Birmingham Changing Futures Together

Service User Perspective Peer Support Research

Revolving Doors Agency / March 2019

Birmingham
ChangingFutures
Together

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Contents

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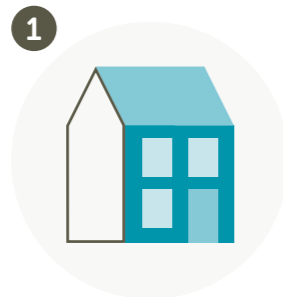# Background: Fulfilling Lives Evaluation

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Birmingham Changing Futures Together (BCFT) is one of twelve Fulfilling Lives: Supporting People with Multiple Needs sites funded by The National Lottery Community Fund. The BCFT programme aims to improve the lives of people experiencing multiple and complex needs, across Birmingham. BCFT defines multiple and complex needs as people experiencing two or more of the following: homelessness, problematic substance use, risk of offending and mental ill health. Importantly, the programme focuses on service and system change, aiming to ensure that models and approaches pioneered during the project become mainstream.

Since early 2018, Revolving Doors Agency has led the local evaluation of the Birmingham Changing Futures Together programme. This report details the findings from the first round of qualitative fieldwork undertaken, exploring how it feels to be a service user in Birmingham including the No Wrong Door (NWD) network organisations and beneficiaries of the Lead Worker/Peer Mentor service being delivered by Shelter.

The No Wrong Door network works to ensure clients are not turned away from their service, regardless of their presenting need. The Lead Worker/Peer Mentor service focuses on supporting those with more complex needs to navigate the system and manage a range of issues they may face. The Lead Workers can work alongside Peer Mentors with lived experience who can support engagement.

BCFT programme aims to improve the lives of people experiencing multiple and complex needs, across Birmingham.

BCFT defines multiple and complex needs as people experiencing two or more of the following:

1 Homelessness

2 Problematic substance use

3 Risk of offending

4 Mental ill health

Research objectives

1

To gain an understanding of the experiences of service users in Birmingham, in particular their experiences of engaging in No Wrong Door network services

2

To explore service users' perspectives of how access to services in Birmingham has or has not changed in recent years

3

To gain meaningful insight into the implementation and impact of specific NWD services in Birmingham

4

To explore the impact of the BCFT programme as reported by the service users themselves.

5

To understand the value and impact of lead worker/peer mentor model as described by service users.

Our methodology

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Our Approach & Peer Research

This service user perspectives study represents one strand of the wider local evaluation. The scope of this strand is a qualitative assessment of BCFT service user perspectives, specifically the No Wrong Door network, Beyond the Basics beneficiaries and those assigned a Lead Worker/Peer Mentor.

This study utilises peer research methodology, which is a form of participatory research. This means that people who are normally the subjects of research are directly involved in the research design, implementation and data analysis. Participatory research, as an approach, was originally developed in the 1970s and 1980s as an alternative to large-scale survey studies which were perceived to give insufficient attention to people's local knowledge.

The lived experience of peer researchers can encourage people being interviewed to open up to in a way that can be difficult in traditional research due to the power dynamics which can exist between researchers and research participants. We recognise that participants often prefer to speak to someone who is perceived as credible, and their perception of personal experience is key. Aligned to this, is a general mistrust that those with multiple disadvantages have towards perceived authority figures and educational establishments, including researchers.

Peer researchers involved in this project received accredited training in research methods, ethics and safeguarding from Revolving Doors. All peer researchers who participated achieved their Level 2 OCN Accredited Peer Research Qualification. During their research activity they received ongoing support from the Revolving Doors Involvement Team.

Fieldwork

Semi-structured in-depth interviews were conducted with individuals accessing a range of No Wrong Door (NWD) services in Birmingham. The fieldwork took place in service provider locations in Birmingham throughout August 2018. Peer Researchers led the interviews, with support from a Revolving Doors Agency researcher.

Recruitment was carried out using a stall and intercept approach which involved setting up a drop-in interview center in each service to which respondents were referred to by service staff and their lead workers. Informed consent was sought from all participants through an information sheet and discussions during the recruitment process. A written consent form outlining the purpose of the research, areas for discussion and permission to record the interview was completed with each participant before the interview. Each interviewee was paid a £5 incentive in the form of a high street voucher.

Interviewees were debriefed at the end of the session to ensure their wellbeing and safety. Equally, peer researchers and staff researchers debriefed with each other to support their own wellbeing.

Sample breakdown	SIFA Fireside	Shelter	Hostel	Beyond the Basics
Male	6	7	5	2
Female	2	4	n/a	n/a
Totals	8	11	5	2
BAME	x4	n/a	x2	x1
Age	Broad range of ages (19-60)			

x26 participants

Sample breakdown

Interviews were conducted with 26 service users. Existing literature on Multiple Complex Needs demographics indicates that the 26 participants broadly represents people with multiple complex needs who are accessing services. The service users interviewed were diverse in terms of the services they had used and their individual stage of recovery. Two service users who were interviewed had dropped out of their lead worker service but had later reengaged.

The study participants ages ranged from 19-60 years old. The sample included six women. Seven participants identified as BAME. The full breakdown of the sample is outlined above. We did not screen participants for their specific needs, however the sample included a full cross-section of need types including homelessness, offending, addiction and mental health needs.

Analysis

The findings in this report have been co-produced by the Revolving Doors Agency research team and the peer researchers. All interviews were transcribed by a professional transcriber and analysed for themes. Verbatim quotes have been anonymised to protect the identity of the respondents.

Previous experiences of services in Birmingham

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"I've been in a lot of hostels. Shared accommodation has been hard for me to be honest, people stealing stuff all the time."

Service user

Types of services that had been accessed prior to current involvement

Previous experiences with services in Birmingham varied significantly depending on the type of need being addressed, the service provider and the individual's specific history with services. However, in the past year almost all service users had interacted with the police, the criminal justice system and the National Health Service. Several interviewees had left prison in the last year. A large proportion had experienced rough sleeping.

Several were new to Birmingham or had been away from the city for a period of time e.g. in prison, in rehab or living in a different location. Some interviewees indicated that they had purposefully come to Birmingham or been sent to Birmingham for the services available. In one case after leaving prison a man, originally from Bristol, was sent to Birmingham for probation services. He did not know why Birmingham was the place he was sent to. In another case, a man left prison and was 'sent to' Telford after leaving prison but left for Birmingham because he felt he would reoffend in Telford. Another described coming to Birmingham as 'following the services'.

The majority of users experiencing homelessness and problematic substance use reported trying to access housing support and rehabilitation services in the recent past, and on repeated occasions. The majority of interviewees felt that these had not provided adequate responses to their needs at that time.

Specifically, respondents reported a history of poor housing support. They reported that they tended to be placed in short-term temporary accommodation that housed active drug users together. Many respondents reported this situation led them to relapse and/or continue to engage in problematic behaviors.

"I've been in a lot of hostels. Shared accommodation has been hard for me to be honest, people stealing stuff all the time."

Most respondents did not reengage with specific services if their previous experience had been poor or if they felt it was unlikely they would receive the support they needed. The majority of interviewees had histories of multiple engagement and subsequent dropping out of services.

One described their very first experience of asking for help with housing (which they asked of a mental health worker)

"I had to leave and they said come back tomorrow"

In some cases, the current service was the only one they perceived to meet their needs.
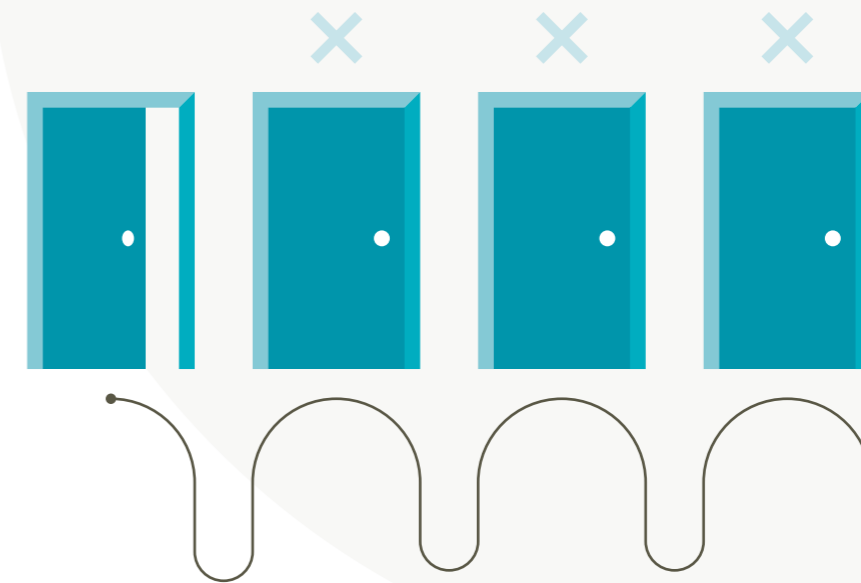
"I only use SIFA really. I've been coming to SIFA for years and here I can get help with housing through Gateway and doctors and things like that."

"That's [Changing Futures] are the only place that's ever been good really…I've been referred to others but nothings ever come back to me"

Referrals into current services were from a variety of routes, including criminal justice agencies, Citizen's Advice Bureau and word of mouth. Notably several people had been referred into Shelter or other services via Liaison and Diversion service. This seems to be a positive development in the landscape of support across Birmingham.

"Liaison and Diversion introduced me to [workers name] who is part of this…. Liaison and Diversion got involved with me because I got arrested…[..]…I've got mental health needs, I was homeless and stuff, so they put me in with Liaison and Diversion and I had a couple of attempts at suicide, so I went to see this person from BVSC…[]..I've been part of this ever since".

Many respondents reported that their recent or current experience in engaging with services in Birmingham was more successful than it had been in the past.

Perceived changes in services and systems across Birmingham

Many respondents reported that their recent or current experience in engaging with services in Birmingham was more successful than it had been in the past. One interviewee said:

"I can remember being here 25 years ago and it was ten times as bad".

"Access to things, people, getting access to dry houses and stuff like that. I'd never even heard about dry houses until last year so something must have happened around here"

He went on to describe the difference that he felt the buildings had made. Another interviewer cited Shelter as making a difference to the landscape of provision.

When asked about how services had changed over the lifetime of the BCFT programme in Birmingham, most respondents were positive about services. Some cited that staff had become more skilled and compassionate.

"I think the staff are a lot better, to be fair, they're properly changed, whereas I think when I first started using the services…they didn't seem to have the same sort of knowledge as they do now."

TENANCY

"they've passed the buck, passed the buck, passed the buck. Two years later I'm still in emergency accommodation, no tenancy agreement, no proof, no bank account."

Service user
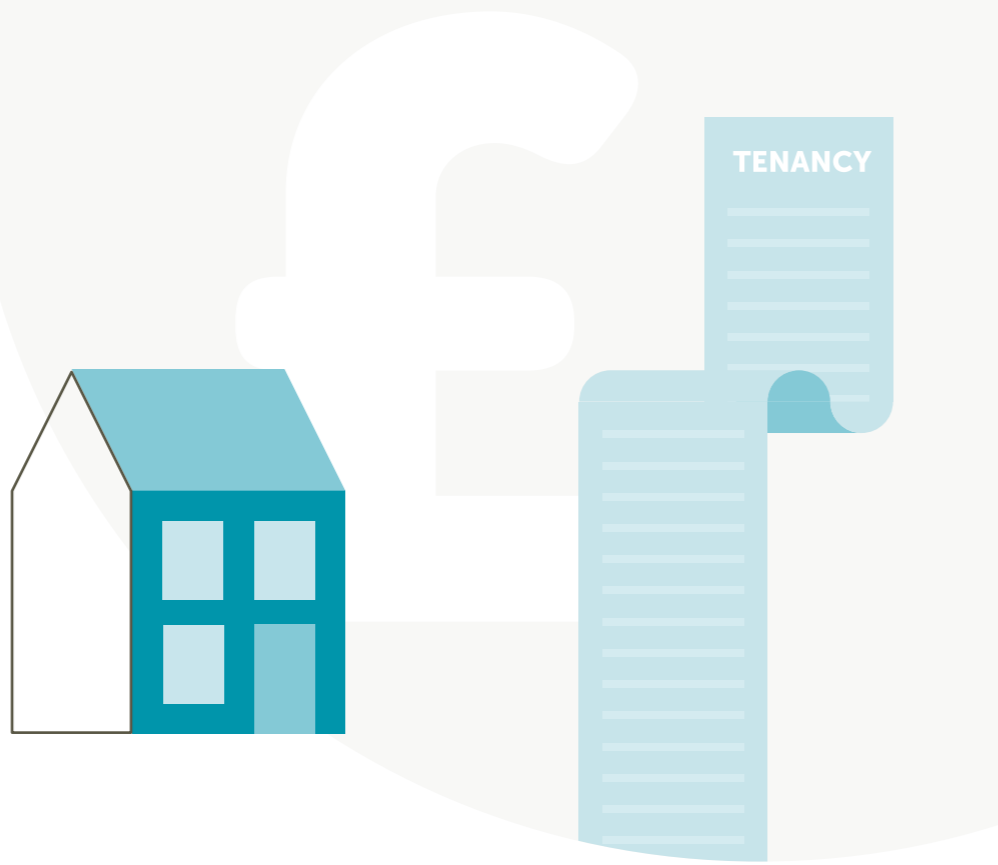
Some respondents felt it was more difficult to get access to housing services recently which many perceived to be as a result of funding cuts. However, this criticism tended to be directed at the government and local council, rather than the services themselves.

They sighted the closure of several hostels and night shelters, and the reduction in opening hours in some services as evidence for this.

"Well some services are clamping down, aren't they? They're only open until one o'clock, but this place shouldn't be closing at one o'clock, it should be closing at five o'clock because people want food throughout"

"My experience has been dire in Birmingham. I've been homeless for four years. I get respect from services but I don't get help"

This finding was important because the research found when service users were in more secure housing situations, they tended to be considerably more engaged with other services, including mental health support and drug rehabilitation. Those with no housing, poor living conditions or little housing security tended

to be less positive about their lives and be less engaged with other key services. One person who was currently homeless and felt let down by services summed up his experience.

"they've passed the buck, passed the buck, passed the buck. Two years later I'm still in emergency accommodation, no tenancy agreement, no proof, no bank account"

Additionally, almost all service users felt that street homelessness had significantly increased in Birmingham over the last few years, in particular there was more visible street homelessness in the city center.

Some service users with severe mental health needs reported struggling to access Community Psychiatric Nurses in recent years. When discussing accessing help, one interviewee articulated that it was only his offending and suicide attempts that finally got him help:

"you shouldn't have to keep getting arrested all the time just to – I mean the amount of times I was arrested before I got.......it was because I attempted suicide, the only reason I got in. it shouldn't have got that far"

Most respondents did not reengage with specific services if their previous experience had been poor or if they felt it was unlikely they would receive the support they needed.

Photo credit: www.photoeverywhere.co.uk

Types of services that had been accessed prior to current involvement - See page 08

Current access to services

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Access to services is complex

Respondents described the process of initially accessing services as having become easier in recent months and years. Overall, a majority of service users felt that it was relatively simple to register with services, especially if referred to the service by an outreach worker or a lead worker.

"I'd say it's getting a bit easier, like there are more people around to help you"

Describing Shelter and CGL services, one woman said:

"You get the help as soon as you walk in through the door. You get asked if you need any help, same when you walk into Scala House"

The changes to access was particularly evident for service users that had been assigned a Lead Worker as part of the Lead Worker Peer Mentor programme.

"Since I met, *lead worker name*, things have gotten easier. They help keep my appointments, send me texts to remind me and stuff like that"

Most respondents had been referred to a service by a friend or someone they trusted. It was felt by some users that more should be done to inform people with complex needs of the whole range of services available to them, as most tended to engage with only one or two specific services - even if they displayed three or four complex needs.

Awareness of specific programmes to improve services in Birmingham, such as Changing Futures Together, was low. Many respondents had limited knowledge of the wider services available in the city. Their awareness and experience of multiple services tended to be proportional to the length of time they had spent engaging with services, i.e. the longer they use services, the more services they find out about.

"I was told about SIFA by a friend of mine on the street. They said you can get food and a cup of tea, have a shower and sometimes they give out free clothes and things like that."

Some users said that although initial access was good, they were not able to access the full range of support available within each service.

Once services are initially accessed, experience varied

While the process of accessing a service has reportedly become somewhat easier in recent years, the experience of those engaged varies. Some users said that although initial access was good, they were not able to access the full range of support available within each service.

For example, most interviewees accessing SIFA Fireside used the food and washing amenities on offer, however only some had engaged with the onsite housing consultations, and fewer still were in the process of securing temporary accommodation. Similarly, across all services people were not accessing all of the services available to them.

"I wouldn't say services are joined up you know. It's not like they mingle together or anything. They are like on their own if you get me, they do their own thing."

"You get the help as soon as you walk in through the door. You get asked if you need any help..."

Service user

Repeating their story

The majority of respondents struggled to recall effectively how often they have had to tell their 'story' when engaging with services. However, some reported that when they engaged with a new service, they have to explain their needs and history as part of the process of engaging with a new service. The majority of service users (varying from user to user) reported telling their story multiple times in the past few years, especially when being referred from one service to another.

This was still very much the case among most service users we spoke to, who had engaged with services in the past few months. We expect this may change once the integrated Common Assessment Tool database (iCAT) is in use, which has yet to be implemented across the NWD network at the time of this study. Further research post iCAT implementation will be able to determine any change in this indicator.

When asked about telling his story to professionals, one interviewee said:

"I'm talking to a different person every day about the same thing,"

"I have had to tell my story a few times, and it gets me mad sometimes because I have to tell them over and over and over."

When asked about telling their story, several specifically mentioned health services.

"in the mental health services, every single time I go, it's like the doctors or health services, I always have to explain it over and over again"

This was less commonplace among service users assigned to a lead worker or peer mentor, who would make appointments and include their relevant personal histories when coordinating or referring them to another service provider.

"I have had to tell my story a few times, and it gets me mad sometimes because I have to tell them over and over and over."

Service user

"He shared with me the fact that he had been where I was, and he could talk to me like I was a person."

Service user – Lead Workers and Peer Mentors, See page 20

Photo credit: www.photoeverywhere.co.uk

Use of emergency services

Experience of using emergency services varied from "very rare" to on "a daily basis".

Most respondents reported that they were using emergency services such as ambulances less frequently since they had been engaged in a service. One person who used ambulances daily due to mamba use and epilepsy, reported that they had significantly reduced this use and attributed it to the help they received at SIFA.

Another person explained how she used ambulances approximately every two or three weeks, but that this has reduced recently.

"It has gone better (accessing fewer emergency services). I found a nice guy in my life. I'm going to get married in two years, that has helped me."

However, many service users said that if they needed it, they would still call on emergency services themselves. This indicated that trust levels had increased, but that need had lowered.

"I do access emergency services sometimes now. I just phoned Samaritans the other day. I've only just started learning about these things, and that, to be honest."

Several interviewees spontaneously cited increasing problems with Mamba amongst the homeless population. Many linked this to increased use of crisis services.

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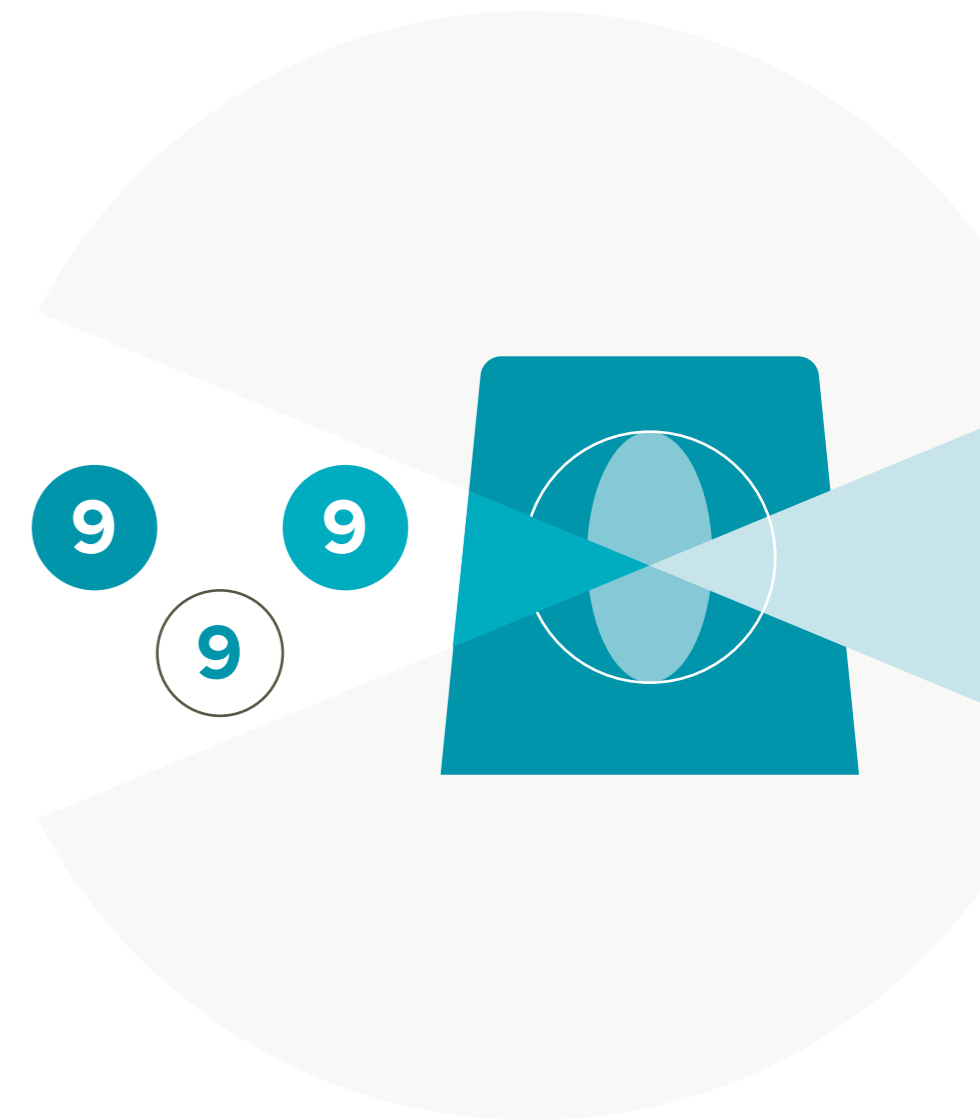
Joined up support and referrals was varied

While some interviewees described effective referrals, in particular to substance misuse services, there was less consistent reporting of other referrals in order to meet the range of needs people faced.

Some articulated good practice:

"this is the most famous place in this area, if anybody needs some help. From here.. say if somebody wants to make some CSCS cards (cards giving right to work in construction industry) for people, they send them to the crisis or different places"

However, many respondents were not able to recall engaging with other services that could offer them support for their other needs e.g. interviewee with a disability said he had not been offered any support or referred to any services to support him.

When asked about how services linked together, experience was varied.

"I think they could be more linked up"

Many felt that getting stable housing and appointments with mental health workers had become more difficult in recent years due to real and perceived cuts in services by local and national government.

"It's gotten harder since they closed down Midland Heart in Bradford Street, it's been hard for people. Just look at all the homeless on mamba in Birmingham center"

Barriers to accessing services

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We identified four potential barriers to accessing services in Birmingham.

Low awareness of services

Awareness of services available remains a key barrier, with many service users highlighting how many people they know who are unaware of what sort of services are available. Many users we spoke to had limited and sometimes incorrect information relating to both what was available and how they should go about accessing certain services. This included things like opening times, locations of offices and drop-in centers and processes or requirements for accessing a particular service. Traditional forms of public awareness campaigning, including more posters and above the line advertising which pointed those in need towards services were more likely to reach the homeless community. This could be supported by outreach workers 'getting the word out' in the homeless community.

"They need to do more to tell people about what is available. There are loads of people on the streets who don't know where to go when they get to the point that they've had enough and want help"

Mistrust of services

Service users with the most complex range of needs and additional severe disadvantage had engaged, dropped out and reengaged with services many times over the years. This created a sense of mistrust and resentment towards services, decreasing their likelihood to access services in the future. The lack of effective support in meeting people's mental health needs appeared to be the key barrier to them accessing wider services effectively.

"I've been banned from all services in Birmingham. (Told) to come back in 4 weeks, 6 weeks, 8 weeks' time'"

There were also added barriers for couples who wished to access services together, in particular housing.

"They wanted to split us up and we've been together 15 years....I'd rather stay on the street"
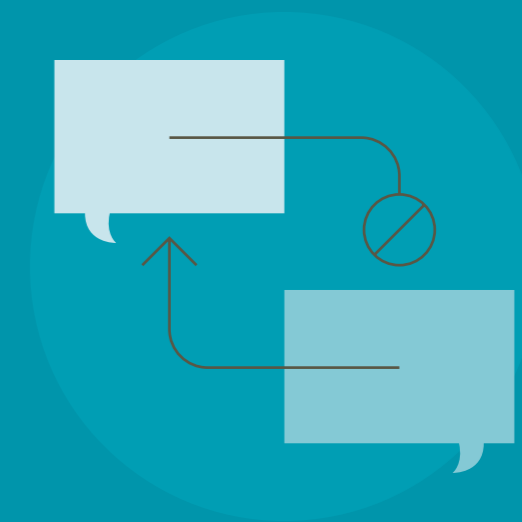
Service locations

Service users noted that going to certain buildings and even going into the center of town could be a "trigger" for using drugs. One couple advocated more home visits.

"so coming into town here is what they call a trigger. It's a bit of a jaunt as well coming in...you see other drug users that you know, it's not just coming into town center that makes you think about using, which is what we don't want to do. It's also coming into this building"

Language barriers

Language, specifically the lack of staff that can speak Eastern European languages, was a potential barrier, for many in the Eastern European homeless community, to accessing services. This particular insight was raised when speaking to a Lithuanian service user in SIFA Fireside. The more transactional services like a food bank/soup kitchen involve less need for translation and therefore language support. However, services that offer one-to-one support such as housing, substance misuse or benefits may require more translation and language support. This is because the more complex types of services require more complex information gathering. For example, completing housing benefit applications or talking with a mental health professional about their mental health needs.

"so coming into town here is what they call a trigger. It's a bit of a jaunt as well coming in...you see other drug users that you know, it's not just coming into town center that makes you think about using, which is what we don't want to do. It's also coming into this building"

Service user

General lessons from user experiences of services

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The following is an account of some of the overarching messages, both positive and negative, that emerged about the services during the interviews.

Experiences of services

This section describes service user's experiences of specific services, in particular it explores what made experience with services positive and what lessons can be learned from negative experiences. It is not intended as a service evaluation but to draw attention to particular insights distinctly relevant to each service.
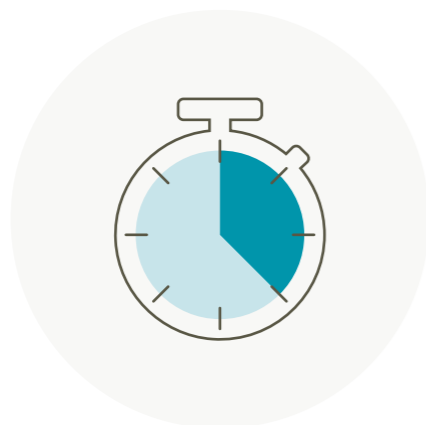
Experiences of services were highly varied among our sample. From user to user these varied both between different services and within the same service, as well as for the same individual using a service multiple times.

The overarching narrative was the following:

Users were broadly positive about the services provided.

Service users placed high value on services and staff that were able to rapidly sort out an overwhelming problem in their life, in particular solving issues with accessing benefits or housing in order to provide some initial stability. This helped to gain trust.

Positive accounts of services tend to focus on building positive caring relationships with particular individuals, usually staff members or their lead worker/peer mentor.

Positives

The overwhelming majority of interviewees were very positive about services, specifically the staff who were repeatedly referred to with glowing and enthusiastic appreciation. This positively impacted on service user's confidence, trust in services and their outlook on the future.

"The people here are amazing, they are doing everything they can for me and I don't know where I'd be if it wasn't for this place. They allowed us to stay together as well, because we're a couple of ten years been on the street together, and other places have tried to split us up."

Impact on service users

Most service users reported that after accessing services, particularly their confidence, self-esteem, mental health stability and physical health had improved.

"Started to eat a bit more. I've actually started to go out and speak to people instead of hiding in corners"

"I think it's turned my life the right way round. Going from being lost in addiction and suicidal to where I am now...engaging in things like courses at Crisis"

Many described the support they had received as life changing. One woman who explained that she had regularly had suicidal thoughts but was now seeing improvements to her mental health:

"didn't have nothing.... [a couple of months ago] ...now I've got somewhere to go back to every night"

"Since I've met [support worker] my whole life has changed. He helps me with everything and I do really feel like he wants to help me."

Others gave very practical examples of how the support had changed an aspect of their life. Others discussed the direct impact the support was having on their engagement with services.

"I've got my daughter back in my life, I see her on a regular basis"

"It's been about a year and a half since I've started actually sticking to my appointments and that."

However, the extent of the improvement tended to be contingent on their housing situation, with service users that were living in unsuitable accommodation or were unable to secure accommodation reporting fewer positive changes in their lives.

For several they were clear that they were on a journey of recovery and that things could still change for the negative.

"I can never seem to improve no matter what I do....my confidence and self-esteem is a big barrier stopping me from progressing, but I'm happy compared to where I was"

One woman, who described her fear of taking showers and difficulties remembering key information such as her address, summed up her fear of living independently:

"... Say if I rented a flat in a house or something, it scares me to think that I wouldn't have someone to go and knock on their door and say... If I've got any problems, can just knock on the door?"

Positives continued

Lead Workers and Peer Mentors

Respondents reported how vital their lead workers and peer mentors had been to both their accessing of the services on offer and the successful management of appointments. For many, their lead worker had become the one stop shop for addressing most all of their needs, something they both value highly and are reliant upon.

"I've got two support workers … got me somewhere to live. Got me a CGL Worker…just having those three people has changed it [my life] a lot"

Interviewees saw their peer mentor/lead worker on a regular basis.

"whenever I want really, so four times a week"

Service users were overwhelmingly positive about the relationships with their peer worker and relied upon them to organise, arrange and remind them of their appointments and commitments.

"they help me make sure I keep my appointments… if I've got an appointment they phone me, let me know. They come to appointments with me"

"I find that having them behind you, you seem to get more done" – couple

When probed, interviewees reported that the lived experience of their peer mentor had given them hope of their own recovery and helped them to build a trusting relationship with the peer mentor themselves.

"He shared with me the fact that he had been where I was, and he could talk to me like I was a person."

"my other support worker, she's going through the same thing as me. She lost her kids in 2014 she's got them back and she's got her own flat now……. she's my focus."

Staff

Users were on the whole very positive about staff, more broadly, to office based staff and outreach workers. Being treated with respect, feeling staff were going above and beyond for them and getting to know the individual service users at a more familial level were the main reasons given for their admiration for the staff.

"It's not like they are doing a job that's just like mundane. They actually engage, and actually will not turn you away until you go away yourself thinking there's someone there on your shoulder."

"Staff are always concerned about me if I don't come back for a while, like they ask me if I've been eating and things like that"

"Staff are always concerned about me if I don't come back for a while, like they ask me if I've been eating and things like that"

Service user

Photo credit: Peter Clarkson, www.unsplash.com/@_peterclarkson_

Negatives

Understanding of eligibility to return to services if they disengage

There were some perceptions that if they dropped out of the Lead Worker/Peer Mentor service that should they try to return to the service, they would no longer be eligible. But this is a misconception as there are numerous service users who have reengaged successfully and in this small sample alone two of the interviewees had reengaged.

Lack of knowledge of the breadth of services available

There was some evidence that interviewees did not understand the breadth of services on offer at individual locations. The research indicates that more could be done to refer users to other NWD services and to otherwise communicate availability of wider service provision to service users.

Hostels were not associated with access to wider support. Service users tended to focus on the aspects of housing only and did not discuss wrap around care.

"I got the support worker to sign my little sheet and pretended he's done an hour with me looking for flats or a job or whatever"

Service user

When asked about other services, e.g. Crisis, St Basil's, Birmingham Mind, one interviewee from the hostels said:

"I wouldn't know what you're on about!".

He had other needs but was unaware of or not accessing wider support.

Opening hours and resources

Many interviewees are aware that some services opening hours have been shortened due to a lack of funding and mentioned this spontaneously.

Staff

As mentioned above, staff were viewed very positively by our interviewees. But there were some reports of staff with lower levels of user contact not been seen in such a positive light.

"Some of the staff here are absolutely useless, they don't do anything"

"I got the support worker to sign my little sheet and pretended he's done an hour with me looking for flats or a job or whatever"

"the people that are helping us; they make you feel included again"

General lessons from user experiences of services

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This report is intended to capture how it feels to be a service user in Birmingham in 2018 and to reflect on changes in recent years as perceived by those accessing support. It is not intended to provide practice recommendations, however there were some clear learning for both the system and for services, built on the direct experiences of people facing multiple needs that merit further reflection.

Overall, initial access to certain services for people facing multiple and complex needs was reported to be improving. While a minority of interviewees felt nothing had changed, the majority of service users described that it was easier to access support than previously. People felt there was less occasions of being turned away or being passed on to others without help. However, several noted the high thresholds for mental health services and severe problems accessing stable or permanent accommodation – both of which they felt would assist with them moving on in their journey.

Service users particularly noticed an increased level of staff skill and compassion across most services, in particular homelessness services. Many noted the good referrals and joint working between homelessness and substance misuse services. There was less evidence of consistent effective joint working to address wider needs, but where this happened it was valued.

The work of Lead Workers and Peer Mentors was highly valued and appeared to make tangible difference to outcomes. Lead Workers and Peer Mentor roles were important to resolving pressing issues such as benefits or housing, supporting people to attend appointments (e.g. health and criminal justice) and there were indications that this work had long-term impacts on service users' identity and confidence "the people that are helping us; they make you feel included again".

Service users noted recent trends that concerned them including high levels of street homeless and increasing use of Mamba amongst vulnerable groups in the city. Several noted funding cuts to services, including reduced opening hours of services.

Service users also reported that they continued to need to tell their story on multiple occasions when accessing different services. Several felt that awareness levels could be raised of the services available in particular to people rough sleeping.

While wider funding cuts and reduced opening hours of some services were noticed and reported as negative, the recent establishment of a Liaison and Diversion service seemed to be making a positive difference in identifying need earlier and referring people in to the NWD network.

Overall, initial access to certain services for people facing multiple and complex needs was reported to be improving. While a minority of interviewees felt nothing had changed, the majority of service users described that it was easier to access support than previously.

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