Action Learning Research

Report Summary

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Executive Summary:

In order to gain an improved and more comprehensive understanding of multiple needs amongst prison leavers, women, and individuals from BME communities research has been carried out by the Specialist Services in each field (Shelter – male prison leavers; Together Women Project – women; Touchstone – BME). Research included literature reviews, statistical analysis, interviews, focus groups and questionnaires with both service users and service providers, enabling a variety of data to be collected. This research has been undertaken with people who are part of the wider population experiencing a range of needs and therefore needs to be triangulated with data on the management information system to relate the findings to individuals who have three or four of the HARM criteria: homelessness, addiction, re-offending and mental ill-health.

Exploring the research has produced a number of overarching themes and commonalities which will be explored in greater detail in the next section. It will become apparent that one-to-one support delivered with a holistic and person centred approach is identified most strongly by people with lived experience as a successful intervention. Many of the older participants had lost faith and trust in services and lost the hope of receiving the support needed. They had become self-excluded from formal support and subsequently isolated from informal support such as that from family and friends as their needs became more complex and entrenched. Reconnecting with individuals through a lens of their experience whether that be cultural or gendered is therefore necessary to re-engage them in services. By looking at individuals' journeys it is also clear that services need to follow through their engagement with younger adults and "first time entrants" to support services in order to break the cycle of individuals with multiple needs becoming cynical of services and self-excluded when they become older.

These findings are then drawn upon to influence the service delivery and system development section to this report summary. Early learning from the WY-FI Project surrounding multiple needs and support provision available to individuals is necessary in order to inform the wider development of the commissioning and delivery of services and to direct individuals to the services available to them. The findings also highlight that there are things that can't be "bought" such as support from family, friends and community that were also seen by people with lived experience as vital in accessing services and maintaining engagement with them to a successful outcome.

Overarching Themes and Commonalities:

Each of the three Action Learning Research Reports have provided an invaluable insight into current service delivery. Within all three reports, a number of overarching themes and commonalities were identified.

- The most prominent finding within all three reports was the strong need for regular one-to-one support in order to overcome multiple needs over the long-term. The WI-FI project is currently fulfilling this as each navigator has a small number on case load, allowing them the time to provide one-to-one support. The importance of peer mentors and support communities was also recognised.
- A similar finding was the need for person-centred approaches, something which can be best achieved by one-to-one support. The reports found that service users believe they will be more successful in overcoming multiple needs if a person centred approach is adopted. This is core to all the navigator work in the WY-FI model.
- The use of multi-agency partnerships was viewed positively within each of the research reports as services working holistically together are able to best meet beneficiaries' needs. Beneficiaries felt that there was a direct ease of accessibility to the services that they required due to multi-agency and partnership working. This is, in practice, due to the effectiveness of the Multi agency Review Boards (MARBs).
- The desire for mental health teams and agencies to become more involved with other organisations e.g. through joint support planning was also a view expressed by a significant number of service users.
- The support of friends, relatives and faith communities was viewed as extremely important to service users.
- Early recognition of multiple needs in individuals' contact with services and the causes and consequences of them was viewed as an important factor in each of the research findings. Research found that participants saw this as vital in order to recognise the early signs of developing multiple needs and consequently access services early before the point of crisis and chaos.
- Many participants had accessed services multiple times throughout their lives or had been involved with a service for a number of years. This was especially so for mental health and the criminal justice system.
- Many participants in the research felt they would not be in their current position if they had been more effectively supported earlier in their life, possibly when the point of crisis was not around a HARM issue but around, for example, relationship breakdown, bereavement, trauma or another personal experience.
- Many participants (especially older ones) had lost faith and trust in services as a result of bad experiences.

Service Delivery and System Development:

The overarching themes and commonalities drawn upon above, influence service delivery and accessibility by identifying needs and by informing system development. These are understandably vital for the continued success of the WI-FI Project as they seek to improve the service experienced by beneficiaries through the utility of service users themselves, providing a unique empirical insight into their own experiences, requests, and outlook. The recommendations made in the reports include recommendations for improvements in services in general alongside recommendations about the WY-FI Project. Here we look at the ways in which the WY-FI Project can develop its specialist services in response to those recommendations.

Women, BME Communities and Prison Leavers

There are more specific similarities in the way the WY-FI Project could develop to meet the needs of women and BME communities than with the male prison leavers. The nature and level of multiple needs in these groups is complicated by a number of issues which occur frequently in the histories of the people who took part in the research. These are "person-specific" issues outside the 4 HARM needs such as relationship breakdown, childhood trauma, flight from violence, destitution or vulnerable housing, social and cultural isolation, "street" activities, having vulnerable children etc.

These needs are often established in childhood/ early adulthood and are not addressed at the time. These needs often remain dormant and are overlaid by behaviours which become increasingly chaotic such as substance misuse, increased indebtedness and the wearing down of personal resilience. Offending behaviour, homelessness and being trapped in controlling or violent relationships are some of the visible consequences of this trajectory. Ineffective engagement with services (or resistance to regimes based on compliance and conditionality) leads in later life to a self-imposed exclusion from support services (this is also true of prison leavers).

All the studies found that the person-centred support of a navigator is positive in helping to access the right services at the right time.

The data generated by our Management Information System indicates that WY-FI is reaching out to substantial numbers of women and people from BME communities, in line with what was expected in the development research and in national data research. Although in general, BME individuals are overrepresented in the criminal justice system and in in-patient mental health care, we do not have the numbers in WY-FI to draw any firm conclusions about this.

The model of specialist workers for women and BME beneficiaries, holding a navigator caseload is not borne out by the data we have collected which shows that:
- 60% of female beneficiaries come through the Navigator teams who take them onto caseload.
- Under 40% are engaged by the specialist – less than a third of these are transferred to the Navigator teams as part of their caseload. At this time, those in Post-Navigation are likely to be either sub-threshold needs, quickly resolved or disengaged. This is just over than one fifth of the total female beneficiaries.
- Around 50% of BME beneficiaries come through the Navigator teams who take them onto caseload.
- Just under 50% are engaged by the specialist – half of these are transferred to the Navigator teams as part of their caseload. At this time, those in Post-Navigation are likely to be either sub-threshold needs, quickly resolved or disengaged. This is less than one fifth of the total BME beneficiaries.

Comparing data with the other 11 Fulfilling Lives Projects in England suggest that WY-FI works with a significantly higher proportion of women and BME beneficiaries than the average. There are 250 beneficiaries on Pre-Navigation, Navigator Caseload or who are in Post-Navigation. Of these 83 are women and 33 are identified as being BME. 44 women and 15 BME beneficiaries have the input of a specialist, 26 women and 8 BME beneficiaries have a specialist as their primary care co-ordinator (Navigator). In terms of outcomes there does not appear to be a difference between those who have a specialist as a navigator and those whose navigator has the episodic support of a specialist.

The recommendation is that, taking into account the Action Learning Research and the data, the women and BME thematic specialist teams should maintain active support for beneficiaries on the navigator teams' caseloads while their posts are in the delivery plan and be a resource for Navigators but no longer be primary care co-ordinators. Their function should be refocused around embedding the following activities in the WY-FI project and among delivery partners and other agencies:

- Developing and maintaining contact with support networks and service delivery organisations specific to their specialisms, opening up a dialogue about multiple needs are and how people experiencing them can be supported,
- Brokering access to mainstream delivery services,
- Building Navigator Teams capacity in knowledge of appropriate referral pathways and a wider view of services given the additional needs of these two cohorts in particular as outlined in the Action Learning Research,
- Taking a community development approach (particularly among BME communities and women's services), networking existing workers and resources, identifying additional support e.g. bilingual workers or childcare,
- Supporting the development of women specific services, particularly around drugs and alcohol as evidenced in the report.
- A critical role in the development and delivery of training to both WY-FI staff and other professionals around culturally appropriate and gendered approaches to working with people experiencing multiple needs.

The recommendation in terms of Prison Leaver engagement is that the model of the Male Prison Leaver Engagement Worker of being prison-based and working with beneficiaries "through the gate" in collaboration with Navigator Teams **be continued and that this model recently adopted in practice in the women's prison be reviewed at the end of year three** when there has been more evidence of the effectiveness of this approach, particularly at a time when changes in the criminal justice system are likely to cause disruption and uncertainty in working with beneficiaries. Again, there is a need for these workers to develop pathways to services, especially to access suitable accommodation and seamless transfer to mental health services in the community as evidenced in the research. One new element to this area of work identified in the research is the creation of a peer-led "prisoner listening network" for support to beneficiaries both in prison and ongoing on their release into the community.

Research Summaries:

This section gives a brief overview of each of the three pieces of research, the findings and the recommendations that arise.

Prison Leaver Research:

- Many participants had lost faith in services and had become cynical. This was especially so for older participants with multiple needs. It was stated that faith in services, alongside services following through with promises, were essential to them accessing services.
- The younger, more chaotic participants with 4 HARM needs had accessed mental health services 3 times more often than the older group in the dataset who had 3 HARM needs. The younger group had been in the mental health system consistently longer than the older dataset with 3 HARM needs. This is an indication that older beneficiaries tend to lose faith and trust in services and therefore stop them accessing them.
- Relationships between services and older individuals with multiple needs must therefore be redeveloped in order to restore faith and trust and has implications about how they access services.
- Services must also be improved for younger service users by delivering on any promises made and by providing service users with access to other agencies that they may require. This may stop the cycle of distrust occurring as service users become older.
- Individuals with multiple needs within the prison leaver population are not given access to the services that they require on transition back to the community due to poor interagency working and a lack of knowledge on behalf of the services. For example, when asked if there were any housing services that weren't accessible for any reason, 42.8% stated that they were barred due to having mental health problems. However, when accessing mental health services, **6 out of 8 did not access due to having dual diagnosis of mental health and substance misuse concurrently**. This kind of circular referral (particularly prevalent in the case of dual diagnosis) presents a barrier to access one service or the other, meaning that for those experiencing both three or four multiple needs as a prison leaver, they are pushed from one service to another.
- Successful transition into the community seems to be predicated on the following: stable accommodation away from known associates and in particular other drug/ alcohol users; housing support in terms of "life skills", and lowering the risks of street activities and survival crime.

Recommendations:

- Maintain continuity of WY-FI support between the community and prison (and *vice versa*) through Prison Engagement Workers (although the research is based on the male prisons, the same also appears to be true of the female prison).
- Understand the implications for practice in working with the two identified age groups in the offender multiple needs population
- Support with self-esteem and self-confidence, identifying peer support/ buddying, particularly in terms of a "prisoner listening service" or buddying system
- Access to mental health services in respect of counselling, dual diagnosis and prescriptions to support emotional health and well-being and to maintain treatment through the gate (both into, and out of, prison)
- Rapid access to appropriate accommodation

Women's Research:

This report builds on the previous work undertaken during the development of the project. It largely confirms the work on the specific barriers and service needs of women experiencing multiple needs. Out of 83 women interviewed 49 identified as having multiple needs (including, additionally, sex work). Out of the 83 women interviewed, 11 identified sex-work as an issue. Only 12% had no previous offences, over half had 1-5 previous convictions, almost 10% had over 20 convictions; 14% had spent between 6 and 12 years in the criminal justice system. Mental ill-health was the highest recorded need with those aged 31-45 most affected. Other issues recorded as being of significance include: domestic violence/ abuse, having been in care, bereavement and self-harm.

There is a strong sense of under-reporting of issues amongst women with multiple needs, although, naturally this cannot be quantified. The report points strongly towards the need for a "gendered understanding" of the HARM needs (and sex work) amongst staff working with women – providing training to WY-FI teams and other professionals. The authors also point to the need for women only services. Services most needed but not accessed were addiction services and both physical and mental health services. There are specific gendered issues around accommodation and interdependent needs such as finances, family, fear and support. Drug and alcohol misuse are interwoven with sex-work, crime, domestic violence and controlling relationships – again these are specifically gendered. Holistic support appears to be the most useful – and particularly at an early stage in adulthood before issues turn into entrenched problems.

- Over half of the women interviewed identified as having multiple needs (49 out of 83). Interviewees suggested women's only services and spaces, and/or a gendered approach to care and support within the gender specific services provided.
- Teams could therefore be trained on gendered multiple needs. It was also suggested that female-female navigator support should be provided.
- Access to support – from the research this appears to mean having key-workers or support workers in services
- A holistic and person centred/individualised service is most effective particularly if delivered from a gendered perspective.
- Women interviewed also suggested that access to some form of education/training to improve their cognitive skills and overall employability would be useful.

Recommendations:

- Planned through the gate provision, often into specific services and requiring supported accommodation in the first instance (as per the Male Prison Leaver Engagement report)
- Access to women only services in the community – particularly alcohol and drugs services. Other support agencies need to provide pathways towards these
- Access to suitable crisis care – particularly mental health and supported accommodation – again work with other agencies to provide pathways towards these
- Gendered multiple needs training both in the WY-FI project team and with other professionals
- Establish more evidence about the differential outcomes for women-only services for women with multiple needs
- Embed pathways for women with multiple needs between the WY-FI teams and women specific services and raise awareness of the issue of multiple needs for women within those services

BME Research:

The BME Community research has identified and suggested a somewhat different method of service delivery which is more community orientated that that of the Prison Leaver or Women's research. Due to the stigma and lack of knowledge regarding multiple needs, especially that of mental health, many of those from BME communities feel unable to expose their struggles until 'breaking point', that being crisis.

This report seeks to fill an identified gap in the project's knowledge and understanding identified in the development of the project. This was around the apparently disproportionately low take up of support services by people from BME communities and the relatively low levels of BME individuals in the multiple needs population. This is in contrast to the over-representation of BME individuals in "control" situations (mental health detentions and in the criminal justice system). Earlier literature highlights the diversity of communities, risk factors and service access issues which are common knowledge. These are exacerbated by cultural assumptions about BME communities (by services) as well as individuals presenting with multiple needs. Information was gathered through literature review, focus groups and interviews with BME individuals, BME organisations and services.

In terms of multiple needs and directly associated issues, the priorities of BME communities seem to be:
- Employment
- Lack of Money
- Benefits
- Mental Health
- Physical Health/ disability
- Offending
- Housing
- Debt
- Homelessness
- Addiction

Distinct areas of need where people did not access services were in relation to: racial discrimination, relationship breakdown and segregation from community.

General Themes;

- Lack of communication or openness in BME communities about multiple needs
- Cultural belief to receive support from the BME community or to keep 'problems' between family members in line with family's principles and values.

Due to these two points above, other themes that emerged were;

- Stigma attached to HARM needs, especially mental health.
- A lack of knowledge regarding HARM needs, especially mental health (for example, 'depression' is not culturally defined and therefore some BME communities do not realise it exists as a clinically diagnosable condition.
- There is also an embarrassment of reaching out for 'external' support within BME communities as it is felt 'problems' should be kept within the community to avoid shame.
- BME communities are fearful of repercussions for sharing information, e.g. from social services or from within their own community.
- Often BME individuals will not access services until 'breaking point' as a result of the themes identified above.

Necessary changes may therefore include;

- A community orientated, early interventional approach whereby educational resources are provided to the community as a collective. The two approaches suggested for this related to 'drip feeding' information through a community development approach working with informal groups or working with BME service deliverers presenting "case studies". Each has the goal of helping individuals in BME communities to recognise when they (or a friend/ family member) are in need, where and when to access services, as well as showing the possibilities of not receiving support from services soon enough.
- A key point on how to effectively communicate with BME groups utilised a metaphor regarding the 'seed' to the 'tree'. This was used by a service provider to explain how BME groups do not access services for help until 'breaking point'. The point was made that BME communities could understand and recognise that multiple needs have a starting point and root causes and, that at *this* point they can access services before their needs grow to an integrated and interrelated level of chaos.

https://www.cambridgenetwork.co.uk/news/alconbury-weald-tree-seed-collecting-day/

- Discretion when discussing 'problems' with BME individuals is vital in order for the individual to feel comfortable, relaxed and trusting (cultural sensitivity).
- The build-up of trust and rapport on both an individual and an organisational level is necessary to improve relations with BME communities as a whole, and reduce the anxieties felt regarding accessing services.
- Organisations, services and individuals must therefore 'reach out' to BME communities.
- An increase in knowledge targeted at BME communities surrounding links between the HARM criteria is also fundamental to contribute to an improved understanding of multiple needs within BME communities, as well as helping to reduce the associated stigma attached.
- BME communities should become aware of the potential trigger factors for multiple needs and understand that at the point at which triggers occur, services can be accessed (e.g. relationship breakdown or bereavement). Services must provide support surrounding these trigger factors in order for outcomes to be more successful.
- Training for navigators and service providers surrounding BME communities and culture are key for BME communities accessing and understanding services. A culturally diverse and bilingual team is therefore also vital to overcome language and cultural barriers.
- Education and awareness from both perspectives (service providers and BME individuals) will contribute to BME individuals accessing services and services providing the best level of support which is culturally relative and person-centred.

Recommendations:

- Support capacity building around BME issues and culturally aware of navigator teams, other WY-FI staff and MARBs
- Improve the assessment process for BME people to include language, strengths of social network and immigration status
- Workforce development including training in cultural competency, sharing knowledge and learning, create a diverse workforce
- Use advocacy to ensure more effective diagnosis/ appropriate support
- Build and embed an understanding of the experience of multiple needs in BME community organisations and services delivering support to BME communities/ individuals.