

## Protocol 5

### Gaps and Blocks

#### Outcome

- A. Addressing barriers to service provision necessary for service user progression set out in agreed care plan

#### Key Processes

1. As set out in the Rehabilitation Framework any barrier to service user progression identified in the implementation of a service users care plan, including difficulties in inter-agency co-ordination, should be followed up by the case manager with the relevant service(s).
2. If such a barrier remains unresolved following all attempts to resolve it between services, including an interagency case meeting, then the case manager should progress the matter to the rehabilitation co-ordinator for resolution via a Gaps and Blocks Form.
3. There may be occasions when the matter is progressed by someone other than the Case Manager following efforts to resolve it via an interagency care plan meeting.
4. All relevant parties, including the service user, should be notified by the rehabilitation coordinator that the matter has been raised.
5. Where, despite the further efforts of the rehabilitation coordinator and case manager, the issue persists, the rehabilitation coordinator can raise the matter at the next Drug Task Force Treatment and Rehabilitation Sub-Group meeting, in line with the Rehabilitation Report.
6. Where, despite the combined efforts of all involved, the Treatment and Rehabilitation Sub-Group is unable to resolve an issue, the gaps and blocks form should be referred by the rehabilitation co-ordinator to the National Rehabilitation Co-ordinator for resolution at the National Drug Rehabilitation Implementation Committee.
7. Actions arising from the NDRIC discussions on reported gaps and blocks in services should be reported back through rehabilitation co-ordinators to the Treatment and Rehabilitation Sub-Groups within a reasonable timeframe.