



## SCOTTISH EXECUTIVE

---

Justice Department  
Community Justice Services Division

St Andrew's House  
Regent Road  
Edinburgh EH1 3DG

Lead Officers for Throughcare  
Criminal Justice Social Work Managers  
SPS Rehabilitation and Care Directorate

Telephone: 0131-244 5434  
Fax: 0131-244 3548

Your ref:  
Our ref: LKK/12/2/17 part 9

19 January 2006

---

Dear Colleague

***Re: Standard forms for use in relation to the Throughcare Addiction Service (TAS)***

The Throughcare Implementation Sub Group, a sub group of the Tripartite Group, agreed that it would be useful to create a standard referral form for the Throughcare Addiction Service that could be used by Phoenix House, SPS' Enhanced Addiction Casework Service Provider, when making prisoner referrals to local authorities.<sup>1</sup>

A group with representatives from both SPS and ADSW has prepared the attached three forms which should meet the needs of, and contain appropriate information for, both Phoenix House and local authorities. The standard forms can be used as follows:

1. The first is a **standard referral form** which Phoenix House will use to make prisoner referrals to local authorities. ***These referrals will, of course, be in line with the criteria set out in the already-issued guidance on the Throughcare Addiction Service.***
2. The second is a **reply letter**, which can be used by local authorities to accept responsibility for the prisoner named in the referral, and
3. The third is a **letter to the prisoner** confirming that the TAS provider has accepted responsibility and briefly explaining that they will be in touch with them and Phoenix House soon.

These forms/letters serve three important functions: they facilitate communication between the different agencies; they standardise the TAS referral process across Scotland; and they help strengthen the foundations of what is a new and developing Throughcare Addiction Service.

The Throughcare Implementation Sub Group has now agreed these forms/letters for use. As a result, local authorities should expect to receive the form from Phoenix House when a referral is initiated. Similarly, Phoenix House should expect to see the attached form (with the appropriate local authority logo) in reply. Finally, prisoners can expect to see the confirmation letter (with the appropriate local authority logo) indicating that they are being provided with a service.

---

<sup>1</sup>. We recognise that not all local authorities are providing the Throughcare Addiction Service directly and that some may have contracted other organisations to do this on their behalf. Any reference to "local authorities" should be taken to include these other organisations too.

It is, of course, a matter for local authorities to decide whether to use these specific template letters. If local authorities have existing letters in place, then we would ask that you check that the letters contain the same sort of minimum information as is contained in these templates.

I hope that these letters will be of assistance to you.

Should you have any queries, please do not hesitate to contact:

Paolo Mazzoncini ([paolo.mazzoncini@scotland.gsi.gov.uk](mailto:paolo.mazzoncini@scotland.gsi.gov.uk)) on 0131 244 5356  
Christine Thomson ([christine.thomson@scotland.gsi.gov.uk](mailto:christine.thomson@scotland.gsi.gov.uk)) on 0131 244 4250 or  
Karen Norrie ([karen.norrie@sps.gov.uk](mailto:karen.norrie@sps.gov.uk)) on 0131 244 8636

Yours sincerely

Mrs Elizabeth Carmichael  
Head of Community Justice Services Division

## **LOCAL AUTHORITY LOGO**

Dear (Prisoner 1st Name)

### **Throughcare Addiction Service**

My name is (WORKER'S NAME). I am a Throughcare Addiction Service worker for (NAME OF AUTHORITY). We have recently received a referral to the service for you from Phoenix House.

We have accepted your case and will plan to visit you in (NAME OF PRISON) at least twice before your liberation.

We will also get in touch with Phoenix House and advise them of our decision to offer you a Throughcare Addiction Service on your release from prison.

I look forward to meeting you.

Yours sincerely

(WORKERS SIGNATURE)

## **LOCAL AUTHORITY LOGO**

Dear (referrer)

### **Acceptance of Referral**

I am writing to advise you that we have received your referral for the Throughcare Addiction Services to be provided in respect of (prisoner's name).

The allocated worker will make contact with Mr/Ms (prisoner's surname) in due course to arrange an initial visit.

I will await arrangements for his/her Community Integration Plan meeting. Meantime, thank you for referring. We will continue to liase with your agency throughout our involvement.

Yours sincerely

**ENHANCED ADDICTIONS CASEWORK SERVICE (EACS)  
REFERRAL FORM TO  
THE THROUGH-CARE ADDICTION SERVICE (TAS)**

Referring Prison: _____		Referral Date: _____
EACS Caseworker: _____		Contact Tel. Number: _____
Email: _____		
Address: _____		
Client Name: _____	Prisoner Number: _____	DOB: _____
Index Offence: _____	Earliest Date of Liberation: _____	Court Date: _____

Length of Sentence: Male  Female  YO  <31Days  31Days-4Yrs

\*If Client referral Male <31 Days please give reason for Referral:

Client Consent to Referral? Yes  No

Primary Reason for Referral: Drugs  Alcohol

Does client require to be linked to Prescribing Service on release? Yes  No

Name of Client GP: \_\_\_\_\_

Does client have accommodation to return to? Yes  No

Intended address on release:

Address: \_\_\_\_\_

Town: \_\_\_\_\_

Postcode: \_\_\_\_\_

Accommodation address pre-sentence: Same as above?

Address \_\_\_\_\_

Town: \_\_\_\_\_

Postcode: \_\_\_\_\_

If No Fixed Address – URGENT REFERRAL

Will client be living: Alone  With Family  Other

Will client be returning to a household with dependent children? Yes  No

Does client have a disability? Yes  No

For EACS Use Only: Copy of referral form to be retained in CMF.

EACS referral from accepted? Yes  No  Response letter from TAS provider received? Yes  No

Allocated TAS Team Member: \_\_\_\_\_

Date of C.I.P Meeting: \_\_\_\_\_

Date of Case Conference: \_\_\_\_\_

NB: Core Screen attached to form if client is serving <31 Days and C.I.P Meeting unachievable: Yes  No