

Turning Point Scotland
North Aberdeenshire Recovery Service

Assertive Outreach Programme

Jack Bonnar



Attempts To Increase Services User Engagement Rates.

In Aberdeenshire we had 60% engagement in our Drug services and 14% engagement of dependant drinkers in our Alcohol services. We needed an extra approach to tackle the high DNA rates. We also had increased waiting time pressures. We wanted to move away from the three strikes and your out policy and move to a more supportive and friendlier outreach approach.

Two years ago, to increase engagement rates with Drug and Alcohol clients in North Aberdeenshire, the local ADP invested in an assertive outreach service, through Turning Point Scotland.

The service is for clients who did not attend appointments or who otherwise dropped out of contact with services. The aim was to increase support to people seeking help.

Consent for Assertive Outreach

For assertive outreach teams to reach out to an individual they must have that individual's consent to do so. The fact that they have initially looked for help, we regarded this as implied consent.

We imply that consent is gained at the first interaction the individual has with a service provider. The fact that they have asked for help is important to us and we will not give up on that person if they don't engage or start to disengage with our services.

Outreach in Aberdeenshire aims to keep people in services by looking at their substance misuse, while considering a range of issues that could also be affecting an individual, for example;

employability, housing, families, health etc.

If it can assist someone to sort out their benefits or housing problems, the person will have more trust in the worker and engage in other services that promote recovery.

In North Aberdeenshire, the majority of substance misuse referrals are channelled through Gateway Clinics based in Banff, Fraserburgh and Peterhead. We cover a population of about 75,000 people.

Between them, these clinics receive 40 referrals a month. At least 10 of these referrals don't turn up and are referred to the assertive outreach programme.

In addition to these Gateway Clinic referrals, the service also receives referrals from partner services .

- Such as Kessock (an NHS substance misuse service)
- CAIR Scotland (a Community Moving On Service).

This is for their clients who did not attend, fail to engage for their services or collect medicine from their pharmacy.

All referrals and existing clients are told if they disengage or do not turn up for a service, they will be referred to the assertive outreach programme who will not give up on their support for them.

The Assertive Outreach Service receives about 25 referrals a month.

Each referral is processed in the following way:

1. Attempt contact via telephone
2. Attempt contact via letter.
3. If no response, a home visit is carried out.

Two home visits are done as a maximum.

Over all the above could generate over 50 home visits a month.



Disadvantages of Assertive Outreach

- It is labour intensive and services need to have capacity to do this.
- Normally requires two staff on each initial visit.
- It has increased mileage costs.
- Clients can be surprised by a visit, especially if they have not been told at the beginning of the referral process that if they disengage or do not turn up, the assertive outreach team will follow them up.



Advantages of Assertive Outreach

- Introduces/re-engages about 40% of clients to services.
- Reduces unplanned discharges from the services.
- It could reduce drug and alcohol related deaths.
- Keeps chaotic clients in treatment
- Prevents revolving door clients
- Provides naloxone training in outreach places
- Builds up a bigger picture of clients living circumstances and lifestyles

Is it the right thing to do?

Taking everything into account, we find the advantages of assertive outreach outweigh the disadvantages. The ADP saw the benefits of investing in this service.

For this reason, it has become a key part of Aberdeenshire ADP's overall ROSC options for the service users that they engage with.

Where do we go from here?

Another chunk of the service we wanted to explore was engaging people not yet known to services. People who are hard to reach.

We had a Law student attached to the ADP looking at the Ethics, Legal and practical issues around assertive outreach in respect of trying to increase all forms of engagement rates.

Increase Waiting Times.

We had to put expansion plans on hold as pressure on statutory services has driven the ADP to re-organise it's statutory and commission services using a Stepped Care Model approach to treatment options.

People Not Known To Services.

However the ADP hope to re-visit it again in the future.

But consideration has to be given, if we start to reach out to people, who are not known to services, are we confident, we are not just creating a service that costs a lot and which may be trying to attract people , who don't think they have a problem, into services.



Jack Bonnar

www.turningpointscotland.com

@turningpointscotland