

turning the tide

a vision paper for multiple needs and exclusions



CLINKS

DrugScope



homeless link



Making Every Adult Matter



Revolving Doors Agency is a charity working across England to change systems and improve services for people with multiple problems, including poor mental health, who are in repeat contact with the criminal justice system.

Making Every Adult Matter (MEAM) is a coalition of four national charities – Clinks, DrugScope, Homeless Link and Mind – formed to influence policy and services for adults facing multiple needs and exclusions. Together the charities represent over 1,600 frontline organisations working in the criminal justice, drug treatment, homelessness and mental health sectors.

Our common concern about people facing multiple needs and exclusions led us to come together to produce this Vision Paper. It draws on the expertise of our member agencies, partners and the members of Revolving Doors' service user forum who have direct experience of multiple needs and exclusions.

Anna Page and Oliver Hilbery

© Revolving Doors Agency and Making Every Adult Matter, 2011

Cover: photo posed by models. All other photos: credits page 23. Photos for illustration purposes only. We would like to thank photographers and organisations for their contributions.



Our vision is simple	3
Who are we talking about?	4
Why should you care?	6
Why now?	7
Our vision for local areas	8
Achieving the vision: a role for government	9
Time to turn the tide	21

Supported by



**CALOUSTE
GULBENKIAN
FOUNDATION**

Our vision is simple...

That in every local area people experiencing multiple needs are:

- ***Supported by effective, coordinated services***
- ***Empowered to tackle their problems, reach their full potential and contribute to their communities.***

Across the country people are living chaotic lives and facing premature death because as a society we fail to understand and coordinate the support they need. These men and women have often looked for help but not found it. They end up in a damaging downward spiral, incurring high costs to themselves, their families, communities and the public purse.

Working together our members and partners can transform these people's lives. But too often, offering coordinated services means swimming against the tide of policy and battling for political and strategic engagement.

Now is the time to turn the tide. Getting it right for this group must be a 'litmus test' for public service reform.

A role for government

Despite some good progress, it is clear that local services cannot achieve this vision alone.

A new approach is needed from national government to create an environment in which it becomes the norm for leaders in local areas to put in place the coordinated services that have been shown to work for this group.

This paper sets out five building blocks for this new approach.

With the right information, incentives and strong leadership, we believe every community across the country could achieve the vision.

If you are a government minister, Member of Parliament, peer, councillor, local leader, official or commissioner, we hope this document will inspire you to act to make the new approach a reality.

Who are we talking about?

People facing multiple needs and exclusions are in every community in Britain.

They experience several problems at the same time, such as mental ill health, homelessness, drug and alcohol misuse, offending and family breakdown. They may have one main need complicated by others, or a combination of lower level issues which together are a cause for concern. These problems often develop after traumatic experiences such as abuse or bereavement. They live in poverty and experience stigma and discrimination.

They have ineffective contact with services. People facing multiple needs usually look for help, but most public services are designed to deal with one problem at a time and to support people with single, severe conditions. As a result, professionals often see people with multiple needs (some of which may fall below service thresholds) as 'hard to reach' or 'not my problem'. For the person seeking help this can make services seem unhelpful and uncaring. In contrast to when children are involved, no one takes overall responsibility.

And they are living chaotic lives. Facing multiple problems that exacerbate each other, and lacking effective support from services, people easily end up in a downward spiral of mental ill health, drug and alcohol problems, crime and homelessness. They become trapped, living chaotic lives where escape seems impossible, with no one offering a way out.

How many? One estimate is that there are approximately 60,000 adults in this situation at any one time in England,¹ with more people constantly moving in and out of the group. While relatively small in number, this group imposes disproportionate costs on government and society.

there are
thought to be

60,000

people facing
multiple needs
and exclusions
in England
right now

Lucy's story

Lucy causes intense frustration for local magistrates in her town. She regularly shoplifts and commits street robberies to fund a drug habit. Constantly in trouble with the police, she has repeatedly breached her drug rehabilitation requirement and recently spent a short spell in prison. At just 24 years old, Lucy carries the mental and physical scars of a troubled life.

Sexually abused as a young child, she was placed in local authority care. Her trauma led to depression and severe anxiety and she got into difficulties at school because of her behaviour. She left with no qualifications. Her grandmother tried her best to stay in touch, but as a teenager Lucy started using drugs and drinking heavily to 'blank out' her bad memories. By the time she left care she was using heroin and crack.

She now moves between friends' sofas, refuges and hostels. She is often evicted from accommodation projects due to her disruptive behaviour. Her last hostel support worker knew she would benefit from mental health support, but her GP has banned her from his surgery and the local mental health team refuses to work with her, saying she doesn't have a diagnosis of severe mental illness. Lucy feels that no one really wants to help her.

Ahmed's story

Ahmed had what he calls a 'normal life' until the age of 52. Things started to fall apart three years ago when Ahmed's wife and mother died suddenly within a month of each other.

He started drinking heavily to deal with the grief, and a month later was fired from his job when he turned up drunk. He became reclusive, stopped paying his rent and was eventually evicted from his flat. He moved in with his step-daughter briefly, but after a run-in with her partner he felt he had to leave.

He ended up sleeping rough, and his self care, confidence and mental health all deteriorated rapidly. He currently refuses offers of help from homelessness outreach teams and is repeatedly moved on by the police. He is frequently admitted to hospital by ambulance crews as a result of his drinking, but always discharges himself early and returns to the streets. He refuses to talk to anyone apart from the police.

“ He ended up sleeping rough, and his self care, confidence and mental health all deteriorated rapidly.





Why should you care?

Because you know these people, and because the public want you to act².

They are the vulnerable constituent in your weekly surgery, the 'familiar face' picked up again by the local police or ambulance service, the homeless person you pass on your way to work. They are in – but not currently seen as part of – all our communities.

Our failure to respond effectively when people experience multiple needs and exclusions damages our society:

- 1. Damage to individuals and families:** Individuals suffer poor mental and physical health, emotional distress, addiction to drugs and alcohol and an erosion of self worth. This tears relationships and families apart and can lead to children being taken into care.
- 2. Damage to communities:** People can end up homeless on the streets, or cause disruption in neighbourhoods through crime and anti-social behaviour. This can make residents feel uncomfortable and unsafe in their surroundings.
- 3. Damage to services:** These individuals are usually well known to local services. Facing repeated chaos and crisis, they take up a lot of time and resources and tend to access emergency rather than planned services. The police and A&E can spend so much time dealing with them that their overall service to others is affected.
- 4. Damage to the public purse:** Using services in this way results in a large bill for the public purse. For example, individuals may use A&E instead of a GP, or find themselves repeatedly arrested and in and out of the courts and prison. Tax payers' money is being wasted by not supporting people in a more coordinated way.
- 5. Damage to intended government outcomes:** The lack of coordinated policy and services for this group is undermining positive work underway across government departments. Until now, governments have failed to 'hardwire' the changes needed to make a lasting difference. The new approach outlined in this document is an opportunity to address this.

Why now?

There are many reasons why now is the right time to act.

Economic situation

- The need to reduce the deficit means that many services are facing staffing cuts, closure or tighter budgets over the next few years. Many services are dealing with this situation by focusing even more tightly on people they see as their core client group. The few existing initiatives to tackle multiple needs and exclusions are being squeezed and could become even scarcer.
- The NHS, police, councils, prison service and voluntary agencies all need to find savings through new ways of working. Acting now to promote coordinated service responses will prevent higher costs at a later date.

Policy direction you can build on

- **Recognition of the issue:** Recognition of multiple needs and exclusions has grown in recent years. Although there is a need to go much further, there are a number of promising areas of current policy to build on, including:
 - A stronger commitment in drug and alcohol policy to the concept of 'recovery', taking a person's wide range of needs into account
 - The mental health strategy *No health without mental health*, which recognises that distinct approaches to mental health treatment are needed for "adults with complex multiple needs"

- A recognition in the government's recent *Vision to end rough sleeping* that many homeless people have multiple needs and require a coordinated multi-agency response
- An understanding in the Ministry of Justice green paper *Breaking the Cycle* that a "significant proportion of crime is committed by offenders who have multiple problems", and that an integrated approach is needed to effectively address these problems and reduce reoffending
- Work in the Department for Education following David Cameron's commitment to help 'troubled families' with multiple problems³.
- **Localism and big society:** The localism and big society agendas provide many opportunities for local agencies, their partners and service users to address challenging social problems, including multiple needs and exclusions. However, the associated risk is that some areas will not see this as a priority. It is therefore more important than ever for government to create an environment in which it becomes the norm for leaders in local areas to put coordinated services in place.
- **Early intervention and prevention:** This paper focuses on services supporting adults, with an understanding that it is never too late to help. However, the increasing focus on early intervention⁴ and life chances⁵, coupled with recent research about the chronological events that lead to people facing multiple needs and exclusions⁶ will allow services, over time, to become even more preventative in the work they do.



Our vision for local areas

That in every local area people experiencing multiple needs are:

- **Supported by effective, coordinated services**
- **Empowered to tackle their problems, reach their full potential and contribute to their communities.**

The whole community and all local services have a role to play.

In every local area **council leaders and senior officials** ensure that:

- People experiencing multiple needs and exclusions are identified and support is targeted for them
- There is a coordinated response from local services, led by a lead individual or team
- All mainstream services provide flexible responses, backed by strong strategic commitment
- Opportunities to intervene early are not missed.

The **services** involved:

- Take a personalised and assertive approach to engagement
- Provide a consistent and trusted source of support
- Involve service users in developing, delivering and improving services
- Develop the skills and expertise of their workforce to effectively meet individuals' needs.

Supporting Lucy to move on

On leaving prison Lucy (see page 5) was referred to the link worker scheme. This was jointly commissioned by the local council, probation service and the NHS to offer holistic support to people facing multiple needs and exclusions. Each individual had a named link worker who was their key point of contact and who could advocate on their behalf.

Jane, the link worker, met Lucy at her refuge. She spent several hours getting to know her, finding out what help she might need. At first Lucy didn't want to talk, but she opened up eventually. She told Jane how she felt that her problems were related to the "bad things" in her past, which no one had ever helped her to deal with.

Jane and Lucy agreed a plan to create some stability and give Lucy "headspace". Jane helped her sort out her benefits so she could get accommodation with support. Jane went with Lucy to a GP who arranged for counselling alongside a course of antidepressants.

Lucy is starting to see glimmers of hope, though she knows she has a long way to go. She's proud that she hasn't reoffended – and last week called her Nan for the first time in three years. She's even started thinking about volunteering to "give something back". The police and magistrates haven't seen Lucy for six months now.

The help Ahmed needed

Ahmed (see page 5) was drinking heavily and sleeping rough near the shops. He regularly became so drunk that shopkeepers would call 999, leading to daily ambulance and police visits.

Concerned, the health service raised Ahmed's name with the multiple needs service. This had been commissioned with the support of MEAM to better coordinate existing local service responses. Although it had just two staff, it was well supported strategically and turnout at its monthly multi-agency meetings was good. Many attendees knew Ahmed, but each had a reason why they wouldn't work with him.

A plan was discussed. The multiple needs coordinator, Charles, began to visit Ahmed every day, immediately reducing emergency call outs. It took two weeks of daily visits before Ahmed spoke, and told Charles about his problems.

Charles brokered a deal where the hostel would accept Ahmed if social services provided an hour of support every morning to help with self care. He accompanied Ahmed to the social care assessment, helped him settle at the hostel, and introduced him to the alcohol team. Three months later, Ahmed has reduced his drinking and is looking to move into shared accommodation. In 12 weeks he has needed just one ambulance and has not been seen by the police. He says that without Charles he would still be on the streets.

Achieving the vision: a role for government

A small number of local areas and committed individuals are already working hard to achieve this vision, tackling as they do the many local barriers to progress. There is nothing to stop more local areas and agencies deciding that this is a priority for them too.

But there is a problem. Local areas often tell us that by offering coordinated services they find themselves swimming against the tide of policy and battling for political and strategic engagement. In short it is made hard, not easy, for them to put coordinated services in place.

If every local area is to achieve the vision, then we need to turn the tide. A new approach is needed from national government to create an environment in which it becomes the norm for leaders in local areas to put coordinated services in place.

The remainder of this paper sets out **five building blocks** for this new approach and actions you can take to support each one.

With the right information, incentives and strong leadership, we believe every community across the country could achieve the vision.

The five building blocks are:

- 1. Communicating a clear message that tackling multiple needs and exclusions is a government priority.**
- 2. Defining and identifying people experiencing multiple needs and exclusions.**
- 3. Creating accountability, leadership and transparency.**
- 4. Making outcomes and commissioning work for this group.**
- 5. Getting the finances right in local areas.**

1 **Communicating a clear message that tackling multiple needs and exclusions is a government priority**



What is the problem?

For many years there has been no clear or consistent message from government about the importance of tackling multiple needs

- In 2006 the government officially recognised a group of adults with “chaotic lives who have multiple needs” noting that these adults “can find it difficult to engage with multiple public services ... and often live at the very margins of society.”⁷
- Since then, recognition of this issue has grown. For example, the coalition government’s drugs strategy and plans to reduce reoffending have focused on ‘whole person approaches’, recognising that recovery requires input from a range of services. The Prime Minister David Cameron has made a commitment to help troubled families who have multiple problems. The government’s 2011 *Vision to end rough sleeping*⁸ notes that people with multiple needs often require an intensive package of recovery support provided by a range of organisations.
- However, the issue of multiple needs has not been given the comprehensive cross-departmental emphasis in policymaking that it requires and there has been no clear message to local areas that tackling multiple needs and exclusions is crucial to government objectives and outcomes. Despite some progress, government is yet to create an environment in which it becomes the norm for leaders in local areas to put coordinated services in place.
- A clear message is therefore the first thing that central government must address in its new approach.

How can we solve it?

The Prime Minister should make a clear statement that tackling multiple needs and exclusions is a priority for government

- The Prime Minister's statement should outline multiple needs and exclusions as a priority and show that government is committed to supporting local areas to address the issue.

The government should develop a top-level strategy for multiple needs and exclusions to support this commitment

- The strategy should:
 - Be a cross-departmental document, which draws together everything the government is doing to create an environment in which it becomes the norm for leaders in local areas to put coordinated services in place
 - Ensure that all departmental policies actively contribute to tackling the inter-related issues which cause multiple needs and exclusions
 - Be clear that once government as a whole has put the right information, incentives

and leadership in place, there should be no reason for inaction in local communities

- Be overseen by a designated group of ministers and officials such as the Social Justice Cabinet Committee and include a commitment to monitor and report on progress to parliament
- Be developed in consultation and collaboration with service users
- Be based on the next four building blocks outlined in this paper.

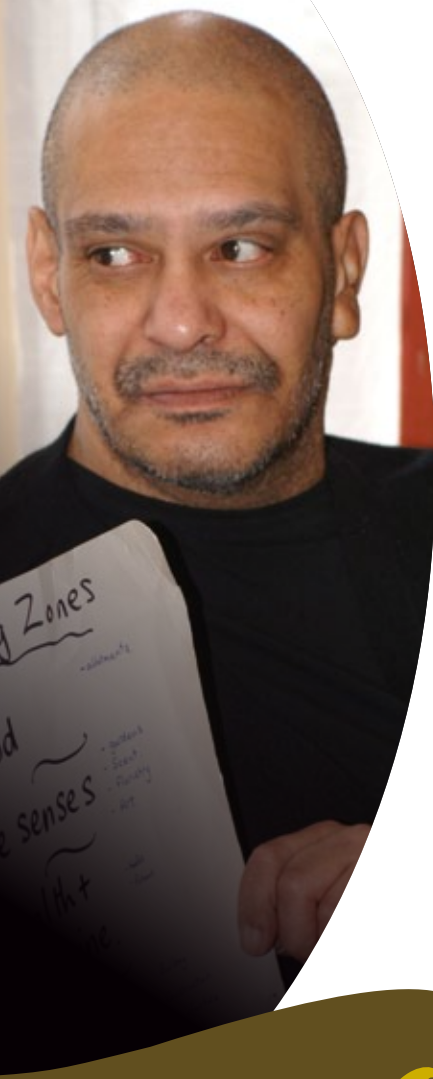
Local leaders should take up the message, leading action in their areas

- Even in advance of the strategy there is nothing to stop local areas and agencies deciding that this is a priority for them too. Council leaders, local authority chief executives and directors and senior commissioners across drug, alcohol, health, housing and criminal justice services all have a role to play.

- All council leaders should make a clear statement that tackling multiple needs and exclusions is a priority in their area. They should commit to delivering results now and work with the government to identify and remove barriers to progress.
- Managers of local services should work with other sectors to improve their response to multiple needs and should involve service users in helping shape local approaches.



2 **Defining and identifying people experiencing multiple needs and exclusions**



What is the problem?

Until now there has been no clear nationally agreed definition of people experiencing multiple needs and exclusions, making it difficult for local areas to take action

- Recognition of 'chronic exclusion' or 'multiple disadvantage' has grown in recent years. For example, the coalition government's 2010 *State of the nation*⁹ report concluded that 5.3 million people (11% of all adults) are multiply disadvantaged at any one time. This analysis refers to people who are disadvantaged in three of the following factors: education, health, employment, income, social support, housing and local environment.¹⁰
- This Vision Paper focuses on approximately 60,000 people experiencing multiple needs and exclusions, who are a subset of this larger group. In addition to experiencing a multitude of problems, these individuals are ineffectively connected to services, are living chaotic lives and often lack support from their family or community.

- Ineffective contact with services often means exclusion from national data sets. This presents a challenge to official identification of the group and has led previous top-down attempts at definition to miss the individuals in question.

For example, Public Service Agreement 16 on Socially Excluded Adults brought in by the Labour government, focused on groups which are nationally monitored, such as those in contact with probation or people with severe mental health problems. It therefore missed many of the most excluded individuals, such as short-sentenced prisoners, people with lower level mental health problems and people who are street homeless.

- Combined, these factors mean that local areas struggle to identify people experiencing multiple needs and exclusions and have trouble reporting outcomes.

How can we solve it?

The government should define multiple needs and exclusions

- The government's strategy for multiple needs and exclusions should include a clear definition of this group: people with multiple problems, who have ineffective contact with services and are living chaotic lives. The definition should recognise this group as a distinct subset of the wider group facing multiple disadvantage, requiring a specific targeted response.

The government should support local leaders to identify this group

- The government should provide guidance on how local areas could identify people in this group, enabling each area to respond.
- A coherent methodology, with a level of national consistency, will be needed in each area. The following outlines some possible approaches:

1. The method used in the London Borough of Merton offers a possible approach. The New Directions Team (NDT) Assessment identifies people who have multiple needs and exclusions and assesses their problems, behaviours and how much support they are receiving. The NDT team then works with the individuals with most problems who are getting the least help. They are often people that no one else will work with.¹¹
2. Another option would be to identify people who come into contact with services in patterns indicative of multiple needs. For example, people who have two or more of the following: recent experience of rough sleeping, two or more arrests, second conviction in court, evidence of problematic substance misuse or experience of mental ill health.

- People experiencing multiple needs and exclusions can become very isolated. Whichever methodology is used to identify the group locally, a proactive and assertive approach will be vital. Opportunities for identification include when someone is arrested, released from prison, sleeping rough or presenting at A&E for non-emergency medical treatment.



3 **Creating accountability, leadership and transparency**



What is the problem?

No one person or agency locally or nationally is currently responsible for this group

- Some groups in local areas – such as clients of adult social services – have someone who is ultimately accountable for their care. However, this is not the case for people experiencing multiple needs and exclusions.¹² Victimisation, neglect or premature death, go unchallenged. This lack of local responsibility and accountability reduces incentives to provide effective and coordinated support.
- In addition, no one in central government takes a national overview of this group.

At present, people in this group are often excluded from statutory frameworks that ensure coordinated support for other vulnerable individuals

- People facing multiple needs and exclusions are often excluded from frameworks such as Community Care Assessment (CCA), Safeguarding of Vulnerable Adults (SoVA) and Care Programme Approach (CPA), which ensure coordinated support to other vulnerable individuals.

- This happens either because none of an individual's needs quite meet the threshold, or because an eligible need is complicated by other problems. For example, this group is often excluded from adult social care because local teams traditionally targeted at age, disability and mental health all see the person with multiple needs as someone else's problem. Exclusion from social care can also leave individuals excluded from the safeguarding (SoVA) process. This is designed to ensure a fully coordinated response for individuals at risk from harm, but in practice currently focuses only on those with clear links to social care services.
- Exclusion from these frameworks means that there is no effective way for professionals to challenge the actions of statutory and voluntary providers in cases where suitable, coordinated, support is not being provided. While professionals such as hostel or drugs workers may try to do this they often lack the time, resources and statutory backing to make it happen.

The public are unable to challenge anyone when support is insufficient

- With no accountability structures and little information, the public are also unable to challenge providers or local officials when they feel that the level of care being provided to an individual is insufficient.

How can we solve it?

Nominate specific roles in national government and in every local area to be responsible for the group and accountable for the provision of effective support

- The forthcoming Health and Wellbeing Boards will have a duty to assess the health and social care needs of local populations. This should be taken one step further. In every local area a named individual should be made responsible for ensuring support for adults facing multiple needs and exclusions. They would be required to develop a strategy to address the needs of these individuals and monitor which services are providing them with support.
- This responsibility, enshrined in law, could rest with the Director of Public Health or the Director of Adult Social Services. Their responsibilities should be overseen by a lead member of the local authority and by a national minister. The outcomes should be subject to parliamentary scrutiny.

The government should ensure that whenever possible individuals facing multiple needs and exclusions are brought into existing coordination frameworks, and that for those not covered, a suitable alternative is in place

The following could help achieve this:

- **Access to assessment:** Everyone facing multiple needs and exclusions should have easy access to a Community Care Assessment (CCA), with an assertive approach taken to engagement. Assessments should be shared between agencies to support coordinated interventions.
- **Multiple needs as eligible needs:** The new eligibility criteria for social care (being developed as part of the government's review) should regard multiple needs that impact on an individual's wellbeing as eligible needs. An assessment of multiple needs should be a core part of every CCA.
- **Safeguarding for those at risk:** The safeguarding process should be expanded to include those at risk from harm but not currently linked to social care. This could be supported by the proposed changes to social care eligibility criteria (above). It could also

be underpinned by the newly proposed "adult at risk" definition for safeguarding, which includes those at risk of harm "who appear to have health or social care needs" regardless of whether they meet the threshold for social care in their locality.¹³

- **An alternative for those not covered:** For those individuals with multiple needs still not covered by these frameworks the named individual in every local area (above) should ensure that a similar coordinated process is in place.

Increase transparency through new right of inquiry

- The public currently have no power to demand an inquiry into the support (or lack of) provided to people with multiple needs and exclusions. A new right of inquiry would allow the public to request the named accountable individual to provide details about the level of support provided to a person with multiple needs. In cases of victimisation, neglect or premature death this would significantly increase transparency and provide an incentive for local areas to provide coordinated support to these individuals.

4 **Making outcomes and commissioning work for this group**



What is the problem?

Outcomes and commissioning structures do not deliver the coordinated services needed by people facing multiple needs and exclusions

This is because:

- **By default, government departments focus on their specific areas of interest, promoting a 'silo culture'.** The need for joint working has generally been accepted across government, but despite attempts to address it, the problem remains.
- **Commissioners are focused on outcomes which are narrow and specific to their sector.** The approach of government departments filters down to local commissioners. This leads to them and the services they commission replicating the 'silo culture', focusing on a narrow range of outcomes rather than on the wider set of issues that contribute to multiple needs and exclusions. Joint commissioning has grown over the past decade but needs to go further, with a specific focus on this group.
- **People facing multiple needs are rarely the majority.** The above problems are exacerbated because people facing multiple needs and exclusions often form only a small proportion of any population focused on by commissioners. This is particularly the case in community-wide policies such as public health. This means that overall outcomes can be achieved without changing the circumstances of those facing multiple needs and exclusions.

How can we solve it?

The government should set the overall direction for commissioners

- The government strategy for multiple needs and exclusions (see page 11) should set out a jointly agreed framework of outcomes for people facing multiple needs. This could include things such as stable housing, reduced reoffending, improved mental health, improved family relationships and progress towards recovery from addiction.
- The strategy should outline how all relevant departments will be expected to contribute to this framework, both at a national level through policy and investment programmes, and at a local level through commissioning and implementation structures.
- The development of the outcomes framework could be led by the Social Justice Cabinet Committee or a Cabinet Office minister. Service users should play a central part in the development of the framework.

Commissioners should ensure that frontline services focus on these agreed outcomes for people facing multiple needs and exclusions

- All local areas should put in place a high quality joint process to commission services based on their ability to deliver, with partners, the outcomes in the framework above. A number of methods could be used:
 - The previous government developed a targets-based approach focused on homes and jobs. Some people felt this was too specific and did not offer a strong enough incentive to frontline services to deliver the coordinated approach required.
 - The current government is piloting the use of payment by results. Opportunities include stronger incentives for services to deliver holistic support and focus on shared outcomes. However, the government is also aware of the significant risks. These include payment tariffs not recognising a sufficiently

- wide range of outcomes, those who are hardest to help receiving the least support ('cherry picking'), the encouragement of competition between sectors and within areas rather than collaboration, and smaller organisations being unable to compete in the emerging market.¹⁴ Considerable effort is being invested to address these challenges and to make payment by results a success for people facing multiple needs and exclusions.
- A third option may be for government to work with commissioners to develop an outcomes-based commissioning model that is more flexible than payment by results but still able to focus providers on all the outcomes in the agreed framework. For example, services could be required to meet or contribute to these outcomes and receive a bonus for doing so.



5 *Getting the finances right in local areas*



What is the problem?

It is difficult to persuade local agencies and commissioners to work together on outcomes, jointly fund coordinated services, or to spend their budget on people at the threshold of their particular 'client group'

The reasons for this are complex. They include:

- **Multiple budgets:** People facing multiple needs require help from a wide range of services, each funded from different budgets, held at different levels. Many agencies and commissioners view their role as being for a particular group of individuals (usually with one severe problem rather than multiple problems) and allocate their resources accordingly.
- **Small numbers:** Although people experiencing multiple needs and exclusions exist in every community and have high costs, they are relatively small in number. This means they are often a low priority for commissioners and local services, which tend to focus on wider groups or the community as a whole.

- **Not every agency saves:** As people with multiple needs are supported to address their problems their pattern of service use changes. For example, they use expensive criminal justice and emergency services less and housing support, drug treatment and social care services more. Although the overall bill goes down over the longer term, savings are not felt universally and some services end up paying more, at least in the short to medium term.¹⁵ It can therefore be difficult to persuade the local agencies and commissioners who end up paying more that intervening is the right thing to do for government finances as a whole.

There is no 'area level' incentive for local commissioners or agencies to work together to overcome these difficulties

- A range of mechanisms are developing which attempt to incentivise individual actors to provide coordinated services, for example, payment by results (see page 17). However, there are currently few mechanisms to incentivise areas as a whole to better coordinate services for those facing multiple needs and exclusions.

How can we solve it?

The government should develop new 'area level' economic arrangements to incentivise sustainable solutions for tackling multiple needs

There are several options for how this can be achieved:

- **Ensure pooled budgets for this group in every local area:** Pooled budgets can help local commissioners come together to fund coordinated interventions. They could also potentially be used to fund some (or even all) of the mainstream services required by people, using individual budgets.¹⁶ Community Budgets¹⁷ include greater flexibility from government on the types of budgets that can be pooled. These are currently being piloted in a number of areas with a focus on families with multiple problems, although in some cases budgets have been aligned rather than pooled. With little adjustment Community Budgets could be used to support individuals facing multiple needs too. The government and Local Government Group have recently committed to developing such budgets for some homeless adults.¹⁸

- **Develop pooled budgets with variable contribution or payback mechanisms:** It may also be possible to develop pooled budgets that recognise different agencies' savings and expenditure as people facing multiple needs and exclusions are helped to address their problems. This could be achieved either through commissioners or agencies putting in different amounts (e.g. the police save more so contribute more) or through in-area transfers from those that save to those that end up spending more.
- **Develop ways to allow local areas to keep the savings made through coordinated action:** This approach has received significant international attention in the form of work around 'Justice Reinvestment'. In this, local areas which divert individuals from criminal justice using successful community programmes are rewarded with the savings made by the Ministry of Justice, which are reinvested into the community schemes.¹⁹ The concept could be transferred to multiple needs and exclusions. Areas operating successful coordinated

approaches (via a pooled budget) could be rewarded for coordinated effort by being able to reinvest (or provide directly to local partners) the national savings made by the Ministry of Justice, Home Office and Department of Health.

- **Raise new sources of funds through Social Impact Bonds:** The final way to create an area incentive is to bring in new external funds, for example, in the form of a Social Impact Bond.²⁰ While these are very useful for testing new ideas, further work is required to establish their financial stability and their suitability for people experiencing multiple needs and exclusions.





Time to turn the tide

In this paper we have set out our shared vision, that in every local area people experiencing multiple needs are:

- **Supported** by effective, coordinated services
- **Empowered** to tackle their problems, reach their potential and contribute to their communities.

Our vision calls for a real step-change in how we respond to people at the margins of our society. Across the country many are already trying hard to make it a reality. But even with the best intent, local areas and services can't do this alone. They are swimming against the tide.

Now, with the five building blocks we've set out, the government has an opportunity to create an environment in which it becomes the norm for leaders in local areas to put coordinated services in place.

It's time to take action. Building on current reform, public concern and the need to save money, you can help stop the chaos and damage caused by multiple needs. It's simply not enough to hope that areas can achieve this without these changes. Turning around the lives of these marginalised individuals must be a 'litmus test' for public service reform.

The whole community can help – councils, health, police, voluntary agencies, businesses and service users. But nationally and locally someone has to take responsibility. Leadership is needed more than anything.

You have a vital part to play.

With your help, together with the expertise and efforts of our members, service users and partners across the country, we have a real chance to transform lives, save money and create communities where everyone can contribute.

With your commitment and leadership, we can turn the tide.



Acknowledgements

In developing the Vision Paper, we held six evidence seminars and a series of individual meetings. In total we consulted 60 stakeholders. We would like to thank everyone involved for their valuable contributions.

We are grateful to Simon Wilson of Wilson Sherriff for facilitating the evidence seminars on a pro bono basis and to the staff at Revolving Doors Agency and Making Every Adult Matter who supported the process.

We would like to thank Candice Picou and Daniel Coriat of the Revolving Doors Agency national service user forum for co-facilitating consultation with service users, and all the forum members who took part.

We are indebted to David Burrowes MP for hosting the launch of the Vision Paper.

Finally, we would like to thank the Calouste Gulbenkian Foundation for generously supporting the production of this paper.

End notes

1. **Making Every Adult Matter (2009)** *A four-point manifesto for tackling multiple needs and exclusions*, Making Every Adult Matter, London p.8
2. 66% of the public agree that “government and local services have a disjointed service response for people with multiple needs and exclusions” and 63% agree that “if government and local services had a stronger focus...and worked better for them it would help improve the situation of this group”. Source: YouGov poll published in **Fabian Society (2010)** *Hardest to Reach? The politics of multiple needs and exclusions*, Fabian Society, London
3. Department for Education press notice, 10 December 2010, *Focus on families – new drive to help troubled families*, Press notice ID 2010/0129
4. **Allen, G (2011)** *Early Intervention: the next steps*, HM Government, London and **Allen, G (2011)** *Early Intervention: Smart Investment, Massive Savings*, HM Government, London
5. **Field, F (2010)** *The Foundation Years: preventing poor children becoming poor adults: The report of the Independent Review on Poverty and Life Chances*, **HM Government, London and Berelwitz, S (2011)** *‘I think I must have been born bad’: Emotional wellbeing and mental health of children and young people in the youth justice system*, Office of the Children’s Commissioner, London
6. **McDonagh, T et al (2011)** *Understanding complex lives: tackling homelessness and exclusion*, Joseph Rowntree Foundation, York
7. **HM Government (2006)** *Reaching Out: An Action Plan on Social Exclusion*, HM Government, London, p.72
8. **HM Government (2011)** *Vision to end rough sleeping: No Second Night Out nationwide*, Department for Communities and Local Government, London
9. **HM Government (2010)** *State of the nation report: poverty, worklessness and welfare dependency in the UK*, Cabinet Office, London
10. This definition of multiple disadvantage uses the following indicators: either live in a workless household or are unemployed; are either in income poverty or material disadvantage or financial stress; lack social support; either have poor physical or mental health; either live in poor housing or a poor living environment; have low qualifications
11. Further information on the New Directions Team assessment is available at <http://www.meam.org.uk/wp-content/uploads/2010/05/NDT-Assessment-process-summary-April-2008.pdf>. Any area using the NDT assessment in full or in part must acknowledge copyright to the South West London and St George’s Mental Health Trust.
12. While statutory guidance suggests that the Director of Adult Social Care should have “a role in championing the needs of adults that goes beyond the organisational boundaries of adult social care” this contrasts to their much stricter accountabilities around social care services. By its wording the guidance makes clear that a boundary around adult social care exists and that some adults fall outside this. See: **Department of Health (2006)** *Guidance on the Statutory Chief Officer Post of the Director of Adult Social Services*, Department of Health, London
13. See: **The Law Commission (2010)** *Adult Social Care: Law Com No.326*, Law Commission, London. Paragraph 9.51, Recommendation 40, states: “Adults at risk should be those who appear to: (1) have health or social care needs, including carers (irrespective of whether or not those needs are being met by services); (2) be at risk of harm; and (3) be unable to safeguard themselves as a result of their health or social care needs. In addition, the statute should provide that the duty to investigate should apply only in cases where the local authority believes it is necessary. *Harm* should be defined as including but not limited to: (1) ill treatment (including sexual abuse, exploitation and forms of ill treatment which are not physical); (2) the impairment of health (physical, intellectual, emotional, social or behavioural); (3) self-harm and neglect; or (4) unlawful conduct which adversely affects property, rights or interests (for example, financial abuse)”. See also the discussion in paragraphs 9.33-9.40 on health and social care needs.
14. **Roberts, M (2011)** *By their fruits... Applying payment by results to drugs recovery*, UK Drug Policy Commission, London
15. As demonstrated by Revolving Doors’ Financial Analysis Model. See <http://www.revolving-doors.org.uk/policy--research/policy-projects/economic-model/> for more information.
16. For example, some projects use individual budgets on a small scale to support client choice and engagement; others suggest using individual budgets to fund the provision of services needed by the client.
17. More information about community budgets is available at <http://www.localleadership.gov.uk/communitybudgets/>
18. **HM Government (2011)** *Vision to end rough sleeping: No Second Night Out nationwide*, Department for Communities and Local Government, London
19. For more information see **Lanning, T, Loader, I and Muir, R (2011)** *Redesigning justice: Reducing crime through justice reinvestment*, IPPR, London
20. Social Impact Bonds have been developed by Social Finance. For more information please see: <http://www.socialfinance.org.uk/sib/guides>

Design: Cuthbert Design • www.cuthbertdesign.com
 Printing: Pinstripe Print Ltd • www.pinstripegroup.co.uk
 Photography: Cover © John Birdsall • John Birdsall/
 Press Association Images | Pages 2, 7, 17 © Southampton
 Voluntary Services | Pages 4, 12, 13, 16, 18, 19 © Robert
 Davidson | Page 6 © Rich Legg • iStockphoto.com |
 Page 10 © Denis Pepin • Dreamstime.com | Page 11
 © David Bryce • Revolving Doors Agency | Page 14 ©
 Monkey Business Images • Dreamstime.com | Page 20,
 22 © St Mungo’s

Vision paper partners

Revolving Doors Agency is a charity working across England to change systems and improve services for people with multiple problems, including poor mental health, who are in repeat contact with the criminal justice system.
www.revolving-doors.org.uk

Making Every Adult Matter (MEAM) is a coalition of four national charities – Clinks, DrugScope, Homeless Link and Mind – formed to influence policy and services for adults facing multiple needs and exclusions. Together the charities represent over 1,600 frontline organisations working in the criminal justice, drug treatment, homelessness and mental health sectors.
www.meam.org.uk

Clinks is a membership body that supports and develops the work undertaken by voluntary organisations within the criminal justice system in England and Wales.
www.clinks.org

DrugScope is the UK's leading independent centre of expertise on drugs and the national membership organisation for the drug field.
www.drugscope.org.uk

Homeless Link is the national membership organisation for frontline homelessness agencies in England. Its mission is to be a catalyst that will help to bring an end to homelessness.
www.homeless.org.uk

Mind is the leading mental health charity in England and Wales. It works to create a better life for everyone with experience of mental distress.
www.mind.org.uk

The Calouste Gulbenkian Foundation is a charitable foundation with cultural, educational and social interests. Its purpose is to help enrich and connect the experiences of individuals in the UK and Ireland and secure lasting and beneficial change. It has a special interest in those who are most disadvantaged.
www.gulbenkian.org.uk