

# Chapter 6: Adult Years

## Summary

For adults at risk of, or experiencing, chronic exclusion, the Government will:

- launch pilots to test the effectiveness of alternative approaches to improving outcomes for people with chaotic lives and multiple needs;
- publish the Leitch Review later this year, setting out progress so far and further measures to address the poor lifetime prospects of those with few qualifications and skills; and
- accelerate the implementation of measures to encourage employment for those with more severe mental health problems, including the encouragement of individual placement and support approaches and anti-stigma employer-based campaigns.



6.1 Chapters 4 and 5 have already set out the importance of early intervention to tackle the problems faced by socially excluded young people. If services do not succeed in addressing these problems, a disproportionate number of troubled children are likely to:

- be chronically unemployed, lacking skills or qualifications;
- develop mental health problems or personality disorders;
- become persistent offenders and drug or alcohol misusers; and

- become parents who are unable to parent effectively, therefore perpetuating the cycle of problems in their children.

6.2 Adults facing severe or multiple disadvantages tend to be less likely to access services and, when they do, they are less likely to gain from them.<sup>76</sup> Most challenging of all are those adults with chaotic lives who have multiple needs. They can find it difficult to engage with multiple public services in order to improve their lives and often live at the very margins of society.

### Box 6.1: J's story

J is 51 years old and suffers from depression, anxiety, hallucinations and personality disorder. He is introverted, lonely and often suicidal. He has an alcohol dependency and a number of related physical illnesses. He is very sexually suggestive towards women and tells fanciful stories involving chainsaws and axes. He lives with his elderly mother, who has power of attorney because J can't manage his finances.

The response of the Community Mental Health Team<sup>77</sup> has been inconsistent, but overall it refuses him care on the grounds that his problems are not treatable and are characterised by 'odd beliefs and thoughts'. The only service that has been offered to him is alcohol advice, but this service struggled to cope with his needs and quickly discontinued his appointments.

J makes repeated 999 calls to the police, falsely claiming he is going to harm others, which often results in his arrest. He has received several penalty notices for disorder that have led to court appearances for non-payment, where his fines have been discounted on the grounds of mental illness. J's long-term prospects remain uncertain. Despite court interventions, no additional social or health care has been offered beyond further unsuccessful referrals for alcohol advice.

Source: Revolving Doors Agency<sup>78</sup>

<sup>76</sup> Social Exclusion Unit (2004) *Breaking the Cycle*

<sup>77</sup> The National Service Framework for Mental Health (1999) has triggered a period of major change in mental health care and has generated a range of policy initiatives in an area of healthcare that was previously neglected. Over 700 specialist community mental health teams have been set up across the country, offering home treatment, early intervention or intensive support for people with complex needs

<sup>78</sup> The Revolving Doors Agency is a charity that works with vulnerable people with mental health problems who have been arrested or imprisoned

## What has already been achieved?

6.3 Since 1997, the Government has introduced a range of policies and programmes designed to tackle the problems faced by adults with severe and multiple disadvantages. These programmes have offered tailored support in relation to housing and homelessness, mental health, substance misuse, the criminal justice system, skills development and employment. Key achievements and innovations include the following.

- **Supporting people with complex needs** through a wide range of programmes, including Supporting People, which enables over 1 million vulnerable people to live independently. Since 1999, the Government has rolled out 252 assertive outreach teams, which support 18,700 'hard-to-reach' people with mental illness to live in the community. There has also been a 73 per cent reduction in the number of rough sleepers since 1998, achieved by setting up multi-disciplinary contact and assessment teams (CATs) in known rough sleeping areas around the country, providing hostel bed spaces and ensuring that specific needs such as drug abuse are addressed.
- **Getting people with complex needs back into the mainstream** through innovations such as Pathways to Work and the New Deal for Skills. These have helped the employment rate for disabled people to rise from 38.1 per cent in spring 1998 to 46.6 per cent in spring 2005.
- **Reducing harms caused by those with complex needs** through initiatives such as the Reducing Re-offending Delivery Plan and implementation of the National Offender Management Service, which seek to improve the services available for adult offenders. Similarly, the Drug Interventions Programme integrates interventions to help drug-misusing offenders to move out of crime and into treatment.
- **Working together to coordinate care for the most vulnerable.** For example, Multi Agency Public Protection Arrangements (MAPPAs) require the prison service, police and probation services – supported by additional agencies, including housing, health and social services – to work together to manage the risks posed by dangerous offenders in the community (see Chapter 3). Within mental health services, the Care Programme Approach has been designed to provide systematic arrangements for assessing the health and social care needs of people admitted into secondary mental health services.

### Box 6.2: Hostels Capital Improvement Programme

The Government has introduced a £90 million Hostels Capital Improvement Programme to help address the needs of former rough sleepers. This is not just about providing better buildings – it is about changing the way services are delivered to people who are or have been street homeless, particularly those who have slept rough. The key outcome of the Programme has been to reduce repeat homelessness.

### Box 6.3: The Prolific and other Priority Offenders programme

The Prolific and other Priority Offenders (PPO) programme was launched in September 2004. It tackles the relatively small, hard-core of offenders who commit a disproportionate amount of crime and cause disproportionate damage to their communities. Evaluation suggests that offending reduced significantly in PPO cohorts in the first six months of the programme, and there has been a 10 per cent reduction in recorded convictions.

### Box 6.4: Pathways to Work

In November 2002, DWP launched Pathways to Work. The initiative supports people on incapacity benefit who would like to work but who face barriers in doing so. Pathways to Work provides work-focused interviews with specialist incapacity benefit personal advisers in Jobcentre Plus, financial incentives to return to work and health-focused support. The pilots have already helped to get 25,000 people back into work, and this programme will be rolled out nationally to be available to all new incapacity benefit claimants by April 2008.

## Continuing challenges

6.4 Despite this progress, there is still a group of people with complex needs who are not benefiting from services because their lives and engagement with services are too chaotic. These adults continue to face poor outcomes in the form of offending, long-term mental and physical health problems, poor family relationships, continuing substance misuse, worklessness and deprivation.

6.5 These high-need individuals may lack basic skills, have mental health problems, be misusing substances and be at risk of debt and homelessness. Yet they are often also unable or unwilling to navigate their way through public services to get the support they need. Their contact with services is instead frequently driven by problematic behaviour resulting from their chaotic lives – such as anti-social behaviour, criminality and poor parenting – and management revolves around sanctions such as prison, loss of tenancy and possible removal of children.

6.6 Services are focused on delivering to the majority and are not well set up to address the needs of those with more complex problems. Table 6.1 illustrates the wide range of services used by individuals with chaotic lives and multiple needs. It indicates the complexity of the system and the consequent difficulties for individuals trying to get support. Each agency separately tries to manage the aspects of the individual's needs that fall within their remit, and funding is similarly fragmented along service lines.

6.7 Individual agencies do generally focus on improving outcomes for the neediest within their services (for example the most mentally ill or the most prolific offenders) but often miss those who have multiple needs but need less help from any one service. Thus, people may not meet the threshold of any given agency to trigger a fuller intervention – despite the scale of their problems or the harms caused to the communities in which they live.

Table 6.1: Local area case study

Area	Service	Average % spend by statutory services per adult
Benefits	Benefits. Employment support.	36%
Health and Social Care	Primary care. Hospital. Mental health services. Alcohol services.	21%
Housing and Homelessness	Supported housing. Homelessness services.	19%
Criminal Justice System	Policing. Probation. Prison. Courts.	18%
Drug Services	Drug services.	6%

People with chaotic lives and multiple needs have a wide range of input from statutory agencies; this is indicated by a breakdown of the services used by a small sample (n=36) of the clients of one voluntary sector agency. The average annual cost to services is £23,000 per case

6.8 With no one agency having an overview, the interventions, when they do occur, can fail. For example, drug misusers without housing or with housing problems have difficulty sustaining or entering drug treatment. Equally, those leaving drug treatment or custody without suitable housing and support are likely to relapse and may re-offend or become involved in anti-social behaviour. The provision of housing and housing support is, therefore, crucial to the effective resettlement of any drug misuser.

6.9 It is vital that where drug misuse and housing needs are identified, strategies and

systems are in place to address these needs. Although there are some local mechanisms – such as the Care Programme Approach – to resolve people's wide-ranging problems, with few real levers to ensure focus, this can be a very time-consuming and ineffective process.

6.10 The cost of this chaos is high. Case study work shows that such adults are often in contact with up to ten different agencies, with each person costing statutory services tens of thousands of pounds every year.<sup>79</sup> At the same time, their poor outcomes continue, causing harm to themselves, their families and their communities.

<sup>79</sup> Prime Minister's Strategy Unit case study in partnership with the Revolving Doors Agency

### Box 6.5: Achievements of the National Social Inclusion Programme

The National Social Inclusion Programme coordinates implementation of the action points set out in the Social Exclusion Unit report on Mental Health and Social Exclusion. This work has resulted in changes being made to benefit rules, greater access to further education through collaboration with the Learning and Skills Council, and the development of mental health-specific documents on housing management. The programme has also developed guidance for commissioners on vocational services, day services and direct payments.

## Meeting the challenges

6.11 The Government's vision is of public services that identify and persistently support people with chaotic lives and multiple needs to take more control over and responsibility for their own lives. Some local areas already work with those hard-to-reach adults with the most severe or multiple disadvantages, and there are a range of schemes that work within the current system to coordinate services.

6.12 As set out in Chapter 3, this means ensuring that best practice is identified and shared, multi-agency working is promoted, personalised support and challenges are offered, and that there is a clear sense of accountability, responsibility and performance management.

### Identifying high-need, chaotic adults

6.13 Individual agencies understand who is using their services, but there is often little knowledge of the other services their clients are using or knowledge of needs across

services. The Government will consider how it can develop data-sharing mechanisms to allow different services to flag concerns over a single individual, exploring experience gained from approaches such as MAPPA and established information-sharing protocols.

### Identifying what works

6.14 There are some international and local examples of interventions that improve outcomes for people with chaotic lives and multiple needs. Yet there are considerable gaps in our knowledge about what works, and these gaps need to be closed.

### Multi-agency working, personalisation and performance management

6.15 Perhaps the single most important conclusion is that there need to be clear responsibilities and tailored responses for those with chaotic lives and multiple needs. This applies both at the strategic level, for planning service provision and priorities – the local strategic partnership – and at the level of individual case management.

**ACTION 22:** The Government will examine the effectiveness of alternative approaches to improving outcomes for people with chaotic lives and multiple needs, pilot the most promising approaches and use the findings to inform further policy development.

6.16 The Social Exclusion Task Force will work with relevant departments to develop and evaluate alternative approaches to improving outcomes for people with chaotic lives and multiple needs. Scoping work will involve a number of innovative local areas and will result in a better understanding of:

- the lifetime costs and current service use of people who are frequent users of multiple services;
- how local areas currently identify and manage these people;
- what is already being done by local areas to improve outcomes for people with chaotic lives and multiple needs; and
- how current incentives hinder local agencies in working together.

6.17 Where quick wins can be identified, we will implement change through existing delivery mechanisms and programmes.

6.18 The scoping phase, led by the Social Exclusion Task Force in consultation with relevant departments and agencies, will be completed by the end of December 2006 and

will feed directly into a specification for pilots. These will build on structures and innovative provision that are already in place, but will test more radical options for system reform. The exact nature of the pilots will depend on the findings from the scoping stage, but it is expected that they will test:

- **active identification** and engagement of high-need adults, including information sharing for high-need adults;
- **multi-agency working**, such as case conferencing or panels, enhanced duties to cooperate and joint targets or charge-backs;
- **personalisation** – through lead practitioners, budget-holding case managers and explicit compacts with users; and
- **performance management** at provider or broker level with an element of outcome-based reward.

6.19 The pilots, for which £6 million has been identified across government departments over three years, will be launched in 2007, with early results feeding back through existing delivery mechanisms and programmes later in the year.

### Box 6.6: Innovative approaches to adults with multiple needs

The **Revolving Doors Agency** offers support to people with chaotic lives and multiple needs who have been arrested or imprisoned. Link Workers combine emotional and practical support to help clients gain access to support from a range of services. The schemes work flexibly and persistently across the system, often engaging clients who have fallen through the net of every other service. This approach has been shown to reduce offending while improving access to services.

The **Multiple and Complex Needs Initiative** is a scheme in Victoria, Australia, which was established to stabilise lives, improve outcomes and use funds more efficiently for clients with complex needs. Funds are assigned from existing arrangements following the development of a care plan. This care plan is case managed by a plan coordinator from within the existing service system or from a third-sector intensive case management service. Individuals are referred to the scheme through a regional coordinator and assessed by a panel of independent experts. Early indications are of improved coordination between services and more stability in the lives of clients.

**Turning Point Support Link** in West Hertfordshire offers intensive community support and assertive outreach support to adults with severe and enduring mental health problems and complex needs. The service provides individually tailored community support/service-user-centred care through close inter-agency working and with a whole variety of other services and professionals. A qualitative evaluation found that the positive aspects of the service relate to the personalised, flexible, supportive way in which it operates.

The **Personality Disorder Development Programme** has piloted several innovative service approaches for people with personality disorder and complex needs; as well as support and training for mainstream health and social care staff. Early indications show: that services can successfully target people with personality disorders and complex needs; improved outcomes for individuals; reduced use of other high-cost services such as in-patient psychiatric care; improved partnership working; and improved capabilities within mainstream services to manage personality disorders.

## Employment for people with severe mental health problems

6.20 Employment is a key factor in bringing socially excluded people into the mainstream. The onset of mental health problems is associated with more than double the risk of leaving employment compared with other health conditions or impairments. There are

currently 70,000 people with severe mental health problems on Incapacity Benefit, costing around £280 million per year. Around 2,500 people join the list each year, most of whom will spend a lifetime on benefits.<sup>80</sup> In 2005/06, the NHS spent £30.7 million on employment services for people with more severe mental health problems. However, levels of

<sup>80</sup>DWP Longitudinal Study

worklessness are 89 per cent for people with severe mental health problems.<sup>81</sup>

6.21 Evidence shows that people with severe mental health problems can and do want to work but over half who are in contact with mental health services do not receive any help to find work, although they tell us they would like to receive it.<sup>82</sup> These people usually end up on long-term Incapacity Benefit and suffer social exclusion in the form of deprivation, social isolation and physical ill health.

6.22 There is strong evidence about 'what works' to enable people with severe mental health problems to gain and retain employment,<sup>83</sup> in particular the Individual Placement and Support approach to vocational rehabilitation. Yet despite this evidence, and that those with severe mental illness are generally known to local Community Mental Health Teams and local jobcentres, there are few incentives in the system to support implementation of this best practice.

### Box 6.7: Individual Placement and Support approach

The Individual Placement and Support (IPS) approach is an evidence-based practice built on six operational principles:

1. Finding employment in integrated/mainstream settings.
2. Immediate job search, with minimal pre-vocational training.
3. Support from vocational workers based in clinical teams, with employment an integral part of the overall care plan.
4. Job search driven by client choice and preferences.
5. Continual assessment of people's needs with support adjusted as necessary and assistance in career progression.
6. Access to ongoing support on an unlimited time basis once in work.

An example of the successful application of this approach is found in the South West London and St George's Mental Health NHS Trust, which developed a vocational services strategy in 2001. This strategy provided support to service users to gain and retain employment, mainstream education and voluntary work, and was based on the best available evidence on vocational rehabilitation for people with severe mental health problems. Through implementing this approach and working in partnership with other statutory and voluntary sector providers, the programme enabled 748 service users to gain and retain paid employment in 2005/06, 387 to enter mainstream education or training, and 221 to take on voluntary work. Of those supported, 59 per cent had a diagnosis of a psychosis.<sup>84</sup>

<sup>81</sup> Labour Force Survey (Spring 2005). Office for National Statistics

<sup>82</sup> Healthcare Commission (2005) Survey of Users 2005 – Mental Health Services. London: Healthcare Commission

<sup>83</sup> Crowther, R, Marshall, M, Bond, G R and Huxley, P (2001) *Vocational Rehabilitation for People with Severe Mental Illness* (Cochrane Review). The Cochrane Library

<sup>84</sup> South West London and St George's Mental Health NHS Trust, *Vocational Services Annual Report 2005/06*

**ACTION 23:** Building on current guidance and legislation, the Government will develop dedicated regional teams to provide further support for the implementation of good practice around the employment of those with severe mental health problems.

6.23 In February 2006, the Department of Health (in conjunction with DWP) issued guidance to commissioners in health and social care on commissioning vocational services for people with severe mental health problems.<sup>85</sup> This guidance aimed at encouraging commissioners to implement evidence-based practice within vocational services.

6.24 The Government will further support the implementation of this guidance by developing dedicated teams within each of the eight Care Service Improvement Partnership (CSIP) regions – led by the National Social Inclusion Programme and working closely with regional partners. These teams will be drawn from existing public, private and voluntary employment organisations and, working in conjunction with regional Government Offices and development agencies, will provide a practical programme of focused regionalised activity. This work will be led by the Department of Health through CSIP's regional development centres.

6.25 The Government will refocus the Shift anti-stigma and discrimination programme to work with employers to improve employment opportunities for people with mental health problems and develop an anti-discriminatory code of practice for employers to help overcome reluctance to take on people with more severe mental health problems.

6.26 The Government will ensure that the needs of people with mental health issues, including those with more severe mental health problems, are addressed during the Pathways to Work procurement process. DWP will continue to assess the programme's impact on people with different conditions (including those with mental illness) through the ongoing monitoring and evaluation of the programme, building on any lessons learnt.

6.27 The Department of Health and DWP will build on the work already under way through Pathways to Work and explore options to develop further incentives to be given to agencies that successfully enable people with severe mental health problems to gain and retain work.

6.28 The Government is implementing a range of initiatives aimed at improving adult skills for the most disadvantaged. Skills for Life is the national strategy for improving adult literacy, language and numeracy in order to meet the PSA target of improving the basic skills levels of 2.25 million adults by 2010. Priority is given to adults without the equivalent of five good GCSEs. The Leitch Review to identify the UK's optimal skills mix in 2020 to maximise economic growth, productivity and social justice, is considering the challenge involved in raising workforce skills at all levels. The Review's final report will be published later this year and will contain recommendations to address this issue.

<sup>85</sup> National Social Inclusion Programme et al (2006) *Vocational Services for People with Severe Mental Health Problems: Commissioning Guidance*. DH

### Box 6.8: Welfare Reform Bill

In July 2006, DWP published the Welfare Reform Bill. The measures in the Bill, together with the other welfare reform measures, are intended to enable the Government to realise its aspiration of an 80 per cent employment rate for people of working age and an inclusive society where there is opportunity for all. Key elements of the reform proposals include:

- a new Employment and Support Allowance that will simplify the existing benefits system for those whose health affects their capacity for work;
- a focus on early intervention, with increased support to employers and employees in managing health in the workplace, improved absence and return to work management;
- more customer contact and more employment advice and support for individuals with health conditions to enable them to realise their ambition to return to work;
- housing benefit reform, which includes the national roll-out of the Local Housing Allowance and a housing benefit sanction for those people facing eviction for anti-social behaviour who will not accept the support they need to change their behaviour; and
- the ongoing development of disability rights to provide a level playing field for those with disabilities.

## Conclusion

6.29 The multiple and entrenched problems faced by at-risk adults present a formidable challenge to public services. Yet the potential prize is great – better outcomes for the most excluded alongside fewer long-term harms and lower costs for the rest of the community.

However, while there is general agreement that having clearer case management and persistence will benefit such adults, our approach is necessarily more tentative and will deliberately explore a number of different approaches to improving outcomes for people with chaotic lives and multiple needs.

