

# **‘Multiple Needs’ Service Users’ Perspectives**

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***“I just want to be happy and  
feel part of this world not an outsider.”*** Service User

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# Multiple Needs: Service Users' Perspectives

## Foreword

**“I just want to be happy and feel part of this world and not an outsider”**

This aspiration, voiced by one of the participants in this report, sums up the desperate sense of exclusion felt by people in our society who have multiple needs. And their urgent desire for change.

This report sets out in their own words the experience of 21 people with multiple needs – or “lots of problems” as they styled it.

Public services respond well to people with single problems: Jobcentre Plus is fine if you are just unemployed, the drug service if you just have a drug habit. But when people experience several needs at once, not only do these needs exacerbate each other, but services no longer help.

As we hear in this report, the result is lives spiralling into chaos, homelessness and crime.

Most people in this situation had a difficult enough start in life. Many still experience daily discrimination, hostility or indifference. They are not outside of our society but part of it. People in this situation are in all our towns and cities. Yet their needs go unrecognised by a system designed to look for one problem at a time.

Everyone pays the price of this failure as people go in and out of the criminal justice system or ricochet between acute services without getting effective help, wasting money and lives.

But as the participants in this report tell us: it doesn't have to be like this. When people do find the right help from services like St Mungo's or P3, they can begin to their lives on track and go on to contribute to their community.

Together with the Making Every Adult Matter (MEAM) coalition, Revolving Doors Agency is working and campaigning for a new approach. This has to start with a recognition of the distinct needs of this group, a political commitment to change and a concerted effort to bring together, nationally and locally, the policy and services that transform lives.

People who directly experience these issues tell us here what works and what doesn't. It time we began to listen.

**Dominic Williamson**

**Chief executive - Revolving Doors Agency**

# Multiple Needs: Service Users' Perspectives

## Summary

People with 'multiple needs' experience a number of issues that impact adversely on their lives, such as poor mental health, substance use, homelessness and have often been in contact with the criminal justice system. They are routinely excluded from effective contact with the services they need and tend to lead chaotic lives that are costly to society and their own well being.

Peer researchers who are members of the Revolving Doors Agency national Service User Forum spoke to people who are considered to have 'multiple needs' about their experiences of accessing and using services. They were also asked about how things could be improved.

The following summarises the main points made by the participants.

### What was helpful:

- Holistic support that addresses needs together thus breaking the interdependence of issues and alleviating the impact of unresolved problems on the successful resolution of others
- Structured, focussed support that enables people to set goals, gives structure to their lives and helps them develop problem solving skills
- Staff with expertise and positive attitudes who encourage people.

### What was unhelpful:

- Poor communication between and within services that creates inefficiency, causes delays in getting support and frustrates people who have to repeat their circumstances to different staff
- Negative attitudes and stereotyping which erodes people's self-esteem and undermines their belief that they can move on from the unhelpful aspects of their lives
- Lack of support and signposting to appropriate services that often results in people returning to damaging ways of dealing with their needs, eg reoffending and/or resumption of substance use. This lack of support and signposting is particularly prevalent when people are released from prison and has severe consequences for many, eg homelessness and poverty
- Systems, such as the benefits system, create barriers that often compound problems because of their inflexibility and inability to cater for individual circumstances.

### What needs to change:

- Systemic barriers need to be addressed, in particular the benefits system to make it more flexible and effective. For example by allowing people to participate in education, making the transition into employment easier (where appropriate) and by removing unnecessary delays in providing benefits after release from prison.
- Communication and compatibility between different parts of 'the system' and between services need to be improved
- Better information on, and signposting to, services
- Better understanding by service providers and staff of the issues and their interrelatedness; all forms of discrimination to be tackled. Training for staff should be provided by people with backgrounds and experiences similar to those they are working to support
- Improved availability of and access to services and support generally, including more hours/days of the week

- More accommodation linked support needed and more flexibility required for people given short term prison sentences, to enable them to keep their accommodation or have other housing available for them upon release
- More involvement of service users, including in training provision, being given a voice in service and policy development, peer mentoring etc.

Participants were asked what they wanted for their lives, what 'recovery' means to them. They wanted what we all want: basic things like a home, financial security, safety, employment and to be an accepted and contributing member of society.

**“I just want to be happy and feel part of this world not an outsider.”**

# Multiple Needs: Service Users' Perspectives

## Introduction

Revolving Doors Agency (RDA) was set up in 1993 to 'create opportunities for people caught up in a cycle of crisis, crime and mental illness to transform their lives'. Many of the people appearing in the criminal justice system with mental health needs also experience several other complicating problems, such as homelessness, substance use and social isolation. Frequent, short term prison sentences further exacerbate these problems. They are often the people that existing services find hardest to help, responsibility for any response is often contested, and people find themselves falling through the gaps in service provision.

Since 1993, RDA has worked to build a case for a more coordinated, concerted and empowering response to people in this group. Three years ago RDA moved away from running direct services towards testing out different approaches in partnership with other voluntary and statutory agencies, and using the evidence from these to influence policy at a national, regional and local level. In 2008 we set up our national Service User Forum, which brings together people with a range of experiences such as homelessness, mental health issues and substance use, alongside experience of being arrested or imprisoned. Forum members work in partnership with staff to develop policy messages to influence government, as well as working on individual projects, undertaking research and training, speaking to government ministers and at conferences and events.

In July 2009 RDA was commissioned by the Making Every Adult Matter coalition to gather the experiences and perspectives of people who could be considered to experience multiple needs and exclusions.

The Making Every Adult Matter (MEAM) coalition define people facing multiple needs and exclusions as being those who:

- **experience a number of issues that impact adversely on their lives** – for example: poor housing or homelessness; substance misuse; poor mental health in its broadest sense; personality disorder; learning difficulties; disability; physical health issues; difficulty forming and sustaining relationships; sex working; low level skills; behavioural difficulties; vulnerability because of age; a history of offending or institutionalisation; family breakdown; domestic violence; trauma; abuse; or neglect. An individual may have one primary need alongside others or a combination of lower level needs that together are a cause for concern
- **are routinely excluded from effective contact with the services they need** - this may be because: one or all of their needs fall outside the threshold for case managed support; because their needs have not been formally diagnosed; because services exclude people with certain diagnoses or feel unable to cope with multiple needs; because they are helped with one but not all of their needs; or because they shy away from service provision
- **tend to lead chaotic lives that are costly to society** – caused by their routine exclusion from or ad-hoc use of the services that should be there to help coupled with inappropriate use of emergency responses and the criminal justice system. Some individuals will be visibly chaotic in the community, others will be quietly chaotic and harder to identify.

The work was undertaken by peer researchers who are members of RDA's national Service User Forum. They identified and recruited participants with a broad range of the types of experience outlined above, in

order to elicit their views and experience of 'multiple needs' and the services they have been in contact with. They facilitated the focus groups and interviewed the participants.

## Methodology

Two focus groups were convened, one in London and one in Wolverhampton. Each group had seven participants. Seven semi-structured individual interviews of participants from London, Wolverhampton and Derbyshire were also conducted. After the focus groups and interviews, participants were asked to complete a brief questionnaire about their needs, service usage, age, gender and ethnicity. The information on participants taken from the questionnaires is summarised in the following section.

## Participants

Participants were service users of either St Mungo's<sup>1</sup> hostel services or P3<sup>2</sup> supported housing services. For most of the participants this was the first time they had been asked their opinions and given an opportunity to express their views about their experiences. Participation in this study was therefore highly valued.

Two young men participants gave graphic summaries of their lives. These provide vivid depictions of the kinds of experience people can have that can lead them to having 'multiple needs'.

"I've been in care since I was five. I got sexually abused from two to five by my mom's brother. I got put into care at five. I was in children's homes from five to seven. I then went with the same foster parents from seven to 16. When I was 16 I found out that my uncle who abused me sexually and physically, he only got 6 months which did my head in. I lost my foster parents 'cos I started staying out and mixing with the wrong gangs. I started taking drugs, been taking crack and heroin since. I've been in hospital for 3 DVT's which would have led to blood clots on my lungs. I've been on the streets for 9 years on and off. I've been in and out of P3 since 1998/9 . . . I keep getting thrown out for not paying my rent 'cos I'm not getting a lot of money 'cos I'm having to pay out fines and things. But no one wants to listen to you, you know what I mean. I haven't been to prison since 2007. I've been in 19 times, since '96. Only for 3 months here, 2 months there, I got about 100 convictions. I've kept out of trouble since last March. I'm on a 15 month probation order now; I go there once a week. I'm sleeping on the street now in a multi story car park. P3 know I am. I see the C.A.T. (Contact & Access Team) team every morning. You know they're trying to get me off the streets. I've cut down on my drugs now; I'm on 50ml of methadone a day. But my problem now is I have gone to alcohol, but I'm still sleeping rough." (WFG)<sup>3</sup>

"I'm on heroin and alcoholic, I've been an alcoholic since I was about 11, I was kicked out from home about 14. Suspended from school about 12 times . . . I started on cannabis around 21. I tried every drug you can think of, speed and ecstasy. It escalated from there . . . then I was into crime as well, I learned how to pinch cars and sold them which funded my cannabis and amphetamines. . . . At the start it was like, oh "I wanna big laugh", it was fun, the crime. It was fun being one of the big lads, but now I'm paying for it 'cos I've got a massive criminal record." (WFG)

In total, twenty-one people took part in the focus groups and interviews, however only 16 questionnaires were completed. The questionnaire gave a list of 'needs' and a list of services. The lists were provided by

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<sup>1</sup> For information about St Mungo's go to [www.mungos.org](http://www.mungos.org)

<sup>2</sup> For information about P3 go to [www.p3charity.com](http://www.p3charity.com)

<sup>3</sup> Key after quotations: WFG = Wolverhampton Focus Group, LFG = London Focus Group, II = individual interview

MEAM. Participants were asked to indicate from the lists which needs they considered they had and which services they had used in the past two years.

## Multiple Needs Experienced by Participants

Of the 16 out of 21 participants who completed the questionnaire:

- 15 (94%) had experienced homelessness
- 4 (25%) poor housing
- 13 (81%) had used substances,
- 10 (63%) had been offenders
- 10 (63%) had poor mental health
- 9 (56%) had experienced poverty
- 6 (38%) problem drinking
- 4 (25%) physical health problems

The average number of 'needs' experienced by the participants was 4.

## Services Used by Participants

The number of participants who had used each service listed on the questionnaire over the past two years were as follows:

- 15 (94%) Job Centres
- 14 (88%) Hostels
- 9 (56%) Probation
- 9 (56%) Floating Support Workers
- 8 (50%) Community Treatment Services
- 6 (38%) Prison
- 6 (38%) Day Centres and 1 (6%) Mental Health day services (not CMHT)
- 5 (31%) Link Workers<sup>4</sup>
- 5 (31%) Council Housing Advice Services
- 4 (25%) Mental health hospitals
- 3 (19%) Physical health hospitals
- 3 (19%) Community Mental Health Teams (CMHT)
- 2 (13%) Residential detox and rehab centres

Despite 10 of the participants identifying themselves as experiencing poor mental health, only 3 had used CMHT services, 1 mental health day services, and 4 psychiatric hospitals. The remaining participants did not indicate that they received any support for their mental health problems.

The average number of services used by participants was 5.

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<sup>4</sup> The link worker supports clients who have traditionally struggled to engage with support agencies to access services appropriately.



## Findings from the Focus Groups and Individual Interviews

### 'Multiple needs'

Participants were asked what they thought was meant by the term 'multiple needs'. This was before they had seen the pre-determined list of needs on the questionnaire.

Generally participants said that they would not use the term 'multiple needs' but would be more likely to describe themselves as having 'lots of problems'. When asked what problems they would include in a list of 'multiple needs' they identified the following:

- mental health problems
- substance misuse
- homelessness
- domestic violence
- social problems
- financial difficulties
- educational needs<sup>5</sup>
- physical disabilities
- physical health problems

Some participants also expanded on what they meant by some of these terms, for example:

#### Mental Health

"But again with mental health yeah, many people when you say mental health they think 'crazy'. I can put myself under mental health 'cos mental health is a form of depression. I had that when I was homeless, being deported and all that, I just never took any medication for it. Like that's a big area . . . most people when they hear mental health they think 'Cuckoo Cuckoo', but no....Mental health can be the way you feel about yourself – that affects your mental health." (LFG)

#### Social Problems

"Things like, if you've just come out of prison and stuff like that, actually getting back into the community, 'cos a lot of people have been away for a lot of years, so you know, times change." (LFG)

#### Learning Difficulties

"I think that the learning difficulties one was one for me yeah as well because I've been to college and stuff like that and it was too hard so I dropped out, but I put my mind to it this year...and I got the help and I passed my NVQ." (LFG)

All the participants thought that they had at least two or three needs and some said that they had more than they had previously thought before seeing the list. However, one participant thought he had less now than he had, prior to accessing effective support:

"I think that in my first week here [hostel], I maybe would have ticked three of those, but St Mungo's helped me out. I used to misuse substances but not anymore, and I used to have budgeting problems but not anymore, and now it's just homelessness." (LFG)

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<sup>5</sup> For example, a lack of qualifications or a learning disability such as dyslexia, which may have resulted in literacy and/or numeracy problems

## Services Used

Participants were asked what services they had used before they had seen the pre-determined list of needs on the questionnaire. Participants stated they had used the following services

- Pathways to Employment
- Hostel activities
- Lifeline Project (provide drug interventions)
- Probation
- Key workers
- Social worker
- Counselling
- Job centre
- GP
- Training
- College
- Citizens Advice Bureau
- Solicitor
- Police
- NHS
- Blenheim drugs programme
- NIA Project (domestic violence)
- Open Doors (“they got me off the street and look out for me”)

## What works?

Participants were asked what services they found useful and why. Overall they identified these as being the services where they had received the most support, but there were also other themes or attributes which emerged from the focus groups and interviews. We have attempted to extract these different factors and have arranged them thematically as follows:

### Holistic support

All the participants had used either housing related or hostel services run by P3 or St Mungo's. Since using these they considered that, for the first time, they were getting effective support that was helping them to change their lives for the better. Participants attributed the effectiveness of these services to the 'one stop' or holistic support they were given to address their 'multiple needs'. This broke the interdependence of issues and the impact an unresolved problem could have on the successful resolution of others. One participant emphasised the importance of being treated as an individual and not being required to “fit into a box that isn't me”.

“They've been absolutely brilliant actually, I was there yesterday. I was speaking to my key worker and she's helping me with my mental problems, she's helping with my drugs problems, she's helping me find some place to live and I'm working with another woman from P3 who is helping me to get back into work.” (WFG)

“ with the aftercare when I came out of [hospital], they [CMHT] came round to where I lived. They spent about ten minutes, is it the CPN? I mean the one that I had he came round, he spent ten minutes and that was it. The care I get from P3, I've had the guys [floating support workers] from upstairs and they'd be coming round each week . . . after four months in my own home they've said are you ready to come off floating support, and I said yes but they are still a phone call away should I need them.” (WFG)

“15 years I was on and off taking heroin, been to jail several times, I’ve spent most of my life in jail, suffering from mental problems. . . . The hostels where I’ve been, they’ve just been terrible. They’ve not been interested in helping whatsoever and finally I found P3. . . . [now] I haven’t committed no crimes, I’ve sorted a lot of my mental problems out, I don’t take drugs anymore.” (WFG)

Some participants also made the point that they had not been signposted or referred to these services by another agency. Two had found the P3 service themselves, either on the internet or through friends

### **Structured, focussed support**

Participants in the London focus group generally agreed that a good service was one that introduced them to positive ways to deal with problems. One service in particular was described as being good at supporting people to get housing benefit and helping people to budget so that they are able to pay their rent. Participants found it helpful having routine and regular appointments with their keyworkers; this gave a structure to their day or week and enabled them to learn time management. If, for example, they had an appointment at 9 am, it helped them to get up in the morning. Living at the hostel together with the support they had there helped them to socialise and to set goals.

LFG: “They help you set goals; you know long or short term. They give you those assessments . . . and you might say oh I’m good at mechanics. After you do the assessments you may find that “whoa I have the aptitude to do this”, so it makes you think, you know, to realise your career goals or things like that.”

### **Positive staff attitudes/expertise**

Positive staff attitudes and encouragement together with sound expertise were considered by the participants as crucial.

“I have only got help from St Mungo’s and the Outreach Team. Their staff have listened to me and treated me as a human being and not a machine that has broken down and needed repair. These services have opened doors for me and given me good information and support.” (II)

“People don’t know what it’s like unless they’ve actually done it their selves. I mean I’ve been in situations where I wanted to give up, because I was cold, no food, nowhere to go...and I didn’t know where to turn to. There was nobody there to say “oh we can help you do this” or “we can help you do that” if it wasn’t for the brothers (*monks who used to run the hostel*) at the beginning to give me food and so I could have a shower and everything, I would be a tramp and nobody wants to know you when you’re like that . . . through friends that’s the reason I found out about a hostel where I could start my life again and try to get better through the P3 services. So I could actually start afresh and try and work my life out.” (II)

Participants also cited a drug intervention service, Lifeline, as having staff who encourage people to look at the positives and negatives of using drugs and helping people to find ways to break the cycle of drug use and make positive changes.

“They know why it [substance use] benefits you, and why it doesn’t and they will show you a cycle of change, offer you rehabilitation and stuff.” (LFG)

“They sort out ways to take medication in place of drugs like methadone instead of heroin. If it wasn’t for that I’d go back on drugs.” (LFG)

The aftercare that Lifeline provided when someone had finished their programme was also valued. One woman participant found the women’s group at Lifeline “comfortable”, and said that they provided good psychotherapy.

Another service valued by participants was Pathways to Employment, which they said provided good advice and guidance.

“They help with your CV, building up your confidence, helping you with your interview skills. . . for some interviews at certain places, when we go on these we’re nervous as far as direction wise, so they come along with you to give you encouragement. . . . It builds up your confidence so you don’t feel like you’re stuttering or stammering when you get there.” (LFG)

One participant had been funded to do a NVQ level 2 in Health and Social Care and now has a voluntary placement working with children with disabilities. He said that a worker encouraged him to do the course:

“Because she come along, and put it on the table for me basically told me they’d pay for the course and it was up to me, all I had to do was use my bus pass and get there . . . It’s up to you to take what they’re giving out . . . I would have just stayed in my room and done nothing but sleep, and wake up and I don’t want to do nothing. There’s a stage in your life like you learn things and you progress, you have to wake up to your senses sometimes.” (LFG)

One participant in the London focus group who had been on probation several times said that, in the past, a probation officer had helped him to change his attitude, although more recently probation officers had provided less guidance:

“[probation] can have a positive influence, they helped me change my life around, . . . like before I had been arrested a lot for possession with intent to supply, and the reason I did that kind of stuff was because I thought it was a victimless crime. They’re telling me there’s a victim. I’m saying who’s the victim? I don’t force anybody to buy drugs so where’s the victim? And they help me see the light and that there is a victim. The victims are the families that pick up the pieces of the people who are using hard drugs and that, and the way it breaks down communities, so ...it did open my eyes to a lot and it helped me change my ways. I think that it can have a positive effect; . . . if you wanna be helped they can have a positive influence on you.” (LFG)

## **Summary of what works**

- Holistic support that addresses needs together thus breaking the interdependence of issues and the impact of unresolved problems on the successful resolution of others
- Structured, focussed support that enables people to set goals, gives structure to their lives and helps them develop problem solving skills
- Staff with expertise and positive attitudes who encourage people

## What doesn't work?

Participants were asked about those services they found unhelpful and why.

### Poor communication

Generally, lack of information and poor signposting to services were seen as major problems. Participants were frustrated by the poor communication both within and between services once they had started using them. This often resulted in more difficulties being created than resolved.

"It's like one part doesn't know what the other part's doing. You can talk to someone and then see somebody else the next time and they don't even know that you have actually spoke to somebody before." (II)

### Negative attitudes/stereotyping

The participants in the London focus group in particular were critical of the police for their negative attitudes and stereotyping. Many felt they were targeted because they are black and especially when they were dressed a certain way. They found this humiliating and undermining, particularly now they have moved away from substance use and are trying to improve their lives:

"Police should stop tarnishing people with the same brush and be more respectful. If they see a black person they automatically think that you're carrying drugs or a knife. They abuse their authority and stereotype. If you're dressed in a football shirt or tracksuit, they'll stop and strip search you." (LFG)

"When I'm walking down the street, try to see what kind of person I am. Don't just see a black person in a black cap, and think, "Oh yeah, he's carrying drugs" or anything like that and "We have to stop him and check his pockets". (LFG)

All the participants in the London focus group considered that the police abuse their authority and should generally have more respect. The participants were unanimous in saying they would never call them for help because they are 'too antagonistic'.

"No matter what the situation is, the police should be more respectful with people, no matter what the call is for. They can be really antagonistic towards people. The way you approach a person is more or less the way that person is going to respond to you." (LFG)

"At the end of the day the police are supposed to be there to help you, they're supposed to be the people you turn to if you're in need. But they abuse their authority and that's something that I don't like. I think that most people become police now because its power. . . . It's not like how it used to be . . . the police I know they will hunt you down and look for you and stuff. They are not the people I would go to if I was in need ever. I'm sorry but I have no love or respect for them at all." (LFG)

Most of the participants described having been stopped and searched on several occasions and two people said they had been taken to the police station and strip searched for no reason. One participant had been made to take his trousers off in the street.

"I was strip searched in the street. Obviously they didn't find anything and they didn't even apologise. Just because I was dressed a certain way. They need to change the way they think." (LFG)

"I find that nowadays the police are very disrespectful you know, I'm a person yeah, I just walk about the street and do my own thing every day. I go to the studio and make music and stuff

like that. I don't make any form of trouble. But they have this tendency to keep stopping you all the time and they wanna dip their hands in your pockets all the time, you know, things like that. I got taken into the back of a van and strip searched. I was made to squat." (LFG)

"For me when I was meeting my boyfriend I went outside [the hostel] and a policeman stopped me and asked me what I was doing and where I was going. I said I was meeting my boyfriend, and then when my boyfriend came the officer started interrogating him, and even searched his car. It was humiliating." (LFG, woman)

"I was outside probation having a smoke and a police officer came up to me and asked me what I was doing I said I'm attending probation. He then said that he was going to perform a search on me. I told him I had already been searched on the way to probation and I even showed him my search paperwork from earlier, but he still searched me and still found nothing." (LFG)

"We was stood outside St Mungo's hostel and the police wanted to search us. I said to the police officers, "We live here. Do you know what this place is?". I told them that you have to be drug free to live here and most people have mental health and complex needs who live here. We came inside and closed the door. The officers wanted us to let them in but we told them they'd have to buzz. The staff let them in but the staff refused to let them search us."

Other participants had examples of probation officers who had been unhelpful:

"when I got out of prison I was basically homeless. Probation didn't help me trying to find a place. . . I was released with a £47 giro. I had nowhere to go. I went to probation, said "I'm homeless" and they said, "There's nothing we can do for you". . . . Every week I go to probation, it's every two weeks now. I get seen for five minutes and none of my problems actually get resolved." (WFG)

"Well you go there and all they ask you is are you alright? Well that's all they ask me, "Are you alright, how you doing?" They didn't reassess any of my offending behaviour. . . . I don't think they knew what to do 'cos my crime was linked to my mental health so I think they found that hard to understand; and I didn't feel comfortable talking to him anyway." (II)

One woman participant found the negative attitude of both prison and probation staff very detrimental to her self-esteem:

"The prison service and probation service did nothing for me, they were more worried about me having more kids and who did I know. I felt I was being set up to return [to prison] and was written off as a person beyond help and not human. They make me feel bitter and full of hate. The way that the staff showed no concern for me or my future was a heavy load to carry." (II)

Another woman participant also found the approach of prison and probation staff unhelpful

"The prison and probation services didn't help me at all, didn't look at any of my issues or help me make plans to move forward. The staff seem to be more concerned about me keeping appointments and getting me into education. Staff seems to put me into a box or group and not treat me as person who needs support and direction. Always told me what to do and not ask what I want to do." (II)

## Lack of support/signposting

Lack of support and signposting to appropriate services was often a problem at different stages in people's lives.

One woman participant talked about her experience in prison in relation to her mental health problems:

“went to Styal in Manchester, which is quite a rough prison, and I was put into a cell with a girl who had mental health problems as well, and we didn't get any help, either of us. They didn't care if you self harmed or if you were feeling low. There was no one to talk to in Styal. But when I moved to Foston Hall as it's only a small prison I got put on an injection after two weeks of being in there. I got put onto constant watch for my own safety. They were the ones who got me sectioned off to hospital.” (II)

Many participants talked about the problems they had experienced on release from prison, the lack of pre-release planning and follow-up support. People were not signposted to services, or told what services exist.

“When you come out of prison, I was asked “Where do you wanna go?” . . . and they just gave me a train ticket. But they don't put anything there for when you're gonna arrive at your destination. All you've got is your clothes, a little bit of money and then you have got to fend for yourself. I wasn't even told you can go to a probation office or go and see someone to help you get back into the civilised life from being inside.” (II)

“As far as they were concerned, once I left prison that was it. There was no concern from them or anybody else what I did with my life . . . which, in the end, it puts you in that position where I could have gotten in trouble again and end up in prison because I have got nothing.” (II)

“They could do a lot more for ex-cons, if you wanna call them ex-cons, because obviously you've come out of a life you know. You've been trapped in this small place for a very long time and what they do now is they let them out of prison and just leave them. They don't put them into any homes and then keep the support going for at least six months to a year at least. You've got to do that 'cos it's easy for you to slip into a certain path again. . . . It's like they just let them out to do what they wanna do, and obviously you start seeing people living at the side of the streets 'cos they've got no home to go to. And then you know what happens? They go out and do the same thing and go back in, because that's you know, they're guaranteed food and a bed. It becomes a normal way of living.” (LFG)

One woman participant had experience of being in prison abroad and had then been deported to England:

“After two weeks after coming to a strange country, and they know your circumstances, they're like done with you. If it wasn't for St Mungo's I would have been lost. I was sleeping rough for that whole entire week, after the B&B's ran out that they gave me, and after that it was like you're on your own. And it's not like I was coming from another borough this was another country.” (LFG)

Another participant talked about the lack of training programmes for “people in our position”. He thought there should be more free courses for basic numeracy and literacy. Another participant, however, thought it was not the case that there were not enough places but more that there was a lack of information about them and how to access them.

## **Institutional/system barriers**

Participants identified many problems related to getting support from statutory services/bodies. For ease of reference these have been broken down into 4 categories: benefits, accommodation, health services and lack of support upon release from prison, although obviously in many cases the problems are interrelated.

### **I. Problems with benefits**

Ninety-four percent of the participants used Job Centre Plus because they were on Job Seekers' Allowance (JSA). Despite having multiple needs that created many difficulties, the only participants who were on any other benefit, eg incapacity benefit, were those in contact with the CMHT.

Participants had a lot to say about Job Centre Plus because being on JSA means that they have to attend their Job Centre frequently and regularly and thus it has a large role in their lives. Most of the participants found their Job Centre to be inefficient, impersonal and felt it often created barriers and exacerbated problems.

“the Job Centre it's like they're not giving you enough help and they're not letting you know what you're fully entitled to . . . and another bad thing is I think the Job Centre should go back to how it was before, where you can go into a Job Centre and actually talk to someone face to face. What they do is shove you on to someone on a phone they say we'll do this for you, we'll do that for you, and we'll call you back. I can't even tell you how many times I've had to call these people back just to make certain that things happen.” (LFG)

“I went through a period from March to June without any sort of money, just through them messing up paperwork. I was walking backwards and forwards 4 times a day and that was with no food, and things like that. My belly was hungry and for them to tell me “sorry Mr...we can't do anything for you today” (LFG)

“They don't really want you to sign on, they don't want you to come and get money, so they make it as hard as possible for you to sign on. It's like if you make a mistake then you pay for it but if they make a mistake you pay for it as well. If I made a mistake, for instance they gave me an appointment and I didn't turn up, they would stop my benefits. I've got no quarrels because it's my fault, but if they tell me that I've missed an appointment and they didn't send me a piece of paper with the details of the interview. How could I be at an interview that I didn't know anything about it and they still stop my benefits anyway. Now that's something that is unacceptable.” (LFG)

“They were saying that they weren't taking the money out of my benefits, I'm lucky that I kept all my paperwork. You could see it in my bank account as well that they took the money from there. Two years later as well, they sent a letter saying that I owe £600. I mean I couldn't pay for that. I had to send them all these faxes and letters and they still didn't get back to me.” (LFG)

“I asked for a benefit, I was refused so I lost my housing benefit. I made an appeal and it took a year and I lost my house and all this drove me crazy while I waited for this appeal. I didn't see any money for six months; I didn't have any rights to a crisis loan or anything. This year I claimed the same benefit and they gave it me even though last year it was no different, except between then and now I lost my house and have been homeless.” (LFG)

“A lot of people haven't worked for quite a long time but what the Job Centre tend to do is put loads of jobs in the job point and you have to have at least a year's experience or 2 years' experience. A lot of people don't have that, so therefore you lose again.” (LFG)

“With me trying to get back to work and all this there's no help for you to do anything. I nearly lost - which has put a lot of stress again - I nearly lost my place [accommodation]



because people have said things which I haven't even done and they cancelled all my money and all my benefits [housing benefit]. Now I've been told if I had got a job I was supposed to sign off. They signed me off [without his knowledge] so I nearly lost my rent and my place because there was no communication telling me that I've got to go up and see them. I've got to try and claim back from the days that they signed me off. Now if I can't do that I've got to find money, which is going to be more problems for me, to pay my private landlord." (WFG)

One participant gave an example of the Job Centre's inflexibility regarding his education. He had explained that he was going to college part time but nevertheless had been booked by Job Centre to conduct job searches when he was due to be at college. He offered to go another time but was told that he could not attend college because he had to be at the Job Centre. If he didn't attend he would lose his job seekers' allowance.

## **2. Accommodation and related support**

Most participants had found their local authority homelessness service very unhelpful. People's experience had been that they very often did not fit the criteria for accommodation despite being homeless and having other needs.

"I mean the homeless services are very terrible . . . I was going to college to study to make something of myself. I've gone to a homeless place to find accommodation and they made me sit in that place for five hours. When my number got called out and I went to the desk I explained my situation and they said to me there's nothing they could do for me. I said that I was homeless, and that I needed to get to college every day. They said here's a list of missionaries. I said what's a missionary? They said you sleep in a room with 25 other people, I said that's not secure for me...I'm only 17 years old, I won't be able to sleep...how am I supposed to protect my possessions. I can't sleep like that it's going to stress me out. They said sorry there's nothing they could do 'cos they're closing now. So I think that's appalling that's the only advice they're giving you. A missionary is not a suitable place for a young person." (LFG)

"They advised me to check the squatter's website. But St Mungo's, they have been really great, they have really been great with me, and when I told them about the homeless services telling me to check out the squatter's website they were shocked to hear that." (LFG)

"There isn't any squatter's rights anymore. 20 years ago I was squatting for 3 years where I had a whole flat, 2 of us for three years none of us had to pay any rent. I know it sounds silly but, I was homeless at the time and I had somewhere to live. But like now, being homeless, if it wasn't for St Mungo's . . ." (LFG)

One participant pointed out that there are a lot of homeless people who are unseen.

LFG: "When I was homeless I slept in cars and on scaffolding to hide away because I felt embarrassed to be homeless."

Participants thought there should be more support once they have accommodation and more access to loans for household equipment.

LFG: Like here [hostel] you're kinda structured so you think ok I will pay my rent I will buy my food because it's right here, but if you live in the real world it's a different story so maybe they do need aftercare programmes for when you get your own flat."

LFG: "I went along to the Social to get pots and pans but they said I wasn't entitled. I'd just moved into premises after being homeless and had nothing."

### 3. GP and Health Services

Many participants felt that GPs tended not to listen and, in particular, took their physical and mental health problems less seriously when they were aware that they had drug issues.

“Whenever you mention drugs and mental health they never take you seriously even if you’re suicidal. I think that they assume you’re high. They never want to take mental health issues into consideration.” (LFG)

“If you want to get clean you can go and see your doctor and he will refer you to something like Addaction which can take a while. Then you’ll turn up [at a service] saying “look, I’ve got a problem with drugs” and they will say, “look we can’t see you just now. We don’t have any time on our books but we can book you in for an assessment.” Now a lot of the time your heroin will always come first and you are more likely to not turn up for that appointment ‘cos you’re going cold turkey and it’s not comfortable.” (WFG)

“The other problem that you have got as well is if you do have an addiction issue sometimes housing providers won’t help you unless you are tied in with a place like Addaction, but if you are on a waiting list for help it can jeopardise your chances of getting accommodation.” (WFG)

“It’s sort of a similar thing with mental health issues, I have been trying to get in to see a councillor and my doctor is telling me that I could have to wait for up to 6 months. I went to a doctor and she had me fill out this questionnaire and when I had finished she looked at it and said, “Right you don’t need to be on the sick anymore, you’re ready to go back to work.” Now I know I’m not ready to go back to work yet...I then went to a new doctor who gave me another questionnaire which was longer than the first but it probed into more detail. But the thing is drugs and mental health go hand in hand. With some people if you’ve got either drugs or mental health problems they are willing to help you, but if you have both they’re like “oh they’ve brought on their mental health problems themselves”. But my new doctor, he is clued up, he is great, he really wants to help me. But even he has told me that I could be waiting up to 6 months to see a councillor and up to 2 months to see a Community Psychiatric Nurse.” (WFG)

### 4. Lack of support on release from prison

Many of the problems outlined above were experienced and exacerbated by people’s time in prison. Many people were homeless upon release and without benefits, and often had to resort to crime to feed themselves, or as a deliberate strategy to get a roof over their heads and regular meals. When faced with such difficult circumstances it was also hard for people to resist returning to substance use.

“I think the reason for the high crime is because of prison and most of the government services and how they don’t refer you. If for instance, if you go to the Job Centre and you want money to support yourself and you don’t get that you have no choice but to turn to crime.” (LFG)

“I left prison in prison clothes, so I applied for a grant. I couldn’t get a grant to get clothes or anything. I applied for a loan got turned down for a loan. . . . Where, if I had gone back to what I was doing before I went into prison which was, I used to sell class A drugs, I could have paid for my clothes. I could have paid for a deposit on my house. . . . When someone gets out of prison then maybe something better should be set up for them to get themselves set up so they can, you know, make a fresh start without having to resort to crime to get themselves back on your feet.” (WFG)

“. . . when you go into prison you’ve probably got accommodation, you lose that accommodation, you lose all property that you have in that accommodation. Property is not

that bad but clothes are a really big thing. When you're getting out of prison and you do put on a lot of weight, and you're leaving in prison clothes, and you could be leaving in the middle of winter without a suitable jacket or coat. You're left with £47 and what's the first thing you do when you get out? You either go out and score, which admittedly is exactly what I did when I left prison, go out for a drink, then you're only left with £20, then you're still homeless. If you've got somewhere to live you can go and buy food and put it in your freezer. But if you're homeless, you end up eating takeaways which is expensive. Then someone who gets out of prison on early release they get £47 a week, but if you're on Job Seekers allowance you get £60 a week, so why is it £13, it might not look like much but to homeless people £13 is like two days of food. I just think there's not enough things in place when you leave prison to help people. I don't know how much it costs to keep a prisoner in prison for one week, £150 per day well I'm sure a deposit on a flat has got to be £400 and the first month's rent has got to be £400. If they have got somewhere to live, a flat, and they stayed out of prison for 6 weeks, within those 6 weeks they've saved themselves [the government] a lot of money". (WFG)

### Summary of what doesn't work

- Poor communication between and within services that creates inefficiency, causes delays in getting support and frustrates people who have to repeat their circumstances to different staff
- Negative attitudes and stereotyping which erodes people's self-esteem and undermines their belief that they can move on from the unhelpful aspects of their lives
- Lack of support and signposting to appropriate services that often results in people returning to damaging ways of dealing with their needs, eg reoffending and/or resumption of substance use. This lack of support and signposting is particularly prevalent when people are released from prison and has severe consequences for many, eg homelessness and poverty
- Systems, such as the benefits system, create barriers that often compound problems because of their inflexibility and inability to cater for individual circumstances.

## What we would change

Participants had ideas about what they would change to make things better.

### Information, signposting and communication

Participants overwhelmingly wanted there to be much more information, signposting and ease of access to services. They also said there needs to be more and better communication within and between services.

"There should be somewhere where they tell you this, not that you have to go and find out, . . . So there should be something in place where you get to know these things or if there is, it needs to be better advertised . . . It definitely needs better communication between the services." (WFG)

"It's taken me 15 years to come around and find something like this [P3] and obviously people are not shouting about this enough - where the help is.. . . No one is saying anything where you can get help you have to go and look for it and I think there should be more awareness in jail and when you get out of where the help is and where you can get help." (WFG)

"I think that probation services should be able to point you to where you need to go to get access to services or the help you may need and if they don't know it themselves then they should at least point you in the direction of someone who might know." (WFG)

"As we've all been saying it's communication that is stopping us from progressing. So as the probation service is the main port of call for most of the people in this room then this would

be an ideal place for them to access. So instead of a quick five minute brush off type session, they could try helping to signpost you so that way their books look better, we the “service /probationary user” feel a lot happier with the service, and it can sign post us to getting the things and help we need.” (WFG)

“maybe doctors should be more clued up on mental health problems, prescribing and signposting to different services.” (WFG)

## **Improved services and more support**

Participants wanted a service that would be available 24 hours a day, seven days a week, staffed by people who would understand them and be committed to supporting them. They thought it would be of particular value if an advice centre and telephone help line was open outside office hours and at weekends, and staffed by people who had been through similar experiences to themselves.

They particularly thought that the availability of services needed to improve:

”Maybe if drug services were not instant access but at least assessment within two weeks and treatment to start then. Hopefully the funding would come through for that. With mental health services that people can actually access a CPN instead of waiting the 6 months we are currently having to wait.” (WFG)

One participant thought that there should be more floating support available

“Floating Support is a service that is key to anyone's long term recovery that has experienced any two or more of the issues that face homeless individuals. This support is key to helping them maintain their continued progress without which the revolving door syndrome becomes more likely than unlikely. My concern's would be that this needs to be readily available to clients/ex-clients as and when they feel it is required and cannot just be measured by hard outcomes but soft ones too.” (II)

One participant thought that the Job Centre should do more to enable people to gain the skills they need to maintain their employment and accommodation. Staff generally, including Job Centre staff, should have a good knowledge of the benefits system and what is available for individual people.

## **Staff Attitudes**

Participants wanted staff to be fully committed to a person centred and recovery approach. They wanted them to provide support based on aspirations and not just needs. They want staff to be well trained and to show compassion and empathy.

“I want people who don't force full time employment as the only option; all staff involved in my recovery to work together with me; that my care plan takes care of all my issues and that the services start at the same time; staff to have a greater understanding of my needs, show me compassion.” (II)

“My perfect service would be one where all the people involved in my recovery all work together and focus on my needs and dreams.” (II)

“The service I would like is one based on making me better and giving me hope for the future and skills to keep myself safe and issues free. Staff who give me respect and treat me with a little love in their heart. A service that's there for me and not only when they've got time. I think that if staff was more willing to listen to me and support my plans.” (II)

## **Service User Involvement**

Participants thought that they should be asked for their views and experiences more because they know what needs to be done.

“There should be more people like ourselves in parliament so they can hear realism about what goes on. We need to be in front of them to tell them.” (LFG)

“If I had someone I can talk to about the service I was being provided and get things changed without me being called a trouble maker or support being withdrawn.” (II)

They thought that different organisations should collaborate with them and each other

“I would set up meetings between probation, hostels, police and DWP to discuss how they can improve their service provision towards the homeless and mentally ill.” (WFG)

One participant was keen to use his experience to help others.

“I can be there to try and help somebody who has been in the same situation as I was because I could tell them where to go which would be easier for them than spending two hours sitting in a place waiting to get seen and then they fob you off with nothing.” (WFG)

## **Tackle Discrimination**

Participants wanted discrimination to be tackled and suggested that people ‘like us’ should train people who are providing services to change their “mentality” and encourage more empathy.

They felt that equality policies are not put into practice and that things would improve if they were.

## **Summary of Changes**

- Systemic barriers need to be addressed, in particular the benefits system to make it more flexible and effective. For example by allowing people to participate in education, making the transition into employment easier (where appropriate) and by removing unnecessary delays in providing benefits after release from prison.
- Communication and compatibility between different parts of ‘the system’ and between services need to be improved
- Better information on, and signposting to, services
- Better understanding service providers and staff of the issues and their interrelatedness; all forms of discrimination to be tackled. Training for staff should be provided by people with backgrounds and experiences similar to those they are working to support
- Improved availability of and access to services and support generally, including more hours/days of the week
- More accommodation linked support needed and more flexibility required for people given short term prison sentences, to enable them to keep their accommodation or have other housing available for them upon release
- More involvement of service users, including in training provision, being given a voice in service and policy development, peer mentoring etc.

## Recovery

Finally, participants were asked what they wanted for their lives, what 'recovery' means to them. They wanted basic things like a home, financial security, safety, employment and to be an accepted and contributing member of society.

"I'd like it so I come home, I've got no worries, a nice little job and then I'm there, instead of me worrying about things". (II)

"I would like to have flat I can keep, be able to look out for myself, something to do that help others and a life free of stress and bad people." (II)

"Just want to be happy and feel part of this world not an outsider." (II)

"The main thing I would like to achieve and get my life back in track is get a good job. I've got somewhere settled to live at the moment and I'm doing well there, but I want to get myself healthy in mind as well as body. I'm fairly healthy in body but I wanna get myself healthy in mind and back on track. Basically doing a decent job at work, earning a decent wage and be able to be in a situation where I haven't got to worry about too much. All my bills get paid cus of the decent job I've got and I can socialise and help out my friends if they need any help or my family." (II)

"To be very happy, successful, good parent, a good member of the community and go to college. Hoping to stay off drugs and avoid stress." (II)

## Appendix I – The Participants

The following charts show the quantitative results from the questionnaire completed by 16 of the 21 participants.

Figure I shows the number of needs experienced by participants.

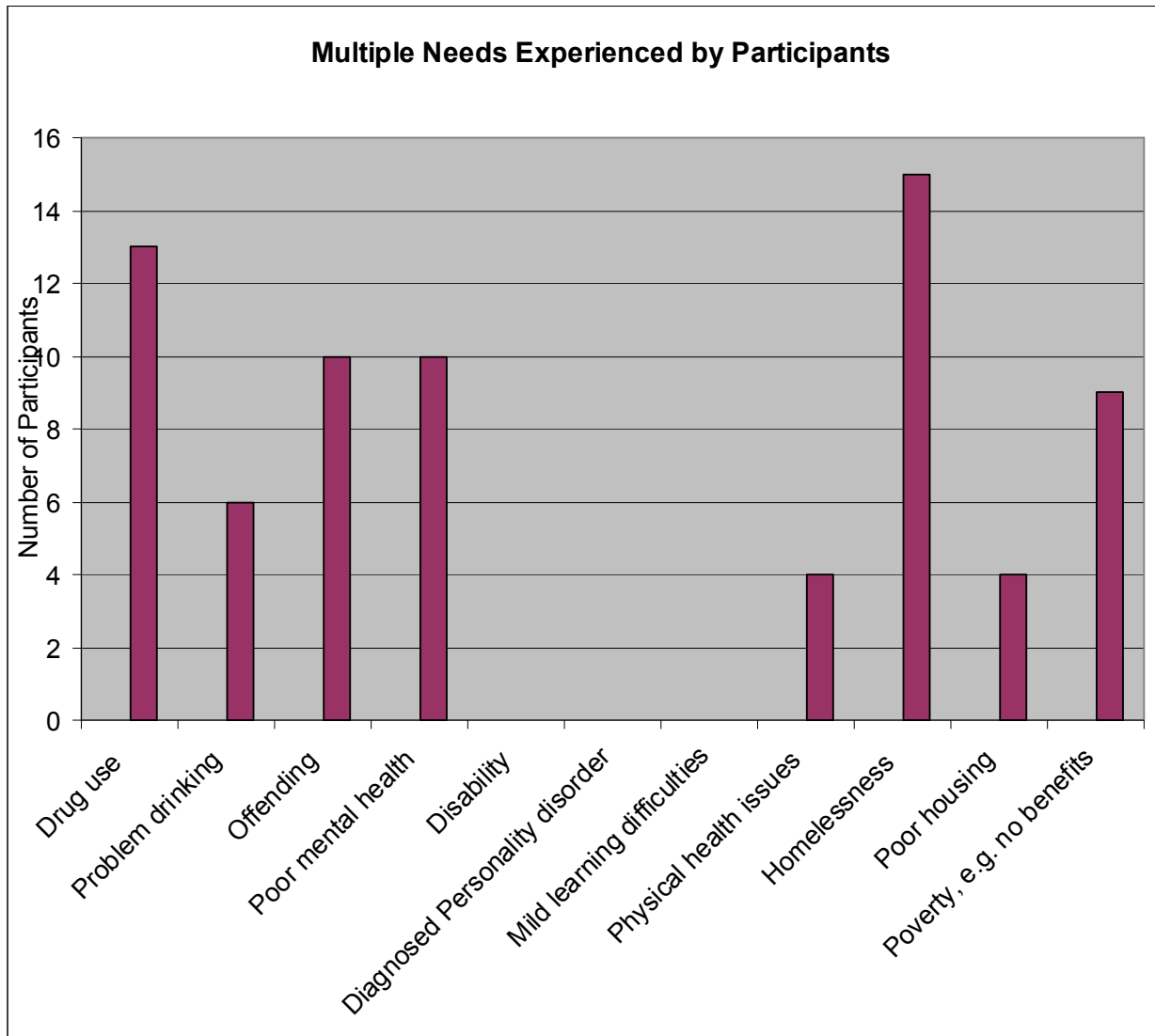


Figure I

Figure 2 shows the number of participants who used each service.

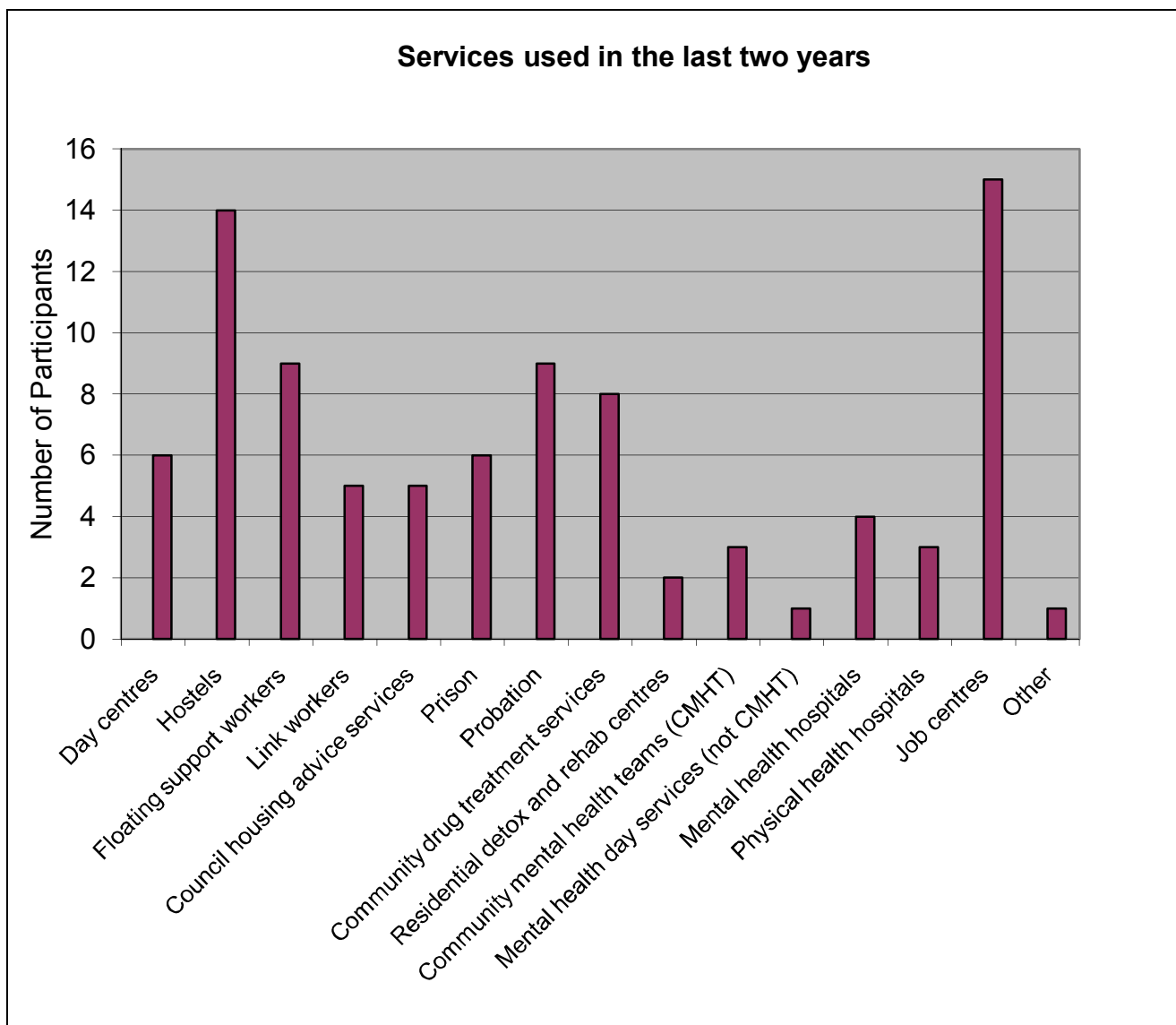


Figure 2



Figure 3 compares the number of needs experienced by participants with the number of services used.

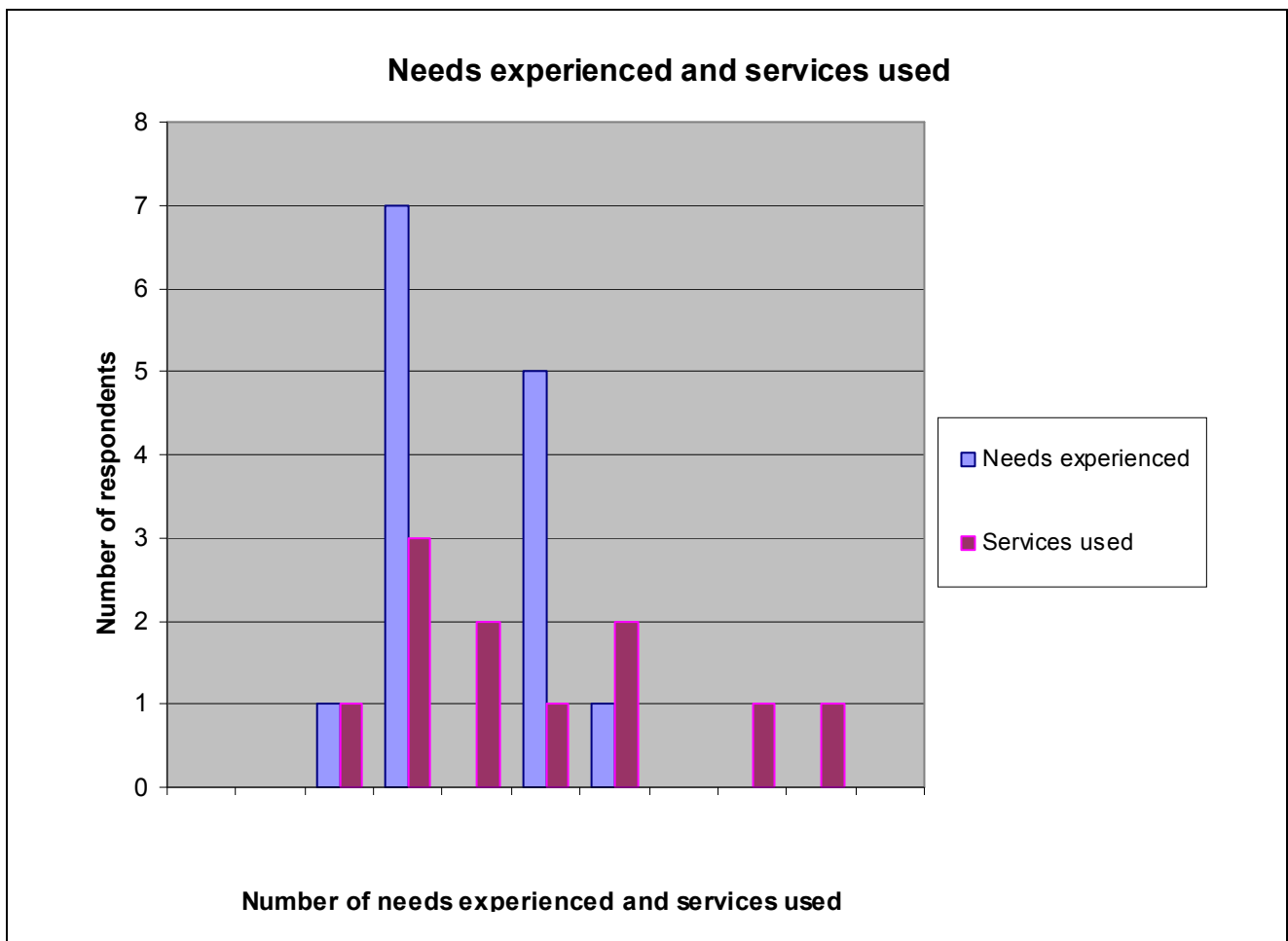


Figure 3

## Ethnicity, Gender and Age of the Participants

Figures 4, 5 and 6 give the ethnicity, gender and age of the 16 participants who completed the questionnaire. Six out of seven participants in the London Focus Group were from BME groups.

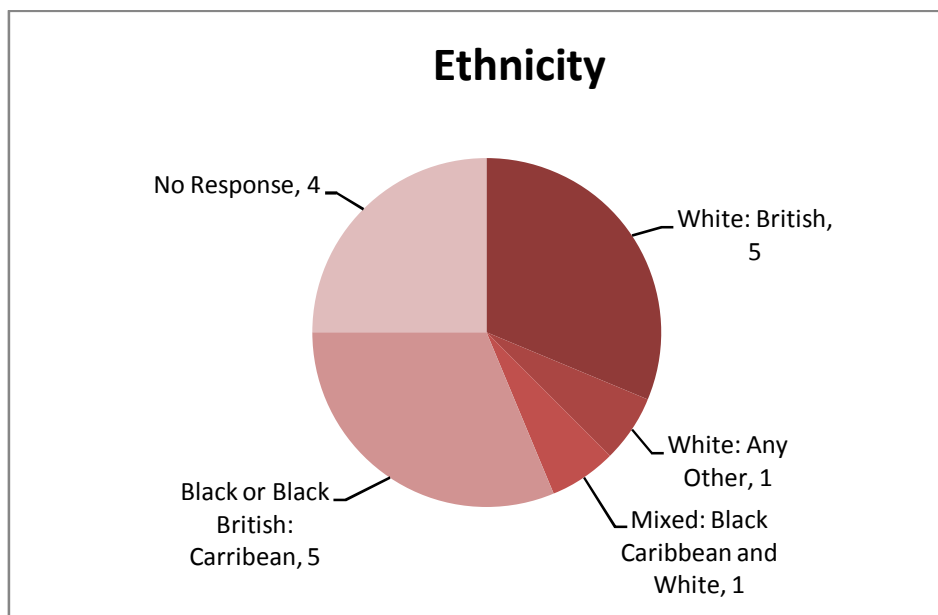


Figure 4

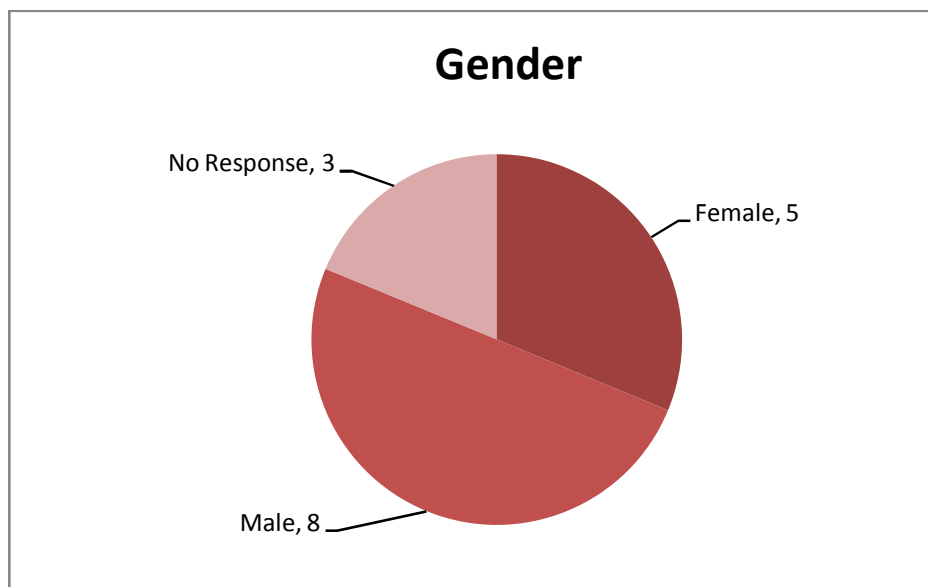


Figure 5

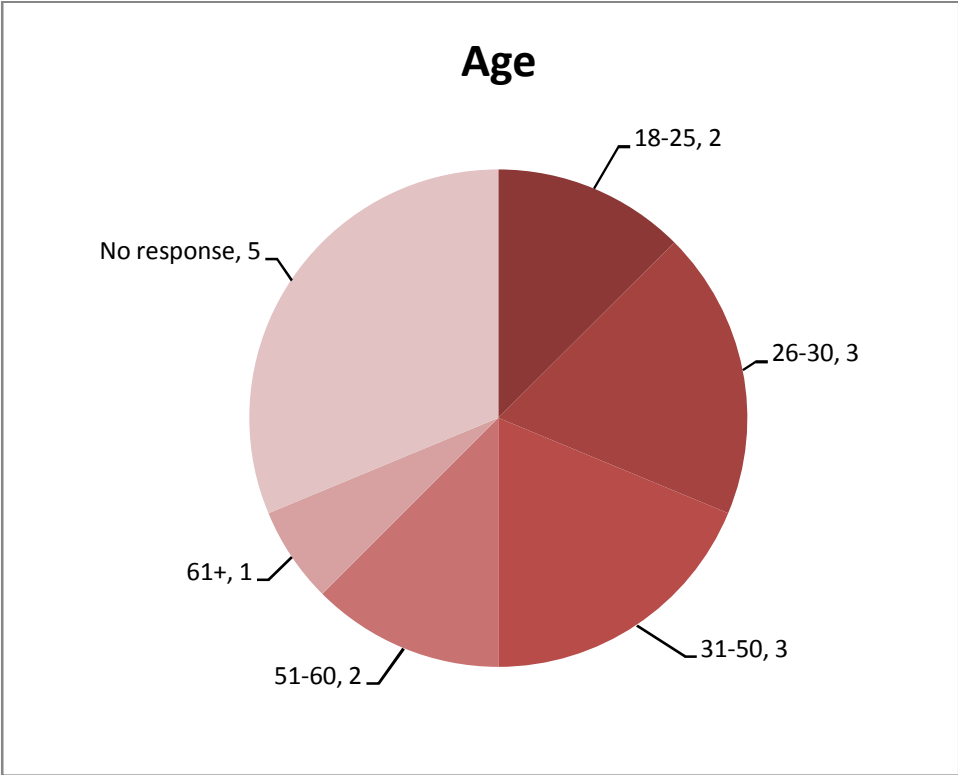


Figure 6

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