

DWP Social Justice and Direct Access Hostel Pilot

Introduction

About Multiple and Complex Needs

The idea of multiple complex needs is not new within the world of health and social care however there has long been a lack of tangible definition of what constitutes multiple and complex needs. This uncertainty is a problem as it presents a barrier in providing both support and solutions in supporting those with multiple complex needs.

What has become apparent through multiple arenas is that there are four domains that individuals with multiple and complex needs typically interact with. These are mental health services; housing services; substance misuse services; and criminal justice services. Someone with multiple and complex needs would be interacting with at least two of these areas. However it is also important to maintain awareness that these are not the only problems that build up the complexity of someone with multiple complex needs; at its broadest definition multiple complex needs can be considered as “interconnected needs that span medical and social issues” (Rankin and Regan 2004).

The Lankelly Chase Foundation’s “Hard Edges” report (2015) was the first attempt to provide a statistical profile to the multiple complex needs client group and to better understand their presenting needs. This study concluded that those affected have “long term histories of economic and social marginalisation”, and are often associated with other defining factors such as childhood trauma, low levels of educational attainment and early interaction with the criminal justice system.

The Hard Edges report also highlighted that multiple and complex needs is an issue that occurs predominately in three distinct geographies, amongst which are “northern urban areas, both ‘core’ cities and former manufacturing towns”. Former port cities and major seaside resorts and certain London authorities make up the other three areas with high concentrations of multiple and complex needs. Newcastle ranked as tenth on their list with the highest proportion of individuals with multiple and complex needs, with an estimated 208 individuals per 1000 of the population, this is twice as much as the national average of an estimated 1000 individuals. Scaled up this equates to an average 3000 people per year in Newcastle who are presenting with multiple and complex needs.

About Fulfilling Lives Newcastle Gateshead

The Fulfilling Lives Programme is seeking to help people with complex needs to better manage their lives, by ensuring that services are more tailored and better connected to each other.

The focus of the programme is on those people who often spiral around the system(s), are excluded from the support they need and experience a combination of at least three of the following four problems; homelessness; re-offending; problematic substance misuse and mental ill health.

Our goal is to improve and better coordinate services to support people across Newcastle and Gateshead living with multiple and complex needs – to see people for the potential they have, rather than for their problems.

The longevity of the programme and level of funding allows real opportunity to make a serious impact upon the lives of people with complex needs living in and between Newcastle and Gateshead. This means that beyond supporting the individual, one of the main aims of Fulfilling Lives is to learn through the programme, and through that learning evoke a change to the system that will allow us all to work more effectively for people with multiple and complex needs.

Fundamental to this learning is the engagement of service users in the delivery of the programme and finding ways of improvement from a service user perspective.

How it works

We offer a combination of Service Navigators to tackle individual need and System Brokers who address systems blockages. The System Brokers identify where the current system may prevent service users from transforming their lives and then work with the Service Navigators to evidence the real issues facing our client group.

We have established Experts by Experience, Operational and Strategic reference groups. These groups are committed to understanding and changing the way services respond, are commissioned and are delivered, based on evidence of the real issues.

Our vision

Our hope is that as the system changes it will become better coordinated and easier to navigate for people with complex needs. The result will be a diminishing demand for Service Navigators and less cost to society. By removing barriers and blockages to support then the help required to negotiate a complex system will lessen, and this will enable our programme to focus on the provision of a sustainable peer support network reaching those that are the 'hardest to reach'.

Context

The situation affecting both the support offered and the system surrounding multiple complex needs does not exist in isolation, both in how it interconnects with wider health and social care policies and budget and geographically in Newcastle and Gateshead. Consideration needs to be given to the wider political context and how that may impact on provision and causing a block to change at a local level.

Austerity measures issued by central government have massive implications on all sectors involved with supporting multiple complex needs. In times of restricted and reduced funding and a constant awareness of financial implication, increasing support for the multiple complex needs community is not an easy endeavour. Services, both statutory and voluntary sector, are being stretched to provide delivery of support in an unprecedented manner.

Attempting system change within this context will be a challenge but is in no way impossible.

The Pilot

During the launch of the Fulfilling Lives programme, a senior DWP worker visited Elliott House and a specific issue was raised around the difficulties both clients and support workers have in making benefit claims/dealing with benefit issues through the telephone-based Benefit Delivery Centres (BDC).

The Social Justice team in Newcastle work with a very similar client group to those accessing Elliott House and some of whom are working with Fulfilling Lives, in relation to the fact they have a combination of needs relating to homelessness, mental health problems, substance misuse and or offending which is affecting their ability to engage with service provision. The Social Justice Coach based within the Westgate Road Jobcentre Plus has a caseload of around 40 clients, where a more tailored service is offered to meet the needs and address the barriers people are facing when trying to gain employment. The Social Justice team work with those clients identified by the Jobcentre Coaches but do not engage with clients pre-Jobcentre Plus and are currently unable to assist with the issues a number of client's experience when trying to make a new benefit claim or to discuss a benefit issue with the BDC. It is in this area that we see a need for change.

Aims of the Pilot

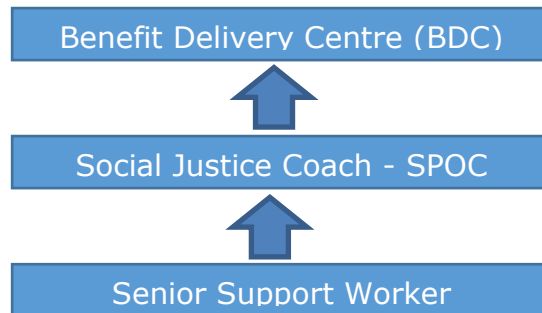
This is a small pilot with restricted parameters and aimed to involve a limited number of people.

The aim was to work with 10 clients currently resident at Elliot House, direct access hostel, with 5 being assisted under the pilot and 5 continuing with the current system, and forming the control group.

The 5 clients identified to work with the pilot will not be informed that they are part of the pilot; however where there are benefit issues a different process will take place in comparison to the other 5 clients.

Where there is an identified benefits issue and where there has been unsuccessful contact with the BDC, the senior support worker will contact the Social Justice Coach directly, as a Special Point of Contact (SPOC), and the Social Justice Coach will then contact the BDC to take

steps to resolve the issue. Resolution will be done using a Social Justice approach which is flexible and tailored, rather than the 'procedure confined' approach of the BDC.



Clients who are involved with the control will follow the standard process.

All clients will be monitored by the Senior Support Worker at Elliot House and a record of all actions relating to their benefit claims will be kept. The SPOC will record all their actions for clients who are part of the intervention group. Following the pilot the Senior Support Worker and the SPOC both completed a questionnaire detailing their opinions.

The pilot ran for three months from 25th May 2015 – 31st August 2015.

Limitations of the pilot

Despite the intentions of the pilot to monitor the activities of ten individuals within Elliot House, due to the transient nature of this client group it became apparent that this was a difficult task. Clients who started within the programme left the accommodation before either the end of the pilot and before their benefit claim or issue had been resolved.

This was further exacerbated by the length of the pilot. As the pilot was only carried out for three months there was not sufficient time to bring in new individuals either to the intervention or control groups.

As such unfortunately we were only able to monitor progress of two individuals from start to finish of their particular journeys. Positively these individuals fell into the pilot and control respectively so we are able to present a comparison albeit limited.

Additionally due to the limitations of data sharing we are not able to have a full record of activity undertaken by individuals at the BDC relating to their actions on both these cases. This means we cannot draw together a robust comparison of the time spent by DWP staff using the two different models. However we do have the responses of an interview with the SPOC which highlights some of the time savings from within the DWP.

Case Studies

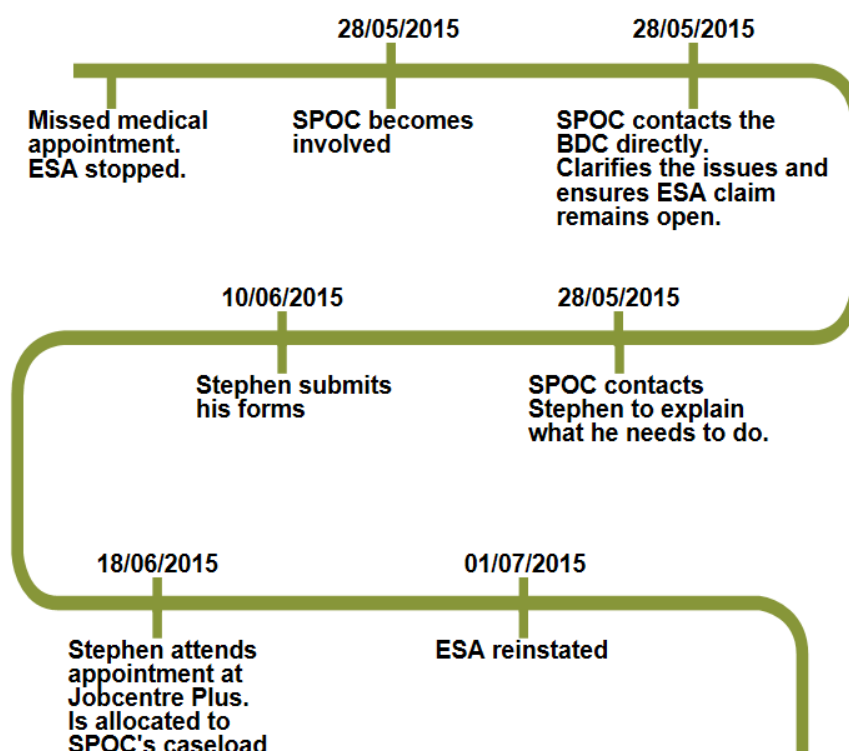
The following case studies detail the two clients who were involved in the pilot and the key events in their benefit issues and claim process.

CASE STUDY ONE: Stephen

Background:

- Stephen is a 41 year old male and has a history of housing difficulties
- Stephen has mental health needs and takes medication for depression and anxiety.
- He struggles with substance misuse problems particularly relating to legal highs.
- Stephen missed a medical appointment and as such ESA was stopped and he was informed he would have to make a new claim for JSA.
- Due to Stephen's mental health needs, problems relating to anger management and his use of legal highs, he struggled to cope with the attending the appointments and completing the forms that were requested by the DWP.
- Stephen found it difficult to remain focussed and spend any length of time in appointments he did attend, even when accompanied by members of staff from Elliot House.
- As a result Stephen was repeatedly passed on to different team members within the DWP and both Stephen and Elliot House staff were given mixed messages as to how to progress further with Stephen's claim.
- At this point Stephen became involved with the pilot and was allocated a SPOC.

Timeline of key event

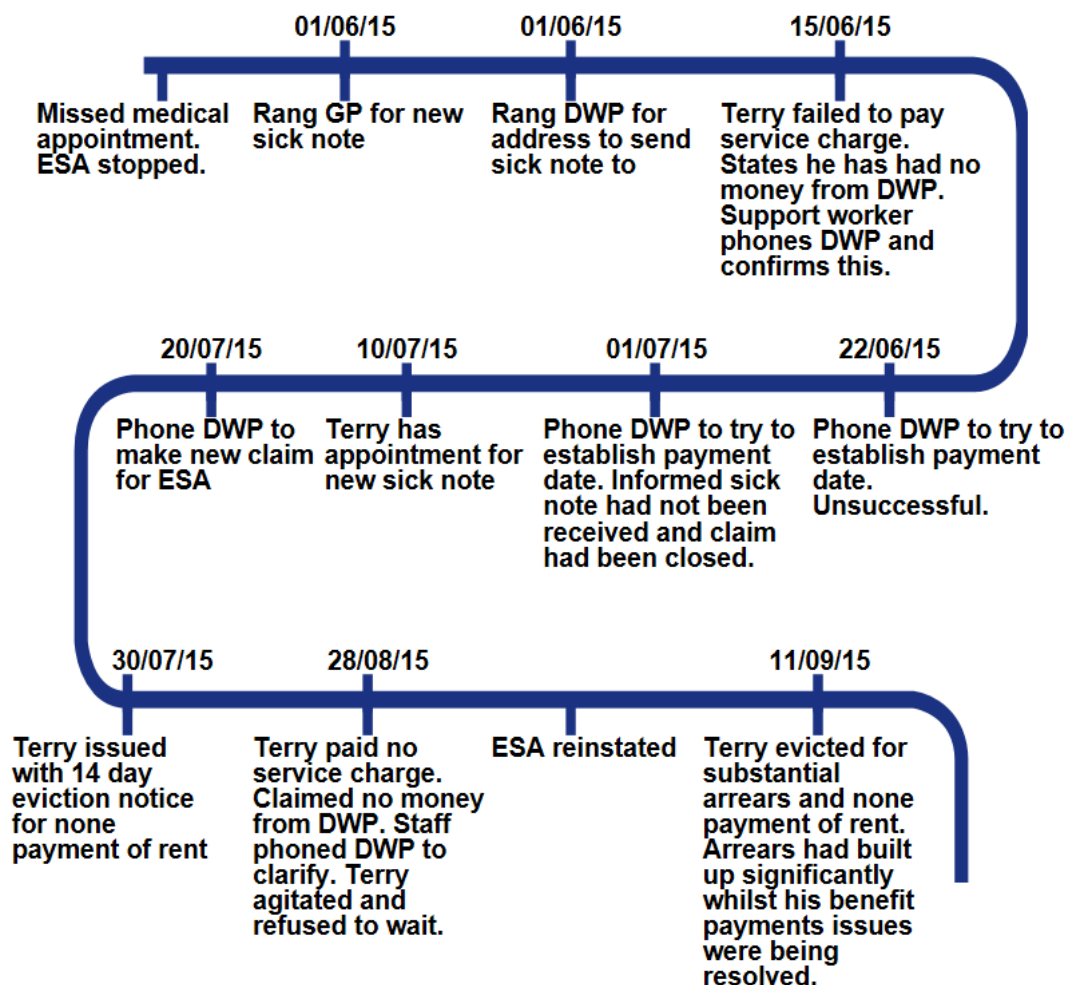


CASE STUDY ONE: Terry

Background:

- Terry is a 34 year old male and has a history of housing difficulties.
- Terry has mental health needs particularly around depression. He is known to have suicidal ideation.
- He struggles with problems relating to both substance misuse and alcohol. He is currently on a methadone script.
- Terry missed a medical appointment, and following repeatedly missing the date to hand in his sick note, Terry's ESA was halted.
- Terry repeatedly contacted the DWP over the phone to try and sort his payments but became increasingly frustrated by the time it was taken. Due to his substance misuse and mental health need Terry struggled with the patience required to remain on the phone for up to 40 minutes.
- Terry also received mixed messages as to what actions he needed to take to resolve his claim, deal with his sick note and when he would receive payment.
- Terry was part of the control group and did not therefore receive a SPOC.

Timeline of key events



Comparing the two journeys

Both Stephen and Terry began their problems with their benefits in the same way – though missing a medical appointment and therefore having their ESA stopped. They both struggle with mental health needs and substance misuse problems that mean that they have difficulty in maintain focus and patience, and easily become frustrated if they don't feel they are achieving anything, this is particularly highlighted by the fact that both are prone to hanging up on BDC phone calls if they've been kept waiting for long periods of time.

Following the intervention of the SPOC there is a clear diversion in Stephen's timeline. The SPOC immediately contacted the BDC to clarify the claim problems. They then managed both the BDC and Stephen in terms of ensuring that the ESA claim wasn't closed and that Stephen had been made aware of what his requirements were. As a result Stephen only had to attend one appointment at the JobCentre Plus before his payments were re-instated. The communication between the client and the DWP was efficient and prompt. Managed by one individual it meant that there was no confusion or miscommunication over what was being achieved. From point of involvement in the pilot to ESA being reinstated took just over four weeks. Furthermore the involvement of the SPOC allowed for a more successful outcome for Stephen. As the SPOC states *"if I had not called [the BDC] this claim would have been closed and back dated money would not have been awarded to the customer creating further poverty."*

Conversely for Terry, there is a series of miscommunication and mixed messages that were received from the various people spoken to at the BDC. Terry, supported by support workers, contacted the BDC six times to clarify payment dates. Many of these calls lasted over forty minutes, during which time Terry lost patience and hung up thus leaving his issues unresolved. Throughout this period Terry was accumulating arrears at his accommodation. Terry's claim was eventually resolved and his ESA reinstated however this took over two months, by which point Terry's debts had grown significantly, he resisted re-payment and was evicted from his accommodation.

When asked about their reaction the differences in process the senior support worker responded: *"I believe the SPOC made all the difference to the quick outcome, without a SPOC, I found that the client was continually passed from one advisor to another and having to recant their story every time, making the client feel very frustrated, as well as taking up a lot of staff time."*

This issue of time involved was highlighted by the Social Justice Coach who stated that *"[having a SPOC] avoided delays in payment and multiple people being involved with one case and reduced confusion, which in turn reduced adviser time spent sorting the issues out as there was a clear understanding of the case."*

Having just two case studies to compare does not allow for us to make a case for any significant impact this may have on improving efficiencies of processing claims and resolving issues for this client group however there is a clear indicator from these two cases that suggests a need for further exploration.

Conclusion

Both Stephen and Terry are individuals with multiple and complex needs. They live in temporary housing, have mental health needs and have substance misuse problems. Both are entitled to ESA payments but struggle to engage with the rigid structure and time consuming processes that are required by the DWP.

Engaging with the SPOC significantly changed the process for Stephen. His claim was resolved quickly and efficiently. He encountered no road blocks, nor was he given mixed messages or required to tell his story to multiple different people. The opposite occurred for Terry, who did not have a SPOC.

This is relevant for the members of staff involved as well, both from Elliot House and the DWP. A more efficient process requires less staff time creating both more capacity and cost savings.

However it must be recognised that the limitations of the pilot, in terms of both numbers of clients who were monitored and the length of the pilot, means that the case has not yet been made that this practice should be embedded. What we do believe is that the case studies above do demonstrate that this has the potential to be a positive programme that is worth expanding further. We recommend therefore that the pilot be extended on an expanded basis, and over a longer time period, allowing for a greater evidence base to be established.

Recommend pilot

As stated above we believe that the potentials of this approach has been demonstrated through this intervention and that there should be an expanded version of the pilot. However the landscape relating to this client group is not the same as it was when this was first proposed, and different services and provision is in place. Therefore it's recommend that an adapted version of the original pilot taking these changes into account is implemented.

This would involve maintaining the same model in terms of having a Single Point of Contact (SPOC) who would deal directly with both the client and internal DWP processes. We would also continue observing a control group who would be engaging through the typical channel of contacting the Benefit Delivery Centre (BDC). However the BEAT team, a DWP funded Benefit Employment Agency Team that is hosted by Changing Lives and Oasis Aquila Housing, are now an active part of the architecture around engaging this client group with the DWP and should be incorporated into any future pilot.

The BEAT team have echoed the frustrations that are evident in this report in terms of achieving efficient and positive outcomes through the BDC. Given the BEAT teams remit, and the challenges they are currently facing, it would be our recommendation that the pilot be extended to the BEAT team and that the SPOC would be allocated to work directly with the BEAT team (a total of four workers) at both Jobcentre Plus and BDC level. We suggest that the pilot runs for a period of 12 months to allow for Fulfilling Lives to fully evaluate the impact of the SPOC model.