Multiple and Complex Needs in the West Midlands:

Individuals with lived experience tell their story

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Contents

Executive Summary

Multiple and Complex Needs in the West Midlands

Background

People facing multiple and complex needs experience at least two of the following at the same time: homelessness, substance misuse, offending behaviours and mental ill health. An estimated minimum of 58,000 people in England in any one year experience homelessness, substance misuse and contact with the criminal justice system (Hard Edges report: Bramley et al., 2015). A further 164,000 individuals were estimated to experience a combination of two of these problems (Bramley et al., 2015). Approximately 16,800 individuals are estimated to be facing multiple and complex needs across the West Midlands (Bramley et al., 2015).

Informed responses require both quantitative and qualitative understandings. Qualitative insights are of particular value when understanding the specifics of the local area, and exploring the response of services. This report moves from the numbers into the real voice and experience of individuals with multiple and complex needs here in the West Midlands. Unstructured qualitative interviews were conducted with 25 people with multiple and complex needs, living in the West Midlands. Participants were asked about their earliest memory and spoke about their life and key events from that point. The data was analysed using a process of thematic analysis.

Key findings

Two main themes emerged from the unstructured interviews. In the first theme - **Experiencing Adversity** - participants described a number of adverse childhood experiences (including abuse and neglect, witnessing domestic violence and parental separation), and how, in some instances, these led to health harming behaviours such as substance misuse. The theme also explored how the surrounding environment and significant others led to adverse experiences being perceived as the social norm, in addition to facilitating substance misuse and criminal activity.

The second theme, **Interaction with Support Services**, described missed opportunities to intervene at an early stage both at home and at school. When seeking support, participants reported both positive (person-centred, accessible services) and negative experiences (slow processes, not responding to their multiple needs). Finally, peer support was highly valued and considered integral to the recovery process and reintegrating into society.

Summary

This study presents the voice and experience of individuals in the West Midlands region who have multiple complex needs. The report adds a local-level, qualitative understanding and supports previous research highlighting the negative impact of adverse childhood experiences and the importance of early intervention during childhood. Statutory and voluntary services, supported by peer mentors, need to be coordinated to provide the most effective support for individuals with multiple and complex needs. Furthermore, successful reintegration into society requires equipping individuals with the knowledge, skills and opportunities to satisfy their life values and provide them with identity and purpose.

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1. Background

Research by the Lankelly Chase Foundation estimates a minimum of 58,000 people in England experience a combination of three multiple and complex needs in any one year, with a further 164,000 individuals estimated to experience a combination of two needs (Bramley et al., 2015). Also known as 'severe and multiple disadvantage', 'multiple needs', or 'extreme social exclusion', individuals experiencing multiple and complex needs face at least two of the following at the same time: homelessness, substance misuse, offending behaviours and mental ill health. Based on three national datasets[1], approximately 16,800 individuals are estimated to be facing multiple and complex needs in the West Midlands (Bramley et al., 2015).

Individuals experiencing multiple and complex needs often have a poor quality of life, experience mental and physical health issues, feel socially isolated, marginalised, and unsupported by services (Anderson, 2011; Department for Communities and Local Government (DCLG), 2015; Rosengard et al., 2007). In addition to the impact multiple and complex needs have on peoples' lives, they also lead to significant social and economic costs associated with a failure to provide effective support (Bramley et al., 2015; DCLG, 2015). As a guide, it has been estimated that the annual cost for public spending on services are four to five times higher for individuals with multiple and complex needs compared to a benchmark figure per adult (£19,000 vs. £4,600 respectively) (Bramley et al., 2015). Previous research has highlighted how individuals often fall between the gaps of service provision due to their multiple needs, are unable to access the services they need, and receive inappropriate or uncoordinated support and interventions (Cornes et al., 2011; Neale et al., 2018; Rankin and Regan, 2004; Rosengard et al., 2007). Recognising and understanding the multiplicity of experiences faced by individuals is important to inform policy and to focus on preventive or early intervention approaches rather than repetitive, expensive interventions and support when individuals reach crisis point.

To understand the range of needs an individual may need support with, the complexity needs to be appreciated. When needs are considered in isolation they are often sub-threshold to receive support, but when considered together the support required is extensive. Miller and Appleton (2015: p.24) argue, "only integrated services can respond to people and communities who have complex needs" and that competing agendas within funding and policy can undermine this approach. Whilst previous research has predominantly focused attention on specific needs in isolation, more recently there has been a drive towards addressing multiple and complex needs and helping organisations respond to these needs. For example, the Big Lottery Fund has invested over £100 million

[1] Homeless Link's Health Needs Audit; National Drug Treatment Monitoring System; Offender Assessment System

into work that supports people with multiple and complex needs to live fulfilling and supported lives (Big Lottery Fund).

Furthermore, to realise the complexity of needs in the West Midlands, informed responses require both quantitative and qualitative understandings. Qualitative insights are of particular value when understanding the specifics of the local area, and exploring the response of services through first-hand accounts of the service users. This report moves from the numbers highlighted in the Hard Edges report, into the real voice and experience of individuals living with multiple and complex needs in the West Midlands, in their own words. The aim of this report is to highlight and understand the lived experience of individuals with multiple and complex needs in the West Midlands, in order to inform the Public Service Reform Agenda of the West Midlands Combined Authority.

2. Methodology

2.1 Data collection

Unstructured qualitative interviews were conducted with people with multiple and complex needs, living in the West Midlands. West Midlands Fire Service employees and Accenture carried out the interviews, which lasted between 1 and 2 hours. Participants were asked about their earliest memory and spoke about their life and key events from that point. Interviewers took notes throughout the interview to capture the participant's story. Stories were captured in a variety of means, including the use of different tenses (written in first and/or third person accounts); different formats (notes and written prose); and different programmes (Word and Excel).

2.2 Data analysis

The ICRD team received anonymised transcripts of the interviews for analysis. Qualitative data was analysed using a process of thematic analysis (Braun and Clarke, 2006; Caulfield and Hill, 2018). The researchers immersed themselves in the process of familiarisation via reading the transcripts thoroughly, an important first stage in a thematic analysis.

Working through the transcripts line-by-line, the data was coded inductively (i.e. the codes and themes emerge from the data itself rather than applying pre-existing structure to the data). The iterative process of analysis allowed the coded data to form themes, before reviewing these against the data and literature.

Two researchers were involved in this process to ensure consistency in interpretation of the data. Findings were also cross-checked with the interviewers, based on their experiences and reflections from conducting data collection. NVivo 11 software was used to manage the data analysis process.

2.3 Participants

Qualitative interviews were conducted with 25 individuals (18 male and 7 female) during 2016 and 2017, and the transcripts provided to the ICRD team for analysis. All of the participants had experienced varying needs during their lives as shown in Table 1. The majority were identified as being in recovery at the time of interview. Of the four factors that are currently considered when defining multiple and complex needs:

- Twenty-four participants spoke of substance misuse (alcohol and/or drug misuse).
- Nine participants mentioned being homeless during their adult life.
- Seven participants had been in contact with the criminal justice system.
- Mental health issues were apparent for 18 of the participants interviewed.

The number of needs referred to by participants ranged between two and five, with an average of three needs[2].

Table 1. Multiple and complex needs of participants

	Multiple and Complex Needs				
Pseudonym	**Alcohol Misuse**	**Drug Abuse**	**Homelessness**	**Mental Health Issues**	**Criminal Justice System**
Aid		Y		Y	
Andrew	Y	Y	Y		
Barbara		Y		Y	
Bess	Y			Y	
Chris	Y	Y	Y	Y	Y
Craig	Y	Y		Y	
Dave		Y	Y	Y	
David	Y		Y	Y	
Dominic	Y			Y	
Fiona		Y		Y	
Fred		Y			Y
Harry	Y		Y		Y
Holly		Y			
Ian	Y		Y	Y	
James		Y	Y	Y	Y
Jane	Y			Y	
Louise	Y			Y	
Mark	Y	Y		Y	
Pete	Y	Y	Y		
Rob	Y	Y		Y	Y
Sarah					
Scott	Y	Y		Y	Y
Sian	Y	Y		Y	
Steve	Y			Y	
Tom		Y	Y		Y
	16	**16**	**9**	**18**	**7**

[2] One participant interviewed had not experienced substance misuse/homelessness/contact with the criminal justice system/mental health issues, but had experienced seven adverse childhood experiences. Her interview was thought to be useful for inclusion to explore her resilience to multiple and complex needs.

3. Findings

The thematic analysis identified two main themes and three subthemes, listed in Table 2. Each theme is discussed with reference to the literature to provide context to the findings. Illustrative quotes are also provided throughout the discussion below.

Table 2: Overview of themes/subthemes

Theme	**Subtheme**
1. Experiencing Adversity	
2. Interaction with Support Services	a. Early Intervention
	b. Seeking Support
	c. Reintegration into Society

3.1 Experiencing adversity

This theme explores the adverse experiences recalled by participants and subsequent impact, including how such experiences were supported and/or perceived as normal during their childhood.

When asked about their earliest memory, all of the participants spoke of their upbringing in relation to their parents, siblings and childhood experiences. Only three participants spoke of positive childhood memories in which they had a *"brill upbringing" [Aid],* where *"family dynamics were good" [Bess],* or where they had *"nothing but happy memories" [Dave]*.

Twenty-three participants spoke of negative events in their childhood, with 21 participants describing exposure to traumatic and stressful experiences whilst growing up, including direct harm and living in dysfunctional home environments (Table 3). These experiences are termed adverse childhood experiences (ACEs) which can result in poor social and health outcomes across the life course (Bellis et al., 2013).

Table 3. List of adverse childhood experiences that participants disclosed during the interview[3]

	Adverse Childhood Experiences											
	Direct Harm					*Dysfunctional Household*						
	Physical Abuse	**Verbal Abuse**	**Sexual Abuse**	**Physical Neglect**	**Emotional Neglect**	**Parent Separation**	**Domestic Violence**	**Mental Illness**	**Alcohol Abuse**	**Drug Use**	**Incarceration/Deceased**	**Total number of ACEs**
Aid												**0**
Andrew						Y		Y				**2**
Barbara			Y					Y				**2**
Bess											Y	**1**
Chris					Y						Y	**2**
Craig	Y								Y			**2**
Dave												**0**
David	Y				Y	Y						**3**
Dominic						Y						**1**
Fiona												**0**
Fred	Y			Y				Y	Y			**4**
Harry								Y	Y			**2**
Holly	Y						Y		Y		Y	**4**
Ian												**0**
James	Y					Y	Y		Y	Y		**5**
Jane			Y			Y						**2**
Louise											Y	**1**
Mark			Y			Y						**2**
Pete									Y		Y	**2**
Rob					Y	Y						**2**
Sarah	Y		Y	Y			Y	Y	Y		Y	**7**
Scott								Y	Y			**2**
Sian							Y		Y			**2**
Steve							Y		Y		Y	**3**
Tom	Y			Y		Y		Y			Y	**5**
	7	**0**	**4**	**3**	**3**	**8**	**5**	**7**	**10**	**1**	**8**	**56**

[3] It is possible that participants were exposed to more adverse childhood experiences than presented in the table, but chose not to disclose these during the interview.

Participants described mental health issues within their family, including parents diagnosed with depression and/or anxiety, in addition to witnessing substance misuse and domestic violence when they were growing up.

> *"Mental health issues were a strain that ran through his extended family. His grandmother was schizophrenic and was psychologically "tormented". His uncle had been previously been sectioned." [Andrew]*

> *"Both were alcoholics and his father had depression and anxiety." [Harry]*

> *"His parents were neglectful, failing to feed him and there was always the threat of violence from other family members." [Fred]*

Another adverse experience reported by 14 participants related to the separation of parents and/or death of an immediate family member. Participants recalled how such difficult times often led to the *"family dynamic changing" [Bess]*.

Three of the seven female participants disclosed sexual abuse during their childhood, but had a lack of understanding of what was happening or how to stop it:

> *"Lived with parents until three and was sexually abused by neighbour. Wasn't aware of what was happening until later in life." [Jane]*

In one instance, the participant explained that the abuse only stopped through the perpetrator being *"caught in the act and threatened" [Sarah].*

Such experiences also had a lasting impact through into adulthood. For example, Jane described the impact of previous sexual abuse on a current relationship:

> *"Started to struggle with the physical side of the relationship, had flashbacks about childhood but could not stop this and would not allow her to be intimate with him. … as she suffered from flashbacks, became scared to sleep because of the dreams and this drove her to drink more." [Jane]*

When thinking about their school days, participants reported mixed experiences. Five participants spoke of positive school experiences:

> *"He did well at school, with a strong attendance and good grades." [Andrew]*

> *"I enjoyed school. Sports captain of the school. Deputy-Head boy. Played the drums. Loved everything about school." [Aid]*

> *"He was a model pupil and got a Governor's award." [Steve]*

In contrast, eight participants reported being bullied and feeling isolated during their school years:

> *"He found it hard to fit in and was a loner at school, bullied because of his clothes." [Ian]*

"Extensively bullied at school." [Dave]

"Was bullied and isolated from an early age." [Bess]

Reflecting upon their stories, nine participants recognised the negative events at school as a turning point in their lives. In some instances, it is possible that these events contributed to subsequent health harming behaviours such as substance misuse and contact with the criminal justice system, as described by the following three participants:

"Learned to become a bully to stop herself being bullied. Was actually clever but began to resent school from the past experiences. Went to juvenile court because of none attendance [at school]." [Bess]

"My sister was having all the attention. My mom was working away a lot and my dad was always in the pub. So I started to hang around with the older lads as they accepted me, I started to smoke and drink with them." [Craig]

"Was bullied by older kids. When he was in his second year he was beaten by a lad in the fourth year. He got angry and lashed out. He felt something had changed and he became untouchable. This gave him confidence/arrogance. This carried on and he started to hang around into this young gang culture at 12-14 years old. He began to get a reputation for being a bit of a bad lad [stealing car parts and drinking]." [Steve]

The adverse experiences recalled by participants were not limited to their childhood. Many participants spoke of being the recipient of continued physical abuse, domestic violence and social isolation in their adult life:

"She was abusive towards Aid." [Aid]

"This relationship was very violent … a very abusive job. She accepted the violence, didn't feel she could talk to anyone." [Bess]

During the interviews, participants identified substance misuse in particular, as a coping mechanism for the physical and sexual abuse, bullying, and loss of loved ones that they experienced:

"This is when the drinking started, she used it to allow her to sleep as she was struggling to sleep due to the domestic violence." [Bess]

"The alcohol numbed the pain about [the death of] her mum, and the bullying." [Louise]

There is sufficient evidence to suggest that adverse childhood experiences can have a negative impact on young people and their future lives. Adverse childhood experiences can result in an increased likelihood of engaging in risky health behaviours, such as substance misuse and criminal activities during adulthood (Bellis et al., 2013; Hughes et al., 2017).

Bellis et al. (2013) conclude that stable and protective childhoods are vital to build and develop resilience against health-harming behaviours.

Twenty-one participants referred to the environments they grew up in, lived in and worked in, along with the people they interacted with, as conducive to health-harming behaviours. The environments in which participants grew up in led to particular experiences being perceived as 'the norm', as highlighted in the following three quotes:

> *"…began starting fires at school to get people's attention. This behaviour became normalised and he didn't see it as alarming behaviour." [James]*

> *"…dad was violent and would smash things up. This was always when he was drunk. He would always display signs of anger. This just became the social norm." [Steve]*

> *"Her mom was still very physical with her and would give her a good hiding. … She believed it was acceptable to be beaten." [Sarah]*

Reflecting back on his life, Andrew recognised such environments did not contribute to a good upbringing:

> *"His house was not a good environment to grow up in with substance misuse and mental health behaviours commonplace." [Andrew]*

Participants described key individuals that they interacted with (friends, peers, older children, partners and siblings) as having a 'bad influence' on their lives, often leading to behaviours such as, taking drugs, heavy drinking and crime.

> *"Only now he realises this. That he learned his aggressive and drinking behaviour from [his Dad]". [Steve]*

> *"However he did not have a strong male role model in his life and as he got older he became susceptible to bad influences from those around him." [Andrew]*

> *"Wasn't feeling ambitious as was surrounded by others in a same situation didn't receive help." [Dominic]*

Furthermore, such individuals were also a key part of the cyclical nature of recovery and relapse:

> *"She continued to commit crime and commented that his [current boyfriends'] parents were enablers." [Fiona]*

> *"Went out with an ex prisoner who kept him close to taking substances and to crime." [Mark]*

As their lives continued, most participants spoke of external influences that led to or supported the cycle of substance misuse and criminal behaviour. Highlighting the impact of both other people and environments, one participant explained:

> *"She felt she couldn't go on with her life as it was. … Then she packed two bin bags and walked out of her marriage as knew she couldn't stop addiction if she 1) stayed with husband who was still using and 2) stayed in the same area." [Holly]*

Another important consideration linked to adverse childhood experiences is the cyclic effect of risky behaviours affecting the next generation, particularly if such behaviours become the social norm. Previous research suggests individuals with high adverse childhood experience counts increase the risk of exposing their children to adverse experiences (Bellis et al., 2013; Hughes et al., 2017).

Twelve participants mentioned their children during the interview, all of whom could have witnessed substance misuse, domestic violence, mental ill health, parental incarceration and/or parental separation. Three participants specifically identified that their children had witnessed domestic violence and substance misuse and recognised the negative impact their lives could have on the next generation:

> *"His partner began to drink and get in trouble. He knew his son was seeing his two parents go off the rails… he acknowledges he did a lot of damage to his son in this time" [Ian]*

> *"Domestic violence. She stabbed him, knocked teeth out. He retaliated once… Kids saw it." [Aid]*

3.2 Interaction with Support Services

The participants discussed both positive and negative interactions with support services. In many instances, participants reported a lack of support from statutory organisations, including schools, health services and police. Conversely, peer support groups received frequent praise for their support towards recovery.

Early intervention

Ten participants described instances during their childhood where services interacted with their family but no subsequent interventions occurred. The following quotes highlight such missed opportunities to intervene in the home environment and support young people at risk:

"He would jump out of his bedroom window to escape his father's violence and phone calls were made to the police to report domestic incidents, but these were rarely investigated. It was 10 years before the police began to take it seriously." [James]

"He believed the healthcare services are at most to blame given the inadequate care and support provided to his family." [Andrew]

"The Police did used to come and were aware of the circumstances but they missed Sarah." [Sarah]

"Social services were desperately needed to intervene in his extended family but this did not happen." [Fred]

Other opportunities to provide early support were dismissed by participants and/or their families due to previous negative experiences with statutory services:

"…social services came to do the door and father rejected this support as had resistance to this from experience in Ireland to take away special needs children." [Bess]

"She was sent to a children's home in Wales, her siblings to distant relatives in Ireland. Said it was awful so never trusted anyone in authority to help again." [Holly]

One participant (Sarah) spoke highly of her interaction with a social worker. Yet, subsequent interaction with the police could have been approached more sensitively and holistically, had they taken into account wider events leading up to Sarah leaving home:

"Sarah's mom was very angry that Sarah had spoken to the social worker and hit her again. This time however Sarah hit her back and left the house to her boyfriend's house. Sarah's mom rang the Police and said she had kidnapped the baby and that she had hit her. The two male police officers that attended gave Sarah two choices. One was to go back to her mom's, the second was to go into foster care until she was 18 with her baby. The Police officer said that her baby may have to stay in foster care until he was 18 too. Sarah was scared of her baby being taken away and so went back to her mom's house. … When Sarah's baby was 7 or 8 months old and Sarah was 16, her mom kicked her out the house. She had to go to a bedsit. It was mixed accommodation and the owner was a convicted armed robber. She was very vulnerable at this point and was groomed by the bedsit owner who was a lot older than her." [Sarah]

Sarah's story highlights the importance of a joined up approach between services, to ensure visibility of the wider picture and thus appropriate action taken. In this case, Sarah was resilient and received stability during her school life: *"School was her one safe and*

consistent place." She commented that the teachers took the time to listen to her, as well as giving her extra food and drink as they were aware of her family circumstances.

However, in most instances, missed opportunities for early intervention were apparent in the school setting. Sixteen of the participants spoke of negative school experiences including isolation, being bullied, poor academic ability and being disengaged. Despite seeking help at school, particularly for bullying, support was lacking, as emerged from a number of stories.

> *"He thinks there should have been more support at school – he explained he had told his school he was feeling suicidal but didn't receive any help." [Harry]*

> *"He believes that many of his problems stem from the failure of his school to identify the abuse happening at his home." [James]*

> *"Some children found out her mum had died and they would walk behind her humming the "funeral march". Teachers did nothing. One of her friend's took her to the head of year about the bullying but nothing was done to help." [Louise]*

One participant went on to describe how the lack of support regarding the bullying resulted in challenging behaviours:

> *"I hit a crisis point in my third [school year] because I was bullied. Reached out to the teacher but they didn't listen or do anything. This made me disengaged with school. I started to play truant. Nobody really questioned this or sort to help." [Craig]*

With six participants disclosing death of a close family member during their childhood, it follows that improving bereavement counselling to help young people deal with their emotions is vital to healthy coping mechanisms.

> *"When I look back I feel in my younger years I was kicking back at something and was angry. Maybe this was because of the loss I had … Things really weren't available for me back then to help address and cope with things." [Chris]*

Mental health strategies to prevent adverse experiences and/or moderate their impacts from a young age have been recommended by Hughes et al. (2016). Given their adverse childhood experiences, participants explained how earlier intervention and education to help them process and deal with their emotions would have been particularly welcome:

> *"I was very much left to deal with my emotions through school and this was something I could have needed help with to understand my emotions better." [Chris]*

Seeking support

Participants spoke of becoming aware and accepting that they had a problem (typically substance misuse or mental health issue) when reaching a low point and knowing they could not overcome their needs on their own:

> *"I was starting to fall apart at work and I realised I needed help. I was self-harming and it was noticeable at work. I was using everything as an excuse to do what I was doing. I was crumbling, taking drugs at work, vodka… I had to get help." [Barbara]*

> *"He was drinking constantly through all this. Always super strength beer. Was at an all-time low. … He started to realise he needed help now. He was at a loss he knew he couldn't stop." [Pete]*

Nine participants described help-seeking behaviour when realising they needed help to access support. These behaviours included ringing the Samaritans helpline, self-referral to services, contacting the emergency services, criminal activity and overdosing.

> *"I took an overdose on purpose at 35. Cry for help." [Barbara]*

> *"Gave up heroin and took up shop lifting to change the addiction hoping for a cry for help to go to jail to detox." [Mark]*

Having accessed the support services, fifteen participants reported largely disappointing interactions. A variety of issues were described including, a slow process to receive an assessment or referral, the length of support being too short, lack of communication with patient and between services and being given inaccurate information.

> *"Arranged for him to go to a detox for a week, this was not long enough." [Pete]*

> *"Told to ring [service] but it was a male only treatment centre. Told to ring [service] who didn't do detox." [Louise]*

> *"They [a recovery service] did nothing for me; they just gave me a drink diary and some little advice… it doesn't work, it's just a tick box exercise. It's more about the problem not the person." [Sian]*

Louise also commented on the lack of follow up from some services when participants disengaged:

> *"When people with multiple and complex needs disengage that is a key signal that everything is going very badly, but services take that as a signal that you don't want help or are okay. … No-one would just phone up and ask questions and probe and push a bit to see that everything wasn't alright." [Louise]*

Another problem identified was that support services did not consider participants' multiple needs appropriately. Similar to previous research with people experiencing homelessness (Massie et al., 2018), participants described barriers in accessing the services they desperately needed, for example:

> *"They would only treat the mental health issue before they would treat her [drinking]. This caused relapses." [Jane]*

> *"He defined himself as a 'thief, liar, drug user and violent' which meant health and social cares services did not reach out with the type of support he desperately needed. Alcoholism and violence covered up his genuine needs." [Rob]*

Similar to experiences at school, participants described a lack of emotional support when accessing services during adulthood:

> *"When in hospital they would just treat his symptoms but not his head." [Pete]*

> *"They did nothing to help about how I was feeling. Go to the hospital have an operation then leave, no counselling." [Aid]*

Nonetheless, participants also mentioned some examples of positive service interaction. A variety of individuals (including from the recovery community, doctors and emergency services) ensured participants had a positive experience whilst interacting with them through being accessible at all times of the day, trying to understand the underlying problem and taking a holistic approach:

> *"It's great here [recovery community] because its 24 hour support, it's not a clinical support shutting with no out of hours support… I get support with court, advocacy, benefits, housing, anything I need they can help me with." [Sian]*

> *"I went to the doctor and sat down for the menopause. Right then it could have gone differently. GP said, 'what's really going on?'… I can't sing his praises enough. … I didn't go for that help, I went for HRT." [Barbara]*

> *"For me it was people taking their time with me to find out what really is needed for me. It was people who put trust in me." [Craig]*

> *"One time a paramedic spent hours with her phoning for different services to try and get her help and couldn't get anything. Staff at the hospital listened and were nice - it felt like a place of safety." [Louise]*

These positive interactions highlight the importance of services delivering a holistic approach and being responsive to individual needs when working with individuals with multiple and complex needs.

Reintegration into society

Participants recalled mixed experiences from both services and individuals in relation to reintegrating into society after a period of support, rehabilitation or imprisonment. Participants described a lack of support when exiting rehabilitation centres, which in many circumstances resulted in relapses. Participants typically returned to communities where substance misuse was prevalent and were not provided with adequate support and advice for staying abstinent in such environments:

> *"Part of the problem was that after going through detox he would go back into the same community of drug users." [Scott]*

> *"As he got older and his problems got worse, he felt that support services did not try and help people get from A-B but instead pushed them back into society when they weren't ready, and hostels are places where people get turned back onto drugs and crime." [James]*

Participants spoke of similar experiences upon release from prison:

> *"He was released aged 21 and had no support after he left. He fell back into reoffending." [Fred]*

> *"After being released he signed on for jobseekers but found it difficult to get a job due to his past convictions. He was unable to find work because of his convictions but was not permitted a parole officer because his sentence was served outside the UK." [James]*

Whilst adverse experiences and negative influences of family and peers were discussed earlier, participants also acknowledged family members and friends that tried to help them access relevant support when they found themselves in difficult situations:

> *"In 2003 he had a mental breakdown. His parents helped him out, and his father called social services. He went to rehab and had a support worker." [Ian]*

> *"His drinking was still heavy, and his landlord tried unsuccessfully to find him work." [Harry]*

> *"He states he has been lucky that he has had his brother as a form of peer mentor to help him through." [David]*

As mentioned by David, an important factor that helped participants work towards recovery and reintegrate into society successfully was peer support. Empathetic support from an individual with lived experience, to help navigate services and available support, was viewed favourably by nine participants:

> *"Peer mentoring is the way forward." [Dom]*

"There is always someone there that has been through it and are clean, I can rely on them for support and help and advice." [Sian]

"This has transformed her life. Groups all day every day, throughout the week offering support by experience." [Jane]

Two participants spoke of the value that meeting and learning from individuals with lived experience at an earlier point in their lives could have had on them:

"If I had met other people that had the damage I had when I was younger I reckon that would have helped." [Chris]

"I feel like more is needed around educating children early on, not by nurses or teachers, but by people with real life experiences of drugs and alcohol. It is the right way to engage with kids to get them to learn about it. Helps them to spot the early warning signs and be able to do something about it." [Sian]

Further to this, Holly and Craig explained the importance of seeing people with similar experiences who had been successful in turning their lives around from multiple and complex needs:

"When using, you didn't know people that had got clean, only knew addicts. If people disappeared it meant either they had gone to jail or died. Not that they were clean as you never saw them again." [Holly]

"I started to see people that had been going [to AA meetings] come out the other side and were better and happy." [Craig]

With many participants recalling feelings of a lack of hope, boredom and few opportunities for the future, an important part of the recovery process and reintegrating into society is ensuring individuals have an identity and purpose to life. One participant described how successful recovery gave her a more positive outlook:

"I feel the best I have felt for 20 years, most definitely. My life feels meaningful because of the people I'm with (recovery community), purpose and camaraderie." [Barbara]

As previously explored by Massie et al. (2018), providing opportunities for people to have something to do and to use their skills is important for preventing and breaking the cycle of further health risk behaviours as a result of boredom and isolation:

"Part of the programme was outreach type work e.g. volunteering to do gardening at a stately home - important as when drinking completely isolated and this provided other people to meet/talk to." [Louise]

"She was most scared about how she would keep busy and what to do to fill her day [when stopped taking drugs]." [Holly]

Indeed, this supports psychological literature around successful reintegration into society following experience of the criminal justice system. For example, the Good Lives Model (GLM: Ward, 2002) is a widely accepted strength-based rehabilitation framework, which recognises the need for a holistic approach to rehabilitation. The GLM is centered around the concept that successful rehabilitation is contingent on building capabilities and strengths in people. The GLM promotes rehabilitation that is responsive to individuals' particular interests, abilities, and aspirations.

4. Summary

Given the estimated prevalence of multiple and complex needs across England (Bramley et al., 2015), research exploring and understanding the lived experience throughout the life course is important in identifying areas in which prevention and intervention should be targeted and improved. Discussing homelessness policy, but relevant to the wider context of multiple and complex needs, Dwyer et al. (2015) argue that improvements to policy and practice will only take place if the focus is on the systems that have created their vulnerability in the first instance.

From interviews with people who have experienced multiple and complex needs in the West Midlands, it is clear that they have faced many challenges throughout their lives, often starting in their early childhood. Consistent with previous research, participants explained how some adverse childhood experiences resulted in engaging in risky health behaviours, such as substance misuse and criminal activities (Bellis et al., 2013; Hughes et al., 2017), and not feeling a sense of belonging in their home or school environment, but instead identifying with others in a similarly excluded position (Blank et al., 2016). The current findings suggest families and schools have an important role to play in building stable and protective childhoods. This supports the findings of Bellis et al. (2013) that this would lead to resilience against health-harming behaviours. Having an awareness of pupil's lives outside of school will help school staff to understand the underlying problems resulting in such health-harming or disruptive behaviours and thus aid the provision of appropriate support at the earliest opportunity.

Experiences of slow referrals, short interventions and poor communication were common within participant stories. The need for more statutory and voluntary services to be coordinated and joined up to ensure clearer pathways to access appropriate support was evident, and consistent with much previous research (Duncan and Corner, 2012; Fuller, 2016; Massie et al., 2018; McNeil and Hunter, 2015; Rosengard et al., 2007). Similar to Anderson (2011) and Rosengard et al. (2007), the participants described trust, holistic approaches and person-centred care as key factors to a successful support service. As discussed earlier, successful reintegration into society needs to recognise the need for holistic approaches, such as the Good Lives Model (Ward, 2002). They should not only equip individuals with the knowledge and skills needed to satisfy their life values, but also the opportunities and resources (in ways that do not harm others). The findings in this report suggest that such models are applicable to multiple complex needs, many of whom have experience of the criminal justice system.

To achieve a person-centred, holistic approach, there is a requirement for services to understand and address multiplicity of needs, particularly when individuals do not reach the threshold for receiving care for a specific need (Duncan and Corner, 2012) and to recognise the challenges associated with providing individualised support such as managing

expectations and appropriate communication (Neale et al., 2018). The Making Every Adult Matter (MEAM) approach describes seven elements to consider when statutory and voluntary agencies collaborate to design effective, coordinated interventions to support individuals living with multiple and complex needs, which in turn could reduce the use and cost of crisis services.

The MEAM Coalition strategy (2018) highlights the nationwide drive towards supporting more people with severe multiple disadvantage, in a collaborative and coordinated approach. One of the four aims in the strategy is to 'promote the value of every adult' through co-production. Participants of this study valued the support and advice they received from peers who had lived experience, and thus truly understood their situation. This supports the importance of coproduction, hearing and learning from the voices of people with experience for supporting individuals to reintegrate into society and redesign of services to support people with multiple and complex needs appropriately.

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