

### About Turning Point

Turning Point is a leading social enterprise providing health and social care services across England supporting people to improve their health and wellbeing whether that is at home, within the workplace or through specialist services.

## Rough Sleepers Team



- Leicester was one of the 20 areas to receive funding as part of a rough sleeper's drug and alcohol treatment grant (RSDATG). This was linked to the governments manifesto pledge to eradicate rough sleeping by the end of parliament. Funding was to support work with people who are rough sleeping or at risk of rough sleeping who have substance problems.
- The team currently comprises of a Coordinator, Team Leader, 7 Recovery Workers, 3 Advanced Practitioners, a Peer Support Worker and an Independent Nurse Prescriber.
- The average Rough Sleeper caseload in the city is around 200 active Service Users, comprised of those who are rough sleeping or at risk of homelessness. The average Recovery Worker caseload is 25

## What this means in practical terms FURNING (CALL)

- More Recovery Workers were recruited to work within the team.
- An increase in the availability of street -based support/treatment (Outreach)
- Recovery Workers were assigned to different in reach settings in order to build up familiarity and relationships. The main purpose being to encourage people into treatment and maintain them in treatment.
- Link people to other healthcare services Hep C treatment, fibro scanning for liver problems
- Support people to get into and stay in suitable accommodation
- Quicker access into treatment, including rapid prescribing. Our clinical team have the same approach and work from in reach venues.
- Closer working with partners and programmes that support this cohort, including Changing Futures, Inclusion Healthcare, No 5, LCC, HTH, The Bridge, Action Homeless and LPT.
- We are open for drop ins
- Responsive to on the day support. Can do attitude. Not based on appointments.

## People who rough sleep are more likely to exhibit:



- Impulsivity and difficulty managing emotions .
- Higher rates of physical and mental health issues.
- Higher suicidality and self harm rates.
- Using substances in ways that increase risk to self and others.
- Appearing withdrawn or socially isolated.
- Behaving in ways that trigger rejection or judgment.
- Lacking a structure or daily routine.
- Having not been in employment or education for a long time.
- Being known to Criminal Justice services.
- Disengaging from substance use and housing services .
- Mistrust of authorities (often in the context of previous institutionalisation), or services they deem to be representative of authorities.



# Assertive Outreach

Due to the complexity that many homeless people exhibit services need to be based on assertive outreach. Going to the places where they are appointment-based services and expectations on individuals to travel to services can be a barrier to entering treatment.

Conversely many homeless people do engage with support services including homeless centres and faith-based supportand it is incumbent on Turning Point to reach out to them in those locations rather than expect them to engage with statutory and more mainstream provision.

#### **HEALTH**

- **Harm reduction**. Our aim to reduce health and safety related risks. This is done by educating Service Users. Interventions will include discussions around high-risk situations, overdose awareness, levels of tolerance, relapse prevention and a person's recovery capital. We also have a needle exchange programme.
- We work to facilitate change and take every opportunity to engage with people
- TP's recent response to the local Nitazine's concern
- Naloxone campaign.
- Well-Being Clinics. Hep C treatment, Fibro scanning
- Opiate Substitute Medication. Evidence shows if you are prescribed you are 50% less likely to suffer a fatal overdose.
- Also worth mentioning....by using our expertise we support local partners with consultancy, advice and training. This includes,
  drug and alcohol awareness sessions, overdose awareness sessions which includes vital training on the administering of
  Naloxone.



**Partnership Work** is vital to Turning Points work and particularly the work of the Rough Sleepers Team. Our ability to support and manage the risks of Service Users relies on working with key partners. Some examples;

- Inclusion Healthcare/Shared Care. Service Users prescribed via shared care arrangement and a Recovery Worker based at Charles Berry House
- Recovery Worker seconded to Changing Futures
- Daily outreach with Help the Homeless, Leicester City Council
- Recovery Workers based in other homeless support services
- Sunday Breakfast Club at Dear Albert
- Recovery Workers based in Temporary Accommodation premises



#### Thank You

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