Appendix 1: Multiple Disadvantage Needs Assessment

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1. Purpose of the Multiple Disadvantage (MD) Needs Assessment - phase one

This first phase of the Needs Assessment seeks to provide a picture of the scale, demographic profile and needs of citizens in Bristol who are facing multiple disadvantage.

While many local projects have collated data and evidence of an aspect of need and some of the complexities within this population, this is the first time an exercise has been carried out which has attempted to bring data together, both to understand what the numbers look like, and to recognise more fully the intersectional nature of MD.

By intersectional, we mean consideration of intersecting needs, for example such as those relating to housing, mental health and domestic abuse, together with an intersectional approach to understanding people's histories, cultures, identities and the socio-economic factors affecting their lives. Applying an intersectional lens will help us to understand how interconnected these factors are. By overlaying and integrating these aspects, we strive to gain a more holistic, nuanced view of how individual experiences differ. We say more about an intersectional approach in the MD Strategy.

The aim is that phase one of the Needs Assessment provides the beginnings of an evidence base, to inform the MD Strategy.

Phase two of the Needs Assessment is discussed in the MD Strategy and will be informed by the findings and learning from Phase One.

2. Scope of Phase 1 of the MD Needs Assessment

In phase one we sought to:

- Understand the number of people aged 16 plus facing three or more MD factors, so we have a sense of the scale in Bristol.
- By looking at people experiencing three, four or five of the MD factors, we are focused on acuity. Alongside those in services, we have attempted to identify people who are on the periphery of support, who are not consistently engaged in services, or who have frequent contact with crisis or emergency services. This has proved challenging.

- Gain greater insights into the needs and issues for younger people from aged 16, many of whom may be in transition from children to adult services.
- Understand their demographic profile, including where they live in the city.
- Build a picture of the number of people with the different combinations of three plus needs, across the MD domains; for example, those experiencing domestic abuse, substance misuse, and mental ill-health; or homelessness, substance misuse and involvement with the criminal justice system.
- Gain a picture of the numbers with three plus needs who have died, to gain a deeper understanding of how MD affects people's life chances.

Figure 3 below illustrates what we mean by multiple disadvantage.

In phase one we did not set out to link data across datasets. This is to be considered as part of a second phase of the Needs Assessment, ensuring GDPR compliance.

The following are Out of Scope of the Needs Assessment:

- People facing less than three of the MD needs
- Under 16s
- People living outside of Bristol (although we do include some data on people from Bristol who are returning to the city after a period in prison)
- Families and children, for example engaged in the Supporting Families approach
- Commentary on the effectiveness of existing services, as this is not an evaluation

3. Methodology for Phase One

We collected existing data held by commissioners of services, and service providers, for the period April 2021 to March 2022.

To do this, we designed a template which asked for:

- Data on the numbers and demographic profile of individuals facing three plus needs across the MD domains
- Of that group, the combinations of three plus MD needs experienced.
- The total number of individuals within the MD population to understand the proportion who were people with three plus MD needs.

Because we were asking agencies to draw on their existing records, we did not provide definitions of homelessness, domestic abuse, substance misuse, mental health, or contact with the criminal justice system. Some guidance was provided on the categories used for the demographic data. We decided to give broad categories for ethnicity and age, based on the 2011 Census findings, as we anticipated that there would be different categories in use across the agencies, and broad categories would make it possible to collate the data.

See Appendix 5 for the template used.

The approach we took sought to:

- Bring together information and communicate this in a straightforward and accessible way.
- Provide assurance that the methodology used, data analysis and review of existing research studies and data has been robust.
- Address the data disclosure risk inherent in the presentation of small numbers – we have therefore applied suppression to the data tables in the Needs Assessment. This means that any values between one and four have been replaced with an asterisk.
- Draw on and reference other relevant data projects, findings and reports, seeking to enhance the available evidence, and avoid duplication of effort.
- Work within existing data sharing agreements

4. What we know now

4.1 Bristol's population

The population of Bristol was estimated to be 472,400 people on Census Day, 21 March 2021.

Bristol is the largest city in the Southwest and one of the 11 'Core Cities[1]' in the United Kingdom. Over the last 10 years, Bristol was the fastest growing of all the Core Cities in England and Wales.

Overall, there were 234,500 men (49.6% of the overall population) and 237,900 women (50.4% of the overall population) living in Bristol in 2021. Between 2011 and 2021, all age groups increased in Bristol except for those between the ages of 0- and 4-year-olds, reflecting a decade of falling birth rates, and amongst people aged 80 and over. Since 2016, the rate of population growth has

[1] Belfast, Birmingham, Bristol, Cardiff, Glasgow, Leeds, Liverpool, Manchester, Newcastle, Nottingham, Sheffield

slowed. This is in line with the UK population. In Bristol, growth has been mainly concentrated in the inner city, especially among young adults.

Bristol's population is projected to increase to 499,200 by 2030 if pre-pandemic trends continue, representing an increase of c.213% from the 2021 census figure. Bristol has a relatively young age profile with a median age of 32.4 years, compared to 40.3 years nationally. Bristol's child population is projected to remain stable up to 2030, whilst the population of people over 75 years is projected to increase by 15% over 2020-2030.

Our population is increasingly diverse. Around 19% of the population were from Black and minority ethnic backgrounds at the 2021 Census, rising from 16% at the 2011 Census.

4.2 External Influences

There are a number of cross-cutting themes that continue to impact people facing MD:

- Cost of living crisis
- Growing inequalities
- Growing numbers in poverty

The pandemic exacerbated existing inequalities. Studies highlight the disproportionate impact of the pandemic and its consequences on people from Black, Asian and minority ethnic communities (Women and Equalities Committee, 2020).

There was an increase in levels of domestic abuse (Women's Aid, 2021).

People's mental health worsened. Those who were more likely to struggle with their mental health before the pandemic were most affected (Mind, 2021).

Alongside this picture, the following are set to impact further:

- Risk of recession

- Cuts to public services, including Adult Social Care, and the VCSE, impacting local community resources as well
- Pressure on the health and social care system, with significant workforce shortages, overload, and recovery from the impact of the pandemic. This is forcing some services into 'crisis' or 'firefighting' mode, impacting thresholds, and capacity generally.

In this context, there is a tension between managing immediate service demands, and focusing efforts 'upstream' on earlier intervention, to help tackle some of the systemic root issues.

The challenges involved in this picture are significant and look set to continue, certainly for the immediate term. We recognise this is likely to mean a rise in the numbers facing MD, at least for the foreseeable future.

4.3 Evidencing the scale and complexity 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, it is estimated that approximately 15% need a new approach to how services are delivered. Taking the mid-point in the above range, this number is estimated to be 200 people.

Our estimate of between 1300 and 1600 has been derived from two sets of information:

- Data collated from the stakeholders shown below in Figure 1, drawing on the numbers on the Probation caseload for our upper estimate within the range
- Research published by Lankelly Chase in the Hard Edges Report (Bramley, et al., 2015)and adjusted for a number of factors to reflect a more up to date and rounded picture.

4.3.1 Estimating the number of people with higher levels of acuity in Bristol

Within the population experiencing three or more MD factors it is estimated that 200 people (approximately 15%) have higher levels of acuity, are not meaningfully engaged in services, and have been repeatedly excluded. This population is farthest from mainstream support, at higher risk of harm, and is more likely to be presenting to emergency or crisis services, or to have had multiple hospital admissions. We have drawn on a number of sources to inform this estimate:

- Numbers in the homelessness priority group: 80 people
- Numbers of people put forward for Bristol's Changing Futures (CF) programme: there were 25 people nominated who were not taken on to the CF caseload
- Numbers of women contacted by One25 through their outreach, who did not engage in the service: 67
- Numbers being supported by CF: 60 (maximum caseload)

We have also sense-checked this estimate with professionals working in the sector.

It is our view that 200 is a reasonable estimate for this population.

The data collected from local agencies during phase one of our Needs Assessment is shown in Figure 1 below.

	MD3 or more individuals on caseload	Total individuals on caseload	% MD3 or more on caseload
Changing Futures (April 2023)	49	54	91%
Drug & Alcohol Services (BCC)	295	3642	8%
Nelson Trust	509	592	86%
Next Link Hospital	196	570	34%
Next Link Plus	665	2245	30%
One25	162	167	97%
Pathway Placements	477	1646	29%
Probation	1592	2901	55%
Young People's Supported Accommodation	22	83	27%

Figure 1: Numbers and percentages of people experiencing three or more MD factors across local agencies, data is for April 2021- March 2022 except for CF data collected in April 2023. We have not shown the total numbers at the bottom of the table, as we know there is likely to be a level of double counting across agency datasets.

This shows the highest number being 1592 in the Probation caseload. As noted above, while across the whole of this dataset there is likely to be some double counting, the Probation

caseload provides an indication of the minimum number of people in Bristol experiencing three or more MD factors, as this is the largest dataset that shows unique individuals.

There was limited information available on young people, and it is recommended that further consideration is given to this population in phase two of the needs assessment.

4.3.2. Calculating the number of people experiencing three or more of the MD factors in Bristol

As noted above, our estimate of between 1300 and 1600 has been derived from 2 sets of information:

- Data collated from the stakeholders shown below in Figure 1, drawing on the Probation caseload number for our upper estimate within the range
- Research published by Lankelly Chase in the Hard Edges Report (Bramley, et al., 2015)summarised below and adjusted for a number of factors to reflect a more up to date and rounded picture.

Hard Edges Report

The Hard Edges Report (Bramley, et al., 2015) is the only nationwide attempt to map what is termed 'severe and multiple disadvantage'. This was defined as two or three MD factors across homelessness, criminal justice, and substance misuse.

The Hard Edges mapping used three national data sources that recorded adults in contact with homelessness, substance misuse and criminal justice services across local authorities in England in 2010/11. These sources were Supporting People, the Offender Assessment System OASys, and National Drug Treatment Monitoring System. Supporting People covered people in local authority funded housing-related support services for a range of groups, including domestic abuse survivors, people with mental health issues, substance misuse, homelessness or rough sleeping histories, and people convicted of criminal offences. Because of this breadth, our researchers used the Supporting People dataset as the basis of their estimate.

There was no nationally available dataset on mental health services delivery, so the researchers made an estimate of numbers within the other available datasets, while noting that this was likely to be a significant under-representation. We have not included this data here, because we have a range of more recent data relating to mental health within the MD population.

In Hard Edges, the researchers looked at adults i.e., aged 18 plus, experiencing two and three of the MD needs. It is significant that eighty percent of those recorded were men. The definitions and understanding of MD have continued to evolve, with domestic abuse included in the definition used by the Department of Levelling Up Housing and Communities (DLUHC) in [2]Changing Futures.

In relation to women, there is a significant body of evidence of the importance of a gendered understanding of MD. We have included some of this evidence in the sections below.

Figure 2 below provides the Hard Edges findings for Bristol, based on Supporting People data.

Group	Number
People with 2 MD factors	2500
People with 3 MD factors	870
Total	3370

Figure 2: (Appendix J, Table 4,(Bramley, et al., 2015))

Some caution needs to be exercised with this data. Firstly, it was collected over 10 years ago, and secondly, the numbers and experiences of women, of those with mental health issues, and those who are not engaged in services, are under-represented. In recognition of this, we have applied a number of adjustments to the above figures, as follows.

a) The figures are based on data from 2010/11. We are therefore adding 10% to reflect Bristol's population growth of 10.3% between the 2011 census and 2021 census.
b) Hard Edges recognises that the incidence of mental health is likely to be 'significantly greater' than recorded in their data, page 26 in their report. We have therefore added 10% in recognition of this.
c) To reflect the under-representation of women, we have added a further 20%.
d) We know that some people experiencing MD are not engaged with services and will therefore have been omitted from the Hard Edges mapping. This could include for example people who have faced barriers for cultural reasons, such as people of Black African, Caribbean and Asian descent, or people from LGBTQ+ groups. We are therefore adding a further 10% to reflect this.

[2] https://www.gov.uk/government/collections/changing-futures

We recognise that other factors, such as the impact of the Covid19 pandemic, and the cost-of-living crisis are likely to impact further.

While these uplifts are likely to be an under-estimate, this takes us towards a more representative picture.

Looking firstly at those with a higher level of acuity, the adjusted estimate for the number with three MD needs is 1305, rounded to 1300.

For those with two MD needs, the adjusted estimate is 3750.

Our Needs Assessment scope excluded those with fewer than three MD needs. However, we believe there is value in considering the population with two MD needs and have set out our thinking on this in the MD Strategy.

4.4 Building our understanding of the complexity and impact of Multiple Disadvantage

There is a growing body of evidence of the complexity of needs amongst people experiencing MD, and the impact on their lives. Hard Edges notes that the extreme nature of Severe Multiple Disadvantage was often said to lie in the 'multiplicity and interlocking nature of these issues and their cumulative impact, rather than necessarily in the severity of any one of them'.

The following image illustrates how MD factors may overlap, with the parts coloured orange showing the areas of most disadvantage:

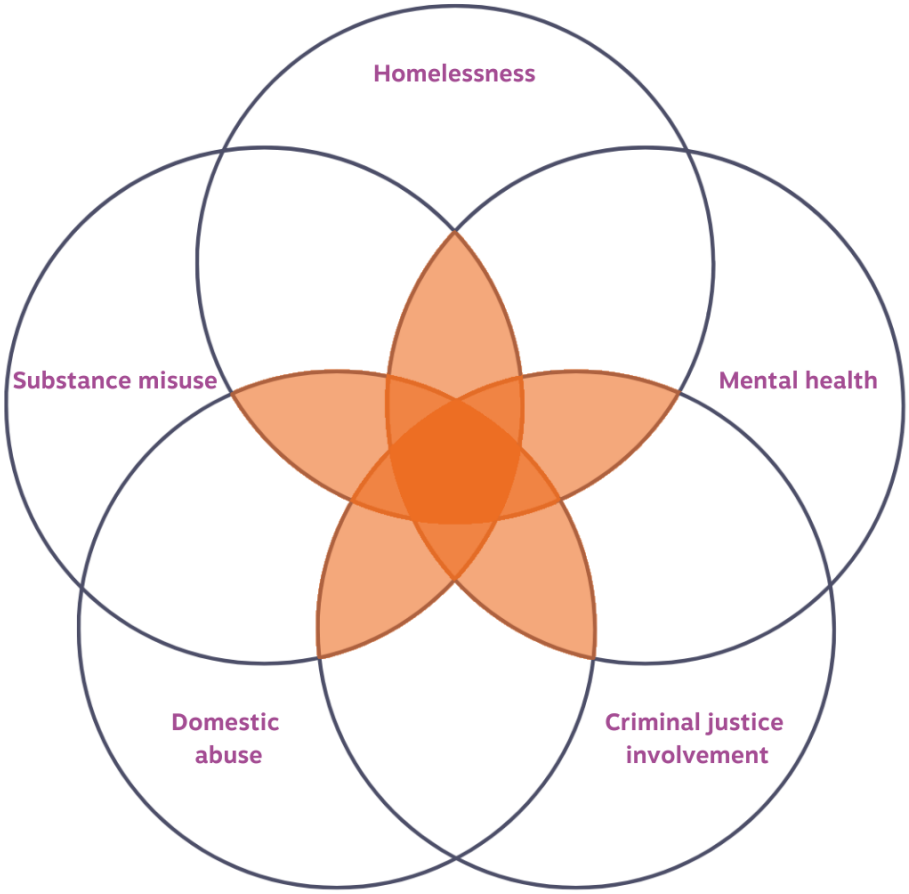

Figure 3: Illustration of overlapping and connecting needs across the MD domains.

In the following sections we draw on data we collected from local agencies and by CF Bristol.

4.4.1 Data from local agencies

As part of our phase one data collection exercise, we asked agencies to tell us the percentage of people on their caseloads with the different combinations of MD needs. The data is shown in Figure 4 below.

	Homelessness, Substance misuse, Mental health	Homelessness, Criminal Justice Involvement, Mental health	Homelessness, Criminal Justice Involvement, Substance misuse	Criminal Justice Involvement, Substance misuse, Mental health	Criminal Justice Involvement, Domestic Abuse, Mental health	Criminal Justice Involvement, Substance misuse, Domestic Abuse	Homelessness, Domestic Abuse, Mental health	Homelessness, Substance misuse, Domestic Abuse	Homelessness, Criminal Justice Involvement, Domestic Abuse	Substance misuse, Domestic Abuse, Mental health
Drug & Alcohol Services (BCC)	295									
Nelson Trust		263	180	276	148	110			88	
Next Link Hospital					29	16	31	24	7	108
Next Link Plus					68	48	183	47	15	219
One25					50	49	110	108	45	124
Pathway Placements	471	452	446				56	52	35	
Probation		927	953	1189	22	19			16	
Young Person's Supported Accommodation			*	8	7	9				

Figure 4: different combinations of MD needs within agency datasets (April 2021 – March 2022)

We suggest the most important point being illustrated here is the range of possible combinations people experience, and the intersectional impact these can have.

This underlines the importance of an intersectional approach to understanding people's needs.

4.4.2. Data from Changing Futures Bristol

Nominations from local agencies for Bristol's CF cohorts targeted people experiencing three plus of the MD domains, who were placing a high demand on local response services, but for whom current support systems were not working. A particular focus was given to people who were not well connected to existing support services, and therefore may be missing from service data and local needs analyses, despite potentially placing high demand on reactive services. (See Appendix 5 for a description of the three CF Bristol priority groups).

Figure 5 below shows the numbers of people on the CF caseload in April 2023 with two, three, four and five MD factors.

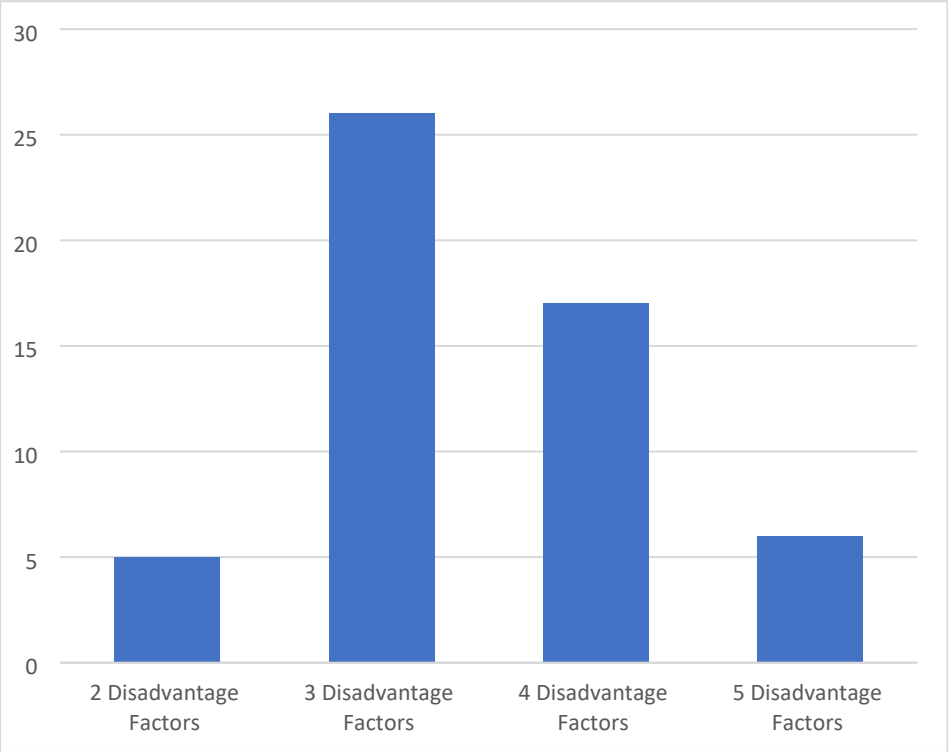

Figure 5: MD factors within Changing Futures Bristol caseload (April 2023)

We can see that most people are experiencing three or four disadvantage factors, and some have all five.

The CF prospectus(Department for Levelling Up, Housing and Communities, 2020) recognises 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 .

The personal stories and voices of people experiencing MD give important further insights into the reality of these experiences. The stories included here are based on real lives, and representative of what we know from local agencies' work with people facing MD. They have been anonymised, to protect people's identities and personal data.

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 round 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*."

4.4.3. The impact of other factors in people's lives

Poverty

The National CF evaluation (CFE Research with Cordis Bright, 2023)found that for the majority of beneficiaries, 72%, their main source of income is Universal Credit; 32% receive other benefits. A small proportion receive income from begging, 8%, and sex work,4%. At least 60% of beneficiaries are in debt or behind on their bills.

"I have no bank account, so my money goes into an ex-boyfriend's account. I have rent arrears from a council property I had years ago. I have not worked because I have an addiction." (CF beneficiary).

In the Unhealthy State of Homelessness (Hertzberg & Boobis, 2022),a third of respondents, 33%, 153, reported on average only eating one meal a day.

The Gender Matters Study (Sosenko, et al., 2020) , which looked at gendered patterns of severe and multiple disadvantage, found that 'both men and women in the most disadvantaged groupings are twice as likely as those without experience of primary domains of disadvantage to be resident in a deprived neighbourhood'.

Intergenerational experiences of MD

The Revolving Doors literature review (Good & Marriott, 2017)lists various research relating to intergenerational links across all MD domains, where a person's parent(s) have had the same issues. The same report also highlights that for some people there is no generational link e.g. (Perlman, et al., 2012). It is important therefore not to assume this.

Adversity and Trauma

We recognise that adversity and trauma have profound and lasting impacts on people's lives. We are using the terms 'trauma' and 'adversity', to recognise the importance of understanding the impact of trauma across people's lifetimes, and adversity which places more emphasis on people's social contexts, including experiences such as poverty, racism, sexism and other forms of inequality.

A Rapid Evidence Review (CFE Research, 2023) produced for the national CF programme states that 'there is a plethora of high-quality evidence showing how trauma can have a negative impact on different aspects of someone's life, including their health and wellbeing, employment and educational outcomes, and likelihood of experiencing multiple disadvantage'.

It also recognises that 'trauma is not evenly distributed in society. It disproportionately affects marginalised populations and is inseparably bound up with systems of power and oppression.'

Within Bristol's CF programme, most clients have experienced complex trauma, with many having multiple, and intersecting, experiences of trauma throughout their lives. These experiences of trauma include domestic and/or sexual violence, childhood abuse and neglect, being in local authority care, homelessness and racial trauma.

Aston's story

Aston, aged 17, of Black African-Caribbean and White descent, had experienced abuse as a child, and had been in local authority care since he was six years old. At school he had suffered racial bullying. As a teenager he had been exploited by local drug dealers, had developed problematic cannabis use, was known to the local Youth Offending Team and children's services. He had spent time sofa surfing and had been in and out of temporary accommodation.

Aston was passionate about writing poetry and hoped to undertake a creative writing course to develop his talent, and ultimately be published.

The racial trauma Aston had experienced affected his confidence in professionals, and his perspective on what was happening to him. He felt that they treated him differently because of his race.

Tall for his age, representatives from some of the agencies involved commented that Aston could be "quite intimidating". With an opportunity to reflect, his housing worker said she felt ill- equipped, and both she and his social worker said they felt nervous about his challenges around racism and of "getting it wrong".

For many of the CF clients who have been exposed to complex trauma, the difficulties they face throughout their lives are rooted in their need to adapt to and survive those experiences. In particular, substance misuse, mental ill health and problems forming trusting relationships are present for a large proportion of all three cohorts. This adversely impacts their ability to engage with services, trust professionals and navigate complex processes - three things often required to access and maintain the support they need.

The trauma experienced by CF clients is largely rooted in close relationships and so requires relational repair through enduring, patient and trauma-informed interactions with professionals (Sweeney, et al., 2018).

There is also evidence that trauma impacts people on a physiological level, which has lifelong impacts (Harris, 2014). This includes increased cortisol production, changes to the prefrontal cortex, hormonal imbalances, and affecting DNA transcription. Long term exposure to stress has lifelong implications, including risks of premature ill health.

The data analysed as part of the Hard Edges research found that 85% of people with SMD had experienced traumatic experiences in childhood that stemmed from Adverse Childhood Experiences ACEs, and that these increased markedly amongst those who had all three SMD domains.

The prevalence of different kinds of traumatic experience is detailed in Figure 6:

Background experience/ACE	**Percentage of SMD 3 who have experience**
Left home before 18th birthday	47%
Ran away	41.9%
Parents violent	29.3%
Parents drug/alcohol	29%
Abused	24.4%
Neglected	17.9%
In care	17.8%
Starved	17.3%
Parent mentally ill	16.9%

Figure 6: Table 1: Adverse Childhood Experiences amongst SMD 3 Population (Bramley, et al., 2015)

The increase for those with three of the SMD domains is shown in the example data below, again from Hard Edges.

Experience/ACE	**SMD1**	**SMD 2**	**SMD3**
Parents - drug alcohol	9.1%	19.9%	29%

Ran away	10.3%	28.3%	41.9%

Figure 7: Table 2 Correlation between Adverse Childhood Experiences and SMD (Bramley, et al., 2015)

The central aim of the Gender Matters study (Sosenko, et al., 2020)was to develop a statistical profile of women affected by severe and multiple disadvantage in England. The study found that "the chance of experiencing each of the primary disadvantage domains in adult life increases steeply as the number of adverse childhood experiences increases".

Further, the Report states "The Children in Need dataset indicates a clear correlation between the number of adverse experiences faced by children and the number of disadvantages faced by their parents".

The Report concludes: "Adverse experiences in childhood are confirmed as a very strong risk factor for severe and multiple disadvantage later in life. Individuals reporting the most complex combinations of primary and secondary domains of disadvantage during adulthood were highly likely to report having experienced abuse or neglect when they were children".

Brain Injury, Autism and Learning Difficulties

There is a high prevalence of Traumatic Brain Injury found in homeless populations. A systemic review and meta-analysis showed 53% of homeless and marginally housed individuals suffered from some kind of TBI, which often had further implications for physical and mental health (Stubbs, et al., 2020).

Additionally, Groundswell, Homeless Link and other organisations estimate that up to 12% of people who are homeless have autism, compared to just over 1% of the wider population (Groundswell, 2020).

Brain injury and autism often go undiagnosed in the MD population. They can both impact on people's mental health and their behaviour and may be a significant underlying reason why some people facing MD are considered 'problematic', 'hard to reach', are excluded from services, or be involved in anti-social behaviour (Churchard, et al., 2019).

Though evidence is limited, it is also likely that learning difficulties, or neurodiversity, for example relating to autism, ADHD or dyslexia, will be relatively high in the MD population. Certainly, it is

higher for homeless people (Churchard, et al., 2019)and in the prison and probation populations a study (Criminal Justice Joint Inspection, 2021) quotes that approximately 50% of the prison population have a neurodiversity condition.

Safeguarding and Cuckooing

We know that the vulnerability of people experiencing MD means that safeguarding issues are often involved.

We include some information from Bristol Safeguarding below. People experiencing MD are vulnerable to exploitation by others and this may take several forms. One such is known as 'cuckooing'. This is where a vulnerable person is exploited by others for their own gain, who take over the person's home. The cuckooing may take a few different forms, ranging from financial or sexual exploitation to illegal activity.

Employment

The CF national evaluation (CFE Research with Cordis Bright, 2023) found that 5% of beneficiaries had participated in any employment, training or volunteering in the past three months, and 3% were said to be thinking about working toward employment, volunteering or training.

Bristol's CF programme shows a similar picture, with 2% of clients in work or self-employed, April 2023).

The data analysed in the Hard Edges report found that most people facing severe multiple disadvantage SMD3, were either unemployed or only working casually, or unable to work due to sickness or disability, as the table below shows.

Employment status	**Percentage of people with SMD3**
Long term limiting illness	45.5%
Ever long term sick	33.4%
Mostly unemployed	22.7%
Mostly casual employment	18.5%

Figure 8: employment status and Severe Multiple Disadvantage (Bramley, et al., 2015)

National data from the Fulfilling Lives programme shows higher numbers unable to work, at 70%, see figure 9 below. This programme principally worked with people with highest levels of multiple disadvantage.

Employment status	**Sample size = 2094**
Unable to work	70.1%
Unemployed	12.3%
Working/self-employed	1.9%
Other	15.7%

Figure 9: Fulfilling Lives beneficiary data collected July 2014 to December 2018

This picture is in stark contrast to the general population, where the current percentage of adults in work in England and Wales is 57.2%, Census 2021, and in Bristol where 64.8% were economically active, Census 2021.

4.4.4. Further evidence

The following sections set out headlines drawn from national and local sources. We have also included statements from local agencies and people with lived experience, who attended a data sense-making workshop during Phase One of the Needs Assessment. Workshop participants reviewed the available data and tested out some initial observations to generate the statements below.

4.4.4.1 National Evidence

Mental Health

- Mental ill health is the most prevalent form of disadvantage experienced by programme participants – 83 per cent reported mental health problems in the past three months. There is a high degree of overlap between mental ill health and drug and alcohol problems – almost 7 out of 10 participants have experience of both. (CFE Research with Cordis Bright, 2023)
- Almost all, 93% of Fulfilling Lives beneficiaries experienced mental health problems, and 90% of Fulfilling Lives beneficiaries with mental health problems also had a need relating

to substance misuse (CFE Research and The University of Sheffield, with the Systems Change Action Network, 2020)

People in prison or leaving prison

- The HM Inspectorate of Probation reported that in 2018–19, 16% of male prisoners and 19% of female prisoners were released homeless, and around a third of male prisoners and a quarter of female prisoners were released without settled accommodation (HM Inspectorate of Probation, 2020).
- Offenders with accommodation needs are more likely to reoffend: a report from 2012 showed that 79% of prisoners who reported being homeless prior to entering custody were reconvicted within a year of release, compared to 47% of those with accommodation (Williams, et al., 2012).
- Research has shown that as many as 70% of people in prison have two or more mental health disorders (Edgar & Rickford, 2009). Reports also show an increasing number of prisoners report developing a substance misuse problem in custody (Shilson-Thomas, 2020).

Young People

- In England, 112,500 young people presented as homeless or at risk of homelessness to their local authority in 2021/2022, an increase of 8,100 (8%) from the previous year (Nicoletti, 2023).
- MHCLG survey 2020 of homeless people found that 72% of people sleeping rough had experienced time in care as a child, been permanently excluded from school, regularly truanted, left school before 16 or a mix of these (Ministry of Housing, Communities and Local Government, 2020).
- Research on routes into homelessness demonstrates a high prevalence of childhood trauma with highest risks in low-income populations (Luchenski, et al., 2018).

4.4.4.2 Local Evidence

From 835 adults and young people who are homeless and living in the **Bristol Pathways accommodation**:

- 79% have been identified as having support around mental health needs.
- 39% have physical health needs
- 63% have identified an issue with drugs or alcohol use
- 12% have support needs relating to domestic violence, sexual violence, child sexual exploitation, trafficking and forced marriage

From **Bristol City Council's Multiple Disadvantage and Preventing Rough Sleeping analysis:**

- 59% of people sleeping rough had mental health needs and 72% had substance misuse needs

From **Next Link domestic abuse services**:

- Under Covid-19, Next Link saw a 30% increase in women seeking help from domestic abuse services.
- 38% presenting at the high-risk service were repeat victims with trauma symptoms, mental ill-health, history of childhood abuse and ACEs, dual diagnosis, immigration issues, substance misuse and offending behaviour. 48% were from Black and Minority Ethnic communities, 38% had disabilities.

Data from **OPOKA, providing domestic abuse support to Polish women:**

- OPOKA saw 206 women in Bristol during 2019/20 of which approximately 80% had complex needs/MD (most common is substance misuse and mental health, also housing issues).
- There was a significant increase in demand in 2020 with 912 calls, up from 277 calls in 2019. Whilst the increase was citywide, higher numbers of calls came from areas of the city experiencing higher deprivation.

From **One25: data on vulnerable women including those on the edge of services**

One25 worked with 234 women during May 2021 to May 2022. Of 167 women where data was available:

- 97% experienced sexual violence and/or domestic abuse at some point in their lives
- 86% experienced substance misuse in the last year
- 92% experienced mental health problems in the last year

- 75% experienced homelessness in the last year
- 79% physical health problems in the last year
- 65% experience of street sex work at some point
- 56% disclosed experience of child sexual abuse
- 32% experienced offending in the last year

The remaining 67 women were seen primarily via the One25 Van Outreach with a few via the drop in and did not go on to have complete assessments or relationships with the One25 team.

Based on One25's expert knowledge of the client group, all 67 meet the MD three plus definition, with experience of domestic abuse, mental health issues and substance misuse. All were street sex working (technically an offence) to fund their addiction, to manage their trauma, and their mental health issues.

Of 37 women supported in quarter one by the **Respite Rooms pilot** launched in 2021 to support those fleeing domestic abuse:

- 36 (97%) had needs around domestic abuse, homelessness and mental health
- 29 (78%) had needs around domestic abuse, homelessness and substance use
- 10 (27%) had needs around domestic abuse, homelessness and a disability including learning disabilities or autism.

Prison leavers data: men and women released from any prison back into Bristol and South Gloucestershire (data is for 18 months, covering October 2021 to September 2023)

- On average there are 71 releases monthly
- Of all releases, 62% of people identify as having three or more MD needs, with 38% who do not. January 2023 was the first time there were less people with three or more MD needs (49%), than those who do not (51%).

Accommodation on the day of release:

- For those with at least three MD needs, 75% had were being released into temporary or settled accommodation, whilst 18% were not (i.e., they were homeless, or awaiting assessment, or their status was unknown).
- This compared to 86% and 10% respectively, for people who do not have three or more MD needs.

- This highlights that there were higher numbers of people with three or more MD needs who were homeless/awaiting assessment/with status unknown.

People with different lengths of prison sentence: of the 1592 people experiencing 3 or more MD factors on the caseload during April 2021 to March 2022, figure 10 below shows the sentence length of 230 individuals who had had a custodial sentence (pre and post release both included), looking at the length of their most recent sentence, and comparing that to the custodial sentences of people without MD3 factors.

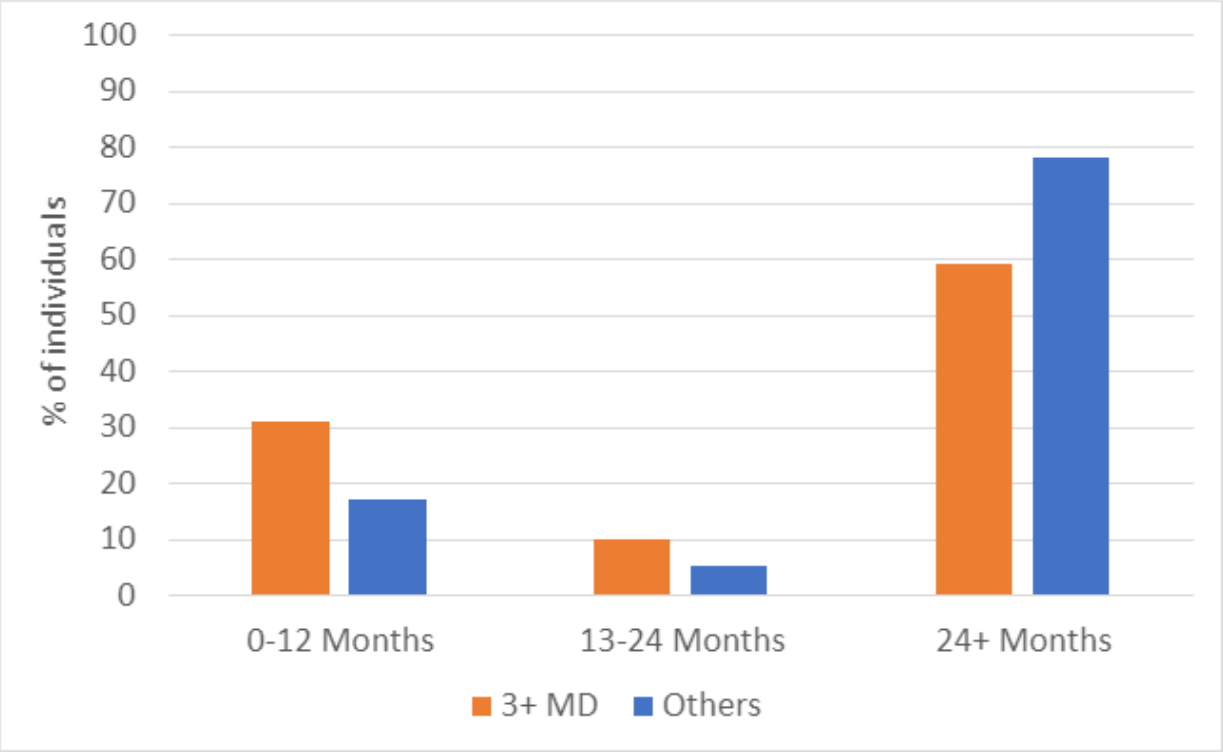

Figure 10: The sentence length of 640 individuals, showing the proportion with MD3+ and non MD3 across different sentence lengths (MD3+ sample is 263 people, people without MD3 + sample is 377 individuals).

This shows that across this population around a third of people were experiencing three or more MD factors, and there is a higher proportion with three or more MD factors in the shorter sentence group.

Substance Misuse data (from Theseus, 2020 – 2021):

- 466 clients had all three of mental health, housing/homelessness and substance misuse needs

The Homeless Move On Team (2020 - 2021):

- Of 123 referrals for an assessment of need under section 9 of the Care Act, 59 (48%) individuals had three of the five MD needs

From **Bristol's Combating Drugs Partnership** (data for January 2020 – December 2021**)**:

- an estimated 5,000 people use opiates and crack cocaine - almost double the national average.
- Across the core cities, Bristol has the largest proportion of very high complexity clients which makes them more likely to be in treatment for longer and need specific support
- For people experiencing three or more MD factors the use of opiates is noticeably more likely: where there is domestic abuse and substance use: 76.5% opiate use; where there is homelessness and, mental ill-health and substance use: 76.3% opiate use, where there is homelessness, mental ill health, domestic abuse and substance use: 90.9% opiate use

People experiencing homelessness in Bristol – Health Needs Analysis (2022)

This study shows that in relation to physical health, amongst people who are homeless, there is increased incidence and higher risk levels across several areas, including:

- Poor oral health, chronic liver disease, asthma, epilepsy, COPD, heart problems and stroke - significantly higher levels than housed people
- Increased risk of HIV, Hep C and TB
- Lifetime prevalence of moderate to severe of Traumatic Brian Injury - 10 times higher than amongst non-homeless population

- Deaths caused by drugs, alcohol, suicide, respiratory, cardiovascular and digestive system diseases considerably higher

Young People aged 16 to 25 – data collated in 2019

- Cross cutting service demand is frequently based in early trauma (Adverse Childhood Experiences (ACEs)) presenting at gateways such as criminal justice, homelessness, substance misuse, mental health and the need for safeguarding protection.
- 24% of young people known to services have two or more ACEs with most common of these being domestic abuse and neglect.
- Children and Young People's Services assess around 100 young people as very high risk of harm to themselves and others where mental health, thinking and behaviour, relationships and substance misuse, speech and language difficulties underlie their presentation to services for help.
- Young people from Black and Minority Ethnic (BAME) backgrounds are disproportionately represented at higher tier levels of need, and sanction: of young homeless people in high support accommodation, 64% are BAME; there are higher mental health issues amongst BAME young people; 76% of those gang involved are BAME; and high numbers are remanded and imprisoned from BAME backgrounds.

Young people who are homeless

- 1318 young people approached Bristol City Council in 2019/20 because they were homeless (Centrepoint)

Supporting statements from key stakeholders from their review of the data:

- Homeless populations, including young people, show high levels of mental ill health, substance misuse, domestic abuse and physical health needs.
- There is a strong connection between MD and opiate use.
- Bristol shows high levels of substance misuse complexity and as that complexity is closely linked to MD, this may mean Bristol has higher than average MD levels.
- Data showing that 8% of the drug and alcohol in treatment caseload are experiencing 3+ MD factors feels like a significant under representation.

4.5 Our understanding of the demographic profile of people facing MD

There is a significant, growing body of evidence about the demographic profile of people experiencing MD, and the different impacts of MD on diverse groups and populations.

At the same time, it is important to acknowledge where we have gaps in the data, and to recognise those groups and populations we still know less about.

We have drawn evidence from the following sources:

- Data collected from agencies during Phase one of the Needs Assessment.
- Local reports
- National reports

4.5.1 Data collected from local agencies

The data shown here was reported by the agencies who returned data, using the template provided.

Except where stated otherwise, this was drawn from their existing records for clients accessing their services during April 2021 to March 2022.

It is likely that there may be some variations across the agencies in how the data was originally collected, or in some of the categories or definitions used.

Gender

Figure 11 below shows the breakdown of clients' gender across the nine agency datasets, shown as numbers and percentages for each dataset. The Bristol Census data 2021 is shown for comparison.

	Male	Female	Trans-gender	Non-binary	Not known

Bristol Census 2021*	**49.6%**	**50.4%**	**0.2%**	**0.2%**	-
Changing Futures (April 2023)	30	24	0	0	0
	55.6%	**44.4%**	**0.0%**	**0.0%**	**0.0%**
Drug & Alcohol Services BCC	218	77	-	-	-
	73.9%	**26.1%**			
Pathway Placements	364	113	0	0	0
	76.3%	**23.7%**	**0.0%**	**0.0%**	**0.0%**
Nelson Trust	0	507	*	0	*
	0.0%	**99.6%**	***%**	**0.0%**	***%**
Next Link Hospital	10	184	*	*	0
	5.1%	**93.9%**	***%**	***%**	**0.0%**
Next Link Plus	*	650	11	*	0
	***%**	**97.7%**	**1.7%**	***%**	**0.0%**
One25	0	132	*	0	30
	0.0%	**81.0%**	***%**	**0.0%**	**18.4%**
Probation	1346	235	11	0	0
	84.5%	**14.8%**	**0.7%**	**0.0%**	**0.0%**
St Mungo's ACE	132	102	6	*	8
	53.0%	**41.0%**	**2.4%**	***%**	**3.2%**
Young People's Supported Accommodation	14	6	0	0	0
	70.0%	**30.0%**	**0.0%**	**0.0%**	**0.0%**

Figure 11: Gender of people experiencing multiple disadvantage. Data collected from April 2021 – March 2022.

It is recognised there may be some double counting across these datasets. It is also noted that some of these agencies provide women only services, and others see many more men than women. Data from one agency, Next Link, includes a number who identify as transgender, and non-binary. The gender identity of a proportion of people is unknown.

We did not set out in phase one to identify the exact gender profile of the MD population. We cannot draw any firm conclusions from the data about the numbers, or the proportion, of men, women, transgendered people, and non-binary people within Bristol's MD population.

The picture here underlines the importance of not under-estimating the numbers of women, and while recognising that a number of people identify as transgender, and non-binary, we do not have the full picture.

Of beneficiaries within the national CF programme, 40% are female and 59% male, with less than 5 people (of the sample size of 324) reporting their identity as non-binary/other.

Ethnicity

The template used for collecting data used broad ethnic categories, and provided a definition of these, based on the 2011 census categories.

Figure 12 below shows the ethnic breakdown of clients with three MD domains in each of the agency datasets, as numbers and percentages, and with data from the Bristol census 2021 for comparison. The ethnic categories we used broadly match those used in the 2021 census.

	White British	White Eastern European	Mixed Race/Dual Heritage	Asian	Black	Other Ethnic Group	Not known
Bristol Census 2021	**72%**	**10%†**	**9%**	**7%**	**6%**	**2%**	**-**
Changing Futures (April 2023)	28	*	*	*	11	*	*
	52%	***%**	***%**	**6%**	**20%**	***%**	***%**
Drug & Alcohol Services BCC	258	-	23	*	6	-	5

	87%		**8%**	***%**	**2%**		**2%**
Nelson Trust	412	0	31	6	23	22	15
	81%	**0%**	**6%**	**1%**	**5%**	**4%**	**3%**
Next Link Hospital	155	*	13	8	3	9	6
	79%	***%**	**7%**	**4%**	**2%**	**5%**	**3%**
Next Link Plus	494	16	49	37	43	21	5
	74%	**2%**	**7%**	**6%**	**6%**	**3%**	**1%**
One25	101	-	11	*	13	10	25
	62%		**7%**	***%**	**8%**	**6%**	**15%**
Pathway Placements	128	*	30	6	35	13	262
	27%	***%**	**6%**	**1%**	**7%**	**3%**	**55%**
Probation	1206	46	103	20	174	15	28
	76%	**3%**	**6%**	**1%**	**11%**	**1%**	**2%**
St Mungo's ACE	147	-	19	15	16	14	32
	60%		**8%**	**6%**	**7%**	**6%**	**13%**
Young Person's Supported Accommodation	18	0	*	0	0	*	0
	82%	**0%**	***%**	**0%**	**0%**	***%**	**0%**

Figure 12: Recorded ethnicity of people experiencing three plus multiple disadvantage needs. Data collected from April 2021 – March 2022. Note ✝ is 'White Other' in the census data.

The high proportion of 'not known' within the Pathway Placement data was due to a data error during the period, which has since been corrected.

The Changing Futures data includes the cohort of around 20 young people from Black and minoritised ethnic communities (Black African/Black Caribbean/Dual Heritage), aged 16 to 25, whose experience of MD is compounded by discrimination, and who are involved with the criminal justice system. This group represents approximately a third of the total number of CF clients.

The data shows that within the Probation, Pathway Placements and Next Link datasets there were higher numbers of people with three or more MD factors identifying as Black, Mixed Race/Dual Heritage and belonging to 'Other Ethnic Group', than the numbers from these communities in Bristol's general population at the Bristol 2021 census.

At the national level, the ethnicity of CF participants broadly reflects the general population. However, Asian participants are under-represented in the data compared to the wider population. The evaluation notes that this may be due to lower prevalence of MD among this community, or lower levels of engagement with services.

Disability

Disability was defined as 'physical or mental health impairment that has a substantial and long-term negative impact on your ability to do normal day to day activities' (as used in the Equality Act 2010). Figure 13 below shows the recorded disability of caseloads, compared to data for the general population from the Bristol 2012 census.

	Has a disability	Does not have a disability	Not known
Bristol Census 2021	8%	92%	
Drug & Alcohol Services (BCC)	84	134	81
	28%	**45%**	**27%**
Nelson Trust	121	252	136
	24%	**50%**	**27%**
Next Link Hospital	149	44	*
	76%	**22%**	***%**
Next Link Plus	551	112	*
	83%	**17%**	***%**
One25	34	58	70
	21%	**36%**	**43%**
Pathway Placements	62	343	51

	14%	**75%**	**11%**
Probation	768	589	235
	48%	**37%**	**15%**
St Mungo's ACE	76	111	54
	32%	**46%**	**22%**
Young People's Supported Accommodation	*	7	8
	***%**	**37%**	**42%**

Figure 13: disability of people on caseloads experiencing three plus MD factors. Data collected for April 2021 to March 20222. Data was not available for the CF caseload.

While the numbers where disability was 'not known' are quite high in some of the datasets, the data highlights that there were higher numbers with disabilities amongst people experiencing three or more MD factors across all the agency caseloads, than in Bristol's general population. In some datasets, the numbers are significantly higher, notably in the Next Link (76% and 83%) and Probation (48%) caseloads.

At the national level, 85% of CF participants consider themselves to have some form of physical or mental health condition or illness lasting or expected to last 12 months or more.

Sexual Orientation

Figure 14 below shows the recorded sexual orientation of caseloads, compared to the general population recorded in Bristol's 2021 census.

	Heterosexual	Gay/ Lesbian	Bisexual	Other	Not known
Bristol Census 2021	**85%**	**2%**	**3%**	**1%**	
Changing Futures (April 2023)	24				30
	44%	**0%**	**0%**	**0%**	**56%**
Drug & Alcohol Services BCC	261	*	11	*	19
	88%	***%**	**4%**	***%**	**6%**

Nelson Trust	221	9	15	*	262
	43%	**2%**	**3%**	***%**	**51%**
Next Link Hospital	147	*	17	*	26
	75%	***%**	**9%**	***%**	**13%**
Next Link Plus	556	6	50	12	41
	84%	**1%**	**8%**	**2%**	**6%**
One25	96	*	11	0	54
	59%	***%**	**7%**	**0%**	**33%**
Pathway Placements	354	6	14	*	99
	74%	**1%**	**3%**	***%**	**21%**
Probation	1313	35	36	5	203
	82%	**2%**	**2%**	**0%**	**13%**
St Mungo's ACE	153	*	12	*	64
	65%	***%**	**5%**	***%**	**27%**

Figure 14: sexual orientation of people on caseloads experiencing three or more MD factors. Data collected for April 2021 to March 2022 except for the Changing Futures caseload (April 2023).

It is noted that there was a high percentage of people where their sexual orientation was 'not known', with this being the highest in the CF data, at 56%, and the Nelson Trust data, at 51%. This highlights the challenges in gaining an accurate picture. We are mindful that staff applying a trauma informed approach will prioritise building trusting relationships and avoid asking people personal questions, for example around their sexuality, which they could perceive as intrusive. We respect people's right not to disclose this data if they choose not to.

Within the CF data, 92% of beneficiaries identify as heterosexual or straight, roughly in line with the wider population (Office for National Statistics, 2022).

Age

Figure 15 below shows the ages of people experiencing three or more MD factors from the data reported by each of the local agencies, with data from the Bristol 2021 census.

	16 – 25	26 - 49	50 - 64	65+
Bristol Census 2021	**15%**	**39%**	**15%**	**13%**
Changing Futures (April 2023)	20	28	5	*
	37%	**52%**	**9%**	***%**
Drug & Alcohol Services				
BCC	16	255	24	*
	5%	**86%**	**8%**	***%**
Pathway Placements	40	367	69	*
	8%	**77%**	**14%**	***%**
Nelson Trust	72	361	72	*
	14%	**71%**	**14%**	***%**
Next Link Hospital	33	121	29	13
	17%	**62%**	**15%**	**7%**
Next Link Plus	85	463	102	15
	13%	**70%**	**15%**	**2%**
One25	10	118	19	0
	7%	**80%**	**13%**	**0%**
Probation	279	1127	178	8
	18%	**71%**	**11%**	**1%**
St Mungo's ACE	23	175	29	15
	10%	**72%**	**12%**	**6%**
Young People's Supported Accommodation	14	6	0	0
	70%	**30%**	**0%**	**0%**

Figure 15: recorded age of people experiencing three plus multiple disadvantage needs. Data collected from April 2021 – March 2022, except for the CF caseload collected in April 2023.

It is noted that the Young People's Supported Accommodation is specifically for younger people.

The higher number of young people aged 16 to 25 within the CF caseload reflects the young people's cohort, who are approximately a third of the total caseload.

The data shows that most people fell within the 26 to 49 age group.

The CF national data shows that the majority of participants are aged between 30 and 49 – this is in line with wider research on MD.

Where people live, or are staying

Data was collected on people's Bristol postcode. Within the caseloads, some people were living in their own home, some were homeless, either sleeping rough or in other situations, some were living in temporary, or other forms of short-term housing, for example the Homeless Pathways Accommodation and young people's supported accommodation. The data in figure 16 below therefore reflects this range of situations.

	BS1	BS2	BS3	BS4	BS5	BS6	BS7	BS8	BS9	BS10	BS11	BS12	BS13	BS14	BS15	BS16	Not known
Changing Futures (April 2023)	*	5	*	0	8	*	*	0	0	*	0	0	*	0	0	*	22
	*%	10%	*%	0%	16%	*%	*%	0%	0%	*%	0%	0%	*%	0%	0%	*%	44%
Drug & Alcohol Services BCC	7	19	14	22	33	10	15	*	5	14	7	0	19	7	10	16	102
	2%	6%	5%	7%	11%	3%	5%	*%	2%	5%	2%	0%	6%	2%	3%	5%	34%
Nelson Trust	14	17	28	46	41	14	13	11	6	20	19	0	33	13	21	39	25
	4%	5%	8%	13%	11%	4%	4%	3%	2%	6%	5%	0%	9%	4%	6%	11%	7%
Pathway Placements	18	147	30	14	104	17	9	7	*	20	*	0	8	*	33	27	*
	4%	33%	7%	3%	24%	4%	2%	2%	*%	5%	*%	0%	2%	*%	7%	6%	*%
Probation	24	138	88	110	194	25	177	19	25	87	45	0	95	56	57	137	315
	2%	9%	6%	7%	12%	2%	11%	1%	2%	5%	3%	0%	6%	4%	4%	9%	20%
Young People's Supported Accommodation	0	0	5	0	*	*	0	*	*	*	0	*	*	*	*	0	0
	0%	0%	25%	0%	*%	*%	0%	*%	*%	*%	0%	*%	*%	*%	*%	0%	0%

Figure 16: Where people with three or more MD factors were living, by Bristol postcode. Data is for April 2021 to March 2022, except for CF Bristol (April 2023).

Figure 16: Where people with three or more MD factors were living, by Bristol postcode. Data is for April 2021 to March 2022, except for CF which is for April 2023.

In some datasets, the information was not available.

While data was not known for a significant proportion of people within several datasets, the data highlights MD is a city-wide issue, and across all the ICS locality partnerships.

Consideration will be given to further mapping in phase two of the needs assessment, and to explore whether there are any links with areas of higher deprivation in the City.

4.5.2 Further evidence: national sources

Changing Futures national evaluation

In relation to disability/long term health conditions: 85% of CF beneficiaries (base = 325) reported a long-term physical or mental health condition, compared to 41% of Fulfilling Lives beneficiaries (base = 2,303). This compares to 18% of the wider population.

A third of participants had some form of neurodiversity, including learning disability, ADHD and acquired brain injury.

LGBT experiences

Findings from a research study (LGBT Foundation, 2020) into understanding LGBT people's experiences of severe and multiple disadvantage found:

- high rates of substance misuse and homelessness
- limited evidence of criminality
- vast majority of participants report facing two or more of the domains of severe and MD identified in the original Hard Edges report, but this frame was not sufficient to understand the full range of people's experiences and did not capture the different kinds of marginalisation they had faced.
- There are profoundly unique barriers and challenges LGBT people face, and many of these make them vulnerable to, and interlink with severe and multiple disadvantages.
- The discrimination which they faced in childhood and adulthood often made them isolated and reduced the opportunities they had to build a support network.
- Stresses related to coming out impacted people throughout their lives and separated them from their friends. In some instances, stigma and a lack of understanding within

mainstream services often meant participants were reluctant to engage with services, which often meant they would try to cope with and address their issues on their own. This made issues which were unrelated to their LGBT identities, like adverse childhood experiences, harder to process and made the trauma more impactful.

Severe and multiple disadvantage amongst girls and women

A Study (McNeish, et al., 2016)found that compared to men, women are more likely to:

- be receiving medication for mental health problems
- be dually diagnosed
- have no qualifications
- report significant financial problems
- report significant family relationship problems
- report some or significant partner relationship problems
- have had significant adverse experiences in childhood
- have been a victim of domestic violence

Women in prison

Women in custody are twice as likely to have mental health needs, than men.

Age

- For all serious multiple disadvantage categories apart from homeless-only, the most common age group is 25–34 years old.
- 40% of those only experiencing homelessness are aged under 25.
- Age profiles appear to be changing over time - most apparent in the drug treatment serious multiple disadvantage population, suggesting that there is a cohort ageing process at work – a group of people who were younger adults in the early 2000s, and were then dominant in the drug misuse scene, are moving up the age categories while still remaining active drug users.

Asylum seekers and migrants who are sleeping rough

St Mungo's Migrant strategy 2022 - 2025 quotes the following figures for London:

- where we have the most accurate data, 48% of individuals who are rough sleeping are migrants. 17% are from non-EEA countries 12% are from Romania.

4.5.3 Further evidence: local sources

Bristol Rough Sleeper data

- There are higher levels of Black African/Caribbean/Black British people and people identified as White Other engaging with the Rough Sleeper service, compared to the Bristol population

Street Impact Bristol (SIB)

- Eight of 125 clients had epilepsy - 6% compared to 1% in general population
- Three clients had diagnoses of Autism. The team identified 13 other people demonstrating behaviours that suggest Autism. The national average is 5-8%
- If ADHD, undiagnosed brain injury, learning disability and Korsakoff's syndrome are included, the figure increases to 24 of the SIB clients (20%).

Prison leavers data

Men and women released from any prison back into Bristol and South Gloucestershire over a period of 18 months (Oct 2021 to September 2023) (from HM Prison and Probation Service).

Gender

- Of all releases, 92% are Male and 8% are Female
- Whilst 60% of men identify as having three or more MD needs, the rate for women is considerably higher at 83%
- Age: The 26-49 age category is by far the largest group making up 73% of all releases. 67% of this age group identify as having three or more MD needs, compared to only 49% for all other age groups

Ethnicity

- People identifying as White are by far the largest group making up 75% of all releases - of this group 65% have three or more MD needs.
- Across other Ethnic groups, for those identifying as Mixed Race, 74% had three of more MD needs, compared to 55% amongst those identifying as Black, and 39% in those identifying as Asian.

Sexuality

- The Majority, 79%, identify as heterosexual and of these 63% have three or more MD needs
- 2% identified as Gay/Lesbian of which slightly less, 56%, have three or more MD needs, whereas of the 2% identified as Bisexual, 70% had three plus needs

Bristol Safer Options Team

- Exclusions from school have a direct impact in young people entering the Avon and Somerset criminal justice system with boys from Black and Minority Ethnic backgrounds on free school meals twice as likely to be excluded as their White peers.

Golden Key

- Of 154 clients, 80% would have been considered to have severe and multiple disadvantage by the programme definition of having three or four needs.
- Nearly all were reported to have mental health needs and just under two thirds were recorded as experiencing homelessness at the start.
- 80.9% had a history of offending and 85.8% of misusing substances.

Golden Key – Gender and Severe and Multiple Disadvantage

- There are gendered differences in how women experience severe and MD in comparison to men. Practitioners and researchers have highlighted the need for services to be gender informed, paying attention to and implementing practices relating to specific gender needs and viewing individuals' difficulties within their social contexts (Rogers, et al., 2021)

Supporting statements from key stakeholders' review of the data:

- There is a higher prevalence of disability in MD cohorts compared to the general population (according to the Census), which shows the importance of including disability in MD definitions
- There are higher numbers of young people from 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.
- It is important to consider MD from a gender perspective, to consider the impact of domestic abuse and gender-based violence.
- 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

Tracey's story

Tracey had a history of drug and alcohol misuse, and significant experience of trauma, which included childhood abuse and domestic abuse. She suffered from chronic fatigue, and had complex mental health needs, including anxiety and depression, and a personality disorder diagnosis. Her child had been placed in care.

Tracey had been in contact with services for much of her life and had well established feelings of not being heard or believed when the victim of abuse. Her lack of trust in services and significant trauma led to defensive and avoidant behaviours, and she would frequently miss appointments and become frustrated and vocal when her needs weren't being met.

As a bright and articulate woman, she was confident in advocating for herself and her child. This was often met with resistance from professionals who frequently judged her as being aggressive, 'difficult', uncooperative, and questioning of their expertise. This led to professionals, at times, refusing to engage with her.

"*I Just want what's best for me and my kid. They don't listen. It's the same thing over and over again*".

5. Gaps in the data where we need to know more

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

- While national reports provide some information, our local MD data highlights gaps in data on people from LGBTQ+ groups, which means we know less about their specific experiences and needs, with the risk that these are not included in future service plans
- We lack detailed local data on people in certain ethnic groups, including Gypsy, Roma and Traveller communities, and also amongst those seeking asylum, or whose immigration status is unknown

- Detailed information on people's disability is limited, so we lack a full understanding of how this is impacting their lives and access to services
- Generally, the available data and reports do not provide 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, stakeholders expressed interest in gathering further evidence on the needs and experiences of a number of specific groups, including:

- People leaving prison
- People with brain injury
- Young people aged 16 to 25

6. Barriers to accessing services and meaningful engagement

There is a body of evidence relating to this, and again we have drawn on local and national sources to summarise some of the headline evidence and the issues that need to be addressed in our Strategy.

In particular, the Changing Futures programme itself, was driven by a recognition of the need for further work to achieve a more coordinated, integrated, trauma-informed approach to supporting people experiencing three or more MD needs, as noted in the Changing Futures prospectus:

'many of those experiencing MD have been caught in this situation for years, experiencing entrenched disadvantage, trauma and ill-health. They come into repeated contact with our police, criminal justice, and emergency response services without receiving the support they need to help them break the cycle…' .

Make Every Adult Matter (MEAM) states: 'People facing multiple disadvantage experience a combination of problems including homelessness, substance misuse, contact with the criminal justice system and mental ill health. They fall through the gaps between services and systems, making it harder for them to address their problems and lead fulfilling lives' (Making Every Adult Matter, 2018).

6.1 Evidence from national sources

- Only 17% of Fulfilling Lives beneficiaries received counselling or therapy within their first 3 months on the programme (CFE Research and The University of Sheffield, with the Systems Change Action Network, 2020)
- Access to secondary mental health care is generally through GP referral, but research carried out in Stoke on Trent found approximately 75% of GP practices are not following this guidance, meaning that homeless people face limited choices in how and where to seek help with mental ill-health (CFE Research and The University of Sheffield, with the Systems Change Action Network, 2020)
- Over the course of the national Fulfilling Lives programme, at least 217 people died – 5% of all those involved. The average age of those who died was 43 for men and 39 for women – over 5 times that in the general population, where the average age at death is 79 for men and 83 for women (CFE Research and The University of Sheffield, 2022).
- People with substance issues who are also homeless have seven to nine times the chance of dying from alcohol related diseases and over 20 times the chance of dying from drugs when compared to the general public (Thomas, 2012)
- Alcohol is the leading risk factor for ill health, early mortality and disability among those aged 15 to 49 in England. Alcohol and mental ill health often go hand-in-hand and yet most services are poorly equipped to support people who are experiencing both alcohol use disorders and mental-ill health (Commission on Alcohol Harm, 2020).
- According to Dr Helen McAvoy, alcohol is involved in around half of all self-harm presentations and almost half (46%) of all people presenting with suicidal ideation in Northern Ireland between 2012 and 2018 had consumed alcohol. The leading cause of alcohol-attributable death among men aged 25-34 is intentional self-harm (Commission on Alcohol Harm, 2020).
- Just under half of national Changing Futures participants (47%, base=357) had visited an A&E department at least once in the past 3 months (CFE Research with Cordis Bright, 2023)
- 35% of national Changing Futures participants had been the victim of a violent crime in the last 3 months (CFE Research with Cordis Bright, 2023)

- 72% of national Changing Futures participants said they had not been able to cope with problems without misusing drugs or alcohol (CFE Research with Cordis Bright, 2023).

6.2 Evidence from local sources

Multiple Disadvantage and Preventing Rough Sleeping analysis

- Average age of death of men is 47 years old and lower for homeless women at 43
- 40% of people coming onto the streets were 'returners' to rough sleeping
- People who end up sleeping rough often experience barriers in accessing both health and care services and experience poor health outcomes in comparison to the rest of society
- In 2020/21 the rate of homelessness among young people in Bristol aged 16-24 was 2.4 households per 1000, rising from 1.8 per 1000 in 2018/19
- Leaving prison is consistently one of the top three reasons for people sleeping rough

Evictions and abandonments

- 127 incidents of eviction or abandonment from temporary accommodation represent 31% of those in the rough sleeper street count.
- In the Homelessness Pathways accommodation, of 1004 incidents of people leaving, 314 (31%) were in an unplanned way (source entered).

People leaving prison

- Four out of five (80%) of people who leave prison with a treatment need don't make it into community services within 3 weeks. Bristol performs worse than the national average of 38%, and worse than other similar sized local authorities, which average around 34%.

Golden Key

- 93% of beneficiaries reported having a mental health problem, however only 17% received mental health support within the first 3 months of the programme
- The local independent evaluation of Golden Key (Isaac, et al., 2022) identified a number of prevalent system issues causing barriers for clients of the programme. These were that assessment processes and thresholds conflict, are ambiguous, overly complicated or

ineffective; there is a lack of appropriate options for people; and service transitions are challenging.

- Relating to transitions, relationship endings with beneficiaries' Golden Key Service Coordinator, during the point of transition to another worker, proved challenging. The independent evaluation notes 'planned, appropriate and timely move on is key. People with a trauma history who have developed healthy relationships, perhaps for the first time, face a challenge to move on from that relationship. Understanding what was needed to enable clients to move on to mainstream services in a healthy and safe manner was central to the approach'.
- The average length of engagement in Golden Key support was three years one month, though half engaged for three and a half to five years. This underlines the importance of longer-term support for clients experiencing MD.

People experiencing homelessness in Bristol – Health Needs Analysis (Cooke, 2022)

- Of 623,081 admissions to local hospitals (2017 – 2022):
    - 1258 had problems relating to homelessness
    - 441 were patients of the Homeless Health Service
    - Of the above two, 94% and 88% respectively were emergency rather than planned - compared to 38% in general population i.e. 20 times higher
- Homeless cohorts with mental and behavioural disorders due to psychoactive substance use were four to five times higher than non-homeless admissions

Bristol Combatting Drugs Partnership Needs Assessment (Bristol Combating Drugs Partnership, 2023)

Bristol has high numbers of vulnerable young people who have experienced adversity and trauma and are at higher risk of using drugs and alcohol, including:

- 2036 children known to social care and 691 children in care (2022). Bristol has a significantly higher rate of Looked After Children than the national average and higher levels of risk factors for poor mental health.
- 22% of 17-24 year olds (approximately 15,000 young adults) are estimated to have a probable mental disorder

- Over an 11 month period, 780 children were identified as being harmed through extra-familial abuse i.e. abuse within the community, including sexual and criminal exploitation

Safeguarding:

- Of 20 independent safeguarding reviews (8 safeguarding adults and 12 domestic homicides), 12 (60%) of the 20 people had three plus MD factors in their lives, 3 people (15%) had two factors. All 12 had contact with the police and had a history of substance misuse.
- Within the CF caseload, there are 80 associated safeguarding enquiries/concerns with 23 of those 28 active social care cases.

Supporting statements from key stakeholders from their review of the data:

- Behaviours that challenge the system, such as those leading to unplanned departures from homelessness accommodation, may be related to people's physiological and neurological brain conditions.
- People facing MD are not typically in receipt of timely mental health services, and substance misuse is a real barrier to mental health support.
- People experiencing MD are more likely to access emergency and crisis services, rather than planned services, and accessing services in this way is costly.
- 72% of people sleeping rough had experienced time in care as a child, been permanently excluded from school, regularly truanted, left school before 16 or a combination of these. This underlines the point that early intervention is critical.
- Health data suggests that health services have a limited health view of homelessness.
- Unplanned exits data highlights how the system isn't responding in a trauma-informed way or providing people with what they feel they need or would value
- A high proportion of safeguarding reviews include people experiencing MD
- It would be valuable to explore safeguarding data from an MD perspective to further understand opportunities for engaging people
- Understanding MD is never going to be an exact science, people's needs are complex and dynamic but we know there are a number of common stories or

themes in people's experiences to illustrate the vital importance of providing more targeted, tailored support

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