

# ROAR

## Annual Report 2023/2024



## Contents

Who are we? .....	4
ROAR .....	4
Our Vision and Values .....	5
Our year in Numbers .....	6
Oldham Locality .....	7
Rochdale Locality .....	7
Clinical Expertise and Wellbeing .....	8
Student Nurses .....	8
Hospital Pathways .....	8
Health and Well-being Interventions .....	8
Naloxone .....	9
Depot Buprenorphine (Buvidal) .....	9
Direct referral Pathway to Hepatology .....	10
New referral pathways .....	10
Partnership working .....	10
Trainee GP's .....	11
Synthetic Opiates (NSO's) .....	11
HATSS Team ROAR .....	11
Criminal Justice Team ROAR .....	15
Alcohol, Opiate and Non-Opiate Team .....	15
Focused Care Team .....	17
Opiate Team .....	18
Depot-Buprenorphine pathway .....	18
Independence Pathway .....	18
IPS .....	19
Annual report .....	19

Involvement and Engagement .....	20
Achievements .....	20
Plans over the next 12 months .....	21
Peer mentors and volunteers .....	21
Quality and Governance .....	22
Safeguarding Manager role.....	22
IQuAT .....	22
Learning from 12 months .....	22
Young People and Families .....	23
Family Safeguarding Model .....	23

## Who are we?

Turning Point is a leading social enterprise, providing health and social care services in over 300 locations across England. We aim to inspire and empower those we support to discover new possibility in their lives and improve their health and wellbeing.

## What we do?

### ROAR

We offer support and promote wellbeing and recovery from drug and alcohol related issues through our service hubs located in the Rochdale and Oldham area. We work with over 3,895 service users, delivering a wide range of treatment methods including brief interventions and structured treatment, access to substitute prescribing and detoxification. We tailor packages to meet individual needs offering MOPSI (Models of Psychosocial Interventions) group work, mindfulness interventions, assistance with physical and mental health needs, support and a robust care pathway for those needing specialist dual diagnosis interventions.

We have engaged in local partnerships such as the Combating Drugs Partnership, GMCA, Local Community Safety groups, Safeguarding and network groups to ensure we support our local communities as best we can.

## Our Vision

To constantly find ways to support more people to discover new possibilities in their lives.

The quality of our services means everything to us. The people we work with inspire us and in turn we look for new ways to inspire change. We owe it to the people we work with to grow and shape the future, because we believe in what we do.

## Our Values



We all communicate in an authentic and confident way that blends support and challenge.



We treat each other and those we support as individuals, however difficult and challenging.



We commit to building a strong and financially viable Turning Point together.



We are here to embrace change, even when it is complex and uncomfortable.

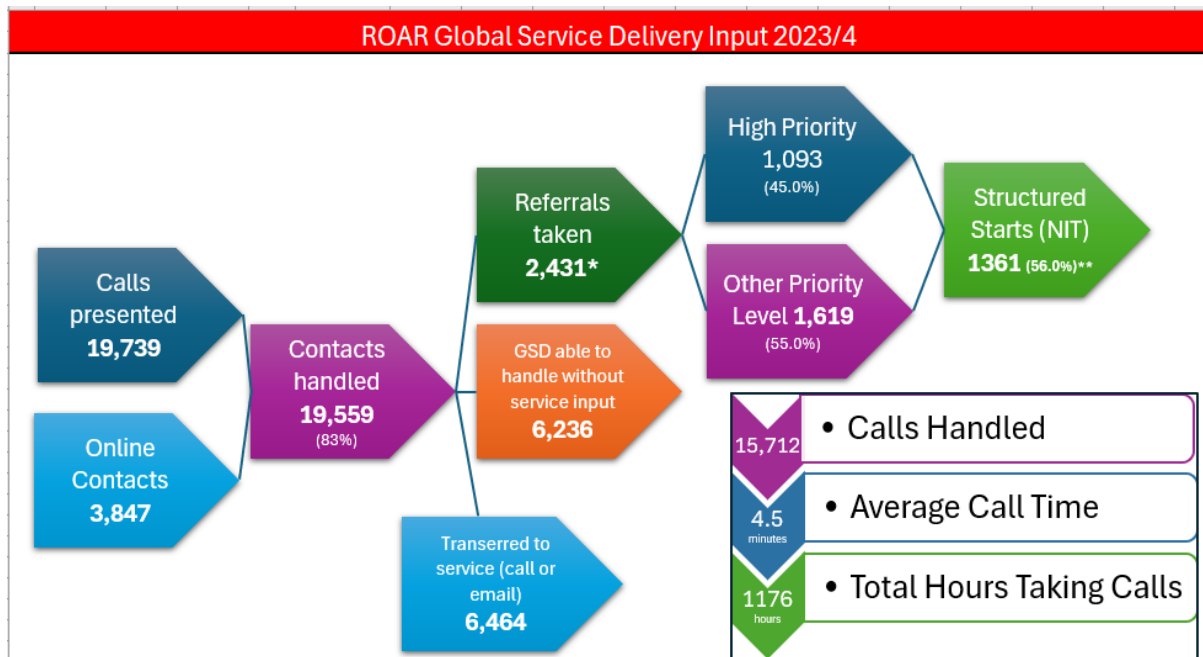
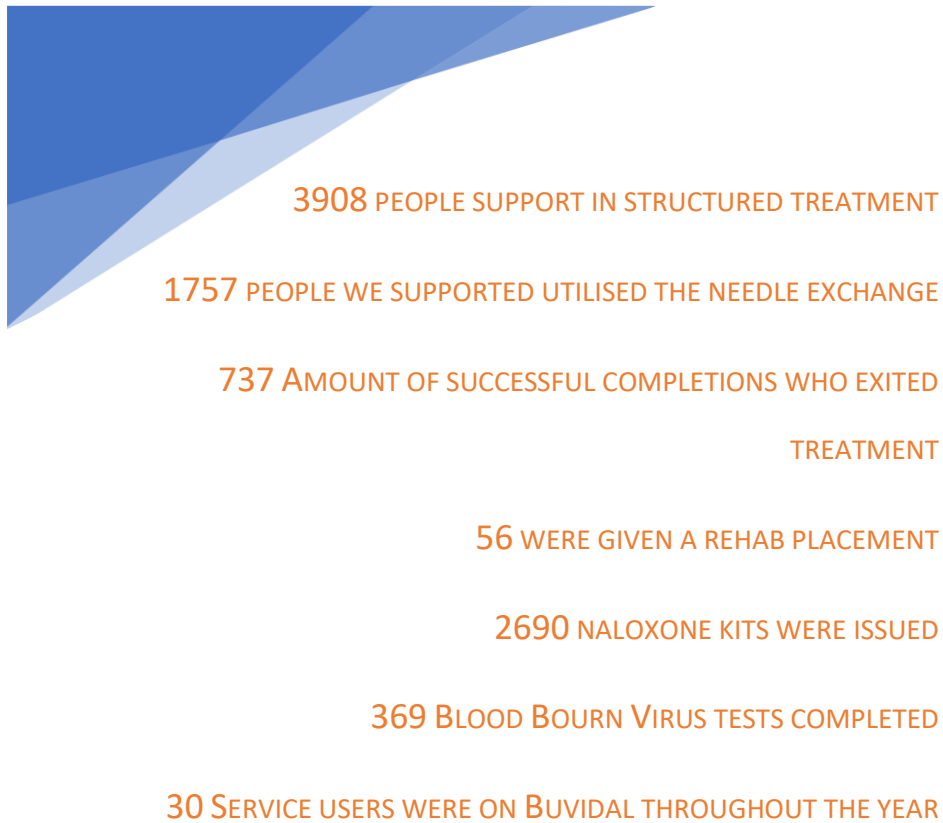


We deliver better outcomes by encouraging ideas and new thinking.



We believe that everyone has the potential to grow, learn, and make choices.

## Our year in Numbers



### Oldham Locality

Oldham has supported 1787 service users in total throughout 23/24, Opiate 774, Non-Opiate 491, Alcohol 522

In December of 2023 we moved into our new building. The building is in a more centralised location and much larger, making us more visible to the residents of Oldham and enabling us to have partner agencies co-located with us under one roof. The interior is more psychologically informed and welcoming for people in treatment and an all-round nicer place to come. We completed service user consultations and really listened to their voices to deliver a safe space.

January 2024 saw our new building and service launch day. Which was attended by many partner agencies, counsellors and OHID representatives. It was an enjoyable day with lots of positive feedback and interest in the service we provide.

### Rochdale Locality

Rochdale has supported 2091 of service users. 842 for opiate, 612 alcohol and 637 for non-opiates.

Rochdale has some community venues these include:

- Once weekly community sessions with an opiate based recovery keyworker in a community centre within the Middleton area.
- Once fortnightly community sessions with an opiate based recovery keyworker in a community centre within the Kirkholt area.

We are looking to re-establish links within the Littleborough area to be based out in the community on a fortnightly basis.

We are continuously looking to support a clients treatment journey within those difficult to reach areas.

Each community venue recovery worker offers time throughout the day to support with new referrals along with signposting, advice information and harm reduction.

## Clinical Expertise and Wellbeing

### Student Nurses

We work closely with Manchester Metropolitan University, having completed an educational audit to ensure our service is of a high standard that can support their educational programme by facilitating practice placements. We can offer placements to both mental health and adult nursing specialities, including those returning to practice.

We also offer 1-2 day spoke placements to a wide variety of health students across different disciplines who want to learn about the field of substance use treatment services.

### Hospital Pathways

We routinely respond to calls from professionals at the hospital asking for advice and support around substance use.

Our Alcohol Pathway has been reviewed to ensure that we are providing the right care at the right time, including the implementation of the Blue Light Approach.

We work closely with the Alcohol Care team within Northern care Alliance to allow speedy referral onto treatment services following discharge from hospital where an alcohol concern has been identified. In addition, we have started a pilot with NCA where they can send clients with an Audit score of 16 and over to us for a Fibro Scan.

We have also agreed a direct referral pathway with the local Hepatology department so we can refer our clients straight through to the hospital where we detect liver damage through routine fibro scanning.

### Health and Well-being Interventions

In line with the review of the Alcohol Pathways we have streamlined our internal health offer, targeting clients with a SADQ of 30+ for pre-detox assessments which encompass a full health and well-being assessment and outline ideal next steps to the client so they can make an informed decision around their treatment pathways.



We have also introduced 'Sit and Wait' clinics for bloods, vaccinations and Fibro scans as we recognised appointments-based clinics were not effective with this client group.

Outreach clinics are now established at venues across both boroughs including Petrus in Rochdale and Street Angels in Oldham. These allow clients to be seen at places they are already attending and maximises the opportunity to provide health interventions at the point of need to clients who often struggle to engage with traditional appointment based clinics at the hub.

### Naloxone

Our service provides opt-out Naloxone interventions, where we offer Naloxone to all service users and their families. Training is provided at the point of entry to treatment, and we take the proactive approach of advising non-opiate users on the use of Naloxone to save other people's lives to encourage uptake. This is particularly important with the increasing risk of synthetic opioids becoming available in the area.

We refresh Naloxone kits regularly and re-offer at every contact. We also deliver Naloxone training to other professionals across the boroughs and now many partner agencies who now carry Naloxone within their service/staff.

### Depot Buprenorphine (Buvidal)

The use of Depot Buprenorphine is now established within ROAR, and we have seen significant success with its use as a treatment option.

We have two distinct pathways:

1. Detox  
This is a 3-month programme and includes regular PSI around motivation to change and relapse prevention. This is particularly useful for clients who have been in treatment services for a long time and have previously attempted community detoxes from methadone or Espranor and struggled in the end stages.
2. Stability  
This is a 3-6 month programme where the aim is to improve engagement through regular attendance and improve stability through providing a stable opiate dose while undertaking intensive work with the ROAR team about

making safe lifestyle changes to improve overall stability. This pathway is particularly suited to our rough-sleeping cohort, and we have seen successful outcomes for some clients where they have progressed to being ready to detox.

### Direct referral Pathway to Hepatology

For those with abnormal Fibro scan/blood results -this has been agreed with commissioners from Northern Care Alliance, and shared with the Primary Care Network, and they are happy to agree in principle. Our clinical lead has met with the service manager of the hepatology team and have a further meeting planned with the Consultant Hepatologist and Clinical Nurse Specialist in Hepatology to finalise this.

### New referral pathways

We have agreed a referral pathway from Northern Care Alliance Alcohol Care Team, directly to Turning Point for Fibro scan alongside treatment for alcohol use, to support earlier identification and treatment for those attending hospital with alcohol related physical health concerns.

Dependence Forming Medication Pathway -pilot sites of 3 GP practices in Oldham and 3 in Rochdale that have been identified as high prescribers of opioids and benzodiazepines – offered referral to PSI programme.

### Partnership working

Working with OHID NW comorbidity group to develop NW liver pathway and working to embed the agreed OHID NW respiratory pathway within the service, both clinically and with recovery workers.

Links developed with Rochdale mental health services, allowing consultant to consultant discussions regarding those with comorbid mental health and substance use issues. Meetings with HMR comorbidity group -dual diagnosis meeting with mental health services, as well as attending Oldham collaborative regarding Living Well project -a service that will take referrals for people with mental health issues that do not reach the threshold for CMHT.

Links made with Palliative Care -Springhill Hospice in Rochdale, and Dr Kershaw's in Oldham. We can discuss directly with Springhill potential referrals, and are hoping to develop this in Oldham as well.

## Trainee GP's

Continue to have GP trainees across the service, as part of the deprivation rotation, feedback is positive, and continues to support contact with practices across Rochdale and Oldham. One of the previous trainees is also looking to provide sessions at the inpatient detox unit at Smithfield. A training post for higher trainees in psychiatry has been developed, supporting the need for higher training in addictions as outlined in the Dame Carol Black review.

## Synthetic Opiates (NSO's)

Due to the recent emergence of Nitazenes and synthetic opiates, the ROAR team has engaged with local partners across the region to ensure that there is a good supply of Naloxone available in the community, to help avoid drug related deaths. ROAR Outreach teams have been to partner agencies to ensure staff have a sufficient supply, as well as service users who engaged our high-risk groups through the HATS team and the CJ team. We have a Stepped approach developed in our response to this public health situation and are ready to act further and use our same day prescribing models if needed to get more people into supervised consumption regimes quicker, if situation escalates

## HATSS Team ROAR

Homeless Addiction Treatment Support Service came from the Rough Sleeping Drug and Alcohol Treatment Grant from local government. This commitment was designed from government to fund local areas to implement evidence-based drug and alcohol treatment and wrap around support for people sleeping rough or at risk of sleeping rough, including those with co-occurring mental health needs.

Since HATSS inception support has been provided to over 672 people across ROAR. It's aim is to reach high complex rough sleeping cohort within Oldham and Rochdale. Support has been provided to these clients under our internal ethos of going the extra mile with each client, never giving up on and to think outside of the box. What we found as a team when we first started this project was that this cohort of clients did not fit into any form of standard pathways available. In house appointments within 9-5 hours at times do not work with this cohort. We were required to develop alternative pathways for this cohort of clients to engage into

treatment. Below are some examples of our innovative and forward-thinking pathways to work with these clients.

- Taking treatment to the client - We are co-located within a range of local support agencies daily to prevent clients needing to attend the office, this is reviewed quarterly.
- Same day prescribing – we offer on the spot prescribing within community bases to support clients entering treatment – this offer has increased the take up and retention rate of those hard to reach getting onto a prescription.
- Same day assessment – we offer on the spot assessment within all locality settings and for anyone walking within the building. All clients are offered a full assessment within 5 working days of referrals.
- Street outreach – the team will routinely complete street sweeps looking for our clients who have either disengaged or clients we routinely find sleeping rough on the street.
- Community based BBV clinics – We offer community based BBV tests for all clients. We will work alongside the nursing team and offer bespoke outreach BBV clinic days in various locations to ensure everyone has fair access to treatment.
- Community wellbeing assessments – Our nursing team will routinely come to community locations, tents, street locations to complete where possible full wellbeing assessments and checks.
- Pharmacy keywork sessions – we work closely with our local pharmacy partners and use their consultation room facilities to engage hard to reach clients in both psychological interventions and medical interventions within these sessions, so clients are not required to engage in hub interventions

- Phones and SIM – we have collaborated closely with the local authorities' digital co-ordinators in order to reduce technology deprivation via seeking and sourcing phones with pre-paid sim cards. We managed to get our clients access to mobiles that come with 6 months pre-paid Vodafone sim cards to aid engagement with our service and other agencies.
- Housing provisions – we have built a great working bond with the local authorities housing department. We refer each client for a housing assessment and have developed a pathway to where our referrals are picked up within 48 hours and vice versa.
- Tier 4 provisions -continued outside the box thinking to tier 4. Many clients do not have the adequate aftercare in place such as housing. We have built links with recovery communities to find suitable aftercare provisions for all clients.
- Community events – we have been attending and representing the service at a range of community events to show case the work we undertake.
- Mental health pathways - historically there has always been a divide between substance use and Mental health services. We have worked directly with the local statutory mental health services, and we now have a direct agreement in place by which we can refer our dual diagnosis clients directly into mental health services for support.
- IPS – we work closely with IPS and have successfully managed to find full time work for a range of clients which in turn has allowed their housing needs to be fulfilled.
- Evening work/soup kitchens – we offer 2 evening sessions per week (1 more than the standard offer). We offer evening in hub and attend the local soup kitchen to work directly with the hardest to reach in a calm and relaxed environment.

- NICE guidelines state that interventions should be incentivised. We have worked with this and have ensured that where possible we have been able to secure vouchers for local food providers such as Greggs to ensure our client have access to hot meals.
- Bupropion uptake – we have collaborated with our prescribing team and have shown great success rates with those who drop in and out of treatment to get onto Bupropion which in turn has allowed them to safely detox from OST.
- Positive outcomes – the team performs at an extremely high rate of positive outcomes with clients regardless of the current economic climate that we work within.
- Winter warm packs – we work with Rochdale fire service over the winter season to provide winter packs – these have hats and scarfs, hot water bottle, blanket. These are provided to help those on the streets stay warm on a temporary basis.
- Summer heat packs – during warm weather we source items such as water and granola bars to provide to clients to ensure that they have access to food and water during extreme weather conditions.
- Bank – we have been enrolled as a partner with HSBC to sign up clients to a full bank account without the need of ID. This breaks down huge barriers around those with no ID being able to access facilities.
- Citizen card – we have successfully applied and provided a range of citizen cards to our clients who has no ID enabling them to carry government approved ID free of cost.
- Birth certificates – we have built a working agreement with the local authority where we are now able to seek free of charge birth certificates for those who are born in Oldham locality.

## Criminal Justice Team ROAR

The CJ team work closely with Probation, Police, Prisons, and all other partner agencies in order to effectively manage offenders who use substances. These substances are often related to their offending history therefore support around reducing or ceasing their use has significant implications for the local community.

- We have a resolute and passionate team of Recovery Workers who strive to support clients in reaching their full potential and the team regularly see offenders successfully completing treatment and moving forward in their recovery.
- We have seen a recent change in the management of this team which has resulted in a full review of all activities and how they are managed within the team. We have dedicated workers who lead on prison releases, Spotlight, and probation. These specialist roles will expand as we successfully recruit to current vacancies within the team. Continuity of Care for those individuals being released from prison is high on the team's agenda and we are currently looking at ways to improve performance in this area.
- In Oldham we have PSI groups being delivered at Cromwell court and there is a presence at the Woman's Centre.
- Commenced In – Reach Clinic at HMP Styal to support females being released back in the community.
- We have strengthened Pathways into rehab straight from custody.
- Started to increase Prison Releases assessments being completing Video Link appointments for Prisoners in out of area Prisons.

## Alcohol, Opiate and Non-Opiate Team.

ROAR'S new alcohol pathways have positively impacted with our service users and have seen increased positive outcomes and engagement. ROAR have seen a significant increase of alcohol only, alcohol & non opiate, and non-opiate referrals from numerous sources in the community which have increased conversion rates into assessments being completed, in turn this has significantly improved client accessibility into treatment. This increase has had a positive impact for our numbers in treat The specific alcohol pathways supported by our PSI workshops have particularly seen a reduction in alcohol harms and the clinical offer of completing

bloods and fibro scans have been on increased demand to further reduce harm and identify early detection of alcohol related liver problems for individual clients we serve.

Clients not wishing to enter structured treatment for alcohol have been successfully provided interventions on Rochdale's alcohol harm reduction pathway. This in turn has provided further opportunities for discussion to provide structured treatment, clients can then make an informed decision if they wish to enter service on specific alcohol treatment pathways. This can further reduce alcohol harms that are prevalent. This intervention works as part of our alcohol harm reduction strategy.

Our internal alcohol MDT's lead by Substance misuse nurse and alcohol team leader has positively supported recovery workers to bring clients for discussion. This in turn has provided opportunities for the team to support each other to effectively manage client's treatment plans and risk management. Our MDT's have had particular focus on managing clients who may have been in treatment for some time and how we can best provide services. Within the MDT's IPS employment support service and Groundwork have positively impacted on assisting clients to enter education, training, and employment this has helped to build on client's recovery capital. The team is also supported by our mental health care assistant, and we have links in with our mental health and substance misuse specialist practitioner.

In addition, our tier 4 lead has positively impacted with our alcohol clients in service. Our lead links in with alcohol workers to support on client's pathways to enter inpatient detox and access to rehabilitation placement for our service users.

Rochdale service have consistently hit service targets for alcohol only, alcohol & non opiate, and non-opiate only positives over the last year, which was highlighted to where we were asked by OHID to do a prestaton as to why they were successful. Oldham had not always hit the targets and was identified as a challenged partnership, however due to a lot of hard work, across the workforce and team, Oldham is now back on track and is hitting its current targets.



## Focused Care Team.

In April 2023 we started to implement our focused care team. The Focus Care Team have a diverse caseload of clients who present to the service with specific areas of unmet need which the team support them with by working to engage them with other services who can support these needs.

- Sometimes our diverse client group have a range of complex wants and needs that need to be addressed in addition to their substance misuse.
- Our aim is to *pro-actively* work alongside partner agencies to ensure that ALL of our clients are treated with dignity, respect and empathy; whilst acknowledging that some individuals struggle to address their relationship with their drug of choice due to other unmet needs.
- We incorporate specialist services such as GP, Housing, MH services, Adult Social Care and charitable organisations into our client's journey to advocate their needs and support them in all aspects of their care.
- We aspire to care for these people by not only keeping them as safe from harm as possible and guiding them on their personal recovery journey but also providing an all-round 'body of care' supported by other professionals empowering them to address any aspect of their life in which they have identified they require additional support.

We accept that as a support agency we don't have the knowledge, skill set or resources to support all the different areas of our clients' lives. We aim to work closely with various other agencies, these include (but are not limited too):

- Adult Social Care
- Community Mental Health Team (CMHT)
- Greater Manchester Police
- Housing providers
- GP Practices
- Hospitals
- Changing Futures
- Charitable organisations such as Petrus

Working with our partners may simply mean staying in regular contact and ensuring that we are advocating (with permission) on our client's behalf or may also involve a more structured approach.

## Opiate Team

This year the opiate team has set up the below pathway.

### Depot-Buprenorphine pathway

Allocated depot- buprenorphine recovery keyworker

Pre Depot-Buprenorphine information session ran weekly on a Monday.

X4 structured Pre Depot-Buprenorphine one to one psychosocial interventions.

Depot Buprenorphine detox group x 12 sessions

Depot-Buprenorphine relapse prevention group

### Independence Pathway

Pre IDP sessions devised to support eligibility and risk mitigation.

Pre IDP contact sessions with clients to ensure they are aware of support and criteria and requirements of the IDP

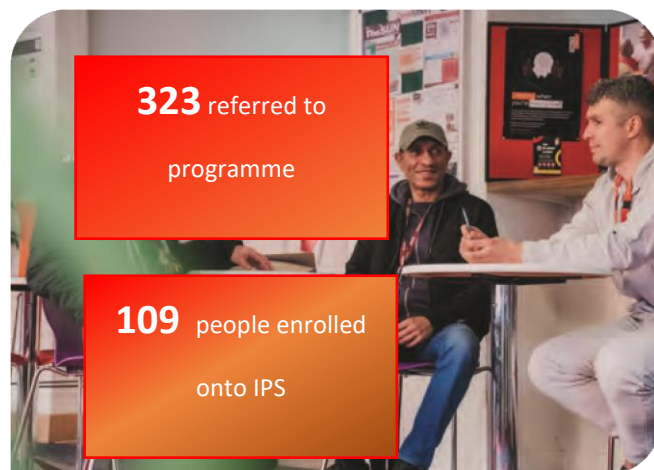
Ongoing assessment of suitability for IDP

## IPS

Individual Placement and Support (IPS), for Turning Point service users in recovery in Oldham and Rochdale respectively. Providing person centred advice and guidance for clients to support them to secure and sustain appropriate employment. Responsible for building positive relationships with local employers, to source suitable vacancies and enable clients to move into and sustain employment.

Working as part of a community drug and alcohol treatment service, maintaining positive and integrated relationships, fostering a holistic approach to recovery through employment. Engaging with a range of stakeholders including service managers, clinical teams, user groups, training and employment schemes, DWP, local employers, and partner agencies (e.g. mental health, criminal justice, housing and homelessness).

**'IPS is around twice as effective in achieving a job outcome as any other stepped "train and place" model'**



Annual report



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## Involvement and Engagement

### **PSI 2023 – 2024**

Attendance over the past 12 months.

3359 total contacts for PSI workshops across both services in the past 12 months.

1447 Oldham

1442 Rochdale

### Achievements

Motivational interview training, Motivational Enhancement Therapy, Routine enquiry training and PSI programme interventions training have been facilitated across ROAR over the past 12 months.

Group supervision across ROAR has been re-established and is facilitated by the Group Lead every 6 weeks. Attendance has increased since more Recovery Workers have been trained and are facilitating.

HATTS Oldham have rolled out Introduction to Change for their clients. This is a Motivational Interviewing based intervention.

Reflective practice has been established over the past 12 months at both sites.

ROAR PSI Lead has commenced an apprenticeship in the past 12 months to qualify as a Clinical Associate Psychologist. Increase in service time has enabled them to increase psychological therapies for service users. Staff can internally refer for input.

Links between Talking Therapies in Rochdale has been established over the past 12 months and meet quarterly. Improving links and experiences for clients from both services.

The PSI team established offering those who are abstinent upon entering treatment a good quality relapse prevention offer.

PSI team have supported the recovery offer in the absence of the recovery team and manager.

PSI Lead has facilitated training on de-briefing staff following a service user death to the Team Leader's across the service. Increasing staff support and supporting ROAR's staff wellbeing agenda.

PSI Lead has made links with the Rochdale suicide prevention partnership group and attends on a rota with Team Leader Rochdale, Mental Health Nurse, Clinical Lead. Sharing updates and developments across the service.

### Plans over the next 12 months

Roll out of mental health-based interventions directed at those clients who experience anxiety and depression.

Phase 2 will be an additional mood management module will be added to the core PSI programme.

PSI team to continue to offer regular PSI training, supervision, reflective practice and coaching on facilitation of PSI's.

Expansion and development of reflective practice in the service. Waiting on national TP training once an agreed model and approach has been finalised.

PSI Lead supporting the training leads with facilitating MET, MI, routine enquiry, self-harm and suicide prevention.

PSI Lead and TL from Rochdale to continue to establish the service suicide prevention focus group.

Service evaluation on the experiences of women in treatment to be completed. This is part of PSI Leads course requirements and hopefully part 1 of an ongoing piece of work. Aim is to establish their experiences and identify any barriers women experience. Any areas service development areas identified will be shared across the service.

Recruitment of a new PSI Recovery Worker to be completed.

### Peer mentors and volunteers

Turning Point have dedicated and committed peer mentor and volunteers who help clients in service and provide support from peers who have lived experience of addiction this massively encourages clients in service and helps break down some barriers experienced from our clients at times who may feel marginalized in society.

## Quality and Governance

This year we have revised our meeting structure to make it more effective, saving time and ensuring that all key information or concerns are escalated or cascaded appropriately. We continue to deliver key meetings to support our services which include:

- Clinical Governance
- Service development
- Performance and Numbers In Treatment
- Mortality & Morbidity
- Complex Case Reviews

Having adapted the above to ensure all areas are captured, for example, we hold a complex case review weekly on an alternate basis covering the needs of alcohol one week and drugs the next.

### Safeguarding Manager role

Due to demand across both services, and the increase in complexities of service users we have decided to split the quality manager/safeguarding role into 2 so we have an extra Safeguarding Manager role. (funded via OHID underspend) This will help with governance across the service and be a central point of contact for all safeguarding concerns. The successful candidate will also be responsible for developing pathways for the most at risk groups of clients, and embed training and workshops with the staff team, to upskill their knowledge.

### IQuAT

Continuing to monitor internal quality and evidence areas for lessons learnt and to highlight good practice, although next year we will be seeing a new approach to IQuAT which will mirror the new CQC approach.

### Learning from 12 months

A learning event has taken place across the service with a review of the key service learning points that have been taken from the last 12 months. This was a 2 hour session which comprised of 10 sessions of 10 mins micro learning which reviews the details and why they have been implemented. This 2 hour session has been repeated over 3 week to allow all staff to attend. There will be additional session planned for those who

could and all information slides will be cascaded across the service. The 10 sections covered are as follows:

1. Numbers in Treatment
3. Suicide prevention update
4. Capacity and key point for documentation
5. Lessons from Deaths- Professional curiosity
6. Making reasonable adjustments for mental health/physical health concerns
7. Liaison with GP's
8. Utilising case note templates and using interventions
8. Staff wellbeing and feedback
9. Prescription errors when issuing and new PX pathways
10. Risk assessment quality and carrying key risk factor through journey

## Young People and Families

Through the OHID grant and a partnership approach we were able to link up with Early Break and provide a Family approach to support Families, and Transitional workers to help those young adults with clinical need access appropriate support.

### Family Safeguarding Model

The new Rochdale family safeguarding model has been implemented in Rochdale. The launch commenced on the 20<sup>th</sup> May and different sections of the service are being implemented slowly to minimise the impact of change on staff and clients. We are now working within an MDT of social workers, domestic abuse workers, family workers, social workers and recovery workers. The recovery offer is being met by Turning Point and Early break who are joint working across the district. Work has been completed to align the Turning Point workers in area that would require more clients to have a treatment offer. There have also been work streams to discuss the allocation process for cases among the MDT. The official launch for the service has had to be delayed due to the Town being required to be used for election purposes. There are 2 Family recovery workers employed by Turning Point, who already hold a case load of parents who are using substances. These cases are being reviewed and transitioned where appropriate to a workbook within the family safeguarding model. There is a subcontract in place with Early Break for another family worker and another additional 2 worker who are employed by Early Break.

