



## Step Together - referral criteria

## 1. Description of the Step Together Service

Second Step, in partnership with ARA, are delivering a new multiple and complex needs support service across Somerset called Step Together. Our aim is to enable and empower clients with complex needs to achieve successful, healthy, independent lives in the community where they live.

Our service will work with the most complex clients in Somerset who can often find themselves repeatedly accessing services but never managing to sustain positive change.

Through tailored recovery-focused support interventions, and by working collaboratively with partners and clients, we hope to overcome the barriers people face in achieving long-lasting positive change. We will work collaboratively with agencies identifying the gaps in provision; not duplicating existing services or support.

The new service will navigate and coordinate support around the individual to enable them to connect to local community resources and opportunities such as employment and housing. We work with a psychologically informed approach, taking a holistic view to recovery where individuals lead fulfilling lives with improved resilience and wellbeing.

We are focused on delivering lasting positive change in Somerset over the next 5 years. As we go we will learn, share, experiment and try new ideas together that unlock the barriers and maximise success for people with complex needs.

# 2. Key principles underpinning our approach to referrals

 We want to find ways to accept people with complex needs safely into the service. Working to the principle of need to high.

- Working collaboratively and creatively with our partners to address risk and safety concerns
- Promoting equality through fair and equal access
- Avoiding duplication with other services clarity about the specific role of the service
- Flexibility as needs change offering an open door if clients need to reengage
- Transparency about decisions

## 3. Step Together is for people in Somerset who:

- Are over 18 years old and
- Have difficulty obtaining or sustaining accommodation and/or people in housing crisis who are at risk of homelessness or are currently homeless

And clients will normally have at least two of the following are areas of need:

#### 3.1 Mental Health:

- Mild to more severe across whole spectrum
- Diagnosed and undiagnosed, including personality disorder presentations, people displaying symptoms such as self-neglect.

#### 3.2 Substance Misuse:

• Ongoing or significant historic problematic use of substances and/or alcohol.

## 3.3 Offending:

• Includes current behaviours, significant historic behaviour and /or risk of reoffending.

### 3.4 Behavioural issues

• For example: Anti Social Behaviour order or warnings, causing nuisance to other tenants, exploiting others.

### **Individuals will also** likely to have:

- **Significant debt or money management issues:** Where this is affecting their mental health and/or ability to sustain stable housing.
- Entrenched and/or cyclical experiences: People who may have had contact with a variety of services but due to the complexity of their situation and needs, their issues remain problematic. People who experience repeat patterns of accessing different services but who never manage to sustain positive change – sometimes described as 'revolving doors'.

• Barriers to engaging with services: People who face significant blocks and barriers to accessing support and/or who are unable to engage effectively with the services that are currently available to them, or for whom the current services are not appropriate.

# 3.7. Fluctuating needs

The service recognises that individuals' needs are likely to fluctuate and will respond flexibly to these, e.g. by increasing the frequency of contact, face to face visits etc.