Lankelly Chase Foundation

Hard Edges

Mapping severe and multiple disadvantage

Summary Report: England

LankellyChase Foundation is an independent charitable trust that works to bring about change that will transform the quality of life of people who face severe and multiple disadvantage.

It focuses particularly on the clustering of serious social harms, such as homelessness, substance misuse, mental illness, violence and abuse and chronic poverty. Its work combines grant making, commissioned research and policy analysis, and special initiatives.

www.lankellychase.org.uk

Summary

Most of us understand that people who are homeless, or offenders or drug misusers must also face a wider set of challenges. It is difficult to imagine a person who has fallen into a hard drug problem, for example, who isn't dealing with early problems stemming from childhood or who isn't facing a new set of problems as a result of their drug taking.

Despite the common sense of this, we still categorise people in separate boxes defined by single issues.

One structure that keeps these labels separate is the way we collect **data**. Each public system corresponding to a label maintains its own database in which the needs of individuals are separately analysed. This data is rarely joined up, so we've had no way of establishing the degree to which those systems are all dealing with the same people.

This research, carried out by Heriot-Watt University, is an important first step towards helping us understand this. The challenges of creating this profile have been considerable. For example, people on the extreme margins of society are often absent from authoritative household survey data precisely because they

are in prisons or hostels. The research has therefore had to rely heavily on administrative data from public services.

The profile of severe and multiple disadvantage created by this research is of adults in contact with the **homelessness**, **substance misuse** and **criminal justice systems** in England, with *poverty* an almost universal, and *mental ill-health* a very common, complicating factor. This summary document pulls out some of the key data from the full report.

The figures give us a better sense of how many people we might be talking about

There is a huge overlap between the recorded offender, drug misusing and homeless populations. **Two thirds** of single homeless people and offenders are also found in one of the other systems. **One third** of homeless people show up in all three systems.

Each year, **586,000** people in England have contact with at least one of the homelessness, substance misuse and criminal justice systems. **222,000** have contact with at least two. And **58,000** people have contact with all three.[1]

[1] Composite of the following data sets: Supporting People (SP), Offender Assessment System (OASys) and National Drug Treatment Monitoring System (NDTMS).

Figure 1: Overlap of SMD disadvantage domains, England, 2010/11

HOMELESS

63,047

33,758   31,276

57,931

SUBSTANCE   188,802   99,289   112,246   OFFENDING
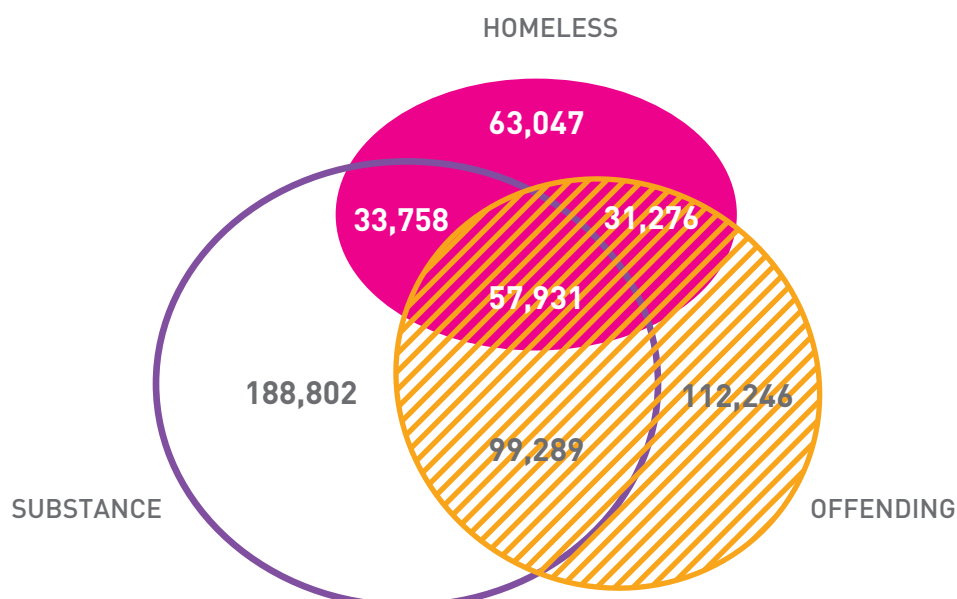
Beneath these headline figures, the profile gives a clearer picture of the scale of the challenges faced by people on the extreme margins of society. It appears to show that **trauma**, **exclusion** and **poverty** both in childhood and adulthood are much more prevalent among those who have contact with more than one system, and that those who have contact with **all three** are contending with almost unimaginable combinations of personal challenge. The following data, unless stated, relates those who have contact with all three. The main report contains rich data distinguishing between people in contact with one, two or all three systems.

If you face severe and multiple disadvantage, you are most likely to be

- Male (8 out of 10 are men).[2]

- Aged between 25–44.[3]

- White (just over 8 out of 10 are white).[4]

This form of SMD predominantly affects white men aged

25–44

Where you might live

Recorded cases of severe and multiple disadvantage vary widely across the country, with local authorities at the top of the list having two-three times higher prevalence than the average.

There is a heavy concentration of people facing severe and multiple disadvantage in areas that experience high levels of poverty, particularly Northern cities, some seaside towns and a handful of central London boroughs.[5]

The 'average' local authority might expect to have about

1,470

active SMD cases over the course of a year
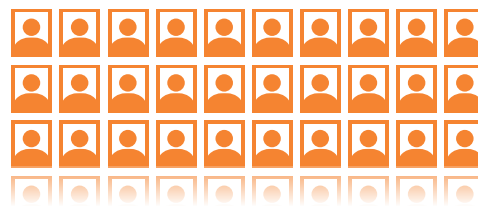
However, all local authorities contain some people facing severe and multiple disadvantage.

The 'average' local authority should expect to support about **1,470 people** facing severe and multiple disadvantage over the course of a year.[6]

Your life history

Most people facing this form of severe and multiple disadvantage have long-term histories of economic and social marginalisation and childhood trauma. It appears to be in the realms of very difficult family relationships and very poor educational experience that we can find the most important early roots of severe and multiple disadvantage, with 85% of people experiencing adverse traumatic experiences in childhood.

For example:

- Almost one third had parents who were violent, and a similar number reported parents who had problems with drugs or alcohol.[7]

- Two fifths have run away from home as children (42%) and significant numbers have experienced the trauma of insufficient food (17% report being starved) or abuse (24%).[8]

- Many had a very problematic time at school, almost half were suspended (47%).[9]

- Over two fifths have no qualifications at all (45%).[10]

[2] Ibid.

[3] Ibid.

[4] Composite of SP, OASys and NDTMS with the ERSC's Poverty and Social Exclusion survey as a benchmark for working age population.

[5] SP, OASys and NDTMS with 2011 census.

[6] This figure uses contact with two or three systems as the threshold.

[7] These figures are taken from the Multiple Exclusion Homelessness (MEH) survey.

[8] Ibid.

[9] Ibid.

[10] Ibid.

42%

of people facing SMD3 had run away as children

What your current situation might be like

- The majority (60%) live with children or have contact with their children.[11]

- Most are either unemployed or unable to work (90%).[12]

- Most face financial problems (82%), a large proportion of which are significant financial problems (43%).[13]

- Half are perpetrators (48%) and one fifth victims of domestic violence (18%).[14]

How you might feel about your current situation

The quality of life reported by people facing this form of severe and multiple disadvantage is much worse than that reported by many other low income and vulnerable people, especially with regard to their mental health and sense of social isolation.

55% have a mental health condition diagnosed by a professional,[15] and are three times more likely to report a poor quality of life than the general population.[16] Three-quarters (75%) have problems with loneliness and 86% boredom.[17]

55% of people facing SMD3 have a mental health condition that has been diagnosed by a professional
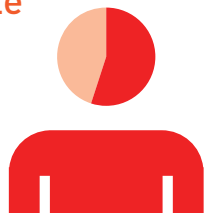
Who you might rely on for help

People facing this form of severe and multiple disadvantage rely on professional support rather than that of family members or partners. Despite this, in times of a crisis, two fifths (42%) turn to friends, and less than a fifth rely on professional support (14%).[18]

1/3 rely

on social worker/ support worker to listen to them but 42% rely on friends in time of crisis

The difference that support makes

The focus of the research was not on the effectiveness of interventions, however the analysed data does record some positive short-term improvements reported by relevant services. At the same time, it indicates that people in contact with more than one system are much less likely to have good short term outcomes from support programmes.

The need for change

There are many lenses through which it is possible to view the severity and multiplicity of social disadvantage. This research has chosen one lens and this has resulted in one particular profile of highly disadvantaged people, their lives and their needs. Different lenses would produce different profiles. We therefore urge that this research is not necessarily taken to define a distinct group of people and our recommendations do not call for a bespoke and separate response. Nonetheless the research findings are strongly indicative of a number of important cultural and systemic issues that do need to shift across national policy, practice in all sectors and across statutory agencies.

For LankellyChase, this research is one piece of a deepening enquiry into how we can work collectively to address severe and multiple disadvantage in an increasingly challenging fiscal climate. Future research will choose different lenses. The following recommendations are therefore only part of the change that is needed.

[11] NDTMS drug and alcohol cases combined.

[12] Composite of SP, OASys and NDTMS.

[13] OASys data.

[14] Ibid.

[15] Needs Audit (HNA) conducted with 2,590 clients of homelessness support providers. More widely, the authors observed significant under-recording of the extent of at least some specific mental health problems among the SMD population.

[16] MEH compared with PSE.

[17] MEH.

[18] Ibid.

Even amongst those with the most complex needs, almost

60%

either live with children or have ongoing contact with their children

1. **Single issue strategies should no longer be acceptable. We need action that is collective, innovative and systemic.**

The profile reveals huge overlaps between the three populations involved in the homelessness, substance misuse and criminal justice systems. Even those involved in only one system are shown often to face other kinds of multiple disadvantage The extent of the overlap calls into question the legacy of separate systems and structures inherited from the last century that focus central and local government, public services and the voluntary sector on single issues. It suggests that the growing aspiration to address multiple disadvantages may well require much deeper systemic reforms than have yet been envisaged. Reforms that must be accountable to and created with people with lived experience.

2. **More comprehensive and nuanced data collection is essential. If we don't know about it, then it is much harder to address it.**

This research was triggered by the paucity of joined-up information available on people facing severe and multiple disadvantage. However, even this research faced significant challenges, for example in analysing an issue as fundamental as mental ill-health due to the weakness and inconsistency of datasets. People with lived experience have commented that the picture painted by the statistics tells only half the story and doesn't reveal the nature of the support they actually need. In particular, it focuses on risks, deficits and problems, and tells us little about the people's aspirations, strengths and priorities. This is the inherent challenge of data that is generated to meet the needs of systems, not necessarily of the people themselves. Open and integrated data is crucial but is only part of the solution if we don't also improve the data being gathered.

3. **Evidence of childhood neglect and trauma in the histories of adults facing severe and multiple disadvantage should help shape prevention and early intervention strategies.**

The profile points to a very close correlation between the extent of neglect and trauma suffered in childhood and the severity of disadvantage experienced in adulthood. This suggests that much of the personal, social

and economic cost could have been avoided if services had intervened sooner and more effectively. Severe and multiple disadvantage appears to be preventable but we need to ensure that emerging early intervention strategies are designed genuinely to reach the profile of people who were clearly failed the last time around.

4. **Support services should aim to help build the social, familial and relational networks around people facing severe and multiple disadvantage.**

The extent of loneliness and social isolation among people facing severe and multiple disadvantage is a particularly striking finding of this research, including the degree to which this deepens as disadvantage multiplies. One consequence is that people cite services not families as their first port of call for support. When hit by crises, however, people turn mainly to friends. In part this could be addressed by more flexible and trusted support services that are shaped around the reality of people's lives. But it also speaks to the importance of reducing the familial and social isolation that leaves people so vulnerable to crises in the first place.

5. **Policy and practice should revise the dominant characterisation of people facing severe and multiple disadvantage as childless or as having no contact with children.**

Although people facing severe and multiple disadvantage are commonly thought of as "single", there is a majority who either live with children or have contact with their children. There has been some progress in recent years to get support services to 'think family'. This has majored on cooperation between child and adult services engaged with children and their primary carer. This research suggests that child contact with adults whom the system treats as 'single adults' and childless may be much greater than imagined, and that 'thinking family' may require a broader perspective on who is involved in the family. This is especially important when you consider the inter-generational implications of the research findings.

Only 16% of people facing SMD2/3 consider their quality of life to be good or very good, compared to over 70% of the general population
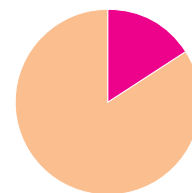
85% had experienced traumatic experiences in childhood
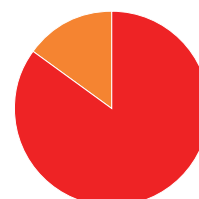
6. There needs to be much greater integration between place-based and local economic policy and policy focused on needs-defined groups.

This form of severe and multiple disadvantage appears to be highly correlated with areas of deep poverty and economic decline. This suggests that strategies focused exclusively on the individual needs of people and families will not penetrate sufficiently through to the root causes of the disadvantages they face. In recent years, there has been a marked divergence between initiatives focused on local economic and structural inequalities and those focused on vulnerable or at risk groups. The result is that neither policy supports the objectives of the other. This research suggests a strong case for re-integrating them.

How it was done

The research was carried out by Heriot-Watt University led by principal researchers Suzanne Fitzpatrick and Glen Bramley.

The research began with a conceptual study of severe and multiple disadvantage involving a number of key experts and service users. This was followed by an integrated analysis of the following 'administrative' (i.e. service use) datasets which, crucially, contained some data about service users' experiences and needs across a range of relevant 'disadvantage domains':

- Offender services – Offender Assessment System (OASys). This dataset covers most of the prison population and also those on parole and undertaking community service punishments.

- Substance misuse services – National Drug Treatment Monitoring System (NDTMS). A subset of this dataset covers alcohol services.

- Homelessness services – Supporting People (Client Record and Outcomes for Short-Term Services) (SP), augmented by 'In-Form' datasets maintained by selected major homelessness service providers in England accessed with the help of Homeless Link.

These administrative dataset analyses were complemented with interrogation of two recent survey-based statistical sources: the 'Multiple Exclusion Homeless' (MEH) survey (Fitzpatrick *et al.*, 2013), and the ESRC 'Poverty and Social Exclusion' (PSE) survey 2012.