances.

2.4 Meetings Attended

Liaison and making links with other services is central to the work undertaken, and joint working occurs on a daily basis. This is essential to be able to provide a holistic package of care to the pregnant woman and her family.

Workers are frequently involved in advocacy work on behalf of clients, and attend core group meetings, Child Protection Case Conferences, LAC reviews and Childrens Hearings.

If workers cannot attend meetings a full report is submitted detailing work undertaken, future work and any concerns.

Type of meeting	No. attended	No. not attended where Reports are submitted	Total
Core Group Meeting	4	5	9
Child Protection Case Conference	6	2	8
LAC Review	11	5	16
Childrens Hearing	3	2	5

3. Ante-Natal/Post-Natal Lifestyle Group held at Primrosehill Family Centre

The Ante-Natal/Post-Natal Lifestyle Group is run in conjunction with Families First which is a dual agency project between Primrosehill Family Centre (Aberlour Child Care Trust) and Drugs Action.

Referrals for the group are received from the Golden Square Team. A reason this group has been so successful is the links to the ante-natal and post-natal clinics. This has had a positive effect on two counts: 1) making it easier to get self-referrals and referrals from other professionals for the group, and 2) increasing attendance at the groups. This has been illustrated by feedback from previous participants which has highlighted the benefits of meeting the workers who are going to deliver the group at the clinic prior to the group starting. Having a known face has removed a significant barrier for the participants to be able to attend the group.

This group has been implemented previously on a number of occasions. An evaluation of each session and end of group evaluation is always undertaken, and this is used to inform the content of subsequent groups.

A development this year has been to introduce an element of peer education, allowing previous participants to act as role models, demonstrating how they have moved on with their lives and have integrated into their communities and accessed other groups. This provides opportunities for further personal development and enhances recovery plans for previous participants - continuing to reinforce the positive steps they have taken since becoming parents and by continuing to build their self esteem and confidence.

Aims

- To promote the emotional and physical well-being, self confidence and self esteem of service users who have been or are affected by drug use in order to encourage healthy lifestyles for them and their children, and to enable them to cope effectively with stress.
- To further promote the positive lifestyle change established by previous participants by introducing a peer education element into group programmes.

Objectives

Provide a 16 week group programme to encourage participants to:

- Identify the range of potential risks that parental drug use may pose to parents and their children.
- Develop strategies to reduce the potential harm that may be caused as a result of parental drug use.
- Understand, practice and experience the benefits of lifestyle change – including stress management, self esteem, confidence.
- Experience the benefits of healthy diets, good sleep, exercise and complimentary therapies.

- Access and utilise local resources as a means of engaging with their local communities.

Provide a peer educators training/information session to enable them to:

- Continue to develop self esteem and confidence and maintain positive lifestyle change.
- Provide positive peer support sharing own experiences to new participants.

Two Lifestyle Groups have been held: June – September 2009 and March – June 2010. Attendance at the first group was sporadic, with **5** participants attending. However, the second group, which finishes in June, has been extremely successful and well attended, with **4** clients attending almost every week.

4 peer educators have been recruited, and have been involved in all aspects of both groups. A thorough training and induction process was implemented before the groups began. The peer educators were then involved with planning the content of the groups, recruiting participants, and facilitating the group with support from a member of staff. They have also been part of the evaluation process and have demonstrated in their feedback that they have more confidence and are progressing well with their recovery.

A full evaluation regarding the outcomes from these two Ante-Natal/Post-Natal Lifestyle Groups will be available in the Health Improvement Fund Monitoring and Evaluation Form.

B. Ante-Natal and Post-Natal Clinics, and on an in-patient basis.

4. Ante-Natal and Post-Natal Clinics as part of the Golden Square Pregnancy Support Team at Aberdeen Maternity Hospital.

Drugs Action's Pregnancy/Post-Natal Workers attend three clinics each week, two ante-natal clinics held on a Monday and Wednesday afternoon and a post-natal clinic held on a Monday morning. There is a multi-agency presence at each clinic, providing the opportunity for holistic care to pregnant women, and to her partner/family where appropriate.

Each intervention provided by the DA workers at the clinic is recorded. This is in the form of an appointment record for each client, and a master sheet for each clinic summarising the data detailed below. Copies of both the appointment record and the master sheet can be found in Appendix B and C. Raw data is also available in Appendix H - J.

4.1 Number of contacts/clients

A total of **242** contacts occurred at the clinics with **70** different clients.

144 contacts occurred with **46** different clients at the ante-natal clinic.

98 contacts occurred with **42** different clients at the post-natal clinic.

28 clients were seen at the ante-natal clinic only.

24 clients were seen at the post-natal clinic only.

18 clients were seen at both the ante-natal and post-natal clinic.

On average clients were seen between **1** and **27** times at the clinic.

17 clients were seen on **5** or more occasions.

4.2 Type of contact provided

A number of different types of contact are provided at the clinic depending on the needs of the individual.

These include:

Type of contact	No. of times contact provided
Brief Interventions to women and their partners	318
Information, referral, and signposting to other services	259
Advocacy and contact with other services	123
Structured work including needs assessment, counselling appointment and review	195

Full data regarding type of contact provided can be found in Appendix H.

4.3 Interventions provided

A range of interventions are provided which are appropriate to the needs of the individual clients.

As outlined in the introduction and the services objectives Drugs Action has a specific remit to deliver support and counselling which aims to minimise any potential negative impact of drug use in the family. This includes specific drug interventions such as information regarding drugs and their effects, and relapse management and prevention strategies. A key element of the latter is providing information and support to clients to enable them to make and maintain positive lifestyle changes and move forward in their recovery.

The top 10 interventions provided at the clinic are detailed in the table below.

Intervention	No. of clients receiving intervention	No. of times intervention provided
Information on Service	64	227
Support Networks	60	230
Coping Strategies	59	230
Use of Time	56	224
Drugs and Effects	52	209
Relapse Prevention	50	202
Routines/Exercise/Diet	49	210
Relationship Work	47	200
High Risk Situations	40	176
Goal Setting	38	186

Full data regarding type of intervention provided can be found in Appendix I.

4.4 Liaison/links with other agencies/services

Drugs Action's Pregnancy/Post-Natal Workers liaise with a range of services in order to fully meet the needs of clients, and joint working takes place on an on-going basis as appropriate. Advocacy is a key role provided by workers on client's behalf. Information sharing occurs in line with the principles of GIRFEC.

The table below shows the agencies most frequently liaised with. The majority of liaison occurred with other members of the Golden Square Pregnancy Support Team. However, close links are maintained with staff at other services such as Drugs Action, GP and Children and Families Social Work Teams.

Service	No. of clients who have benefitted from liaison	No. of times liaison provided
Golden Square Pregnancy Support Team		
SMS	65	232
Specialist Health Visitor	44	190
Specialist Midwives	39	174
Early Intervention Social Worker	14	102
Other Services		
GP	42	175
Maternity Social Work	30	163
Children and Families Social Work	26	120

Full data regarding liaison/links with other agencies can be found in Appendix J.

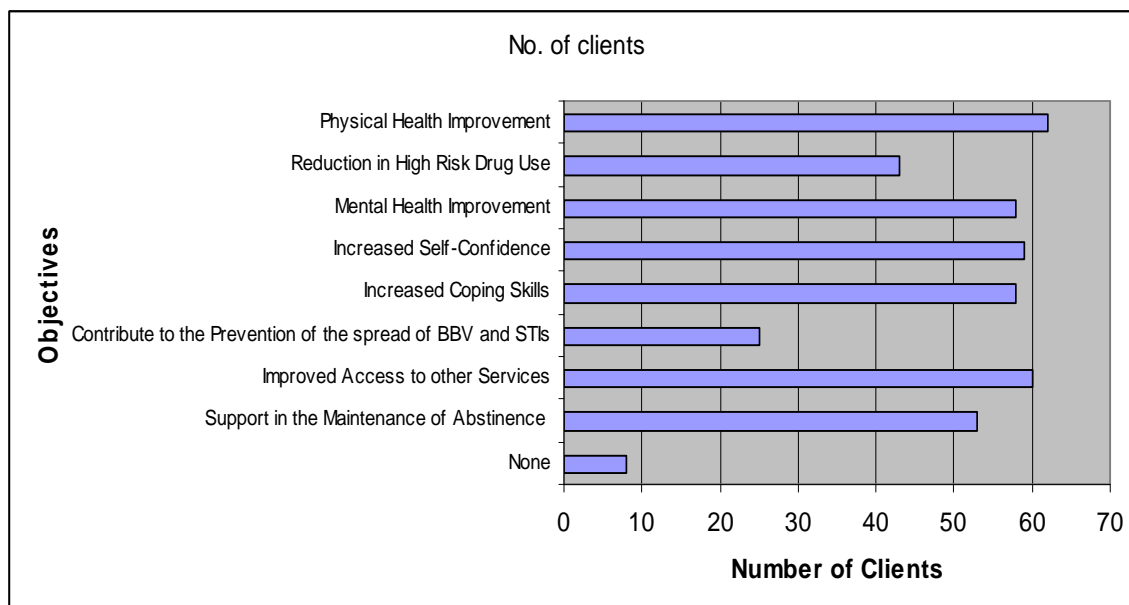
4.5 Outcomes

Outcomes for the clinics are measured in relation to the five service objectives outlined at the beginning of this report.

The graph below shows that all of the service outcomes are being met at the clinics.

The vast majority of the clients (**89%**) have achieved at least one outcome.

Outcomes were not recorded for a small number of clients (**8**), and this may be because it was the first time that workers had met the client, and therefore it is difficult to determine outcomes. Further analysis of the data would be required to confirm this.



4.6 Meetings Attended

Liaison and making links with other services is central to the work undertaken, and joint working occurs on a daily basis, both within and out with the Golden Square Pregnancy Support Team. This is essential to be able to provide a holistic package of care to the pregnant woman and her family.

Workers also share information and clients progress in more formal settings such as at core groups, Child Protection Case Conferences and Childrens Hearings.

It is not always possible for workers to attend these meetings due to the limited resources of this post. However, where workers cannot attend meetings a full report is submitted detailing work undertaken, future work, and any concerns.

Type of meeting	No. attended	No. not attended where Reports are submitted	Total
Core Group Meeting	11	9	20

Child Protection Case Conference	1	12	13
LAC Review	1	7	8
Childrens Hearing	1	0	1

Conclusion

Service users view this as a valuable service, demonstrated by high attendance rates, and positive feedback.

The report clearly demonstrates how the objectives of the service are delivered through a range of different components in both community and hospital settings.

The report also shows the wide range of interventions provided to service users across the service and the level of liaison and joint working that takes place both within and out with the Golden Square Pregnancy Support Team.

The Pregnancy/Post-Natal Service has a number of unique qualities:

A crucial aspect of the drugs workers role is making links with a highly vulnerable and hard to reach group of people. Workers are able to tap into other Drugs Action Services which have an established reputation for engagement with hard to reach women, particularly those involved in the sex industry, those accessing needle exchange services, and those who are not in drug treatment. Women who would not traditionally access care, including ante-natal care.

The service has developed links with the other services at the Golden Square Team to improve access and reduce barriers for women to be able to access ante-natal care at the earliest opportunity.

Workers play an active role as advocates for pregnant women, their partners and for parents once their baby is born. Effective links have also been developed with the Advocacy Service enabling service users to access independent advice.

The service can offer consistent care and support to service users throughout their pregnancy, and for up to a year post-natally.

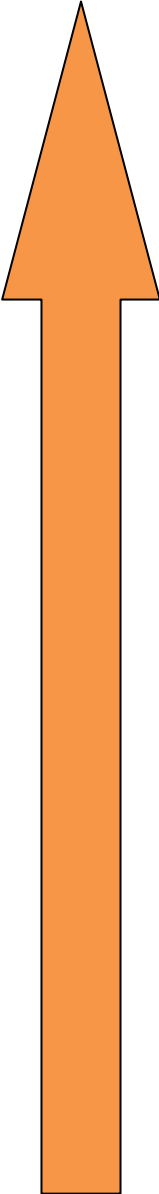
The service has developed direct referral pathways and provides assistance to service users to engage with appropriate services to enhance opportunities for recovery e.g. Drugs Action Services, Families First, community support, community rehabilitation service (IDS-CR).

The service is 0.66 WTE (whole time equivalent) and as such has had to evolve over the last few years to provide an effective service as the number of women being referred to the clinic has significantly increased without a corresponding increase in resources. This has led to the development of alternative ways to engage with clients, such as the drop-in, and brief interventions and structured work available at the clinic, and unfortunately a decrease in the capacity to offer the traditional 1:1 structured counselling.

Developmental priorities for this service include increasing resources and capacity to be able to provide in-depth, needs led 1:1 work to **all** service users who request it, and attend more meetings regarding service users.

Appendix

A. Strategic Context of Pregnancy/Post-Natal Service

	National Outcome	Improved life chances of children & young people & families at risk (8) Our children have the best start in life (5) Longer Healthier Lives (6) Tackling Inequalities (7)				Strategic Target	
	High level Outcome	Reduced number of children looked after and accommodated / separated from parents Reduction in drug related morbidity, mortality and death				Increase the number of high risk drug users and family members engaging with appropriate support to enhance opportunities for recovery	
	Intermediate Outcome	Reduction in impact of problematic drug use on children	Effective multi-agency working with drug users during and after pregnancy	Individuals in need receive timely, sensitive and appropriate support			
		Single Outcome Agreement – Partner Actions & Commitments <ul style="list-style-type: none"> • Continue to work to raise the achievement of vulnerable children and close the attainment gap across the City. • Ensure that single plans meet Getting it Right for Every Child (GIRFEC) • Partner agencies continue to engage in Child Protection at various levels, and work together to help children whose lives are affected by parents who abuse alcohol and/or other drugs. 					
	Service Delivery Outcome	Service attracts and engages high risk individuals affected by drug use	Service users demonstrate improvement in physical & mental health	Service users make positive changes in drug use & related lifestyle	Service users demonstrate improvement in social functioning & parental capacity		Provision of access to a range of support packages
	Output: Service Users are supported to:	Make positive changes in drug use, personal relationships and related health and lifestyle issues	Have active involvement and participation in their own sustainable recovery.	Change drug use and other risk behaviour	Develop coping skills and strategies & strengthen recovery capital		
	Service Activity	As outlined in service description					

B. Appointment Record for Clinic and Drop-In

PREGNANCY APPOINTMENT RECORD

Date: Client ID: Counselling Requested: Yes No

Initials: D.O.B./...../..... Primary: Secondary:

Presenting Issues: (i.e. health, relationships, legal, financial, practical, emotional, crisis)

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Assistance / advice / interventions used: (please tick)

- | | | |
|--|---|---|
| 1. Information on service <input type="checkbox"/> | 13. High Risk Situations <input type="checkbox"/> | 25. Self-Esteem <input type="checkbox"/> |
| 2. Crisis intervention <input type="checkbox"/> | 14. Coping Strategies <input type="checkbox"/> | 26. Confidence <input type="checkbox"/> |
| 3. Needs assessment <input type="checkbox"/> | 15. Support Needs/Networks <input type="checkbox"/> | 27. Assertiveness <input type="checkbox"/> |
| 4. Drugs & Effects <input type="checkbox"/> | 16. Use of Time <input type="checkbox"/> | 28. Relaxation techniques <input type="checkbox"/> |
| 5. Harm Reduction <input type="checkbox"/> | 17. Physical health work <input type="checkbox"/> | 29. Acupuncture <input type="checkbox"/> |
| 6. O/D <input type="checkbox"/> | 18. Mental health work <input type="checkbox"/> | 30. Contraception <input type="checkbox"/> |
| 7. BBP <input type="checkbox"/> | 19. Legal work <input type="checkbox"/> | 31. Social skills building <input type="checkbox"/> |
| 8. Home Detox <input type="checkbox"/> | 20. Relationship work <input type="checkbox"/> | 32. Goal setting <input type="checkbox"/> |
| 9. Relapse Prevention <input type="checkbox"/> | 21. Budgeting <input type="checkbox"/> | 33. Info on dad's group <input type="checkbox"/> |
| 10. CBT <input type="checkbox"/> | 22. Peer Pressure <input type="checkbox"/> | 34. Liaison/referral <input type="checkbox"/> |
| 11. Pro's & Con's <input type="checkbox"/> | 23. Routines/Exercise/Diet <input type="checkbox"/> | 35. Housing <input type="checkbox"/> |
| 12. Cycle of Change <input type="checkbox"/> | 24. Sleep <input type="checkbox"/> | |

PREGNANCY APPOINTMENT RECORD (cont)

Expected Date of Delivery

Additional Children

D.O.B.

Living with client

.....
.....
.....
.....

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Professionals Involved in Community

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.....
.....
.....

Child Protection

.....
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.....
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Notes

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.....
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Staff Member:

D. Type of contact provided – Drop-In

Type of Contact	No. of clients receiving contact	No. of times contact provided
Brief Intervention	14	17
Contact with other Services	2	2
Counselling Appointment	1	3
Information for Partner	1	1
Information on Other Services	4	4
Introduction	0	0
Review	2	4
SMR	1	1
Total Number of Clients	14	

E. Interventions provided – Drop-In

Intervention	No. of clients receiving intervention	No. of times intervention provided
Acupuncture	2	2
Assertiveness	1	1
Budgeting	1	1
BBP	0	0
CBT	3	3
Confidence	2	4
Contraception	0	0
Coping Strategies	10	13
Crisis Intervention	3	4
Cycle of Change	4	5
Drugs and Effects	9	11
Goal Setting	4	5
Harm Reduction	3	4
High Risk Situations	7	10
Home Detox	1	1
Housing	6	7
Information on Dad's Group	1	1
Information on Service	10	11
Legal Work	2	2
Liaison/Referral	1	1
Mental Health Work	3	4
Needs Assessment	1	1
O/D	2	2
Peer Pressure	1	2
Physical Health Work	3	3
Pros and Cons	6	6
Relapse Prevention	8	9
Relationship Work	9	10
Relaxation Techniques	2	2
Routines/Exercise/Diet	9	9
Self-esteem	1	1
Sleep	5	6

Social Skills Building	0	0
Support Networks	10	13
Use of Time	11	14
Total Number of Clients	14	

F. Liaison/links with other agencies/services – Drop-In

Agency	No. of clients who have benefitted from liaison	No. of times liaison provided
Advocacy	1	3
Benefits	0	0
Community Education	0	0
Cyrenians	1	2
DA (not PPN Worker)	3	3
Early Intervention Social Worker (SWD)	2	2
Foyer	0	0
GP	9	10
Health Visitor/Specialist Health Visitor	5	6
Housing	0	0
Mental Health - NHS	1	1
Midwife - Ward	1	1
Obstetrician	0	0
Other Medical	0	0
Other NHS	0	0
Other Voluntary	1	1
Phoenix Futures	0	0
SMS	8	9
Social Work – Children and Families	7	10
Social Work – Criminal Justice	3	4
Social Work – Mental Health	0	0
Social Work - Maternity	3	3
Specialist Midwives	1	1
Total Number of Clients	14	

G. Counselling Follow-Up Appointment record for caseload clients

Client ID: D.O.B.: Client Initials:

Worker: Scheduled Drop-In Telephone:

Date: Time: Duration: Location:

Service: Base Families First Incite ICDS

Pregnancy/Post-Natal Regeneration Areas BBP Quay Services

Outreach (please specify area)

Assessment Ongoing Review Joint Care Plan

INPUTS **1:1** **GROUP** **Please Complete**

Project Information		Home Detox		Crisis Intervention	
Drugs & Effects		BBP		Coping Strategies	
Harm Reduction		Physical Health Work		Goal Setting	
Relapse Prevention		Mental Health Work		Use of Time	
Pros & Cons		Legal Issues Work		Social Skills Building	
Cycle of Change		Relationship Work		Progress Review	
High Risk Situations		Relaxation Techniques		Liaison / Referral	
Motivational Work		Preparation for Treatment / Counselling		Counselling on Underlying Issues	
Education		Housing		Employment	
Budgeting		Child Care Issues		Parenting Issues	
Accupuncture		Family Support			

Details of Liaison:

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Details of Referrals:.....

Appointment Outcome:

Attended	
DNA	
Cancelled by Client	
Cancelled by DA	

Reason for DNA /
Cancellation:

Not Known		Transport	
Worker Absence		Weather	
Illness		Childcare	
Work		Prison	
Social Problem		Custody	

H. Type of contact provided - Clinic

Type of Contact	No. of clients receiving contact	No. of times contact provided
Assessment - SSA	8	39
Brief Intervention	65	236
Brief Intervention with Partner	12	82
Contact with other Services	22	123
Counselling Appointment	7	63
Information for Partner	15	104
Introduction	43	177
Referral and Signposting to Other Services	55	259
Review	12	93
SMR	3	12
Total Number of Clients	70	

I. Interventions provided - Clinic

Intervention	No. of clients receiving intervention	No. of times intervention provided
Acupuncture	17	78
Assertiveness	13	77
BBV	6	19
Budgeting	9	80
CBT	25	142
Confidence	23	144
Contraception	1	9
Coping Strategies	59	230
Crisis Intervention	13	58
Cycle of Change	27	143
Drugs and Effects	52	209
Goal Setting	38	186
Harm Reduction	26	117
High Risk Situations	40	176
Home Detox	5	28
Housing	23	141
Information on Dad's Group	4	39
Information on Service	64	227
Legal Work	16	107
Liaison/Referral	12	84
Mental Health Work	18	118
Needs Assessment	16	60
O/D	13	60
Peer Pressure	10	56
Physical Health Work	29	149

Pros and Cons	30	161
Relapse Prevention	50	202
Relationship Work	47	200
Relaxation Techniques	18	110
Routines/Exercise/Diet	49	210
Self-esteem	22	138
Sleep	35	176
Social Skills Building	6	28
Support Networks	60	230
Use of Time	56	224
Total Number of Clients	70	

J. Liaison/links with other agencies/services - Clinic

Agency	No. of clients who have benefitted from liaison	No. of times liaison provided
Advocacy	3	17
Benefits	3	36
Community Education	2	17
Cyrenians	5	59
DA (not PPN Worker)	12	64
Early Intervention Social Worker (SWD)	14	102
Foyer	2	28
GP	42	175
Health Visitor/Specialist Health Visitor	44	190
Housing	7	70
Midwife - Ward	5	56
Obstetrician	4	36
Other Medical	3	10
Other NHS	2	8
Other Voluntary	7	28
Phoenix Futures	2	4
SMS	65	233
Social Work – Children and Families	26	120
Social Work – Criminal Justice	6	44
Social Work – Mental Health	1	16
Social Work - Maternity	30	163
Specialist Midwives	39	175
Total Number of Clients	70	