ANNEX: SUPPORTING INFORMATION (COMPLEX NEEDS / SEVERE AND MULTIPLE DISADVANTAGE)

This document presents additional information that should be read alongside the Project Outline for people with complex needs / Severe and Multiple Disadvantage (SMD) that the Big Lottery Fund will manage in London. Assessment for bids to this project will include consideration of how well applications address the information published in this document and in the Project Outline.

RATIONALE FOR INTERVENTION

People with complex needs / Severe and Multiple Disadvantage (SMD) experience a multiplicity of challenges, such as mental ill-health, homelessness, drug and alcohol misuse, offending and family breakdown. They are living chaotic lives and often move from service to service. The Lankelly Chase report ‘Hard Edges’ uses SMD as a shorthand term to signify the problems faced by adults involved in the homelessness, substance misuse and criminal justice systems in England, with poverty an almost universal and mental ill-health a common, complicating factor. ¹

People with complex needs/SMD face enormous barriers to employment ranging from health problems, economic and housing insecurity and social stigma. Mainstream employment and training provision does not currently offer the long term and specialist holistic support necessary to enable people to develop the confidence, skills and stability to take advantage of employment opportunities.

Evidence of need

Until recently there has been a lack of hard data giving a clear picture of the complex nature of the disadvantage that some individuals and families face. The Lankelly Chase Foundation has worked with Heriot-Watt University to produce the most comprehensive and relevant research to date on severe and multiple disadvantage (SMD) in England. In its 2015 report, ‘Hard Edges: Mapping Severe and Multiple Disadvantage in England’ , the Foundation uses Severe and Multiple Disadvantage (SMD) as a term to identify the problems faced by adults within the homelessness, substance misuse, and criminal justice systems in England and combinations of all three.

- The report estimates that the core ‘SMD3’ category (people who experience all three disadvantage domains) is 58,000 nationally. For the SMD2 ‘overlap’ category (who experience 2 of the three domains), they found that about 99,000 people have a combination of substance misuse and offending issues, about 31,000 people have a combination of homelessness + offending issues, and about 34,000 had homelessness and substance misuse issues, totalling 164,000 people. Finally, they estimated that around
364,000 people are in the SMD1 category, comprising around 112,000 people receiving services relating to offending only, 189,000 to substance misuse only, and 63,000 receiving services relating to homelessness only.

- Women represent a small majority of those who experience homelessness only; males predominate in the substance and offending domains. Overall, of the individuals identified through the Lankelly Chase research, 78% were male and 85% were white.
- In terms of geography, they found that there is a heavy concentration of people facing severe and multiple disadvantages in areas that experience high levels of poverty, particularly Northern cities, some seaside towns and a handful of central London boroughs. In London Camden, Islington, Tower Hamlets and Westminster are amongst the boroughs with highest prevalence whilst Redbridge, Havering, Greenwich, Bexley, Richmond and Harrow are amongst the lowest. However every borough in London will have individuals with SMD and Hard Edges calculates there are approx. 92,250 people with SMD who are in touch with relevant agencies across London.
- Only a minority of people in SMD groups are employed. Many of those in the sample, especially in the SMD2 and SMD3 categories, report having been mostly in casual employment or unemployed, and a third have been long-term sick, with nearly half of SMD3 people reporting a limiting long term illness or disability. Nearly half of people experiencing SMD3 have been reliant on welfare benefits for most of their adult lives. These findings are strongly indicative of lives dominated by sustained experiences of poverty.
- Many report financial management difficulties as well as hardships.
- On average around 40% of people suffering from SMD are identified as having mental health problems.

When applying a gender lens to the complex needs/SMD picture, we can see that women experience multiple co-existing problems such as poverty and debt, unemployment, experiences of violence and abuse, physical health problems and problems managing (often single) parenthood. Revolving Doors research ‘A way through the woods’ has identified
- high levels of co-occurring mental health and substance misuse problems among women offenders and other groups of vulnerable women, such as homeless women
- that 78% of female prison reception assessments showed some level of psychological disturbance compared to just 15% of the general adult female population.
- in addition 75% of women prisoners had taken an illicit drug in the six months prior to imprisonment. Figures for the general population suggest that only 12% had taken an illicit drug in the previous year.

Furthermore JRF’s ‘Tackling homelessness and exclusion: understanding complex lives’ round up of findings from four projects examining the interaction between homelessness and other support needs noted that of those who were both homeless and had mental health problems 86% reported experience of anxiety or depression and 51% had attempted suicide. This group was disproportionately female.

**Barriers to employment**

People with complex needs/SMD face a range of serious barriers to entering work. Any programme working with this client group will need to address a range of complex and overlapping barriers including attitudinal, behavioural and mental health barriers alongside practical issues around housing and health.

- Very few have a history of successful employment – according to Lankelly Chase research only a minority of SMD groups are employed. Many people in the MEH sample, especially in the SMD2 and SMD3 categories, report having been mostly in casual employment or
unemployed, and a third have been long-term sick, with nearly half of SMD3 people reporting a limiting long term illness or disability.

- People dealing with these issues also have to deal with the stigma associated with their needs, especially offenders, those with substance misuse issues and those with mental health problems.
- Health barriers – on average around 40% of people in this cohort are identified as having mental health problems but accessing appropriate mental health support can be challenging. People also experience a range of physical health problems more often than in the general working age population.
- Skills/education - In the sphere of education, high proportions, especially in the SMD2 and the SMD3 categories, have obtained no qualifications at all. Learning difficulties including dyslexia are cited by significant numbers of people affected by SMD2 and SMD3.
- People in SMD live with economic and housing insecurity, family breakdown and health issues.
- In London housing is a key issue for this group: they are not a priority for social housing while the private rented sector is prohibitively expensive. This in turn means that many will be moved out of London and away from appropriate services and networks.
- People with complex needs/SMD often move from service to service without consistent and coherent support. This means that much of the cohort may not be on any database and are not accessing much needed support.
- The multiplicity and complexity of needs means that it is incredibly difficult to get a job outcome for someone who is street homeless within 12 months,

Evidence of what works

Hasluck and Green’s report ‘What works for whom? A review of evidence and meta-analysis for the Department for Work’ identified the following areas of good practice:

- Initiatives to help the most disadvantaged emphasise the need for support, advice, guidance and motivational/confidence-building assistance. The most disadvantaged can be helped into work if support is sufficiently tailored to their needs and circumstances rather than a one size fits all approach.
- Work placements and work experience can be valuable in helping overcome concerns that customers may have about leaving behind previous benefits/lifestyles.
- There is a need for basic skills training with a focus on learning rather than formal training. This can take the form of wider interest courses which incorporate skills. The setting where training and learning takes place is also important. Inactive beneficiaries tend to have a preference for training in community settings which were seen as less intimidating.
- The quality of the job match between the individual and the employer is key to success as are good (long-term) relationships with employers. Support to employers to help them understand the strengths and weaknesses of different disadvantaged groups and the value of on-the-job mentoring or buddying have been identified as facets of good practice.
- Outreach approaches are important in trying to connect with individuals with complex needs and these approaches have gone some way to engaging with people who would not otherwise come into contact with mainstream services.
- Specialist services support is needed to support individuals to deal with particular problems and issues such as drug/alcohol/homelessness, etc. The sequencing of provision to enhance employability is crucial.

Advisers should have received professional training and have strong links with supporting specialist agencies, in-depth knowledge of the local organisational infrastructure and good networking links. Practical inter-organisational referral arrangements are likely to be necessary to ensure that customers do not ‘drop out’.
PERFORMANCE EXPECTATIONS

As per the London 2007-13 ESF Programme Report recommendations we invite applicants to propose what proportion of customers they will support into work. In the table below, the minimum job entry level outlines the minimum performance offer which would be acceptable from a provider, as outlined in the Building Better Opportunities project outline. The expected job entry level outlines what the London LEP feels is a realistic but more stretching target.

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<tr>
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<th>SMD</th>
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<tbody>
<tr>
<td>Minimum job entry level (%) of participants</td>
<td>25%</td>
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<tr>
<td>Expected job entry level (%) of participants</td>
<td>28%</td>
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<tr>
<td>Sustainment rate (% of those entering work)</td>
<td>57%</td>
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COMPLEMENTARITY WITH OTHER ESF OPT-IN PROVISION

General complementarity with London ESF provision

This activity is eligible under Priority 1 of the England ESF Operational Programme as its focus is to increase participation in the labour market and thereby improve social inclusion and mobility. Specifically the activities in this intervention are eligible under Priority Axis 1.4 “Social Inclusion.”

ESF Adult Employment Programme

Under the 2014-20 ESF programme there will be distinct pieces of specialist provision contracted. In some cases, target groups will overlap with this programme. These include programmes for Troubled Families, (lone) parents, carers and people with health conditions and disabilities. Customers should be referred to the most appropriate support for them. For example, some customers eligible for this programme will also have a disability and will therefore also be eligible for ESF support for people with disabilities – these customers should be given the choice of which support they consider to be most appropriate for them.

Customers accessing NOMS ESF support should not also access support through this programme at the same time.

ESF Adult Skills Programme

It is recommended by Opt Ins that customers should be eligible for both employment and skills support if they require both. Referral partners will ensure that customers are referred onto the most appropriate programme for them in the first instance. If additional services are needed, providers will then work together to ensure that these are delivered – however, to ensure value for money, outcomes and outcome payments can only be claimed by one provider for any given individual. This will be checked.

This may mean projects handing customers over from one project to another. For example, if an employment project thinks vocational training is required for a customer to enter work they should hand them over to a training project. The employment project would forgo any job outcome payments or outcomes achieved by the customer.