



# RIPPLE EFFECT

**THE SYSTEMS CHANGE IMPACTS OF  
FULFILLING LIVES SOUTH EAST PROJECT**



**Fulfilling Lives**

South East Partnership

# FOREWORD

This report summarizes eight years of hard work of the Fulfilling Lives South East (FLSE) Project, trying to change systems supporting people with multiple and complex needs in South East England. It shares the project's reflections on what enables and supports systems change and on methods that can be used to achieve tangible change.

As part of our legacy work, this is one of a range of reports and resources, including best practice studies, training resources, co-production toolkits and method reports.

Over the past eight years, the work of the project has been supported by many partners who have shared the aims and vision of Fulfilling Lives.

We would like to sincerely thank everyone who has been involved. From the very outset, a group of over 70 voluntary and statutory organisations, and many people with lived experience of using services, worked together to shape the proposed project. Subsequently, a core group of representatives from partner organisations have worked with us to achieve the overall project aims, both in terms of our systems change projects and direct client work. Oasis Project, Equinox, Change Grow Live (CGL) and Seaview were our invaluable sub-contracted partners for the project's client work. Throughout the past eight years, people with lived experience of multiple and complex needs have consistently given their time, skills and expertise, with their commitment and decision making - both alongside and within the FLSE team - driving the priorities of this project.

We made a commitment at the very start of the programme to honour this partnership working, and to carry this throughout the duration of the project. I hope that all those involved feel this commitment has been upheld.

This report demonstrates not only the impact and legacy of the project's systems change work, but also the impact and legacy of working together, especially of working in partnership with people with lived experience.

Finally, we would like to thank the National Lottery Community Fund for funding the South East project, and the 12 Fulfilling Lives projects nationally, to make this work possible. It has been remarkable to see the plans in our original bid realised over the past eight years — both a unique challenge and an opportunity to make tangible differences to people's lives, both now and for the future.

**Nikki Homewood**  
Director of Advice and Support Services, BHT Sussex



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# INTRODUCTION

When the Fulfilling Lives South East (FLSE) Project started in 2014, people with lived experiences of multiple and complex needs (MCN) and client-facing workers highlighted gaps and barriers in support systems locally. FLSE reflected on these many gaps and barriers, and the most prevalent issues orientated around the following six thematic areas:

## HEALTH INEQUALITIES

## DOMESTIC ABUSE AND COMPLEX NEEDS

## CRIMINAL JUSTICE AND REPEAT OFFENDING

## TREATMENT PATHWAYS AND COEXISTING CONDITIONS

## UNSUPPORTED TEMPORARY ACCOMMODATION

## REPEAT REMOVALS OF CHILDREN INTO THE CARE SYSTEM

FLSE produced its Manifesto for Change in 2019 setting out goals for the six themes to work towards, across Brighton & Hove and East Sussex.

This report reflects back on the [Manifesto for Change](#) demonstrating FLSE's impact and the **ripple effect** of changes through the system. This is followed by our thoughts on what needs to happen next to support leaders, commissioners and those working in support services to continue improving systems for people with MCN.

### What does 'multiple and complex needs' (MCN) or 'multiple disadvantage' mean in this report?

Multiple and complex needs (MCN) are persistent, problematic and interrelated health and social care needs which impact an individual's life and their ability to function in society. They are likely to include repeat street homelessness, mental, psychological and physical health problems, drug and/or alcohol dependency, and offending behaviour. People with MCN are more likely to experience violence and abuse, including domestic violence, live in poverty and have experienced trauma in childhood and throughout their lives.

## HOW TO READ THIS REPORT

Each thematic chapter includes the following content:

### THE ISSUE

We define each theme and raise awareness of how those experiencing MCN are impacted by each thematic area, drawing attention to the inequalities faced by this group of people.

### OUR GOALS

This section outlines the aims FLSE set out in the Manifesto for Change. These goals were shaped by people with lived experiences of MCN, client-facing workers and partners, and reflect our commitments for change.

### WHAT WE DID

This summarises the systems change projects FLSE instigated to achieve our goals and shares the wide variety of activity we invested time and resources into.

### WHAT CHANGED?

This shares the impact of our work in each thematic support system, drawing attention to the ripple effect of our activity.

### WHO SHAPES THE SYSTEM?

This summarises the key agencies who influence each thematic support system. It provides a quick overview of who to connect with if you are keen to effect systems change in a thematic area.

### WHAT CAN BE DONE?

This section looks to the future and shares what needs to change next, to improve support systems for people with MCN. We encourage readers to reflect on how to raise awareness, incorporate changes in your organisations and consider these recommendations when shaping future services and support systems.

### CASE STUDY

This brings to life the thematic system's response to people with MCN. These case studies combine and anonymise the common experiences of the FLSE client group to highlight where further systems change is still needed.



## PARTNERS

All of the activity shared in this report has been made possible by people with lived experiences of MCN and partner organisations locally and nationally. Thank you to everyone who has been bold in stepping forward to share this journey together.

# 1 HEALTH INEQUALITIES

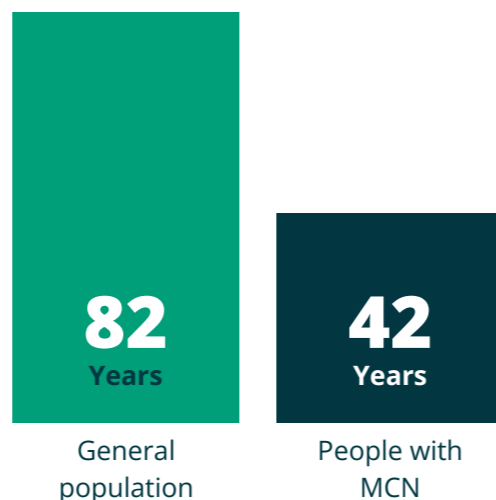


## THE ISSUE

The average life expectancy of people with MCN is 51% less than the general population.



Average life expectancy



## OUR GOALS

1. To improve access into and coordination of primary care
2. For clients on the special allocations scheme (SAS) to have an annual review
3. For clients with MCN to be identified and triaged to appropriate support at A&E
4. For staff to challenge and escalate concerns
5. For clients to receive community aftercare post hospital discharge

According to the [Kings' Fund](#), 'Health inequalities are avoidable, unfair and systematic differences in health between different groups of people.' Factors that influence health outcomes include behaviours and lifestyles, housing, the communities we live in, and the support services we need access to.

These wider determinants of health shape how we think, feel and act, which impact our mental health, physical health and wellbeing. We know that health inequalities disproportionately affect people experiencing multiple and complex needs (MCN).

Restricted access to healthcare is a strong and consistent theme in the lives of people experiencing MCN. Fulfilling Lives South East (FLSE) has seen that the more complex a person's needs become, the more unlikely it is that these needs are met by support systems, particularly healthcare systems.

## WHAT WE DID

### THE BRIGHT SPOTS PROJECT

An analysis of key values, principles and practice in health services that really work for people with MCN. An analysis of what 'good' healthcare looks like that enables greater access to primary healthcare.

[Read more](#)

### NATIONAL AND LOCAL CONSULTATIONS

Participated in the Mental Health Act Review, the Women's Health Strategy, the East Sussex Mental Health Inpatient Services consultation and the Brighton & Hove Mental Health Crisis consultation. FLSE shared lived experiences of MCN to inform future support and service provision.

[Read more](#)

### OOPS (OVERCOME OBSTACLES, PROVIDE SOLUTIONS) PROJECT

Identified trends and obstacles which point to wider system failure when raising concerns and complaints.

[Read more \(part I\)](#)  
[Read more \(part II\)](#)

### FLSE CLIENT MORTALITY REPORT

Analysis of deceased FLSE clients who's deaths could have been prevented had they received earlier interventions.

[Read more](#)

### INTERMEDIATE CARE 'STEP AWAY' PROJECT

A multi-professional approach to support homeless people post-hospital discharge in the community for 12 weeks. Included trialling the [Edmonton Frail Scale](#) to assess, formulate and deliver healthcare plans. FLSE collected data and analysed frailty scores, facilitated the steering group and captured systems learning.

[Read more](#)

### THE SAS REPORT

Analysis and recommendations to improve the Special Allocation Scheme (SAS), formerly 'Violent Patient Scheme' for people with MCN. Shared with NHS commissioners for their consideration.

[Read more](#)

### AN ACADEMIC REVIEW OF PRIMARY HEALTHCARE FOR PEOPLE WITH MCN

Produced a review in collaboration with a Brighton University Community Psychology Masters student, detailing what best practice in primary healthcare can look like.

[Read more](#)

# WHAT CHANGED?

Due to COVID-19, it has been difficult in the last two years of the project to work with the healthcare system to address health inequalities for people with MCN. However, we have been able to have a positive impact in the local system.

High scores on the frailty index are usually associated with older age. The Intermediate Care Step Away Project (led by the Brighton & Hove Homeless Health Inclusion Team) demonstrated that they were also relevant for people with MCN. These high scores indicate the need for rapid access clinics that can respond to the complex health needs of people with MCN. FLSE collected and analysed this evidence which we believe paves the way for frailty scores to be used as an inclusion criteria for enhanced healthcare. This work has attracted attention and this model was presented by FLSE and the Step Away team at the Pathways from Homelessness Conference in March 2022. We hope that frailty score assessments will become more common practice.

FLSE's Mortality Report has resulted in key healthcare leaders reflecting on how patient safety frameworks can be updated and on future investments in more outreach prevention work. The report highlights the stark inequalities of care and life expectancy of our client group locally. This report has been shared with the local healthcare system and tabled at the local healthcare trust's Equalities, Diversity, Inclusion and Human Rights Board for review.

We contributed extensively to the East Sussex Mental Health Inpatient consultation and our suggestions and recommendations have been incorporated into the future service design plans for a new inpatient facility that will be built in Bexhill by 2024. We have also contributed to the national Mental Health Act Review, the national Women's Health Strategy and the Brighton & Hove Mental Health Crisis House to champion for the recognition of MCN and services to meet the needs of this group nationally and locally.

We worked in partnership with the [Common Ambition](#) project to share learning and inform their co-production practices and choice of strategic projects based on our work over the past eight years. We hope their efforts will continue to improve health services and outcomes for people experiencing homelessness in Brighton & Hove.

We developed a number of reports rooted in our learning of the experiences of individuals with MCN to inform future service development and design. This included setting out what constitutes 'good' healthcare for our clients in primary and secondary healthcare settings.

**FLSE'S  
RECOMMENDATIONS HAVE BEEN  
INCORPORATED INTO SERVICE  
DESIGN PLANS FOR A NEW  
FACILITY TO BE BUILT IN BEXHILL  
BY 2024**



# WHO SHAPES THE SYSTEM?

## GOVERNMENT AND NATIONAL LEVEL:

**Department of Health and Social Care:** National ministerial department responsible for health and adult social care policy.

**Office for Health Improvements and Disparities (formerly Public Health England):** Aims to address health disparities, breaking the link between background and healthy life prospects.

**NHS Health Inequalities Improvement Programme:** Promotes equality and tackles health inequalities for patients across the NHS.

## LOCAL LEVEL:

**Clinical Commissioning Groups – Brighton & Hove and East Sussex:** GP-led statutory NHS bodies responsible for commissioning health services locally.

**Integrated Care Systems (ICS) NHS England:** Partnerships between local health and care organisations to coordinate and improve services.

**Sussex Partnership NHS Foundation Trust:** Provides NHS care in Sussex for people with mental health problems and learning disabilities.

**Sussex Community NHS Foundation Trust:** Provides medical, nursing, and therapeutic care to people in Sussex.

**Healthwatch: East Sussex and Brighton & Hove:** Ensure that decision makers listen to public feedback and improve local standards of care.

## THIRD SECTOR AGENCIES PIONEERING NEW WAYS OF WORKING:

[ARCH Healthcare](#), [Seaview Project](#), [Rough Sleeper Initiative East Sussex](#), [St John Ambulance Homeless Service – Hastings](#), [The Brighton Homeless Health Inclusion Team](#)





## WHAT CAN BE DONE?

Chief Medical Officer, Prof. Chris Whitty, is calling for a national strategy for public health as well as an increased investment in prevention and spending that supports population health to improve the health and wellbeing of coastal communities. The [King's Fund](#) is also calling for a cross-governmental strategy to reduce health inequalities for people with MCN.

FLSE supports both of these national developments and calls locally for:

1. MCN, or multiple disadvantage, to be named in local and national healthcare policies, strategies, and service contracts and paired with an expressed commitment to meeting the needs of this group. Due to the stark health inequalities faced by people with MCN, their needs must be factored into local Equalities Impact Assessments and given the same profile as other protected characteristics.
2. Setting up a local review process to monitor deaths of people experiencing MCN and assess progress in improving health inequalities for this group.
3. Offering choice to patients with MCN as crucial to increasing access to primary healthcare. We call for increased community-based primary care that enables engagement through walk-in clinics and drop-ins as well as healthcare professionals providing outreach into communities to build relationships and deliver care outside of traditional spaces. This can be enabled by scaling up existing good practices as suggested in the FLSE Bright Spots report.
4. Integrating frailty scores as a routine clinical assessment tool with rapid access clinics to respond to these high frailty scores. This will enable the coordination of care for complex conditions for people with MCN.
5. A dedicated funding stream within Sussex's new Integrated Care System to support the needs of people experiencing MCN. This would be a vehicle to promote the commissioning of a cohesive, joined up healthcare response to meet the needs of this distinct group of people.
6. Trauma-informed practice training to be delivered to all healthcare staff members to help improve communication with and service approaches for people experiencing MCN.



**'IF WE DO NOT TACKLE THE HEALTH PROBLEMS OF COASTAL COMMUNITIES VIGOROUSLY AND SYSTEMATICALLY THERE WILL BE A LONG TAIL OF PREVENTABLE ILL HEALTH WHICH WILL GET WORSE AS CURRENT POPULATIONS AGE.'**

Prof. Chris Whitty, Chief Medical Officer's annual report 2021: health in coastal communities

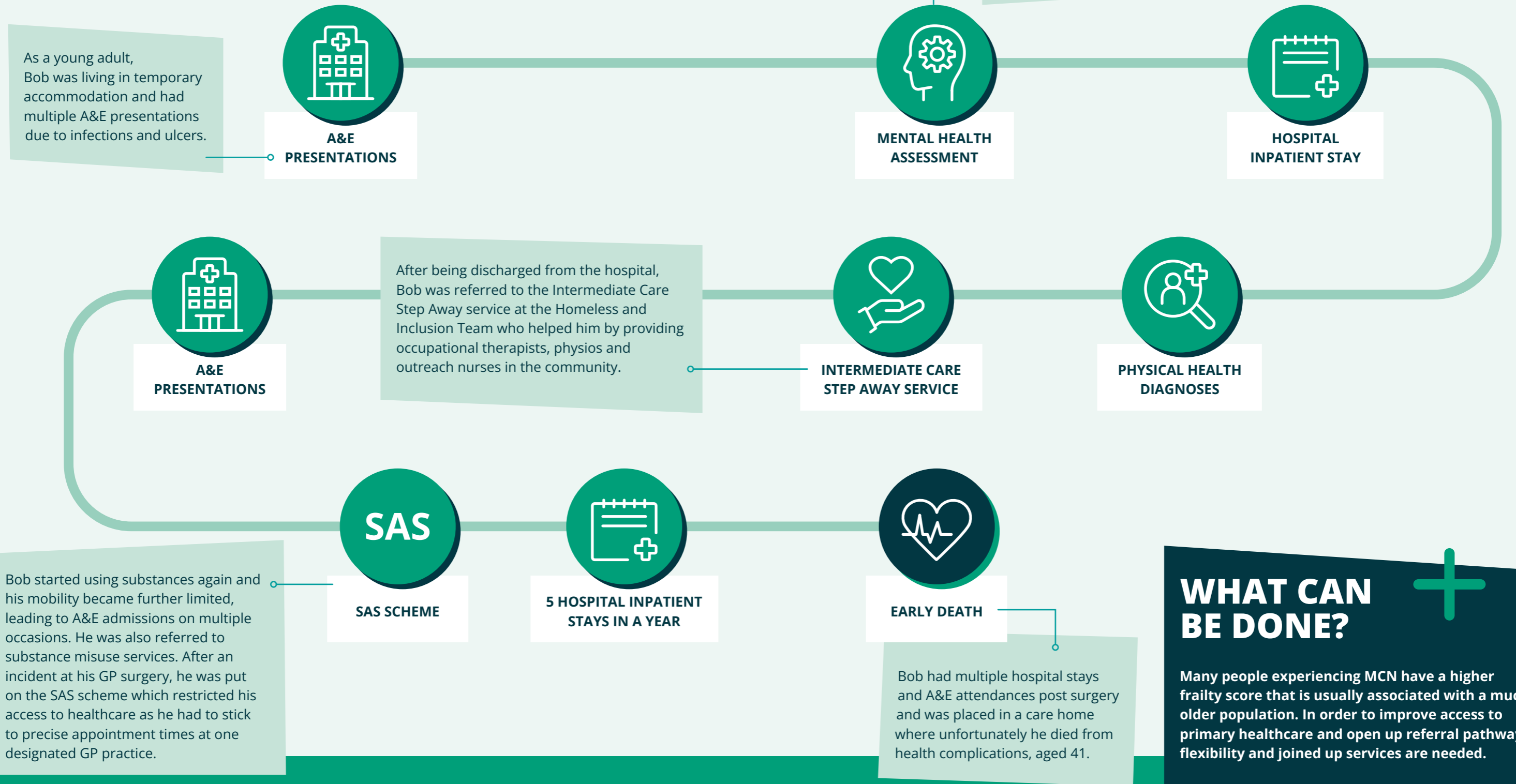
**'PEOPLE WHO SLEEP ROUGH HAVE COMPLEX AND MULTIPLE HEALTH AND CARE NEEDS THAT ALL TOO OFTEN ARE NOT MET. THEY HAVE SOME OF THE WORST HEALTH OUTCOMES IN ENGLAND.'**

Delivering health and care for people who sleep rough: going above and beyond, The King's Fund 2020



# CASE STUDY

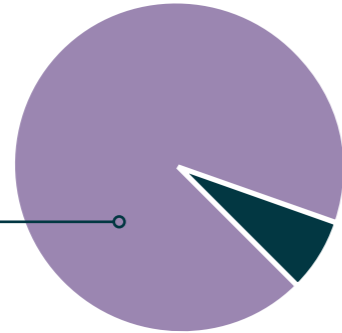
Bob experienced physical and emotional abuse as a child and was placed in foster care at a young age. His turbulent upbringing led to some antisocial behaviour and short custodial sentences as a teenager. When he left the care system, Bob started using class-A drugs to manage emotional distress. He became homeless, which resulted in his health deteriorating and led to an early death.



# 2 DOMESTIC ABUSE AND COMPLEX NEEDS

## THE ISSUE

# 93%



of FLSE female clients experienced domestic abuse, compared with approximately 8.5% of the general population.

FLSE Manifesto for Change

Domestic abuse is a dominant factor in the lives of many women facing multiple and complex needs. Women with MCN who experience, or who are at risk of, domestic abuse have distinct needs which require the attention of decision makers and service providers. These include safe women-specific refuge/ accommodation options so that they are not excluded because of substance use, for example, at the time when they most need support.

## OUR GOALS

1. Women with MCN to receive a trauma-informed response at housing departments, creative safety planning and access to appropriate accommodation.
2. Access to one-to-one support from a specialist domestic abuse service for women with MCN.
3. Women with MCN heard at Multi-Agency Risk Assessment Conferences (MARAC), to receive a robust multi-agency safety plan with shared accountability and clear actions.
4. Staff in non-specialist services supporting women with MCN will be equipped and trained to better respond to domestic abuse.
5. Women with MCN to be recognised and their needs met in national policies/ strategies in efforts to tackle domestic abuse.

## WHAT WE DID

### MARAC HUB PILOT EVALUATION

Collaborated with the local authority and statutory agencies to evaluate innovative ways of streamlining and enhancing the MARAC process locally.

[Read more](#)

### MCN REFUGE PROVISION

Worked with new local providers in Brighton & Hove to ensure safe MCN accommodation.

[Read more](#)

### COVID-19 RESPONSE PROJECT

Published a Good Practice Guide on practical support responses during the COVID-19 pandemic from a lived-experience perspective.

[Read more](#)

### INFLUENCING LOCALLY COMMISSIONED DOMESTIC ABUSE SERVICES AND REFUGE PROVISION

Provided evidenced feedback to inform and influence provision of local specialist domestic abuse services for women with MCN.

[Read more](#)

### INFLUENCING NATIONAL VIOLENCE AGAINST WOMEN AND GIRLS (VAWG) STRATEGY AND DOMESTIC ABUSE BILL

Provided evidenced feedback to influence key domestic abuse strategies from an MCN viewpoint.

[Read more](#)

### DOMESTIC ABUSE HOUSING ALLIANCE (DAHA) ACCREDITATION

Worked with national charity Standing Together Against Domestic Abuse to evolve standards of appropriate safe accommodation for women with complex needs experiencing domestic abuse.

[Read more](#)

### AN ACADEMIC REVIEW OF THE COMPLEXITY OF HOUSING FOR VICTIMS OF DOMESTIC ABUSE

Produced a review in collaboration with a Brighton University Community Psychology Masters student, analysing housing for women with MCN experiencing domestic abuse.

[Read more](#)



## WHAT CHANGED?

Our participation in the pan-Sussex strategic needs assessment in 2021 resulted in 'Responsive to Multiple Disadvantages' being named as one of six key strategic priorities in the Pan-Sussex Strategy for Domestic Abuse Accommodation and Support 2021-24. As a result, accommodation and support options appropriate for the needs of domestic abuse victims/survivors with MCN will also be enhanced, including short-term respite facilities, specialist housing, move on pathways and in-reach/floating support.

Collaborations with national charity Standing Together Against Domestic Abuse and the Domestic Abuse Housing Alliance (DAHA) have contributed to new accreditation standards for the housing sector, to guide practice in appropriately supporting victims of domestic abuse who experience MCN. This will lead to housing provider staff being well equipped and trained to better respond to the needs of women experiencing MCN and domestic abuse.

Our evaluation of the MARAC Hub Pilot during 2019-20 culminated in an evaluation report which led to positive changes, such as maintaining consistent MARAC chairs, recognising the need for a clear definition of complexity, and prompting a review of the MARAC Operating Protocol (MOP) for the first time in over ten years.

Our partnership work with Stonewater, who are commissioned to deliver the refuge services in Brighton & Hove, has led to a FLSE female client being accepted into the service for the first time. This was transformative for the individual as well as a key opportunity to learn and adapt practices within the service. This was largely enabled by the trusting relationships and advocacy of the FLSE Trauma Stabilisation Worker, who supported Stonewater referral processes and helped staff to develop their confidence in working with women who have MCN. We hope this improves access to safe accommodation for women with MCN.

Following the death of a client in East Sussex in 2018, FLSE's request for a Safeguarding Adult Review resulted in an extensive action plan across Sussex, led by the Safeguarding Adults Board. This has brought about cross-sector improvements and influenced a number of commissioned service specifications.

On a national level, the FLSE team has championed for the recognition of women with MCN, requesting a tailored response to their needs in national policy. For example, FLSE participated in the Home Office-led Violence Against Women and Girls Forum (VAWG) to shape the national VAWG and Domestic Abuse strategies and engaged in a focus group with the National Domestic Abuse Commissioner's team on the Victims Bill and wider national policy developments.

**OUR PARTICIPATION IN THE PAN-SUSSEX STRATEGIC NEEDS ASSESSMENT IN 2021 HAS RESULTED IN 'RESPONSIVE TO MULTIPLE DISADVANTAGES' NAMED AS ONE OF SIX KEY STRATEGIC PRIORITIES IN THE STRATEGY**

**0% OF OUR FEMALE CLIENTS WITH COMPLEX NEEDS STAYED IN REFUGE.**

## WHO SHAPES THE SYSTEM?

### GOVERNMENT AND NATIONAL LEVEL:

**Home Office:** National ministerial department responsible for the security and safety of citizens.

**National Domestic Abuse Commissioner:** Independent voice that speaks on behalf of victims and survivors, holding agencies to account.

### LOCAL LEVEL:

**Adult Social Care – Brighton & Hove City Council and East Sussex County Council:** Providers of refuge accommodation in Brighton & Hove and East Sussex.

**Commissioned specialist domestic abuse services – Victim Support and Change Grow Live:** Providers of specialist domestic abuse services in Brighton & Hove and East Sussex.

**Office of the Sussex Police & Crime Commissioner:** Sets the strategy and priorities for Sussex Police and commissions victim support services.

**Local Domestic Abuse and Violence Against Women & Girls (VAWG) commissioners:** Identify local needs, shape commissioned services and quality assure provision.

### THIRD SECTOR AGENCIES PIONEERING NEW WAYS OF WORKING:

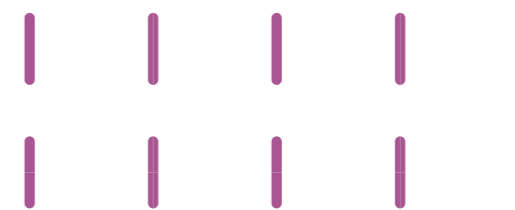
[Brighton Women's Centre](#), [Oasis Project](#), [Equinox Care](#), [RISE](#), [Agenda](#), [Standing Together](#), [Domestic Abuse Housing Alliance \(DAHA\)](#)



## WHAT CAN BE DONE?

To further improve the accessibility and effectiveness of the support system, FLSE's recommendations for change in this area are as follows:

1. Enhanced training for local authority housing and refuge staff teams to improve confidence in working with women with MCN and to strengthen trauma-informed responses. We welcome the strategic priority to be 'Responsive to Multiple Disadvantage' in the Pan-Sussex Strategy for Domestic Abuse Accommodation and Support 2021-24.
2. A dedicated offer for women facing MCN who are not yet able to leave domestic abuse relationships. This would require services that can operate with smaller caseloads, to offer proactive outreach and have time to build trusting relationships.
3. Training on MCN, women-specific working and an understanding of complex trauma to be made readily available to all services working with women with MCN experiencing domestic abuse. In particular, training for the police as they are often present at crisis moments and need to be equipped to provide a trauma-informed response.
4. Greater representation of women with lived experience in decision-making forums, particularly in commissioned services, to further inform service design and service evaluation. We welcome the inclusion of lived experience representation at the new local Domestic Abuse Partnership Board and would support a wider adoption of this way of working.
5. A change to local allocations policies so that women with MCN experiencing domestic abuse are never found to be 'intentionally homeless' as this increases the risks of abuse, having left or being evicted from their home.
6. At a national level, we encourage a move towards removing the perpetrator from the home rather than removing the victim from the home, and an end to the assumption that it is in the best interests of the woman to be moved out of area.



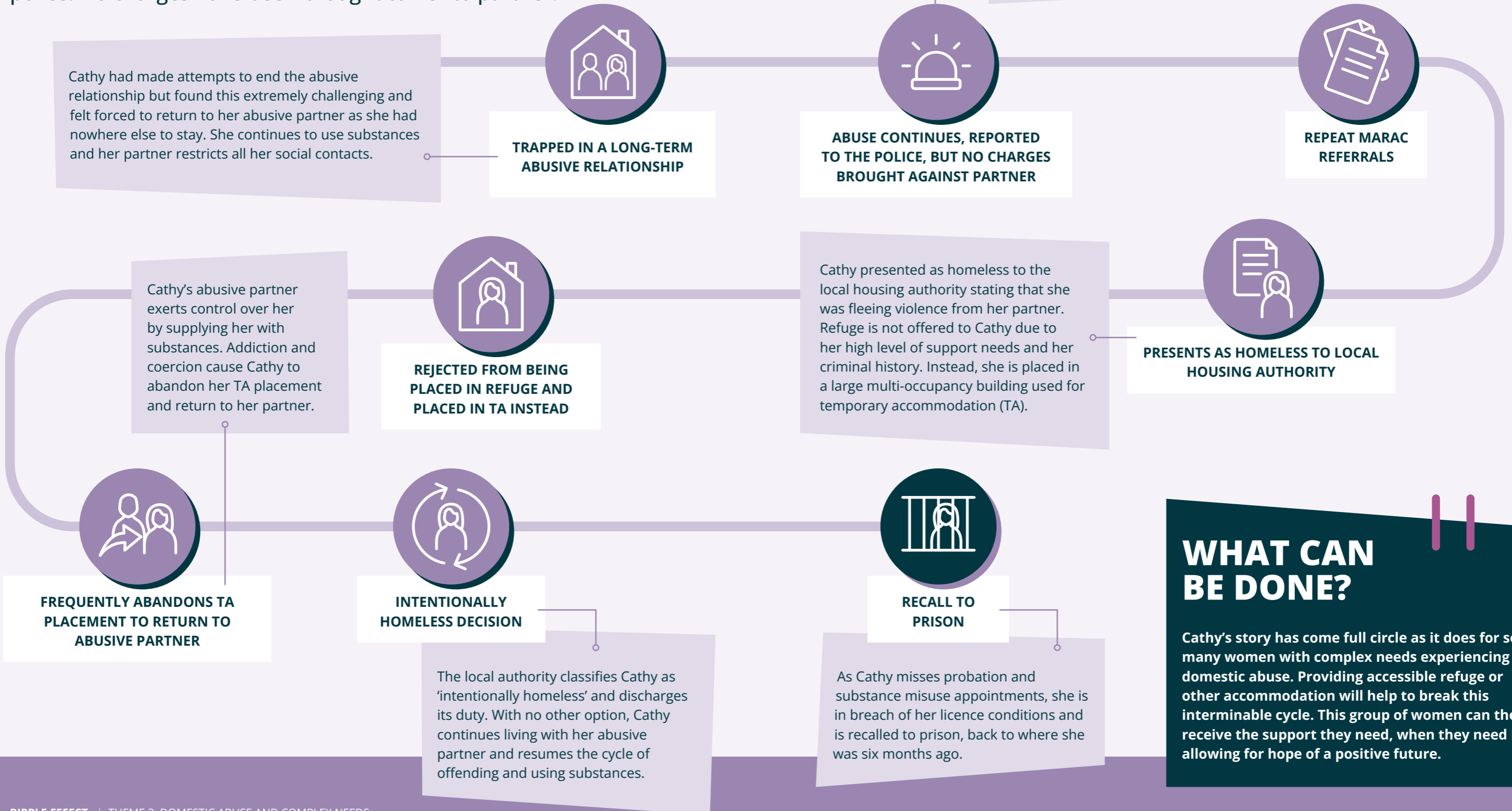
**"WE'VE HAD REFUGES FOR OVER 50 YEARS AND GREATER AWARENESS, BUT THE PUBLIC IS ALWAYS SURPRISED TO LEARN THAT PROGRESS IN A RANGE OF AREAS INCLUDING HEALTH, HOUSING AND POLICING ISN'T WHERE IT SHOULD BE. WE HAVE A LOT TO DO."**

Nicole Jacobs, Domestic Abuse Commissioner,  
'Tough new domestic abuse tsar prepares to shape laws to protect threatened women',  
The Observer, 3 January 2021



# CASE STUDY

Cathy is a 38-year-old female. She is a care leaver with a history of childhood abuse and was placed in foster care from eight years old. She has a history of violence and substance misuse and was released from prison on licence six months ago. She is currently in an abusive relationship with several MARAC referrals and reports to police. No charges have been brought to her to partner.



## WHAT CAN BE DONE?

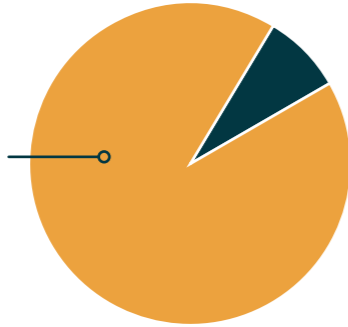
Cathy's story has come full circle as it does for so many women with complex needs experiencing domestic abuse. Providing accessible refuge or other accommodation will help to break this interminable cycle. This group of women can then receive the support they need, when they need it, allowing for hope of a positive future.

# 3 CRIMINAL JUSTICE AND REPEAT OFFENDING

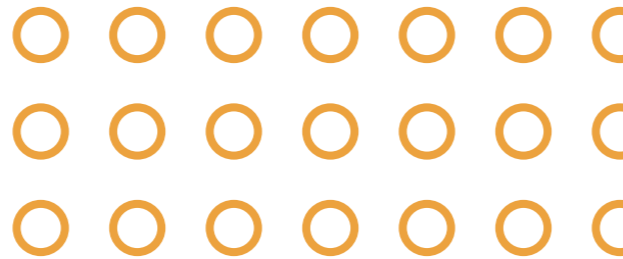


## THE ISSUE

92%



of all 118 FLSE clients had previous contact with the criminal justice system.



People with multiple and complex needs (MCN) are overrepresented in the criminal justice system. Frequently described by the government as ‘prolific offenders’, they often commit low-level offences that are driven by underlying needs related to past trauma. These often manifest in a combination drug addiction, homelessness and poor mental health.

They receive short custodial sentences and are regularly released as street homeless where the chaotic nature of their lives leads to breaches of licence conditions and recall to prison after only a brief time in the community. There are few or no periods of stability (either in prison or in the community) in which the individual can address their issues; instead, they remain caught in cyclical offending and the revolving door between prison and the community.

## OUR GOALS

1. For no clients with MCN to be released as street homeless.
2. For no clients with MCN to be released from prison on a Friday, which restricts their access over the weekend to services only open on weekdays.
3. For clients with MCN to have a named probation worker to coordinate their release and resettlement planning.
4. For clients with MCN to receive multi-agency case coordination of their support in the community.
5. For women with MCN to have access to a gender-informed package of support.

## WHAT WE DID

### IMPROVING SERVICE TRANSITIONS FOR PEOPLE EXPERIENCING MCN

Collaborated on a national research paper advocating for an end to short sentences and highlighting the challenges of homelessness on release, especially on Fridays.

[Read more](#)

### TRAINING FOR PROBATION PRACTITIONERS

Delivered online training sessions sharing material from FLSE practitioners and lived experience group members, focussing on how to manage trauma and the manifestation of complex needs.

[Read more](#)

### MAPPING FEMALE OFFENDER JOURNEY

Promoted clearer understanding of the specific barriers facing female offenders by sharing real experiences of women in contact with the criminal justice system.

[Read more](#)

### STOP THE PRISON CYCLE

Collaborated with national partners across the Fulfilling Lives Programme in a national media campaign to build greater awareness of MCN.

[Read more](#)

### CREATIVE PRACTICE REPORT

Highlighted best practice in cross-sector partnership working with people who have MCN.

[Read more](#)

### SUPPORTING GENDER-INFORMED PATHWAYS OF SUPPORT

Participated in the Women’s Criminal Justice Forum, supporting the network’s development and promoting the call for more gender-informed pathways via blogs, reports and feeding into consultations.

[Read more](#)



## WHAT CHANGED?

Our Creative Practice Report draws together what effective support can look like for individuals experiencing MCN engaged with the Probation Service. The report highlights creative practices around approaches to breach, joint working, and trauma-informed support, and how new ways of working with people who experience MCN can unlock new possibilities for improved outcomes.

Our client-facing work in Fulfilling Lives has modelled new approaches to pre-release planning, multi-agency working and Through The Gate support. Client work has impacted positively on individuals as well as giving confidence to partner agencies in the wider system that the cycle of offending can be broken.

The training FLSE delivered in 2021 to new probation practitioners has increased understanding of the challenges of complex needs, provided practical tools to assist engagement and support, and promoted resilience amongst probation officers. Attendees fed back that they valued the real-world insight gained on working with complex trauma and with multiple and complex needs. When asked what key learning they would like to take with them into the future, they said: "Different ways of engaging individuals – distraction techniques when talking, aids to building rapport" and "how to work with those who have experienced trauma in a more holistic manner."

Our collaboration with other Fulfilling Lives projects nationally and the Making Every Adult Matter (MEAM) coalition has raised awareness of the multiple problems contributing to revolving door offending. This highlighted a consensus on issues such as adoption of the Female Offender Strategy and on issues which require national policy change, including Friday release. We have raised awareness around a sector-wide desire to end the cycle of repeating short sentences for acquisitive crimes such as shoplifting, by providing more support for individuals with complex needs via local community sentences.

**OUR FRONTLINE WORK ROLE MODELLED TO PROBATION COLLEAGUES WHAT EFFECTIVE SUPPORT CAN LOOK LIKE FOR INDIVIDUALS EXPERIENCING MCN**

## WHO SHAPES THE SYSTEM?

### GOVERNMENT AND NATIONAL LEVEL:

**Ministry of Justice:** National ministerial department responsible for the justice system and relevant policy.

**Home Office:** National ministerial department responsible for the security and safety of citizens.

**Her Majesty's Prison and Probation Service (HMPPS):** Executive agency that carries out sentences given by the courts. Supported by:

**HM Prison Service (HMPS):** Keeps those sentenced to prison in custody, helping them lead law-abiding lives, both while in prison and post release.

**Probation Service:** Statutory criminal justice service that supervises high-risk offenders released into the community.

### LOCAL LEVEL:

**Office of the Sussex Police & Crime Commissioner (OSPCC):** Sets the strategy and priorities for Sussex Police and commissions victim support services.

### THIRD SECTOR AGENCIES PIONEERING NEW WAYS OF WORKING:

[Brighton Women's Centre](#), [East Sussex Veterans Hub](#), [Interventions Alliance](#), [Women in Prison](#), [Revolving Doors Agency](#), [Clinks](#)

**BETWEEN 2019 AND 2021, 12 FLSE CLIENTS WERE GIVEN 37 COURT SENTENCES BETWEEN THEM. ONE CLIENT WAS IMPRISONED 7 TIMES IN THIS PERIOD.**



## WHAT CAN BE DONE?

To further improve the accessibility and effectiveness of the support system, FLSE's recommendations for change in this area are as follows:

1. National sentencing guidelines should consider an automatic presumption against custodial sentences of less than six months for non-violent offences. Short custodial sentences for people with MCN have little value for society as they perpetuate repeat reoffending by eroding stability in individuals' lives.
2. An alternative to short prison sentences should be sought for non-violent offenders through an expansion of the Community Sentence Treatment Requirements (CSTR) programme.
3. Increased Through The Gate support via a renewed focus on joint working between the voluntary sector and probation. All clients with MCN should be met at the gate on the day of release and supported to attend important appointments in the community.
4. A renewed focus from government on delivering the aims of the 2018 Female Offender Strategy – a commitment from the Cross Government Concordat on Women in, or at risk of contact with, the Criminal Justice System 2021.
5. For no clients with MCN to be released from prison on a Friday. This needs to be considered and resolved at a national government level.

**“JOINT WORKING FOR PRE-RELEASE PLANNING HAS UNDOUBTEDLY LED TO BETTER OUTCOMES FOR CLIENTS, AGENCIES, AND THE GENERAL PUBLIC.”**

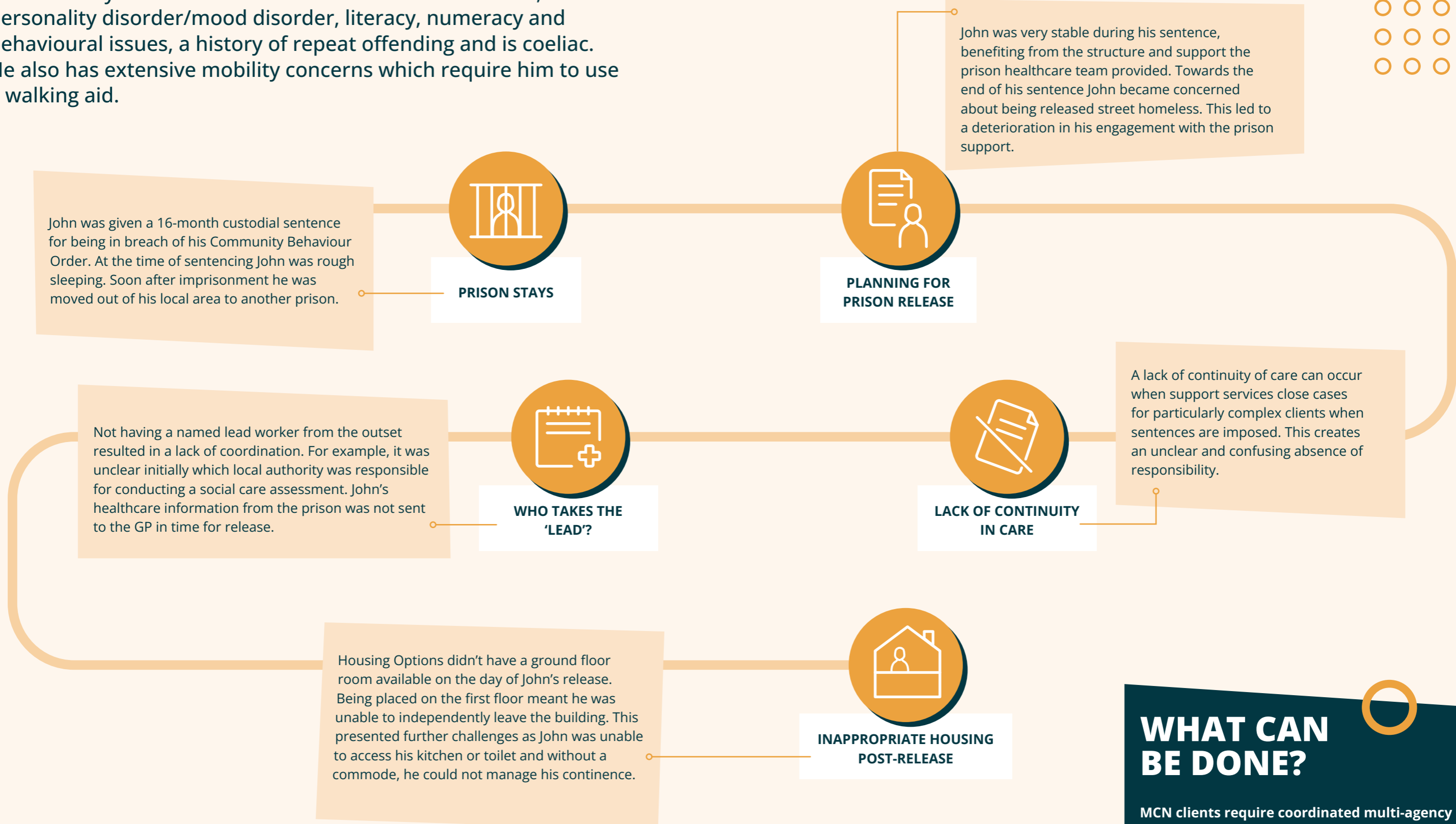
CRC Probation Officer, 'Creative Practice' - FLSE, 2021

**“IF WE WANT THE OFFENDING TO REDUCE, WE NEED TO MAKE IT VERY CLEAR TO THE WIDER PUBLIC AND SOCIETY AT LARGE THAT PRISON IS OVER-USED AND DOESN'T WORK.”**

Sophie Gibson, 'Crime and Consequence', The Monument Fellowship

# CASE STUDY

John is a 51-year-old male who has alcohol misuse issues, a personality disorder/mood disorder, literacy, numeracy and behavioural issues, a history of repeat offending and is coeliac. He also has extensive mobility concerns which require him to use a walking aid.

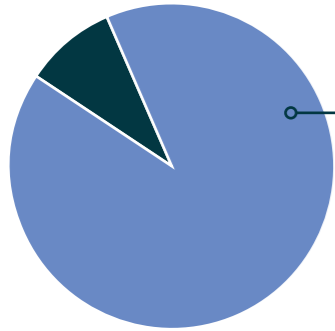


## WHAT CAN BE DONE?

MCN clients require coordinated multi-agency support planning pre-release, and in the community post-release from prison. Named 'lead' workers/agencies need to be in place to ensure continuity and coherence of support.

# 4 TREATMENT PATHWAYS FOR COEXISTING CONDITIONS

## THE ISSUE



# 91%

of all 118 FLSE clients had a coexisting substance misuse and mental health condition.

The substance misuse treatment system is difficult to navigate for people with the most complex needs, in particular when their mental health needs are considerable. Many clients have needs that are undiagnosed or untreated. Current clinical pathways often require an individual to address their substance use before mental health treatment can be provided. Ongoing substance use can result in an assessment for statutory mental health support not commencing or being attempted. A lack of available mental health support frequently means that individuals with multiple and complex needs (MCN) are unable to remain in, or make progress in, their substance misuse treatment.

## OUR GOALS

1. For all clients with complex trauma presentations to have access to psychological support to help prepare for accessing formal treatment
2. For mental health support to run in parallel at all stages of substance misuse treatment, namely access, assessment, community substance misuse services, detox, and residential rehab

## WHAT WE DID

### THE PERSPECTIVES PROJECT

Researched what good psychological support can look like for people with coexisting mental ill-health and substance use, prior to accessing formal substance misuse treatment. The aim was to identify new ways of working through learning from professionals who support MCN clients, providers or commissioners of substance misuse and mental health services, and sector leaders.

- [Read more \(part I\)](#)
- [Read more \(part II\)](#)
- [Read more \(part III\)](#)

### COEXISTING CONDITIONS STEERING GROUPS

Reframed and reorganised existing relationships between commissioners, substance misuse and mental health services to enhance joint working, improve access and support for people with coexisting conditions.

[Read more](#)

### TRAUMA STABILISATION PILOT ROLE

FLSE's Trauma Stabilisation Pilot role provided specialist outreach support to women experiencing MCN. This relationship-based intervention relies on building a sense of internal safety with the client without requiring the client to re-live their trauma story.

[Read more](#)

### THE HASTINGS JOINT WORKING PROTOCOL

Developed and implemented a joint working protocol between Hastings mental health and substance misuse services to improve experiences for clients who need access to both services. The protocol aims to meet clients' needs as a whole, through a combined approach, rather than as subsets of difficulties.

[Read more](#)

### HARD TO REACH?

Produced a report sharing findings from two pilot projects, which employed a pretreatment therapist to work flexibly with people who were unstably housed or in active addiction. The FLSE project showcased psychologically informed practice in working with people accessing 'Severe Multiple Disadvantage' specific services.

[Read more](#)





## WHAT CHANGED?

The Perspectives Project work contributed to the literature on the under-researched topic of psychological interventions prior to substance misuse treatment. The learning event FLSE held in 2021 on the findings from this project helped steer the conversation from ‘should there be support?’ towards ‘what type of support?’. Learning demonstrated that several psychological interventions are possible if we think outside of traditional approaches. The FLSE Pre-Treatment Trauma Stabilisation role was created in response to this learning. The Perspectives Project provided a clear case for breaking down barriers between services and showed how support systems can change to improve client outcomes.

The Coexisting Conditions Steering Groups in Brighton & Hove and East Sussex, chaired by FLSE, provided a forum for learning and developing best practice to improve access and responsiveness. The steering groups support joined-up service responses across the local areas for people presenting with coexisting mental health and substance misuse issues. Prior to these forums, there was no dedicated space to discuss coexisting conditions. We have supported commissioners to consider how these groups could sit within more formal local healthcare governance structures.

FLSE instigated a Dual Diagnosis Working Together Agreement adopted in Hastings in 2017. Our client work and feedback from people with lived experience indicated services were fragmented and better joint work was needed. The Working Together Agreement has sustained and strengthened since forming, and now responsibility sits within the Hastings Co-occurring Substance Use and Mental Health Group (COSUMH). This group is an established forum to resolve issues around challenging cases, strengthen joint working, explore co-training opportunities, and actively review the Working Together Agreement. The group expanded from Hastings to include Eastbourne.

FLSE’s client-facing work modelled new approaches to supporting people with MCN to access traditional treatment pathways. FLSE workers built trusting relationships with clients and supported them to access a range of treatment and therapeutic services – transformative for many clients. The Pre-Treatment Trauma Stabilisation pilot 2021-22 supported women to access support pathways that were previously thought to be unattainable. This role builds on the one-to-one psychotherapeutic interventions pilot that FLSE funded between 2017-19, which demonstrated people with MCN do not have to be abstinent to benefit from psychological interventions.

**HELPED  
STEER THE  
CONVERSATION  
AWAY FROM  
‘SHOULD THERE  
BE SUPPORT’  
TOWARDS ‘WHAT  
TYPE OF SUPPORT’**

## WHO SHAPES THE SYSTEM?

### GOVERNMENT AND NATIONAL LEVEL:

**Department of Health and Social Care:** National ministerial department responsible for health and adult social care policy.

**Office for Health Improvements and Disparities (formerly Public Health England):** Aims to address health disparities, breaking the link between background and healthy life prospects.

**UK Health Security Agency (UKHSA):** Provides national intellectual, scientific, and operational leadership to make the nation’s health secure.

### LOCAL LEVEL:

**Safeguarding Adults Board – Brighton & Hove and East Sussex:** Raises awareness and promotes the welfare of vulnerable adults by developing an effective co-operative.

**Clinical Commissioning Groups – Brighton & Hove and East Sussex:** GP-led statutory NHS bodies responsible for commissioning health services locally.

**Sussex Partnership NHS Foundation Trust:** Provides NHS care in Sussex for people with mental health problems and learning disabilities.

**Commissioned specialist recovery service – Change Grow Live:** Providers of recovery services in Brighton & Hove and East Sussex.

**Local substance misuse and mental health commissioners:** Identify local needs, shape commissioned services and quality assure provision.

### THIRD SECTOR AGENCIES PIONEERING NEW WAYS OF WORKING:

[BHT Sussex](#), [Southdown Housing](#), [Justlife](#), [St Mungo’s](#), [Mind Brighton & Hove](#), [Mind East Sussex](#), [Oasis](#), [Rough Sleeping Initiative East Sussex](#), [Seaview Project](#), [Turning Point](#), [Social Interest Group](#)

**‘I FUNDAMENTALLY BELIEVE THAT JOINED UP WORKING SHOULD BE AN ABSOLUTE MINIMUM... COLLABORATION NEEDS TO BE BUILT INTO SERVICE DESIGN’**

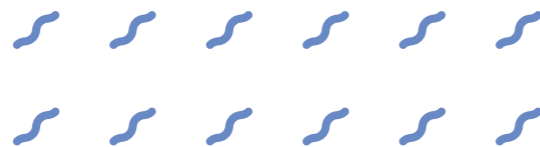
Michelle Butterly, MEAM Partnerships Manager - London and South East, Mind, FLSE ‘The Perspectives Project’



## WHAT CAN BE DONE?

To further improve the accessibility and effectiveness of the support system, FLSE's recommendations for change in this area are as follows:

1. Local authorities in Sussex need to utilise the [Dame Carol Black Review](#) to ensure enhanced provisions for people with MCN who experience coexisting conditions are put in place.
2. MCN to be named in local and national healthcare policies, strategies, and service contracts and paired with commitments to meet the needs of this distinct group. Due to the stark health inequalities faced by people with MCN, their needs should be factored into local Equalities Impact Assessments and given the same profile as other protected characteristics.
3. A strategic plan is required to address the support needs of clients with MCN: the newly formed Integrated Care System (ICS) should lead on devising this plan. The [Changing Futures Programme](#) for Sussex is well placed to advise the ICS on policy requirements needed to realise the Black Review's recommendations on re-establishing local partnerships.
4. Workforce development for non-specialist frontline workers needs to be prioritised to avoid the continuation of the current situation whereby the least qualified staff carry a disproportionate amount of risk in their work without sufficient support. This requires statutory support and input from specialist mental health professionals as highlighted in the FLSE Perspectives Project.
5. Coexisting Conditions Steering Groups in Brighton & Hove and East Sussex should be integrated into local governance structures to enable coexisting conditions to be addressed strategically.
6. Building on positive commissioning efforts to create dedicated coexisting conditions roles in both substance misuse and mental health services, we call on the leaders of these teams and commissioners to co-locate these teams. Enabling a more joined-up service, alongside further development of the joint working protocols and, in the future, merging these teams into a jointly commissioned service.



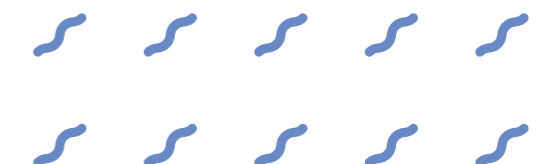
**"THE FINDINGS HAVE BEEN DISTURBING, EVEN SHOCKING. FUNDING CUTS HAVE LEFT TREATMENT AND RECOVERY SERVICES ON THEIR KNEES..."**

Professor Dame Carol Black, 'Independent Review of Drugs: Part 2' report, 2021



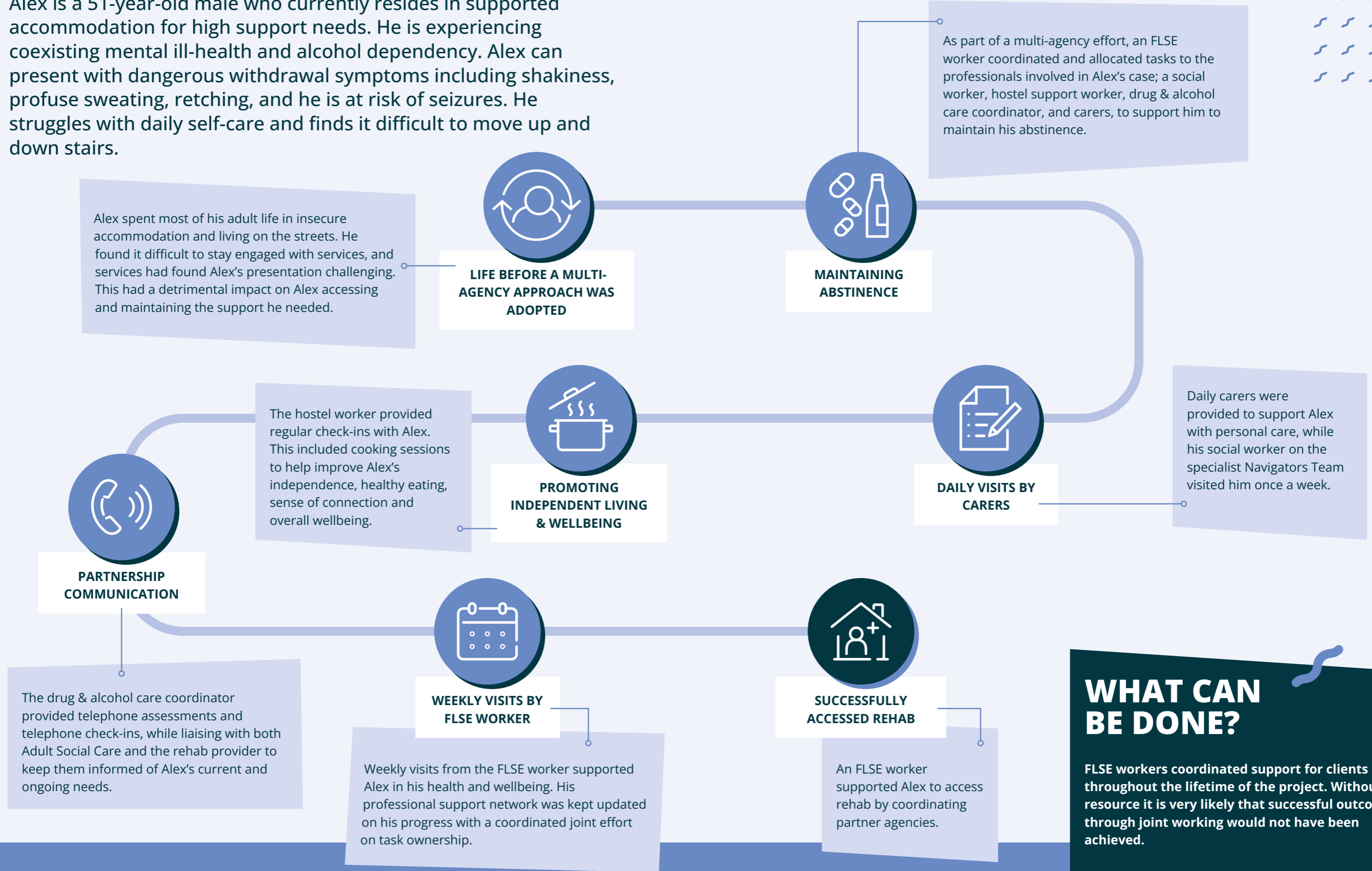
**"...THE WORKFORCE IS DEPLETED, ESPECIALLY OF PROFESSIONALLY QUALIFIED PEOPLE, AND DEMORALISED."**

Professor Dame Carol Black, 'Independent Review of Drugs: Part 2' report, 2021



# CASE STUDY

Alex is a 51-year-old male who currently resides in supported accommodation for high support needs. He is experiencing coexisting mental ill-health and alcohol dependency. Alex can present with dangerous withdrawal symptoms including shakiness, profuse sweating, retching, and he is at risk of seizures. He struggles with daily self-care and finds it difficult to move up and down stairs.



**WHAT CAN BE DONE?**  
FLSE workers coordinated support for clients throughout the lifetime of the project. Without this resource it is very likely that successful outcomes through joint working would not have been achieved.

# 5 UNSUPPORTED TEMPORARY ACCOMMODATION



## THE ISSUE



**70%**  
of FLSE clients had spent time in unsupported TA



Temporary accommodation (TA) has increasingly become a long-term solution for too many, including those with multiple and complex needs (MCN). Fulfilling Lives South East (FLSE) has worked in partnership with experts by experience, third sector organisations and local authorities to help people experiencing MCN overcome barriers to getting support and enact real systems change, improving service provision sector-wide.



## OUR GOALS

1. To establish acceptable standards of training and quality for TA providers.
2. To agree a protocol whereby MCN clients who are being assessed for TA will have an identified lead professional/support worker to coordinate a package of support.
3. For Housing Options teams to routinely share relevant information with TA providers at the time of placement.
4. To develop a tool for Housing Options teams to identify people with MCN.
5. For people with MCN not to be placed out of area unless they have specifically requested it.

## WHAT WE DID



### AN ACADEMIC REVIEW OF HOUSING ASSESSMENTS

Produced a review in collaboration with a Brighton University Community Psychology Masters student, analysing the effect of current housing assessment processes on the wellbeing of people experiencing MCN.

[Read more](#)

### TEMPORARY ACCOMMODATION ACTION GROUP (TAAG)

Established the East Sussex TAAG – a multi-agency action group to support developments in TA. FLSE also worked closely with the Brighton & Hove TAAG.

[Read more](#)

### BRIGHTON & HOVE CITY COUNCIL HOUSING DEPARTMENT ASSESSMENT AND TRAINING

Mystery shopping exercises and environment assessments were led by people with lived experiences of MCN, followed by training for staff on Psychologically Informed Environments (PIE) and Trauma-Informed Care (TIC).

[Read more](#)

### REVIEW OF HASTINGS BOROUGH COUNCIL HOUSING ADVICE CENTRE

Mystery shopping exercises led by people with lived experiences of MCN to review how person-centred, accessible and welcoming the service was.

### THE CHARTER OF STANDARDS

Developed the Charter with Justlife and Eastbourne Citizens Advice which sets out reasonable standards of TA for local authorities and providers.

[Read more](#)

### TEMPORARY ACCOMMODATION STAFF TRAINING

Facilitated training for TA providers to improve understanding of and responses to people with MCN.

[Read more](#)

### OUT OF AREA PLACEMENTS REPORT

Produced a report with the University of Brighton to review local authority policies on allocations and out-of-area placements.

[Read more](#)

### INFORMATION SHARING PILOT

Developed a pilot project with Hastings Borough Council and local Hastings TA providers for sharing client information to identify risks and offer better support.

[Read more](#)



**“I CONSTANTLY WANT TO TAKE MY OWN LIFE, BUT I HAVE TO HOPE THIS WILL END AND I WILL FIND SOMEWHERE SAFE TO LIVE.”**

Female FLSE Client in TA

## WHAT CHANGED?

FLSE has achieved improvements in TA providers’ contractual standards of accommodation. FLSE collaborated with Justlife in Brighton & Hove to introduce a Charter setting out reasonable standards of emergency accommodation. The Charter was supported by the Brighton & Hove Temporary Accommodation Action Group (TAAG) and presented to the local authority to explore how these standards could be adopted. These standards have now been incorporated into the Brighton & Hove contract specifications which, for the first time, will be awarded 50% on quality and 50% on cost, with £230k extra funding added to the 2022/23 budget to enhance the level of service in emergency accommodation. This will positively impact on the standards of local TA provision.

We co-founded the East Sussex TAAG in 2019 and have supported the Brighton & Hove TAAG. These forums provide space to highlight concerns, jointly problem-solve across sectors to improve TA and help connect TA providers with support providers. As a result, many people placed in TA are now better signposted to the support services they need.

Training delivered by FLSE to TA providers across Sussex has raised their awareness of MCN and professional boundaries. A large TA provider reported being “more tolerant of clients’ issues and needs” following FLSE training. This has led to people with MCN having an improved experience of TA, especially in East Sussex where many providers have welcomed training.

We collaborated with the Brighton & Hove City Council (BHCC) Housing Needs Department to review assessment processes and customer journeys following mystery shopping and a PIE assessment led by FLSE experts by experience. As a result, the Department committed to operate as a Psychologically Informed Environment (PIE). We co-delivered PIE and trauma-informed practice training to staff with Dr Peter Cockersell – an originator of the PIE approach. This led to improved service responses for people experiencing MCN accessing housing options services.

FLSE’s review of out-of-area policies highlighted the need for developments across the county. The report was discussed at a roundtable event facilitated by Homeless Link. As a result, East Sussex County Council are currently reviewing their out-of-area policy and will publish their TA allocations policy on relevant local authority websites to enable easy access to it. Our research has also bolstered the case for the local authority to review their policy on placing verified rough sleepers out-of-area.

**BRIGHTON & HOVE CITY COUNCIL HOUSING DEPARTMENT COMMITTED TO OPERATE AS A PSYCHOLOGICALLY INFORMED ENVIRONMENT (PIE)**

## WHO SHAPES THE SYSTEM?

### GOVERNMENT AND NATIONAL LEVEL:

**Department for Levelling Up, Housing and Communities (DLHC):** National ministerial Department responsible for supporting communities to thrive. Supported by:

**Regulator of Social Housing:** Public body supporting providers deliver homes that meet a range of needs.

### LOCAL LEVEL:

**Housing Departments – Brighton & Hove City Council and East Sussex County Council:** Determine allocation policies, shape housing pathways, conduct housing assessments and hold housing stock.

**Rough Sleeping Initiatives – Brighton & Hove and East Sussex:** Provides intensive assessment and support to complex cases and influences new local policies.

**Registered Providers of Social Housing:** Often housing associations are key developers of new social housing and provide housing options to people at risk of, or experiencing, homelessness.

**Healthwatch: East Sussex and Brighton & Hove:** Ensure that decision makers listen to public feedback and improve local standards of care.

### THIRD SECTOR AGENCIES PIONEERING NEW WAYS OF WORKING:

[Arch Healthcare](#), [Justlife](#), [BHT Sussex](#), [CGL](#), [Southdown HA](#), [Crisis](#), [Homeless Link](#)

**57%**  
**OF PLACEMENTS IN TEMPORARY ACCOMMODATION BROKE DOWN FOR FLSE CLIENTS**

FLSE Manifesto for Change



## WHAT CAN BE DONE?



This housing supply crisis in the South East, together with growing numbers of people becoming homeless, has resulted in high numbers of people with MCN being placed in unsupported TA, which is unsuitable accommodation for this group. However, placements will not stop until greater housing options are made available locally. As such, our calls to action for future systems changes are rooted in this reality and TA must remain a focus locally.

1. More supported accommodation is needed in Sussex, including Housing First that is true to the principles set out by the Housing First England project. There is no provision in East Sussex for people with MCN who have high support needs and are not ready for Housing First: 24/7 staffed supported accommodation is needed.
2. Local authorities must review their housing assessment procedures so that people with MCN can be identified and appropriate support can be put in place. Assessments need to take place in person, without reliance on online forms and strict appointment-based practices.
3. Specialist in-reach support for people with MCN placed in TA should be increased to meet demand. Specialist agencies that have built trusting relationships with both residents and TA providers need support from local authorities to scale up their work.
4. People with MCN should not be found to be 'intentionally homeless'. This perpetuates homelessness.
5. Continued training should be provided to support TA provider staff to build their understanding of MCN, their lines of support, and safeguarding.
6. Housing departments across Sussex to only work with ethical TA providers who support, and can demonstrate that they meet, the standards in the Charter.
7. People with MCN should not be placed out-of-area unless they have specifically requested it. If, in exceptional circumstances, MCN clients are placed out-of-area, they should be prioritised for a placement back in their local area.

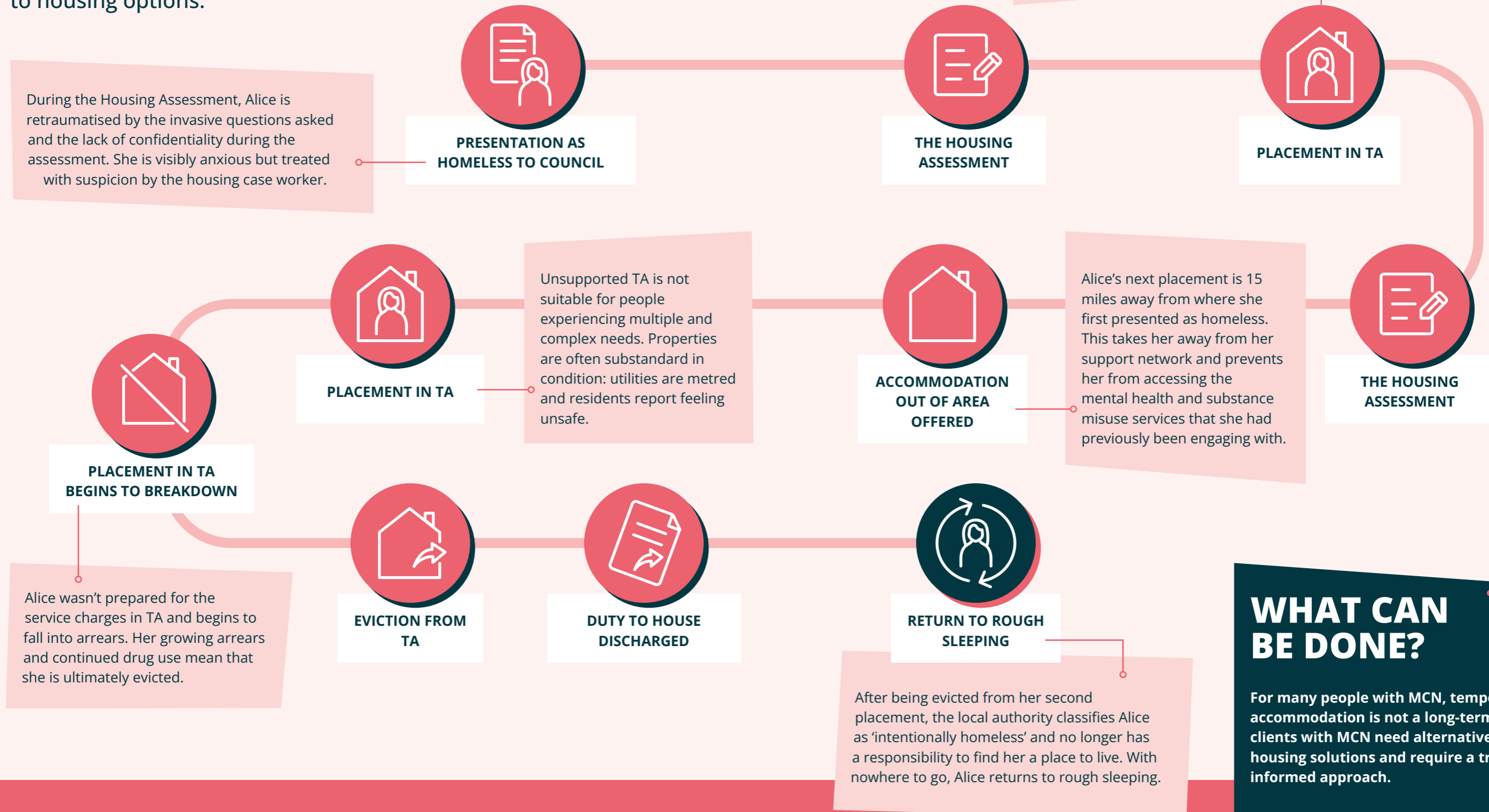


**COUNCILS SPENT ALMOST £1.2 BILLION PROVIDING TEMPORARY ACCOMMODATION FOR HOMELESS HOUSEHOLDS BETWEEN APRIL 2019 AND MARCH 2020. THIS HAS INCREASED BY 9% IN THE LAST YEAR AND 55% IN THE LAST FIVE YEARS.**

Press Release - Shelter, 2020

# CASE STUDY

Alice is a young woman who grew up in an unsafe environment. She has been a victim of sexual assault and domestic violence and uses drugs as a way of dealing with the trauma she has experienced. Her substance misuse and mental health issues mean she cannot work and is in receipt of benefits. Due to many landlords not accepting tenants on Universal Credit, Alice has significantly reduced access to housing options.



**WHAT CAN BE DONE?**

For many people with MCN, temporary accommodation is not a long-term solution - clients with MCN need alternative supported housing solutions and require a trauma-informed approach.

# 6 REPEAT REMOVALS OF CHILDREN INTO THE CARE SYSTEM

## THE ISSUE

50% 

of women working with the Looking Forward service are care leavers themselves.

Many women experiencing multiple and complex needs (MCN) have children who are not in their care. FLSE invested in Looking Forward, a specialist service for women who have had one or more children permanently removed from their care and are at risk of going through this process again. Our casework has provided real insight into the prevalence of this issue and has highlighted the vulnerability of this group and the ways in which the current system is failing to adequately support them.

Many of these women had Adverse Childhood Experiences and have been in care as children themselves; the loss of their child in this way compounds their trauma, doing immeasurable damage to their wellbeing and sense of self-worth. Fulfilling Lives is not seeking to challenge decisions to remove children, but to identify and highlight opportunities for more supportive interventions to be considered and for the cycle of repeat removals to be interrupted.

## OUR GOALS

1. For women with MCN to not suffer stigmatising practice (e.g. from antenatal and post natal healthcare providers, courts, police, GP and social services)
2. For all women with MCN going through child protection or care proceedings to be offered access to independent advocacy, with the aim of helping women to understand each stage of the process, including what is going to happen next
3. For all women with MCN who have a child permanently removed from their care to have access to therapeutic aftercare

## WHAT WE DID

### UNIVERSITY OF BRIGHTON GUEST LECTURES

Provided a series of guest lectures to University of Brighton's Undergraduate and Postgraduate Adult Social Work students on MCN and supporting women who are experiencing the repeated removal of children into care.

[Read more](#)

### GUIDE TO CHILD PROTECTION AND CARE PROCEEDINGS AND WOMEN'S RIGHTS LEAFLET

Co-produced a suite of resources to support women with MCN and experience of repeat removals of children into care, and the professionals supporting women. The resources include an animated guide to child protection and care proceedings and a Women's Rights and Resources leaflet.

[Read more](#)

### MULTI-AGENCY MEETING FOR SERVICES SUPPORTING WOMEN EXPERIENCING REPEAT REMOVALS OF CHILDREN INTO THE CARE SYSTEM

Instigated and coordinated this forum for bringing services together to promote better communication, joint-working and trauma-informed practice. Its purpose is to create a safe space to share learning and ideas, focussing on the needs of women experiencing care proceedings and improving support for this group.

[Read more](#)

### PEER SUPPORT GROUP CONSULTATION

Facilitated sessions for women with learning disabilities and MCN who experienced recurrent care proceedings, to determine whether there is an interest and need for a peer-led support group for this group.

[Read more](#)

### LOOKING FORWARD

Joint-funded pilot role with Fulfilling Lives South East (FLSE) and Oasis Project. A specialist service for women who have had one or more children permanently removed from their care and are at risk of going through this process again.

[Read more](#)

**"THE INSIGHTS FROM THIS REPORT SHOW THAT WOMEN WHO ARE AT RISK OF REPEAT REMOVAL OF CHILDREN FROM THEIR CARE BENEFIT FROM UNCONDITIONAL, LONG-TERM AND FLEXIBLE SUPPORT."**

'Looking Forward' Report - FLSE



# "I LOST TRUST IN THE SYSTEM."

FLSE Client

## WHAT CHANGED?



FLSE has created a training package for undergraduate and postgraduate students on the social work courses at the University of Brighton with the aim to prepare this future workforce in better supporting people with multiple and complex needs and to have a greater understanding of the impact of trauma. The training covered practical tools and practices on how to support and work with women experiencing the repeated removal of their children into care. Our resources will continue to be used to teach students on these courses, future-proofing the legacy of our work.

Evaluation of the specialist support for women provided by the Looking Forward (LF) pilot from April 2020 to March 2021 showed that it matters how support is provided. Relationship-based and trauma-informed models improved relationships between mothers and children not in their care, increased use of long-term contraception, reduced drug and alcohol use, reduced disclosures of abuse and violence against women, and improved social networks and relationships. FLSE funded Oasis to deliver this specialist service, the only such service in Brighton & Hove. LF has had a direct positive impact on the women it supports and provides evidence of a new way of working for the wider support system.

Women with lived experience of repeat removals of children have told us that improved joint working practices between services in the sector would help reduce the potential for further trauma. FLSE has set up a bi-monthly multi-agency meeting for services involved in supporting this client group, creating a safe space which promotes better communication, joint-working and trauma-informed practice. Oasis committed to chairing this important forum.

FLSE co-produced a suite of publicly available resources which include an animated Guide to Child Protection and Care Proceedings and a Women's Rights leaflet. The aim is to provide clarity for clients (and key workers) on the process, women's rights, and how to access support when Children's and Family Services become involved. These were shared with local third sector organisations including: SpeakOut, Rise, the Perinatal Mental Health team and Stonewater. SpeakOut have committed to integrate the video into their website and continue disseminating these valuable resources.

**"THIS [FLSE TRAINING] SESSION HAS BEEN HUGELY BENEFICIAL, AND I WILL TAKE A LOT AWAY WITH ME INTO MY FUTURE PRACTICE."**

FLSE Training Participant

## WHO SHAPES THE SYSTEM?

### LOCAL LEVEL:

**Adult Social Care – Brighton & Hove City Council and East Sussex County Council:** Helping people with care and support needs to live independent and safe lives.

**Children's Services – Brighton & Hove City Council and East Sussex County Council:** Department that brings together education, health, and social care for all 0 to 19-year-olds.

**Housing Departments – Brighton & Hove City Council and East Sussex County Council:** Determine allocation policies, shape housing pathways, conduct housing assessments and hold housing stock.

**Sussex Partnership NHS Foundation Trust –** Provides NHS care in Sussex for people with mental health problems and learning disabilities.

### THIRD SECTOR AGENCIES PIONEERING NEW WAYS OF WORKING:

[Oasis Project](#), [SpeakOut](#)

**1 IN 4 MOTHERS WHOSE CHILDREN ARE SUBJECT TO CARE PROCEEDINGS FACE REPEAT PROCEEDINGS**

'Vulnerable birth mothers and recurrent care proceedings' report - Nuffield Foundation, 2018



## WHAT CAN BE DONE?

To further improve the accessibility and effectiveness of the support system, FLSE's recommendations for change in this area are as follows:

1. Continued and long-term funding for specialised therapeutic aftercare services, such as Looking Forward, is necessary to support women with MCN. Integrating creative, flexible and assertive outreach into existing services addresses this client group's acute and complex needs. More robust collaboration and communication between Adult Social Care and Children & Family Services throughout care proceedings to encourage a whole family approach and clear messages for mothers during proceedings to enable engagement.
2. Offering independent advocacy support to all women experiencing MCN and child care proceedings to help represent their voice, explain the process, and support them with practicalities. To help women have a better understanding of their rights and the process, FLSE's resources should be embedded into the statutory support and signposting provided to women at this time.
3. More targeted support to be available for young women leaving care, to try to break the cycle of child removal.
4. We would like to see a change in policy which allows the Perinatal Mental Health team to support mothers who have their children removed after birth, independent of whether the child is returned within 12 months. The current policy excludes women who have had their child removed.

**"I FELT VERY ALONE THROUGH THE WHOLE PROCESS."**

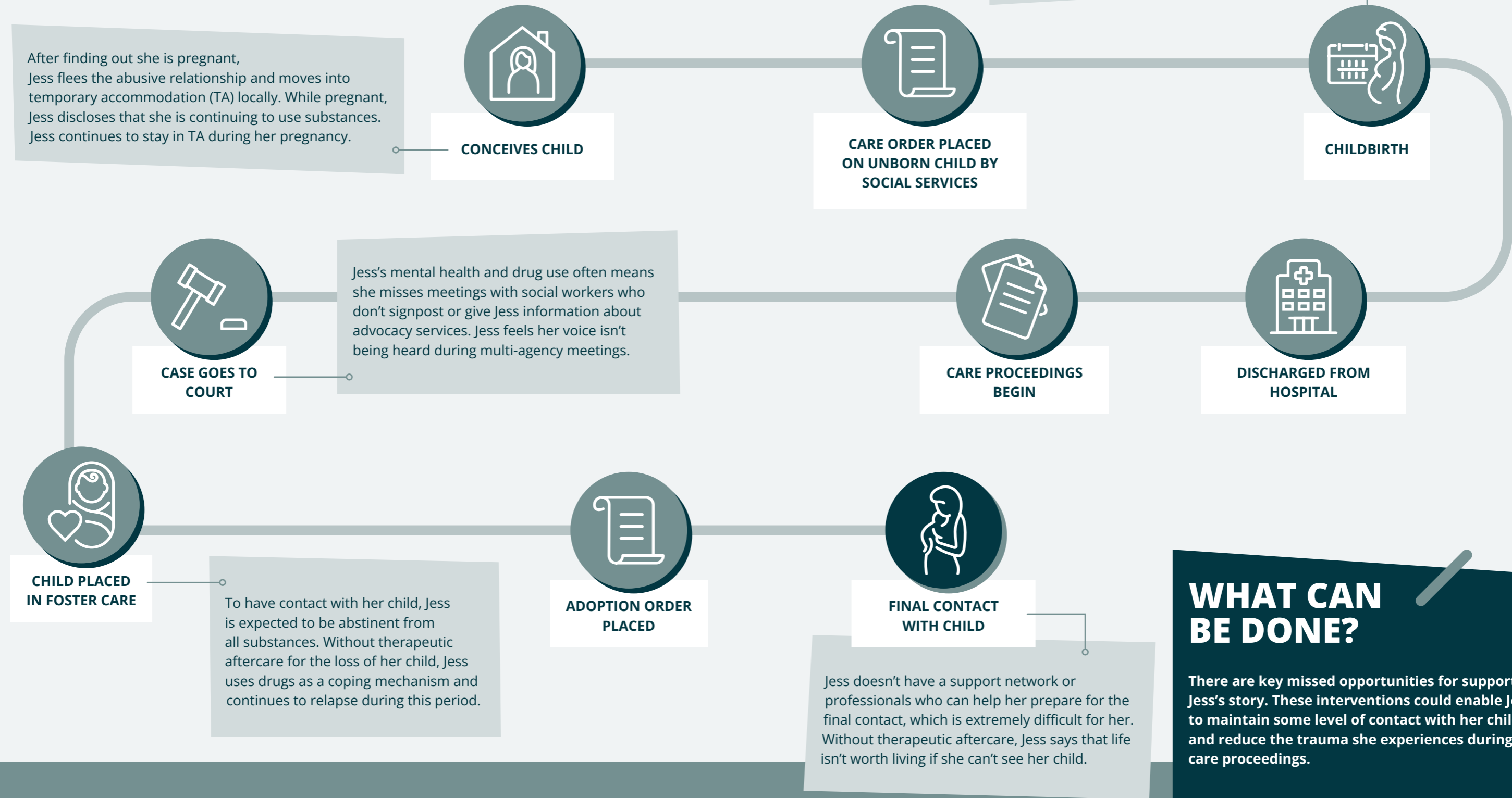
FLSE Client

**"WOMEN HAVE SIGNIFICANT UNMET HEALTH AND WELFARE NEEDS AND COMPLEX HISTORIES AND THERE IS A CLEAR NEED FOR TRAUMA-INFORMED CROSS-SECTORAL APPROACHES THAT LINK CHILD AND ADULT SERVICES, INCLUDING BENEFITS, HOUSING AND HEALTH SERVICES."**

Evaluation of Pause Report, Department for Education, 2020

# CASE STUDY

As a toddler, Jess was the victim of childhood sexual abuse, removed from her parents and placed into care. She had multiple care placements growing up and experienced further sexual assault as a teenager. Jess began using drugs and left care at 16 to live with an abusive partner. At 18 she was diagnosed with emotionally unstable personality disorder (EUPD), anxiety and depression.



## WHAT CAN BE DONE?

There are key missed opportunities for support in Jess's story. These interventions could enable Jess to maintain some level of contact with her child and reduce the trauma she experiences during care proceedings.

# SUMMARY AND NEXT STEPS

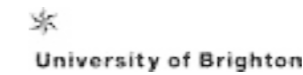
In this report we have reflected on the six thematic areas that FLSE has worked on, across Brighton & Hove and East Sussex. Our work has instigated and supported ripples of change through systems and has identified further developments still needed. By identifying what can be done to further improve the effectiveness of local support systems for people experiencing MCN, we hope this report helps shape future ripples and movements of change.

Sussex is well placed to take this work forward; there are FLSE partners who have shown that changes to better meet the needs of people with MCN are possible. Sussex has also been granted [Changing Futures](#) funding to continue to improve outcomes for adults experiencing MCN.

Alongside this thematic report, FLSE has published a companion report to share methods for instigating and supporting system changes. This captures eight years of our project learning, translating theory into practice, and offers guidance and support to readers looking to take forward future system changes across Sussex and beyond.

[Read the report here](#)

## WITH THANKS TO OUR PARTNERS:



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## **ACKNOWLEDGEMENTS**

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For further project information please visit  
[www.bht.org.uk/fulfilling-lives](http://www.bht.org.uk/fulfilling-lives)



# **Fulfilling Lives**

South East Partnership