

# FULLING LIVES

Newcastle & Gateshead

## Year One Evaluation Report: Understanding Multiple Complex Needs in Newcastle and Gateshead

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**CHANGING  
LIVES**

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## **1. Introduction**

### **1.1 About this report**

At this stage in the Fulfilling Lives programme it is important that we establish a baseline of what we know about the multiple complex needs client group and the system they interact with. This report aims to provide more information in answer to the following questions:

1. Who are the multiple complex needs client group?
2. What is the multiple complex needs system?

From this process of identifying emerging themes from this initial evidence it is anticipated that this report will be used as a touchstone to initiate and stimulate discussion for system changers looking to improve outcomes for those with multiple complex needs through the planning, commissioning or delivery of services.

This report forms part of a much larger body of evidence that will be produced from the Fulfilling Lives programme; both locally and nationally. Evidence across all twelve Fulfilling Lives programmes is being analysed and reported on by CFE Research and QA Research. Their evidence is produced independent of the individual projects and will look at common trends and evidence at the national level. At a local level separate evidence reports will be produced for the individual pilots and specific aspects of the Fulfilling Lives programme assessing impact and, where appropriate, cost effectiveness. Further economic analysis is being undertaken in partnership with Resolving Chaos, lead partner of the Lambeth, Lewisham and Southwark Fulfilling Lives programme. This will be examining whether there are archetypal client groups within multiple complex needs and looking at the consequential cost implications. Ongoing research and evidence building will be taking place throughout the programmes lifetime as themes emerge, both through operational activity and through consultation with service users.

### **1.2 About Fulfilling Lives Newcastle Gateshead**

#### **What is Fulfilling Lives Newcastle Gateshead?**

The Fulfilling Lives Programme is seeking to help people with complex needs to better manage their lives, by ensuring that services are more tailored and better connected to each other. The focus of the programme is on those people who often spiral around the system(s), are excluded from the support they need and experience a combination of at least three of the following four problems; homelessness; re-offending; problematic substance misuse and mental ill health.

Our goal is to improve and better coordinate services to support people across Newcastle and Gateshead living with multiple and complex needs – to see people for the potential they have, rather than for their problems.

The longevity of the programme and level of funding allows real opportunity to make a serious impact upon the lives of people with complex needs living in and between Newcastle and

Gateshead. This means that beyond supporting the individual, one of the main aims of Fulfilling Lives is to learn through the programme, and through that learning evoke a change to the system that will allow us all to work more effectively for people with multiple and complex needs.

Fundamental to this learning is the engagement of service users in the delivery of the programme and finding ways of improvement from a service user perspective.

### **How it works**

We offer a combination of Service Navigators to tackle individual need and System Brokers who address systems blockages. The System Brokers identify where the current system may prevent service users from transforming their lives and then work with the Service Navigators to evidence the real issues facing our client group.

We have established Experts by Experience, Operational and Strategic reference groups. These groups are committed to understanding and changing the way services respond, are commissioned and are delivered, based on evidence of the real issues.

### **Our vision**

Our hope is that as the system changes it will become better coordinated and easier to navigate for people with complex needs. The result will be a diminishing demand for Service Navigators and less cost to society. By removing barriers and blockages to support then the help required to negotiate a complex system will lessen, and this will enable our programme to focus on the provision of a sustainable peer support network reaching those that are the 'hardest to reach'.

## **1.3 Context**

The situation affecting both the support offered and the system surrounding multiple complex needs does not exist in isolation, both in how it interconnects with wider health and social care policies and budget and geographically in Newcastle and Gateshead. Consideration needs to be given to the wider political context and how that may impact on provision and causing a block to change at a local level.

Austerity measures issued by central government have massive implications on all sectors involved with supporting multiple complex needs. In times of restricted and reduced funding and a constant awareness of financial implication, increasing support for the multiple complex needs community is not an easy endeavour. Services, both statutory and voluntary sector, are being stretched to provide delivery of support in an unprecedented manner.

Attempting system change within this context will be a challenge but is in no way impossible.

Equally awareness needs to be given to the differences between Newcastle and Gateshead in terms of their local economies, geography and infrastructure. Whilst this programme looks to join working up between the two Local Authorities, and other partners, and whilst some services work across the boundaries, others are deeply constrained by their geographical

limits. The idea of a “one size fits all” model may not always be appropriate or may require give and/or take.

Fulfilling Lives in Newcastle and Gateshead exists as one of twelve Big Lottery funded programmes working with multiple complex needs across England. The Making Every Adult Matter (MEAM) coalition is running a number of multiple complex needs programmes. Lankelly Chase and NPC have both recently produced literature around the multiple complex needs client group and system change for that community. This is a client group for whom a greater awareness is being pushed at a national level. Research and evidence beyond this programme will be forthcoming and we should be aware of how this programme relates to other ongoing work and how we can both be influenced, and influence this activity.

## 2. Understanding the Client Group

### 2.1 About this section

The purpose of this section is to help understand who we are talking about when we refer to people with multiple complex needs, what are the issues they are presenting with and are we seeing any trends that suggest archetypal client groups.

This section uses the data from the first year of the Fulfilling Lives programme. The statistical analysis was conducted using data from 130 clients who are, or who have been, engaged with the Newcastle and Gateshead Fulfilling Lives programme.

### 2.2 Why is it important to understand this client group?

The idea of multiple complex needs is not new within the world of health and social care. However, as Rankin and Regan highlighted, a lack of tangible definition of what multiple complex needs means has an impact on care provided: “there is uncertainty about the term” (Rankin and Regan, 2004). This uncertainty is a problem as it presents a barrier in providing both support and solutions in supporting those with multiple complex needs.

The Lankelly Chase Foundation’s “Hard Edges” report was the first attempt to provide a statistical profile to the multiple complex needs client group. This study concluded that “People affected...are predominantly white men, aged 25-44, with long term histories of economic and social marginalisation”. They also highlighted other defining factors such as childhood trauma, low levels of educational attainment and early interaction with the criminal justice system.

This report was an important step in helping to understand this client group. However as the report itself states, it is not without imperfections; women are suspected to be underrepresented as they may be more likely to appear in other datasets than the ones used for the study; the report also does not use mental health as a criterion for defining severe and multiple disadvantage.

Our findings do interplay with those found by the Hard Edges report, supported by the MEAM coalition (“Individuals with multiple needs: the case for a national focus”) and the year one evaluation of the aggregated data from all Fulfilling Lives programmes (CFE –“Fulfilling Lives: Supporting people with multiple needs”). However there are also differences within our cohort that will be highlighted and explored further in the following sections.

### 2.3 Support Needs

#### Definition of Multiple Complex Needs

For the purpose of this programme the Big Lottery Fund have defined multiple complex needs as someone having two or more of homelessness, mental health problems, substance or alcohol misuse problems and history of offending. Further definition is also given as to what is meant by homeless in the context of all the Fulfilling Lives projects:

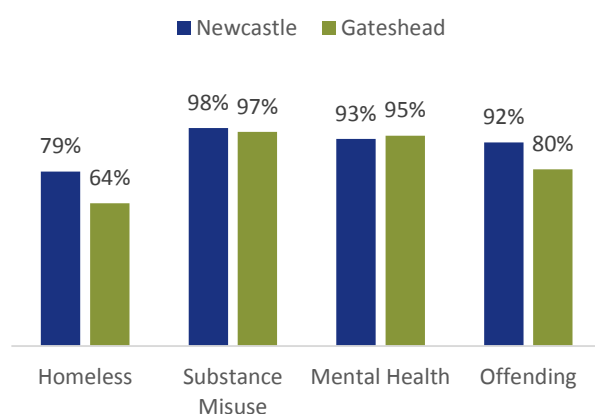
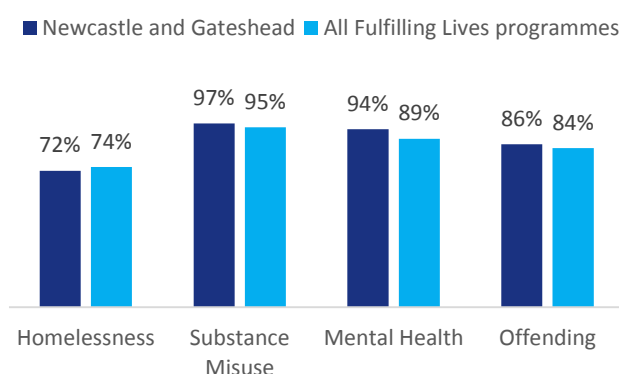
*“Homeless includes those who are statutorily homeless, sleep rough, single homeless people living in hostels, shelters or temporary supported accommodation, and hidden homeless households including those living in overcrowded conditions or temporarily sharing with family and friends.”*

As Lankelly Chase Foundation state, these four categories are “strongly resonant” with service providers’ definition of multiple complex needs and that there is “broad consensus [that]... identified this set of experiences as the crucial set of (negative) interactions in their lives.” (Bramley, G. et al 2015). However it is also important to maintain awareness that these are not the only problems that build up the complexity of someone with multiple complex needs; at its broadest definition multiple complex needs can be considered as “interconnected needs that span medical and social issues” (Rankin and Regan 2004). Whilst the focus of support from this project is around the four main domains, the wider issues and support needs that individuals may have are not forgotten and form an integral part of holistic support offered. This section looks to examine further what some of these additional support needs are and over the lifetime of the project how they can help develop our understanding of how to best help those with multiple complex needs.

## Presenting Needs

At the point of referral into the programme 60% of our clients present with all four needs, and 31% with three out of the four needs. The remaining 9% presented with two needs. The breakdown of presenting needs shows that our cohort broadly correlates with the profile being seen across the other Fulfilling Lives programmes.

62% of those presenting with three needs present with the combination of substance misuse problems, mental health issues and repeat offending. Of those presenting with all four needs 72% are male and 28% are female (this is explored further in the Gender and Age section below). When looking at the breakdown by Local Authority it should be highlighted that there is an even split with



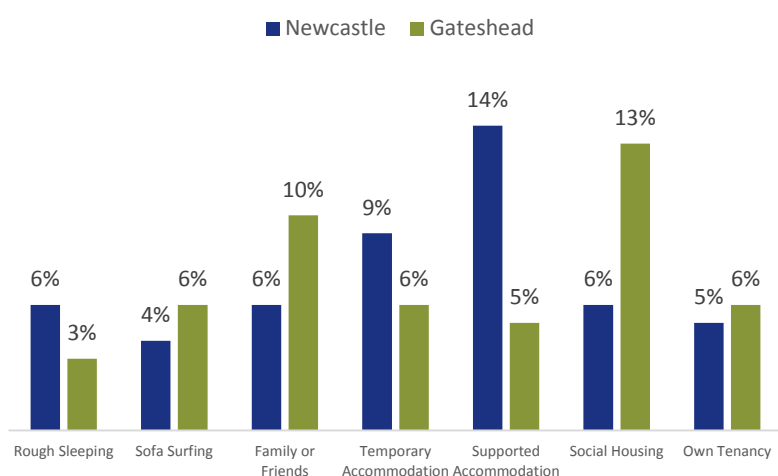
exactly 50% from Newcastle and 50% from Gateshead. From the Fulfilling Lives caseload there is a higher prevalence of individuals with four needs in Newcastle than in Gateshead with 34% of all clients have four needs and are from Newcastle, and 25% have four needs and are from Gateshead. This is driven primarily by the proportion of Newcastle based clients who are housed in supported accommodation, which is explored

further in the housing section of this report. The full breakdown of support needs between the two areas shows a more even split between Newcastle and Gateshead.

## Housing

The breakdown of specific housing situations initially shows a not unexpected picture. 83% of those who were homeless at point of engagement with the programme have all four needs; whilst only 6% of those with three needs are street homeless or sofa surfing. This is a strong indicator that those who are at the most extreme end of secure housing are most at risk of being in crisis and struggling with multiple problems.

Of those housed in temporary accommodation 89% present as having all four needs. As with street homelessness and sofa surfing this indicates that the environment that these



properties present is perpetuating the problems around multiple complex needs and is not necessarily providing conducive and supportive surroundings for this client group. This is a particularly pertinent thought when looking at the housing situation of the clients when split between Newcastle and Gateshead.

Whilst Newcastle shows a greater percentage of rough sleepers this isn't unexpected as the larger size, geography and affluence of Newcastle city centre is more likely to attract rough sleepers. Conversely the more spread out and rural geography of Gateshead suggests that rough sleepers may be both less attracted to the city centre and less visible in more rural areas. What is quite notable is the differences between the numbers of individuals housed in temporary and supported accommodation in Newcastle and Social Housing in Gateshead. One explanation for this is that there is significantly higher number of bed spaces in temporary and supported accommodations in Newcastle than in Gateshead and therefore there is greater option for this type of housing. Additionally being housed in supported accommodation should not necessarily be seen as a negative given the importance of the care provided and needed by these services. However an overreliance on these services



**3 in 10 individuals with all four needs are street homeless or sofa surfing**

may be masking a lack of progression into independent accommodation. Certainly given that



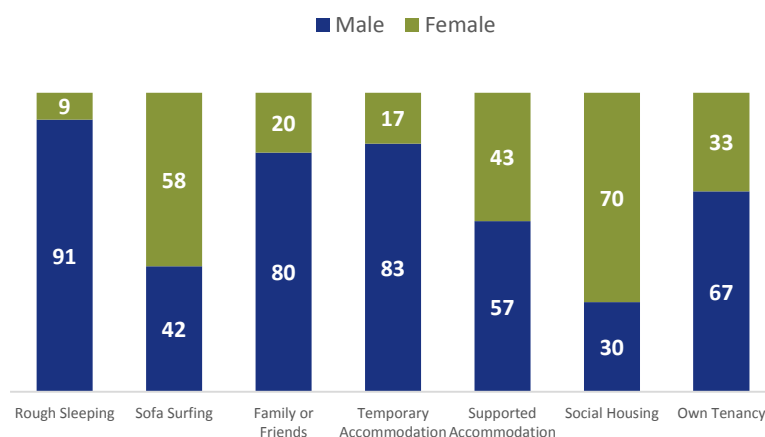
89% of those housed in temporary accommodation have all four needs there is a strong suggestion that having 9% and 6% of individuals housed in temporary accommodation respectively is not a helpful situation.

Of interest is the proportion of individuals who are reliant on family or friends for accommodation. This is occurring in both Local Authorities although with a higher prevalence in Gateshead. This raises concerns around the stress that this is putting on clients' social support networks who may be acting as informal carers but who may also be unintentionally hiding clients from accessing the support they need. Reliance on family and friends is not a long term solution to housing issues and there are questions around what assistance, if any, exists for those family and friends who are supporting individuals with multiple complex needs.

There is a comparatively large difference between the numbers housed in social housing in Newcastle against in Gateshead. In part this could be explained by the higher number of temporary and supported accommodation units in Newcastle which may alleviate the need to house individuals in supported accommodation. However it does warrant further investigation as to why so few of this cohort have access to social housing in Newcastle.

### Housing and Gender

When housing situation is broken down by gender some significant patterns start to emerge. Most striking is the dominance of men in the rough sleeper category, although this corresponds with the anecdotal understanding that men are more likely to find themselves sleeping on the streets. That more women are sofa surfing again adds substance to the idea that women are more likely to be able to find a bed for the night although the safety for the women of these arrangements is not clear.



Particularly of note is the difference between the proportion of men and women in both temporary accommodation and social housing and the question should be asked as to whether there is a connection between the two. It should be noted that, as demonstrated by the number rough sleeping, men are more likely to be in need of temporary accommodation and there are more male temporary bed spaces which may indicate a supply and demand cycle which could explain the disparity in male and female usage of temporary accommodation with the multiple complex needs client group. However the social housing percentages give a worrying indication that males with multiple complex needs are not being supported by Local Authority housing provision. Given how highly vulnerable this group present as, regardless of

gender, this should be highlighted and investigated further to assess whether there is a gap in service provision for men with multiple complex needs.

As discussed in the System Mapping exercises there is reservation around temporary accommodation from both male and female service users as being places where they are open to abuse and where it is very difficult to maintain recovery. There is evidence here indicating importance of secure, stable and safe housing to this client group.

## Offending

86% of the Fulfilling Lives cohort are reported as having offending behaviour and/or engagement with the criminal justice system. This is more common amongst the male clients, with 90% of male service users having offending behaviour, against 77% of females.



Northumbria Probation services, both the National Probation Service (NPS) and Northumbria Community Rehabilitation Company (CRC), contribute the highest number of referrals into the Fulfilling Lives programme, with 16% of all accepted referrals coming from either NPS or the CRC. CRC contribute the highest proportion of clients – 12% of accepted referrals - the highest of any single referrer.

Over half of clients presenting with a pattern of offending behaviour present with all four needs, with 54% of the cohort presenting as such. The next most common combination of needs is offending behaviour in combination with substance misuse problems and mental health needs, with 39% presenting with these three needs. 57% of those with offending behaviour were also homeless at point of engagement with Fulfilling Lives.

100% of those presenting with offending behaviour also have either substance misuse or alcohol problems, or mental health needs. This is significant as it is a higher proportion than the already high percentage across the general prison population which is estimated at over 90%<sup>1</sup>. Separated this equates to 95% with mental health needs and 98% with substance misuse or alcohol problems, with figures remaining the same for both genders.

Whilst engaged with the Fulfilling Lives programme 24 clients have been sentenced or recalled to custody. Of those 24, ten currently remain incarcerated but of those that have been released eight served sentences of less than a month, with two serving sentences of less than a week; three served sentences of less than two months; and one served a sentence of less than four months. Only one client served a sentence of greater than 12 months.

Six clients have served multiple custodial sentences within the last 12 month period, all of which were under 12 weeks in length, with the average sentence being less than four weeks. This lends credence to the supposition that this client group represent a significant strain on the criminal justice system in that they are committing low level crimes that hold short

<sup>1</sup> The Bradley Report, Lord Bradley's review of people with mental health problems or learning disabilities in the criminal justice system, April 2009

custodial sentences, but are cycling through repeat offences and associated criminal justice process. In light of the recent changes prison release and all prisoners, no matter how short the sentence, having to have a 12 month period under supervision in the community the financial implication to the criminal justice system must be considered when looking into this client group. More importantly, however, the repeat offending behaviour strongly suggests that the rehabilitative element of a custodial sentence is not achieving success with this client group. This should be considered particularly in relation to the high levels of mental health needs amongst those in this cohort.

### **Self-harming and risk of vulnerability**

Unsurprisingly this is a client group who present as extremely vulnerable. 89% of all our client population are assessed as being at least at a medium risk of vulnerability with 46% considered to be at a high risk. If looking at vulnerability by gender, females have a higher percentage of at least a medium risk of vulnerability, with 94% at risk against 86% of males. Looking solely at the high risk category the divide becomes more notable with 57% of females against 38% of men.

In this context vulnerability is described as being at risk of both physical, emotional, sexual and financial exploitation. This vulnerability is also cyclical so even those who are a high risk to others are themselves at a high risk of exploitation.

It is also important to look at this in comparison to the wider population of service users who are not necessarily suffering from multiple complex needs but are in need of service provision. A comparison with the wider Changing Lives<sup>2</sup> client group across all services in Newcastle and Gateshead shows 51% to be at least at medium risk of vulnerability with 28% considered to be at high risk. This is a notable difference between the wider service user group and those with multiple complex needs and is an important aspect of this client group that should be highlighted when thinking about improved methods of providing support. It should not be denied that these are individuals who often present as demanding, chaotic and disruptive and who are challenging to work with. But an increased awareness amongst services of this underlying vulnerability should be a priority in promoting a change in attitude towards individuals with multiple complex needs.



**Twice** as likely to be **self-harming** than a typical Changing Lives service user

Additionally this is a group that is extremely prone to self-harming behaviour. 29% of the client group are at a high risk of self-harming and 64% with at least a medium risk of self-

<sup>2</sup> This data was collected from all Changing Lives services across Newcastle and Gateshead including temporary and supported accommodation, outreach, drug and alcohol services, sex working services, women's services employability services. This data was selected for two reasons, firstly this wider cohort of Changing Lives services were considered to be a comparable client group to the Fulfilling Lives clients, encountering similar problems to the Fulfilling Lives cohort but not always on such a complex scale e.g. housing only, or substance misuse only. Secondly a pragmatic decision was made based on the time and resource available for this report. Going forward wider datasets will be looked to be included to enhance this comparison.

harming. Only 5% of the cohort is considered to be at no risk of self-harming. The wider Changing Lives data shows that 28% of the client group are at least at a medium risk of self-harming. It is estimated that 4% of people in the UK are self-harming<sup>3</sup>. This means that individuals with multiple complex needs are 16 times more likely to be self-harming than the average adult.

When looked at by gender there is a somewhat surprising picture. There is a higher percentage of males who show at least a medium risk of suicide, with 52% males against 46% females. The higher proportion of males at risk of suicide is not unexpected given that suicide as an issue in the wider population is something that particularly prevalent amongst males. However the split between female and male is perhaps closer than expected. For the general population males are three and a half times more likely to commit suicide than women. Whilst the figures related to the Fulfilling Lives clients concern risk of suicide as opposed to actual attempts the smaller difference in the male and female experience is notable.

For risk of self-harming again there is a higher percentage of males at least at medium risk than women, with 59% female against 64% male. This is somewhat unexpected as anecdotal awareness would suggest that females are more likely to be self-harming than men. When looking specifically at those with a high risk of self-harming this becomes more balanced, with 31% of women to 30% of men. However the overall higher percentage for men does suggest that this is counter to the typical trend for this type of behaviour and is potentially something indicative of this client profile.

According to MIND the definition of self-harm is “when you hurt yourself as a way of dealing with very difficult feelings, old memories, or overwhelming situations and experiences”. Understanding the motivation for self-harming behavior and having the skills to be able to offer support should be an integral element of any systemic change. Whilst self-harm is not considered to be a “need” in the context of multiple complex needs it should be viewed as a strong indicator of significant and potentially traumatic underlying factors.

## **2.4 Profile**

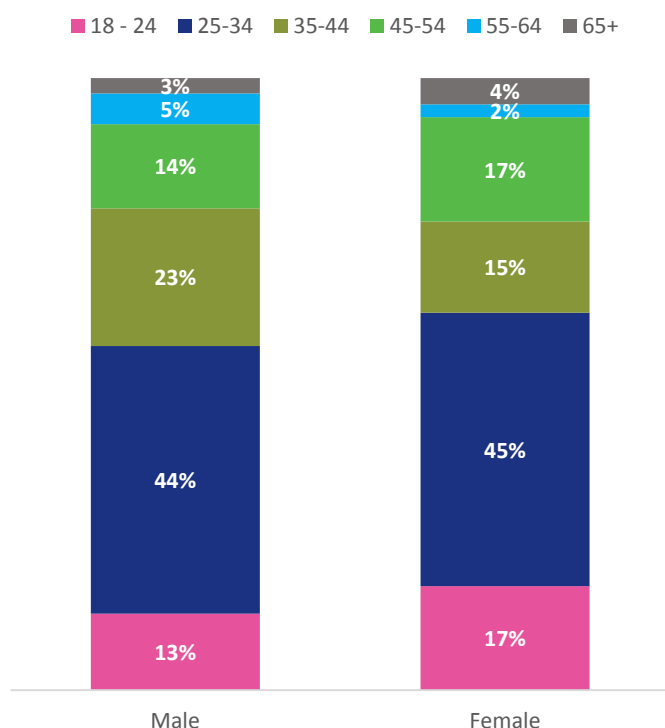
### **Gender and Age**

In common with the Hard Edges report and the Fulfilling Lives aggregated demographics (across all twelve pilot sites) the biggest proportion of individuals are male and aged between 25 – 44: with 34% of all our accepted clients falling into this profile. However we have seen less of a gender divide than is suggested by the Lankelly Chase report with a much more equal split of 63% male to 37% female. In part this may be due to the groundwork done by the programme in reaching out to specific female services, and in having a dedicated women’s services as part of the wider partnership. However it should be noted that there has been little difficulty in maintaining this gender ratio which suggests this is a solid representation of the gender profile of multiple complex needs in Newcastle and Gateshead.

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<sup>3</sup> Self-poisoning and self-injury in adults, Clinical Medicine, 2002

Whilst it would be too early to draw concrete conclusions as to why we are seeing a more even gender split there are certain questions that we can begin to pose and investigate further throughout the programme's lifetime. Certainly there is a question around whether



typical data is capturing the expected information, in that the systems are geared around the most visible clients, who historically are male. There is potential that women are unrepresented in typical datasets because they are more hidden from the standard services and therefore the information they collect. However given the prevalence of women in our client group there is emerging evidence that suggests defining multiple complex needs as a typically male problem may be presumptuous. Also in agreement with the Hard Edges report is that this client group predominately falls into the 25 – 34 year old category,

with 44% of our cohort within this age range. This is true for both male and female clients with 44% of all male clients and 45% of all female clients. There is also a relatively even split between clients in the 18 – 24 range with 13% male and 17% female clients in this range.

The 35 – 44 age range sees an interesting diversion between genders. Whilst 23% of males are between the ages of 35 – 44, only 15% of females are. There are a number of assumptions that could be made as to why this change happens; there is a good possibility that the system is working for women of this age and therefore they are less likely to fall into multiple complex needs. This could be because of the women's increased vulnerability or pregnancy and child caring which would give them priority housing and associated wrap around support and therefore increased chances of stability and recovery. However there is also the possibility that women in this age range are an entrenched hidden population and are not accessing any support despite need.

From the number of females presenting with multiple complex needs between 18 – 34 it is apparent that this is a problem that presents for women and therefore the drop off after the age of 34 warrants further investigation to ensure that this is not a vulnerable population who are alienated from services.

### Case Study: Susan. Older People

Background	Susan was referred to Fulfilling Lives in November 2014 from Age UK Newcastle. She was a 71 year old female with alcohol problems, suspected mental health issues (although no diagnosis) and issues with shop lifting. She was housed in an extra care housing scheme with care available although independent living expected.
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	<p>Susan has poor mobility and falls approximately three times a week due to her drinking. When this happens an ambulance is called, either to take her to hospital or to help her back to bed. She suffers regular injuries due to falling including cracked ribs and head injuries. She is doubly incontinent. Susan has significant memory problems but it is unclear if this is due to her drinking or due to mental health problems. She does not eat meals and is very underweight and malnourished. Susan is very isolated. She has no contact with any family and has no visitors or Next of Kin.</p> <p>Susan denies having an alcohol problem, despite daily drinking and recently having her stomach pumped following the consumption of two shop lifted bottles of vodka. She has been assessed as having mental</p>
Working with Fulfilling Lives	<p>The Service Navigator's main priorities when engaging with Susan were around supporting her with her alcohol problems, and helping her to access mental health support.</p> <p>Despite a number of challenges the Service Navigator was successful in supporting Susan to a mental health assessment test, via her GP, despite the fact that social services had closed her case due to assessing her as having mental capacity. Following the assessment a Multi-Disciplinary Team meeting was held and attended by Susan, the Service Navigator, the assessing Psychiatrist, Day Centre Nurse, her GP and Care Home staff. Social services did not attend as they had closed Susan's case.</p> <p>The psychiatrist disagreed strongly with social services' assessment of Susan's capacity and stated that in her opinion she did not have capacity and was not suited to independent living. Those at the MDT agreed to challenge social services' decision on Susan's capacity. Social Services carried out a new capacity assessment and agreed that Susan did not have capacity, and that they should be supporting her further. In August 2015 Susan was moved to a 24 hour supported residential care home which is significantly more appropriate for her needs.</p> <p>Susan has settled in well to her new accommodations. She has reduced her drinking to two units a day, which is administered by care home staff. Since moving to the new home she has not had any falls, attends A&amp;E and has stopped vomiting on a daily basis. Her incontinence issues have stopped and she is able to use the toilet. She was given a diagnosis of Korsokoffs Syndrome following an MRI scan.</p> <p>She is eating regularly and engaged with a dietician. She engages with all social activities and her loneliness has reduced significantly. Susan has told her Service Navigator that she "loves it".</p> <p>Due to the successful relocation of Susan, and the support she is now receiving, Fulfilling Lives is no longer needed in Susan's care and she has been successfully moved to "move-on" status.</p>
Learning and actions	<p>Despite the fact that the support and services existed to help Susan, poor communication, lack of cohesive working and misunderstandings meant that Susan was not accessing any of this support. The Service Navigator was able to bring the relevant services together, to open up the right channels of communication and help facilitate bringing the support to Susan. As a result she is now happily homed and looked after, and her significant costs to the emergency services have now gone.</p>

## Ethnicity

Only 5% of clients are Black, Asian and Minority Ethnic (BAME). The Newcastle and Gateshead area is a predominantly ethnically white area (90% at the 2011 census) and thus it is expected

that the majority of clients would not be BAME. However it is strongly suspected that this figure is not representative of the multiple complex needs presence in certain BME groups. Whilst this assumption is currently based on anecdotal evidence there are indications that the stigma associated with complex needs and the lack of ethnically aware services prevents individuals from seeking help. Further research needs to be done to investigate the veracity of this assumption.

### Lesbian, Gay, Bisexual and Transgender (LGBT)

The 2011 Census data for Newcastle and Gateshead states that 1.7% of people identify as either LGBT. Our cohort has over double this proportion with 3.9% identifying as LGBT. This is a conservative estimate as there is an incomplete dataset relating to this category; given the sensitivity of the question for certain clients and the level of chaos it is not always appropriate for this information to be sought immediately. There is a higher proportion of individuals identifying as LGBT amongst the younger populations than there is in those over 65 and this should be considered. However, nationally 2% of the 18 – 54 population identify as LGBT and so the Fulfilling Lives data is still showing a higher percentage.

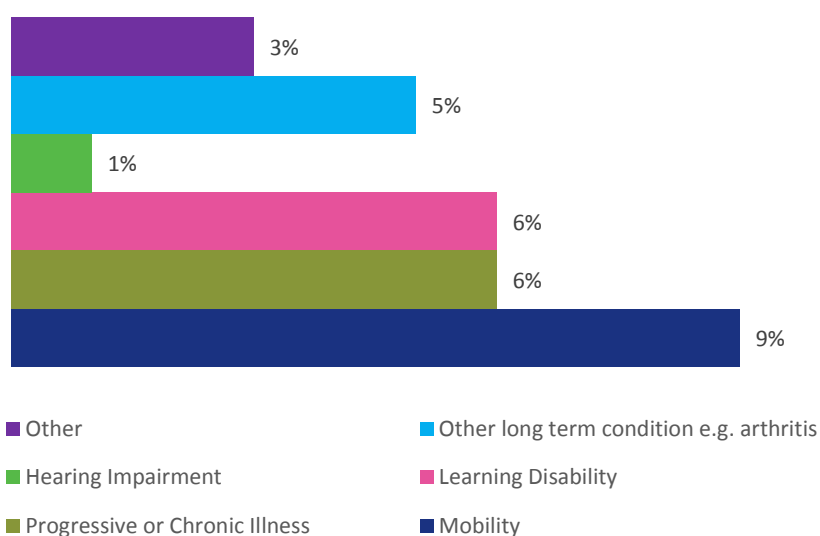
Whilst this should be taken with the knowledge that this relates to a small sample of individuals and it is too early to assess as an emerging trend this is something that should continue to be observed to see if it does develop into a significant pattern.

### Disability and long term health

Excluding those who solely have a mental health diagnosis (as this group are discussed separately) 25% of the cohort have either a disability or long term health condition.

This is much higher than the proportion for the average Newcastle and Gateshead population which has 10% of the population with disability, and of this population 78% are over 65 (2011 census). Given that the majority of the Fulfilling Lives client group fall within an 18 – 54 age range this strongly implies that disabled individuals are disproportionately represented within the multiple complex needs group. Again this is supported by the evidence found in the Hard Edges report which reported a higher than average occurrence of disability or long term illness.

The most common disability need related to mobility with 9% of the cohort presenting with these issues. This is followed by chronic or progressive illnesses, which comprise 6% of the client group. Chronic



Obstructive Pulmonary Disorder (COPD) and Epilepsy are the most prevalent amongst these illnesses.

6% of the client group have diagnosed learning disabilities (including autism and autism spectrum disorder). However further exploration is required to establish the scale of undiagnosed learning disabilities as it is anecdotally reported.

This is only an initial exploration of this client group's health needs beyond mental health needs and is one that requires further examination in detail. The Homeless Link Homeless Health Audit that was conducted by both Newcastle and Gateshead Council's should provide a strong base to further this investigation.

### Case Study: Learning Difficulties.

Background	<p>Tom was referred to Fulfilling Lives by Advocacy Centre North. He is a 22 year old male with significant learning difficulties. He is a regular user of alcohol and is depend on alcohol on a daily basis. He has a previous history of self-harm and suicide attempts. He suffers from depression and uses alcohol further to cope with declines in his mental health. Tom lives in learning disability supported accommodation.</p> <p>Due to some errors with his benefits and mistakes relating to direct debits Tom had significant debts that he was not handling.</p> <p>Tom often finds it difficult to engage with services due to his distrust of strangers and dislike of, and inability to cope in, groups.</p> <p>Tom is a vulnerable young man due to various factors, not least his immediate family. His mother is supportive but also contributes to his drinking habits and suffers severe learning disabilities herself. His brother and cousin have been known to attack Tom quite severely on more than one occasion and his family do not attempt to protect him from this.</p>
Working with Fulfilling Lives	<p>Tom was housed in supported accommodation when Fulfilling Lives became involved. He was supported by workers within the accommodation project, and an additional learning disability service who were supporting his three times a week. Tom disclosed to his Service Navigator that he was not getting on with the staff from the additional support agency and that they had repeatedly ignored his request for female only workers.</p> <p>In addition during the time that Tom was working with Fulfilling Lives he was attacked on two occasions by members of his family. Safeguarding incidents were reported and a plan to manage his family problems were drawn up by Social Services, Fulfilling Lives and the accommodation project.</p> <p>Work was done to help sort out Tom's benefits and debts and a repayment programme was put in place. Tom has maintained this and continues to engage with this package.</p> <p>Following discussions with Tom on what support he would like it was agreed that he would no longer receive support from the additional service but would instead have a more enhanced care package provided by the supported accommodation. This streamlined the number of services engaged with Tom making delivery more efficient and suiting Tom's needs.</p> <p>Whilst efforts to reduce Tom's drinking have not been successful, Tom is now happy with the support he is received and is engaging with it. His financial problems have been resolved and the risk from others has been managed. Due to the severity of Tom's learning disabilities he is unlikely ever to maintain independent living however the situation Tom is currently in is very positive for him.</p>



Learning	<p>There are number of key learning points that can be taken from working with Tom. Firstly is a recognition that not all clients are going to be able to move into independent living, some will always require a level of support. This needs to be considered when looking at changing how the system works and ensuring that provision will always remain for this cohort of the client group.</p> <p>Secondly the importance of choice in providing support. Whilst Tom was accessing support that was there to help him, he was not happy with his worker and as a consequence wasn't engaging with the service. In asking him what care package he wanted a simple solution was able to be enacted. It may sound like a simple message to learn but for this client group sometimes the element of choice is taken from them.</p>
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## Education

At least 25% of the Fulfilling Lives case load have no qualifications and a further 12% have significant literacy problems. Only 5% have achieved A Level or equivalent qualifications. This lends itself to the Lankelly Chase supposition that multiple complex needs typically presents in those from low socio-economic backgrounds. The low level of education attainment also suggests that there may be indicators that lend itself to early-intervention work.

The dominance of those from low socio-economic areas also hints that poverty may be a key contributing factor in multiple complex needs. The longevity of the Fulfilling Lives programme allows for us to build the evidence base in order to answer that question.

## Children in care

37% of all female clients have a child who is no longer in their custody, 14% of male clients are in the same position. The damaging impact on the children of being removed from the custody of their parent should not be discounted, but equally the effect of losing children on the mother, or father, should also be highlighted and to be considered as something to explore. In particular for those whose children have been permanently removed from their care there is a question around this on the implications for their motivating factors. This is predominantly of note for the female client group, of which 38% of those with children have had them permanently removed from their care, a further 14% are in temporary foster care. This is very different to the situation for the male clients, who for 62% of those with children, the child, or children, are living with the mother.

The impact of having a child permanently removed from care, or even temporarily removed from care in the context of this client groups wider support needs is something that warrants further attention. Particular attention should be given to what, if any, support services provide for women in this specific situation.

## Asylum Seekers

Whilst constituting a small number of the overall caseload, asylum seekers are becoming a disproportionate presence in our cohort and in light of the global refugee crisis one that is perhaps particularly pertinent.

This is a group that present as particularly chaotic but also especially vulnerable in no small part due to their ineligibility for housing or benefit support. This traps them in a cycle of rough

sleeping or sofa surfing and given they are reliant entirely on a £15 hardship payment a week places them in a very precarious situation in terms of being able to legally provide themselves with food and shelter.

As a consequence this particular group have a disproportionate cost impact on both the criminal justice system and emergency health care with no resolution until a final decision is made on their immigration or asylum status. This is not a healthy situation for either the individual or for the services providing the safety net.

Whilst recognition must be given to the statutory limitations of supporting this group, acknowledgement must also be made that these individuals do exist within the region, that they are trapped in chaos and need and are in extremely unsettled and uncertain situations.

### Case Study: Ali. No Recourse to Public Funds.

Background	<p>Ali was referred to the programme in September 2014 and has been engaging for a year. He was referred to Fulfilling Lives twice, both by the West End Refugee Service (WERS), and by The Hubbub, a community based support group for asylum seekers and refugees. Ali is a failed asylum seeker from Iran, currently appealing the decision on his immigration, who has no recourse to public funds. His immediate presenting needs at the time of his referral were homelessness, substance misuse problems and offending behaviour.</p> <p>Iranian asylum seekers refused leave to remain in the UK, are in a particularly difficult position as immigration do not help or support them to return to Iran due to risk of imprisonment or torture on return, but equally they are not entitled to support. As a result Ali is street homeless, has no public housing options, no benefits or income options, and no support for his mental or physical health. Due to a serious offence Ali is required to sign in at a police station weekly. He is also required to regularly present at immigration in North Shields. He is given no support or funding for travel.</p> <p>Ali has had previous leave to remain and work in the UK before this decision was overturned. At the time he maintained a stable lifestyle and was employed managing a pizza takeaway. During this period Ali was abstinent for over two years, and successfully retained accommodation with no support from the DWP.</p>
Working with Fulfilling Lives	<p>Ali's Service Navigator has been supporting him with engaging with immigration services, including legal services, engaging with probation, helping him maintain safety on the streets and supporting him accessing community services such as food banks. There is limited support that Ali is entitled to.</p> <p>On the occasions that Ali has managed to secure temporary and short term accommodation (typically sofa surfing) his Service Navigator has observed significant improvements in his general wellbeing and motivation. He also demonstrates improvement with his substance use, moving to a much lower dose of methadone. However this deteriorates rapidly as soon as he returns to rough sleeping.</p> <p>Ali is currently working with Freedom from Torture and the Medical Foundation to provide evidence for a new asylum claim. However this a difficult process due to limited legal aid resource and much of the expenditure requirement being on the client, including travel to Liverpool.</p> <p>Observations from Ali's Service Navigator have highlighted the complexity of the system for asylum seekers with no recourse to public fund. He has highlighted that there seems to be a pattern of third sector and community organisations are providing the only, and often limited, support.</p>

Learning and actions	<p>Learning from working with Ali and further beneficiaries with no recourse to public funds, has been that accommodation is a critical need that cannot be met for these individuals. Without accommodation there is a marked deterioration in physical and mental health, an increase in offending behaviour and increase in substance misuse.</p> <p>As a result Fulfilling Lives are now working with Your Homes Newcastle, WERS, Action Foundation, Changing Lives and Advocacy Centre North to explore the potential of supporting these individuals by opening up hard to let social housing to them, and working collectively to provide wrap around support.</p>
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## 2.7 Conclusions

As with other similar analyses the most common demographic profile is males aged between 25 – 44. However this client profile is not as dominant as it is in other studies. The implication is that this client group is already overrepresented in services, therefore providing a more visible sample, and a question needs to be asked is this because services and support are modelled around their needs or because they are genuinely the group with the highest needs.

Almost two thirds (62%) of the women are between 18 – 34 whilst the 35 – 44 profile has a significant drop off. It is not clear what is causing this drop off in women after the age of 35 and whether they don't exist as part of this client profile or whether they're too hidden to access support.

Whilst veterans are represented in the client group they aren't overly represented (2%). This suggests that there is no indication that they are more likely to have multiple complex needs than any other profile. Equally it was expected that care leavers would have a dominant profile within this group but as with veterans, whilst they're represented they aren't overly represented (3%). The inference of this is that whilst these groups may be more likely to have needs they are no more likely to have complex needs.

However certain marginalised populations are over represented; those with disabilities, LGBT communities and those with low educational levels. This is potentially indicative of how the wider support for these specific profiles interacts with the multiple complex needs system. For example are veteran support services more likely to be interacting with existing multiple complex needs services than disability support services thereby enabling smoother interaction and therefore faster support.

### **3. Understanding the System**

#### **3.1 Why is it important to understand the system?**

In a well-functioning and efficient system service users are well aware of the pathways through, and ways to access required support. Equally organisations and services work effectively together with good communication and understanding of how to help service user's move through the system.

The multiple complex needs system is large and complicated, with multiple sectors interacting in a range of ways. Equally, due to commissioning cycles, it is also a regularly changing system. None of these things are conducive to effective systemic working and whilst it is not in doubt that certain parts of the system work well and are providing support for service users it is also clear that the system does not work as efficiently as it could. The purpose of understanding the system now gives an opportunity to show where there are gaps or blockages, areas for improved integration or access and understanding how those that use the system actually find it.

By taking the time to understand what the system is like now it enables us to have a strong baseline from which to build ideas for changing the system for the better. It also allows for a more considered and methodological approach to system change.

#### **3.2 System mapping methodology**

System mapping is not an inventory of services but a more dynamic representation attempting to demonstrate the flow and movement through systems, and how services interconnect.

These maps were created to capture the perceptions of those using the system and thus are a depiction of their view of the system not the system as a perfect entity. These maps were completed over a series of workshops with different users of the system; service users, frontline workers and service managers. The maps from each group were then amalgamated to make one map per system user type.

The process of this system mapping was kept at a deliberately high level – allowing those completing the maps to define what they felt was the appropriate level of detail to draw out as per their understanding of the system.

Those in the workshops were asked to draw what they felt was the system for those with multiple complex needs and how they see the different elements connect to each other. They were also asked to annotate the maps to provide a commentary on how they see elements of the system interacting.

Whilst these maps do demonstrate the version of the system that exists for those creating the maps they are not intended to be an accurate description of reality but a basis for discussion.

It should be reiterated that these are sample understandings of the system by the individuals completing the maps. They are not intended to be illustrative of all existing services and support that are available to this client group.

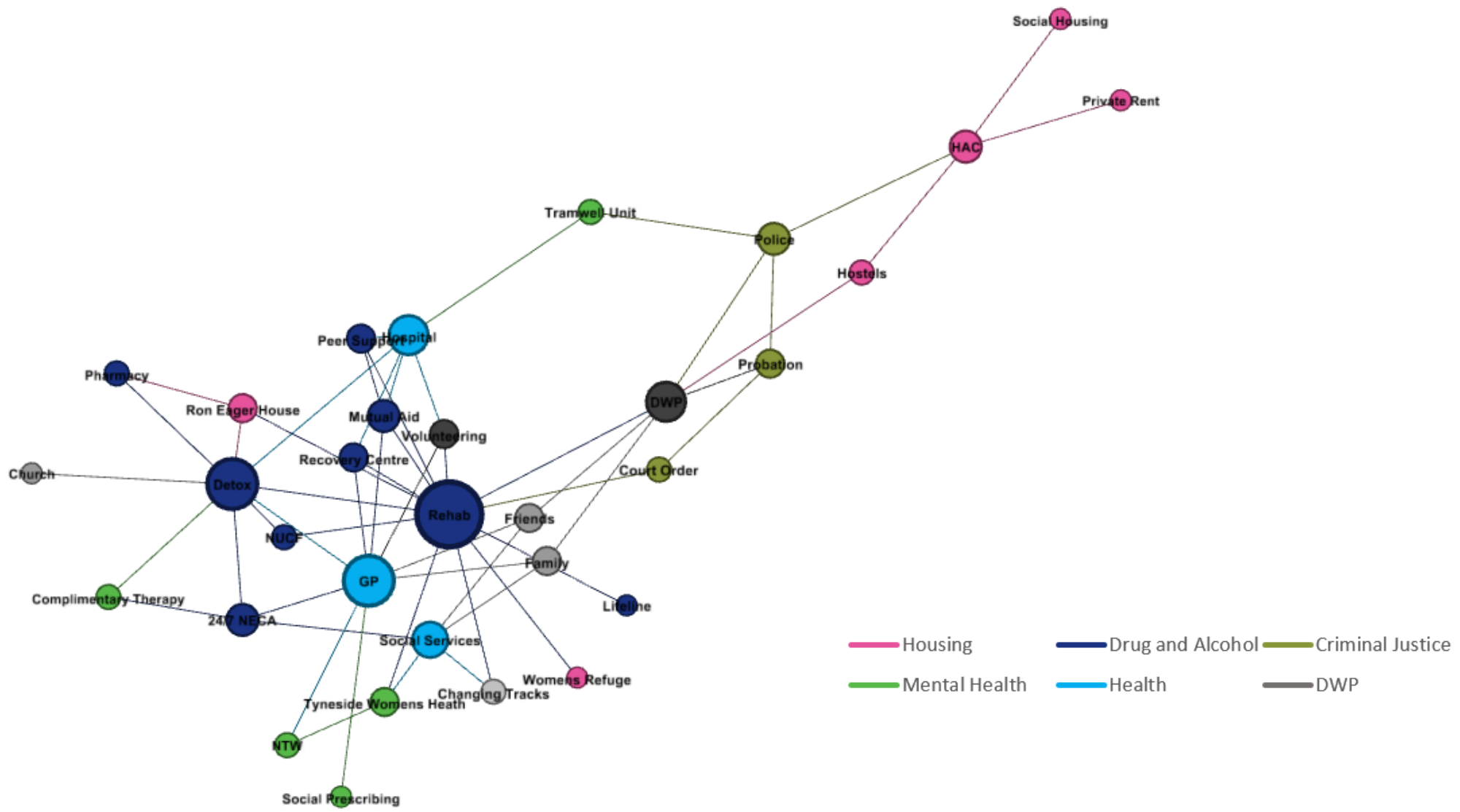
Going forward this method is intended to be used to help illustrate the client journeys of Fulfilling Lives clients and to combine these with more directory or pathway maps to assess how they compare.

### **3.3 The system mapped**

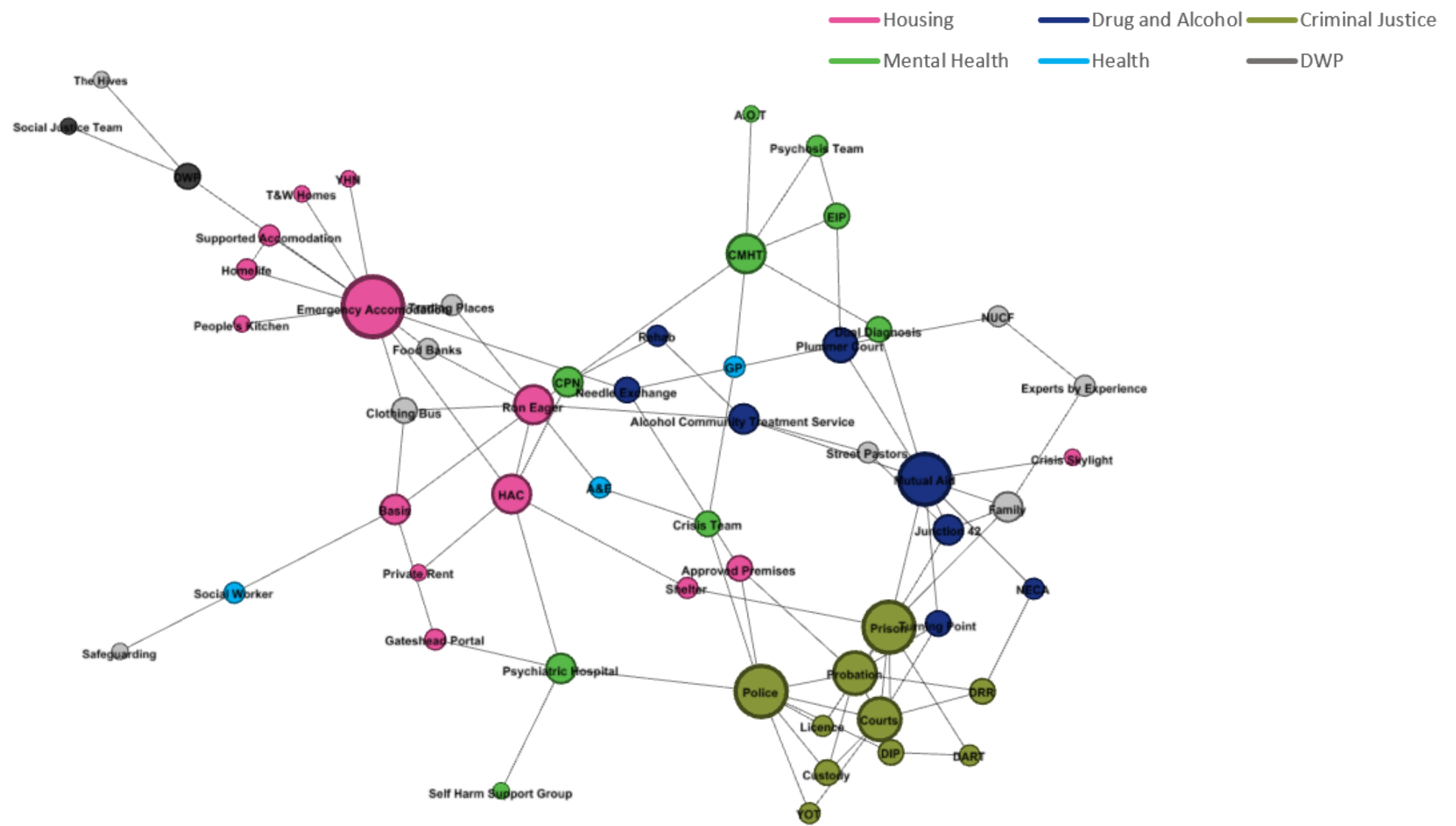
The maps below are created from the maps created in the workshops. These maps only include the service mentioned and the links between, the commentary and annotations around the services are used to inform the interpretation of the maps.

The maps are coded by service type i.e. Housing, Mental Health, Drug and Alcohol, Criminal Justice, DWP and any other. The size of the service relates to the number of other services linking in to it as perceived by the creators of the maps.

Map 1: The service users system



- Map 2: The frontline workers and service managers system



As both maps above demonstrate, and this is not unexpected, this is a complicated system combining multiple different sectors and with no clear pathway through. There is no obvious entry point or clearly navigable route. This is not necessarily a bad thing. A lot of the complication in the above maps comes from the number of services that are available and needed by those with multiple complex needs. However if there is no understanding of the choice and provision then this is not encouraging for effective working.

Understandably service providers have a much more detailed understanding of the system than service users. However as service providers clearly have a much better grasp of the details of the systems, service users become reliant on their workers to guide them through. This creates the potential for a massive variation in support provided as service users are dependent on the knowledge of their workers. Equally this dependence could lead to service users being un-empowered in their own care leading to a lack of ownership towards their own recovery and support. An example of this shown in the maps above are the differences in how mental health services are depicted; in the service users' maps, aside from a small number of specific services, mental health services are depicted purely as NTW. In the service providers' map mental health services are broken down in a much more specific manner. Service users see one entity that they need to gain access to, not the multitude of different services available.

Despite being integral elements of the system as perceived by both service users and service providers, housing services are typically perceived in a negative light. Hostels are not seen as positive places despite being one of the most critical points on the journey. Both male and female service users commented that hostels are seen as intimidating and violent places, where they are open to abuse and that the levels of drug and alcohol use means maintaining recovery in hostels is very difficult. Local Authority housing services are also perceived as a blockage within the system by both service users and service providers. Both groups highlighted that a lack of understanding towards the client needs means that support provided is often not satisfactory or helpful.

Service users particularly highlighted smaller community-based provision as being integral to the system. Equally faith based services are seen as critical on service users' maps but are not present on service providers'. The inference here is that there is a gap between service providers' understanding of holistic support and service users. Service users highlight a system that includes community-based provision as integral whilst service providers focus on the professional system.

Female service users highlighted that the specific system for women is poor with very few services tailored to them. Dedicated women's services such as refuges, GAP, and Tyneside Women's Health are viewed highly by female service users. Additionally the female service users in particular emphasised that they are often afraid to disclose their full problems to provision e.g. GPs for fear of losing their children. If this is a consistent blockage in helping women access support for their problems then action should be taken to help lessen these fears.



Over the workshops no one had a fully positive view of the system. Whilst certain elements were seen as positive, or certain links between services were seen as positive, the system as a whole is not considered healthy.

Echoing through all the maps is a key problem with communication. Both because the number of services involved is so vast that communication between provision is chaotic and inconsistent, because service users are often afraid to fully communicate their problems, and because of the variation in frontline workers knowledge creating a sense of mistrust. At a strategic level of communication, service providers feel that a lack of unified thinking with commissioning sits over the whole system as a barrier.

For service users, fear is another problem – fear of specific services e.g. hostels, fear of rejection and incompetence, or fear of the repercussions of asking for help. The services that were viewed most positively were small, informal community organisations or the services that support you when you have no choice e.g. probation.

### **3.4. Referral sources**

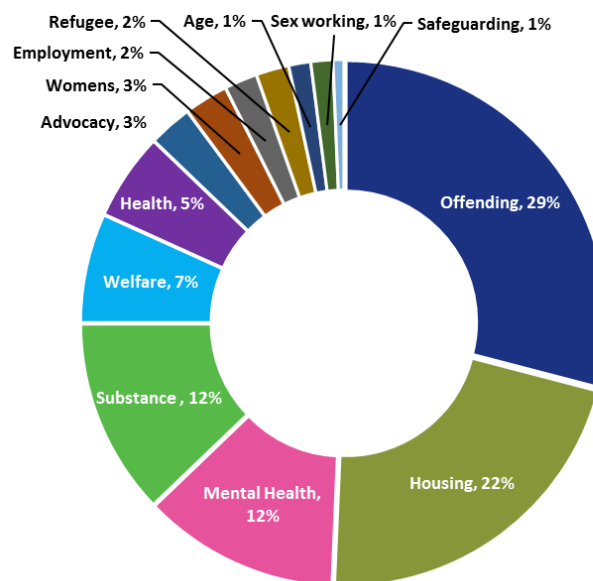
A strong indicator of the system that this client group is engaged with or visible to, are the referral sources of clients into the Fulfilling Lives programme. Referrals are open to any service, support agency or community organisation and have been received from a diverse range. There have been 74 different referral sources overall, and 56 when looking at appropriate and accepted referrals only.

The highest number of accepted referrals have been received from Northumbria Community Rehabilitation Company (CRC) with 27 accepted referrals, or 18% of overall accepted referrals. This is followed by Basis@366 (a drop in service for people in housing crisis) and the National Probation Service (NPS) making up 7% and 6% of accepted referrals respectively.

When grouping the referral sources by thematic areas an interesting picture emerges highlighting the diversity of services this client group interacts with. The referral sources for Fulfilling Lives can be divided into 13 broad categories of services or support agencies based on their primary function: advocacy; age; health; housing; mental health; offending; refugee; safeguarding; sex work; skills and employability; substance misuse; welfare (including Job Centre Plus); and women.

Of these categories the highest number of referrals, 29%, were received from services related to offending and/or the criminal justice system. Housing services provided the next highest percentage, with 22% of referrals received from these sources. The next two highest categories were mental health services and substance misuse or alcohol services with 12% of referral sources respectively. It's worth noting that the four main categories of definition for this client group in terms of support needs are the four main areas of referral sources. Interestingly, however, the two lowest in terms of percentage of clients with related support needs (offending and housing) comprise the two areas from which the highest proportion of referrals have been received – over 50% combined.

It is not totally transparent as to why this may be but it may be a consequence of the fact that those with those two needs are more likely to be in crisis e.g. those with housing, alongside mental health and substance misuse problems, are more likely to be present as having multiple and complex needs than an individual with stable housing. Likewise with offending behaviour.



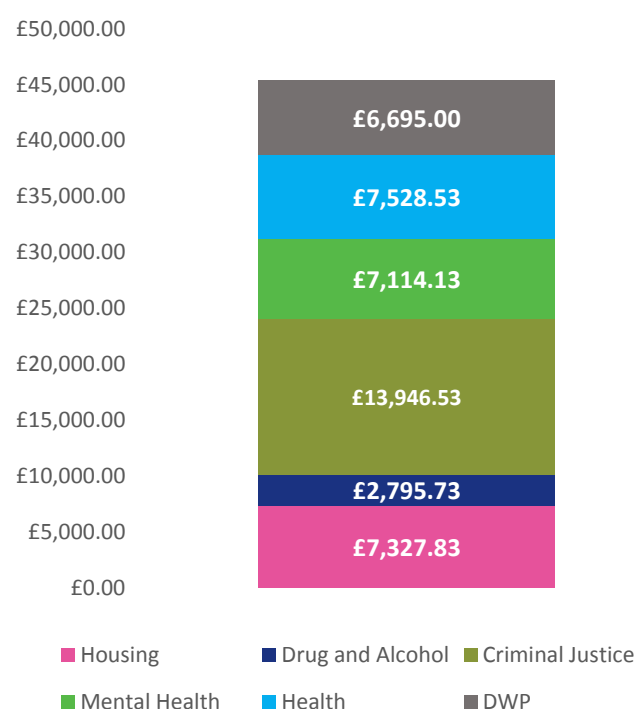
A key take away from examining the referral sources is the breadth and diversity of support that this client group encounters, and this echoes what was produced during the system mapping process. It also highlights the need to expand awareness of this client group from beyond the traditional four siloes of mental health, substance misuse, housing and offending that they are typically associated with.

## 4. Costs

### 4.1 Cost to the system

The Hard Edges report estimated the average cost of an individual with Multiple and Complex Needs to be around £19,000 a year (Bramley, G et al. (2015)). Based on the initial findings from the Fulfilling Lives programme this would appear to be a low estimate as our costings are more in line with those found in the Evaluation of the MEAM Pilots (Battrick et al. (2014)).

The Hard Edges report does provide an estimated benchmark of £4600 per the average adult for the same range of services and this is the comparator used in this report.



The costings utilised here were calculated using the average cost to services from the 32 clients who have been engaged with the programme since September 2014. Due to the limitations of the data available these costings are estimated on the low side. Where service usage was uncertain the conservative estimate was utilised. Using this information it can be estimated that an individual with Multiple Needs costs, on average, around **£45,000 per year**. Using the benchmark of £4600 our estimate suggests that an individual with multiple complex needs costs nearly 10 times as much as the average adult.

The Hard Edges report estimates that on average each Local Authority has 1,470 cases of multiple complex needs per year. Based on this assessment we can estimate that across Newcastle and Gateshead multiple complex needs is costing the area approximately **£133 million per year**.

### 4.2 Case Studies

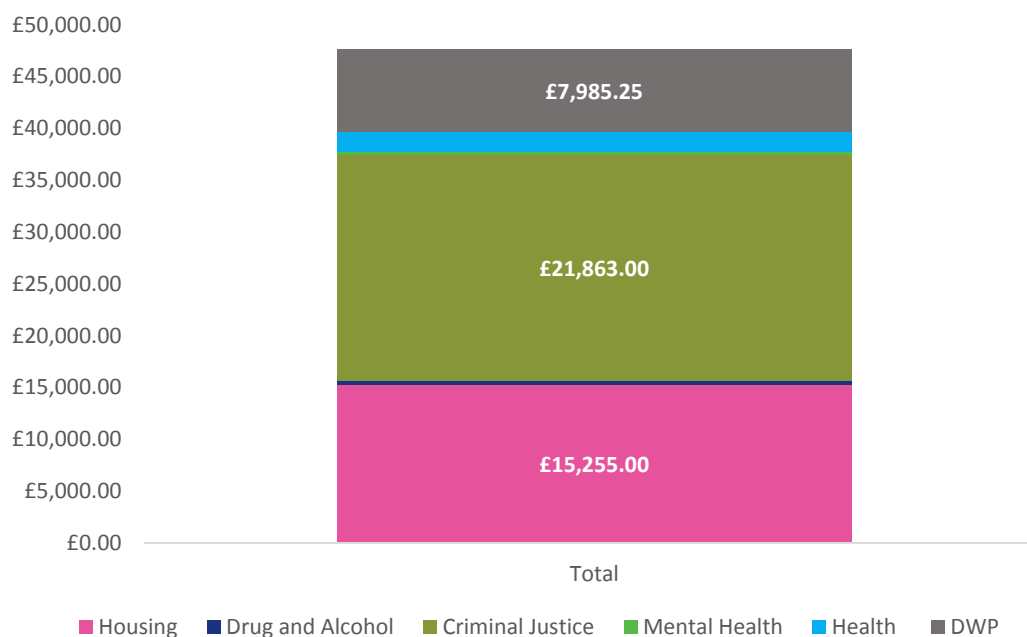
The following case studies examine the costings of three clients in relation to their engagement with the Fulfilling Lives programme. Detailed costing analysis will be contained in the economic analysis led by Resolving Chaos.



- **21 year old with low capacity for long term planning**
- **Binge drinks and uses legal highs**
- **Self-harms and has attempted suicide on multiple occasions**
- **Has no specific mental health diagnosis despite previous engagement with Early Intervention in Psychosis team.**
- **Is regularly evicted due to anti-social behaviour. Cycles through various temporary and supported accommodation.**

Mark began working with Fulfilling Lives in October 2014. Between October 2015 and June 2015 he was evicted four times from different temporary and supported accommodations. These were for anti-social behaviour, alleged assault and breach of licence. He is on a waiting list for non-psychosis mental health diagnosis but his care is currently with his GP. He is not any medication and has no dedicated mental health support. As a result of his binge drinking he has damaged his liver but this has not prevented his drinking. Mark is disengaged with services to a varying degree and when he does attend does not always communicate well. He's considered to be very immature for his age and does not have good capacity or judgement.

From October 2014 – June 2015 it is estimated that Mark has cost approximately **£47,600**. The below chart shows the breakdown of his costs across the different sectors. His significant Criminal Justice costs partially relate to a Crown Court case.

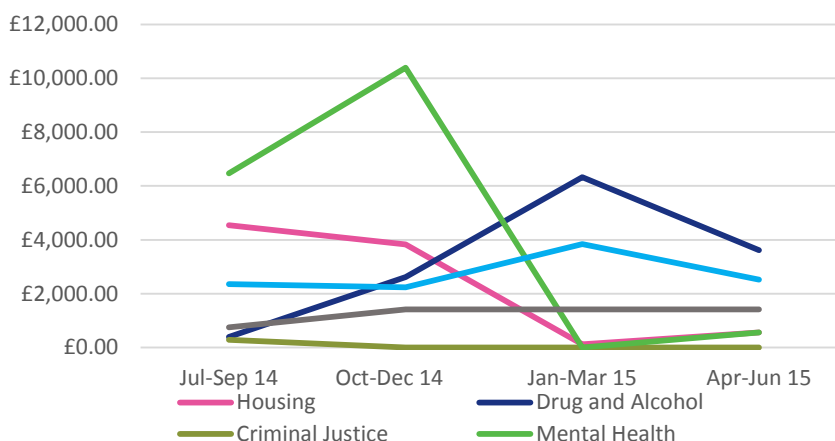




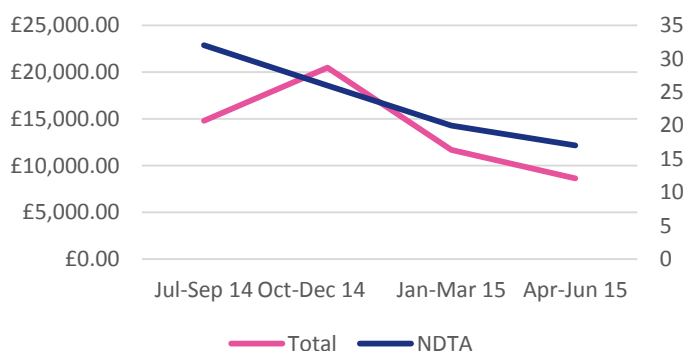
- 25 years old care leaver
- Heroin user
- Sex working
- Self-harming and suicidal
- Bouncing between rough sleeping, sofa surfing, temporary accommodation and mental health facilities

Grace began working with Fulfilling Lives in August 2014. She presented as extremely chaotic with a particularly high reliance on mental health services. Her housing situation was unstable and she was prone to move regularly between rough sleeping, sofa surfing or staying with friends and temporary accommodation. She had regular stays in mental health facilities due to self-harming and suicidal behaviour. During her engagement with Fulfilling Lives it became apparent that accessing rehab was a key motivator for Grace. Due to previous failed attempts at rehab, paid for by Gateshead Local Authority, Grace was not eligible for funded rehab. Fulfilling Lives, supported by a contribution from Grace, funded a rehab place in Glasgow.

From July 2014 – June 2015 it is estimated that Grace has cost approximately **£55,500**. The below chart shows the change in spend during her time engaged with Fulfilling Lives:



New Directions Team Assessments (Chaos Index) are used by the programme to assess levels of chaos. The below chart charts Grace’s NDT score against her costings:

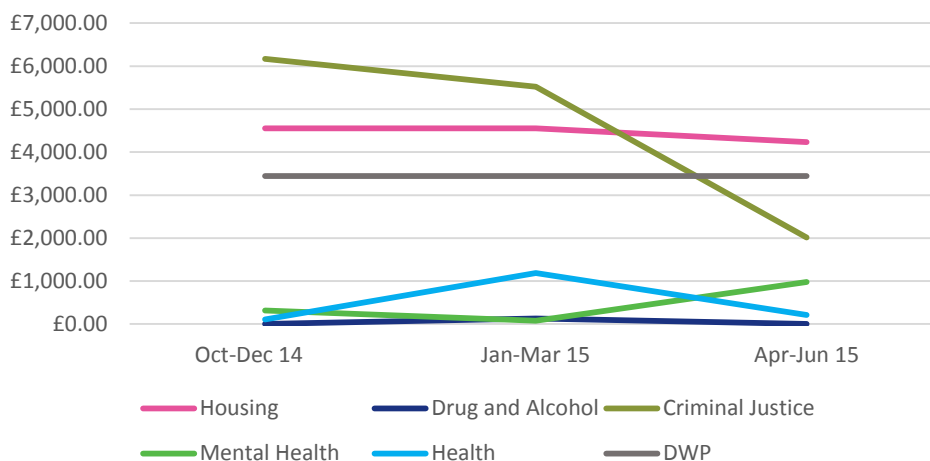




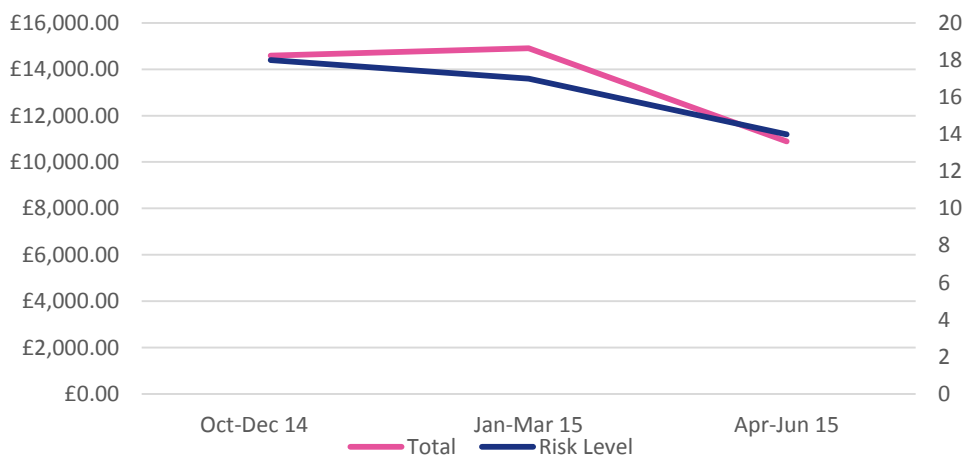
- **24 year old victim of emotional, physical and sexual abuse**
- **Regular binge drinker**
- **Has a diagnosis of Emotional Unstable Personality Disorder**
- **Self-harming and suicidal**
- **Has been in and out of prison since she was a teenager**
- **Has been a resident in supported accommodation for three years**

Sarah began working with Fulfilling Lives in September 2014. She is well known to local services but has exceeded the two year maximum stay in her accommodation. Despite threats of eviction she has not engaged with housing support or changed her behaviour within the accommodation. She has disengaged from mental health services but is often found in crisis particularly when under the influence. Sarah is difficult to engage and dislikes change. She responded well to regular appointments with her Service Navigator who managed to engage her with a Personality Disorder Hub worker.

From October 2014 – June 2015 it is estimated that Sarah has cost approximately **£40,300**. The below chart shows the change in spend during her time engaged with Fulfilling Lives:



Sarah presents as a high risk individual, particularly to herself. The below chart maps Sarah’s risk levels against her costs:



## 5. Fulfilling Lives Newcastle and Gateshead Outcomes

### 5.1. About this section

The following section examines some of the initial outcomes emerging from the first year of the Fulfilling Lives programme delivery.

This part of the programme relates primarily to the work that the Service Navigators do in supporting individual clients in engaging, navigating and understanding the system around them and the support they can access. Fulfilling Lives does not provide a service in itself, but links clients with existing support or services that they are currently unable to either engage with or access. When relating this to outcomes this means that any changes relate also to the work of direct services.

### 5.2. Client outcomes

#### Client retention

Of the 130 clients who have been engaged with the programme there has been a notable success in the retention rate of clients with only 11% of clients disengaging. Disengaged for Fulfilling Lives constitutes not engaging at all with the programme for three months or more. Due to the chaotic nature of this client group, and given a lack of engagement is a key criteria for acceptance into the programme this should be recognised. As the programme progresses this proportion of disengaged clients should be assessed further and if this percentage remains low investigation should be done as to why this success is being seen.

#### New Directions Team Assessment; Chaos Index

All clients in the Fulfilling Lives programme are assessed using the New Directions Team Assessment (NDTA), or Chaos Index. This is a tool developed by South West London and St George's Mental Health Trust as a way of assessing people with chaotic lives who would be appropriate for their services. The tool requires the individual to be scored on 10 different criteria relating to engagement with services; intentional self-harm; unintentional self-harm; risk to others; risk from others; stress and anxiety; social effectiveness; alcohol/drug abuse; impulse control; and housing. A high score indicates high levels of chaos, with the highest score being 48.

The average overall score of clients at point of referral into the Fulfilling Lives programme is 30. Two clients have a high score of 44, and a further eight clients have scores of 40 or above. The most common score amongst accepted clients is 35, with 12 clients scoring this at their initial assessment.

The average related statement for each of the individual criteria are:

- Non-compliant with routine activities or reasonable requests; does not follow daily routine, though may keep some appointments
- Definite indicators of risk of deliberate self-harm or suicide attempt

- High risk to physical safety as a result of self-neglect, unsafe behaviour or inability to maintain a safe environment
- Risk to physical safety of others as a result of dangerous behaviour or offending/criminal behaviour
- Definite risk of abuse or exploitation from other individuals or society
- Obvious reactivity; very limited problem solving in response to stress; becomes hostile and aggressive to others
- Uses only minimal social skills, cannot engage in give-and-take of instrumental or social conversations; limited response to social cues; inappropriate
- Recurrent use of alcohol or abuse of drugs which causes significant effect on functioning; aggressive behaviour to others
- Impulsive acts which are fairly often and/or of moderate severity
- Immediate risk of loss of accommodation; living in short-term / temporary accommodation; high housing support needs

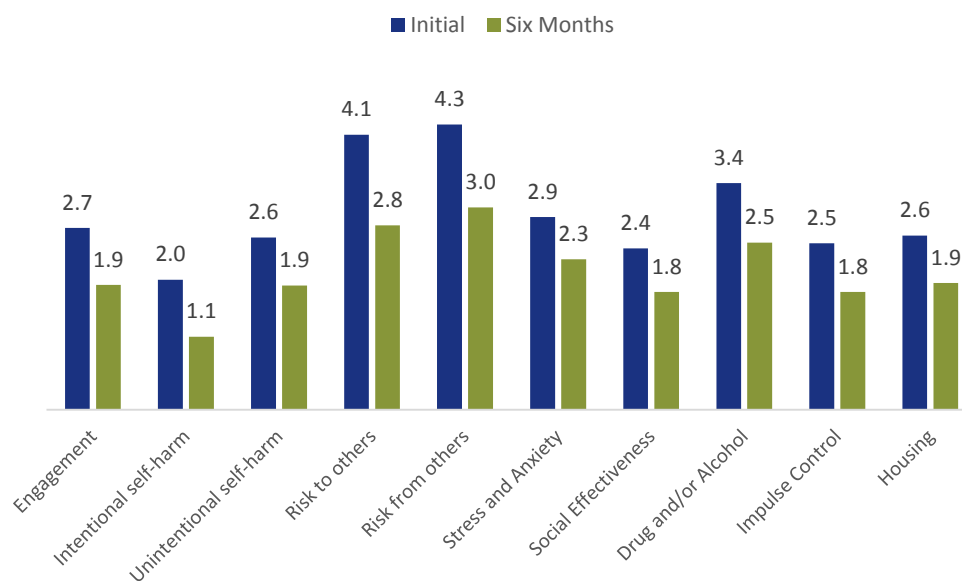
Based on the 104 clients who have had six months of involvement with the Fulfilling Lives programme, on average NDTA scores have reduced from 30 at initial assessment, to 21 at the six month point. Furthermore, of the 27 clients who have been involved with Fulfilling Lives for 12 months, average NDTA scores have reduced from 29 at initial assessment, to 21 at the six month point and have remained at 21 at the 12 month point. It is encouraging to see that the NDTA score is maintaining its reduction following a further six months.

In comparison with the statements listed above, the average related statement for each criterion for the reduced score are:

- Follows through some of the time with daily routines or other activities; usually complies with reasonable requests; is minimally involved in tenancy/treatment
- Minor concerns about risk of deliberate self-harm or suicide attempt
- Definite indicators of unintentional risk to physical safety
- Minor antisocial behaviour
- Minor concerns about risk of abuse or exploitation from other individuals or society
- Moderately reactive to stress; needs support in order to cope
- Marginal social skills, sometimes creates interpersonal friction; sometimes inappropriate
- Some use of alcohol or abuse of drugs with some effect on functioning; sometimes inappropriate to others
- Some temper outbursts/aggressive behaviour; moderate severity; at least one episode of behaviour that is dangerous or threatening
- Living in short-term / temporary accommodation; medium to high housing support needs



### Average change in NDTA score after six months



The biggest average reductions are seen in the two risk criteria; risk from others and risk to others with both seeing an average reduction of 1.3. However of particular note for this client group is the change in engagement levels, with clients at the start of the Fulfilling Lives programme very much dis-engaged from services and support, a mandatory criteria to be accepted onto the programme, to starting to interact with the service and support network around them.

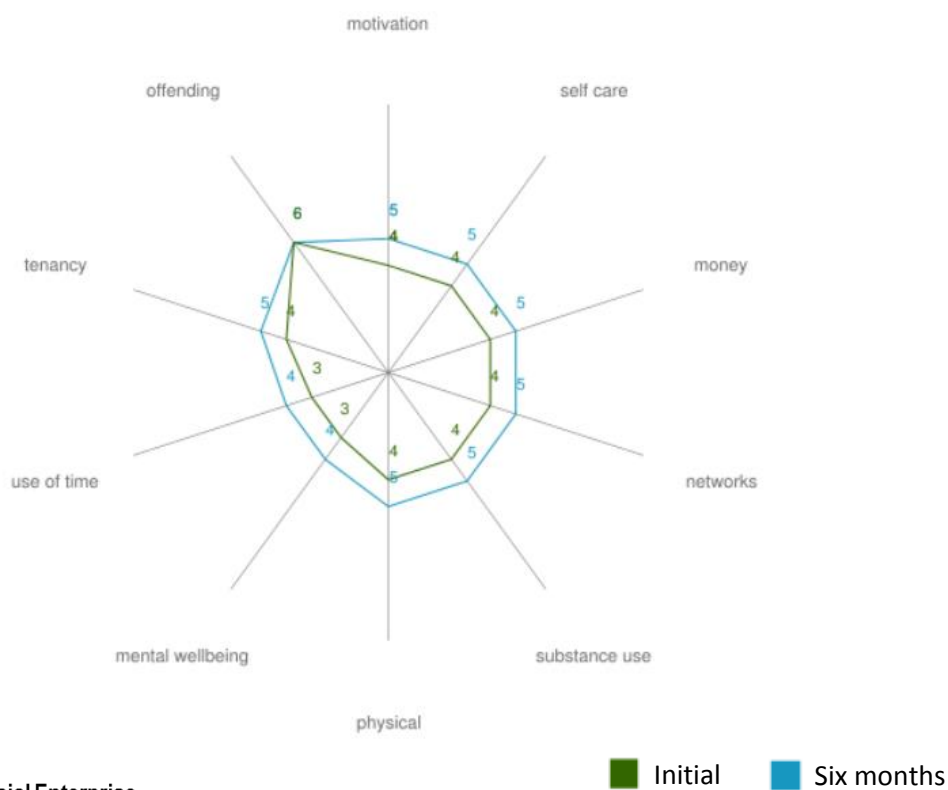
Not all clients have seen a positive progression. Of the 104 clients measured at the six month point, 14 have seen an increase in their NDTA score, whilst a further 10 have seen no change. One explanation for this is that Fulfilling Lives will accept some clients who are on the cusp of crisis but are not yet fully in chaos, although shortly after involvement the tenuous support in place collapses and therefore their crisis levels increase. However this is not the case for all clients who's scores have either maintained or increased and recognition must be given that for some clients six months is not a sufficient length of time for change or improvements to occur.

Encouragingly, of the 21 clients who have been engaged for 12 months, there were four who had an increase in NDTA score at the six month point. For all of these clients there has been a reduction between their scores at six months, and their scores at a year. Thus whilst for two of these clients, their scores still remain higher than at initial engagement there are positive signs of progression.

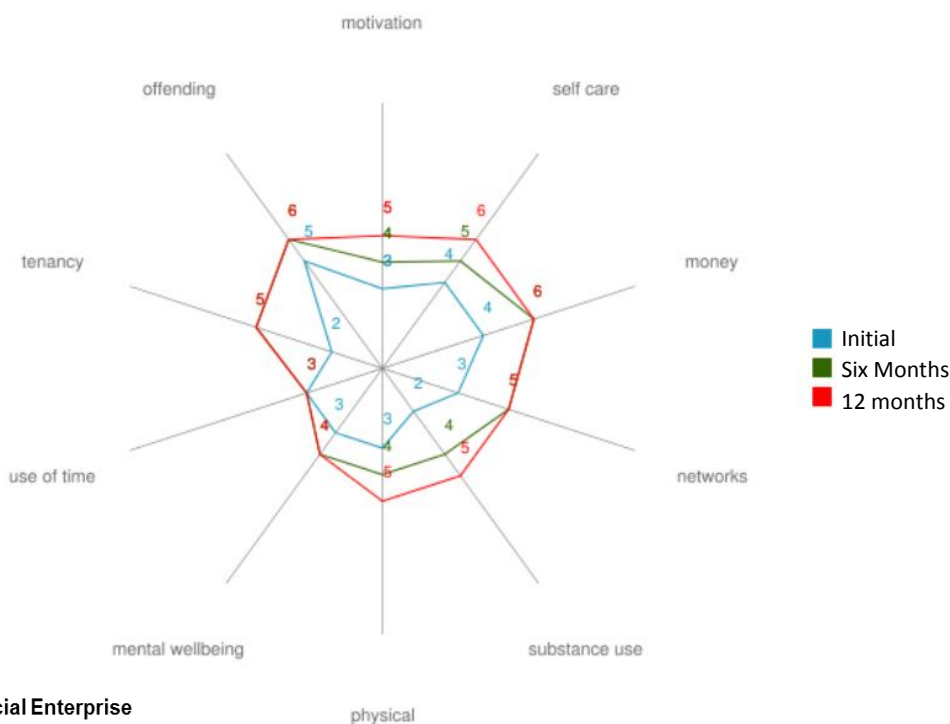
#### Homeless Outcomes Star

A comparatively smaller, but equally positive change has been seen across the Homeless Outcomes Star data at the initial and then six month sampling points. It is worth noting that the initial sampling point may show higher scores than expected. This is because Outcomes Stars can be completed up to three months into engagement with the programme and

therefore clients are potentially at a slightly more stable point than when they were first referred.



Whilst there is typically only an increase of one point on the Outcomes scale this is still a positive sign, particularly as this is recorded at a six month sampling point. Encouragingly, as with the NDTA scores, for the smaller sample of clients who have reached the twelve month mark and therefore have a third sampling point in their Outcomes Score, this increase is either maintained or furthered.

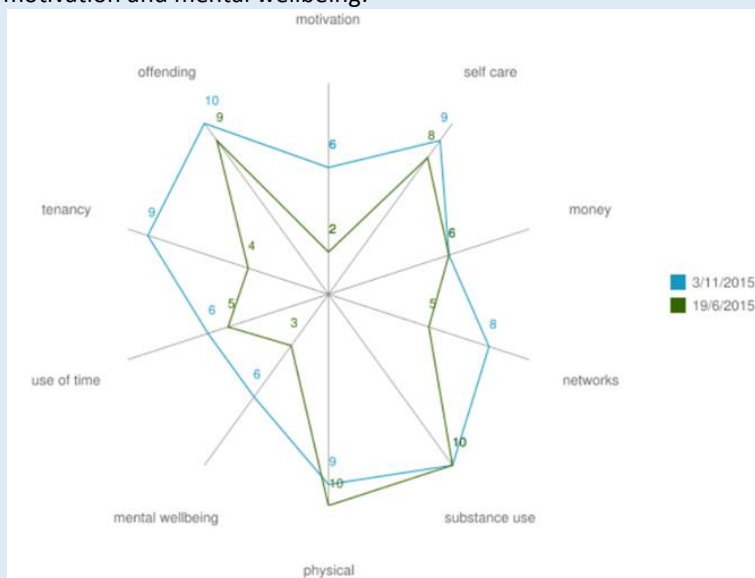


### Case Study: Meaningful Activity

Background	<p>Janet was referred to Fulfilling Lives from Northumbria CRC in January 2015. She is a 59 year old woman, who has severe anxiety issues and suffers regular panic attacks. As such she rarely leaves the house. At the time of referral Janet was at risk of eviction due to non-payment of rent.</p> <p>She was self-harming regularly and has attempted suicide historically. Janet had received a 24 month suspended sentence order in November 2014.</p>
Key engagement milestones	<p>At the start of engagement Janet was very reluctant to work with her Service Navigator and was lacking in any motivation. She was of the belief that she was unable to change or improve her situation. Despite her lack of engagement the Service Navigator remained in contact with Janet.</p> <p>The following details Janet's journey, interspersed with quotes from Janet.</p> <p>After disclosing that she had a love of animals, the Service Navigator suggested Equine Therapy through Stepney Bank stables. Janet showed immediate interest and agreed to attend to attend a taster session.</p> <p><i>"It was a simple chance conversation which led to [Service Navigator] suggesting a visit to Stepney Bank stables. Well I've tried more therapists than I can shake a stick and although talking is good, I don't particularly remember any lightbulb moments. To be fair, at least half the time my brain wasn't in any fit state to even recall what was said."</i></p> <p>Following this initial session Janet stated that she had thoroughly enjoyed it. She had learnt breathing techniques and felt she had achieved something that "no- one else has been able to offer in over 30 years". Janet felt very comfortable and confident around the horses.</p> <p><i>"I met a beautiful horse called Lara. She has a pink nose and adorable freckles. Animals are easy to be with, they don't expect you to be happy and chatty, you don't have to be upbeat and if I'm crying, Riff and Dino [dogs] still sort of get as close as they possibly can to me and I feel comforted."</i></p> <p>Janet confirmed that she wanted to attend a second session and that she would make her own way to and from the stables.</p> <p><i>"The sun is shining and I'm actually looking forward to Stepney Bank today!"</i></p> <p>Since this point Janet has continued to engage with the stables and is coming to the end of her initial block of sessions. She has found great success in the therapeutic element of the activities.</p> <p><i>"This therapy is different to anything I've done before. I've been to lots of counsellors and what nots [sic] and it's always been the same, talking about my past, the bad things that have happened to me and things that have happened that has had [sic] an adverse effect on me...I've told all this to [equine therapist] and she has somehow managed to make me feel not so pathetic and small."</i></p> <p>Janet is reluctant for these sessions to end and has begun discussions with the stable manager around volunteering opportunities.</p> <p><i>"What I am sure of is that this therapy has been the best I've ever had. It's been practical in giving me the tools to try and help myself survive."</i></p>

## Outcomes

The below star maps Janet's outcome star results since she started engaging with the programme and shows the significant progress she has made particularly in relation to motivation and mental wellbeing:



From Fulfilling Lives initial engagement with Janet there has now been marked improvement. Her rent payments are now up to date and her housing is secure and she is participating in meaningful activity. The hope is that her experience at Stepney Banks stables will form the foundation for Janet to address her underlying mental health problems and reduce her anxiety.

## 6. Conclusion

The review of the data provided over the first year of the Fulfilling Lives programme presents a useful baseline for discussion going forward. It certainly has highlighted why there is so much difficulty in defining multiple complex needs given that at this stage there is little by way of definitive profiles emerging. Conversely to other similar reviews we have not found this to be a predominately male problem but something that occurs in both genders. Equally whilst there is a dominant age profile of 25 to 44, we have seen multiple complex needs occurring through the age spectrum from 18 to 72. It is apparent that further investigation needs to be done to further understand in detail elements of this client profile including disability and childhood factors.

What is common to the profile is their level of risk and vulnerability. In particular the high levels of self-harming are of notable concern. Putting this high risk to self in alignment with the extremely complex and chaotic system that emerges through the system mapping exercises the importance of improving outcomes for this client group becomes self-evident.

Individuals with multiple complex needs do not form a particularly large population group but they are disproportionately costly to the area. For those that are entrenched in a long term cycle of multiple service use, disengagement and poor outcomes the estimated cost of £45,000 a year can quickly add up over a lifetime. An efficient and effective system geared around supporting these individuals should be able to stem off the long term cycle before individuals become entrenched.

This report should be used as a baseline in sparking discussion and understanding this client group and their system. Those involved in this system from across the spectrum, including statutory sector, voluntary sector and service users, should be involved in finding solutions to these problems.

### 6.1 Recommendations

The following are the first recommendations that have emerged from the evidence as available to date. Some of the emerging trends require further investigation in order to provide sufficient evidence and are therefore not included here.

- A key theme that is apparent both in existing literature, and through the system mapping exercise is a lack of shared understanding across all services as to what multiple complex needs means and the informed care that individuals with these needs should be offered. In order to broach these differences across the service delivery, and to help improve communication about this client group, sector wide training would be an appropriate first step.
- The separation between the professionalised system as perceived by service providers and a system which has smaller community provision as perceived by service users should be recognised. This is not necessarily a problematic issue given that service users are entitled to space and support where they are not defined by their complex needs.

However if service users respond well to small community provision and these services and support are providing invaluable care then the question needs to be asked as to what is the potential learning for existing services.

- The differing needs for men and women should be recognised and the question asked as to whether support is predominately aimed at men and that women suffer from a lack of dedicated provision. In particular work needs to be done around supporting mothers with understanding the implications and processes for both them, and their child, if the child has been taken into child protective services.
- Greater investigation needs to be done into the disability profile of this client group and understanding the causality between this and multiple complex needs.
- Greater investigation needs to be done into the physical health needs amongst this client group, including access to non-emergency services such as GP and Dentists.

## **6.2 Evaluation next steps**

Following this report there is a multitude of ongoing activity related to evidencing and evaluating both the multiple complex needs client group and the Fulfilling Lives activity.

Leading from information arising in this analysis, further and more detailed analysis is to be conducted around some of the emerging evidence related to disability profiles, socio-economic status, childhood trauma and the role of poverty as an overriding factor.

Further economic analysis looking at the multiple complex needs is currently underway, in partnership with Resolving Chaos. In addition cost analysis of Fulfilling Lives activity will be produced when specific activities or pilots are complete. These will be available throughout the programme lifetime.

Looking forward, more evaluation work will be done in collaboration with peer researchers and service users in order to provide a more closed loop analysis.

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