

Severe and Multiple Disadvantage in Nottingham

A summary document based on the Joint Strategic
Needs Assessment for Nottingham City



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Introduction

This document explores how services in Nottingham can build on the legacy of the Opportunity Nottingham project and continue to create a better, more empowering, coordinated system for people experiencing Multiple Disadvantage.

Opportunity Nottingham is funded by The National Lottery Community Fund until June 2022. It is one of 12 projects across England that forms the Fulfilling Lives Programme: Supporting People with Multiple Needs. The projects work with people experiencing a combination of; homelessness, substance misuse, mental ill health and offending. The main aim of the project is to achieve system change; transforming the way services work so that they are easy to access, connected and delivered with service users in mind.



Nottingham Context

“ Most of us understand that people who are homeless, or offenders or drug misusers must also face a wider set of challenges. It is hard to imagine a person who has fallen into a hard drug problem, for example, who isn't dealing with early problems stemming from childhood or who isn't facing a new set of problems as a result of their drug taking. Despite the common sense of this, we still categorise people in separate boxes defined by single issues. ”

Bramley et al., 2015 Hard Edges*

Multiple Disadvantage or Severe and Multiple Disadvantage (SMD) refers to people facing two or more of the following issues; mental health issues, homelessness, offending and substance misuse. SMD can include other sources of disadvantage, for instance poor physical health, domestic/sexual abuse, community isolation, undiagnosed brain injuries, autism and learning disabilities. According to the *Lankelly Chase Hard Edges report* Nottingham has the 8th highest prevalence of Multiple Disadvantage in England - currently it is estimated that over 5,000 of the City's citizens experience Multiple Disadvantage.

However, there is evidence that the figures from *Hard Edges* underestimate the prevalence of SMD in Women, BAME people and other groups such as LGBT+ groups, and these groups are underrepresented in services.

“ Women Expert Citizens felt that service providers didn't always appreciate it can be especially difficult engaging with services that mainly work with men – especially if the source of your trauma comes from male violence, either recent or going back to your childhood. ”

Nottingham death rates

Nottingham is significantly worse than the national average for preventable deaths, with a rate of 263.8 per 100,000 population, compared to the England average of 181.5 per 100,000 population. Data is not directly available for Opportunity Nottingham Beneficiaries regarding all causes of death. However, given that the average age of death of the 7.3 percent of Opportunity Nottingham Beneficiaries who have died is just 45.04, it is highly probable that almost all deaths in people facing SMD would be considered preventable.

*Bramley G., Fitzpatrick S., Edwards J., Ford D., Johnsen S., Sosenko F, and Watkins D. (2015) "Hard Edges: Mapping severe and multiple disadvantage", Lankelly Chase

Key recommendations (for Commissioners and others)

When Opportunity Nottingham ends in 2022, the City must continue to respond to multiple and complex needs by building on the legacy of the project; through developing a jointly commissioned specific SMD Service.

This service will work with people facing SMD who have the greatest level of need, and will build on the success and learning of Opportunity Nottingham and the Fulfilling Lives Programme. Evidence therefore suggests it should be a multi-disciplinary team containing as a minimum the following elements:

- A team of Coordinators/Navigators
- Mental health specialists who are able to provide psychological interventions and support Psychologically Informed Environments (PIE)
- A Lived Experience Team that includes staff to support Expert Citizens and Peer Mentors, and focuses on connecting people to positive social networks
- Gender and culturally specific elements – which may include posts hosted by specialist agencies
- A Practice Development Unit – to promote good practice and collaboration more widely
- A Social Worker post, working as a “trusted assessor” to support access to care services.

1. Ensure the ‘system works as one’ through development of a strategic ‘Board’ responsible for reducing SMD beyond the end of Opportunity Nottingham in 2022.

This SMD ‘Board’ should oversee service provision and continued system change. This is needed because resolving SMD involves different sectors (principally: mental health, homelessness, substance misuse and criminal justice, but also other sectors such as the DWP and Probation). SMD will only be reduced if senior representatives from these sectors collaborate to ensure a unified approach. Therefore, the highest priority must be given to ensuring genuine and consistent representation from all sectors, with time allowed for this by individual organisations. The Integrated Care System and other strategic initiatives should be used to lever support from all sectors.

The Board would oversee implementation of this recommendation, but would also ensure coordination of the wider number of people facing SMD; who will benefit from a coordinated approach but whose needs would not be sufficiently high to qualify for the new SMD service as described.

2. Increase over time the number of Housing First Units in Nottingham to 200, as part of the legacy to support SMD once Opportunity Nottingham ends. This figure is based on evidence from Homeless Link that Housing First is suitable for approximately 10% of people facing multiple exclusion homelessness. So, 200 units would be sufficient for approximately 10% of the Nottingham SMD 3/4 cohort. To ensure this is a successful initiative it would need to be linked to the wider housing strategy, especially housing supply, and be backed by tenancy support operating at a low resident to worker ratio.

3. Understand the centrality of addressing mental health issues to enable people to move away from SMD. This will be underpinned by the wider goal of ensuring Nottingham becomes a city where the wider workforce apply a psychologically informed approach.

This will include:

- a) All services working with people facing SMD taking a psychologically informed (sometimes referred to as trauma informed) approach. This should not only include any specific SMD services, but also single issue services that work with people facing SMD including; homelessness services, substance misuse services and the DWP. The use of a psychologically informed approach should be monitored through use of an appropriate tool, such as the PIZAZZ or the Homeless and Inclusion Health standards for Commissioners and service providers (Pathway, 2018).
- b) Mental health specialists should be included as part of a multi-disciplinary approach in any service substantially working with people facing SMD. This includes substance misuse services and the Rough Sleeper Outreach Team.
- c) The recommendations from the CCG funded research by Sheffield Hallam University: Understanding the Mental Health Needs of Homeless People in Nottingham (2018), should be implemented. (This can be viewed in National Reports on the Opportunity Nottingham website).

4. Ensure flexibility in the way we work with people facing SMD, by providing gender and culturally responsive support in recognition of the diverse forms Multiple Disadvantage takes.

Evidence suggests the mainstream definition of SMD (a combination of mental health, homelessness, offending and substance use), can lead to some group's disadvantages being overlooked, including women and BAME people. Therefore, services need to be gender and culturally responsive and commissioners should monitor this. Additionally, gender and culturally specific services able to work with people facing SMD service should be provided.

5. Support the long-term wellbeing and independence of service users by challenging stigma and by building on their strengths, skills and positive networks.

Ensure that positive outcomes are sustained by commissioning services that take a strength-based approach, focus on skills development and enable supportive positive networks. Without such emphasis, people facing SMD will not be able to build their own resilience and the costly and ineffective 'revolving door' experience will be in danger of continuing.

6. Minimise the likelihood of SMD occurring by recognising the origins of SMD mainly begin in early life, and by equipping services for children to respond. Eighty five percent of people facing SMD have early life trauma and adverse childhood experience. The best long term solution therefore is early intervention through better services supporting children and young people. These should respond to ACE's and trauma and identify and support young people at risk of moving into the SMD group.

7. Ensure the system works as one and tackles stigma through a 'no wrong door' approach, by continuing the work of Opportunity Nottingham to develop a Data Passport. The Data Passport is a system to share data (where consent is given) that prevents constant retelling of stories and enables more efficient interagency working, speeding up delivery of services. The inclusion of 'Facts about Me' (a form to record hopes and aspirations) will also contribute to tackling stigma and focussing on strengths.

8. Develop a service user led system, whereby people facing SMD are able to directly have a significant say in how services should be working. This includes ensuring participation is meaningful, is supported with time and resources and is backed by a widely accepted participation standard for Nottingham City.



“ It is the Criminal Justice System... where the greatest cost savings will be made. ”

9. Ensure the Criminal Justice System is fully engaged in and trained to reduce SMD, recognising that people facing SMD can present anywhere. In economic terms it is in the Criminal Justice System where a positive approach to reducing SMD will make the biggest difference - this is where the greatest cost savings will be made. The previous eight measures listed above if implemented, will reduce offending. Where it does occur and a prison sentence is given, 'Through the Gate Support' (meeting prisoners at the point of discharge) is also an essential component of any coordinated support network for people facing SMD.

The following recommendations will reduce both the incidence of SMD, and its negative impact on people in Nottingham. They build on the five Opportunity Nottingham System Change Challenges for Nottingham City:

1. **The 'system' works as one**
2. **Services are welcoming**
3. **The system is service user led or informed**
4. **We build resilience in our service users and workforce**
5. **We acknowledge and respond to multiple and complex needs.**



What works: Key values, principles and approaches

A. Collaborative working

- Front facing (ground) level - how workers in different organisations respond to an individual
- Operational level - how whole services across different sectors interact with each other
- Strategic and commissioning level collaboration or joint commissioning.

Examples:

- **Multi-Disciplinary Team (MDT)** - a working approach developed by Opportunity Nottingham and other Fulfilling Lives projects.
- **Liaison and Diversion Teams** such as Leicester Homeless Mental Health Service.
- Joint approaches to legal functions, such as the **Care Act** and **Homelessness Reduction Act**.
- **The Practice Development Unit (PDU)** exists to share learning amongst professionals working in the field of SMD. It does this through an online learning platform, and a programme of learning events and Communities of Practice. The PDU was developed by Opportunity Nottingham and is being recognised across the Fulfilling Lives programme as a successful example of what works.
- **The MEAM approach** - a framework used by local partnerships across England to develop a coordinated approach to tackling Multiple Disadvantage in their local area. (MEAM Coalition, 2019b).
- **Joint commissioning for the contract for provision of support to vulnerable adults.** This contract does not specify outputs or outcomes to be achieved. Instead, it uses a set of agreed principles as the basis for how the system will function, including ongoing adaptation to support provision based on shared learning (Lowe and Plimmer, 2019 *ibid.*).

B. Including people with lived experience of Multiple Needs in both the design and delivery of services

- Only by listening to people who have direct experience of how the system currently works can it be improved
- This means involvement (sometimes called co-production when it operates at a deeper level) in recruiting staff, commissioning services, research and developing new ideas.

Examples:

- The Opportunity Nottingham Beneficiary Ambassador role which supports Expert Citizens, is a good example of how this active support can be provided (Bowpitt et al., 2018).

“ Expert Citizens felt services should also look into hiring more people with lived experience to their workforce, as it helps to establish rapport and it is “easier to relate to your worker if they have had lived experience and can provide you with a role model”. ”

C. Prevention is a further key element of any strategy for tackling SMD. People who face SMD in adulthood have usually encountered neglect, trauma and adverse experience in childhood. This suggests much of the personal, social and economic costs could have been avoided if services had intervened sooner and more effectively. “SMD appears to be preventable therefore but early intervention needs to reach the people who were clearly failed the last time round” (Bramley et al. 2015b:6).

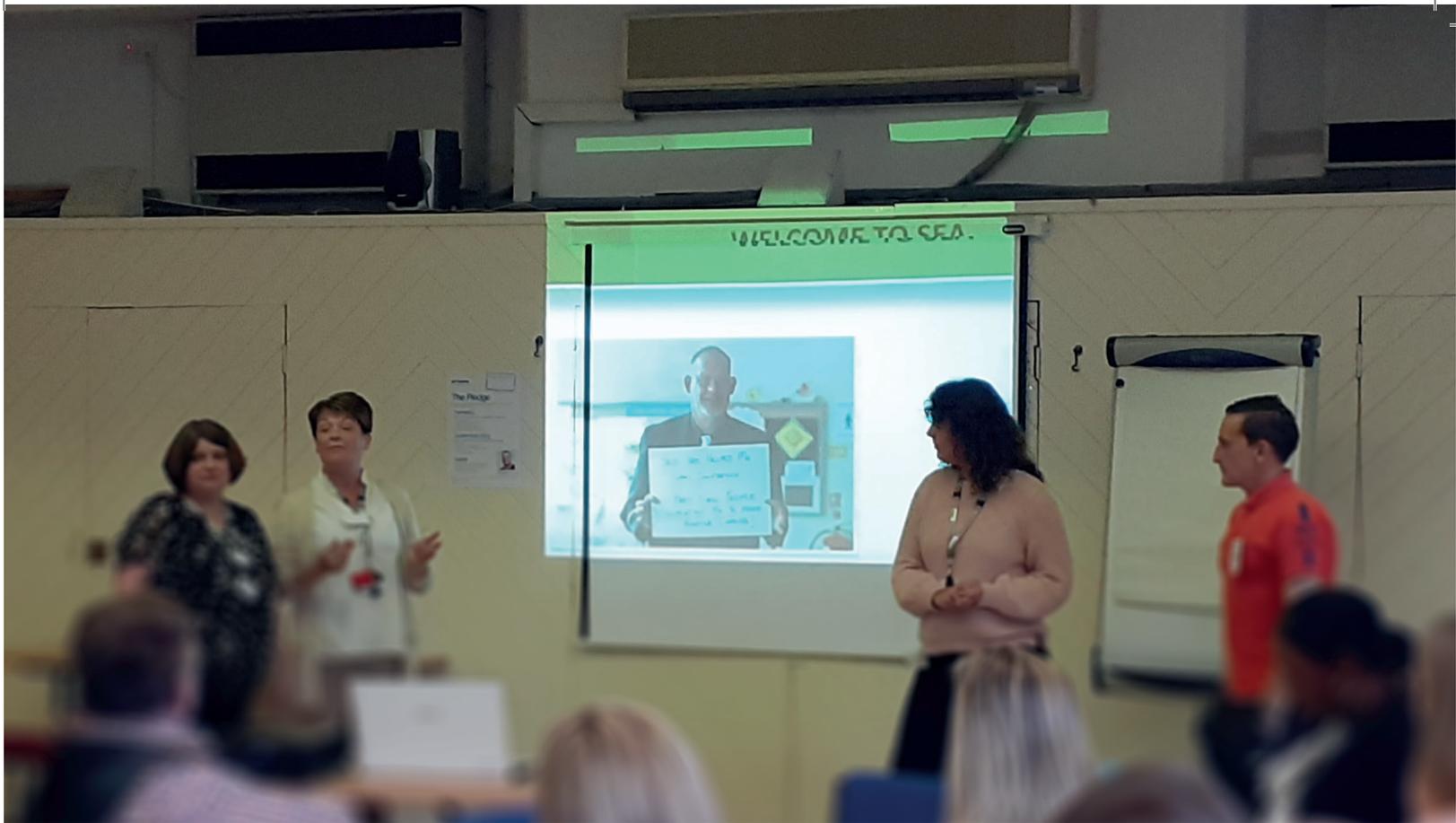
D. Strengths-based approaches

- This is a cultural shift from seeing people as a ‘set of needs to be fixed’, to supporting them to achieve their aspirations and build on their strengths.
- It asks people “what does a good or fulfilled life look like for you?”
- To achieve a strengths-based approach, workers need to be freed to do the ‘right things’, based on establishing a sense of shared humanity. (Lowe and Plimmer, 2019).

Examples:

Personal Development Coordinators. Where Personal Development Coordinators have been found to be successful they have:

- Engaged those with the most entrenched needs, including those excluded from other services, and built positive and trusting relationships with them
- Engaged groups of people services have found ‘hard to reach’ such as women who face SMD
- Advocated on behalf of service users, helping them to express their needs
- Achieved flex in services, and as a result helped service users to get the help and support they need to be given a voice
- Reduced risky and negative behaviours including offending and substance-misuse
- Reduced use of crisis and emergency services
- Enabled service users to take greater personal responsibility
- Supported service users to feel more confidence, safe, stable, valued and hopeful about the future.



Peer Mentors are people with lived experience who provide service users with additional support and guidance based on this experience. Outcomes achieved through peer mentoring include;

- Offering hope to service users that recovery is possible
- Helping to build trust and providing a bridge between services and individuals
- Actively advocating on behalf of service users and challenging traditional service protocols
- The role can also be positive for the Peer Mentors themselves, giving them the opportunity to learn new skills and develop confidence
- Helping to integrate service users socially, so that they can begin to build their own support networks.

E. Psychologically Informed Environments (PIEs). The PIE approach is about delivering services in a way that considers the emotional and psychological needs of those using them. PIEs focus on developing positive relationships comprising of five elements:

- A psychological approach
- The physical environment and social spaces
- Staff training and support
- Managing relationships
- A culture of learning and enquiry.



Opportunity Nottingham closes in June 2022

The recommendations in the document present the case for a change in the way the system works; to achieve better outcomes. They are informed by the work of the project Evaluation and Learning Team, and also the Opportunity Nottingham System Change Challenge. Opportunity Nottingham is asking Commissioners and key decision-makers in Nottingham City, the following four questions:

- 1 What will happen to people who are still on the project at the end of year eight (June 2022)?
- 2 What support will be available when Opportunity Nottingham stops taking referrals?
- 3 How can Nottingham invest in ‘what works’ at a time of austerity?
- 4 If Nottingham invests in successor support, what will the service look like?

Opportunity Nottingham partners and city-wide organisations are working together to answer these questions. To find out more or get involved email enquiries@opportunitynottingham.co.uk



Nottingham Context

The below information refers to people facing Severe and Multiple Disadvantage (SMD) in Nottingham City. The 'system' urgently needs to change to improve outcomes for people facing SMD in the City.

By the end of 2018, **28** Opportunity Nottingham Beneficiaries had **died**. This represents 7.3 percent of all Opportunity Nottingham Beneficiaries. The average age of death was just **45.04** years of age.

CRESR research into Homelessness and Mental Health in Nottingham (Reeves et al 2018), found that homeless people with a mental health issue were **11 times** more likely to also have an **offending history**, than homeless people without a mental health issue.

40.6% of Opportunity Nottingham Beneficiaries have been recorded as at high or immediate risk in relation to physical safety, as a result of **deliberate self-harm or suicide attempt** at some point whilst on the project.

This document is based on information contained in the Nottingham City JSNA chapter about SMD. Joint Strategic Needs Assessments are local assessments of current and future health, wellbeing and social care needs that could be met by the local authority, Clinical Commissioning Groups, or NHS England. Nottingham City Health and Wellbeing Board has the legal responsibility to produce the JSNA which aims to improve health and wellbeing, reduce health inequalities and determine what actions the local authority, the NHS and partners should consider taking to address these needs and the wider determinants of health and wellbeing. Opportunity Nottingham were invited to author a JSNA chapter about SMD. Following consultation with stakeholders and people with lived experience the SMD chapter was published in September 2019. The full document can be found at nottinghaminsight.org.uk. Search for 'severe multiple disadvantage.'

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