

# Health and Wellbeing Board

## Multiple and Complex Needs

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## Introduction

There is growing awareness that populations experiencing homelessness, substance misuse, poor mental health and offending behaviours overlap considerably.<sup>1</sup> These vulnerable individuals often fall through the gaps in policy and service provision leading to an inter-generational cycle of disadvantage. Individuals are often seen as a succession of separate “issues” by service providers working in silos as part of an uncoordinated approach. Often these individuals are themselves children of parents with complex needs and whose own children are likely to be in the same circumstances. Addressing this group is as much about them as individuals as it is about breaking the cycle of disadvantage. This group are at the “bottom of the pile” when it comes to socio-economic advantage. Their outcomes are poor and their effects on society are large. Through extensive research, consultation with experts by experience and service analysis in Birmingham<sup>2</sup> the following shortcomings in services have been identified. Addressing these gaps is essential to effect systems change and to ensure that individuals with Multiple and Complex Needs achieve their aspirations and make their own vision of a ‘fulfilling life’ a reality.

- **Silo-working must be broken down** – services must be seamless and integrated.
- **Sometimes help comes too late to prevent crisis** – there must be better and earlier identification and diagnosis of complex needs so that an integrated, holistic service response is triggered sooner.
- **Clients ‘fall out’ of the system** – better tracking and monitoring of progress and outcomes is needed.
- **Information isn’t ‘pooled’ or used intelligently** – information needs to be shared between providers so that service users are not repeatedly required to “tell their story”.
- **Support needs to be improved in order to improve outcomes** – support needs to be more intensive and more ‘guided’.
- **Services need to be improved so that complex ‘navigation’ of the system is no longer necessary** – better signposting and referral pathways and mechanisms are needed.
- **Greater service user involvement is vital** – service users must be at the forefront of service design and system change.
- **This work is challenging and demanding** – partners too will need support and encouragement in this challenging work.

### The Scale of Multiple and Complex Needs

A nationwide mapping exercise undertaken by Lankelly Chase<sup>3</sup> looked at individuals affected by Multiple and Complex Needs. *Hard Edges* defined these individuals as experiencing two or more of homelessness, substance misuse and offending behaviour simultaneously.

The report indicates that Birmingham falls in the top 20 local authorities with the highest incidence of individuals with multiple and complex needs, at two to three times the national average.

<b>Dependencies (requiring contact with relevant agencies)</b>	<b>Estimated total for Birmingham and Solihull*</b>
Two of homelessness, offending and substance misuse	6,700
All three of homelessness, offending and substance misuse	2,000
All three as well as mental health problems	1,000

\*Rounded to nearest 100

### National Demographic

The individuals affected are predominantly white males, aged 25–44, with long-term histories of economic and social marginalisation and in most cases, childhood trauma of various kinds.<sup>4</sup> The findings support ongoing work into Adverse Childhood Experiences (ACEs), that it is within childhood trauma, family relationships and poor educational experience that we find the most important early origins of Multiple and Complex Needs.

### Associated Costs

There are significant social costs associated with Multiple and Complex Needs, not least the potentially negative impacts on the children of individuals experiencing multiple disadvantage.

The *Hard Edges*<sup>3</sup> report estimates that each individual with Multiple and Complex Needs has an average total public expenditure of £19,000 (of which £6,020 is benefits) per annum. This is four to five times the benchmark cost of £4,600 for an

average individual. It also confirms the strong relationship to “Adverse Childhood Experiences” and the inter-generational impact.

Extrapolated across Birmingham and Solihull, the report indicates an expenditure of over £127 million per annum for people with at least two of homelessness, offending and substance misuse. There is a high overlap between people in this cohort and those who are unemployed; it is estimated that just 6% of those with the three disadvantages of homelessness, offending and substance misuse are currently employed (60% are unemployed).

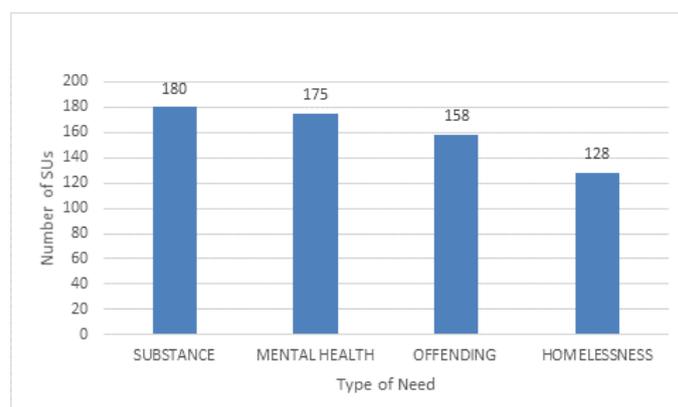
### Summary of local data

Data provided by Birmingham Changing Futures Together suggests there is a higher level of Multiple and Complex Needs in Birmingham than original anticipated.

It was estimated that 156 of the most entrenched individuals (with three or more of homelessness, problematic substance misuse, reoffending and mental ill health) would receive support from Birmingham Changing Futures Together (Multiple and Complex Needs partnership supported by the Big Lottery Fund) between December 2014 and June 2019. This figure was exceeded in the first 2 years, working with 255 to date.

The below data is based on 191 individuals worked with up until December 2016.

### Multiple Needs



- 98% of clients faced Substance Misuse issues.
- 95% of clients faced Mental Health issues.
- 86% of clients faced Offending issues
- 70% of clients faced Homelessness issues.

Despite the above percentages, current service users perceive housing to be by far the priority issue.<sup>5</sup> Comments mainly concern: perceived ineligibility for social housing, few options for permanent accommodation, difficulty in using computer-based application systems, the stress attached to being in temporary and hostel accommodation alongside people engaged in antisocial behaviours, particularly after detox or at a vulnerable point in life.

**“It’s rubbish. As a single male, I get no help. (Provider) have said that there’s no hostels or bedsits or anything for me, as I need help with my mental health needs.”**

The most positive interventions made by key workers are: navigating IT based systems, budgeting and resolving benefit issues affecting rent, and accessing appropriate health care including access to GPs which is highlighted as a particular issue<sup>5</sup>.

Suitability of treatment is also a problem and many end up in A&E by default. Individuals want professionals to understand more about the interaction between mental health and addictions in particular, and to see this reflected in treatment packages. They thought there was little point in treating mental health in isolation.<sup>5</sup>

Having a criminal record is preventing individuals with Multiple and Complex Needs getting into work. When asked, they saw having to disclose their record to a potential employer as deeply hostile to their chances of getting a job. Interviewees did not seem familiar with the Rehabilitation of Offenders Act, even those with fairly minor sentences.

**“If they help you get on a course or into training or whatever, you’d have something to do with the day, and you’d be less likely to offend”.**

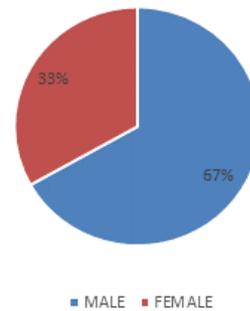
**“All I need is help with drugs and jobs. There’s loads of work out there but the problem to me is my criminal past. I’m not a lazy arse. I’m qualified to work on the railways. They need to loosen up the law on rehabilitation to help people like me get back into jobs”.**

Interviewees faced multiple barriers in the labour and training markets. These included: unaddressed

personal and behavioural issues, severe and chronic health problems, substance misuse and dependency, lack of stability (especially in accommodation), lack of appropriate role models, low educational achievement, lack of information and low self-confidence. They thought that providers could help them better by working together. When ready to enter the labour market, they needed help when declaring a criminal record.

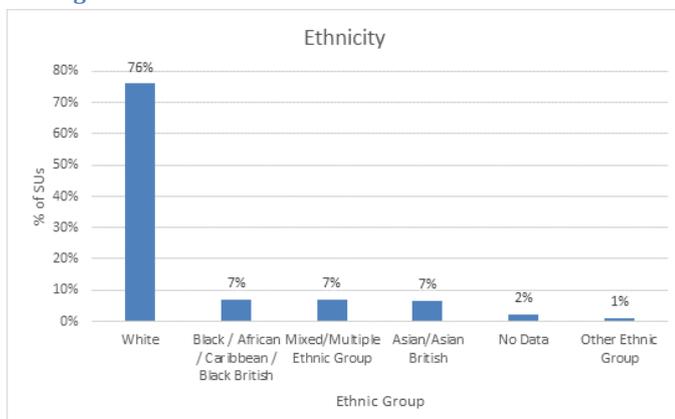
**Demographic**

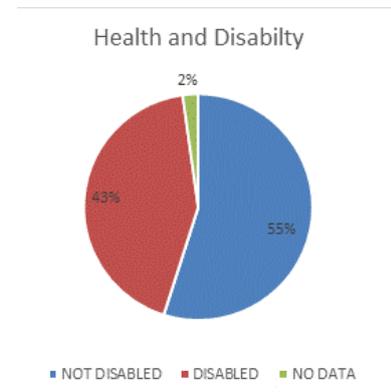
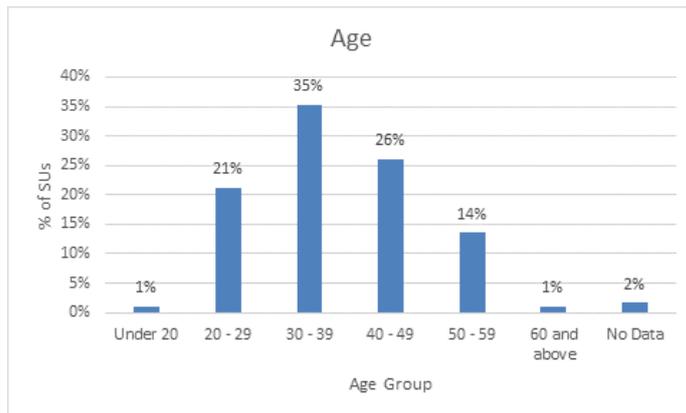
Women experience Multiple and Complex Needs differently to men and are more likely to have experienced extensive abuse and violence. This can leave women feeling that it is not “safe” to access mainstream services. Women may also “play-down” the level of need or disengage from services due to the fear of having children removed from their care.



Specialist women’s services are generally better placed to meet the needs of women, yet more than a quarter of all specialist support for women facing Multiple and Complex Needs is for pregnant women or those with a young baby (this is often the only time that they are visible). There are only a tiny number of services specifically for BME women.<sup>6</sup>

**Ethnic Breakdown of Individuals in the Changing Futures Programme**





## Peer Mentors and Employment

The journey to employment for individuals with Multiple and Complex Needs can be a long one. There are several necessary prerequisites to allow individuals to take this next step.

- a) supporting individuals to stabilise their chaotic behaviour
- b) building resilience through positive, supportive relationships, preparation for employment, volunteering opportunities and developing leisure interests that aid recovery and rehabilitation
- c) promoting systems change so that organisations can successfully employ and retain individuals, minimising risk and drawing upon good practice and experience
- d) reducing system complexity, simplifying services and making them personal

People with lived experience of Multiple and Complex Needs are now being employed as Peer Mentors. This is evidence of how service user involvement is effecting systems change and an example of how the experience and expertise of service users is being captured and used to inform the design and delivery of services for the better.

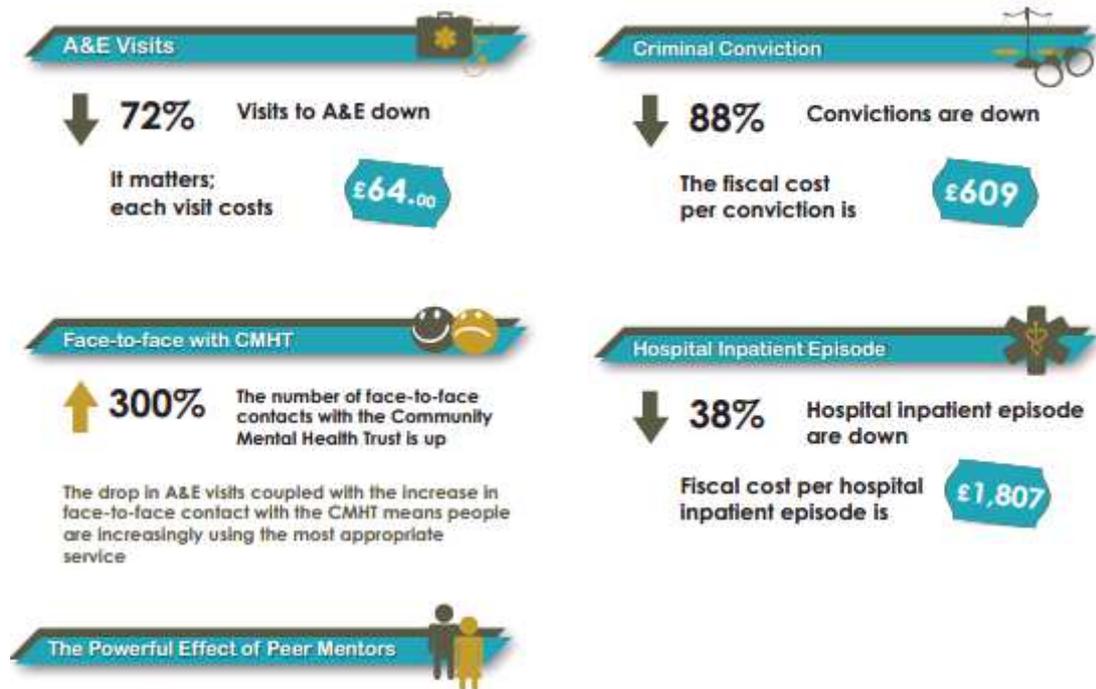
The impact on professionals who are now working alongside Peer Mentors has been significant as have been the changes to working practices, recruitment policies and procedures as a result.

The different skill sets brought to bear by those with lived experience and the existing professionals are well matched such that people learn from each other in the workplace:<sup>7</sup>

*“...the moment you have a more diverse workforce you have people bringing different skills to share within that team. The impact working with PMs has had on other professionals includes a greater understanding of the client group and an awareness of what their needs are on a changing basis and what approach is needed at any given juncture.”*

Employment is a key factor in sustaining individuals in recovery and creating meaningful, long-term, paid positions is essential in order to do this. Much success has been seen in the health and social care field, with evidence supporting better outcomes for service users and the individuals who are now in paid employment.

### The Impact of Peer Mentors on Early Stabilisation Indicators



Peer Mentors and professionals working together consistently produce better results than professionals working alone



The Impact can be seen in the wellbeing of people with multiple and complex needs:

Homelessness Outcome Star Assessment

**58%** Improvement between the first and most recent assessment

New Directions Team Assessment

**50%** Improvement between the first and most recent assessments, indicating more structure and less chaos in their lives.

## Conclusion

Those with Multiple Complex Needs have disproportionately adverse outcomes which are often related to their own ACEs. Their own children are likely to suffer multiple ACEs and fall into this group in the future. The “Changing Futures” programme has shown that some simple interventions of the system can help by offering those supporting features which many take for granted like a chance of employment and stable housing. The system can help by simplifying its “offer” and involving them in service change. Additionally large organisations have influence through the “Social Value Act” (Birmingham Business Charter) to influence how others engage with this small group of people.

## Recommendations

Agree that the Health and Wellbeing Board:

- Identifies individuals with Multiple Complex Needs as a priority group due to their disproportionately poor outcomes and effect on future generations
- Supports the work of Changing Futures
- Engages partner organisations to simplify their offer, support appropriate work placements especially through the STP process
- Works with housing partners in terms of stable accommodation
- Adopts targets from the Changing Futures programme in the interim

In addition the Board is invited to “walk the Frontline with Birmingham Changing Futures” and experience life at first hand for this group and use the experience and learning to challenge policy, partner organisations etc. and promote systems change within their position of influence

## **References**

1. *Fitzpatrick et al 2011*
2. *Birmingham Changing Futures Together Business Plan 2014*
3. *Lankelly Chase Foundation. Hard Edges: Mapping Severe and Multiple Disadvantage.*
4. *Fitzpatrick et al 2013*
5. *Birmingham Changing Futures Together Annual Report November 2017*
6. *AVA and Agenda. Mapping The Maze: Services for women experiencing multiple disadvantage in England and Wales*
7. *A Review of the Impact of Birmingham Changing Futures Together on systems Change: ABIC Ltd, May 2017*