

National Expert Citizens Group

Strategic Priorities 2023-2025





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Revolving Doors is a national charity working to break the cycle of crisis and crime. We advocate for a system that addresses the drivers of contact with the criminal justice system, including trauma, poverty and discrimination. We bring independent research, policy expertise and lived experience together to champion long-term solutions for justice reform.

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Introduction

This document sets out the approach and strategic priorities of the National Expert Citizens Group (NECG) for the period 2023-2025. These were developed between August and December 2022 and build upon the previous priorities (2020-2022). The priorities aim to capture the most important issues for people who have experienced multiple disadvantage.

Who are we?

The aim of the NECG is to ensure people with lived experience of multiple disadvantage shape system change by coproducing accessible services, designed to best meet their needs.

The NECG consists of people with lived experience of multiple disadvantage who represent the 15 Changing Futures areas. They meet to discuss issues in their local areas, compare these at regional meetings and then present findings and recommendations at a quarterly national meeting. Each quarterly cycle focuses on a different strategic priority.

Our Women's Forum, created in 2020, was supplemented by an Equality, Diversity and Inclusion Forum, launched in 2022, to widen the scope of the NECG's diversity work.

Revolving Doors helps coordinate and support the NECG, to ensure it has an independent voice, is led by skilled members and can achieve its aims.



Why lived experience-led system change matters

Whilst some progress has been made, much remains to be done to fix what the NECG sees as a 'system that still remains broken'. Services are often inaccessible for the people who need them the most.

Through personal experience, people develop an insightful understanding of the system, how it helped and how it failed them. For these reasons, the NECG wants to see a stronger focus on lived experience. As the cost-of-living crisis risks increasing the number of those experiencing multiple disadvantage, hearing the voices of those affected is needed more than ever. For these reasons, the NECG wants to see bigger, bolder and more urgent change.

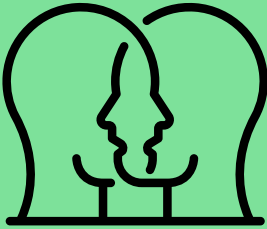
"Nowhere near where we need to be... but the ball is rolling."

(NECG member)

Likewise, these insights enable the NECG to understand what works, where services can improve, and recommend practical solutions to create a system that effectively supports people experiencing multiple disadvantage. This is why people with lived experience must be driving system change and inform decision-making at the highest levels.



Our priorities



Dual diagnosis



Justice system



Housing and homelessness



Diversity and neurodiversity

Our approach

The following principles are the golden thread throughout all the NECG's recommendations. Members believe that these principles are essential for all services to be accessible and effective for people experiencing multiple disadvantage.

Being trauma-informed and responsive

Despite increased talk of 'strength-based' and 'person-centred' approaches in recent years, services are often still negatively framed; assessment processes are too bureaucratic and there is excessive focus on people's problems. For services to become trauma-informed, this needs to change. Positive relationships must be at the heart of services, with a focus on developing trust and rapport, capabilities, building resilience, creating safe spaces and flexibility.

Peer support embedded in all services

Paid Peer Support Workers are essential for all services supporting people experiencing multiple disadvantage. Peer Support Workers make services more accessible and easier to engage with because they have an understanding which enables them to build trust quickly and help people to make sense of and navigate the system. Access to peer support should be available from when people first access a service, enabling a warm, safe welcome. Peer support should also be available to those on waiting lists.



Personal budgets and community participation

‘What does a good life look like for you?’

This question must be central to the support people receive. Achieving this requires more than services. People will need to access opportunities in the community, such as gardening clubs, fitness classes, art classes and music groups so that they can make friends, build social networks and learn new skills. Access to personal budgets (an amount of money agreed with the local NHS team, allowing recipients to support their own health and wellbeing needs) would enable people to access such opportunities.

Equality, diversity and inclusion at the heart of coproduction

People who experience multiple disadvantage and who have protected characteristics (such as people from racially minoritised communities or identifying as LGBTQIA+) may have been excluded from services and are often perceived as ‘hard to reach’. To prevent services being inaccessible to such groups, they need to be at the heart of service design and delivery so that support offers work for them and address their needs.

Coproduction at the highest levels

We believe that services will be more accessible if their design, governance and evaluation is coproduced with those most affected by such decisions. Services designed with people with lived experience of multiple disadvantage are different. Typically, they utilise outreach and peer support, incorporate creativity and are not dependent on rigid thresholds to access support. With experience of trauma central to the design process, services will naturally be trauma-informed.



But we want to go further. We need to embed coproduction at higher levels to have long-lasting change. We believe that legislation, policies, strategic thinking, leadership, commissioning, and system change activity should be coproduced. To achieve this, we need to address power dynamics so senior staff can collaborate directly and creatively with lived experience groups as equal partners.

Our priorities

These priorities build on the NECG's existing recommendations and the areas of work that the group has been focusing on since 2020. They represent the NECG's vision for an effective system that will work for people experiencing multiple disadvantage.





Dual diagnosis

People experiencing problems with drugs and/or alcohol are often unable to access mental health support because of services' eligibility criteria. Services are often inaccessible for people with co-occurring substance/alcohol use and mental health issues. We believe coproduction is essential to bridge the support gap for people with 'dual diagnosis'.



The issue

By separating mental health and substance use, services are creating a system that does not work with the whole person.

“Can’t deal with that because you haven’t sorted that yet, from both services...we should be looking at whole people situations, not divvying people up into this group or that group, that’s where the wheels fall off.”

(NECG member)

There is a complex and dynamic relationship between trauma, mental health and problems with drugs and alcohol. It is near impossible to draw clear distinctions between these issues: they constantly overlap, merge and affect each other. The dual system does not work for those who need it most.



“I do not know anybody that has not had mental health issues with addiction. They go hand in hand.”

(NECG member)



Our vision

Developing services that are specifically designed for people experiencing co-occurring needs around mental ill health and problems with drugs and/or alcohol.

What we need to see

- An end to the separation of problems with drugs and/or alcohol and mental health as 'dual issues'. Addiction should be recognised as a mental health issue. This will enable a more holistic approach that supports the whole person.
- Commissioning and designing services, in collaboration with people with lived experience, which are purposefully designed to simultaneously support a person experiencing mental health issues and problems with drugs and/or alcohol.
- Services with greater flexibility around thresholds, less dependency on a clinical diagnosis for people to access services and the ability to work with people who are not abstinent.
- Paid peer supporters to be embedded in services and lead the trust and relationship-building process when someone first contacts a service and is on a waiting list for clinical treatment. Peer support is essential for people going through transitions (such as leaving treatment and moving into independent accommodation).





- Replacing bureaucratic assessment and support processes with a more gradual relationship building approach, offering choice and flexibility, to enable a person to engage in a way that works best for them.
- Service providing access to support options such as longer-term talking therapies, peer support, support groups, family support, community opportunities, training, education and recovery colleges. Personal budgets would enable this approach.



Justice system

People with multiple disadvantage should be diverted out of the criminal justice system and into support in the community, and support for people leaving prison should prevent reoffending while also supporting people onto fulfilling lives.



The issue

Trauma is often the root cause of multiple disadvantage. Contact with the criminal justice system, especially prison, is traumatic. Therefore, sending someone to prison is likely to create further trauma and risks seeing such individuals get trapped in a cycle of crisis and crime.

“Anyone is capable of committing a crime. Those who go to prison are the poorest in society, with poor mental health - we’re punishing those who have already been punished.”

(NECG member)

There is strong evidence that community sentences are both cheaper and more effective at reducing reoffending. A key reason for this is that they enable people to access support that addresses the root causes of their offending behaviour in their local community. Yet, we also know that community sentences are not being widely used. This means that people experiencing multiple disadvantage and who would benefit from diversion often get trapped in the criminal justice system, without having their needs addressed.



“Stigma is internalised, it goes hand in hand with that external stigma, lies in the wider world, one knock back and it becomes internalised again”

(NECG member)



Our vision

A criminal justice system that understands how multiple disadvantage and trauma can be the root causes of crime, and for people who commit low-level non-violent offences to be diverted away from the criminal justice system into community alternatives that address their needs.

What we need to see

- Police forces working in partnership with support services and the voluntary sector, to divert people away from the criminal justice system and into appropriate support.
- People with multiple disadvantage leaving prison should have access to a peer support worker, who can inspire and connect them with opportunities and support in the community, help them navigate and link with housing, mental health and drugs/alcohol and other support services.
- For people on short sentences, preparation for leaving prison should start the day they enter prison. They should be connected with community services, virtually or through in-reach, before leaving prison.





Housing & homelessness

We must coproduce appropriate accommodation options, ensuring there is adequate housing support designed for people experiencing multiple disadvantage.



The issue

The system for applying for housing, benefits and managing a tenancy is not designed for people experiencing multiple disadvantage.

"The expectation that organisations may have of people may be too high - dealing with bills, with council tax - sometimes the pressure can just be too much, leading people to go back to their life on the streets".

(NECG member)



People who have experienced multiple disadvantage are often let down by unsuitable housing and accommodation options – abandoned without support, in unregulated private sector housing where the promised support offer doesn't exist, placed in large hostels or not even recognised by the system as being in need of housing support. People feel they are being abandoned.

The system often assumes 'any roof will do' and sets people up to fail. People need to be listened to and their circumstances considered. The environment must be right.

In addition to practical support, people need support around personal development, building confidence, self-esteem and social networks. Support must be holistic and integrate people into the community.

"It's the system that fails people, not the people that are failing."

(NECG member)

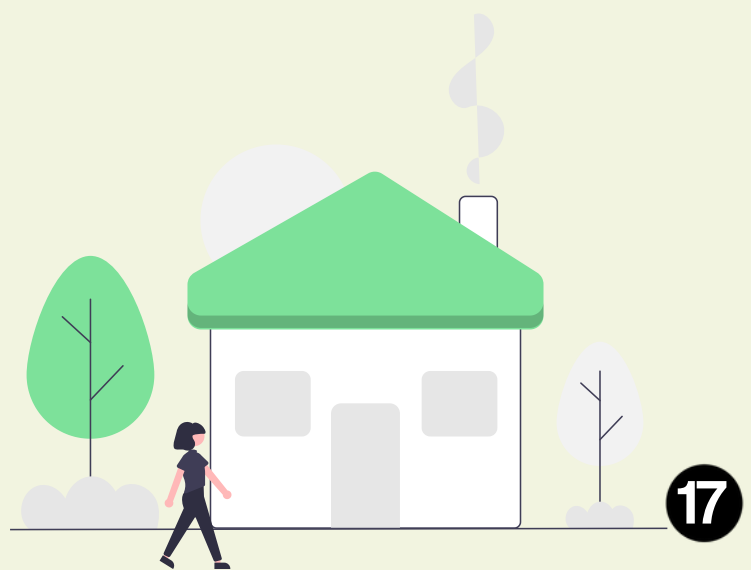


Our vision

For people who have experienced homelessness to be able to choose from a mixture of regulated housing options, access ongoing support and be part of the community.

What we need to see

- A regulation framework. Social and private landlords providing supported accommodation must be regulated, monitored and held to high standards by Local Authorities. These standards must prevent people being placed in poor quality housing.
- People should not be abandoned. There needs to be funding for staff to be able to provide ongoing support to people living in independent accommodation.
- Alternatives to large hostels. The Housing First model is one alternative that can be effective. However, this will only work if it includes wrap-around support.
- Local authorities and partners coproducing specific pathways with women who have experienced, or at risk of experiencing homelessness. Women who live with their abuser or in otherwise exploitative or dangerous situations are legally homeless. However, they are often blocked from accessing appropriate services due to the focus on a traditional understanding of "rough sleeping" which is based largely on men's experiences. Embedding the lived experience of women is essential to make those services truly accessible.





- Local authorities and partners need to create new, proactive strategies to ensure their housing and homeless services are fully inclusive and reflect the diverse communities they serve. People with lived experience and community groups must be central to the creation and delivery of these strategies.
- People need support to develop positive social networks, feel part of a community and have something positive to do. Peer support and personal budgets are essential for the transition into independent accommodation and connecting people with opportunities in the community.



Diversity & neurodiversity

Services need to be accessible and work for everyone, regardless of race, sexuality, gender, religion, disability status and age. There also needs to be better awareness of the needs and experiences of neurodivergent people.



The issue

Minoritised communities face specific challenges and barriers to access services, which can often exacerbate experiences of multiple disadvantage and leave them excluded from support.

“Let’s end the myth of non-engagement. Services, not people, are hard to reach.”

(NECG member)

There are numerous challenges. The NECG says race, gender, religion and ethnicity, can be barriers to access housing and treatment.

A key challenge identified in our Women’s Forum is the trauma experienced by mothers who have had their child taken away, the distrust that creates with social services, and the lack of support throughout and afterwards.

Neurodiversity, and the lack of awareness around it, has also been identified as another major barrier to access services. Neurodiversity is a term used to describe diversity in the human brain and cognition, and includes conditions like autism, attention deficit hyperactivity disorder (ADHD), dyslexia, dyspraxia, Tourette syndrome, as well as some communication and mental health difficulties. The NECG believes this issue is often overlooked, and wrongly excluded from existing definitions of multiple disadvantage.





Our vision

No part of the community should ever be defined as 'hard to reach' – for services to be accessible they must reflect and be coproduced with the communities they serve.

What we need to see

- Provision of safe, discreet, women-only community spaces – that are child-friendly and where women can speak openly about their mental health and well-being to peer supporters and professionals.
- Women to have support and advocacy to reassure them that they can access services, be honest about their needs, without the fear of losing custody of their children.
- A culture shift away from risk, to a focus on building capabilities that support women regain custody of their children.
- Neurodiversity to be recognised as a significant aspect of multiple disadvantage, much as mental health is, and to develop a better understanding of its relationship with problems with drugs and alcohol and contact with the criminal justice system.
- There must be strong partnerships with community groups and use of peer support to enable engagement and equal access to services for all communities.



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