

# Spending Review

## Expert Link submission – September 2021

### Introduction

1. Expert Link is a peer led organisation championing the voice of people with lived experience of multiple disadvantages, including homelessness, mental health issues, substance misuse, offending and domestic violence and abuse. We advocate for a world where people with lived experience of multiple disadvantages are treated as equal partners in decisions made about our lives.
2. We have a national network of people with lived experience of multiple disadvantages, using their wisdom to influence local and national policy. Our network is diverse, brought together by a programme of strengths-based training which supports people with lived experience to be involved in service development and influencing national policy change. Our network has been able to work with policy makers across Government, in particular within the (then) Ministry for Housing, Communities and Local Government (MHCLG) and the Department for Work and Pensions (DWP).
3. Thanks to the generosity of the Lankelly Chase Foundation, we have been able to develop a National Advisory Panel of people with experience of disadvantage from across England, all of whom are closely linked to the communities we're serving. Membership spans across Bedford, Blackpool, Croydon, Durham, Exeter, Fareham, Hertfordshire, Leeds, London, Oxford, Sheffield, Stoke, Southend and Winchester. Many of our Panel have experience of accessing or working within homelessness and drug treatment services, and have particular expertise in relation to how services work for people experiencing multiple disadvantages. The Panel have met regularly across the last 18 months to gather intelligence of the experiences of people experiencing multiple disadvantage during the pandemic, and have fed this into senior officials within the MCHLG.
4. We have also been funded by the Lloyds Foundation to develop the Welfare Change Lived Experience, a group of people with lived experience of multiple disadvantages and claiming benefits, who have worked to support the Department for Work and Pensions in their work around improving access to the benefit system. In particular, we are working to improve the way that local Job Centres engage with people who are homeless (for example emulating the work of the Social Justice Team in Leeds), improve the support provided to people to complete relevant benefit application material, and to support work coaches improve their understanding of homelessness and underlying trauma.
5. Our submission for the Spending Review 2021 focuses on the Government priority to **ensure strong and innovative public services – making people's lives better across the country**. To ensure our services are effectively working with people with experience of multiple disadvantages, we call on the Government to:
  1. Ensure staff within public services are working with an effective understanding of trauma
  2. Ensure Government Departments have evidence of how their policies are effecting those with experience of trauma
  3. Invest in public sector delivery that emphasises strengths based approaches rather than deficit-based working
  4. Work with people with lived experience of multiple disadvantage to develop more employment opportunities within public services and the voluntary and community sector
  5. Build on the success of the Everybody In programme by requiring evidence of effective partnership working and co-production to access Government funding

6. Implementing these recommendations will support the Government meet its critical commitment to end rough sleeping by the end of the Parliament.

**We would welcome elaborating further on any of the information provided.**

## Background

7. The Government has [committed](#) to end rough sleeping by the end of Parliament. This will require ensuring effective preventative and responsive interventions for people with experience of multiple disadvantages (namely a combination of homelessness, mental health issues, substance misuse, offending and domestic violence and abuse).
8. It is estimated that 363,000 people experience multiple disadvantages across England. According to the Governments Changing Futures programme prospectus, ‘they [people with experience of multiple disadvantages] are among the most vulnerable in our communities, and often experience entrenched disadvantage, trauma and health inequalities while experiencing barriers in accessing the support they need as public services struggle to respond.’
9. There are a range of current interventions are designed to support people with these experiences. The Government’s [Housing First Pilots: 2nd interim process evaluation report](#) , provided an early analysis of the characteristics of the 199 service users the pilots had worked with. Of these ‘high proportions reported suffering from depression (78 per cent) or anxiety (73 per cent), with high levels also reporting suffering from trauma (39 per cent) and Post Traumatic Stress Disorder (33 per cent). Just 18 per cent reported having no mental health conditions.’
10. There have been several reviews into the cost implications of public services not effectively working with people with experience of multiple disadvantages. An evaluation into the Fulfilling Lives programme<sup>1</sup> identified that, on average, public services spent £28,000 per individual due to lack of services effectively engaging. (NOTE: This an underestimate as it does not include all types of interactions with public services, such as ambulance call outs or prescription costs, or the cost of delivering support programmes).
11. The Making Every Adult Matter (MEAM) coalition estimated that ‘the cost of public spending on 58,000 people in England with overlapping problems of homelessness, substance misuse and contact with the criminal justice system is between £1.1bn and £2.1bn a year.’ The Changing Futures<sup>2</sup> prospectus has also identified that ‘the most vulnerable adults in this situation are estimated to cost the state five times more than the average citizen per year.’
12. There is an acknowledgment through Government spending that successful initiatives respond to the fact that many individuals with experience of multiple disadvantages have experience of trauma.<sup>3</sup> For example, the Rough Sleeping Strategy showcases the positive example within Bournemouth, which introduced *specialist psychological support, working with those who have experienced complex trauma, and increasing staff resilience and skills*. The WMCA Housing First Pilot ‘followed a strengths-based approach, underpinned by psychologically informed environments (PIE), as evidence suggests staff trained in this framework work more effectively with clients with complex trauma.’<sup>4</sup>
13. In the 2019 Spending Review, the government announced a new Shared Outcomes Fund to ‘test innovative ways of bringing together the public sector to address cross-cutting issues and drive the modernisation of public services.’ £46m of this fund has been committed to the Changing Lives programme, working with 15 areas ‘to improve the way that systems and services work to support individuals experiencing multiple disadvantage.’ The programme specifically expects local partnerships to follow the core principles of the programme in their delivery plans, including:

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<sup>1</sup> [Why we need to invest in multiple disadvantage: Evaluation of Fulfilling Lives: Supporting people experiencing multiple disadvantage Updated March 2021 Rachel Moreton Dr Joanna Welford Peter Howe](#)

<sup>2</sup> [Changing Futures: changing systems to support adults experiencing multiple disadvantage - prospectus](#)

<sup>3</sup> The [Hard Edges](#) report estimates 85% of people experiencing multiple disadvantages have experience traumatic experiences in childhood.

<sup>4</sup> [Housing First Pilots: 2nd interim process evaluation report](#)

- I. Work in partnership across local services and the voluntary and community sector, building strong cross-sector partnerships at a strategic and operational level that can design and implement an improved approach to tackling multiple
  - II. Involve people with lived experience of multiple disadvantage in the design, delivery and evaluation of improved services and in governance and decision making
  - III. Take a trauma-informed approach across local system, services and in the governance of the programme
14. The programme also acknowledges that there ‘is a growing evidence-base on what works in supporting people experiencing multiple disadvantage. This highlights the importance of a ‘whole person’ approach, that takes account of a full range of a person’s strengths and challenges and works flexibly and intensively towards a person’s aims and goals to sustain long-term recovery.’ The prospectus goes on further to acknowledge that peer support elements are a key feature of an effective whole person approach.
15. Although this investment is welcomed, it is clear that significant evidence already exists to warrant the Government to go further in resourcing effective support for people experiencing multiple disadvantages across the whole of the UK, rather than within specific services in the 15 areas supported by the current programmes. **Our specific recommendations allow for innovation to be embedded across the wider public sector, and to be implemented at this current crucial time to enable the Government to meet its commitment to end rough sleeping this Parliament.**

## **Recommendation 1: Ensure staff within public services are working with an effective understanding of trauma**

16. Research highlights that an overwhelming percentage of individuals experiencing multiple disadvantages have been exposed to additional forms of trauma, with significant levels of repeated trauma often over long periods of time.<sup>5</sup>
17. Trauma may result from neglect; psychological abuse, physical abuse, and sexual abuse during childhood; community violence; domestic violence and abuse; combat-related trauma; and disasters.<sup>67</sup> Trauma may impact a person's capacity for coping, as well as their sense of safety, ability to self-regulate, their sense of self, perception of control and self-efficacy, and interpersonal relationships.
18. A comprehensive review of the evidence base on trauma-informed care for people experiencing homelessness suggests that it is futile to attempt to solve the issue of homelessness (and its associated issues of offending, substance use and mental health) without addressing the underlying trauma that is so intricately interwoven with the experience of homelessness by practicing a trauma-informed approach.<sup>8</sup>
19. Many environments within the public sector are not trauma-informed, and at worse can be re-traumatising for individuals. For example, our National Advisory Panel identified that staff within public services can adopt a de-humanised approach to support, using complicated language, authoritarian approaches to what individuals need, and requiring people to repeatedly re-tell stories of past trauma in order to access support.

*“It’s just what they think the service users need... There’s a revolving door of putting money in and it’s not working. I don’t see the point of putting money in and it not working. I see that they need to find out what they need and implement it.”*

20. To effectively work with people with experience of trauma, evidence suggests that individual and organisational practice ‘understands the prevalence and impact of trauma; recognises the signs and symptoms of trauma; responds to this knowledge by revising policies, practices and procedures accordingly, and endeavours to ensure that the response from services or systems does not re-traumatise individuals.’<sup>9</sup>
21. The Government has considerable resources that are used for workforce development across the public services, including the voluntary and community sector. Given the high prevalence of people who have experience of trauma, and the ‘invisibility’ of this experience to many working in these sectors, **we recommend that all staff working within public services receive mandatory training on trauma and the effect of particular environments on individuals with this experience. Staff should also receive support and supervision to ensure their wellbeing.**

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<sup>5</sup> [Understanding Models of Support for People Facing Multiple Disadvantage: A Literature Review Lindsey McCarthy, Sadie Parr, Stephen Green, Kesia Reeve Centre for Regional Economic and Social Research Sheffield Hallam University September 2020](#)

<sup>6</sup> Hopper, E.K., Bassuk, E.L. and Olivet, J. (2009) Shelter from the Storm: Trauma-Informed Care in Homelessness Services Settings. The Open Health Services and Policy Journal, 2, pp. 131-151.

<sup>7</sup> [Breaking the cycle of trauma: The connection between trauma, mental health and homelessness Evolve Housing + Support](#)

<sup>8</sup> Hopper, E.K., Bassuk, E.L. and Olivet, J. (2009) Shelter from the Storm: Trauma-Informed Care in Homelessness Services Settings. The Open Health Services and Policy Journal, 2, pp. 131-151.

<sup>9</sup> [Understanding Models of Support for People Facing Multiple Disadvantage: A Literature Review Lindsey McCarthy, Sadie Parr, Stephen Green, Kesia Reeve Centre for Regional Economic and Social Research Sheffield Hallam University September 2020](#)

## **Recommendation 2: Ensure Government Departments have evidence of how their policies are effecting those with experience of trauma**

22. Further, given that evidence is not yet developed into the variations and complexities of experience between different groups with different support journeys and needs, the Departments across Government, and public services agencies, should have mechanisms to ensure understanding of how their policies and practices are effecting people who are engaging with these services. **We recommend this is done through each Department developing regular ‘service user’ groups that provide live evidence of how policies are being implemented.**

*“If you’re not taking input from people you’ll get a self-analysing sector, and staff will keep saying that homeless people are just useless and incompetent and that’s why they are homeless.”*

*“Trying to understand the trip wires that are not obvious. You know, a simple flow chart that says right, if this do that, misses out the reality on the ground. For example, I cannot use a phone even when I was taken into hospital, and was given emergency surgery for gallbladder related pancreatitis. I was unable to dial 999.. Those sort of problems of communication, using phones or other devices, is not understood in the normal world. People just don’t experience these things. But we do. We all have our own stories to tell around these areas. And we want to make a system that is sympathetic and timely.”*

## **Recommendation 3: Invest in public sector delivery that emphasises strengths based approaches rather than deficit-based working**

23. Within the UK, the service response to ending homelessness predominantly works in a deficit way. The culture can be driven by ‘fixing,’ people, with many negative assumptions made about people and their capacity to make decisions about their lives. This is in part driven by commissioning targets, which feed through into assessments and monitoring forms.

*“It’s always doing stuff to you.”*

*“They think you’re incapable of doing absolutely anything.”*

*“I was a strong willed person, but I was made to feel like I had no choice over how my life should be.”*

*“I think it is deficit based. If you look at when someone is having an assessment, look at what that assessment consists of. It’s all about substance misuse, your mental health, your physical health, it almost directs you there. It’s not about your interests, your hobbies. I can’t recall ever seeing what previous employment history you have, when someone is doing a housing assessment and putting a support plan with that, it goes down that [negative] road. It is negative, and people pick up on that. Let’s talk about your past, let’s talk about your offending. Some of these things services need to be aware of it, but let’s have some positive conversations as well.”*

24. Working in a deficit-based way has the effect of disempowering people; reducing our confidence and self-esteem. Alternatively, services should focus on the skills that people have, and work with these to empower people to meet their aspirations. This requires greater reflective thinking and understanding within services of the range of skills that people have. Organisations such as Street Buddies adopt this approach, working with people at their pace to achieve the outcomes they aspire too. Members of our Welfare Change Lived Experience Group highlighted JobCentres which are trauma informed, with specialists around substance misuse and trauma-informed training. Other organisations, however, can actively work against these skills, treating them as hostile or confrontational. **We recommend that the Government requires evidence of strengths based approaches for organisations to access future funding of public sector initiatives.**

*“When we look at a shoplifter, we look at them based on that behaviour. But we don’t look at the communication, marketing, knowing what it is and what it wants, your planning, your strategizing in case*

*things go wrong. All skills, but we don't recognise."*

*"Some of these strengths are seen as problems to services; too empathetic, too straight talking sometimes, and that kind of thing services don't appreciate at best and sometimes are quite resistant too."*

#### **Recommendation 4: Work with people with lived experience of multiple disadvantage to develop more employment opportunities within public services and the voluntary and community sector**

*"They should employ more people with lived experience. When you have been through the process you can understand it a bit... You just connect with people. If you haven't done it... You just feel that it's them and us."*

*"Until I ended up in a hostel, which I thought was the lowest point of my life, I didn't know what was wrong with me. Lots of negative self-talk, lots of labels. Lot's of trauma... And it's only when I had other people that knew, or have been through what I've been through, that I've been able to rebuild. It's the life I always wanted, but was never thought capable of having. And it's such a shame that I had to murder my whole life to get to this point."*

25. A culture-shift will be required within services to adopt an aspirational, strengths based approach. Expert Link strongly advocate for increased work to be done to employ people with lived experience of multiple disadvantages throughout their organisations.
26. However, currently, the very skills that make people effective workers can be actively discouraged by services, creating an in-effective way of working which facilitates distrust between services and people accessing them. More work needs to be done to emphasise the value and importance of these skills if a service wants to work effectivity. **The Government should therefore invest in working with people with multiple disadvantage to identify barriers to employment and enact recommendations across the public and voluntary and community sector.**

*"We have a lot of empathy. There is a lot of situations depending on your organisation where they don't value your empathy with your clients. So we have a psychiatrist here, says my team have too much empathy for our client group. I think it's so important that we respect people and we treat them with the care that we want to be treated. And he says, 'No, it's too much, you need to have boundaries.' We do have boundaries, he just doesn't recognise our boundaries. He thinks we're wishy-washy. And we're not. We care for people. We care what people think. Good or bad. If they're shouting and criticising we take it on board. Because we need to recognise where we are as individuals and how we impact on other people."*

*"One of the things that we have all come from, regardless of where we've started from, we've lived an experience that's taught us that we're not prepared to put up with something, and this is why we've turned it around and we fight for our clients. However we look at it we've come from a disadvantage in some way and we know what it is to go into a service and go, 'That was rubbish, that was pointless,' And you say to yourself 'In a different life I could do better,' and we do that now, so we have learnt from a negative experience and put it into a positive. And this is what we throw out to our clients. And we are up against a system that doesn't like the way we work. We are up against a system that says 'When you come through that door you better behave. If you dare raise your voice you're out that door.' With me, screaming is fine."*

#### **Recommendation 5: Build on the success of the Everybody In programme by requiring evidence of effective partnership working and co-production to access Government funding**

27. Evidence suggest that 'it will be difficult for a service to work in a trauma-informed way until everyone who is involved in the organisation is willing and able to make the connection between the experiences people have had and the difficulties they face.'<sup>10</sup>
28. Further, during the Everybody In scheme, partnership working between agencies allowed innovation, with many services adapting their delivery models to effectively meet the needs of people experiencing multiple disadvantages.

*“Flexibility I found to be really key. And I think that's something that was enhanced when the COVID thing started. And there was a flexibility about the ways in which services were working, that we increased how useful they were, because obviously, everyone's an individual... So that flexibility of being able to not have to tell your story a million times, because agencies are talking to each other about you now. And, and having many heads being solution focused. And that worked really, really well.”*

*“When the Everyone In thing happened, what worked well was when health and housing were bridging that gap, you know, and for me, I kept falling down the cracks in my life, you know. I'm in a good place now, but for 34 years, I was in a downward spiral getting bounced from services to services, not able to keep a tenancy because of a mental health but not knowing which mental health service I should be under, do I have an eating disorder, am I an alcoholic, I've got ADHD, you know, who knows I couldn't get to the right place.”*

*“It was like an all-in-one, a sweet shop that you could go to, we found that really useful. You know, people that hadn't been to a doctor in six years were seeing doctors, people who had not [had] dentist appointments in years we're getting it, people who couldn't get a script for six weeks -personal experience, six weeks it took me to get on the script - [but] when I wanted a script that week [I] got it that day... We've still got clients now, in it, we're still clean, even all the [ones] back on the streets, they still clean because you know, where they got the script, you know, they were given a challenge. They were given a home where they could sit down and really think about what they wanted, when, you know, [they'd been] constantly struggling all day, every day. When we gave them a home setting and think about what they wanted, they got clean. You know, one of our guys got himself a job.”*

29. As the country recovers from the pandemic, **we recommend that future partnership working must ensure it engages, at an organisational and partnership level, with the voice of those with lived experience of disadvantage.**

**We would welcome elaborating further on any of the information provided.**

## Contact

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