Bristol`s Multiple Disadvantage Strategy (2023 -2026)

Foreword

"What we have been doing isn't working, we need to take a different approach."
(SJ Morris)

Building on Fulfilling Lives and Making Every Adult Matter (MEAM) learning, the Changing Futures programme has helped us better understand how we can prevent people from getting stuck in an endless revolving door of services.

The Multiple Disadvantage (MD) strategy acknowledges that there is evidence of needs and that we must work together differently to address these. We know that by relinquishing organisational boundaries, services are much better able to deal with complex needs.

The strategy highlights the need to look at the whole person and recognises that a joined-up approach will deliver better results and be a better use of resources.

One of our objectives under the One City plan was to reduce health inequalities. The MD strategy is a key part of this work. It aligns with other pieces of strategic work that have happened or are happening across the city.

The MD strategy will help those working in the health and care sectors across Bristol to all take the same direction and work to the same objectives. It is there to inspire people in organisations and agencies to consider what their role is in delivering change for those facing multiple disadvantage. What can we tweak and how can we work together to improve the service offer and delivery? How can we consolidate our resources and work in a more joined up way?

Coproduction is also, quite rightly, high on the city's agenda. Meaningful change can only come from listening to the voices of people with lived experience. We want to avoid "doing to" and instead collaborate with the person.
Coproduction brings a more rounded, realistic view and puts the person at the forefront of everyone's minds, which leads to better outcomes. By working together to improve service

delivery, we can start to rebuild trust with individuals and establish more supportive relationships on their journey to recovery.

This strategy is our opportunity to shape services for the future. Our vision is to empower organisations to establish strategic partnerships to better serve our most vulnerable citizens to live a life beyond services.

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Appendix 1 – phase one of the needs assessment

1. Executive summary

Bristol's first Multiple Disadvantage Strategy 2023 – 2026, aims to achieve long term improvements in services for people experiencing multiple disadvantage, and to take forward the ambitions, learning and sustainability planning from Bristol's Changing Futures programme.

The intention is that it is co-owned by agencies working with this population and will lead to significant changes in people's life chances and outcomes.

It is based on evidence from the first phase of a needs assessment (Appendix 1) which brings together comprehensive data drawn from local and national sources. It has been informed by the diverse voices and experiences of people with lived experience, and the contributions and feedback from a range of stakeholder organisations and partnerships.

The strategy estimates the numbers of people experiencing MD in Bristol, and recommends a new approach:

- For the estimated 200 people experiencing the most severe needs, the offer of a new support model, My Team Around Me.
- For the estimated number experiencing at least three MD factors, services will work more effectively by being trauma-informed, more coordinated, and inclusive.
- For the estimated number experiencing two MD factors, where it is known there is the risk of their needs escalating, services will intervene more quickly to prevent this.

Across all populations, the aim will be to intervene earlier.

Five strategic objectives set out what we want the strategy to achieve:

Objective 1: embed service and system improvements for people experiencing three or more MD needs, including a new approach for those with the highest levels of acuity, to transform the support they receive, reduce inequalities, and improve people's lives.

Objective 2: intervene earlier at all stages of the life course, taking a trauma-informed approach, to reduce the incidence, duration and impact of MD.

Objective 3: Strengthen and embed co-production with people with lived experience of MD, so that their diverse voices and expertise continue to influence positive change.

Objective 4: Improve data on MD, so we have a 'whole system view' of people's diverse and intersecting needs and strengths, to drive earlier intervention, influence policy, and deliver truly person-centred support.

Objective 5: Continue to work in partnership, building our collective skills, capacity, leadership, and resilience, to achieve cultural and system change**.**

For each of these objectives, a vision has been created of what success will look like.

A number of steps are recommended to achieve sign up by Bristol's strategic boards and agencies working with the MD population.

It is proposed that the newly formed Multiple Disadvantage Transformation Board oversees development of a collaborative delivery plan to translate the strategy into tangible action and change.

2. Background and aims of the strategy

Bristol's Changing Futures[1] programme has committed to the development of a Multiple Disadvantage Needs Assessment and Strategy for the City, as a key vehicle for achieving long-term, positive, sustainable change and impact for people experiencing multiple disadvantage.

The definition of multiple disadvantage (MD) is people who are experiencing three or more combinations of the following: homelessness, substance misuse, mental ill-health, criminal justice involvement, domestic abuse, as defined in the Changing Futures[2] programme.

We also recognise that 'many people in this situation may also experience poverty, trauma, physical ill-health and disability, learning disability, and/or a lack of family connections or support networks'[3].

[1]https://www.changingfuturesbristol.co.uk/
[2] https://www.gov.uk/government/collections/changing-futures
[3]https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/943316/Changing_Futures_Programme_-_Prospectus_for_local_EOIs.pdf, page 9

The Strategy is for a three-year period from 2023 to 2026.

It is based on the evidence from Phase One of the Needs Assessment, see Appendix 2.

The strategy aims to:

- drive commissioning approaches
- promote a shift to earlier intervention
- lead to a new commissioning plan for utilising scarce resources and budgets more effectively
- ensure there is a co-owned strategic commitment to addressing multiple disadvantage by transforming the way services work together, improving citizens' life chances and outcomes.

It reflects early learning from the CF Bristol programme.

The strategy has been developed with the involvement of people with lived experience of MD, commissioners, and service providers, and has been overseen by Bristol's MD Transformation Board, and CF Programme Board.

What is driving it?

While services in Bristol work hard to meet the needs of people experiencing MD, the way the system works currently means that:

- We lack 'whole system' data. By this we mean that data relating to individuals needs and histories is typically held by different parts of the system, and we lack a joined up holistic picture of individuals.
- Partly as a result of the point above, no single agency 'sees' the whole person and the system does not 'see' or understand the whole person, or the equalities factors involved, and intersectionality.
- The system is not learning consistently from people's lived experience
- Agencies lack shared purpose, shared responsibility and accountability for outcomes
- While there is some joint commissioning of services, commissioning is not currently designed to address combinations of intersecting needs

Intended audience

The strategy is for people working locally with, or seeking to influence services for, people experiencing MD. This includes lived experience groups, local commissioners and policy makers, and strategic Boards. The engagement and contribution of the corporate sector is also welcomed, as part of a city-wide approach.

For version two of the strategy, it is recommended that the opportunity is explored to extend the needs assessment and strategy development to cover the Bristol, North Somerset and South Gloucestershire (BNSSG) area, to align with the BNSSG Integrated Care System ICS.

Stage reached and next steps

The Strategy has been discussed and endorsed by the Changing Futures Partnership Board and supported by the Health and Wellbeing Board.

We intend to take the Strategy through BCC Cabinet approval process in Autumn 2023 to secure BCC-wide sign up, as well as taking it through Bristol's other strategic boards to gain partners' backing and support. The aim is that it has both collectively ownership as a city strategy, and individual ownership by the relevant Boards and agencies.

In support of this, the Health and Wellbeing Board will own the Strategy at corporate level, on behalf of those organisations with a role and contribution for taking it forward.

The next stage in the process will be the development of a collaborative delivery plan, with a target of having this in place by January 2024. Consideration will also be given to the next phase of the Needs Assessment. Both activities will be overseen by the MD Transformation Board. People with lived experience of MD will continue to be centrally involved.

3. Summary findings from Phase One of the Needs Assessment

Evidencing the scale of MD in Bristol

It is estimated that between 1300 and 1600 people in Bristol are experiencing three or more of the MD factors in their lives currently.

Of this number, and taking the midpoint in this range, it is estimated that 200 (c.15%) have higher levels of acuity, and need a new approach to how services are delivered.

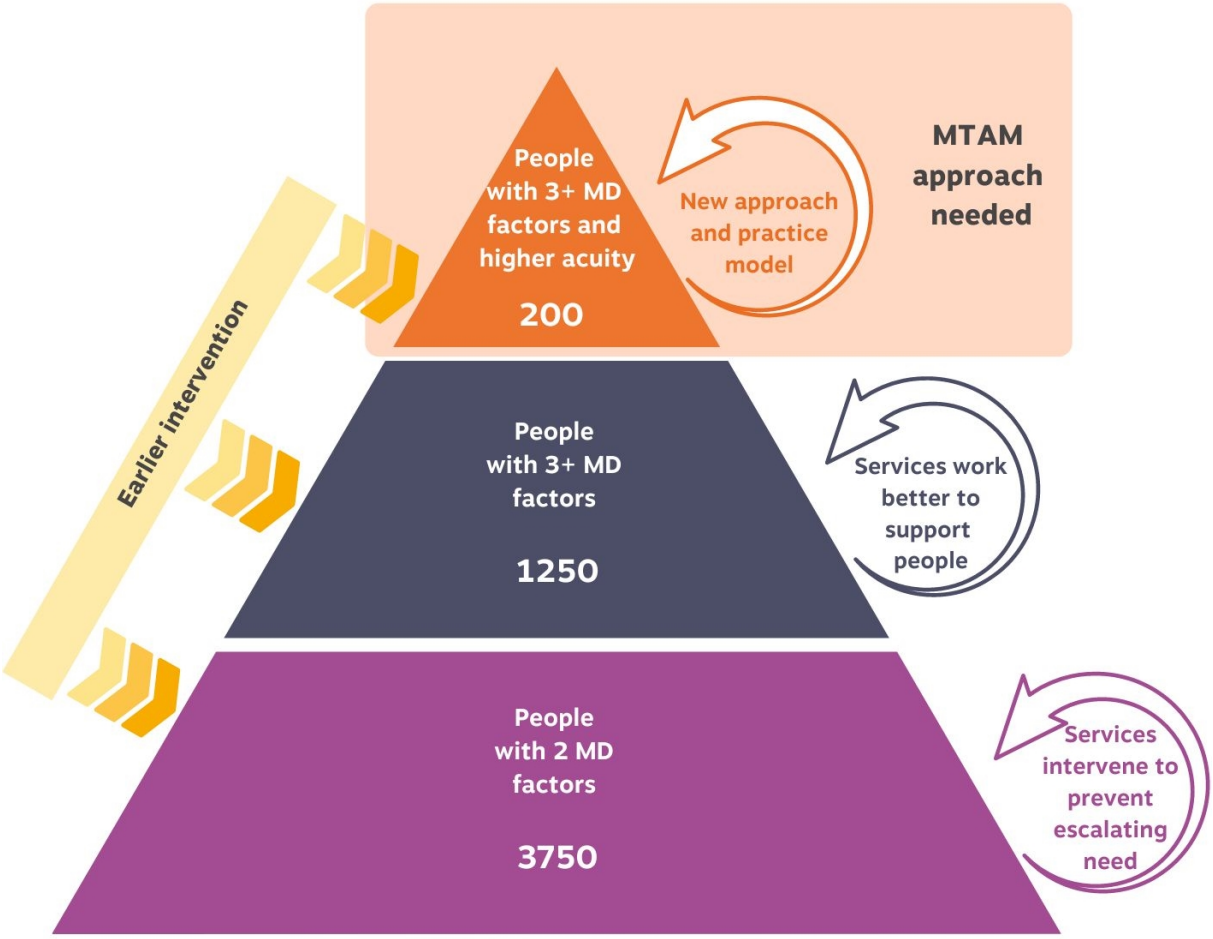
The number of people facing two MD factors is estimated to be 3750.

Based on the evidence, and the strategic objectives set out in section 4, the proposed approach for these populations is shown in the diagram below.

The key point is that person-centred support and an early intervention approach is needed across all three groups. This is both to reduce the likelihood of people experiencing escalating levels of adversity and MD factors in their lives, and, where people are already experiencing higher levels of acuity, to reduce the duration and impact this has on them.

For those experiencing higher levels of acuity, shown in the top part of the pyramid, the new approach being proposed is based on the My Team Around Me model[4], which is being piloted and evaluated in Changing Futures Bristol. For other people with three plus MD factors, who do not have the most severe needs, shown in the middle of the pyramid, the intention is that services will be more effective in working together to provide trauma informed, culturally inclusive support, informed by the good practice and learning from CF and other developments. For the population experiencing two MD factors, shown in the bottom part of the pyramid, earlier intervention by services will seek to prevent an escalation of their needs.

[4] https://www.changingfuturesbristol.co.uk/my-team-around-me



A further point in consideration of the numbers: feedback from some of our stakeholders suggested that the levels of young people facing multiple disadvantage may be different, and that it could be useful to explore this further. This is covered in the section on gaps in the data, below.

The complexity and impact of MD

We recognise that the extreme nature of MD and the impact on people's lives lies in the 'multiplicity and interlocking nature of these issues and their cumulative impact, rather than necessarily in the severity of any one of them'[5].

[5] Hard Edges, Bramley and others, 2015, page 8

There are high levels of adversity and trauma amongst people with MD, and these have profound and lasting impacts on people's lives. Jayden's story[6] highlights this.

Jayden's story

Jayden had nearly four decades of complexities which started at the age of nine. He experienced historical abuse from his parents, and several foster care placements. As an adult, he experienced substance use, periods of homelessness and criminal justice system problems, undiagnosed learning difficulties, mental health, and trauma issues.

He had been around the system, and in contact with many local agencies, countless times.

He felt stuck and hopeless that anything would change for him.

"*Nobody really gets me. It always goes wrong. Nobody cares*.

For some people, the impact is seen across generations. People facing MD may not have close friends or family who are able to advocate, advise and support them in making choices in life, or to access support.

Poverty is a significant factor. The barriers people experience impact their life chances, opportunities to pursue their aspirations, and live the lives they want to.

As evidenced in the Needs Assessment, amongst the barriers people experience are the following:

- Assessment processes and thresholds are in conflict across different agencies and parts of the system, for example in relation to people experiencing mental health and substance misuse. They are ambiguous, overly complicated and can be ineffective in providing support to meet a person's needs.

[6] This story has been anonymised to protect the individual's identity.

- Transitions are challenging across the system and life course[7]. By life course, we mean across the different stages and critical transition points during people's whole lives, from birth.
- Where people's behaviours challenge the system, this may be related to differences in their neurological functioning.
- The system is not responding in a trauma-informed way or providing people with what they feel they need or would value.
- There is a mismatch between what is being offered and what people facing MD would find valuable prior to a point of crisis. People facing MD are more likely to access emergency and crisis services, than the general population.
- People facing MD are not typically in receipt of timely mental health services, and substance misuse is a real barrier to mental health support.
- A high proportion of safeguarding reviews include people experiencing MD. A failure to offer the right support at the right time, is putting people's lives at risk.

Overall, the evidence highlights that as a system, we are missing opportunities to intervene earlier. This is hugely costly, both in human terms, and in terms of the costs to the system.

Understanding MD is never going to be an exact science - people's needs are complex and dynamic but we know there are common themes from the quantitative and qualitative data reflecting people's experiences, to make the case for providing more targeted, tailored, support.

The demographic profile of people facing MD

The main findings are:

[7] https://www.gov.uk/government/publications/health-matters-life-course-approach-to-prevention/health-matters-prevention-a-life-course-approach

- There is a higher prevalence of disability in MD cohorts compared to the general population which underlines the importance of including disability in MD definitions.
- It is important to consider MD from a gender perspective, to consider the impact of domestic abuse and gender-based violence.
- There are higher numbers of young people from [8]Black and Minority Ethnic backgrounds amongst school exclusions and we can make a direct connection to a higher risk of entering the criminal justice system, and of becoming homeless.
- People from Black African, Caribbean, Black British and White Other backgrounds are over-represented in rough sleeping; within prison leavers, there are disproportionate numbers of people identifying as Mixed Race.
- In relation to sexual orientation, there are gaps in the data, and this may be an area for further exploration in phase two of the needs assessment.
- MD is a city-wide issue; all localities need to consider an MD response.
- We need to consider the data gaps and other sources of information to apply to Bristol's picture, including specific populations and areas of need, and organisations with specialist knowledge who can help. This is discussed further below.

Gaps in the data and areas for further exploration

We recognise there are limitations in the data available, in particular relating to:

- People from LGBTQ+ groups
- Certain ethnic groups, including Gypsy, Roma and Traveller communities, and amongst those seeking asylum, or whose immigration status is unknown

[8] Terms used to describe different ethnic groups reflect the terms used in the evidence in the Needs Assessment. Where research is not being quoted, we will always be specific about the ethnic groups we are referring to, only using a collective term where there is a legitimate need to. Where a collective term is appropriate, we are using the phrase 'people of Black African Caribbean and Asian descent'. In this, we are following NHS Race and Health Observatory principles: https://www.nhsrho.org/wp-content/uploads/2021/11/NHS_RaceHealthObservatory_Terminology-consultation-report-NOV-21-1.pdf

- The nature of people's disabilities
- An intersectional analysis, so we lack an understanding of how data on protected characteristics and socio-economic factors, and people's different needs, can combine to impact people's experiences.

Alongside this, from our stakeholder consultation, there was interest in gathering further evidence on the needs and experiences of specific groups, including:

- People leaving prison
- People with a brain injury
- Young people aged 16 to 25, including an estimate of the numbers experiencing MD locally

It is recommended that consideration is given to addressing these data gaps and areas in the next phase of the needs assessment, along with collaborative work to link datasets.

4. Strategic objectives

In this section we set out what we want the strategy to achieve, based on the evidence we have gathered, and what success will look like. Five strategic objectives are proposed.

These objectives have been informed by:

- Phase one of the needs assessment – the beginnings of an evidence base for the strategy
- Feedback and comments from our stakeholders. This includes people with diverse lived experience, commissioners, practitioners, partner organisations and the CF Programme Board
- The learning, ambitions, progress and sustainability planning within Bristol's Changing Futures programme

Objective 1: embed service and system improvements for people experiencing three or more MD needs, including a new approach for those with the highest levels of acuity, to transform the support they receive, reduce inequalities, and improve people's lives.

Objective 2: intervene earlier at all stages of the life course, taking a trauma-informed approach, to reduce the incidence, duration and impact of MD.

Objective 3: Strengthen and embed co-production with people with lived experience of MD, so that their diverse voices and expertise continue to influence positive change.

Objective 4: Improve data on MD, so we have a 'whole system view' of people's diverse and intersecting needs and strengths, to drive earlier intervention, influence policy, and deliver truly person-centred support.

Objective 5: Continue to work in partnership, building our collective skills, capacity, leadership, and resilience, to achieve cultural and system change**.**

In the following section we describe what we envisage success will look like for each of these.

Strategic objective 1: embed service and system improvements for people experiencing three or more MD needs, including a new approach for those with the highest levels of acuity, to transform the support they receive, reduce inequalities, and improve people's lives.

What will success look like?

- People with the highest levels of acuity will receive targeted, tailored, personalised, trauma-informed support, based on the learning from the My Team Around Me model. This improves their experience of services, and their outcomes. It is estimated we should aim for this to be available for around 145 people in Bristol.
- Fidelity to the model will be established. By this we mean the principles, key characteristics and features of the original model which it is expected all those delivering it will adhere to. It will be strengths-based, trauma and adversity informed, reduce inequalities and promote inclusion. Given the deep-rooted issues people are facing, and the high levels of system mistrust and harm that have been caused, the evidence suggests this support should not be time limited.
- The model will integrate a shared safety planning approach, where the support agencies involved in supporting the person are jointly accountable, in the best interests of the individual. There will be visible backing and accountable leadership

for this, across the system. Roles and expectations across key partners will be clear and information sharing agreements will be in place.

- The model will be evidence-based, informed by local and national evaluations, good practice and learning. Evidence will include an economic evaluation of the impact of MD, and cost/benefit analysis of the model, to ensure value for money.
- The wider population of people experiencing three plus MD needs, estimated to be in the region of 1300 to 1450 people, will receive more coordinated, flexible, trauma-informed, personalised support.
- Assessments, thresholds and the ways services work together will recognise intersecting needs, and the cumulative impacts of these.
- The service offer will vary, through personalised support planning.
- Examples of how services have adapted/tailored their offer to better meet the needs of people facing MD will be shared as good practice.
- Where there is an evidence-based gap for a particular service, this will be considered through the commissioning process.
- People will have increased opportunities 'to live a life beyond services[9]' - to pursue what they want for their lives, their aspirations and hopes for the future.
- This will include more opportunities to refresh and develop their skills, move into Peer roles, pathways into volunteering, work placements across sectors, and employment.
- All agencies delivering support will operate trauma-sensitive practices and skills in managing safe relationships with people, and in assessing and supporting their safety.
- Support staff and managers will be trained in working effectively with MD, with reflective practice, networking and multi-agency/multi-disciplinary working enabled and embedded across agencies.
- Commissioning will address intersecting need, and work in partnership with people with lived experience, and in collaboration with service providers, to design

[9] Changing Futures Bristol vision: 'people with MD are valued and empowered. They inspire and are inspired to live a life beyond services'

strengths-based, trauma and adversity informed, and culturally inclusive services for people facing MD.

- Commissioning processes will recognise the value of partnership working and consider the role of specialist community organisations and agencies in engaging and supporting populations experiencing MD who face additional barriers, due to cultural, historical, socio-economic or other factors. For example, organisations with expertise in engaging women, people of African, Caribbean, and Asian descent, and people from LGBTQ groups.

Strategic objective 2: intervene earlier at all stages of the life course, taking a trauma-informed approach, to reduce the incidence, duration and impact of Multiple Disadvantage.

What will success look like?

A system will be in place for identifying people facing MD earlier, which will reflect the life course approach, and Bristol's commitment to be a Trauma Informed City.

We will be better equipped to anticipate peoples care and support needs, providing a tailored response.

Children and young people at risk of being on a MD trajectory in their lives will be supported early on, so they have improved life chances.

Earlier intervention with people who are already experiencing some of the MD factors, will prevent them from escalating to higher levels of acuity. An improved offer of support will engage them at the earliest possible opportunity.

Services will reflect restorative approaches, which recognise the impact of trauma on people's behaviour. The approach will seek to avoid more punitive measures.

People with higher acuity levels will receive an immediate offer of support, to enable them to move out of crisis, to engage in services, and to start planning their futures. The process and timescales for identifying individuals, and accessing support, will be defined.

People presenting at GPs, Accident and Emergency departments and at other crisis services across the system will know who they can talk to, so that there is an effective response as early as possible.

Psychological support will be offered at key life changing moments such as family breakdown, child removal, and bereavement.

Young people from Black African, Caribbean and Dual Heritage backgrounds in transition to children and young people services, who are at risk of criminal exploitation, and of entering the criminal justice system, will receive an improved offer of support. This will be culturally inclusive, trauma and adversity informed, addressing mental health and other issues. Young people will have confidence in the system of support.

This will link with Bristol's strategic work to reduce disproportionality of young men from Black African, Caribbean and Dual Heritage backgrounds within the criminal justice system and improve transitions from children and young people's services to adult services.

The system costs will be reduced. Health and other inequities will be reduced. People will see a future for themselves, have the chance to thrive in their communities and feel part of the city.

Strategic objective 3: Strengthen and embed co-production with people with lived experience of MD, so that their diverse voices and expertise continue to influence positive change.

What will success look like?

People are valued for the full breadth and diversity of their experiences of multiple disadvantage, taking an intersectional approach. People will no longer be viewed through a single 'lens.'

Relationships amongst people with diverse lived experience, and the agencies and communities involved, will continue to grow, strengthen and evolve, including links at regional and national levels.

Co-production will be resourced, supported and embedded across the city.

The MD system will consistently learn from people's lived experiences and will change and adapt in response.

People will be represented within governance structures and decision-making processes for services that intend to support them, including the MD Transformation Board, as equal partners at the table.

They will be fully involved at all stages of the commissioning cycle, and in service and policy reviews. Quality assurance and service performance frameworks will be co-produced by people with lived experience, in terms of what matters to them. People will contribute through activities such as peer research, evaluations and journey mapping, and by supporting parts of the system where people facing MD present, to consider adaptations.

Strategic objective 4: Improve data on MD, so we have a 'whole system view' of people's diverse and intersecting needs and strengths, to drive earlier intervention, influence policy, and deliver truly person-centred support.

What will success look like?

Appropriate data sharing agreements and data governance processes will be in place to improve our understanding of MD locally.

People will feel confident in sharing information to provide better, coordinated, person-centred support.

We will be able to better evidence where changes are needed and consider the cost avoidance potential, to inform future spend decisions.

We will know the numbers of unique people facing MD, their needs and equalities profile, applying an intersectional approach. We will be able to identify trends and projections. We will have this data for both those with higher acuity levels, and those with two MD needs where there is an opportunity for earlier intervention, including younger people from aged 16. This will include MD data at locality partnership level, as part of a place-based, integrated approach.

We will be able to evidence that MD data has been considered in strategic plans and service design across the system at a citywide and a locality level.

Strategic objective 5: Continue to work in partnership, building our collective skills, capacity, leadership, and resilience, to achieve cultural and system change**.**

What will success look like?

The needs and aspirations of people with MD will be understood, embraced, and integrated across the plans, programmes, and activity of strategic partnerships, city-wide and at locality level.

Collaboration and partnership working will be healthy, dynamic, and achieving positive change.

People with lived experience, and the diverse strengths and contributions of statutory and VCSE agencies collaborating with people facing MD, will be valued for the roles they play, including smaller specialist providers, and grass roots organisations.

Workforce development programmes, learning resources, training, and tools will support trauma informed practice. Partnership work will build leadership, skills, capacity, and resilience for cultural and system change.

The culture within partnerships and individual organisations, will support creativity, learning, courageous risk, and different ways of working. Opportunities will be seized.

An intersectional approach to need and equality and diversity, will promote inclusion. This will have visible leadership, be reflected in the profile of our workforce, and embedded in our collective ongoing work, across sectors.

Language used across the system will be person-centred, promote diversity and inclusion, raise awareness of 'being human first', and challenge the discrimination and stigma experienced by people facing MD. The voices of people with lived experience of MD will continue to be heard and to influence change.

Corporate sector engagement will open up wider opportunities across the city, for example relating to Bristol's arts and cultural scene, and employment opportunities.

Governance structures will support a city-wide approach.

5. Acknowledgements

We are extremely grateful for the input of people with lived experience from Independent Futures whose diverse insights and creative thinking has shaped the needs assessment and strategy. Alongside this, we thank all the agencies, and individuals who have contributed along the journey. This includes those who attended our sense making workshop, members of the Advisory Group, our expert advisors, and members of the Changing Futures Programme Board and team.

6. Glossary of Terms

Term	Definition
Multiple Disadvantage	People who are experiencing three or more combinations of the following: homelessness, substance misuse, mental ill-health, criminal justice involvement, domestic abuse, as defined in the Changing Futures programme. In the strategy, we also recognise those experiencing two of the above MD factors.
People with Lived Experience of multiple disadvantage	People with first-hand knowledge of multiple disadvantage gained through their own life experiences.
Acuity	Severity of need, as used within critical or emergency care settings in the health system. Indicators of high levels of acuity amongst people experiencing multiple disadvantage may include repeat

	accident and emergency presentations, exclusions from services, repeat safeguarding referrals, repeat incidences of sleeping rough.
Intersectional	An approach which considers how protected characteristics and socio-economic factors, and people's different identities, cultures, needs and histories, can combine to impact people's experiences.
My Team Around Me	An approach to working with people experiencing MD who need multi-agency support. The approach is strengths-based and provides the client with a dedicated collaborative cross-sector team. More information here: https://www.changingfuturesbristol.co.uk/my-team-around-me
Life course	The different stages and critical transition points during people's whole lives, from birth. This term is used in Public Health, in relation to a prevention approach: https://www.gov.uk/government/publications/health-matters-life-course-approach-to-prevention/health-matters-prevention-a-life-course-approach
Fidelity to the model	The principles, key characteristics, and features of the original model which it is expected all those delivering it will adhere to.
VCSE	Voluntary, community and social enterprise organisations