



Service responses, and  
outcomes for adults described as  
having *chaotic lives and multiple  
needs*.  
A scoping exercise.

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## 1. EXECUTIVE SUMMARY

A scoping study was carried out focused on five geographic sites in England. The purpose was to explore service responses to adults described as having chaotic lives and multiple needs, and investigate the outcomes that are currently experienced by this population of adults. Key issues that were explored were - defining the population, how the population currently uses services, service user outcomes, and how agencies are responding to this population.

Five representatives from agencies produced 'pen pictures' describing core conditions of this population; twenty six representatives from agencies participated in a web-based survey about agency responses to adults with chaotic lives and multiple needs; and nine semi-structured face-to-face interviews were conducted with representatives from participating agencies. Results are based on data from these three scoping activities. The short timescale for the work prohibited the gaining of research ethics approval to interview service users.

These key findings emerged from the scoping work:

- A consensus of opinion that there is a population of adults for whom core conditions apply and who do not achieve successful outcomes, but no definitions that accurately and consistently identify the population.
- Evidence indicating that people gain access to support services by having a very specific need (e.g. mental health issue, learning disability, need for accommodation). Not having a clear, identifiable need can mean not gaining access to services.
- Evidence that some work is being done by agencies to develop and implement pathways for groups who have complex needs or combinations of needs (e.g. people with combinations of mental health and substance misuse issues), and that such pathways could benefit a population described as having chaotic lives and multiple needs.
- A highlighting of barriers which prevent agencies from identifying and responding to this adult population, and a drawing attention to drivers which assist agencies in identifying and responding to this population.
- Evidence which confirms that this population uses specialist, high level services in a default type of way that results in resources being expended but without any clear benefits being achieved.

- An awareness that the way that most services are currently organised does not effectively accommodate identifying, engaging with, and meeting the needs of this population of adults. Particular points include the need for flexible funding, commissioning that can give some focus to this population, and the development of services that are needs-led for this population.

A set of recommendations was made in the areas of research and policy. The following is a summary of the recommendations:

#### Further research

- It is recommended that an economic costing review be carried out in a sample of geographic sites to determine unit costs of services, and individual costs.
- There is a need for empirical research - conducted over a reasonable timescale - that investigates the nature of this population, paying attention to the question of whether chaos is a *permanent* or *temporary* state.
- To take account of the views and experiences of this population of service users an empirical research project with a strong service user focus is needed.
- Information from agencies about the pathways that they have developed should be pulled together into a single model of best practice, then piloted and evaluated.

#### Policy implications

- The scoping work highlighted that agencies have reached a point of being able to give some “definition” to this broad group of adults that have particular needs. It is recommended that any subsequent policy should cohere with this baseline of defining the population.
- To support local policy and service development in agencies, there is a need for the government to give clear directives that highlight this potential population of adults as a service user population. Funding should accompany any such directives.
- Clear directives from central government should initiate the inclusion in local area agreements and local health and social care plans of statements on agency responsibilities for this population of adults.

## **2. INTRODUCTION/BACKGROUND**

A recent action plan from the Cabinet Office called *Reaching Out: An Action Plan on Social Exclusion* (September 2006) highlighted a group of adults it described as *adults with chaotic lives and multiple needs*. The broad assertion has been made that this group of adults 'bounce around the system' using multiple services, yet it is thought that good outcomes are not achieved for these adults.

Two pieces of commissioned work are being carried out - a review of local evidence, and local scoping work. The purpose of the work is to determine the following:

- The scope and size of the problem
- Current service use
- Outcomes
- Efficiency.

The work is sponsored by The Department of Communities and Local Government; The Department of Work and Pensions; The Department of Health; and The Home Office.

The review of local evidence is being carried out by researchers at *University of Nottingham and Nottinghamshire Healthcare Trust*. The local scoping work is being carried out by researchers at the *Clinical Effectiveness Support Unit (CESU), University of Keele*. Both pieces of work have been commissioned to be carried out over the period December 1<sup>st</sup> 2006 and February 16<sup>th</sup> 2007.

This report details the local scoping work carried out by CESU at the University of Keele in Staffordshire.

## **3. AIMS/OBJECTIVES**

The aims of this work are:

- To identify and describe service responses to adults with chaotic lives and multiple needs (ACLMNs)
- To describe the outcomes experienced by this population of adults.

The objectives are:

1. To provide a working definition of "adults with chaotic lives and multiple needs"
2. To explore ways in which agencies can best identify this population

3. To identify evidence that shows where the systems of local agencies are working well in relation to the population
4. To identify where the systems of local agencies are not working, looking at where there are obstacles in systems that hinder the achievement of best outcomes for the population
5. To identify what needs to happen to improve outcomes for this population

#### **4. FACTORS OF INTEREST**

This scoping exercise explored how agencies currently respond to adults described as having chaotic lives and multiple needs and also investigated how outcomes are currently experienced by this population. The scoping work compared five different sites in England.

#### **5. METHODOLOGY**

This present study used a mixed of qualitative and quantitative study in five geographical sites in England: London, inner city non-London, urban non-London, rural and coastal.

The study included the following methodologies:

- Meta-narrative review – a literature review to identify where and how the term "adults with chaotic lives and multiple needs" first originated.
- Descriptive pen pictures – collating a set of core conditions that constitute an adult with a chaotic life and multiple needs to develop a working definition.
- Structured web-based survey – employing an electronic survey to explore agencies' views on some key elements of the scoping work: the size and characteristics of ACLMNs population, services being accessed by service users and current outcomes.
- Semi-structured interviews – interviewing respondents at key agencies identified to be providing services and working with ACLMNs.
- Quantitative and qualitative analysis – using both statistical and thematic analysis to explore data collected throughout the scoping exercise.

#### **5.1. Data Analysis**

##### **5.2.1. Web-based Survey**

Quantitative information from the web-based survey was used to construct the client profiles with the initial summary statistics obtained was analysed using SPSS for Windows. Out of the seventeen (17) survey questions; four were one-answer choice,

four were multiple-answer choice, five were open-ended requiring free text and three were rating scale questions. Categorical analysis using an independent variable (geographical sites) was carried out and differences between the groups were evaluated. Qualitative data from free text responses were downloaded in an RTF format for import into NVivo for thematic analysis.

#### 5.2.2. Semi-structured Interviews

Audio transcripts of semi-structured interviews were analysed for relevant themes using NVivo software for qualitative data analysis. Data were coded into categories and constructs to validate findings from the web-based survey.

## **6. SCOPING SITES AND SAMPLES**

### **6.1. Samples**

#### 6.1.1. Pen Pictures Phase

A purposive sampling technique was used to select participants for pen pictures phase. Using the research team's local contacts and the list of key agencies recommended by the Social Exclusion Task Force, an invitation to participate in the scoping work and specifically to give input in developing a working definition of ACLMN was sent by email. The pen pictures phase sample size and the sample sizes of other phases of the study are shown in Table 1.

#### 6.1.2. Web-based Survey Phase

For the web-based survey phase, a theoretical approach was used to select participants. An email consisting of an invitation to participate in the scoping exercise was sent to the respondents from the pen pictures phase, along with a link to the web based-survey and an information sheet describing the scoping work. In order to locate more respondents, a snowball sampling was applied. This method of sampling is commonly used in an explorative, qualitative and descriptive study (Faugier & Sargeant, 1997). A method to carry out snowball sampling is by contacting a series of referrals that are made within a circle of people who know one another. In the present study, a reminder to complete the web-based survey was sent to the initial batch of respondents with a request to forward the email, the survey link and the information sheet to colleagues who also work with ACLMNs (see Appendix 7 for the description snowball sampling process of the web-based survey phase.)

### 6.1.3. Semi-structured Interview Phase

The semi-structured interview participants were chosen on the basis of type of key agencies and also geographical locations. Participants were identified from those who had indicated in both pen pictures phase and web-based survey phase that they were prepared to take part in this stage of study.

**Table 1.** *Sample sizes for the three phases of the study*

Group	Pen Pictures		Web-based survey			Semi-structured interviews
	Email request sent	Pen pictures received	Initial email with link sent	Secondary contact (snowball sampling)	Survey responded	Interviews conducted
Number of respondents	14	5 (36%)	14	17	26	9
Location						
- London	3	1 (20%)	3	4	6 (23%)	4 (44%)
- Urban non-London	3	2 (40%)	3	7	10 (39%)	1 (11%)
- Inner city non-London	3	1 (20%)	3	3	5 (19%)	1 (11%)
- Rural	4	1 (20%)	4	2	3 (12%)	2 (22%)
- Coastal	1	- (0)	1	1	2 (10%)	1 (11%)

**Table 2.** *Characteristics of respondents from web-based survey phase*

Characteristics	Web-based survey (n=26)	Semi-structured interviews (n=9)
Type of agency/organisation		
- Health and social care	27%	23%
- Local authority	15%	4%
- Health services	15%	4%
- Housing services	10%	0
- Voluntary sector	12%	0
- Probation and Police service	4%	0
- Income and employment services	4%	4%
- Community safety partnership	4%	0
- Missing information	12%	0
Working with ACLMNs		
- Yes	92%	100%
- No	4%	0
- Not sure	4%	0

Table 1 and 2 represent responses to Question 1, 2 and 3 in the web-based survey which focus on descriptive characteristics of the respondents'. Table 1 shows the sample sizes of all phases in the scoping work and the geographical sites. Table 2 provides information about the type of agency/organisation of the respondents and also respondents' involvement with services for ACLMNs. Details of type of agency/organisation are shown in Appendix 8.

## **6.2. Sample Criteria Based On Deprivation Scales**

The areas selected for the study were assessed for deprivation levels using the Index of Multiple Deprivation 2004 (IMD - Office of the Deputy Prime Minister, Indices of Deprivation 2004). This index uses weighted scores for a series of 7 domains including Income, Employment, Health Deprivation and Disability, Education, Skills and Training, Barriers to Housing and Services, Crime and Living Environment.

The sites selected show a range of IMD, for example, **Leek** (average 18.5, range (10 – 27), SD 7.047), **Stoke-on-Trent** (average 35.2, range (7.38 – 69.23), SD 15.8), **Westminster** (average 31.6, range (12.95 – 76.8), SD = 12.95). The IMD scores for all sites are shown graphically in Appendix 6. These figures were taken from the ASH website (<http://www.mapsinternational.co.uk/jc/ash/ash.html>).

## **7. FINDINGS**

When reporting extracts from web-based survey free text and semi-structured interviews, the following coding is used: Web-based Survey [S] and Interviews [I] for source of information, followed by geographical locations. For example S Coastal means a web-based survey respondent located in coastal area.

### **7.1. Meta-narrative Review**

The purpose of the meta-narrative review was to identify where and how the term “adults with chaotic lives and multiple needs” first originated; and to explore how this group of adults have become identified as ‘problematic’. Internet searches using ‘Google’, ‘Scholar Google’, Swetswise, EBSCO, ScienceDirect, JSTOR, and ingenta, were carried out for information about the population described as *adults with chaotic lives and multiple needs*. Twenty-seven pieces of published information were found and grouped by year of publication. The results from the meta-narrative review showed that this population of adults is described *either* in very broad terms, *or* according to their immediate defining situation, *or* according to the combination of issues in a person’s life. No consensus was found in the review for one single agreed

definition for this population of adults. Neither did the literature support any consensus on whether the experience of having a chaotic life and multiple needs is a *permanent* or a *temporary* state. The following table shows a summary of the collected information.

**Table 3.** *Summary of information found from the Internet searches on the term “adults with chaotic lives and multiple needs”*

Year	Type of information	Type of author	Quantity	Term(s) used to describe population	Totals
2006	Action plan report	Government department	1	“Adults with chaotic lives and multiple needs”	
2006	Journal article –account of empirical research	Academic	2	(a)“Offenders with multiple needs” (b) “Multi-problem poor clients”	
2006	Journal article – discourse/critique	Academic	2	(a)The “unemployable” (b) “Women-specific criminogenic needs”	
2006	Journal article - literature review	Academic	1	“The socially excluded”	
				<b>2006 Total number</b>	<b>6</b>
2005	Literature review	Government department	1	“Workless people and communities”	
2005	Journal article – discourse/critique	Academic	1	“long term unemployed”	
2005	Journal article – account of empirical research	Academic	1	“hard to help groups with multiple disadvantages”	
				<b>2005 Total number</b>	<b>3</b>
2004	Journal article – literature review	Academic	1	“disadvantaged job seekers”	
2004	Discussion paper	Government department	1	“harder to reach groups”	
2004	Journal article – account of empirical research	Academic	2	(a)People experiencing “multiple justiciable problems” (b) “Disabled people” who experience “justiciable problems”	

2004	Policy report – discourse/critique	Independent think tank	1	People with “complex needs”	
2004	Report – discourse/critique	Academic	1	People who are “poorest”; “unemployed”	
				<b>2004 Total number</b>	<b>6</b>
2003	Report – account of empirical research	Academic	1	“Homeless people” with “a range of social and health-related problems”	
2003	Journal article – account of empirical research	Academic	3	(a) “People with multiple problems and needs” (x2) (b) People who experience “homelessness and substance misuse”	
2003	Policy report – discourse/critique	Government (Scotland)	1	“People with a combination of mental illness and substance misuse problems”	
2003	Conference paper	Academic	1	“The most disadvantaged”	
				<b>2003 Total number</b>	<b>6</b>
2002	Journal article –review of evidence	Academic	1	“Transmitted deprivation”	
				<b>2002 Total number</b>	<b>1</b>
2001	Report – review of evidence	Government	1	“Offenders and ex-offenders” facing “barriers to employment”	
2001	Journal article – economic evaluation	Academic	1	People experiencing “social exclusion”	
				<b>2001 Total number</b>	<b>2</b>
2000	Report - account of empirical research	Academic	1	People who “beg and are sleeping rough”	
2000	Journal article – discourse/critique	Academic	2	(a) People experiencing “social exclusion” (b) “The excluded”	
				<b>2000 Total number</b>	<b>3</b>
1999	-	-	0		
				<b>1999 Total number</b>	<b>0</b>

1998	Journal article – account of empirical research	Academic	1	“People with dual diagnoses”	
				<b>1998 Total number</b>	<b>1</b>

Limited conclusions could be drawn about *how* this population of adults emerged as problematic, although evidence such as the setting up of a specific policy unit to address social exclusion confirmed the view that this group of adults *were* perceived as problematic (see Appendix 1 for the complete meta-narrative review).

## **7.2. Defining Adults with Chaotic Lives and Multiple Needs**

One of the main problem statements in this scoping work is to provide a working definition of adults described as having chaotic lives and multiple needs. The analysis of the pen pictures and web-based survey resulted in a number of core conditions that constitute the experience of ACLMNs.

In the web-based survey, respondents were asked to indicate some core conditions that apply to this population (Question 4 and Question 5). Whilst Question 4 focuses on respondents’ views on *core conditions apply to ACLMNs in general*, Question 5 asks for views on *core conditions regularly seen in respondents’ service-using population*. Both items were multiple-answer choice questions, in which respondents were able to choose more than one answers. There were fifteen (15) answer choices listed in the questions, each represents the core conditions identified from the pen pictures phase and literature (Pleasence et al., 2004; Dean et al., 2003). In addition, respondents were given a free-text option ‘Other’ to state other core conditions that were not included in the list. The following table provides a summary of the top five most prevalent core conditions in descending numerical value, based on answers to Question 4 and 5 of the web-based survey.

**Table 4.** *Most prevalent core conditions apply to ACLMNs according to web-based survey respondents (n=26)*

<b>Core conditions apply to ACLMNs in general</b>	<b>Response total</b>	<b>Response percent</b>	<b>Core conditions regularly seen in respondents' service-using population</b>	<b>Response total</b>	<b>Response percent</b>
Mental health problems	26	100%	Mental health problems	26	100%
Substance misuse (including alcohol, drugs, nicotine)	25	96%	Disruptive family relationships	25	96%
Homeless/no permanent accommodation	23	89%	Substance misuse (including alcohol, drugs, nicotine)	24	92%
Disruptive family relationships	23	89%	Disruptive other relationships	24	92%
Disruptive other relationships	23	89%	Financial problems/debts	23	89%

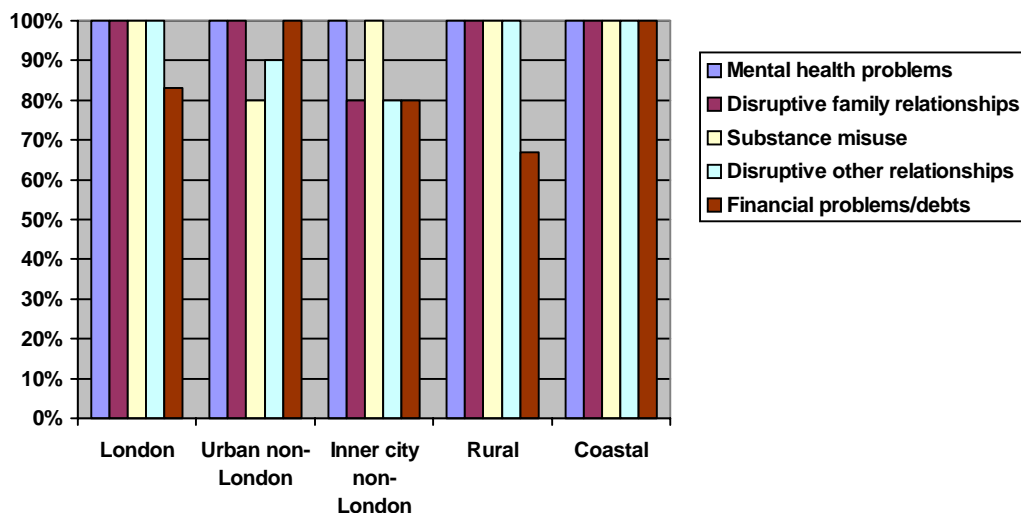
Analysis was also carried out on the free-text responses to 'Other' answer choice in Question 4 and 5. Free-text responses were looked at with regards to similar responses, which were grouped together to determine broad headings of the themes. Qualitative analysis was carried out using NVivo software. Table 5 shows top five other core conditions identified by respondents.

**Table 5.** Other core conditions apply to ACLMNs identified by respondents

Other core conditions apply to ACLMNs in general	Response total	Other core conditions regularly seen in respondents' service-using population	Response total
Behaviour (e.g., poor impulse control, extreme self-neglect)	9	Behaviour	2
History of abuse (e.g., abused as a child, regular victims of violent crime)	5	Care background	2
Care background (e.g., previously in the care system)	4	Poor literacy	2
Poor literacy	4	History of abuse	1
Learning difficulties	2	High level of rejection by health and social care agencies	1

Further categorical analysis with geographical sites was carried out to see the differences in responses (percentage of respondents) with regards to top five core conditions frequently seen in respondents' service-using population (Figure 1).

**Figure 1.** Most prevalent core conditions seen in respondents' service-using population apply to ACLMNs according to percentage of response and geographical sites



In Question 6, respondents were asked to rate numbers of core conditions required to constitute an ACLMN. The majority of respondents (54%) reported that 1-4 core

conditions are needed to constitute an ACLMN while 42% indicated 5-8 core conditions and only one respondent (4%) chose 9 or more conditions. This variety in views demonstrates consistency with opinions from web-based survey free-text concerning the lack of shared understanding an ACLMN and what core features represented.

*S London: "Some of the conditions listed above could not be considered core. For example a person in physical ill health with no official employment from the BME community who receives benefits will most probably not be an adult leading a chaotic life."*

*S Inner-city non-London: "Any or all of the above could apply - I've based my response on the knowledge we have of the majority of this sector."*

By looking across the results from the pen pictures and the web-based survey, a number of common core conditions for these individuals emerged. The core conditions can be classified into need-related issues (e.g., mental health issues), and issues that relate to a life situation (e.g., debt) or a lifestyle choice (e.g., employment history, or gambling activity). How a particular set of issues *combine* for an individual may therefore be significant.

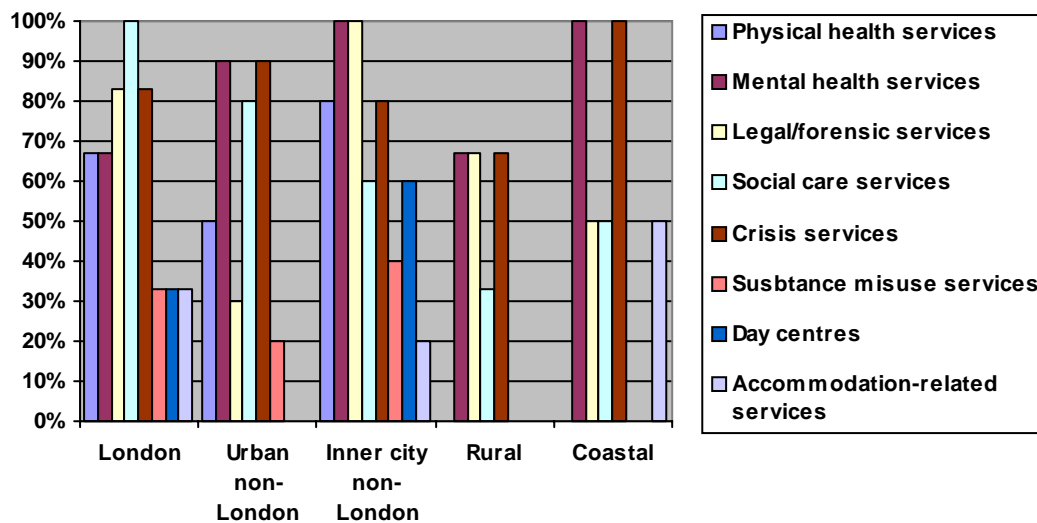
- i) **Mental health issues** – not necessarily well defined in terms of diagnosis - but which may be sustained or intermittent.
- ii) **Substance misuse issues** that usually include smoking and alcohol.
- iii) **Accommodation issues**, including homelessness, rough sleeping, temporary accommodation, or unsuccessful at sustaining tenancies.
- iv) **Disruptive family and/or other social relationships**, often accompanied by estrangement from family supports and unsuccessful relationships.
- v) **Financial issues**, usually in the form of debts and/or gambling, and general unsuccessful management of finances.
- vi) **Patchy employment history** – strong likelihood of no official employment, or unemployed and on benefits.

### 7.3. Results from Web-based Survey

#### 7.3.1. Other Services Most Frequently Used by ACLMNs When Contacting Service

The majority of respondents (85%) indicated that besides their own services, mental health services and crisis services are the other services most frequently contacted by ACLMNs. Other services approached by ACLMNs are social services which were indicated by 73% of respondents, legal/forensic services (62%) and physical health services (50%). In addition, respondents also described several other services used by ACLMNs in free-text responses such as substance misuse services (23%), day centres (19%) and accommodation-related services (15%). Criminal Justice System, general advice and support services, General Practitioners, income and employment support services, street outreach services and therapeutic services were also pointed out by respondents, with each service represents 4% of total sample. The following table shows the cluster of use of other services based on geographical locations.

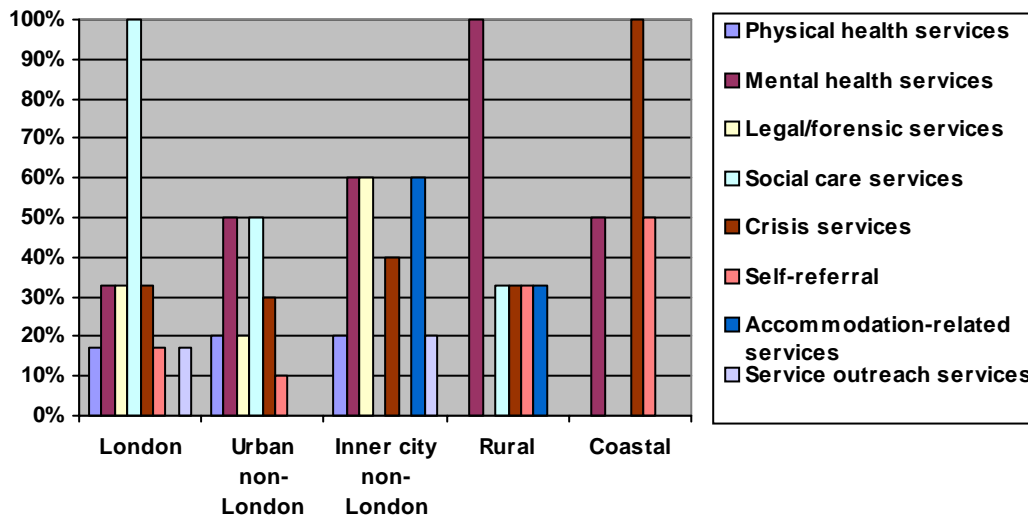
**Figure 2.** *Other services most frequently used by ACLMNs according to percentage of response and geographical sites*



#### 7.3.2. Most Frequent Means of ACLMNs Contacting Service

Around half of respondents identified that their services frequently receive referrals from mental health services (54%), followed by social care services (46%), crisis services (39%), legal/forensic services (27%) and physical health services (15%). Other means of contact used by ACLMNs indicated in free-text responses were by self-referral (15%), through accommodation-related services (15%), street outreach services (8%), Criminal Justice System (4%), GPs (4%), income and employment support services (4%), learning centres (4%) and service users' relatives (4%).

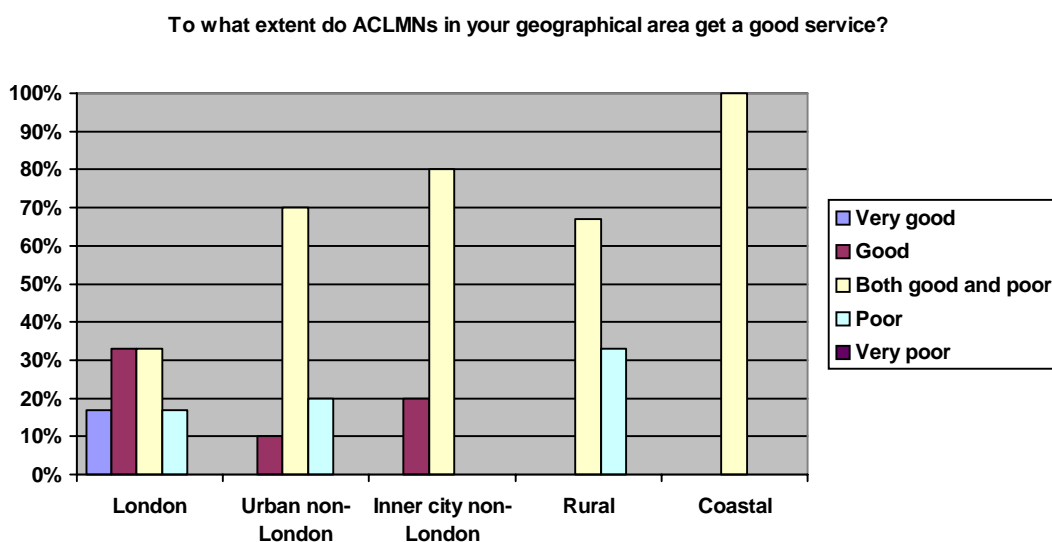
**Figure 3.** Most frequent means of ACLMNs contacting service according to percentage of response and geographical sites



### 7.3.3. Quality of Service

Sixty-five percent of respondents felt that the quality of service for ACLMNs in their geographical area is both good and poor, while the rest rated good (15%), poor (15%) and only one respondent thought that the service quality was very good.

**Figure 4.** Quality of services for ACLMNs according to percentage of response and geographical sites



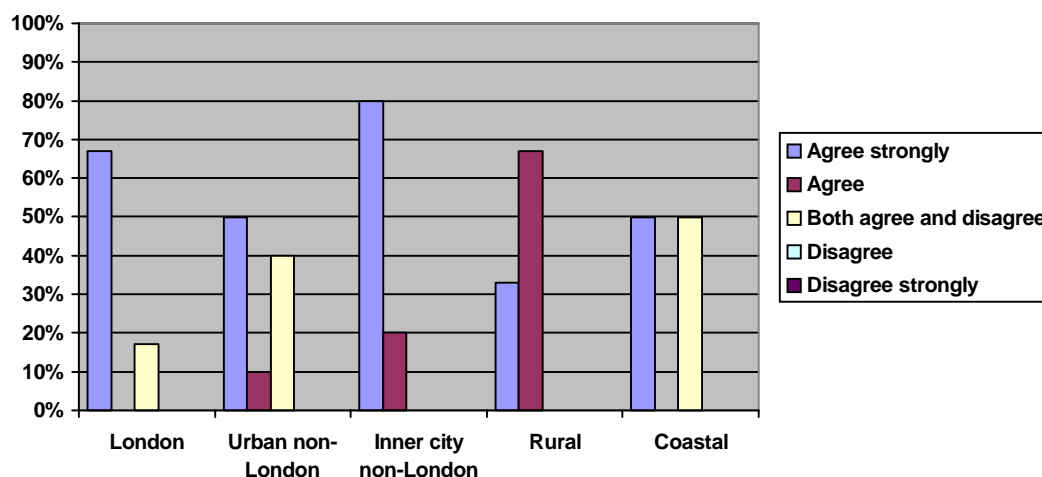
### 7.3.4. Multi-agency Approach to Services for ACLMNs

All respondents showed several degrees of agreement towards the importance of a multi-agency approach when providing services for ACLMNs. Most of respondents

(58%) agreed strongly with the approach, 15% agreed and 23% both agreed and disagreed (3.8% missing value). Figure 5 represents respondents' attitude according to geographical locations.

**Figure 5.** Respondents' attitude towards multi-agency approach to services for ACLMNs according to percentage of response and geographical sites

A multi-agency approach is essential when providing services for ACLMNs.



Thematic analysis in free-text responses regarding factors that can support and hamper multi-agency approach revealed several emerging terms (Question 12 and 13, respectively). With one respondent missed the questions, responses from 25 respondents were explored. Table 6 shows the top six most prevalent terms in descending numerical value.

**Table 6.** Factors supporting and hampering multi-agency approach to ACLMNs

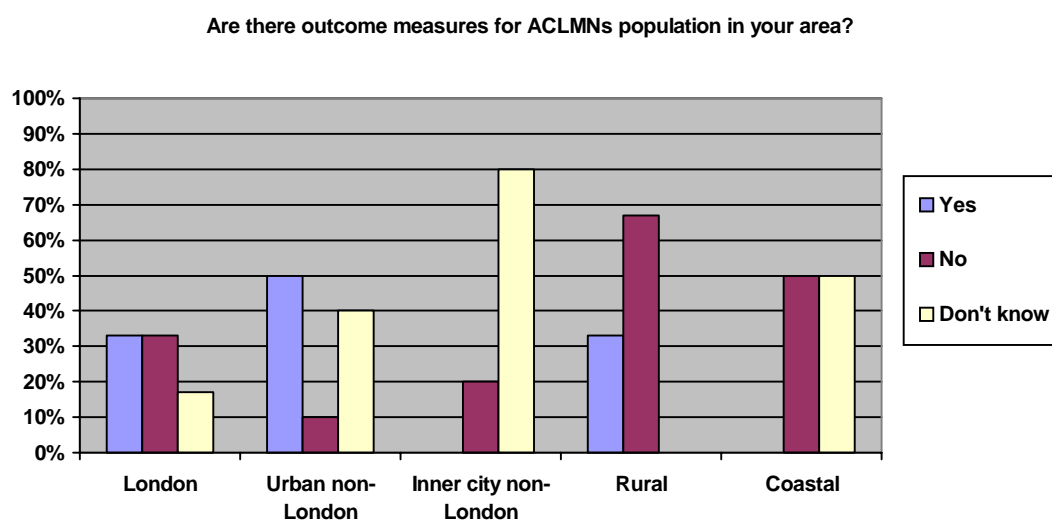
Supporting factors	n	Hampering factors	n
Good communication	6	Poor communication	5
Good service characteristics (e.g., flexible, delivered by multi-disciplinary staff, able to integrate with statutory services)	6	Restricted budgetary and lack of funding	4
Integrated multi-agency partnership and coordination	6	Lack of coordinated care planning (e.g., different understanding of service users' needs which creates disagreement on support to be delivered)	4
Service models (e.g., a central coordinating point with agencies and service users work together to an agreed care plan.)	6	Lack of integrated multi-agency partnership and coordination (e.g., duplicating work)	4

Involving users in service design, monitoring and care planning	4	Poor service characteristics (e.g., services are not adequately delivered, lost contact with service users)	3
Shared understanding and recognition of ACLMNs and their needs	4	Professional discrimination (e.g., professional clashes between workers from different agencies)	3

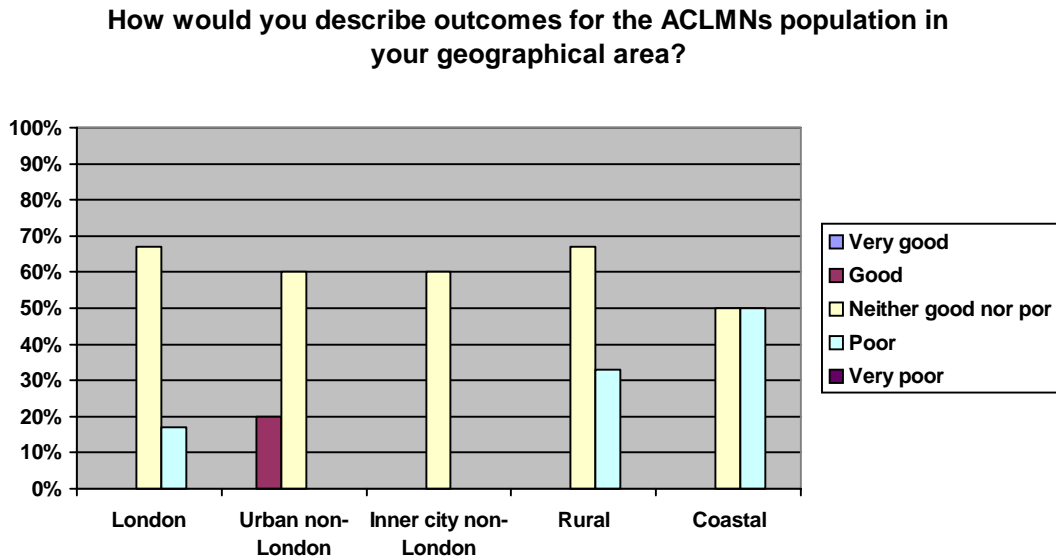
### 7.3.5. Outcomes for ACLMNs

Figure 6 and 7 point out respondents' views on the availability of outcome measures and the quality of outcomes for ACLMNs population in each geographical site (Question 14 and 15, respectively). The majority of respondents (39%) did not know whether or not outcome measures were available in the area. About 31% believed that there are outcome measures and 27% indicated the opposite (3.8% missing value). Regarding outcomes for ACLMNs, 62% of respondents considered the outcomes as neither good nor poor. The rest of the respondents expressed their views on outcomes for ACLMNs variably (good – 12%, very good – 3.8%, bad – 12%, very bad – 3.8%).

**Figure 6.** Respondents' responses to item on the availability of outcome measures for ACLMNs according to percentage of response and geographical sites



**Figure 7.** Description of outcomes for ACLMNs according to percentage of response and geographical sites



Two free-text questions asked respondents to give their views on two examples of barriers to best outcomes and what might improve outcomes for ACLMNs (Question 16 and 17, respectively). Two respondents skipped Question 16 and three respondents did not answer Question 17. In many cases, more than two examples were given. Qualitative data analysis generated most common emerged themes (Table 7).

**Table 7.** Supporting factors and barriers to best outcomes for ACLMNs

Supporting factors	n	Barriers	n
Service models (e.g., assertive support model to engage service users who have little or no motivation)	6	Restricted budgetary and lack of funding	6
Supported accommodation-based services (e.g., supported accommodation that provides training, emotional and practical support)	4	Poor service characteristics (e.g., agencies practice low or no tolerance/understanding to service users who fail to engage)	5
Integrated multi-agency partnership and coordination (e.g., a multi-agency network to enable experience sharing and problem solving)	4	Lack of support and resources for agencies	5
Accessible support and resources for agencies	4	Lack of accommodation-based services (e.g., poor access to housing that affects user's possibility of employment, lack of accommodation for ex-prisoners)	4

Understanding service users on a holistic basis (e.g., client-focused approach where agencies work together in the best interest for service users)	3	Lack of integrated multi-agency partnership and coordination (e.g., failure to coordinate between agencies which may influence service users' support pathways)	4
Appropriate level of funding	2	Lack of staff training availability (e.g., lack of training on issues around security and safety to improve staff confidence and skills to manage risks)	3

#### 7.4. Themes that Emerged from Semi-structured Interviews

Emergent themes from the semi-structured interviews were identified using NVivo computer software for qualitative analysis. Each transcript was examined and through this process themes were built up and added to. NVivo is based on the use of 'nodes'. Nodes are best described as intersections, or common themes, occurring across textual data. Each theme that emerged from the transcript texts was coded with a node heading. Sub nodes were used to reflect greater detail of some themes. Table 8 gives the name of each node heading and the number of interview passages coded at each node. For a full list of all nodes and sub nodes, see Appendix 11.

**Table 8.** Node heading and number of passages of semi-structured interviews analysis

Node Heading	Number of passages coded per node
<b>Services</b>	<b>103</b>
<b>Chaotic</b>	<b>38</b>
<b>Interagency relationships</b>	<b>34</b>
<b>Drug and/or alcohol misuse</b>	<b>26</b>
<b>Homelessness or housing need</b>	<b>25</b>
<b>Support</b>	<b>25</b>
<b>Staff training and skills</b>	<b>22</b>
<b>Mental health issues</b>	<b>21</b>
<b>Bouncing round the system</b>	<b>17</b>
<b>Engagement and non engagement</b>	<b>16</b>
Organisational change	16
Measuring service user outcomes	14
Contextual factors	13
Stigma	11
Individual history	11

Learning disability	8
Motivation	4
Positive change	4
Social disadvantage	4
Physical disability	4
Service user unique features	4
Street drinking	4
Dual diagnosis	3
Personality disorder	3
Social role models	2
Peculiarities of geography	2
Physical health issues	2
Criminality	1
Caring responsibilities	1
Unemployment	1
Loss	1
Relationships	1

#### 7.4.1. Top ten most strongly emerging themes

**Table 9.** *Most strongly emerging themes*

<b>Theme</b>	<b>Description</b>
1. Services	Recognition of a definite “group”; responsibility for service user group; assessment and mapping frameworks; flexibility; point of access; investment/resources; gaps in provision; service models.
2. Chaotic	Characteristic of the population – having a chaotic life/lifestyle
3. Interagency relationships	Working together; communication; sharing information
4. Drug and/or alcohol misuse	Characteristic of the population - misuse of drugs and/or alcohol
5. Homelessness or housing need	Characteristic of the population – being homeless and/or having an accommodation need
6. Support	What works/what doesn't work
7. Staff training and skills	Training approaches and what is missing
8. Mental health issues	Characteristic of the population – having a mental health issue

9. Bouncing round the system	Accessing multiple services without achieving successful outcomes
10. Engagement and non engagement	Factors affecting engagement with services

## 7.5. Discussion: Web-based Survey and Interview Results

From the survey and the interviews, it is possible to assert a *baseline* of current thinking and current practice in the field.

**Assertion 1:** Whilst *individual* practitioners and commissioners in the statutory and voluntary sectors recognise a group of adults broadly described as having chaotic lives and multiple needs, this recognition is not currently worked out in broader service policy, planning and practice.

**Assertion 2:** This population of adults is currently very loosely defined according to a range of presenting characteristics. The *nature* of the population is still being debated. In particular, it is unclear whether having a chaotic life and multiple needs is a *stage* or a *state*.

**Assertion 3:** Although there is debate and discussion in agencies about how to develop appropriate models of support for this group of adults, the primary focus for current work in the field is successful *engagement* with service users.

### 7.5.1. Evidence of current service use and provision

#### Pathways into services

Evidence from the semi-structured interviews suggested that there are a number of possible scenarios that play out for service users:

- Service users are perceived as not fulfilling criteria that would ensure they become the responsibility of a specific agency;
- Service users refer themselves/are referred from service to service where they become viewed as everyone's problem but no-one's particular responsibility;
- Engagement with service users is ineffective and they end up bouncing from service to service.

At the coastal site, Integrated Care Pathways had been developed and were being implemented. Implementation was supported by strong messages about joint care planning, although it was pointed out that reality did not always match aspiration. There was evidence to suggest that certain sub groups from the population may have particular issues in terms of bouncing around the service system. Examples gathered from the survey and interviews include:

- People with learning difficulties who move from job to job – having support needs in employment but not getting those needs met.
- People who are street drinkers and homeless who may have difficulties in holding down tenancies, and who have frequent short episodes of contact with services such as the police, A&E, and prison.
- People who have a number of needs but not necessarily at a level that entitles them to support from services. Thus, people with low level mental health issues, for example, may present frequently at A&E, may be in local authority housing but get evicted, may use emergency services inappropriately – such as calling the police or calling for an ambulance unnecessarily.
- People who are engaged with services for a long-term period, which in some cases, their continued involvement in the service is considered as progress. However, pressure of funding resources have often made agencies to ask this group to leave to enable new users to engage, which often leads to a regression for the individual.

#### Agency responsibilities

There is evidence to show that this group of adults – however loosely defined as a population - are not the particular responsibility of any single agency.

Evidence from semi-structured interviews suggests that there are both *barriers* and *drivers* that could be significant in considering how services respond to this group of adults.

#### Examples of barriers that affect how agencies respond to adults described as having chaotic lives and multiple needs

A process of continual organisational restructuring and mergers - most notable in the NHS and local authorities – means that geographic boundaries are reconfigured and services are changed or stopped. This can mean that the needs of particular service users are not addressed because the services are simply not there, or service users fall outside of catchment areas for services. In addition, geographic boundaries for services can prevent useful monitoring of service users who may move from one location to another.

The ways health and social care services are structured reinforces a silo mentality. Social services, for example, used to provide services to ‘adults’, but now divide services into mental health, physical disability, learning disability, substance misuse,

and so on. Adults who might have been eligible for services in the past do not now fit current specialist criteria. Not meeting the criteria for access to services results in failure to recognise the needs of this population of adults, or of these adults people being passed around to other services.

S Urban non-London: “*Organisations not wanting to own the group. It is easy to try to ‘pass the buck as often this group will not meet eligibility criteria, but have multiple low level needs.’*”

#### Examples of drivers that affect how agencies respond to adults described as having chaotic lives and multiple needs

Some, but not all, adults with chaotic lives and multiple needs will be identified by virtue of being *vulnerable adults*. Local authority social services have a *duty of care* to adults described as vulnerable. In practice *duty of care* means that local authorities are bound to engage, and keep on trying to engage, with those to whom they have a duty of care.

Some adults with chaotic lives and multiple needs are identified at the point at which they become benefit claimants or job seekers. The Job Centre Plus part of employment services has an official mandate to interview everyone who makes a claim for Incapacity Benefit, Job Seekers’ Allowance and Income Support. This tightening of rules for eligibility to claim benefits increases the amount of contact that Job Centre Plus has with claimants. Evidence from an interview with a rural Job Centre Plus indicated that 55-60% of incapacity benefit claimants who are being supported back into work have mental health issues. This demonstrates a consistency with web-based survey findings on core conditions apply to ACLMNs in which having mental health problems is the most prevalent feature identified by respondents.

High quality joint working local arrangements that may include linking agencies together in innovative ways (e.g. health with employment services), pooling of budgets, and strong relationships, can enable adults with chaotic lives and multiple needs to be identified. In Sheffield strong interagency partnerships have led to the setting up of groups focused on sub-populations of homeless people. These groups enable the identification of adults that may have chaotic lives and multiple needs.

### 7.5.2. Outcomes for service users

The available evidence indicates that across agencies there is not yet a clear definition of this group of adults described as having chaotic lives and multiple needs. Some agencies said that although anecdotal evidence suggested a group of people who were likely to have poor outcomes, there was a fundamental difficulty in identifying this specific client group.

S London: *“The lack of clear support and care pathways in the local area means that ACLMNs do sometimes fall between services or do not receive the service appropriate to their needs.”*

From the semi-structured interviews there was, however, some evidence of assessment and mapping that took account of the needs of people who seemed least likely to get good outcomes. Evidence was also found of outcomes being used and measured.

#### Assessment and mapping

A number of sites were developing assessment and mapping tools that could be useful in looking at the needs of adults described as having chaotic lives and multiple needs. At the coastal site, a draft assessment of risk/protocol for referral and treatment options had been produced by an NHS trust for the Home Office. The likely use for this protocol is with people with substance misuse issues and people with personality disorders.

In one of the London boroughs, several tools were used to map substance and alcohol misuse.

I London: *“We use the Maudsley Addiction Profile to map substance misuse, you are probably aware of that so I don’t have to explain what it is, and a Spider Web for alcohol misuse which was developed by Alcohol Concern. It is similar to map but for primary alcohol use.”*

Across two neighbouring London boroughs, agencies were using mental health assessment tools to determine any mental health needs amongst homeless people.

### Service user outcomes and measures

At the coastal site, it was found that service user outcomes were monitored via several agencies/organisations. It was stated that *adults with complex needs* were seen as part of this service user group.

I Coastal: *“Well, there aren’t as many as you like specific measures for people with chaotic and multiple needs as I would like. Outcomes are generically monitored both by the Drug and Alcohol Action Team and by various measures within the Trust. ”*

In one of the London boroughs, performance measures were used within housing and social services. It was recognised that this process needed to be used with the specific cohort of service users described as having chaotic lives and multiple needs.

In another London borough outcomes were described for broad populations (e.g. mental health service users) as reductions in drug use, reductions in criminal behaviour, and improvements in mental and physical health and social functioning. No ‘stand alone’ outcomes specific to adults described as having chaotic lives and multiple needs were being used.

In a different London borough services had been commissioned that cut across individual boxes of need, so that an organisation could work with, for example, a person with a combination of learning difficulties, mental health issues, and substance misuse issues.

I London: *“We did commission some preventative services and some services that are meant to cut across individual boxes of need if you like, so that and organisation will work with somebody with learning difficulties and mental health and substance misuse or whatever at a lower level. Generally speaking, we look at outcomes around tenancy sustainment and reduction of presentation to hospital, reduction of admission to hospital.”*

At the rural site in employment services, employment-related outcomes were monitored for the whole population of claimants for incapacity benefit, job seekers allowance and income support. Statistics were also collected on particular features of claimants which included the numbers of people with mental health issues.

### Successful outcomes – agency perspectives

Evidence from the semi-structured interviews indicated that success was viewed by agencies as a *relative* improvement or positive change in terms of the individual's life and situation.

All agencies believed that service users could have successes. The most common measure of success that was described was the achievement of some level of stability. This might be demonstrated in a period of normal, non-chaotic living; or maintaining a tenancy; or turning up at a drop-in centre on a regular basis.

Factors that increased the likelihood of success were also discussed. These included – changing entrenched negative attitudes towards service users to more a positive view that service users are *helpable*; adopting *needs-led* approaches in services and making it as easy as possible for people to access services; focusing support on helping the person to set small achievable goals.

#### 7.5.3. Resource implications

Evidence from semi-structured interviews with agencies suggests that the current situation is characterised by a group of adults – not easily identified as a coherent population – using high level, specialist services in a *default* type of way.

One example from an inner city non-London site is of a man who is a heavy drinker and is subject to an ASBO that bans him from drinking in public throughout England and Wales. He is an alcoholic and a street drinker. If he goes beyond a certain point in his drinking he will be picked up and will go to prison. He will have a few days in prison and then will be back out again, and the process starts over again.

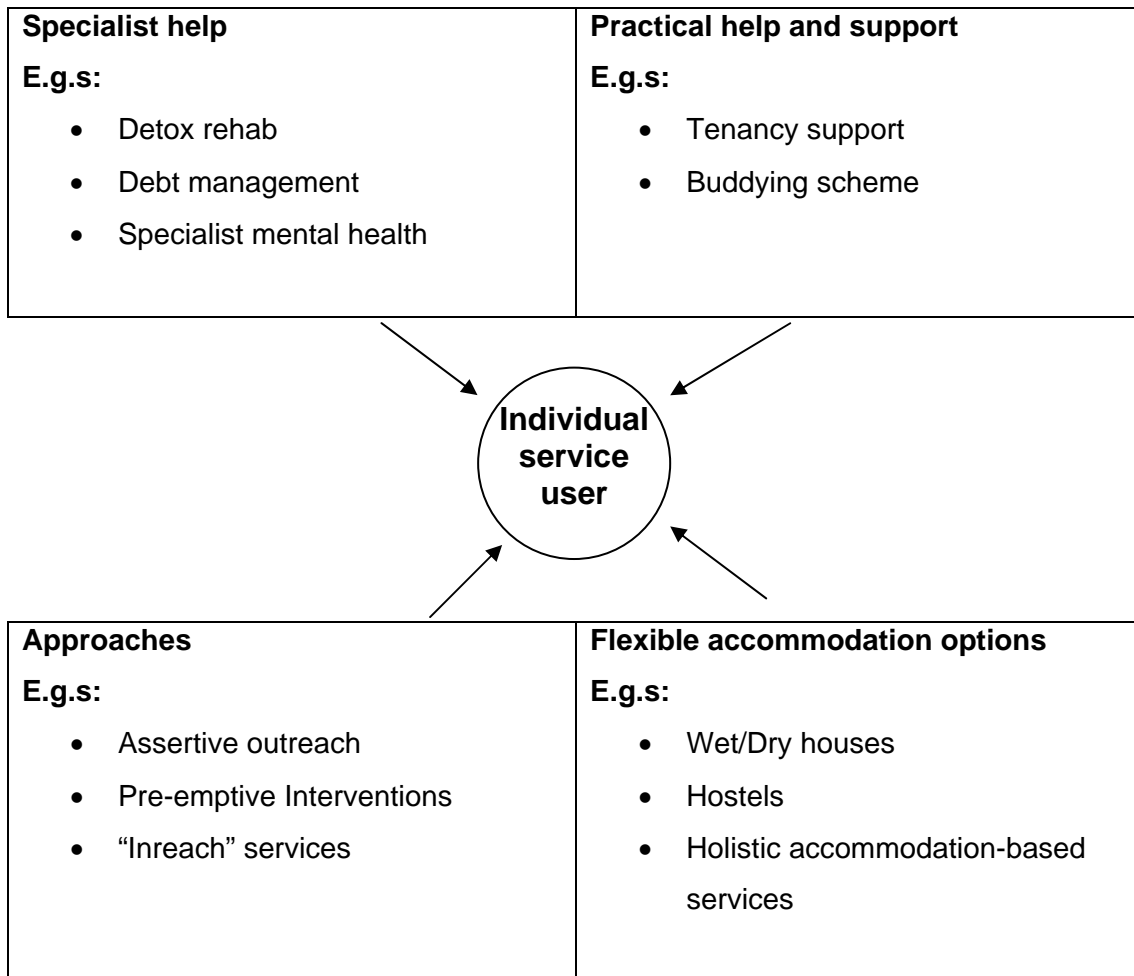
Whilst agencies expressed the view that this type of *default* service use is costly, the current funding pressures that might hinder *new* service development were also highlighted. Funding deficits in large public bodies are part of the current climate. The danger in not developing new forms of support and services for this population of adults is that they continue to use high-level services by default. The opportunity that exists is to invest in new appropriately tailored forms of support that ultimately supersede the existing pattern of using services by default.

It is reasonable to assert that the achievement of service user outcomes - as described in 7.5.2 - would lead to an overall reduction in the cost of this population to services. Targeted approaches to reducing criminal behaviour, for example, would ultimately lessen police input.

#### 7.5.4. Service models

From interviews with agencies a number of elements of best practice were identified. Below is a possible starting point for a model of a best practice approach that brings together these service elements.

**Figure 8. A best practice model**



#### Considerations for organising services

Points to consider that emerged from semi-structured interviews are:

- Currently the way that services are organised (e.g. high level eligibility criteria for accessing services, stigmatising service settings, and inflexible service boundaries) means that service users are obliged to jump through hoops to get support. It is important to consider the impact of such barriers for a group that is already characterised by low motivation to engage with services.
- Funding that could be accessed on behalf of this population of adults is through multiple funding streams tied in to very specific needs (e.g. accommodation-related funding from Supporting People, and substance

misuse funding from DAAT). Not only is there no known generic funding stream that could benefit this population, but there is also evidence to suggest that big funders such as the NHS – who may in the past been able to contribute - have significant financial difficulties themselves.

- The current arrangements for commissioning of services do not lend themselves to flexibility and are not accommodating to a variability of need. Commissioning targets very specific groups of people with high levels of needs. Commissioning agencies have to make difficult decisions about whether to focus resources on existing high level needs, or focusing on preventative type of services.

## **8. STUDY LIMITATIONS**

The findings from this study are subject to the limitations of time and limitations of methodology.

The short timescale for the work excluded the possibility of gaining ethical approval to interview service users, and the omission of service user views from the study is viewed as a weakness.

Local peculiarities at geographic sites mean that findings from any single urban; coastal; rural; inner city London, and non-London inner city site may not generalise to other sites that meet these specific criteria.

## **9. CONCLUSIONS**

The concept of building up a picture of agency responses to adults described as having chaotic lives and multiple needs was met with a positive response from all agencies that contributed their views to the local scoping study. The findings of the study showed that whilst there is consensus that a population of adults for whom core conditions exist and who do not achieve successful outcomes, there are not yet definitions that accurately and consistently identify them as a coherent group.

A variety of factors were associated with service responses to adults described as having chaotic lives and multiple needs, and the outcomes for this population. Currently clear routes into and through the service system do not exist for this population. Pathways for these adults were found to be at varying stages of development across agencies. The main issue highlighted was that of adults bouncing around from service to service viewed as everyone's problem but no-one's particular responsibility.

Some key barriers and key drivers were identified in relation to agencies identifying and taking responsibility for this population. Barriers included: the effect of constant reconfiguring of services that happened when organisations restructured, and an increasing emphasis on specialisms in services that had the effect of excluding adults who did not meet increasingly tight eligibility criteria.

*Must-dos* for organisations were identified as useful in terms of making clear their responsibilities to the population. Two notable examples were local authorities' *duty of care*, and the mandate of Job Centre Plus to interview everyone who makes a claim for Incapacity Benefit, Job Seekers' Allowance or Income Support.

The extent to which it was possible to set clear outcomes for service users appeared to relate back to the degree to which agencies recognised the population as a coherent group. Desired outcomes for service users had a potential link forward to a reduction in costs to services of this group, although this link was tentative. Reductions in criminal behaviour, drug use, presentation at hospital, and hospital admissions might all lead to cost savings.

The use by this group of adults of high-level services in a *default*, unplanned way was a common observation made by agencies. Resources are being expended on this group of adults but there is no clear resulting benefit. Investing in targeted ways to support this group of adults may, over time, interrupt this *default* way that services are being used.

Consideration needs to be given to new models of support that can address this population's range of unique needs. Fundamental to this is looking at how services are currently organised particularly in terms of eligibility criteria, funding sources, and commissioning.

## **10. RECOMMENDATIONS**

### Further research

- It is recommended that an economic costing review be carried out in a sample of geographic sites to determine unit costs of a range of different services, and how much an individual costs (based on actual case studies of service use).

- In order to ensure that future services are informed by sound evidence, there is a need for empirical research - conducted over a reasonable timescale - that investigates the nature of this population, paying attention to the question of whether chaos is a *permanent* or *temporary* state.
- In order to take account of the views and experiences of this population of service users an empirical research project with a strong service user focus should also be carried out.
- It is recommended that information from agencies about the pathways that they have developed should be pulled together into a single model of best practice, then piloted and evaluated.

#### Policy implications

- The scoping work highlighted that agencies have reached a point of being able to give some “definition” to this broad group of adults that have particular needs. It is recommended that any subsequent policy should cohere with this baseline of defining the population.
- In order to support local policy and service development in agencies, there is a need for the government to give clear directives that highlight this potential population of adults as a service user population. An opening up of funding sources – either new funding or allowing existing funding to be used more flexibly – should accompany any such directives.
- Clear directives from central government should initiate the inclusion in local area agreements and local health and social care plans of statements on agency responsibilities for this population of adults.

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