REGENT STREET

IN FROM THE MARGINS

Making Every Adult Matter

CLiNKS
supporting voluntary organisations that
work with offenders and their families

DrugScope

homeless LINK
Frontline agencies in partnership

mind

Foreword

This report highlights the plight of some of the most vulnerable people in Britain – adults with complex problems and multiple needs, who are consigned to the margins of society.

Our four organisations have come together under the banner *Making Every Adult Matter* to bring these adults in from the margins. Our combined memberships make up a powerful coalition to improve the way our sectors work together, catalyse policy debate, and improve the lives of the most excluded.

We all work primarily with 'our' clients and in 'our' fields of expertise. In reality we know that many people cross over – or fall between – drug and alcohol services, housing provision, prison and community punishments, mental health and acute services. This is not a homogeneous group, but we know that it is a group that experiences disproportionate levels of poverty, poor health, premature death, social exclusion, isolation and marginalisation. It is also a group that is too often excluded from the services that are there to help.

If we don't act, the costs will continue to mount up – in damaged lives and communities, and public money. The individual and emotional costs to individuals, families and communities are not easy to calculate. We hear about them every day, and know they are unacceptably high. We know something about the economic costs too – they run into many billions of pounds every year. We also know that people with the most difficult and entrenched problems have their lives transformed by our members' services – what they need is the right help, delivered in the right way and at the right time.

The government has made tackling social exclusion a core part of its social policy agenda, and significant progress has been made. But we believe that new responses are needed for adults with the most complex needs, and that good words now need to be followed through with convincing and sustained action. The voluntary sector has a key role to play – our members work with people in the margins every day and know what works and what does not.

This report is a starting point for this coalition, scoping out a joint agenda. By developing a common analysis and committing to joint action, we believe we can have a greater impact than by working in isolation. We will provide a voice for people who are rarely listened to. We will ensure that those who experience the most entrenched exclusion are at the centre of the policy debate. We are determined that everyone with the power to change things will hear that voice and take action to change things for the better.

Clive Martin	**Martin Barnes**	**Jenny Edwards**	**Paul Farmer**
Director	Chief Executive	Chief Executive	Chief Executive
Clinks	DrugScope	Homeless Link	Mind

Introduction

The Making Every Adult Matter coalition aims to lead a more co-ordinated voluntary sector approach to support adults with multiple, complex needs. These adults face chronic exclusion and have problems, which can include any or all of a history of institutionalization or abuse; behaviour and control difficulties; difficulty forming and sustaining relationships; low level skills; poor housing/homelessness; poor mental and physical health; drug or alcohol problems or dependency, and a history of offending. A number of factors increase the risk of these problems, including family breakdown, abuse or neglect, trauma, poor educational attainment and insecure housing.

'Recovery' from these problems comes in many forms, depending on the individual. It can be seen as a process that may include voluntary control, participation in broader society, ongoing support and improved physical and mental well being. It is about recognising that people can live meaningful lives without having all of their problems 'cured' – and that they should have an equal right to do so.

The charity, Revolving Doors, estimates that there are approximately 66,000 adults in the UK facing multiple and complex issues that require specialised interventions and support, while about 2% of families have multiple problems – about 140,000 families across Britain. (*Think Family: Improving the Life Chances of Families at Risk*, January 2008).

The coalition wants a national programme of investment and reform and a clear vision with outcomes and indicators that measure progress. Our vision is that every adult will have the opportunity to achieve their potential.

To make this happen, we need to begin with people at the centre and build support services around their needs, not try to fit people into existing services and structures. This means joined up services that minimise the risk of those with chronic problems slipping through gaps. If we get it right, we will see substantial improvements in life quality and chances for individuals. In the long run, investment to tackle the issues highlighted in this report will help to reduce homelessness, drug taking and drug dealing, mental illness and crime, making healthier communities. If we change nothing, millions of pounds in health, social care, housing, family services and criminal justice costs could be wasted and the cycle of deprivation will continue unchecked.

Government has recognised and acknowledged the importance of this agenda; Public Service Agreement (PSA) 16 (reducing social exclusion for adults), the Adults Facing Chronic Exclusion pilots and the work of the Social Exclusion Task Force are very welcome steps in the right direction. Two years ago, the latter stated:

"We now need to consider solutions that start with the problems as experienced by the individual and family and their articulated needs, and provide a coordinated response across a range of services that is greater rather than less than the sum of the parts."

However, we believe that progress and investment in this area needs to be stepped up, particularly for adults, who have been a lesser priority. So the coalition aims to make adults with complex needs more visible within public policy and gain greater insights into their prevalence and impact on services. We also want to understand better the links between states of exclusion, including prison, addiction, debt and homelessness, identifying the barriers that prevent people using services and ways to overcome them. In addition to stigma, these may well include poor education and basic skills.

We also need to understand the relationship between national policy and local practice and recognise more fully what skills, knowledge and competencies are required for working effectively with this group.

This report highlights some of the evidence and explores the difficult issues involved with a focus on six priority areas. It also illustrates the crucial role played by the voluntary and community sector (VCS) in providing support and essential services, especially as many adults with complex needs have difficult relationships with statutory services. We do not expect any easy solutions to some of the problems experienced by this group. However, small, incremental steps forward can be significant and help to transform people's lives; even maintaining contact with a client can make a difference.

Over the next two years there are several opportunities to make significant progress. There will be a general election by May 2010, with the opportunity to influence manifestos in advance. The same period will lead to the next Comprehensive Spending Review and a new set of Public Service Agreements, or their equivalents.

People with multiple needs are often excluded from public services and from the data used to allocate resources and monitor outcomes, nationally and locally. This coalition aims to change that.

Why it matters

The coalition has identified six priority areas, which are crucial to current government thinking and to service development. They are:

1. Stigma and discrimination

2. Recovery and social integration

3. Personalisation and care planning

4. Personal rights and responsibilities

5. Service user involvement

6. Families and communities

Complex need is not a minor issue; more than seven in ten people walking through the door of drug treatment services have mental health problems (Department of Health, 2007). Half of people receiving support from homelessness charities have multiple needs (*Survey of Needs and Provision*, Homeless Link and RIS, 2007) Working more effectively with these people should be at the core of our thinking and practice, nationally and locally.

Many people with complex needs can be seen as difficult to work with; their behaviour may be flagged as disruptive and unpredictable and sometimes threatening, violent or suicidal. For services, they present a 'formidable challenge', but getting it right offers the hope of *"…better outcomes for the most excluded alongside fewer long-term harms and lower costs for the rest of the community."* (HM Government, *Reaching Out: An Action Plan on Social Exclusion*, 2006).

As Kevin Brennan MP, Minister for the Third Sector, said: *"…even in these difficult times, we can't really afford not to look after those who are most vulnerable in our society."* (National Children and Adults Services Conference, 23 October 2008).

The fact that those with complex needs often do not get the support they need has also been highlighted by government: *"Individual agencies…often miss those who have multiple needs but need less help from any one service…Their contact with services is frequently driven by problematic behaviour resulting from their chaotic lives…and management revolves around sanctions such as prison."* (*Reaching Out*, 2006)

These adults are often cut off from the choices and chances that many of us take for granted, particularly having a roof over our heads and paid employment. There is a complex nexus of cause and effect, which can make these problems appear so intractable. Most drug service users have mental health problems, while many mental health service users have drug problems, but treatment outcomes for these groups are often poor.

A variety of indicators illustrate the extent of the problem:

- Nearly one in four prisoners leaves custody without a settled address
- 13% of care leavers are homeless at age 19
- Around 40% of rough sleepers in London have been in prison
- A third of people entering prison are homeless
- Just one in five adults using secondary mental health services has a job
- Three quarters of those using drug treatment services – and 85% for alcohol services – had a psychiatric disorder
- 94% of Homeless Link's member agencies work with people with multiple needs, but just 29% have specialist services addressing multiple needs
- There are approximately 60,000 looked after children in England and more than 14,000 in Scotland; the primary reason is because of abuse or neglect
- The total cost of mental illness in England alone has been estimated at £77 billion
- Treating illegal drug addiction has cost around £3bn over the past decade, with every drug addict costing around £44,000.

Research for the Social Exclusion Taskforce, which looked at the groups with four or more dimensions creating a 'chaotic life', found the largest concentrations of these individuals in homeless services (100,000) and prison (70,000).

We need to provide the right support at key transition points in people's lives. If someone leaving prison cannot find a job or training or suitable housing, the chances of re-offending grow.

The rest of this report will examine each of the six priority areas outlined above in turn, establish the key issues for the coalition and look at how voluntary agencies, working in partnership with the public sector, can make a difference.

Posed by models

1. Stigma and discrimination

Changing focus from problems to potential

The way individuals and groups are understood, labelled and subsequently treated affects the way they see themselves, not just how others see them. Negative labels and stereotyping can prevent people from seeking help and amplify their sense of rejection. For example, some adults with complex needs may find that a label reinforces assumptions among staff in a particular service and places them at risk of exclusion. However, having the 'right' label may actually open doors to other services; to get help, you may need to acquire the appropriate label, provided that you fit the criteria, whatever it is.

Stigma is created by the labels we give people, such as offender, care leaver, rough sleeper or drug addict. These all define people by their problems, not their needs, rights or potential.

One problem with dual or multiple diagnoses is that individuals who do not have the severity of need under any single heading may experience exclusion from specialist services, despite the problems caused by the combination of their needs. Research has identified attitudes by service users, staff and officials, which acted as barriers to their access to public services (Schneider, *Better outcomes for the most excluded*, Institute of Mental Health, 2007).

Discrimination, in the sense of bias in behaviour against an individual or group on the basis of what they are deemed to be – or not to be – is often the result. However, as we challenge the assumptions and attitudes that often lie behind this, we need to be aware that in seeking a common language we may create new labels.

The fact is that stigma and discrimination hinder recovery. Public attitudes towards mental illness, for example, indicate that a majority of people would not want to live next door to someone who has been mentally ill, while believing that people with mental health problems do not have the same right to a job as anyone else (TNS, 2007, *Attitudes to mental illness*, 2007, Shift/CSIP).

Despite the prevalence of mental health problems among those with multiple needs, and in the population at large, people who use mental health services are often cast in opposition to 'the public', especially in media coverage linking mental health problems to violent crime. Some service users have also reported negative attitudes from staff (Thornicroft G, 'Tackling discrimination', *Mental Health Today*, June 2006, pp.26-29).

The voluntary sector has an important role to play in using and promoting positive language that helps reframe the challenge in terms of realising potential and what people have to offer, not their 'deficits'. We must go beyond just challenging negative labelling and stereotyping to find a language that is inclusive and helps to support recovery.

"Stigma and discrimination has stopped me talking to my GP about physical problems; they say it's in my head."

CASE STUDY

Time to Change

Time to Change is an England-wide programme to end the discrimination faced by people with mental health problems, led by Mind, Rethink, and Mental Health Media.

In October 2008, Time to Change worked with Cambridgeshire and Peterborough NHS Foundation Trust on a campaign called 1-in-4 in Cambridge. It aimed to raise awareness of how common mental health problems are, and change behaviour by showing what can be done to help friends, family or colleagues experiencing mental health problems.

Activity included bus shelter, newspaper and radio advertising, postcards in cafes, pubs and hairdressers, and events such as a football tournament.

People with experience of mental health problems appeared on the advertising and conducted many media interviews.

Campaign manager, Nichola Jones, said: *"This fits well with our strategic aim to combat the stigma associated with mental illness and offers the opportunity to strengthen our partnership working with stakeholders, actively engage Governors and Foundation Trust members and establish a positive relationship with local employers and media.*

"There has been lots of support for the campaign with people coming forward to share their story, volunteer and actively engage with the campaign. We will use the campaign evaluation to consider how to work together to develop a longer term campaign across Cambridgeshire and Peterborough. We hope to build on this initiative to work with local employers to progress our return to work ambitions."

Posed by models

2. Recovery and social integration

Reform, recovery, resettlement

In the fields of homelessness, mental health, drugs and criminal justice, the way services operate to bring about recovery and integration into communities is different. Commissioning and funding regimes may differ in each case, but we need to be clearer about the extent of common ground and the assumptions and models of each sector.

Whatever needs individuals have, recovery is often hindered by poverty, which is both a cause and effect of multiple problems. Adults in the poorest fifth for income are more likely to be at risk of experiencing mental health problems than those on average incomes (Health Survey for England, DH, June 2008).

The cycle of cause and effect is illustrated by other data. For example, those with drug or alcohol problems often experience debt, and among mental health service users, 91% say that debt has worsened their mental health, while people with mental health problems are in any case almost three times more likely to be in debt (*In the red: debt and mental health*, Mind, 2008).

Obtaining a place to live and paid employment are often made harder by the stigma attached to people with mental health problems, drug dependency or a criminal record. Research shows that fewer than four in ten employers would consider employing someone with mental health problems (*Attitudes to mental illness*, 2007).

As prison overcrowding has led government towards the policy of titan prisons, the Bradley Review is looking at the potential to divert offenders with mental health problems or learning disabilities from prison to other services. With a high incidence of dual diagnosis and complex need in the prison population, this is likely to be a key issue when the Review reports in early 2009.

In the drugs field, the 2008 drug strategy for England places 'social re-integration' at its centre, stating: *"drug treatment is often most effective when combined with additional support to tackle the underlying contributory factors for drug use – factors such as homelessness, long-term unemployment and mental health problems"* (Home Office, 2008). There is a similar focus in the Scottish strategy, The Road to Recovery (Scottish Executive, 2008).

For some people, the community may not be a welcoming place; 71% of mental health service users in one survey said they have been victimised in the community in the last two years, with 64% dissatisfied with authorities' response to crimes reported (*Another Assault*, Mind, 2007).

How can we help recovery and integration best? Perhaps there is some common ground across the fields of homelessness, mental health and drugs, with the use of recovery models, motivational interviewing and cognitive behavioural approaches. The quality of the relationship between service users and workers is crucial, placing great importance on competence and training in helping service users to lead full lives.

"I got arrested last week, and just the thought of not having alcohol within the next hour or so, made me panic and get aggressive.

If they knew that I had a problem with alcohol, the officers would have understood more where I was coming from.

I was only in there for an hour, but I didn't know. The walls were starting to close in."
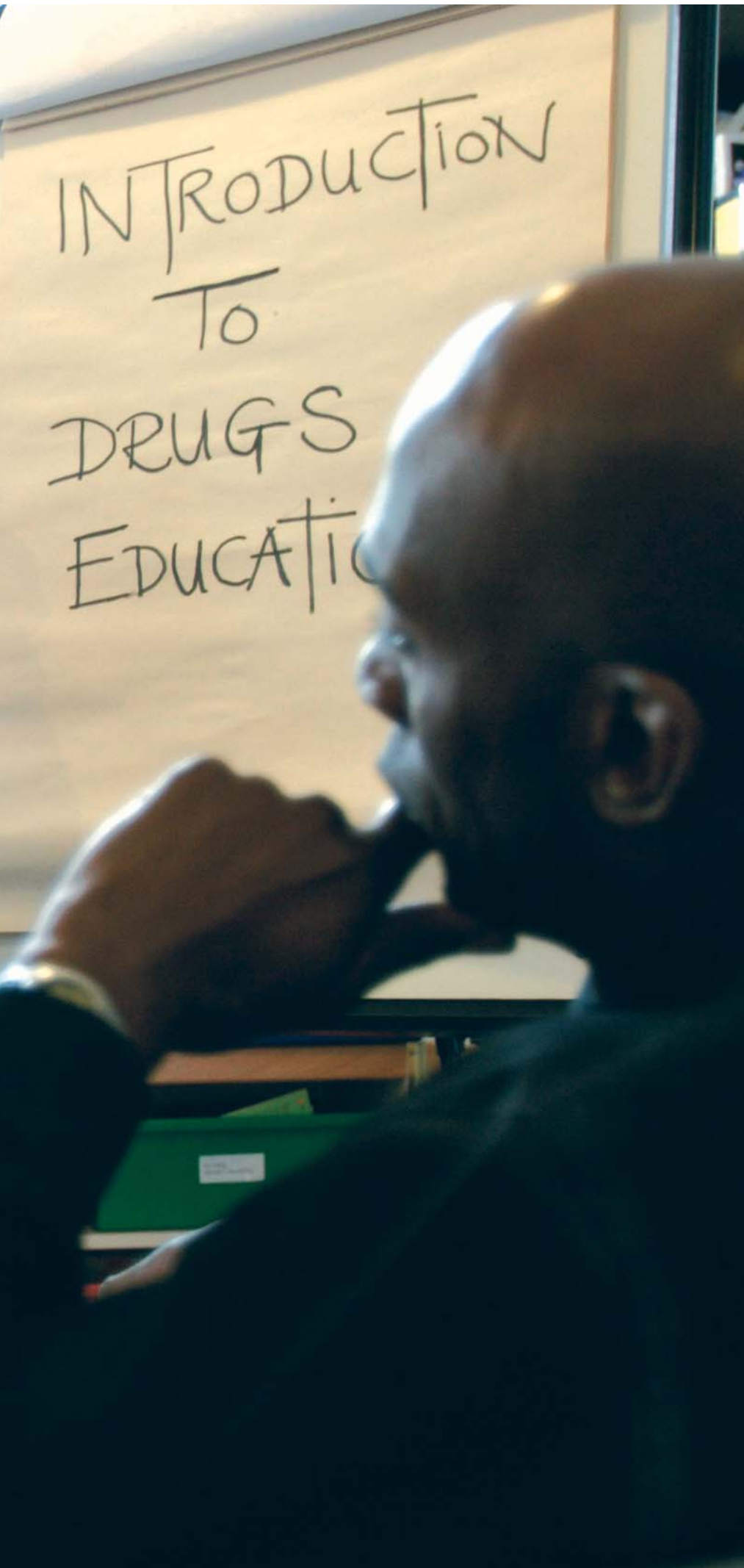
Re-Start: giving people a fresh start

Re-Start offers intensive support for people with multiple and overlapping problems. Based in Essex, its clients include former offenders, substance users, sex workers and others on the margins of everyday life. Following an initial assessment, they are offered counselling, job search and interview techniques and motivational workshops.

Moinal Khalique describes Re-Start as operating like *"a mini social work department"*, providing tailored care and support to those most in need. It uses solution based-therapy and a specially developed 'motivation questionnaire' to gauge a client's state of mind and help them to engage with other services.

Mr Khalique commented: *"As well as the practical results, there are also the effects that cannot be so easily quantified such as increased confidence and a greater sense of well being. If people are to really restart their lives on a more positive path, this is essential."*

3. Personalisation and care planning

Targeted support

In January 2008 the government announced it would provide a Social Care Reform Grant as part of an adult care 'concordat', to support the transformation of care systems and the move to personalisation in local authority social care provision. This change, sometimes known as Self Directed Support, will enable the roll out of personal budgets.

The government's personalisation agenda applies across a wide range of policy areas, but how can social care services best adapt and deliver personalisation in care planning and service delivery for adults with overlapping, complex needs, who may not be supported by social services?

Housing is often regarded as the cornerstone for the most excluded; many services are linked to where people live, but those with complex needs are often on the street or living in insecure or poor accommodation. This makes it harder to get to grips with drug and mental health problems or avoid former offending behaviour. Care for those with multiple needs must be planned adequately, as is made clear in the government's new rough sleeping strategy. Residential treatment services for people with co-occurring substance misuse and mental health problems need to be given priority.

Taking social care services as a whole, how can they best adapt and deliver personalisation in care planning and delivery for this group of adults? What tools and models are used now – and do funding streams and commissioning processes support help for those with complex needs? These are crucial areas for the coalition to explore further. We need to know what information or data we have now, share what we can, and assess what we will need in the future to make improvements and support planning. Outcomes, not simply outputs, need to be measured effectively to help make the case for investment.

Commitment to a 'personalisation' agenda within the Department of Health can potentially aid the development of more client-centred services and a more responsive approach to mapping out care pathways for people with complex needs. The new President of The Association of Directors of Adult Social Services, making personalisation a priority for the Association, described it as *"…a profound social change affecting the relationship between the state and the individual, and the way we organise all our public services."*

Across sectors, the personalisation agenda is being managed in different ways, but we know there is room for improvement in responsiveness to user need and the planning of effective care pathways for individuals. For example, a recent National Treatment Agency (NTA) report assessed only 26% of local drug partnerships as 'good' or 'excellent' for care planning – and this measured the existence, not quality, of care plans (NTA, 2008).

The Offender Management Model, developed by the National Offender Management Service (NOMS) follows a more personalised approach in support of rehabilitation. NOMS' Reducing Re-Offending Action Plan aims to provide a comprehensive approach to supporting ex-offenders, taking into account accommodation, mental and physical health, and drugs and alcohol.

Effective care planning is essential for people with complex needs, regardless of whether they first present to a homeless day centre, mental health, drug or alcohol service. For care planning to be truly 'user centred', there should be user involvement in developing the care plan.

Where should the care be planned? What would be the most effective way for those with multiple needs? Are statutory services making effective links with the local voluntary sector to reinforce community support? These are issues that the coalition will consider over the coming year.

"Turning up at the CAT team once a fortnight, being handed a methadone script and going back out the door again … that is no use to anyone … Effective treatment is about community based programmes where people can sit down with a key worker, develop a care plan, look to where they want to go and how they are going to achieve it."

Posed by models

Milton Keynes Link Worker Plus

The Milton Keynes Link Worker Plus scheme is working with people whose lives put them at considerable risk of offending. It involves link workers engaging with clients across all crisis services – people with unmet mental health needs, unstable accommodation, chaotic or non-engagement with substance misuse services and repeat presentation at crisis services and/or offending and anti-social behaviour. Over its first nine months the project had supported 135 people.

Led by the local Community Safety Partnership, the scheme identified that 50% of those in crisis need support from six to ten different services simultaneously; a similar proportion have no benefit claim in place, despite being unemployed, and 30% are not registered with a GP. Many of these people were previously falling into the gaps between services.

The project is one of the Adults Facing Chronic Exclusion (ACE) projects, funded by the Social Exclusion Task Force. It is delivered by the charity P3 and has a holistic, practical approach, bringing together a number of interventions. It is overseen by a multi-agency partnership group, tasked with wider system reform based on the feedback and evidence from the service. This includes police, probation and the drug action team and is advised by a service user advisory group.

Manager, Sean Wimhurst, said: *"The people we work with have often fallen through the gaps in mainstream provision. We have a one to one approach, backed by volunteers and a devolved budget, which is making a difference to people's lives."*

4. Personal rights and responsibilities

Empowering people to take responsibility

Each sector has to balance and advocate the rights of their client group against the responsibilities that they, as individuals, must face up to. Getting the balance right is essential to ensure that resources are put to good use and public confidence is maintained.

The government has indicated that personal responsibility must take on greater importance in criminal justice. In a speech made in October 2008, the Justice Secretary stated that 'reform' implies an obligation on the offender to make an effort to make amends. He added: *"Yes, the criminal justice system needs to give people the chance to turn their lives around – but these chances should be balanced by a responsibility on the offender to take them. The criminal justice system does not exist to do what a parent, a teacher, a social worker could not."*

"Any path that moves people away from chaos, discomfort and the miseries that a chaotic drug user can experience, to any point that is an improvement on that... is recovery as far as I'm concerned."

The government's welfare reform agenda is also placing a strong emphasis on the responsibilities of claimants with complex needs to access treatment and find employment. The replacement of incapacity benefit with the Employment and Support Allowance, for example, reflects a shift towards a greater emphasis on personal responsibility. Our organisations support the objective of getting more service users into education, training, work and other activity, but we also have concerns about the approach being taken (for example, the use of benefit sanctions). The coalition will seek to work with government to develop fair, effective and non-stigmatising approaches. It is interesting, for example, that successful projects working with people with multiple needs often have a strong focus on individual aspirations, self-confidence and esteem.

Each sector needs to determine the boundaries of the responsibilities of people who use services, including their compliance with service regimes and models, and fair processes, checks and balances for when they may be excluded from services. This is in the context of service users who may be hostile to some sources of support.

Services need to encourage and support people to take personal responsibility, but also reinforce their rights, particularly when they are not in a position to do so themselves. This surely is where the voluntary sector can make a crucial contribution. Research by the Revolving Doors Agency (*Dual Diagnosis Project*, unpublished, July 2008) found that a productive and balanced ethos at care facilities is a pre-requisite if service users are to have the space to rehabilitate and take responsibility for their own lives. It found that personal growth and a sense of progress were helped by life skills training, a care plan of small steps and frequent contact with staff who have the resources and capability to support service users effectively. One service user described the need for something productive:

"I don't want to just sit in my flat for the next 20 years thinking about how great it is to be off drugs."

For the coalition, we need to ensure that we are clear how concepts of rights, entitlements, and responsibilities are balanced in future service development for adults with multiple needs.

CASE STUDY

Giving the excluded a voice

Create is a charity that uses the creative arts to help transform the lives of disadvantaged and vulnerable people, including mental health service users, homeless adults, young offenders and women in prison.

Create's projects aim to give participants the chance to explore their creativity, develop life skills such as communication, teamwork, time management and problem-solving and develop a sense of self-worth.

In the approach to Christmas 2008, Create is running *Speak With My Voice* at a centre in South East London that supports people who are suffering through homelessness, mental health problems, loneliness and severe poverty. The project sees participants working alongside Create's professional writer and musicians to express themselves through poetry and music. The workshops will culminate in a performance at the centre and the production of an anthology, providing participants with a lasting record of their achievements.

Samantha Lodge, co-founder and Creative Director, said: *"Since founding Create in 2003, we have delivered more than 2,000 creative arts workshops for 14,000 participants. We believe that creativity can help transform lives. By giving people who are disadvantaged or vulnerable the opportunity to be creative, our workshops have helped empower participants, resulting in a discernable and permanent change, with new hobbies and interests, friends and support networks and an increased sense of self-confidence and self-belief."*

5. Service user involvement

Involvement at the heart of recovery

So-called 'user involvement' has become a totem of effective services in recent years as service providers aim to involve and utilise the expertise of those using services in their development. Such an approach has been led in the mental health, homelessness and drugs fields and like personalisation, it has found its place across government. In practice, user involvement can help to ensure that services:

- Meet needs as experienced by the person receiving the service rather than what a professional thinks is needed
- Are delivered in ways that are trusted by the person receiving them
- Are responsive and culturally sensitive to our increasingly diverse population.

For individuals, benefits include confidence, trust, skills and improved outcomes – for example, research with offenders and former offenders for the Taskforce on User Involvement in the Criminal Justice System (*Unlocking Potential*, Clinks, 2008) found prisoners believed that resettlement plans conducted in partnership with them would be more likely to succeed.

This approach is well established in local government, health and social policy. In mental health, where compulsion may also be a feature of service provision, those receiving services are sometimes viewed as experts; the National Service Framework for mental health requires user involvement, while the Mental Health Act Commission set up a Service User Reference Panel in 2005. In health more broadly, there is a statutory requirement to involve users in the planning and development of services (see Section 11 of the Health and Social Care Act 2001). In Supported Housing the quality assurance framework requires service user involvement in shaping services and major capital investment in hostels as Places of Change has expected significant input into the new developments from the people who will be using them.

In drug and alcohol services too, user involvement has become an established way of working for frontline services. In criminal justice, this service user perspective lags behind, although there are strong arguments for seeking to enable prisoners and those on probation to use their time within the criminal justice system as constructively as possible. Within government, the Social Exclusion Unit has acknowledged that *"…the skills of prisoners are under-utilised. Too often prisoners are treated as passive recipients of regimes, rather than as a resource within them."* (Social Exclusion Unit, Reducing Re-Offending by Prisoners, 2002).

There have been recent steps to encourage the involvement of offenders. The National Standards for the Management of Offenders contain a section on the offender's experience, which goes someway to encouraging active participation. Probation Service Circular PC10/2007 promotes involving offenders as a way of improving the quality and outcomes of services. It states that participation can improve rates of retention and compliance for offenders in programmes.

But just how central – or important – is this concept and practice to the overall service delivery model when working with adults with multiple needs, who cross the boundaries of individual services? If services are to be more joined up for this group, what is the role of the user voice? And can those with multiple problems, at times of greatest need, give a meaningful contribution?

The coalition will look to answer these and other questions. We will develop our understanding of how user involvement can help services develop to meet the needs and aspirations of adults with complex needs and illuminate areas of policy that need to change. Service users must have a voice in this initiative and we must decide how this contribution can best be made. We need to be clearer about the expectations of staff, funders and service users themselves.

"Having more involvement gives you more confidence so when you get out you have the confidence to do stuff on your own. The more independence you have the more it is going to help you."

CASE STUDY

Secure Healthcare

Secure Healthcare is a social enterprise that provides a range of health services for Wandsworth prison in London. It works closely with external agencies in the statutory and voluntary sectors to support the resettlement of offenders. Prisoners have a range of mental and physical health problems, including substance misuse, which may lead to re-offending, so preparation for life outside is an essential part of the service.

As a social enterprise, staff and service users become members of the organisation, giving prisoners a greater stake in their treatment and ensuring that they have a direct say in how services are provided and developed. Secure healthcare also supports a health trainer course for prisoners and then employs them and former offenders in appropriate roles in the organisation.

Chief Executive, Peter Mason, said: *"We're committed to working with, consulting and involving prisoners as people with a major stake in what we do. This will help to ensure our health services are the best they can be."*

Posed by models

6. Families and communities

Broader sources of support

People with multiple needs often fall out of the support networks that could help them, so a key role for services in all sectors is to help reconnect people. Underlying this is a belief that people with multiple needs can contribute to a supportive community and have links to their family.

Families can be a tremendous source of emotional and practical support in contributing to successful recovery and integration. But keeping strong as a family, especially if a family member is in prison, hospitalised, or in addiction treatment, can be a challenge.

Evidence from criminal justice indicates that prisoners who receive visits from their family are more likely to gain employment on release; 31% of prisoners with an address on release went into paid work compared with 9% who had no fixed abode, according to one study (Niven and Olagundoye, *A study of prisoners nearing release*, Home Office, 2007). However, there is a high probability that intimate relationships will break down while an offender is serving a custodial sentence, further diminishing his or her support network on release.

We must also acknowledge that family or community environments may lie behind or contribute to the very problems and needs that the voluntary and statutory sectors are trying to help. Great care is needed to help service users avoid triggers that may lead them away from the path of recovery.

While reintegration into a community may seem a desirable aim, the 'community' sometimes will have its own views about this group of people, especially if their experience is living in the vicinity of a homeless hostel, bail hostel, treatment centre or day care unit, for example.

So just how important should family and community links be to service providers working with adults with multiple needs? In addition to the sources of help and hindrance within these, there may be cultural or linguistic barriers to bear in mind, which can place additional burdens on recovery and successful integration. Personalisation, communication and action that helps build a wider appreciation of what people can offer back to their community are vital here if services are to help link people back successfully.

In the criminal justice sector, contact with families pre-release from prison can help to turn resettlement plans into family plans and help resettlement. However, such contact does not take place routinely but is dependent on the prison and the type of support services it has commissioned.

The mental health, drugs, criminal justice and homelessness sectors need to understand more about the ways each sector involves families or communities and how people are linked successfully back in to these networks.

These are areas the voluntary sector can excel in, with our close bonds and trust with the people who use our services, the people who care about them and the wider communities within which we are based.

"Throughout my years of using I knew what I needed to do to access services. It wasn't that hard, but it's being stable so you've got a base to access from. Your vision's blinkered when you're using struggling to survive half the time, where you're going to sleep, how much money you're going to need."

CASE STUDY

Supporting families and drug users in prison

Adfam, the national charity working with and for the families of people who misuse drugs and alcohol, has set up dedicated Family Support Workers in Brixton, Holloway, Peterborough and Bronzefield prisons. Recognising the relationship between drug misuse and the criminal justice system, as well as the needs of families, these specialised workers help mediate and strengthen relationships.

The work supports up to 300 families a month and involves educating family members and drug users about drug use and the workings of a prison. It also provides structured emotional support for concerned relatives. These services are backed by Adfam's catalogue of free support materials on resilience, visiting procedures, preparing for release and coping mechanisms.

Adele Shepherd, Head of Services at Adfam, said: *"Prison is a stressful and difficult experience for both offenders and their families, often with the added stigma of substance misuse, and it's important to recognise needs of families too. The significant and influential role that families play in the lives of prisoners should not be underestimated. They can provide a positive, constructive influence and source of support, which may help the efforts of individuals and agencies to reduce substance-related problems and consequent re-offending."*

Conclusion

This report marks the start of a concerted attempt to reconfigure services, policies and thinking to reveal more fully the experience of people with multiple needs and the strategic thinking that will be needed to meet them. They need a higher profile in the development, funding and implementation of social policy. There is a great deal that we already know and a great deal that we need to find out.

The next step is to fill in the gaps of our understanding so that, together, we can provide more comprehensive evidence to government in support of this group. This will require on-going work to influence government policy – and party manifestos – to help set the agenda for reaching and supporting the most marginalised and excluded in our society.

We hope that other projects will sit underneath this structure. For example, an international element that explores learning from abroad and disseminating our learning more widely. In addition we will seek funding for a group to mirror this process for user led organisations – to ensure their experiences and views are clearly part of the process by which the report comes together and is presented to government.

In the longer term this will require a funding model, which comprises support for vulnerable individuals, including a support package with meaningful activities, and a revised Public Service Agreement to ensure that public services are delivered to socially excluded adults.

The importance of complex needs – for example the strong links between drug use and mental health problems – should be reflected in national and local strategic planning, as well as a wide range of activities, including: research priorities; training and qualifications; objective setting; performance monitoring; needs assessments, commissioning practices and service configuration and delivery.

Adults with multiple, complex needs are a challenge for our time. In the 21st century can we stop talking about 'hard to reach' people or 'hard to reach' services and deliver holistic, personalised support that transforms the lives of those who have so often fallen through the net? We believe we can and we are on that path.

Overall outcome

A national programme of investment and reform to improve the well-being and life chances of excluded adults with multiple needs. This means they have the support they need to:

- Escape poverty, marginalisation and social exclusion
- Achieve good physical and mental health
- Access education, training, work and other activity
- Participate in the rights, roles and responsibilities of society
- Enjoy positive and supportive relationships with other people.

Indicators

We will measure our progress towards a number of project outcomes:

1. A strong coalition with shared understanding, a clear vision and strategy and effective joint working

2. A compelling narrative with the experience of service users at the centre and robust evidence about needs, barriers and solutions

3. Understanding among key stakeholders and influencers on the cost benefits for action and a strategy to realise them

4. Political commitment at leadership and cabinet level in government and opposition

5. Implementation of a new programme of reform and investment supported by a revised Public Service Agreement

6. Regional and local strategic bodies recognise the group, promote systemic change and joint commissioning of services

7. Integration and partnerships between sectors to help transform services

8. In every area effective services meet the needs of excluded adults with multiple needs

9. A national evidence base that tracks outcomes for this group

10. Significant reductions in homelessness, offending and substance misuse alongside improvement in mental health and physical health among this group.

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