



Briefing:

Future demand for multiple disadvantage services

WY-FI Project

October 2019



What is Multiple Disadvantage?

Multiple Disadvantage is when a person experiences a combination of homelessness, addiction, re-offending behaviour and/or mental ill health at the same time. People facing this complex mix of challenges are also sometimes victims of domestic abuse, are likely to have poor physical health, may be sex-working and may be in debt.

Consequences of the lack of support

There is a significant impact on services and communities as a result of the lack of effective engagement with people experiencing multiple disadvantage and exclusion, whose pre-existing needs and chaotic circumstances have not been addressed. WY-FI research shows that services are often being used at the point of crisis. This means effective care cannot be planned and delivered to people experiencing complex needs but also puts added pressure on services in ways which consequently affects the other service users and communities.

The severity and complexity of a person's problems means they are often turned away from the very services that are set up to help them, because their behaviour is seen as too challenging. This means people with the most severe problems are even further excluded. People die because their problems are so severe and because the right help isn't always available.

How many people are affected by multiple disadvantage?

Nationally the key data on Severe and Multiple Disadvantage is set out in the Lankelly Chase Foundation's report [Hard Edges](#)¹ which estimates that over a quarter of a million people in England each year access at least two of the three types of services that they measured – homelessness, criminal justice and substance misuse. The report estimates 58,000 people nationally have contact with all three types of services. In addition the report identifies “poverty as an almost universal, and mental ill-health a common, complicating factor”.

In West Yorkshire, the WY-FI Project has developed current estimates of the total number of people accessing homelessness, addiction, re-offending and mental health services using the methods established in [Hard Edges](#). The total number of individuals using these services is almost 44,000 across West Yorkshire. Of these, nearly 7,000 individuals will access 3 or 4 services which equates to 1,400 people per West Yorkshire local authority on average (see figure 1, overleaf).

WY-FI has been able to build in estimates for people accessing mental health services (omitted from [Hard Edges](#)). WY-FI estimates 1 in 32 people in the adult population receive some type of treatment for mental health conditions. In the context of this work, which ultimately looks at people who are excluded from treatment, this seems to be a more appropriate figure to use than the widely accepted 1 in 4 adults who experience some sort of mental ill-health issue.

¹ Bramley, G, Fitzpatrick, S et al (2015) [Hard Edges: Mapping Severe and Multiple Disadvantage in England](#). Lankelly Chase Foundation

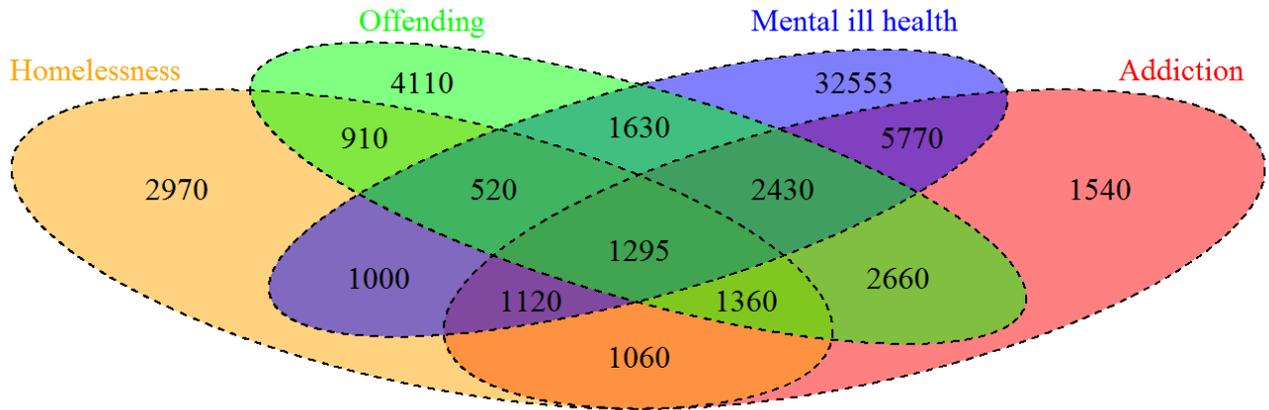


Figure 1: Venn diagram showing the numbers of people in each area of service use and each individual area of multiple service use across West Yorkshire.

Exclusion from and access to services

The other factor that WY-FI data brings to this analysis is the proportion of people experiencing multiple needs who have been banned from services at some point. Based on WY-FI Peer Research and service use data, it is likely that at least one-fifth of the severe multiple disadvantage population has experienced formal exclusion from services. Even more pressing than exclusion, is the issue of access to services. Data gathered from WY-FI beneficiaries highlights the extent of the challenges people with multiple disadvantage experience when trying to access services. Figure 2 shows that 60%-80% of beneficiaries have bad or very bad experiences when trying to access services before having a WY-FI Multiple Needs Navigator. Once a Navigator was involved, over 95% of beneficiaries had good or very good experiences when accessing services.

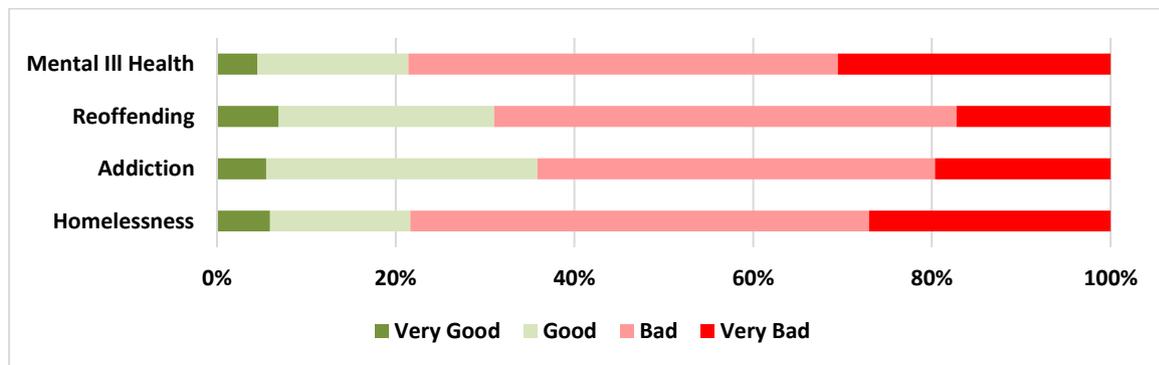


Figure 2. WY-FI Beneficiary Service Experience Ratings – accessing services before having a Navigator

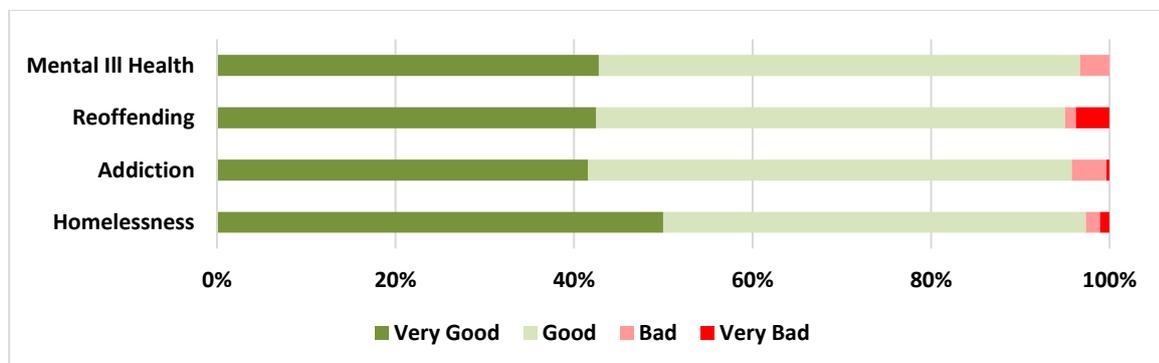


Figure 3. WY-FI Beneficiary Service Experience Ratings – accessing services with Navigator support

Predicting future service demand

Estimating the number of people who experience multiple disadvantage is reliant on being able to extract relevant data from a number of different sources. These data sets are not collected at the same intervals and, in addition, questions in them may change over time. Some data sets provide a snapshot and some show progress over a longer period of time. One of the challenges is estimating the number of people who are not included in data sets because they are so disconnected or excluded.

We know that around 20% of WY-FI beneficiaries have been banned from services. Firstly, this means people don't receive the care they desperately need and secondly they become further excluded. Psychologically, this feeds a person's belief that they cannot be helped making it less likely they will engage in the future. And thus, the cycle continues.

In terms of the population level data available, the best we can hope for is a current estimate in the same vein as Hard Edges. However, what is clear from WY-FI's work is that people do not, by and large, enter into states of multiple disadvantage and exclusion in their late twenties or thirties. By the time individuals are in their twenties or thirties experiencing "established" multiple disadvantage, they are likely to have *already* experienced some or all of the following:

- Living in a deprived area
- Poverty
- Poor education
- Unemployment
- Ill health
- Unhealthy family situations
- Adverse childhood experiences
- Complex trauma (either as a child or as an adult) and/or
- Loneliness and isolation

Addressing the root causes of multiple disadvantage will go some way to reducing future demand.

Inter-generational aspects of multiple disadvantage

WY-FI was set up to work with adults who are, on the whole, expected to be single and not in contact with family. The evidence, produced in Hard Edges, showed that the majority of adults experiencing multiple disadvantage "either live with children or have ongoing contact with their children while not living with them". This means that the number of adults facing multiple disadvantage who are in contact with *children* is higher than expected. It is well understood that children from troubled families have worse outcomes.

Both Hard Edges and WY-FI's own evidence² identifies some of the factors in childhood that increase the likelihood of someone experiencing multiple disadvantage and exclusion later in life. These are insecure accommodation, poverty and hunger, abuse, disability, contact with the police and having parents who experience one or more of the following needs (homelessness, addiction, re-offending or mental ill-health). The tables and graphs in this briefing give a snapshot of the different levels of need for under 18s in each district.

Assuming WY-FI beneficiaries' families have individually been identified by Children's Services as having a "Family Dysfunction" need, then WY-FI beneficiaries would make up a significant proportion of the caseload below. The improved quality of life of a *parent* with multiple needs who has been supported by WY-FI, leads to both immediate and long-term savings in respect of

² For example Thomas, Sam et al 2017 Going Further Back, Sheffield University
https://www.sheffield.ac.uk/polopoly_fs/1.731737!/file/GoingFurtherBack.pdf

the *child/children* with whom a beneficiary is in contact. A snapshot of the potential number of children in need in 2017/18 is below.

District	Number of children in need episodes at 31 March 2018 Year 2017 - 2018	Primary Need at initial assessment		Number and % of WY-FI beneficiaries claiming Family Tax Credit
		Family dysfunction (% of total)	Abuse or neglect (% of total)	
Bradford	4476	129 (3%)	3866 (86%)	62 (31%)
Calderdale	1454	221 (15%)	987 (68%)	36 (25%)
Kirklees	2462	196 (8%)	1868 (76%)	30 (27%)
Leeds	5896	209 (4%)	2984 (51%)	41 (16%)
Wakefield	3327	1359 (41%)	1487 (45%)	48 (34%)

It costs approximately £80,000 per annum to keep a child in local authority care. A looked-after child is also less likely to have good outcomes.

Geography and poverty: living in a deprived area

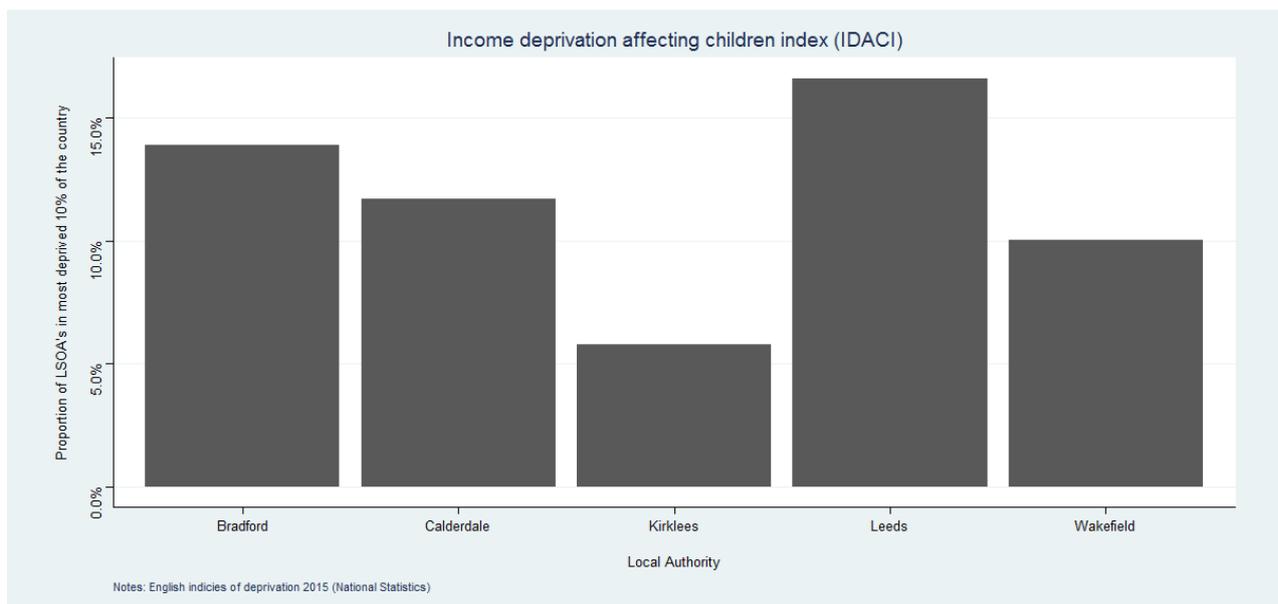
Just as there are geographical or class-based inverse laws of medical care (where the areas that experience the worst levels of public health have access to the fewest resources to address them) so the individuals that have the most social and medical issues are those least likely to receive the highest volume or levels of support to address them. It is generally accepted that people experiencing tri-morbidity (mental ill-health, homelessness and addiction) have an average age of death of around 45 years old. This is nearly half the average age of death in England and still 20 years younger than the average age of death in the most deprived districts. It is not surprising to learn that WY-FI beneficiaries are almost all to be found in areas with the highest rates of deprivation.

Areas of deprivation in West Yorkshire

The Income Deprivation Affecting Children Index (IDACI) measures the proportion of all children aged 0 to 15 living in income deprived families. Hard Edges identifies a homeless family, starvation and neglect as factors in 14% - 18% of the childhood journeys of adults experiencing multiple needs. Although not exclusively causally related to income deprivation there is a high degree of correlation. The graph below shows that Leeds has the highest proportion of its areas in the 10% most deprived nationally. Although Leeds has the highest proportion of its areas in the most deprived 10%, Bradford receives the lowest rank amongst the local authorities, this places Bradford in the most deprived 20% in England. Data is taken from the Income Deprivation Affecting Children Index (IDACI) 2015.

Local Authority	Income Deprivation Affecting Children Index (IDACI) - Rank of average score	Percentile
Bradford	53	2
Calderdale	98	4
Kirklees	128	4
Leeds	82	3
Wakefield	84	3

Notes: A rank of 1 indicates the most deprived district. A rank of 326 indicates the least deprived.



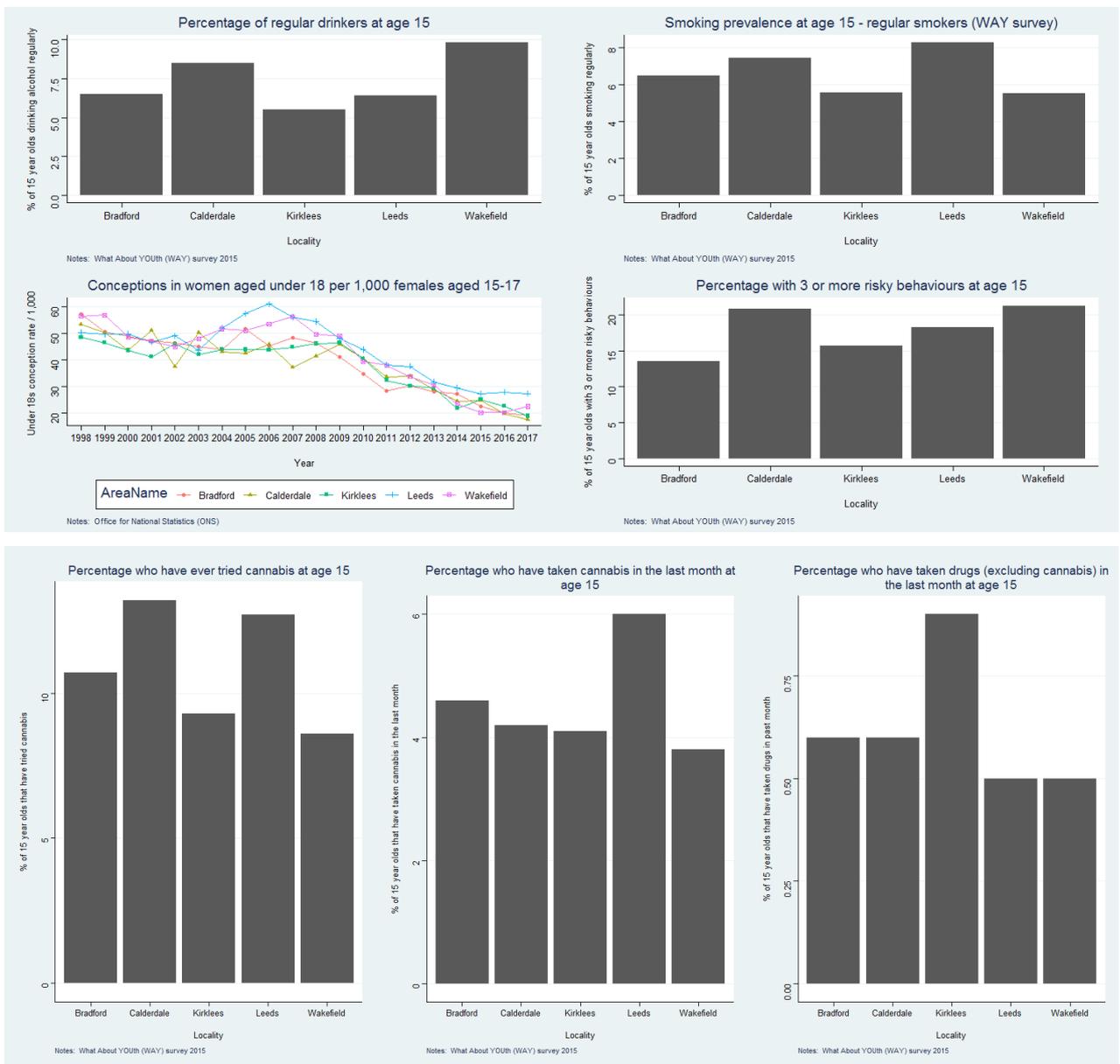
Local Authority	Barriers to Housing and Services - Rank of average score	Percentile
Bradford	238	8
Calderdale	294	10
Kirklees	200	7
Leeds	195	6
Wakefield	275	9

Ill health

WY-FI data shows that, around 40% of all cases present with a disability/long-term illness that is a significant complicating factor in terms of accessing services in addition to poverty. This contributes significantly to the exclusion from services experienced by people with multiple needs.

Adverse childhood experiences

Adverse childhood experiences are both a symptom and cause of behaviour among children and young people. These behaviours become ingrained and, in some cases, escalate. A number of key factors are around public health issues – smoking, drug and alcohol use and pregnancy. Snapshot data for each district is in the graphs below. Source of data: Public Health – What About YOUTH (WAY) Survey 2015



Offending

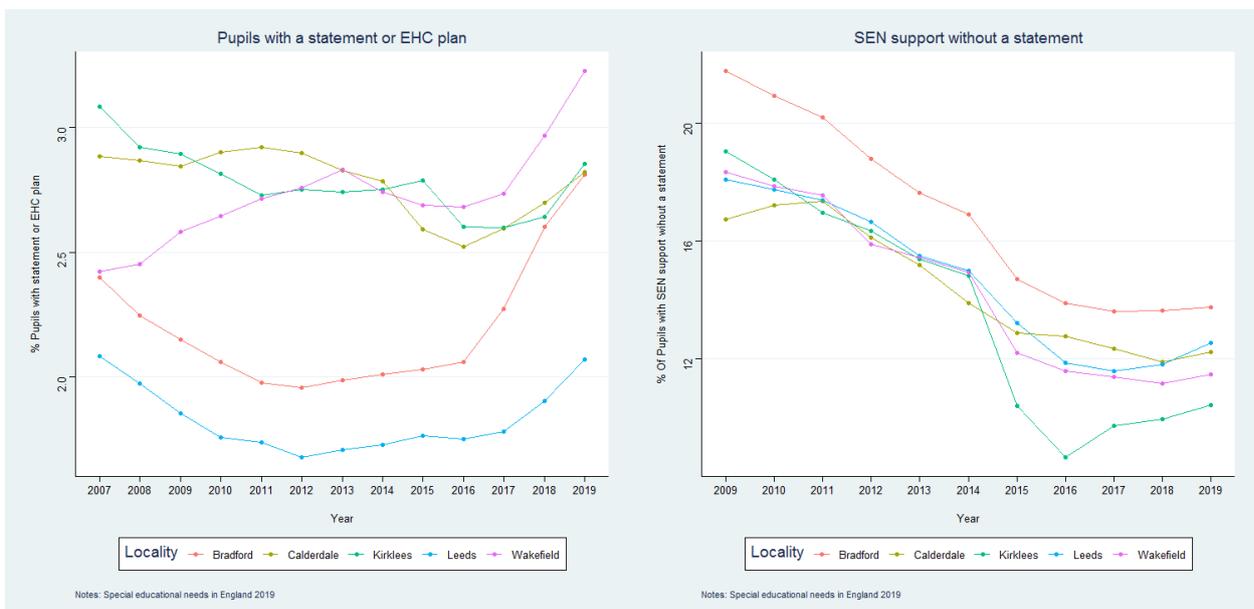
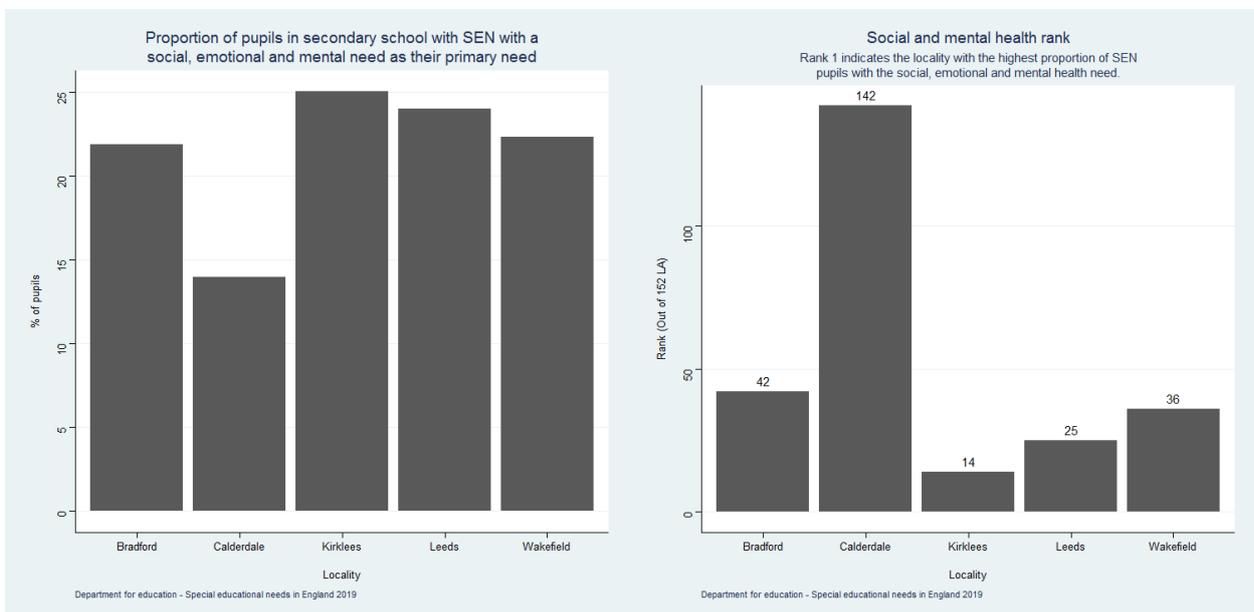
Hard Edges gives us strong statistical indications about the experiences of children and young people that are common to adults who experience multiple needs and exclusion. Just under a third of adults with multiple needs were convicted as children, a fifth had their first contact with the police under the age of 14 years. Data from Youth Justice Statistics 2017-2018, year ending March 2018

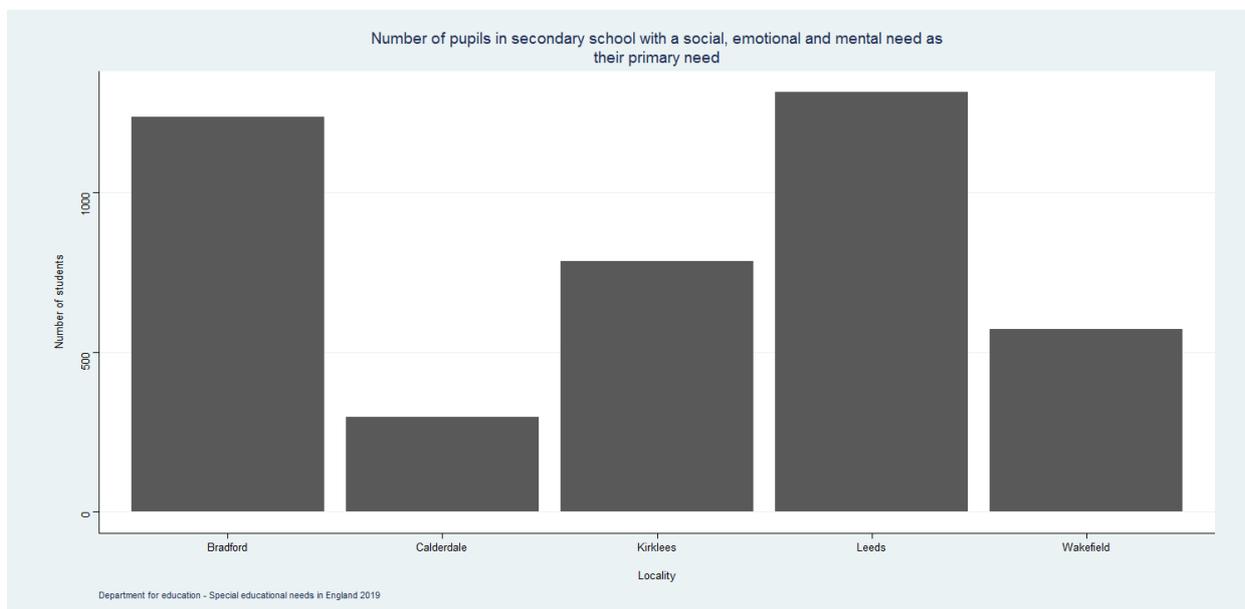
Locality	Rank (1 worst locality – 152 best locality in England & Wales)	Rate of proven offences per 10,000 of general 10-17 population,	Rate of children sentenced per 10,000 of general 10-17 population	Rate of cautions and court sentences per 10,000 of general 10-17 population
Bradford	24	22.95	8.07	11.73
Calderdale	47	16.76	6.04	8.81
Kirklees	48	13.62	5.31	7.96
Leeds	71	16.69	5.56	7.06
Wakefield	87	11.91	4.81	6.63

Childhood mental health and education

There are few population-wide data sets that focus on mental health. Information on children’s mental health has been obtained from data gathered in the education system. Over a third of adults with multiple needs had “childhood psychological problems”. Again Hard Edges identifies that around 15% of adults experiencing multiple needs were diagnosed with dyslexia and a similar proportion with autism. More significantly, nearly half had been suspended from education and nearly 60% had been defined as truants.

The graphs below show that four out of the five districts have a fifth or more of pupils with a statement of Special Educational Needs (SEN), and that the same four authorities are ranked in the bottom third in England for the proportion of pupils with a social, emotional and mental health need. Over time the number of pupils with an SEN statement had dropped but is now showing a marked rise. Likewise the proportion of those children receiving additional classroom support for behaviour or learning without a statement has stopped falling and in some cases has begun to increase.





State-funded secondary schools						
	Pupil enrolments in schools during 2017/18 (1)	Percentage of sessions missed (2):			Number of persistent absentees (3)	Percentage of persistent absentees (4)
		Overall absence	Authorised absence	Unauthorised absence		
Bradford	34,184	6.2	3.4	2.8	5,769	16.9
Calderdale	13,831	5.0	3.5	1.5	1,737	12.6
Kirklees	25,804	5.4	3.9	1.5	3,446	13.4
Leeds	42,469	5.8	3.3	2.5	6,280	14.8
Wakefield	21,269	6.3	4.2	2.1	3,939	18.5

Loneliness and social isolation

The Department for Culture, Media and Sport's Community Life Survey 2017-18³ reveals that the two age bands that report the highest proportions of loneliness are 16-24 year olds and people aged 25 to 34. People living in the most disadvantaged areas are twice as likely as those living in the least disadvantaged places to report that they feel lonely. When we look at which young people are most affected by loneliness, we can see that some of the factors discussed elsewhere in this paper are significant here as well. Characteristics of the most affected young people include:

- Poverty and precarity - both of young people and their family
- Transitions in mainstream situations (e.g. school) as well as exceptional circumstances such as the care system
- Pressure to succeed and fear of failure

³ Available at:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/734619/Loneliness_factsheet_July_2018.pdf / <https://www.gov.uk/government/statistics/community-life-survey-2017-18>
[Accessed 1 October 2019]

Children’s and young people’s experiences of loneliness: 2018⁴ is the first *government* analysis, and shows:

- 27.5% of children who received free school meals said they were “often” lonely, compared with 5.5% of those who did not.
- 19.5% of children living in a city reported “often” feeling lonely, in comparison just over 5% of those living in either towns or rural areas.
- Health also causes differences, children who reported “low” satisfaction with their health said they “often” felt lonely (28.3%), compared with those who had “medium, high or very high” satisfaction (about 10%).
- Children who reported “low” satisfaction with their relationships with family and friends were also more likely to say they were “often” lonely (34.8% and 41.1%, respectively).

The report on the survey findings concludes “the intersection of multiple issues and triggers to loneliness, or more extreme and enduring life events such as bereavement, disability, being bullied or mental health challenges, may make it more difficult for children and young people to move out of loneliness without help”.

When it comes to remedies, the Youth Service, in particular, is singled out as being a positive opportunity to support young people who experience loneliness and help them re-connect and avoid further exclusion⁵. Like many other services supporting young people, youth services have been particularly hard hit in recent years with the obvious potential consequences.

Poor education and unemployment

Obviously performance at school impacts directly on participation in further/higher education and employment opportunities. Hard Edges identifies that almost 50% of adults experiencing multiple needs have no educational qualifications. For over 10% lack of literacy is an ongoing challenge and numeracy is a problem faced by around 15%. The issue of young people not in education, employment or training (NEET) is well established in terms of social and economic disadvantage and is also a strong predictor in terms of multiple needs and exclusion. Whilst proportions are dropping in the smaller districts in West Yorkshire, it must be of some concern that they are rising in the two largest districts, including Leeds which has the largest and most dynamic economy.



⁴ Available at:

<https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/childrensandyoungpeoplesexperienceofloneliness/2018> [Accessed 1 October 2019]

⁵ “Trapped in a Bubble” report by Kantar Consulting for the Co-operative Foundation and the Red Cross jointly is available at: <https://www.co-operative.coop/campaigning/loneliness> [Accessed 1 October 2019]

Not being in education, training or employment at ages 16-18 is a strong indicator of unemployment as an adult. It is unsurprising therefore to find that WY-FI beneficiaries are typically unemployed when they begin their journey with the WY-FI Project.

The next generation

The Hard Edges evidence around adults with multiple needs being in contact with children came too late to influence the main data collection in WY-FI. What we can say from the data WY-FI collects is that one quarter of beneficiaries are in receipt of child tax credit – i.e. over 200 people have a primary responsibility for one or more children. Findings from the WY-FI Beneficiary Insight Survey show that 21 (17%) beneficiaries in the sample (123) had attempted to access children’s services – only four of whom had a good experience without a Navigator.

The future: looking beyond the population currently experiencing multiple disadvantage

In his original essay, The Inverse Care Law⁶, Hart notes that “medical services are not the main determinant of mortality or morbidity; these depend most upon standards of nutrition, housing, working environment and education, and the presence or absence of war”. More recent studies show that inequalities in these aspects of life are, in part, inter-generational, the environmental limitations of the parents being handed on to their children. The increasing volume of literature on the disproportionately adverse impact of the government’s programme of austerity on young people, women, disabled people and otherwise marginalised groups indicates that there is a real likelihood of future cohorts experiencing multiple disadvantage and exclusion.

Conclusion

There will continue to be adults with multiple needs in West Yorkshire. In order to properly support this group, we need:

- System change that has people with lived experience at its centre
- Continued multi-agency working, e.g. Multi-Agency Review Boards
- Multiple Needs Navigators/personalised support
- Peer-led support networks
- Appropriately trained workforce
- Pathways to education, training and employment

Effective early intervention for children and families is *crucial* for giving everyone regardless of background the opportunity of a fulfilled life.

connecting people, services and commissioners

⁶ Hart, Dr Julian Tudor, 1971 The Inverse Care Law The Lancet 21 February 1971

Useful definitions

Precarity

Having insecure employment or income.

Tri-morbidity

When a person is experiencing homelessness, mental and/or physical ill health and addiction.

Other briefings in this series

WY-FI evidence and outcomes

Impact on homelessness services

Impact on addiction services

Impact on re-offending services

Impact on mental ill health

Impact on emergency services use

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The WY-FI Project is part of [Fulfilling Lives](#), a programme set up by The National Lottery Community Fund, the largest funder of community activity in the UK. Fulfilling Lives works with people who have first-hand experience of substance misuse, homelessness, offending, and mental ill-health to make services and support better connected, easier to access and tailored to the needs of individuals. It is one of five major programmes set up by The National Lottery Community Fund to test and learn from new approaches to designing services which aim to make people's lives healthier and happier.

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