



FUTURE FOCUS

Where next
for policy
on multiple
disadvantage?

ESSAY COLLECTION

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FOREWORD

FROM OLIVER HILBERY

Over many years, public services have been designed, commissioned and delivered in silos. This starts within government and permeates down through funding and commissioning. While this works for many, it often fails people experiencing multiple disadvantage by creating services which focus on singular issues. This can both cause and perpetuate multiple disadvantage.

Since 2010, more than 50 local areas in the MEAM Approach, Fulfilling Lives and Changing Futures networks have been working to turn this situation on its head. Statutory and voluntary partners are building services and systems that ask, “How can we, as a whole system, help you move forward?” That is a fundamental re-thinking of what it means to provide support.

But individual areas cannot make these changes alone. Government shapes the environment in which local work is done and sets incentives for how local systems act.

In Future Focus we have identified four big questions that government will need to address if it is serious about reforming our public services. We hope that the cross-party and other voices in this collection can help shape the path ahead and we look forward to working with the next administration to drive change.

Oliver Hilbery

Director
MEAM

FOREWORD

FROM MEAM EXPERTS BY EXPERIENCE

Everyone deserves to be treated with dignity and respect no matter their situation.

The persistent silos and inequity of the current system often prevents services from providing the trauma-informed and relational support that people need.

Central government can help to create the conditions for change, but only by working alongside people with lived experience, being connected to what it means to access services, and adopting an intersectional approach. No policy or system should be designed without truly understanding the human impact.

Policymakers often talk about listening to people with lived experience, but we also need to see them acting on our knowledge and expertise. It is no use to have power in a system that fails to listen to and learn from our experiences.

If we centre lived experience throughout the four intertwined pillars of Future Focus – accountability, relational systems, persistent silos and equity – we can start to make progress on providing effective support for people facing multiple disadvantage.

We would like to see all services and systems adopting an approach that is responsive to people's needs, and we believe that this starts with listening to lived experience.

MEAM Experts by Experience





INTRODUCTION

FUTURE FOCUS: WHERE NEXT FOR POLICY ON MULTIPLE DISADVANTAGE?

Over the last decade, significant progress has been made on tackling multiple disadvantage. Local areas across the country are increasingly working to transform services and systems, while national government is exploring how to support and enable reform.

Based on the learning to date, there is an opportunity to forge a policy environment that can further incentivise and accelerate this work.

To achieve that, government and interested partners need to explore some key, unresolved questions. These four questions go to the heart of what is needed to embed change, challenge the underlying systemic structures that drive current service responses, and resolve the few but persistent policy challenges that remain.

These questions form the basis of Future Focus, our commission on the future of multiple disadvantage policy. As we head towards the next election we have invited politicians, policymakers, sector leaders and people with lived experience to reflect on these questions and to help shape the answers that are needed for the future.

ABOUT MULTIPLE DISADVANTAGE

People facing multiple disadvantage experience a combination of problems. For many, their current circumstances are shaped by long-term experiences of poverty, deprivation, trauma, abuse and neglect. Many also face racism, sexism and homophobia. These structural inequalities intersect in different ways, manifesting in a combination of experiences including homelessness, substance misuse, domestic violence, contact with the criminal justice system and mental ill health.

Multiple disadvantage is a systemic, not an individual issue. People facing multiple disadvantage live in every area of the country. They are often failed by services and systems that focus on singular issues. This makes it harder for individuals to address their problems, lead fulfilling lives and contribute fully to their communities.

FUTURE FOCUS

FOUR QUESTIONS

// 1

ACCOUNTABILITY AND FUNDING

We need a home in government for multiple disadvantage, a clear sense of strategy and accountability, and a change in the way that funding (and outcomes) flow to this issue.

Where should responsibility lie within government for tackling multiple disadvantage and how do we determine shared outcomes that can support the flow of funding to local areas to enable rather than hinder systemic change?

// 2

RELATIONAL SYSTEMS

Public services across the board need to take a more relational, co-produced and trauma-informed approach to service delivery. This will require significant levels of training and investment, but crucially also the creation of systems/structures that promote such ways of working. Good people can't work well in bad systems.

What will it take to commission and deliver truly relational services within our local systems?

// 3

PERSISTENT SILOS

Services are not working well together. Prison release, hospital discharge and failure to respond to dual diagnosis are key examples of this. This is despite the long-term existence of local protocols and national guidance to address these issues. We need to stop creating this failure demand if we are to support people properly.

How do we address the system failures that stop our public services working effectively together?

// 4

EQUITY

Structural inequalities, stigma and discrimination affect the way in which individuals experience multiple disadvantage. Responding to individual need should reflect individual experience.

How should we take an intersectional approach to multiple disadvantage to ensure nobody is left behind?

MAKING A DIFFERENCE TO TACKLING MULTIPLE DISADVANTAGE

THE CHANGING FUTURES PROGRAMME

Felicity Buchan MP, Minister for Housing and Homelessness

The Changing Futures programme¹ is a £77 million initiative between Government and The National Lottery Community Fund, testing new ways of bringing public and community sector partners together to help people experiencing multiple disadvantage to change their lives for the better. Thanks to the contributions of voluntary sector organisations such as MEAM, alongside innovative local efforts and Government investment, we have learned much about multiple disadvantage, what it means to experience it, and how to address it. The Changing Futures programme has been able to build on this tapestry of insight and explore how Government can fulfil its role to enable more effective and efficient public services for people experiencing multiple disadvantage.

THE IMPACT OF MULTIPLE DISADVANTAGE

Since 2021 we have worked with local public services, academics, voluntary sector experts, cross-government officials, and people with lived experience of multiple disadvantage. We have seen how the impact of multiple disadvantage and the consequences of inflexibility and siloed delivery echo across services. This creates repeated cycles of increased service demand driven by failure and gaps in provision, which are felt throughout lifetimes. We have heard that to experience multiple disadvantage is to feel challenges escalate, recur and seem impossible to overcome; to experience high personal risk and danger; to be frequently excluded from mainstream support; and to be highly stigmatised by people and services. People come into repeated contact with police, criminal justice, and emergency response services without receiving the support

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since 2019.



¹ HM Government (2024) [Changing Futures](#)

they need to help them break the cycle – generating significant costs to the public purse without seeing improved life outcomes. For Brian, one of our Changing Futures beneficiaries, multiple disadvantage meant hundreds of interactions with public services over 14 years.

WHOLE-PERSON, FLEXIBLE, TRAUMA-INFORMED SUPPORT

However, we have also observed the exceptional and impactful innovation that is possible and taking place across the country as a result of the perseverance of people working in public services, both prior to and throughout Changing Futures. Through the programme delivery and evaluation, we have learned more about the impact that whole-person, flexible, trauma-informed support underpinned by strong public service partnerships can have. Brian is now sustaining a tenancy, in part-time employment, and chairing AA meetings. He has a support network and a positive outlook on life. The Changing Futures team have been able to build a supportive and trusting relationship treating him as an individual with potential and prioritising what matters most to him, and that has made all the difference. Crucially, this type of support is underpinned by collaboration between services, and we are seeing examples of promising practice across the 15 areas participating in Changing Futures.

- In Lancashire, enhanced service hubs are bringing together housing teams, adult social care, probation and health services. They are working together to deliver more personalised, and flexible support. They are an essential part of Lancashire’s new Integrated Care System, which is putting people facing multiple disadvantage at the heart of the County’s response to our health and care reforms.
- In Stoke, local partners are building on previous programmes and investment to improve how adult social care responds to multiple disadvantage – with the Leader of the Council chairing the partnership. They’re also investing in real-time data sharing, so people who need help don’t have to face repeating their story again and again.

- In Bristol, partners are establishing an approach called ‘My Team Around Me’, where support is coordinated around the person, no matter which service engages with them first.

LEARNING FROM CHANGING FUTURES

Across the programme over 4,400 people have now received support, and we are already beginning to see positive changes including reductions in homelessness, substance use, experiences of domestic abuse, and experiences of crime. It is hugely promising, but there is still a journey to travel for services and systems to transform the way that they respond to multiple disadvantage.

The programme has always had a clear remit to deliver system change, and this is a challenging task. We have begun to see encouraging progress in local Changing Futures areas as systems are reforming in response to evidence, collaborative approaches to funding decisions and shared governance. Innovative services are emerging as a result. To deliver effective services for this group, local partnerships need to have shared goals, diverse experience and strong leaders who look beyond traditional service boundaries to focus on how best to help people who might be in touch with multiple services but aren't getting the help they need. Developing a system-wide trauma-informed approach and effective data sharing are key, and we have seen first-hand the value of meaningful involvement of people with lived experience of multiple disadvantage both locally and nationally.

STRENGTHENING PREVENTION AND REDUCING DEMAND ON PUBLIC SERVICES

Public service productivity is a priority for this Government, and Changing Futures is one part of our plan to strengthen prevention and reduce demand on public services. This plan is expected to deliver up to £1.8 billion of productivity benefits. Addressing multiple disadvantage strengthens our broader efforts and investment to support vulnerable people, including £2.4 billion to help people at risk of homelessness and support rough sleepers; £768 million to create a world class drug treatment and recovery system; and £230 million to tackle domestic abuse.

The Shared Outcomes Fund has enabled a cross-Government approach to this cross-cutting challenge, with the Department for Levelling Up, Housing and Communities (DLUHC) well positioned to lead the work given our close working relationship with local authorities. Government's involvement, with the support and insight of The National Lottery Community Fund, has meant we are able to dig more deeply into the ways that we can work more effectively at a national level. We know that more efficient alignment of funding streams for local authorities can increase efficiency and reduce administrative burdens locally and nationally, and this is reflected in our Levelling Up ambitions. We are learning more about how this applies to multiple disadvantage through Changing Futures. We are reflecting this learning in our policy making process, considering how we can better enable the kind of innovation we know local authorities are capable of delivering, and which works for vulnerable people.



REWIRING PUBLIC SERVICES

Josh MacAlister OBE

In January 2021, I was appointed to lead the government's independent review of children's social care. I wanted to focus on hearing directly from those with personal experience of the care system in order to think afresh about how we support children to grow up with safety, stability and love.

When I published the final report in May 2022, I shared the story of Ava. Ava was 17 when I first met her. As she saw it, she came into care because her parents couldn't afford to look after her properly. She left her whole family behind, including her brother and sister, and moved in with a foster family. When I started the review, Ava was weeks away from her 18th birthday but the excitement of this was replaced with trepidation when she was told by her foster carer that she would need to move out. She now lives by herself in an unfamiliar town but she has started to see her dad, brother and sister again. This is a story of a family that we struggled to help, siblings who were split up, and a care system that has left a brilliant young woman lonely.

My journey with the review taught me that government cannot provide love, relationships and the good-life as a service, but it can take the lead in creating the environment for families, communities, public services and businesses to step forward and do much more – starting in childhood and continuing throughout people's lives. While relationships are rich and organic, children's social care – like so many other services – can be rigid and linear. Rather than drawing on and supporting family and community, systems too often try to replace organic bonds and relationships with professionals and services.

Shifting monolithic, overlapping and complicated public services in these kind of ways will be extremely difficult. That is why the possibility of Labour's Mission-driven government offers a welcome and fresh approach. Long term and audacious goals, cross government accountability and political leadership should mean that issues – such as tackling violence against women and girls – stand a better chance of being addressed. But if government is to stand a chance of changing public

Josh MacAlister

is the executive chair of Foundations, the What Works Centre for Children and Families. Josh chaired the government commissioned independent review of children's social care, and is currently the Labour parliamentary candidate for Whitehaven and Workington.



services to achieve these audacious goals, especially for people facing multiple disadvantage, then a new set of principles must underpin reform.

MOVING AWAY FROM OVERRELIANCE ON 'NEW PUBLIC MANAGEMENT'

The conventional response in turning around struggling public service has been to reach for top-down rules, guidance and targets. But over time, we have learned that this formula (sometimes known as 'new public management'), when applied to complex systems, often leads to waste and perverse incentives.¹ It can create the illusion of improvement without delivering change on the ground, and can undermine the ability of professionals to take responsibility.

Alternative approaches promote high levels of local autonomy, privilege expertise, focus on minimal rules and create systems that enable learning and improvement. These are the right features for reform but when public services are so fragile, it is tough for elected leaders to resist the conventional mix of diktats and targets in favour of changes that could prove more successful over the medium to long term. If services keep declining before improvement can be seen, then public confidence is undermined before politicians have the chance to see through changes.

We need public service reforms that help systems move towards greater freedom and responsibility over time, setting a clear national direction about change but not repeating the mistakes of the past with compliance-led processes. We should take inspiration and confidence from bold experiments like Buurtzorg district nursing in the Netherlands.²

REWIRING SERVICES FUNDING FROM TOP TO BOTTOM

Next, we need to fundamentally change how our public services are financed. Within central government, I have encountered a heavy dose of scepticism about the potential to realise cashable savings by supporting people before they reach crisis point. What we have currently is a system increasingly skewed to crisis intervention, with outcomes that continue

1 Hood, C., & Dixon, R. (2015) What We Have to Show for 30 Years of New Public Management: Higher Costs, More Complaints. *Governance*, 28(3), 265-267.;

Munro, E. (2011) Munro review of child protection: Final Report – A child-centred system

2 Buurtzorg International (2024) The Buurtzorg model

to be unacceptably poor and costs that continue to rise. Higher costs, and worse outcomes.

We need to shift our mentality if we are to bring about change. Investment in reform for earlier intervention should reduce overall public spending pressures. It would provide social benefit in improved outcomes for people facing complex challenges. And the legacy of this investment should allow for self-sustaining improvement over time. But for these reforms to stand any chance of success, the Treasury will need to change its approach. The Treasury needs to move away from micro-managing government departments over short-term spending and instead hold departments to account for the value services are offering the public. This would open up much more creativity in how we fund changes across different public services over time.

There are many examples of public services becoming increasingly protective over their stretched budgets, and far fewer examples of local authorities, NHS, schools and police services coming together to spend money in a more intelligent way at a local level. Even when we know it works. At its peak, Sure Start – a UK-wide programme that was introduced to support children under four and their families in disadvantaged areas – cost £2.5 billion per year.³ At the same time, it prevented 13,000 children from showing up at hospital. This outcome alone saved the NHS the equivalent of a third of the cost of the Sure Start programme.⁴ At a local level, our funding model needs to be rewired to incentivise spending on shared outcomes.

PRIVILEGING EVIDENCE AND EXPERTISE

Finally, we must rectify the shocking reality that there is little or no evidence about what works to tackle some of our most complex social challenges. For instance, there is almost no impact evidence of what works to support children who are at risk of, currently experiencing or who have experienced, domestic abuse. Yet we have an epidemic of domestic abuse and the impact on children and families is a Grade A problem for almost every public service. These kind of challenges require moonshot efforts akin to our vaccine research programme, so that we can bridge major evidence gaps. There is also a need for greater use of rigorous impact evaluation,

3 [Institute for Fiscal Studies \(2024\) The short- and medium-term impacts of Sure Start on educational outcomes](#)

4 [Institute for Fiscal Studies \(2022\) The health effects of universal early childhood interventions. Evidence from Sure Start](#)

including Randomised Control Trials and quasi experimental designs promoted by What Works organisation such as Foundations. There is already emerging and growing evidence around tackling multiple disadvantage, created through long-term evaluations such as those of the MEAM Approach network, Fulfilling Lives and Changing Futures.

We also know that people are coming to public services with really difficult problems to solve. We often talk about the importance of relationships, which are of course critical. But it's not just that practitioners need a good relationship with people who access their services, they also need to offer, or be able to link people to, the right expertise to help them address the challenges they face once this relationship has been established. Yet in social work, mental health services, homelessness services, women's refuges and elsewhere, practitioners are bearing huge levels of responsibility, often without a clear career pathway or investment to further develop their expertise as a workforce.

Progress on tackling multiple disadvantage will be close to impossible without drawing on the best available evidence and expertise. This must be at the heart of our approach to public service reform.

CONCLUDING REMARKS

There have been many compelling attempts to tackle complex social issues from the centre of government, from action on teenage pregnancies in the 1990s, the creation of the Social Exclusion Unit in the early 2000s, and the introduction of the Supporting Families programme in the coalition years. However, often these are exceptions that prove the rule. Without a personal mandate from a senior politician, or skill of a government official such as Baroness Louise Casey, it is difficult to make real change.

One of the conclusions from the care review was that after many reviews and reforms each of which had brought about incremental progress, we have been left with a high stack of legislation, systems, structures, and services that make it hard to imagine something fundamentally different and better. Rather than add to this stack, we must now build stronger foundations across our public services. These new foundations should move services towards greater freedom and responsibility, rewire how services are funded and value expertise and evidence. These ingredients would give us a better chance of delivering public services able to meet increasingly complex needs.



THE TIME FOR RADICAL REINVENTION IS NOW

A STRONG SOCIAL SAFETY NET FOR MULTIPLE DISADVANTAGE

Baroness Tyler of Enfield, Liberal Democrats

After years of neglect, the social contract – or fair deal – between people and government has been shattered. For people with the most complex needs, such as experiences of poverty, poor physical and mental health, homelessness, addiction and contact with the criminal justice system, the devastating effects of this cannot be overstated.

Poverty is central to so many of the big social issues we debate, and the link between poverty and multiple disadvantage is deeply entrenched. Therefore, it is telling that 4.2 million children are living below the poverty line.¹ On health, over 1.2 million people are stuck waiting for mental health support² and targets contained in the NHS Long Term Plan are slipping backwards on perinatal mental health, children and young people's services, NHS talking therapies and mental health crisis care.³ Levels of homelessness remain shamefully high, and the shortage of affordable and social housing is at crisis point.

The accepted post-war norm has been for successive generations to experience better lives than their parents. That is not true anymore for the younger generation, as they are experiencing worse outcomes in terms of pay, security and housing. And the two-child limit for benefits continues to hold many families in poverty. The Marmot Review: 10 Years On⁴ highlighted that in the past decade, people can now expect to spend more of their lives in poor health. This is a crisis that will grow rather than fade without radical intervention.

THE LIBERAL DEMOCRAT PLAN

Liberal Democrats believe that everyone should receive a helping hand when they fall on tough times. That is why

- 1 Joseph Rowntree Foundation (2024) [Poverty 2024](#)
- 2 National Audit Office (2023) [Progress in improving mental health services in England](#)
- 3 The King' Fund (2024) [Mental Health 360](#)
- 4 The Health Foundation (2020) [The Marmot Review: 10 Years On](#)

Baroness Tyler

of Enfield is a Liberal Democrat peer and spokesperson for mental health in the House of Lords. Before then, she was the director of the government's Social Exclusion Unit. A previous chair of Making Every Adult Matter, she is currently president of The Money Advice Trust and member of the Financial Inclusion Commission.



we are calling for fair access to good public services and a strong social safety net.

Liberal Democrats would finally put mental health on the same footing as physical health, and invest in public health and prevention so that fewer people get ill and need treatment. We would break the cycle of reoffending by improving rehabilitation in prisons and on release. We would commit to building 150,000 social homes a year by the end of the next parliament. And we would set a target of ending deep poverty within a decade with a major anti-poverty strategy.

Crucially, Liberal Democrats also understand that radical reform will take more than just good policies in each government department. We also need to reform our public services, taking a coherent, joined-up approach so that they work for those who are most in need. In tackling multiple disadvantage, this means committing to action in three key areas: leadership from the heart of government, local autonomy and co-production, and shared outcomes that endure for the long term.

LEADERSHIP FROM THE HEART OF GOVERNMENT

Action on multiple disadvantage requires a sustained and shared effort across all levels and parts of government. While central government cannot and should not provide all the answers, we need to see an active state – one that empowers people to live life as they choose, but is willing to step in and lend a helping hand when it is needed. In other words, national policymakers play a pivotal role alongside local government in creating the conditions for action on multiple disadvantage to succeed.

My time as Director of the Social Exclusion Unit in the early 2000s highlighted to me that this must start with leadership at the heart of the government, bringing together the necessary political will with the right mechanisms to coordinate and drive policy. That's one of the reasons why the Liberal Democrats are advocating for a new 'health creation' unit to be established within government, led from the Cabinet Office to ensure that all future legislation maximises opportunities for improving the nation's health.

It also means changing the ways that we prioritise and allocate government resources. I recently served on the House of Lords Primary and Community Care Integration Committee,

and the evidence shows clearly that the NHS allocates an excessive amount of funding to reactive hospital care, at the expense of preventative primary and community care.⁵ The same pattern is replicated across local government, with a far greater amount spent on crisis interventions to respond to issues such as rough sleeping and substance misuse than on supporting people before these challenges occur. We need to see more support for local leaders to prioritise prevention and early intervention.

LOCAL AUTONOMY AND CO-PRODUCTION

If people experiencing multiple disadvantage are to have real opportunity, more power needs to be transferred away from Westminster and Whitehall. Leadership that sits closer to communities is far more likely to deliver the change that is needed.

Place matters. As far back as 2008, the London Health Observatory identified that every two London Underground stops travelling east from Westminster represents more than a year of life expectancy lost – and this pattern has persisted over time.⁶ In 2019, I was privileged to chair the Enfield Poverty and Inequality Commission,⁷ which highlighted that levels of poverty and deprivation in Enfield are now more comparable to historically poorer neighbouring inner London boroughs.

Local government plays a critical role in helping to tackle multiple disadvantage, but local leaders are far too often hamstrung in their efforts to create sustainable change to public services for people experiencing multiple disadvantage. They face threats of bankruptcy and enormous cuts to public services. Where funding is available, this is frequently handed out piecemeal by government, making it difficult for local leaders to plan for the long term.

For example, the public health grant has been cut by 26% on a real terms per person basis since 2015/16,⁸ significantly inhibiting local leaders in their efforts to tackle health inequalities and the social determinants of health. Liberal Democrats are calling for the progressive restoration of the Public Health Grant to at least 2015 levels,

5 [House of Lords \(2023\) Patients at the centre: integrating primary and community care](#)

6 [London Councils \(n.d.\) London Underground Jubilee Line Differences in Life Expectancy](#)

7 [Enfield Council \(2020\) All things being equal: The final report and recommendations of the Enfield Poverty and Inequality Commission](#)

8 [The Health Foundation \(2024\) Investing in the public health grant](#)

with a proportion of these funds to be set aside for local communities experiencing the worst health inequalities to co-design, co-deliver and co-produce plans on how the money should be spent.

SHARED OUTCOMES THAT ENDURE FOR THE LONG-TERM

I am a believer in the adage, 'What gets measured, gets done'. In my opinion, the absence of robust and clear measures has contributed to a rising tide of poverty in recent years. Yet, measurement alone cannot get us to where we need to be.

Too much of our politics is dominated by short-term thinking, and the very structure of decision-making is geared to meet the needs of the present. Target-driven culture doesn't drive long-term sustainable services, or help to create services that are truly designed for what people need.

Instead, we need to support and encourage genuine multi-agency working, bringing together statutory, voluntary and community organisations working towards delivering long-term, shared outcomes. There are already many positive examples of this in action, for example the development in association with local authorities of a range of public health clinics within community spaces (for example pharmacies, libraries, job centres, debt advice and community centres) to reach those who are less likely or less able to seek health care from their GP. This encourages better communication among professionals, easier access, and better integrated, person-centred care.

However, imbalances between the power and representation of health bodies, local authorities and voluntary, community and social enterprise organisations (VCSEs) and people with lived experience is a barrier to progress. Changes to commissioning practices are needed to ensure that multidisciplinary and system change focused work is incentivised and funded, supported by proportionate reporting requirements based on what works for people rather than what works for central government. Across the health landscape, integrated care boards are intended to be part of the solution, but the jury is out about the extent to which they will be able to step into this role.

In conclusion, there is simply so much more to do to change this country for the better for all our fellow citizens - and we cannot allow people to be left behind. This will require a radically new approach.



START WITH THE PERSON, NOT WITH THE PROBLEM

DELIVERING TRULY RELATIONAL SERVICES
UNDER A LABOUR GOVERNMENT

Jess Phillips MP, Labour

During my time as Shadow Safeguarding and Domestic Violence Minister, I set out Labour's commitment under a Mission-driven government to halve incidences of violence against women and girls within a decade.¹ While I no longer occupy this role, I continue to be – alongside my Labour colleagues – unwavering in achieving this aim.

Mission government is Labour's approach to tackling the big challenges we face as a country. To end short-term sticking plaster politics, we need to identify the big challenges that government should focus on and then use all the tools at our disposal to try to solve them. Given the scale of these challenges and the ambition of our missions, nothing less than a rethink of how we govern will be needed.

In a similar way to the other complex challenges outlined in our missions, our ambitious target for halving incidences of violence against women and girls cannot be achieved without targeted policies to support people in the most challenging of circumstances, spanning housing, health and the criminal justice system.

Achieving our missions also requires a bold and fundamental shift in how our public services operate – with action needed to create long-term, relational, trauma-informed and trauma-responsive approaches to commissioning and delivering services designed to support people with multiple and unmet needs.

Here are three key ways that this could be achieved:

1. START WITH THE PERSON, NOT THE PROBLEM

It is well understood that the commissioning ecosystem which exists to support people experiencing multiple disadvantage

Jess Phillips

is the Labour MP for Birmingham, Yardley, and between 2020 and 2023 was Shadow Minister for Domestic Violence and Safeguarding. Before becoming an MP, Jess worked for Women's Aid in the West Midlands.



¹ The Labour Party (2023) [Take back our streets](#)

too often fails to look holistically at their intersecting needs. The issue of persistent silos and cross-sector failures is addressed elsewhere within this essay collection, so instead I will focus on an even more worrying trend: over the past decade, stigma has become hard-baked into our politics – and even the law.

Few examples bring this home more obviously than the government’s current attempt to criminalise ‘nuisance begging’ through the Criminal Justice Bill. This is because it focuses on a ‘problem’ rather than its underlying cause. Where I live in Birmingham, much of the so-called ‘nuisance begging’ is by Romanian women who are clearly being trafficked. It is wrong that the government wishes to criminalise these women, more so than their traffickers.

Over six years ago, in 2017, the then Home Office Minister for Crime, Safeguarding and Vulnerability said, ‘there needs to be a root and branch review of how women are treated in the criminal justice system when they themselves are victims of abuse’.² However, no such review has ever taken place, and the criminal law still fails to protect those who experience abuse that drives them to offend. There has been endless evidence over many years to support this view; the Corston report,³ now decades old, still stands.

We must think completely differently if we are to move away from stigmatising victimisation and trauma, and instead proactively work towards supporting people to move on from the challenges they have experienced. This means ensuring that stigma and discrimination have no place in the commissioning or delivery of services.

2. EMPOWER PUBLIC SERVICES TO RESPOND MORE EFFECTIVELY TO TRAUMA

Public services need the resources to support people with the underlying causes of their trauma. This means frontline workers who are trained to recognise and respond to trauma and commissioners who are trauma-informed in what they commission. I wish this were already the case.

The Casey review into the Metropolitan Police last year found that samples from rape cases were being kept next

2 Hansard (2024) [Criminal Justice Bill \(Sixteenth Sitting\)](#)

3 Home Office (2008) [The Corston Report: A review of women with particular vulnerabilities in the criminal justice system](#)

to packets of sandwiches in a police officer's fridge.⁴ This example is one among many that paints a picture of public services operating without even the basics they need to do the job. Years of austerity from government has left the most dedicated of frontline teams only able to support people at the point of crisis – we need to be moving that support upstream, offering support much sooner and making long-term, relational support available from a wide range of services to help people overcome the challenges they have experienced.

This requires a total re-think about what it means for people to engage with support. We need to overhaul the relationship between 'support worker' and 'individual' to become much more human, based on what people can do, rather than what they can't. And we need long-term, trauma-informed support for people where it is needed.

For example, the mental health impacts of domestic abuse and sexual violence cannot be overestimated, so counselling and other psychological support is central. In Women's Aid research, almost half of women in refuges reported feeling depressed or having suicidal thoughts as a direct result of the domestic abuse that they experienced.⁵ We also know that if we look at our female prison population, or at women in any substance misuse service, we would go a long way before we found one who had not been a victim of domestic abuse, sexual violence and exploitation. There is a reason why women end up dependent on substances and our services must be funded and commissioned well enough to help people address the root causes.

3. INVEST IN SPECIALIST SERVICES

Truly relational services are delivered by organisations who deeply understand and care about the people they support. Such organisations are highly specialist, but often precariously funded.

Within my own area of interest, I have been vocal about the way that specialist women-only services have become something of a wedge issue in our politics. However, it is irrefutable that the commissioning environment in local authorities and police and crime commissioners created

4 [Metropolitan Police \(2023\) Baroness Casey Review: An independent review into the standards of behaviour and internal culture of the Metropolitan Police Service](#)

5 [Women's Aid \(2022\) Are you listening? 7 Pillars for a survivor-led approach to mental health support](#)

over the last decade means that specialist women-only services have given way to generic services – housing associations or broader victims’ charities – that could offer a lower contract price.

I have seen specialist women-only domestic abuse services being told that they absolutely have to see men and will lose their contracts if they do not. In my constituency, I have seen a case where the perpetrator is being supported by the same service as the victim, which is both unethical and dangerous. That happens because there are all-encompassing, non-specialist victim-based services rather than specialist women’s services.

This is especially true for specialist ‘by and for’ services which exist to support women from Black, minoritised and migratised backgrounds. Research by Imkaan shows that 25 of their members share £10 million in turnover whilst 10 generic white services have a turnover of £25 million. Their members are six to seven times less likely to be successful in their funding bids, there is a refuge bedspace shortfall of over 1,000 in services for black and minoritised women, and their services have seen a 35% reduction in staff due to a lack of funding.⁶

We need to ensure that police and crime commissioners, local authorities and health bodies must commission specialist women’s community services that will provide the support, care, prevention and guidance that victims need. This means investing in specialist support-based services, including ‘by and for’ services, to ensure that women receive the support they need.

CONCLUDING COMMENTS

Trauma-informed, relational services to support people at times of need isn’t just the right thing to do, it’s the sensible thing to do. Under a Labour-led government, public service reform will be at the heart of our approach to Mission-driven government. Our starting point is to recognise the scale of the challenge, but we can aim much higher, making it our priority to transform lives for everyone experiencing multiple disadvantage.



6 [Women’s Aid \(2020\) Minutes of the All-Party Parliamentary Group on Domestic Violence and Abuse: The next VAWG Strategy: creating an equal society for women and girls \(12th Oct 2020\)](#)

SLIPPING THROUGH THE NET

WHAT DOES GOVERNMENT NEED TO DO TO ENSURE THAT PEOPLE FACING MULTIPLE DISADVANTAGE CAN ACCESS TRULY PERSONALISED SERVICES?

Jane Stevenson MP, Chair, APPG Complex Needs and Dual Diagnosis

The All-Party Parliamentary Group (APPG) on Complex Needs and Dual Diagnosis was created in recognition that people facing multiple disadvantage often have a number of overlapping needs, including challenges accessing housing, employment opportunities, mental health services or substance use support. Through its work, the APPG seeks to ensure that the needs of this group of people remain on the political agenda and a priority for decision makers.

As chair of the APPG, I have a particular interest in the problems faced by people with coexisting substance use and mental health issues. I explore through this essay why a personalised and trauma-informed approach is vital if we are to effectively support people who might otherwise slip through the net.

Coexisting substance use and mental health issues are common. This is often because people attempt to self-medicate mental health problems or trauma via the use of drugs or alcohol. Inversely, drug use can cause mental health problems, including anxiety, mood difficulties, paranoia and even psychosis. In 2022/23, over two-thirds (71%) of adults starting substance use treatment said they had a mental health treatment need. This is part of a trend of rising numbers over the previous three years (from 53% in 2018/19).¹

Despite this, and clear national guidance to the contrary, people continue to face exclusion from services due to their

Jane Stevenson is the Conservative MP for Wolverhampton North East. She is chair of the All-Party Parliamentary Group (APPG) on Complex Needs and Dual Diagnosis.



1 OHID (2023) [Adult substance misuse treatment statistics 2022 to 2023](#)

coexisting needs. In other words, they may be told that they cannot access mental health support while they are using substances, yet are unable to reduce or eliminate their substance use without support for their mental health.

There is a considerable overlap between people with coexisting needs and people with experience of poverty, discrimination, trauma and abuse. This means people with the most complex needs are most likely to be excluded. People with coexisting needs also see substantially poorer outcomes than people with either mental health or substance use issues alone.²

Ensuring appropriate and personalised support for this group is important, particularly against the backdrop of rising demand for mental health and substance use services. During an APPG meeting in May 2023, Andy Bell, chief executive at the Centre for Mental Health, highlighted that whilst mental health services are expanding due to increased funding, demand for services is growing at an even faster pace. The prevalence of mental health difficulties has been steadily rising for over a decade, with a sharp rise in mental health problems created by the pandemic.³ There is no indication that this trend is slowing down.

Alongside this, figures indicate a continued high level of drug-related deaths⁴ in addition to high demand for drug and alcohol services.⁵ Jason Meecham, chief inspector at Durham Constabulary, presented to the APPG back in February 2023 on best practice in reducing opiate overdoses and barriers to broader provision and use of naloxone (an opiate overdose reversing injection which can be used by anyone). This included a strong emphasis on partnership working and the provision of naloxone within emergency and mental health settings.

The government's landmark drugs strategy, 'From Harm to Hope',⁶ sets out to transform the system so that providing trauma-informed care becomes the norm, and complex needs are recognised and responded to, reducing the number

2 APPG Complex Needs and Dual Diagnosis (2018) [People Powered Recovery: Social Action and Complex Needs](#)

3 National Audit Office (2023) [Progress in improving mental health services in England](#)

4 Office for National Statistics (2023) [Deaths related to drug poisoning in England and Wales: 2022 registrations](#)

5 OHID (2023) [Adult substance misuse treatment statistics 2022 to 2023](#)

6 HM Government (2021) [From Harm To Hope: A 10-year drugs plan to cut crime and save lives](#)

of people who fall through the gaps between services. There are three transformational pillars laid out within the strategy, which have the potential to help people facing coexisting conditions get the support they need:

- **Exploring opportunities for better commissioning of locally joined-up service provision between specialist mental health services and substance misuse services**

National guidance states that mental health and alcohol and drug use services have a joint responsibility to meet the needs of people with the most complex needs by working together to reach shared solutions.⁷ Yet, I know from my own constituency case work in Wolverhampton North East that a lack of join-up between funding and performance management for these two sectors makes this difficult to achieve. To address this, government and NHS England are working together to produce a new co-occurring conditions joint action plan. The plan will improve access to mental health services for people experiencing addiction, and improve links between mental health and addiction and recovery services.

- **Ensuring ICS development includes leadership on drugs and alcohol to integrate physical and mental health care with substance misuse services.**

The recent establishment of integrated care systems (ICSs) has made fantastic inroads into the restructuring of our health service to deliver quality care, that is tailored to local community needs and helps to address regional health disparities. A particular area which could be strengthened is ensuring that substance use, mental health and other services have an open-door policy for people with co-occurring conditions. For example, no one should be excluded from talking therapy services on the basis they are being prescribed substitute medication and are enrolled in community drug and alcohol services. Promoting an open-door policy for people with coexisting needs across our health services will require ICSs to build practitioner knowledge spanning both mental health and substance use

7 National Institute for Clinical Guidance (2019) [Coexisting severe mental illness and substance misuse](#)

sectors. This could include opportunities for consultation or training from specialists, shadowing, or regular clinical supervision from appropriately qualified professionals.

— **Improving access to treatment and support for adults experiencing multiple disadvantage**

To improve access to treatment and support it is important that services establish a culturally relevant support offer within areas where there are known drug use issues within particular communities. This includes partnership working with local faith, cultural and community organisations and groups to help support and engage people with coexisting mental health and substance use issues. Unfortunately, for many people from minority backgrounds, their first experience of mental health care comes when they are detained under the Mental Health Act, often as a result of police intervention.⁸ There need to be various points of entry into specialist mental health care to reduce unnecessary detentions. This will require improved and direct access through non-clinical routes such as community services, places of worship, housing providers, criminal justice and the voluntary sector.

Following the drugs strategy, government investment has enabled the substance use sector to increase the number of treatment places and to grow and develop the workforce, including practitioners with particular expertise on supporting people with co-existing substance use and mental health issues. We are starting to see the number of people accessing support increase;⁹ however, this process will take time. It is important that the government continues its positive work in this area, being mindful of the inevitable lag between initial investment and improvement in outcomes. It is also important that government supports ICSs in developing local and effective joined-up provision between mental health and substance use services. It is only with a sustained effort across all parts of the system that we can deliver more personalised, trauma-informed support for everyone experiencing multiple disadvantage.



8 NHS Digital (2023) [Detentions under the Mental Health Act](#)

9 National Audit Office (2023) [Reducing the harm from illegal drugs](#)

NAMES, NOT NUMBERS

HOW REGIONAL DEVOLUTION COULD SUPPORT
A SEAMLESS APPROACH FOR PEOPLE
EXPERIENCING MULTIPLE DISADVANTAGE

**Andy Burnham, Mayor, Greater Manchester
Combined Authority**

More than 600,000 people in Greater Manchester live in poverty, 400,000 struggle with their mental health, and over 100,000 have issues with drugs and alcohol. The public services here to help them are full of great people, but they are struggling to work within a complex and uncoordinated system and to deal with the complexity of people's problems.

In Greater Manchester we are certainly not lacking in ambition. We know that the reform of public services and our response to multiple disadvantage is key to us making the most of devolution. If we are able to pool our resources, wrap services around people's needs, get upstream of some of these issues and have the flexibilities and freedom to do more of what works we can make a real difference to people's lives.

We know that we must maintain a tenacious grip if we are to achieve the overarching purpose of our Greater Manchester Strategy,¹ which is to create good lives for all. This means a decent house to call a home, a rewarding job and integrated public services wrapped around people and communities. These are just a few of the essential components that we are working towards to help residents across Greater Manchester grow up, get on and grow old in a greener, fairer more prosperous city region. Alongside the essentials of good homes, good work and good transport is the need for robust systems of support to help people when they need it and create the conditions that minimise the need for help in the first place.

On our journey to develop The Greater Manchester Model² for unified public services, a constant theme emerged – names, not numbers. We recognised a need to shift philosophy, not just policy. This change in mindset is about identifying and working with people in communities who most need support. It's about building integrated support around, and with, people

Andy Burnham was elected mayor of Greater Manchester in May 2017. Prior to being Mayor, Andy was a Labour MP. In 2008 he became Secretary of State for Culture, Media and Sport, before becoming Secretary of State for Health in 2009.



1 Greater Manchester Combined Authority (2021) [Good Lives for All: Greater Manchester Strategy 2021-2031](#)

2 Greater Manchester Combined Authority (2019) [The Greater Manchester Model](#)

rather than chasing the statistics that public services are forced to monitor by government departments and antiquated commissioning arrangements.

We've recently reaffirmed what it is we are seeking to achieve through public service reform in Greater Manchester and simply put it's this – that our public services and other types of support (including from our vibrant Voluntary, Community, Faith and Social Enterprise sector) should be accessible, equitable and responsive to the needs of communities. Questions on how we properly deliver on this often get raised at our Greater Manchester Reform Board where we bring together people from across the city region, including those with lived experience, to tackle some of the most difficult and complex challenges our communities face. Increasingly the focus of our Reform Board has pointed at improving support for those facing the sharpest social, economic and health disadvantages. It is experiences of these multiple disadvantages that lead to co-occurring conditions, entrenched homelessness and recurrent episodes of mental health crisis.

We know that for many people experiencing multiple disadvantage the prevailing support system does not work for them. Services are still too often driven by specified organisational or departmental priorities rather than the bespoke needs of the individual, they are often set up to deal with issues in isolation rather than holistically. It can be much harder for people with overlapping needs to access the support they require when there are rigid criteria, varying thresholds and sometimes even a culture that acts as a barrier to access. When we add in a frontline workforce that is overstretched, coupled with short-term funding linked to disjointed commissioning, it's not hard to see why those that need help most are still being failed.

In Greater Manchester we are working against this tide. Initiatives, such as Changing Futures, A Bed Every Night, Housing First, and the clear commitment to multiple disadvantage within our Integrated Care Board are demonstrating that change is possible. The results are telling us something profound about how to organise services and support around those experiencing multiple disadvantage that can be extended out to others; and that by combining resources available to us as a city-region, we can re-shape the way that

services and support are provided. Approaches championed and developed through Changing Futures and Housing First give a sense of dignity and control to people. Letting people regain their self-esteem and giving them the breathing space to recover. You can't put a time limit on that. If you do, then you'll create a new crisis that will fail people again.

The opportunities provided by regional devolution to help provide good lives for all are already having an impact. A 2022 study by The Lancet showed that Greater Manchester had better life expectancy than expected after devolution.³ Devolution shows that once you give areas a greater ability to design solutions which work for their communities, you get better services, better housing solutions and better outcomes – devolution means that you can help people lead better lives.

We were delighted that the November 2023 'Trailblazer Devolution Deal' started to open up opportunities around wider public service devolution, in particular for services supporting people experiencing multiple disadvantage.⁴ Through this deal we will start to go even further in maximising the opportunities for a more nuanced response to local and individual needs. One of the most significant developments in the deal is the single settlement arrangement.⁵ This means we can start to use funding better to bring down the barriers people experience. By streamlining the resources coming in we can more effectively streamline the support being provided to people.

Uniquely, the Greater Manchester deal makes provision for future funding streams relating to early intervention, prevention and multiple disadvantage to be considered as part of our single settlement arrangements. This is by no means a 'silver bullet' but it will begin to provide more flexibility in how we are able to support people experiencing multiple disadvantage. We will connect across the pillars of local growth, transport, skills and housing. We will amplify the learning from Changing Futures, Housing First, Supporting Families and other programmes. We will take our public service reform agenda even further into a philosophy grounded in 'People First' and help

3 [The Health Foundation \(2024\) Devolution in Greater Manchester: findings from a major study](#)

4 [Department for Levelling Up, Housing and Communities \(2023\) Greater Manchester Combined Authority Trailblazer deeper devolution deal](#)

5 [HM Treasury \(2023\) Memorandum of Understanding for the Single Settlements with Greater Manchester and West Midlands Combined Authorities](#)

to create a thriving workforce across Greater Manchester that is coordinated and focused on providing the support people need, when they need it.

In short, the next chapter of public service reform in Greater Manchester will be about bringing together the benefits of devolution for those who need it most.



WHAT MATTERS TO YOU, RATHER THAN WHAT'S THE MATTER WITH YOU?

BREAKING DOWN SECTOR SILOS FOR PEOPLE
EXPERIENCING MULTIPLE DISADVANTAGE

Dr Arif Rajpura

As Director of Public Health for Blackpool, I spend much of my time working at population level to tackle health inequalities and address the wider determinants of health. This may include experiences of poverty and social exclusion, alcohol and drug misuse, homelessness and contact with the criminal justice system.

While considerable progress has been made in recent years, Blackpool has significantly higher levels of harm associated with many of these factors, increasing the likelihood of a person developing a disease, or even dying prematurely.¹ For people facing multiple disadvantage, who experience these challenges in combination, these harms are likely to be particularly acute.

This means we must be even more proactive in our approach to designing and delivering services that work to reduce these harms, bringing together the best of the statutory and voluntary sectors to break down silos and embed a truly integrated approach to person-centred care.

A WHOLE-SYSTEMS APPROACH

Our longstanding focus on 'whole systems' integration with partners from public, private and voluntary sector organisations across Blackpool was catalysed at scale during the Covid-19 pandemic. Along with other local authorities, we set about the task of bringing 'everyone in', in response to a central government requirement to ensure that everyone who was sleeping rough had a place to stay.

Many of the most entrenched rough sleepers in our community face co-occurring challenges including experiences of addiction and poor mental health, necessitating the involvement of a wide range of partners to bring – and keep –

Dr Arif Rajpura has been director of public health in Blackpool since 2007. Arif also chairs Blackpool's Fairness Commission and has a strong focus on addressing the wider determinants of ill health through work with housing, education, regeneration and the voluntary sector.



¹ Blackpool Health and Wellbeing Board (2024) [Joint Health and Wellbeing Strategy for Blackpool 2024-28](#)

everyone in. Many of my colleagues reflected that it was refreshing to be able to work as we had always wanted to, proactively breaking down organisational barriers to support people during times of need.

More recently, our involvement in the Changing Futures programme, along with colleagues across Lancashire, has enabled us to develop this further, helping us to build our multidisciplinary approach to multiple disadvantage. Alongside statutory partners, the role of the voluntary sector is paramount to our work. I often describe the voluntary sector as the 'hidden healthcare system', reaching people and communities that others cannot.

A PLACE-BASED APPROACH

Because of the ways in which services are designed, commissioned and delivered, people can easily fall between the gaps. The concept of place-based working, in other words designing and delivering services to meet the needs of people within a defined geographic footprint, is vital to breaking down these persistent silos.

Put simply, this is because place is where all the action happens. Across Lancashire, every area differs in terms of demographics, and the partners that exist at place level are different too. We've structured our Changing Futures programme to reflect this, because it simply isn't possible to create a 'one-size-fits-all' approach that would work everywhere. Using the concept of place as a starting point, we can work with services to 'design-out' the obvious gaps that people fall through, and reduce service-to-service failures.

For places with high levels of deprivation such as Blackpool, this is especially important. Improving population health requires more resources in an area like ours, because we have to work harder to reach out to people and communities who might not otherwise engage with our support.

A RESPONSIBILITY THAT IS SHARED BY EVERYBODY

In Blackpool, we talk about providing 'the right intervention for the right person at the right time in the right place'. This means ensuring that wherever within the system people first reach out for help - whichever agency, whichever service - they can be confident that they will be aided to find the most appropriate support for their specific needs.

Collectively, we need to view support for people facing multiple disadvantage as a shared responsibility, a mindset which requires everyone working as part of the system to be able to say, 'I might not be able to meet all of this person's needs on my own, but as a system we need to make sure we can.'

To a large extent, this relies on the availability of sustainable support services, with resources also focused on early intervention and prevention. But beyond this, it means public services working in a person-centred, solution-focused way – proactively supporting people in a wide range of circumstances and creating a shared accountability so that no-one can say 'it's not my responsibility'.

COLLABORATION NOT COMPETITION

In our area, we have worked hard to build strong relationships between voluntary sector organisations and statutory services including local authorities and the NHS, working under the shared banner of 'Blackpool Together'.

We meet together regularly, enabling us to develop a shared understanding of the distinct contribution of all partners, and create opportunities for connection and collaboration. For the voluntary sector in particular, we recognise that each organisation brings its own unique skills, knowledge and relationships. Where funding is concerned, we would rather benefit from all the expertise that the voluntary sector can offer, rather than ask individual organisations to compete.

This means we encourage collaborative bids for funding, which is hardwired into the ethos of how we work together. For example, Blackpool's Household Support Fund allocation – introduced by central government in response to the rising cost of living – went directly to voluntary sector organisations working together to support people at grassroots level.

THE VALUE OF LIVED EXPERIENCE

If Lancashire's Changing Futures programme had a unique selling point that we are especially proud of, it would be the role of our lived experience navigators. Our learning to date makes clear that the involvement of people with lived experience is vital to connect and build relationships with people who experience multiple disadvantage. This is especially important in circumstances where people are cautious about engaging with public services due to negative past experiences or fear of stigma.

By understanding and responding to the needs of an individual, our lived experience navigators are helping to deliver truly person-centred care, asking ‘what matters to you, rather than what’s the matter with you?’

WHERE NEXT?

In this essay, I have highlighted a number of ingredients that are important to improving outcomes for people facing multiple disadvantage at the place-based level.

But none of this is possible without sustainable resources to support joined-up working, especially in areas of high deprivation. In recent years it has been difficult to achieve everything we’d like to across Blackpool, due to austerity measures and other financial constraints.

Local areas require specific funding to support systems change and break down silos, as well as money for direct delivery – but this funding also needs to be long-term, because removing barriers to working together takes time. Centrally funded programmes such as Changing Futures are enormously welcome, but are only part of the means by which we will achieve fundamental systems change.

I would like to see local areas supported to sustain the best of what works in their own context over time. For example, our lived experience navigators have become a vital part of our approach across Lancashire, but we do not currently have resource to support this network beyond the lifetime of the Changing Futures programme. It is also important that the voluntary sector, which delivers excellent value for money and is highly responsive to changing needs and circumstances, is recognised as a vital part of the ecosystem.

In short, we need to value and nourish a system that integrates services around people, supporting them to access the help they need, when they need it, rather than putting obstacles in their way. That’s a system we could all be proud of.



BUILDING MORE INCLUSIVE AND EQUITABLE SYSTEMS

CHALLENGING THE STATUS QUO ON SYSTEMIC RACISM AND MULTIPLE DISADVANTAGE

Safia Cragg

For many people, systemic racism is a significant factor that shapes and impacts their experiences of multiple disadvantage. The complexities of systemic racism intersect with various co-occurring issues, such as homelessness, mental health challenges, involvement in the criminal justice system, experiences of interpersonal violence and abuse, and the need to access drug and alcohol services. Recognising this is vital if we are to embed an approach that fully embraces the interconnectedness of all forms and experiences of oppression, grounded in principles of equity and inclusion.

Despite significant efforts across the country to tackle multiple disadvantage, current approaches often overlook critical factors, meaning that normalised systems of oppression are rarely addressed in mainstream discourses of social change. Therefore, it is crucial to confront systemic racism and integrate it into efforts to dismantle both overt and subtle forms of oppression.

Systemic racism is deeply embedded in institutions, structures, and policies, perpetuating inequities and limiting opportunities for marginalised groups. It is imperative that we acknowledge the historical and present-day impacts of racism if we are to enable organisations to create more inclusive and equitable systems that prioritise the needs and preferences of racialised communities.

Integrating a race equity lens fosters a deeper understanding of how racial discrimination intersects with other forms of oppression and how these intersections shape experiences of multiple disadvantage. Below, I suggest five key ways that, through collaboration and intentional action, meaningful progress can be achieved.

ACKNOWLEDGING THE SYSTEMIC IMPACT OF LANGUAGE

Our language choices have far-reaching implications, influencing how racism, disadvantage, and oppression are perceived and

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addressed within communities. We must also acknowledge the power dynamics inherent in language, with marginalised individuals often excluded from defining terms that directly affect them. Therefore, ownership of language and its definition by marginalised groups is a crucial step towards fostering inclusivity and empowerment.

We need to address language barriers in a way that goes beyond mere proficiency, encompassing the use of exclusionary terms and overly complex language within systems. This might involve providing training and resources on inclusive language, creating safe spaces for discussions about language use and its effects, and actively involving individuals with lived experience in shaping language choices.

INTEGRATION OF ANTI-RACISM EFFORTS INTO EXISTING INITIATIVES

Recognising that systems change requires a holistic approach, it is imperative to embed anti-racism efforts within the fabric of existing initiatives rather than treating them as standalone projects or add-ons. We must ensure that equity and inclusion are prioritised and integrated as core principles across systems and services.

This means centring race equity at partnership formation stage, advocating for equity and inclusion goals in strategic plans, ensuring accountability mechanisms to monitor progress, and offering training programmes focused on anti-racism. By mainstreaming anti-racism efforts, public services can create sustainable and impactful change within communities.

WORKFORCE DEVELOPMENT AND CAPACITY BUILDING

Comprehensive workforce development and capacity building are essential components of integrating anti-racism principles into partnership work and wider systems change initiatives. This includes equipping organisations and individuals with the knowledge, skills, and resources necessary to effectively challenge systemic racism and promote racial equity.

Legislation alone doesn't go far enough to protect marginalised groups, necessitating a proactive approach to promoting cultural humility and an understanding of intersectionality. Additionally, fostering a culture of accountability and continuous learning within public services is essential to ensure an ongoing commitment to anti-racism principles and practices.

COLLABORATION AND PARTNERSHIP

Addressing systemic racism and broader oppression requires collaboration among various system partners. Despite an abundance of valuable work at the local level, a lack of spaces for initiatives to converge ultimately limits knowledge sharing and resource utilisation. In turn, this risks duplication and reduces effectiveness.

We must widen our networks and establish forums or networks where organisations and initiatives can converge, share insights, and accelerate impact. Additionally, it is crucial to incorporate equity and diversity criteria into partnership evaluations to ensure that racial equity is prioritised and maintained throughout the collaboration process.

EMBRACING INTERSECTIONALITY IN ANALYSIS AND PRACTICE

Embracing intersectionality as an analytical framework is vital for understanding and addressing the complex interplay of racism and multiple disadvantage. This approach acknowledges that individuals experience oppression differently based on their intersecting identities and lived experience of systems of power and oppression.

We need to recognise the interconnected nature of oppressive systems and resist single-axis analyses wherever possible, understanding that individuals who face multiple disadvantage experience the very real compounding effects of racism alongside other forms of marginalisation. However, we must also reject the sort of binary thinking that oversimplifies these complex realities. Instead, we should aim to centre anti-racism while embracing the nuance of what this means for Black and Brown individuals experiencing multiple, intersecting oppressions.

WHERE NEXT FOR POLICY?

To develop a truly anti-racist approach to tackling multiple disadvantage, we need to see policy decisions that reflect the interests and experiences of individuals facing multiple disadvantage, including racially minoritised communities.

This means integrating an anti-racist lens into policy analysis and decision-making processes at both local and national levels, addressing root causes and promoting equity and inclusion. It means fostering a shared commitment to action across local areas, advocating for suitable funding models, prioritising accountability, and investing in services that meet

the needs of marginalised groups. And, critically, it means inviting individuals and support networks to engage in the policymaking process effectively and amplifying their voices in decision-making.

Through collaboration and intentional action, we can work together to challenge the status quo, interrogate power, dismantle oppressive systems, and actively build more inclusive and equitable systems for all.



PREVENTING TOUGH TIMES FROM BEING EVEN TOUGHER

HOW CAN WE MAKE SUPPORT FOR PEOPLE FACING MULTIPLE DISADVANTAGE FAIRER AND MORE EQUITABLE?

Darren Murinas, Chief Executive, Expert Citizens

Everybody living with multiple disadvantage experiences it differently. The challenges people face are unique to them, their circumstances, and their life story – and many encounter further obstacles including experiences of stigma, racism, homophobia and disability discrimination.

We can only create equitable systems for people facing multiple disadvantage if we recognise this, and set ourselves the challenge to do better at every turn.

REFLECTIONS ON MY OWN EXPERIENCE

I know from personal experience that living with a disability can make tough times even tougher. On leaving prison, in recovery and determined to build a new life, I was provided with supported accommodation in an area where I had no local or family connection.

No support was offered to me as a visually impaired person to get to know the area, to find out where services were, or to become familiar with the local bus routes. I felt I had been set up to fail. By the time my support worker visited me a week later, I had missed my probation appointment which put me at risk of being recalled to prison, I was without important medication because I couldn't register with a GP, I had been unable to access recovery services, or start a claim to get my benefits in place.

I didn't want to go back to the life I was involved with before I went into prison, but I felt I was being pushed back there. Only this time, I wouldn't be involved in crime to support a lifestyle, I'd be doing it just to survive. To put some food on the table. To put some money in the electricity meter.

I was in fear for those first few months, but with the right support my whole experience could have been very different.

Darren Murinas is CEO of Expert Citizens, a trustee of Lankelly Chase and chair of the Changing Futures project board for Stoke-on-Trent. Darren draws on his own lived experience to dispel myths and challenge stereotypes about what it means to face multiple disadvantage.



A DIFFERENT APPROACH

A different approach might have started with people like me, with lived experience, having a say in how services are designed and commissioned. We've been through it, so have unique wisdom about the systems that exist to support us, and our perspectives can help to build better services. However, we might have forgotten what we have to offer because of the traumatic experiences we've had. This means we need time to build trust and a culture within local services and systems where people's views are listened to and acted upon – 'doing with' rather than 'doing to'.

Support workers and commissioners do an incredible job, but we don't provide them with enough time to really listen to people. Often, support workers are overworked, battling red tape, and have caseloads that would be considered unmanageable in any other sector. In other words, it's the right thing to do, but it's also the most sensible thing to do.

Government at all levels needs to create and resource an expectation that services are co-designed alongside the people they are intended to support – people who are going through it right here, right now. Properly designed services that help people move forward with their lives are good for individuals, while also reducing cost pressures in other parts of the system, including hospitals and the police.

TACKLING STIGMA, STEREOTYPES AND DISCRIMINATION

We also need to go further and faster to address stigma, stereotypes and discrimination. It's easy to forget that people experiencing multiple disadvantage are sons and daughters, mothers and fathers. We need to get much better as a society at recognising the trauma a person might be experiencing, and the challenges they face.

A simple step that government could take is to move away from deficit-based language (for example, 'a drug addict') to language that is more person-centred (for example, 'a person experiencing addiction'). Our political leaders set the tone, so if they don't respond with humanity, how can we expect anyone else to? I've seen the effects of this first hand, causing people experiencing multiple disadvantage to face further social exclusion and making it even more difficult for them to get the support they need.

The flipside is that if we choose to challenge stigma by focusing on the promise of people, rather than the

problems of people, we can break down barriers and support people to flourish within their communities. Community is such an important part of the solution, we but don't focus on it enough. As it stands, we are missing important opportunities to build supportive communities around people experiencing multiple disadvantage. At the same time, communities are missing out on the benefits that come from involving people from a diverse range of backgrounds. This needs to change.

CHANGING THE SYSTEM

In recent years, we have seen more local areas investing in system navigators who can help people to access support.

Some of the people we work with at Expert Citizens can be accessing up to 15 different services at any one time, and are frequently in contact with system navigators in all of these services. One of our members often talks about it, remembering when she found herself homeless and was looking for a safety net of support. What she found instead was actually a spider's web of confusion.

System navigator roles are really important, but we need to be careful that we don't settle for just navigating the system when we could actually change it. Instead, we need to be designing services, alongside people with experience, that are inclusive and responsive to people's individual circumstances, including experiences of multiple disadvantage and other inequalities.

WHERE NEXT FOR MULTIPLE DISADVANTAGE?

There has been a positive shift in the past 10 years, especially in the way that we think about multiple disadvantage. This includes programmes such as Fulfilling Lives, funded by The National Lottery Community Fund, and Changing Futures, more recently introduced by the Department for Levelling Up, Housing and Communities (DLUHC). Now is the time to keep up the momentum.

We need to get better at holding ourselves to account, whether we are providers, commissioners or government. And it means challenging ourselves on the question of who gets to decide what positive practice looks and feels like. Central government can help to create the right environment for change to happen, but this has to sit alongside the expertise of people with lived experience from all walks of life, as well as frontline professionals who bring vital local expertise and specialist knowledge.

Unfortunately, multiple disadvantage isn't an issue that will go away quickly. I'd like to see a long-term approach to commissioning and delivering services that wrap around the individual - whatever their circumstances - tackling inequalities head on and giving people the tools they need to create lasting change in their lives.



START SOMEWHERE, AND FOLLOW IT EVERYWHERE

HOW PUBLIC SERVICES
CAN WORK FOR EVERYONE

**Nicola Gitsham, Head of Health Inequalities
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People facing multiple disadvantage have many reasons to use public services. Within the NHS, we use ‘inclusion health’ as an umbrella term to describe people who are socially excluded, who typically experience multiple interacting risk factors for poor health, such as stigma, discrimination, poverty, violence and complex trauma.

Despite their level of need, people in inclusion health groups have among the worst access and experience of healthcare services due to the way in which services are designed and delivered. This results in poorer health and unequal life outcomes. To bring this into sharp relief, mortality is approximately 12 times higher for women in inclusion health groups compared with the general population, and eight times higher for men.¹

While there are many instances of good practice around the country, people in inclusion health groups often use public services when they are in crisis as opposed to receiving proactive, integrated support that enables them to build on their strengths, address problems and lead fulfilling lives in their communities. For example, Accident & Emergency attendance is 6–8 times higher for people experiencing homelessness and 28 times higher for people who experience both homelessness and alcohol dependency.²

The scale of complex structural inequalities experienced by people in inclusion health groups means that no single agency can resolve these challenges alone. It is therefore

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- 1 NHS England (2023) [A national framework for NHS action on inclusion health](#)
- 2 NHS England (2023) [A national framework for NHS action on inclusion health](#)

important that each service identifies what is in their control (for example, healthcare for the NHS) and develops strategic partnerships across agencies such as local authorities, justice, education, voluntary sector, people and communities to deliver joined up approaches to care.

At NHS England we have developed the Core20PLUS5³ approach to support integrated care systems to gain traction and focus on key areas which require improvement. In part, Core20PLUS5 focuses on the most deprived 20% of areas of England as defined by the Index of Multiple Deprivation, and identifies five PLUS groups, who may experience poorer than average access to, experiences of and outcomes from NHS services. Inclusion health groups and people experiencing multiple disadvantage are therefore priority within Core20PLUS5, which requires integrated care systems to take practical action to tackle inequalities.

We have also recently developed the National Framework for NHS Action on Inclusion Health⁴ in partnership with people with lived experience, health and care systems, charities and key agencies such as the Office for Health Improvement and Disparities (OHID) and the UK Health Security Agency (UKHSA) to support systems to deliver Core20PLUS5. The five principles set out in this document are a useful framework for healthcare improvement, but are also relevant when thinking about how we make all public services work for everyone.

1. COMMIT TO ACTION

To ensure no one is left behind, we need leaders (at every level of local and national systems) who are intentional in their efforts to deliver equitable public services and take an intersectional approach. Tackling structural inequalities needs to be hard-wired into the design, delivery, and review of all services.

We cannot achieve the scale of change required if we see equity as a siloed activity which we get to when we have addressed other issues. Instead, it needs to be at the heart of all decision making, including resource allocation. At NHS England we have identified five key priorities for integrated care systems which ensure that health inequalities are central to the recovery and transformation of the NHS.⁵ Leaders need allies and good support. Consequently we have developed a range of leadership

3 [NHS England \(2024\) Core20PLUS5 \(adults\) – an approach to reducing healthcare inequalities](#)

4 [NHS England \(2023\) A national framework for NHS action on inclusion health](#)

5 [NHS England \(2023\) 2023/24 priorities and operational planning guidance](#)

offers to support the wider health inequalities ecosystem, such as the Core20PLUS5 ambassador programme.⁶

The Inclusion Health Framework acknowledges that to serve their communities inclusively, senior leaders need to advocate for inclusion health at every level and enable all voices to be heard. This requires action from the very top with leaders spending time in their community, and seeing first-hand the challenges people are experiencing. To enable public services to work for everyone we need to take an intersectional approach. This requires commitment to understanding diversity amongst underserved communities (such as ethnicity, gender, disability and other protected characteristics) and to take action to address the impact of compounding layers of social exclusion and discrimination.

2. UNDERSTAND THE CHARACTERISTICS AND NEEDS OF POPULATIONS

To ensure public services work for everyone we need to proactively improve data and insights on the needs of people facing multiple disadvantage and use this information to drive action.

Information about people in inclusion health groups and those experiencing multiple disadvantage is often missing from traditional data sources. This means that their needs are often overlooked. We need to collaborate creatively with partners and people with lived experience to improve data and community insights. In health, this could include using the Fingertips tool,⁷ SPOTLIGHT tool⁸ and Health Inequalities Dashboard⁹ and developing participative research approaches to support people with lived experience to contribute to research and evidence.

3. DEVELOP THE WORKFORCE

To ensure public services work for everyone we need to invest in developing the skills, knowledge and confidence of the wider workforce as well as specialist roles. For example, training GP receptionists in trauma-informed care so they can improve access to and experience of services, and ensuring that finance directors understand their role in addressing inequalities.¹⁰

6 NHS England (2023) [Core20PLUS ambassadors](#)

7 Office for Health Improvement and Disparities (2024) [Fingertips](#)

8 Office for Health Improvement and Disparities (2024) [SPOTLIGHT: Improving Inclusion Health Outcomes](#)

9 Office for Health Improvement and Disparities (2024) [Health Inequalities Dashboard](#)

10 Healthcare Financial Management Association (2024) [Using financial incentives to tackle health inequalities](#)

We cannot leave support for people experiencing multiple disadvantage to ‘specialist services’ while other parts of systems do not change.

Public services can also use their role as anchor organisations¹¹ to reduce structural inequalities by developing equitable and inclusive employment practices, and using procurement and estates to address social and economic inequalities.

4. DELIVER INTEGRATED AND ACCESSIBLE SERVICES

We often hear from people with lived experience that public services are inaccessible and fragmented, as described in our programme of work on Core20PLUS5 for people in contact with the criminal justice system.¹² Developing integrated neighbourhood teams across agencies can reduce siloed working. Taking a personalised care approach¹³ can also ensure agencies remain focused on what matters to the person and their needs. This may require access to a dedicated individual who can advocate for and support the person to navigate the system.

Public services need to work in partnership with communities to design and deliver effective public services. This must ensure all voices are heard. NHS England’s Core20PLUS5 Community Connector programme funds local systems to recruit volunteers from underserved communities to provide a bridge between communities and services and work together to tackle local health inequalities.

5. DEMONSTRATE IMPACT AND IMPROVEMENT THROUGH ACTION ON INCLUSION HEALTH

It’s not enough simply to act on health inequalities, we must also be able to understand and demonstrate our impact. Public services need to work closely with people who have lived experience to ensure their provision is working for everyone in their communities, taking a holistic approach to meeting their needs. The involvement of people with lived experience is vital to help services prove their impact and to act on results. Involvement needs to embrace intersectional approaches and support participative research.

11 [Health Anchors Learning Network](#)

12 WEPHREN (2023) [Core20PLUS5 reports](#)

13 NHS England (2024) [Personalised care](#)

THE BIG PICTURE

Whilst the number of people facing multiple disadvantage is relatively small, the scale of their health inequalities is extreme. The complexity of issues faced by individuals and the complex nature of local and national support systems means that no one agency can succeed alone. Public services therefore need leaders who can see the big picture, focus on what they can change, and who can collaborate effectively with other agencies.

This requires sophisticated system thinking, whereby public services and their leaders start somewhere with an issue and follow it everywhere. Meaningful co-production with people with lived experience and their communities is key to ensuring we are all focused on what matters most to people.

Reforming our services and systems in the ways outlined here will benefit not just individuals facing multiple disadvantage, but society as a whole.





Making Every Adult Matter (MEAM) is a coalition of the national charities Clinks, Collective Voice, Homeless Link and Mind, formed in 2009 to transform services, systems and policy for people facing multiple disadvantage. Working across government and with more than 50 local areas, we have helped to create a step-change in how local areas and national policymakers recognise and respond to people experiencing multiple disadvantage.

www.meam.org.uk

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