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INTRODUCTION

Today, we are facing social problems of giant proportions. There are millions of people who have been pushed to the very fringes of society, falling through the cracks in support services that are there to help them.

Turning Point works with some of the most vulnerable people in society. We came to life 40 years ago with a single project working with street drinkers in Camberwell. Yet we now run support services in around 200 locations across England and Wales, helping 100,000 people each year. Today our services include but are not limited to:

- Supported housing for people with mental health problems, with a learning disability and with both
- Drug and alcohol services including advice and education for young people, rehabilitation services, counselling, outreach work, and support services for friends and family members
- Outreach services for people with mental health problems including emergency helplines, support for carers and support for people living independently in their own homes
- Education and employment programmes such as the Government-backed Progress2work scheme
- Support services across these areas in prisons and working with probation and youth offender services

Like many people reaching 40, we have taken stock of what has been achieved over the last four decades and started planning what we need to do next. This document captures that – including a brief history of Turning Point and an outline of today's social problems with our vision for how they can be overcome.

Because this document covers such a large span of time and equally large issues, it is important not to lose sight of what we are really talking about here. Turning Point's story and our work is about people. Both our history and our future are about one thing and one thing only – turning lives around.

I hope you find the publication useful. If you like what you read, we'd like to hear from you - check out the 'How you can get involved' section.

Lionel Joyce
Chair of Trustees

40 YEARS OF TURNING LIVES AROUND



Helping Hand (now Turning Point) opens first alcohol project in Camberwell. Set up by our founder Barry Richards, this was the first attempt to help 'alcoholics' by using a professional, residential programme of 'therapy'.

We begin to expand our services, opening Hartley House in west London, a residential service for problem drinkers in the post treatment phase of recovery.

We expand the Camberwell alcohol project, opening a flatlet scheme for residents who require further support.

We start to provide drugs services, opening Suffolk House in Uxbridge - an early therapeutic community for drug users.

We open The Hungerford in London, our first 'street scene project'. Initially a harm reduction service operating from under the Hungerford Bridge. We later begin offering day centre facilities and street based work with drug users in Soho.



We take our first step out of London and open Richards House, an alcohol service in Manchester.

Our first complex needs service for young people, Link, opens in west London.

It's our 10th anniversary.
We have 10 services: 7 alcohol and 3 drug services.

A busy year for us. We begin to grow in the North West, opening the Chester project, a residential house for 12 ex patients of the alcohol addiction unit. We also open our first non residential alcohol facility: the Bedford Centre provides advice and day care for problem drinkers and their families.

Helping Hand becomes a Housing Association, enabling us to provide broader services and leading to even more rapid expansion.

Our ROMA Project (Rehabilitation of Metropolitan Addicts) is the first residential rehab for drug users in receipt of prescriptions.

We open our first group of homes, Ascot House in Oldham.

We open Drugline in Birmingham, our first telephone helpline providing advice and information. A network of these helplines is then developed across the West Midlands.

1964-1965-1966-1967-1968-1969-1970-1971-1972-1973-1974-1975-1976-1977-1978-1979-1980-1981-1982-1983

Homeless charity Shelter is founded.

Martin Luther King is shot in Memphis, Tennessee

Mental health charity Mind is established. Chronically Sick and Disabled Persons Act gave more prominence to disability rights.

A big year for policy. ACDM (Advisory Council on the Misuse of Drugs) is established. The Misuse of Drugs Act classifies drugs into three different classes (A, B & C).

White Paper on mental health published recommending better services for 'the mentally ill'.

NHS Act provided a strategic basis for local authority mental health and learning disability day services.

Major changes are starting to be made to the concept of 'community care', meaning more services are provided for people in their own homes and cut backs on institutional provision.

New Mental Health Act receives Royal Assent and provides safeguards for people in hospital.

Drink-drive limit introduced.

Second Brain report is published, recommending that only licensed doctors be allowed to prescribe heroin and cocaine to 'addicts'.

Mick Jagger and Keith Richards of The Rolling Stones appear before magistrates charged with drug offences. The Beatles release Sergeant Pepper's Lonely Hearts Club Band.

Addaction (formerly the Association for Prevention of Addiction) founded.

There are 58,850 people with a learning disability (adults and children) in NHS hospitals or units.
First man on the moon.



White Paper on learning disability heralds a shift from institutional to community services and the new Education Act acknowledges that people with a learning disability have the same right to education as anyone else.

National Schizophrenia Fellowship founded, (renamed Rethink in 2002).

'One Flew over the Cuckoo's Nest' is in the cinemas. A groundbreaking film exploring issues relating to mental health.

Sex Pistols' bass player Sid Vicious dies of a heroin overdose.

Margaret Thatcher is elected Conservative Prime Minister.



Brixton riots.

HIV & AIDS charity Terrence Higgins Trust is established.

Unemployment figures in the UK reach 3 million.

It's our 20th anniversary. We now run 21 substance misuse services: 16 alcohol and five drugs services. Helping Hand is renamed Turning Point



Princess Diana becomes our patron.

Turning Point begins providing mental health services, opening a forensic mental health project in the Midlands and Edward House in Oldham for people with severe mental health problems.

ROMA begins admitting residents with 'AIDS Related Complex' and AIDS.

We begin our silver jubilee year with lots of fundraising activity including a film premiere for 'When Harry met Sally' to raise money for Turning Point.

Barry Richards, Turning Point's founder, dies.

We open The Griffin Project in west London, our first continuing care unit for drug users affected by HIV.

In May we also open our first learning disability service in Wiltshire.



Turning Point Smithfield Project, the first alcohol (now also drugs) detox centre of its kind opens in the North.

It's our 30th anniversary. We now run 35 substance misuse services including three specialist HIV & drugs services, six mental health services and two learning disability group homes. We also run one employment assistance programme.

We open one of the first assertive outreach projects for people with mental health problems and dual diagnosis in Cambridge.

We open our first prison-based drug project inside HMP Pentonville and also expand our work in learning disability, opening a series of new homes in Hertfordshire.

We set up our first mental health crisis services in Hastings and Manchester.

Turning Point Scotland becomes a separate sister organisation.



ACAPS, a major substance misuse service in south London, joins Turning Point. This year marks our move into Wales where we open our first DTTO project. We develop six new drug arrest referral contracts in London. We open HELCIS in east London, the only crack crisis service in the UK.

We become the biggest provider of the new progress2work employment schemes, opening 12 countrywide services. We open a new forensic learning disability service in Durham.

We use our experience to raise awareness of key issues through our new policy function. We launch campaigns around alcohol, young people's services and the need to move remaining people with a learning disability out of long stay hospitals.

It's our 40th anniversary. We now run a wide range of social care services from around 200 different locations across England and Wales across the spectrum of substance misuse, learning disability and mental health, young people and complex needs services.

1984-1985-1986-1987-1988-1989-1990-1991-1992-1993-1994-1995-1996-1997-1998-1999-2000-2001-2002-2003-2004

Alcohol Concern is set up.
UK Miners' Strike begins.

Mental health charity SANE is established.
UK's first official needle exchange scheme set up.
Disabled Person's Act improves access to services for disabled people.



Birth of the Acid House club and dance culture.

The Government launches their AIDS awareness campaign 'don't die of ignorance'.
First national gathering of mental health service users from around the UK is set up by Survivors Speak Out.

Following the Griffiths' report the NHS and Community Care Act (which takes force in 1993) gave a new set of responsibilities for community care including the right to an individual assessment of needs for community services.

Fall of the Berlin wall.
Thatcher steps up her war on drugs with the 'Just say no' campaign.

There are still 21,000 people with a learning disability living in long stay hospitals. A Department of Health circular on planning services for people with a learning disability provides impetus to start moving people on from long stay hospitals.

CPA (Care Programme Approach) introduced to support people with mental health problems.

Leah Betts dies after taking ecstasy. In the same year the National Drug Strategy 'Tackling drugs together' is established.
Disability and Discrimination Act provides civil rights legislation for people with disabilities.

'Trainspotting' – the British film featuring heroin use is released.
Community Care and Direct Payment Act giving people more choice and control over their services.

Princess Diana dies in Paris crash.
Tony Blair is elected Labour Prime Minister.

The Government reaffirms its commitment to closing old 'mental handicap' hospitals with the publication of 'Signposts to Success'.
DTTOs (Drug Treatment and Testing Orders) were introduced as a new community sentence under the Crime and Disorder Act.

National Framework for Mental Health is published, setting out national standards for mental health services. This year NICE, the National Institute for Clinical Excellence, is set up.

There are still 1,570 NHS long stay places and the Valuing People White Paper is published – the most important government paper in 30 years focusing on people with a learning disability.
NTA (National Treatment Agency) is set up.

A draft Mental Health Bill is published and the National Institute for Mental Health in England is launched.
The Drug Strategy is also updated.

There are still around 750 people with a learning disability in long stay hospitals.

Another big year for policy with the reclassification of cannabis, the Government's long awaited Alcohol Strategy and the Bennet report, urging the NHS to combat institutional racism.

THE SITUATION TODAY

COMPLEX NEEDS

Imagine trying to get your car fixed after it breaks down and finding that you have to take it to a different garage to fix each part. One to change the brake cables, another to fix the windscreen, a third to change the tyres and so on. Even worse, each garage is in a different area and none of them share information so you have to repeatedly explain the problem and fill out separate forms at each visit. It sounds bizarre but people with serious health or personal problems frequently suffer similar experiences when trying to get help.

People whose needs do not fit neatly into a certain category can be bounced around the system having to explain their problems again and again. Services are often designed to focus on just one specific issue rather than looking at someone's whole needs.

It may be quite straightforward for someone with depression to get medication from their doctor for example. But that person might also need counselling, have just lost their job, be facing eviction because of rent arrears and have started drinking heavily. Faced with all of these problems it should not be surprising if they can't fight their way through the system to get help.

People are complex with equally complex problems. Half of the people getting help for alcohol problems with Turning Point also said they had a mental health problem. And 36 per cent of our residents with a learning disability also have a mental health problem.

FACTS AND FIGURES: COMPLEX NEEDS

- In the UK it is estimated that half of people in drug or alcohol services also have a mental health problem
- Around one third of patients in mental health services also have a drug or alcohol problem
- 40 per cent of young people with learning disabilities have significant mental health needs
- 81 per cent of homeless people questioned have drug or alcohol problems
- Mental health problems are up to eight times more common amongst homeless people than the general population

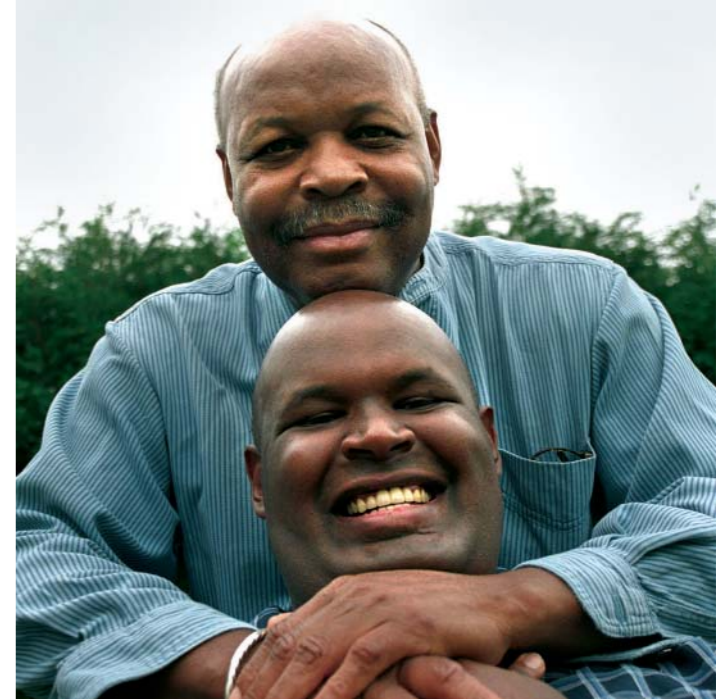


SOCIAL CARE

Turning Point is a social care charity. This means working with whole people not single problems. It means going beyond their most obvious physical or personal problem and drawing together whatever further support is needed in their lives – including housing, education and employment. The need for social care to plug the gaps between services is enormous. It shows in the lives of residents in the 88 most deprived areas, the 85,000 homeless people, the 3.8 million children still living in poverty, the 250,000 most problematic drug users or the 20,000 people with a learning disability left without even basic daytime support. These, and many like them, are the lives that Turning Point works to turn around, working wherever and however we are most needed. Social care also means making sure services reflect the needs of the communities they work in. Providing suitable services according to the age, culture and other characteristics of the people they are targeting.

FACTS AND FIGURES: NUMBERS AND COSTS

- There are 250,000 problem drug users in England and Wales (responsible for 99 per cent of the £17.4 billion costs of drug misuse each year)
- There are approximately 3.8 million problematic drinkers in England and Wales
- Alcohol costs the UK an estimated £20 billion each year
- Severe mental health problems affect one in 200 people each year, though as many as one in six of us will be affected by depression during our lifetime
- Mental health problems are estimated as costing the country some £77 billion per year
- There are 1.5 million people with a learning disability in England and Wales
- There are around 85,000 single homeless people in hostels, squats and temporary accommodation
- There are 74,700 prisoners in England and Wales, one third of whom have a severe alcohol dependency and two thirds of whom have mental health problems



POVERTY AND REGENERATION

No matter how complex an individual's or community's needs, poverty and deprivation often run as a seam throughout, generally worsening and binding together the other problems.

Long-term poverty, especially when it stretches across generations of the same families or communities is hugely destructive. Over time, those able to do so, move out, the others sink can further into their problems and further from the services to support them.

FACTS AND FIGURES: POVERTY, DEPRIVATION AND COMMUNITIES

- Compared to the rest of the country the 88 most deprived areas have twice as many people dependent on means tested benefits, a 30 per cent higher mortality rate and three times more child poverty
- People living in the 25 most deprived areas of England and Wales are over three times more likely to be a victim of violence than those in the 25 least deprived areas
- Reports of anti-social behaviour are two and a half times more common in low-income areas as in affluent areas
- The ten most under-funded health trusts in England cover some of the poorest areas of the country with above-average levels of ill health
- Children in poor households are three times more likely to have mental ill health than others
- Turning Point works in 37 of the 88 most deprived areas in the country

As services fail, areas become social care deserts where there is little support, and more damagingly, little hope or expectation that things will improve. Communities become isolated, labelled as 'problem neighbourhoods' and their problems become more and more entrenched.

Regeneration programmes have started to address this. However, as with services for individuals, they tend to tackle elements in isolation, fixing one problem while others grow worse. Attention is often focused on the physical neighbourhood rather than the members of that community.

This is particularly true amongst black and ethnic minority communities, who face a frequent lack of suitable services. Seventy per cent of all ethnic minority residents in England live in deprived areas. And shockingly, there are now more young black men in prison than at university.

Through social care we need to start regenerating individuals not just the physical neighbourhood; fixing shattered lives at the same time as shattered windows. This means involving residents in developing and running services to help themselves. It means putting the right partnership of agencies in place, alongside the community to make the necessary changes. Most importantly, it means that the project is driven by the needs of the community itself.

Much work has been done by the Government's Social Exclusion Unit, Neighbourhood Renewal Unit, and through other initiatives, but such an approach needs to spread throughout central and local Government and across the other agencies involved in regeneration programmes.

YOUNG PEOPLE

Nowhere is the case for effective social care more pressing than around young people. Currently, in the worst cases, we are shaping the next generation of problem drug users, rough sleepers and a large chunk of the future prison population.

For example, we know that those young people living in care, particularly if not properly supported when leaving have little chance in life – with up to one in three prisoners and one in three rough sleepers having been in local authority care as a child. Yet large gaps still remain between support services.

Equally, the 300,000 children of drug using parents and the two million children of problematic drinkers are likely to experience their own problems with drink or drugs in later life. Again, there are shockingly few services for such at risk young people, despite government research showing that each young person at risk successfully helped saves society £56,000.

FACTS AND FIGURES: YOUNG PEOPLE

- 3.8 million children are living in homes below the poverty threshold
- Up to 300,000 children in England and Wales have one or both parents with serious drug problems and parental alcohol problems affect around two million children in the UK
- There are nearly 60,000 children in local authority care
- In 2003, almost half (48 per cent) of children in care left school without any qualifications. Just one per cent of children in care go on to university
- Almost one in three rough sleepers, one in three prisoners and up to 70 per cent of sex workers have been in local authority care as children
- There are almost 11,000 young people in prisons in England and Wales
- Up to 20 per cent of young people involved in criminal activity are thought to have some form of psychiatric disorder



THE BUSINESS CASE FOR SOCIAL CARE

Social care is something that affects everyone either directly or through our friends, family and community. Only by providing effective and accessible social care, available to everyone at the point that they need it, can we really tackle society's most serious problems.

This is as much an economic argument as a moral one – social care saves money. The NHS has, for a long time, recognised that a small number of patients who have long-term illnesses and multiple problems cause a high proportion of its costs. It is now developing specialist services to help people before they get to this point. In social care the economic choice is equally clear. Either we can invest in support services and building healthy, vibrant communities for everyone or we can spend far more on picking up the pieces further down the line.

Continuing to provide fragmented services that focus on just one individual need is incredibly costly – to the individual, to their community and to the taxpayer. Turning Point estimates that gaps between services and the failure to support the full range of people's needs is costing society £7.83 billion per year*.

And unless we get support services right, unless we stop waiting for people to hit crisis point before picking up the pieces, unless we start reaching those in the greatest need, this may become just a drop in the ocean.



FACTS AND FIGURES: THE BUSINESS CASE FOR ACTION

- Every pound spent on drug treatment saves three pounds in the costs associated with substance misuse
- In the US, every dollar spent on working with young people in poverty saved seven dollars on the costs of poverty in later life
- Every young person at risk of problematic drug use successfully helped saves society £56,000

*This figure is based on a proportion of the costs of homelessness, reoffending and those costs associated with substance misuse and mental health.

SOME SOLUTIONS FOR THE FUTURE

There are signs that a social care approach is starting to gather momentum within government and amongst organisations like Turning Point, but far more is needed.

PLANNING

Many of the changes involve planning. There are a bewildering number of different agencies providing services and a maze of different places to go for help.

Service commissioners and other planners should be given the time, funding, training and support they need to really map out the needs of people in their area and develop effective social care services to help them.

Those planning services often feel hampered by the different budgets and sources of money they have to deal with. Merging some of these budgets and pooling money would make their job far easier and help focus resources on people's whole range of needs.

The people and communities relying on social care services should also have a central role in planning and running them. This is important to make sure services are really meeting the specific needs of local people and reaching the groups they're targeted at.

Finally, to avoid gaps in services or even duplication, planning should stretch across a whole region as well as across individual communities.

The agencies working with people directly should work more closely together, sharing information, referrals and ways of working so that people can move between them without having to repeat their problems or fill out more paperwork.

This may also mean broadening the skills within the service itself or bringing agencies together to provide people with easy access to whatever help they need. In addition to their own specialist roles, workers need to be able to spot wider problems and guide people to the right help.



THREE BIG IDEAS

- 1 Turning Point wants to pioneer **Connected Care Centres** in the middle of every deprived estate in the country. These would provide all of the support services a community needs under one roof, literally taking social care to those who require it most. They would combine health, mental health, disability and substance misuse services with support and advice around benefits, education, housing and employment. Someone walking through the door would enter a web of support that held them while they addressed the various problems they were tackling. Drawing on a variety of ideas and proven services both in the UK and abroad, the centre would become the heart of the community with people living there having a key role in determining how they developed and how they are run.
- 2 Given the particular damage that drug and alcohol problems do to so many lives and communities, and the current delays in getting treatment (with delays of up to 18 months for dependent drinkers) Turning Point wants to see a **national detox chain** – a network of rapid-access residential treatment centres across the country. Based in each major city with a need, they would allow local residents to enter treatment at the point they most required it and were ready for help. Based on Turning Point's Smithfield service in Manchester they would, in partnership with local health authorities, ensure rapid, effective treatment and lead to dramatic reductions in the harm caused to local communities through drug and alcohol misuse.
- 3 Turning Point would like to see the development of a **Voluntary Finance Initiative (VFI)** to allow not for profit organisations to play a fuller role in providing social care services. Currently, contracts are often short-term and charities are forced to spend a large amount of their time working on contracts and securing funding. This is time that could be better spent on delivering the services that are needed. VFI would ensure longer-term and more standardised contracts that voluntary agencies could borrow against to invest in capital or other development

costs of the service. The crucial difference between VFI and the existing Private Finance Initiative (PFI) is that all of the money raised would stay within the running of social care services rather than generating profits for a private company.

One area where this could be particularly beneficial to the health service is 'out of area placements'. Local authorities without enough specialist services, for example mental health support, are forced to fund patients to access services out of their area. This is costing the NHS huge amounts of money each year. VFI would allow agencies to borrow money to develop services in that area leading to long-term savings and allowing patients to stay close to their homes, families and carers.

These are the ideas that could have the biggest impact on the lives that Turning Point works with over the next five years and we will be working alongside Government, local communities and other social care agencies to make them a reality.

But there is also a great deal that individuals can do to help. See the "How you can get involved" section at the end of this booklet for further information.

PARTNERSHIPS

If social care services are to reach all of the groups that they need to, planners will have to depend on an effective mix of agencies. A mixture of NHS services, local government agencies, voluntary and independent organisations will provide the building blocks, cemented together by clear working agreements, effective sharing of information and a focus on the people they are trying to help.

Up until this point, the growing role of the charity sector has happened very much by chance (charities currently deliver 40 per cent of social care services). Organisations have grown to fill gaps in state-run services and to support those who have been let down by the system. However, this can't continue. Charities need to work more closely with the other agencies delivering social care. They also need to be involved from the start in planning and providing services for the people they work with.

This requires fundamental changes to the way voluntary organisations are treated, changes that present a double-edged sword in many ways. On the one hand, charities cannot expect handouts simply because they work for good or needy causes. In the same way as private companies are judged by their financial results, charities must show clear evidence of the benefits they provide to the individuals and communities they work with.

In return, the professionalism and expertise of not for profit agencies should be recognised both in the way they are funded and in the influence they have on the development of projects and social policy. Just as voluntary agencies should not expect handouts on the basis that their work is 'worthy', service commissioners should not expect them to run services at a loss because they are 'charities'.

Based on these principles the charity sector should be treated as one element in providing effective social care to every member of society, even those hardest to reach.

CONCLUSION

What is certain is that as a society we cannot continue to fail the millions of individuals and thousands of communities who need a genuine social care service now.

To do so is to push another generation to the fringes of society. It is to store up a whole raft of social problems further down the line and it is to waste billions of pounds of taxpayers' money while doing it.

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HOW YOU CAN GET INVOLVED

DONATE

To donate to Turning Point or find out more about supporting your local Turning Point project, contact a member of the fundraising team on 020 7553 5250.

PARTNERSHIPS WITH TURNING POINT

For service commissioners, local health authorities and other agencies wanting to work with Turning Point in their area, contact the new business team on 0161 228 0557.

NATIONAL CAMPAIGNING

To get more information on our policy, campaigning and parliamentary work, contact the policy or public affairs teams on 020 7702 2300.

CAREERS WITH TURNING POINT

For information about working or volunteering for Turning Point including current vacancies, visit www.turning-point.co.uk

We turn lives around every day, by putting the individual at the heart of what we do. Inspired by those we work with, together we help people build a better life.

Turning Point is the UK's leading social care organisation. We provide services for people with complex needs, including those affected by drug and alcohol misuse, mental health problems and those with a learning disability.

For more information please contact:
Turning Point, New Loom House,
101 Backchurch Lane, London, E1 1LU
T +44 (0)20 7702 2300 F +44 (0)20 7702 1456
info@turning-point.co.uk www.turning-point.co.uk