

**Public Health and Communities Directorate
Healthier Communities**

**Multiple Needs
Supported Accommodation Provision
16–24-Year-Olds**

i) Contacts

	Name	Telephone	e-mail Address
Author (s):	Louise Beaumont	07776674105	louisebeaumont@barnsley.gov.uk
	Anne Asquith	07702 821643	anneasquith@barnsley.gov.uk

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1. Background and Context

1.1 Introduction

The Multiple Needs service for people aged 16-24 years was commissioned in 2017 to provide accommodation and support to the most marginalised individuals within this age bracket. These people typically present to the Council primarily for accommodation but also with additional multiple and complex needs, typically including substance misuse issues, poor mental health, offending, domestic violence and physical health issues/disabilities, and often 'fall through the gaps' of other services.

1.2 Contract & Service History

The service provides a range of supported housing options and community support. This includes assessment accommodation used for initial placements following homelessness and can be occupied for up to 12 weeks, a 'crash pad' for very short term (typically less than 7 days) emergency accommodation. Longer term accommodation is also provided, in which people that use the service receive outcome focussed support; with community outreach delivered in their settled accommodation. This is provided to people exiting the service to support their transition to longer term accommodation, or to those with existing accommodation, but whose support needs threaten the viability of their tenancy.

The contract will expire on 31st March 2023 with no legal basis to extend beyond this date.

1.2.1 Existing service

The service contract has been held by Centrepont since its commencement in 2017.



Figure 1

Figure 1 depicts the existing accommodation and support provided by the service.

The assessment unit, crash pad and some longer-term accommodation is located at Quarry View which is leased from South Yorkshire Housing (a Registered Social Landlord). Additional longer-term accommodation is located at Highfield Terrace, which is leased from Home Group (also a Registered Social Landlord).

Figure 1

Barnsley Councils Housing Options Team manages referrals into the accommodation elements of the service via a multi-agency panel. A joint protocol is in place with Children's services to undertake joint assessments to ensure compliance with legislative requirements for 16/17-year-old referrals.

The service also provides a community or 'floating' support element which can be provided to support individuals prior or post a placement in the accommodation element, or to those whose tenancy is at risk by their support needs. The community support element operates an open referral route.

1.3 Impact of Covid-19

The national response to reduce rough sleeping during the Covid-19 pandemic was the 'everyone in' initiative which provided financial resources to Local Authorities to enable them to reduce rough sleeping in order to reduce the risk of infection amongst this cohort. The local response was to establish additional crisis accommodation capacity managed by the Housing Options Service. Service users who occupy this additional capacity will be supported by the newly established Intensive Housing Led Support Team, which is an integral service provided by the Council's Housing Options team. The service is currently in development (2022) and more detailed in this report at Appendix A.

1.4 Re-commissioning approach

Much has changed since the existing multiple needs services were commissioned in 2017. The legacy of the pandemic has seen changes to the local accommodation and support pathway while there have been wider implications for the long term mental and physical health of our communities. To ensure the future service reflects the current levels and types of demand, a research analysis was commissioned to establish the following:

- What is known about the size and profile of those who might be defined as having 'multiple and complex needs'?
- How should we define and describe the cohort?
- How are current services and pathways working for these individuals?
- What are the barriers to effective move-on?
- What has the impact of Covid been on these pathways and services, and what does this mean moving forwards?
- How might prevention be improved for this diverse group?
- What can be learned from good practice beyond Barnsley?
- What are the commissioning implications and recommendations of this evidence base?

A research company was commissioned in late 2020 to undertake this investigative research; the full findings of which are included in this report in Section 4 and underpin the recommendations for future commissioning.

2. Strategic Relevance

The service is aligned to the priorities and objectives of several national and local strategies, including:

2.1 National Context

2.1.1 Making Every Adult Matter (MEAM)¹

A coalition of national charities working together using their shared knowledge and practical experience to help shape and develop 'effective, coordinated services that directly improve the lives of people facing multiple disadvantage'.

The service will continue to align to the ethos of the MEAM approach in design and delivery, ensuring a whole system approach that is:

- Person-centred
- Co-ordinated
- Holistic

2.1.2 Public Health Outcome Framework (PHOF)²

The service aligns to the Public Health Outcome Framework, contributing, both directly and indirectly, to the achievement of indicators in the following areas:

- Offending/re-offending
- Mental Health

¹ <http://meam.org.uk/>

² <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>

- Education/Training
- Domestic abuse
- Violent crime
- Homelessness
- Substance Misuse
- Self-Reported Wellbeing
- Premature Mortality

2.1.3 Everyone In¹ – National response to rough sleeping during the Covid-19 pandemic

In March 2020, during the early stages of the Covid-19 pandemic, the Government launched its 'Everyone In' initiative. This campaign was initiated as an emergency response to the health risks posed by the pandemic and included accommodating individuals who would not normally be entitled to assistance under homelessness legislation, due to them not being classed as 'priority need'.

The ask of local authorities was to ensure those vulnerable individuals helped by the 'Everyone In' campaign were supported into longer term accommodation as opposed to returning to rough sleeping. Part of the Rough Sleeping task force's response was the launch of the Next Step Accommodation Programme³, again looking to ensure people have a safe place to stay and are helped into long term accommodation.

2.1.4 National Drug Strategy 2021

The National Drugs Strategy introduced a 10-year plan to address the key priorities to:

- Break drug supply chains
- Deliver a world class treatment and recovery system
- Reduce the demand for recreational drugs

A key element of the 'recovery' objective is 'improved access to accommodation' with national research undertaken in 2020 finding 'at least 43% of respondents who had a drug need developed their dependency prior to first sleeping rough, and 17% afterwards'.

This is reflected locally, with research carried out to inform this report finding that of the most severely disadvantaged people involved with multiple services (including homelessness) drug use was a presenting need in 85% of cases, with alcohol prevalent in 30%. Although it should be noted that the age range of the study cohort was predominantly over 25 years, with 12.3% being aged 24 years or less

2.2 Local Context

The service aligns to the corporate priorities of Barnsley's '**Our Council Plan 2021-2024⁴**' and ambitions of the '**Barnsley 2030 Strategy⁵**', with contribution to a number of outcomes being met both directly and indirectly:

- **Healthy Barnsley**
 - People are safe and feel safe.
 - People live independently, with good physical and mental health for as long as possible.
 - Reduced inequalities in health and income across the borough.
- **Learning Barnsley**
 - People have the opportunities for lifelong learning and developing new skills including access to apprenticeships.
 - People have access to early help and support.
- **Growing Barnsley**
 - People are supported to have safe, warm, sustainable homes.

³ <https://www.gov.uk/government/news/jenrick-launches-266-million-housing-fund-for-vulnerable-people>

⁴ <https://www.barnsley.gov.uk/media/18156/council-plan.pdf>

⁵ <https://www.barnsley.gov.uk/services/our-council/barnsley-2030/barnsley-2030-strategy/>

The corporate priorities and ambitions are underpinned by a number of additional strategies and plans, to which the service also aligns.

The multiple needs service will deliver the strategic priorities set by the **Safer Barnsley Partnership**, which are informed by the Harm Reduction Subgroup (formerly the **Protecting Vulnerable People Sub-Group**) who have committed to:

- Develop a new service specification for supported housing for individuals experiencing multiple disadvantages, aligned to the homelessness accommodation provision to reduce duplication and create a cohesive pathway.
- Commission appropriate supported housing to support those experiencing Multiple Disadvantage, with the multiple needs service contributing to these commitments and the following key outcomes of the group:
 - Reduction in the number of people experiencing Severe Multiple Disadvantage without coordinated and appropriate support.
 - Reduction in the number of people experiencing Severe Multiple Disadvantage presenting to crisis services.

The service also aligns to the priorities and objectives of **Barnsley's Housing and Support Commissioning Plan 2019-2024**:⁶

- Maximise homeless prevention options, activities and outcomes, through early identification of problems, the provision of high-quality advice and assistance, increased homeless prevention and accommodation options.
- Strategic review of multiple and complex needs to ensure commissioned services continue to provide innovative solutions to facilitate sustained independence.
- To develop and support the provision of good quality housing and support services that meet individual needs.
- To promote and create stability for individuals and communities by ensuring the support available enables self-sufficiency, independence and integration into communities.
- To be responsive to fluctuating need though demand-led commissioning.

Although the 'Everyone In' initiative changed the direction of some homelessness services, the recommissioned multiple needs service will align to continuing priorities of the 'Homelessness Prevention and Rough Sleeping Strategy 2018-2023'⁷

- To maximise homeless prevention options, activities and outcomes.
- Supporting people with complex needs.
- Reduce the demand for temporary accommodation and eliminate the use of B&B's.
- Protect and increase local housing options (promote active move on from supported housing).
- Maximise and maintain partnership working.

A strategic objective of the 'Housing Strategy 2014-2033'⁸ is to support younger, older and vulnerable people to live independently, with this being achieved by:

- Improving the range and options of supported accommodation.
- Providing more choice and options to help vulnerable people live independently in their homes.

⁶ <https://www.barnsley.gov.uk/media/16193/housing-and-support-commissioning-plan-2019-to-2024.pdf>

⁷ <https://www.barnsley.gov.uk/media/17956/homeless-prevention-and-rough-sleeping-strategy.pdf>

⁸ <https://www.barnsley.gov.uk/media/15587/housing-strategy-2014-2033.pdf>

- Supporting young people to access housing and live independently.
- Remodelling accommodation and support for young people and developing robust pathways.
- Preventing and reducing homelessness through early intervention.

3. Aims of the Multiple Needs Service

3.1 Service Aims

The service aims to:

- Enable young people aged 16-24 to address conditions that result in them living often chaotic lives and subsequently having multiple and complex support needs.
- Prevent 16 – 24 years old being placed in inappropriate housing, including out of area placements and prevent anyone being placed in bed and breakfast.
- Enable young people aged 16-24 to develop life skills which support them moving on from specialist support services and living independent lives.
- Improve the health and wider wellbeing of those accessing the service, and reduce the number of people experiencing repeat homelessness, relapse and an escalation of negative behaviour.

3.2 Strategic Objectives

At a strategic level, the objectives of the service are:

- Early help and intervention; reducing contact with crisis services such as A&E and the criminal justice system.
- Increased homelessness prevention and a reduction in rough sleeping.
- Improved housing options available to the most vulnerable.
- A cohesive supported housing pathway aligned to the homelessness accommodation provision.
- Improved employability of those most vulnerable.
- Prevent nuisance anti-social behaviour.
- Reduce health inequalities.
- To support effective coordinated service delivery with partnerships in Barnsley.

3.3 Service Objectives

The service supports individuals to:

- Address problematic behaviour that has contributed to multiple needs such as abuse, traumatic events and homelessness.
- Access and participate in appropriate treatment/medical provision.
- Access a range of support services to increase health and wider wellbeing.
- Comply with statutory orders.
- Access and participate in education and training.
- Participate in work like activities and volunteering.
- Reduce/cease offending behaviour
- Become 'tenancy ready'.
- Become 'work ready'.

4. Evidence Base and Demand

The research commissioned to examine the level of need and demand from individuals with multiple support needs included an analysis of local demography, a detailed analysis of those individuals who were the most prevalent users of multiple local services and in-depth conversations with those with lived experience. The findings of this research have then been used as a basis for recommendations for the future service structure. Key findings, alongside further collated data, are set out in this section; however, the full report can be accessed via this icon:



4.1 Key indicators of evidence to support a commission:

- a) An association between severe and multiple disadvantage and homelessness, offending, substance misuse, mental health, domestic violence and poverty.
- b) 495 homeless presentations of 16–24-year-olds in the last 13-month period with 67 of these being 16/17 years old.
- c) 421 primary and secondary school aged children known to have presented with mental health support needs in the last 6 months.
- d) 325 presentations of 18–24-year-olds with substance misuse issues between 2017 and the first 6 months of 2021 with 58.8% of these identified as also having a mental health need.
- e) 366 young people aged 10-17 presenting with substance misuse issues over the last 4 years.
- f) 674 presentations of individuals aged 16-25, experiencing domestic abuse in 2021/2022.
- g) 15 under the age of 15 presenting with domestic abuse support needs.
- h) 429 young people under the age of 20 involved with the Youth Justice Service in 2021/2022.
- i) 354 looked after children at the time of writing (May 2022), with concern for the emotional wellbeing of 38.5% of these children.
- j) Barnsley 38th most deprived local authority of the 317 in England.
- k) Current service has a 95-100% occupancy rate.
- l) Significant additional needs recorded in service users accessing the current service: Between April 21 and March 22: (Source: Centrepont)
 - 15% had problematic alcohol use
 - 21% has problematic drug misuse
 - 63% were experiencing mental health issues
 - 86% had an offending background, and were known to judicial services
- m) Throughput rates of current service (exits from service) between 113% and 206% indicating progressive movement through accommodation/support pathway.
- n) Planned exits from current service exceed 75% target on average over the last 3 years.
- o) Outcomes of planned exits include resettlement with family/friends, securing a Barnsley Homes property/other social housing provision.
- p) Gradual controlled progression into independent living, supported by the current service, reduces the risk of repeat homelessness presentations, with an average of 39.7 service users in receipt of floating support at any one time to support the transition to independent living.

4.2 Substance misuse and multiple needs

The research worked in conjunction with related services to compile a 'By Name List of those people experiencing severe disadvantage who were known to multiple services at the same time. These were all experiencing or were at risk of homelessness so were considered likely to enter or require the multiple needs service provision.

The research found that amongst those aged 25 years and over, the majority were experiencing long term entrenched substance use, linked to cycles of repeat homelessness and rough sleeping due to failure to engage productively with treatment due to wider support needs. There was also more evidence of related physical health needs in this group, including respiratory and circulatory problems, blood borne infections and issues related to prolonged intravenous drug use.

In the younger 16–24-year-olds age range, substance use was often at a much earlier stage and linked to recreational or occasional use. Support required to manage substance use in this cohort also differed proportionately, being linked to safe usage largely via ‘brief interventions’.

In recognition of these findings, a revised approach to supporting the over 25’s cohort was recommended and approved. This has resulted in the merger of the existing multiple needs provision for this age group with the substance misuse treatment service, to deliver a comprehensive and cohesive support offer which encompasses all elements of the treatment provision with the accommodation and support expertise of the multiple needs service. On this basis the multiple needs provision for younger clients aged 16 to 24 years has been recommended for retention and recommission to best reflect the support needs of this cohort.

4.3 Local demographic position

The Lankelly Chase *Hard Edges* report found “an association between SMD [severe and multiple disadvantage, defined in this study as homelessness, offending and substance use] prevalence rates and areas of the country where poverty tends to be concentrated” (p.25)⁹.

A more recent Lankelly Chase study¹⁰ expanded the need domains to further include domestic violence and mental-ill health within the scope of defining severe multiple disadvantage.

Wider research¹¹ indicates a growing number of young people experiencing multiple and complex needs which put their ‘wellbeing and optimal integration into society at stake’. The research suggested high societal costs as a result of ‘extensive use of health and social care and justice systems’. ‘Potential compromise for academic and work outcomes’ are also cited as additional impacts of multiple and complex needs in young people.

The research highlights a need for a holistic approach to addressing the complex needs of this cohort to address both the vulnerabilities of young people and their families and the factors that aggravate the complexities of their needs. Although this research is not based on the local population it can be taken as a universal interpretation of the younger cohort experiencing multiple and complex needs and refers to similar issues experienced by young people within Barnsley.

4.3.1 Deprivation

Overall, Barnsley experiences higher levels of deprivation, with average weekly earnings at £82 less than the English average and £28 less than the regional average. It is the 43rd most deprived borough (of 317 English boroughs) in relation to income¹². Strongly associated with this incidence of poverty, Barnsley’s Joint Strategic Needs Assessment reports lower educational attainment, higher unemployment, and a higher incidence of smoking, poor diet, and inactivity in the borough, compared to national averages. This suggests higher levels of social exclusion, and of complexity in relation to physical and mental health needs¹³. These issues are likely to be more prevalent in young people who are impacted by issues outlined below, severely impacting the life chances of this younger cohort.

⁹ Bramley, G. & Fitzpatrick, S. (2015) *Hard Edges: Mapping Severe and Multiple Disadvantage: England*, Lankelly Chase

¹⁰ Lankelly Chase *Hard Edges Scotland* (2019) <https://lankellychase.org.uk/publication/hard-edges-scotland/>

¹¹ Van Den Steene et al. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7709935/#bib1>

¹² 2019 Borough Profile for Barnsley, available at: <https://www.barnsley.gov.uk/media/17269/our-borough-profile-20190724.pdf>

¹³ Barnsley Joint Strategic Needs Assessment, Part of ‘Feel Good Barnsley’ – Health and Wellbeing Strategy 2016-2020] <https://www.barnsley.gov.uk/services/our-council/research-data-and-statistics/joint-strategic-needs-assessment-jsna/jsna-summary/>

4.3.2 Young people

English Indices of Deprivation 2019 suggest additional risk factors relating to the life chances of young people in Barnsley, for example:

- Barnsley is ranked as 15th on the scale of deprivation for education, skills and training, and 42nd for income deprivation affecting children (where 1 is the most deprived and 317 is the least deprived)¹⁴
- There is a higher percentage of children excluded from Barnsley schools (36%) compared to national and regional averages.¹⁵
- In 2020/21, there were concerns about the emotional wellbeing of 38.5% of Barnsley's Looked After Children slightly above national averages¹⁶.
- In 2019/20 the rate of children in 'absolute' low-income families and 'relative' low-income families is above the national average.¹⁷
- In 2020 the figure for 16/17-year-olds not in education, employment or training was slightly higher than the national average.¹⁸
- Both under 18 and under 16 conception rates were above regional and national averages in 2020.¹⁹ Teenage mothers are more likely to experience poor mental health, more likely to be 'Not in Employment Education or Training' (NEET) and more likely to live in poverty and deprivation. Teenage fathers are also vulnerable to poorer outcomes, with young fathers being twice as likely to be unemployed at age 30 than men who were not young fathers.²⁰

4.3.3 Homelessness

Between April 2021 and May 2022 495 individuals aged 16-24 years presented as homeless / at risk of homelessness to the councils Housing Options Service, many of whom had additional support needs²¹, equating to 9 individual presentations per week. During the same period, the accommodation element of the Multiple Needs Service has on average one vacancy per week, clearly highlighting the demand pressures on the current service provision.

Of the cohort presenting as homeless, 69 individuals were aged under 18, with:

- 48 – being 17 years old
- 19 – being 16 years old
- 2 – being aged 15 years old

While under 18's account for a relatively small proportion of overall of homeless presentations by under 25's, they typically have less experience of independent living, and fewer existing life skills, requiring more intensive work to prepare them for mainstream housing. Short term housing solutions are also subject to greater restrictions, with the use of B&B for this age group prohibited by the Homelessness Code of Guidance²²

¹⁴ Oxford Consultants for Social Inclusion (OCSI) and Deprivation.org (2019) English Indices of Deprivation 2019. London: Ministry of Housing, Communities & local Government. Available at: <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>

¹⁵ National Statistics (2021) Academic Year 2018/19 *Permanent and fixed-period exclusions in England (by local authority district)*. London: The Stationery Office. Available at: <https://explore-education-statistics.service.gov.uk/find-statistics/permanent-and-fixed-period-exclusions-in-england>

¹⁶ Public Health Outcomes Framework, indicator C12

¹⁷ Public Health Outcomes Framework, indicator B01b

¹⁸ Public Health Outcomes Framework, indicator B05

¹⁹ Public Health Outcomes Framework, indicator C02a and C02b

²⁰ [A Framework for supporting teenage mothers and fathers](#)

²¹ Source: BMBC Housing Options

²² <https://www.gov.uk/guidance/homelessness-code-of-guidance-for-local-authorities/chapter-17-suitability-of-accommodation>

Furthermore, as individuals under the age of 18 cannot legally hold a tenancy without a guarantor, they are significantly more difficult to re-house, often remaining in supported accommodation until after their 18th birthday, further reducing the availability of accommodation for new referrals.

Currently, all ages are mixed in the accommodation element of the Multiple Needs Service, however, in recognition of the volume of under-18 presenting for support, alongside the unique needs experienced by this cohort, an option to create a dedicated provision for this age group is included in the recommendations of this report.

4.3.4 Mental Health

There is evidence of above average prevalence of mental health issues within the local population:

- The Public Health Outcomes Framework data tool shows a 'significant increase' in hospital attendances resulting from intentional self-harm for all age groups²³.
- Barnsley MBC Housing and Support Commissioning Plan 2019 – 2024 predicts an increased number of working age residents experiencing common mental health problems and psychiatric disorders over the next ten years.
- In 2020/21 hospital admissions for mental health conditions for those below 18 years were higher than the regional average.²⁴
- Nationally the number of young people with an eating disorder awaiting treatment was 4 times higher than in 2021 with significant increases also seen locally.²⁵
- The % of school pupils with social, emotional and mental health needs in Barnsley is higher than both the regional and national average.²⁶
- National data indicates a significant deterioration in younger people's mental health²⁷ which can be expected to be reflected locally due to the covid-19 pandemic.
- Local data highlights a consistent number of primary and secondary school aged children with mental health support needs, with over 400 known cases in schools in the last 6 months with an average of 70 children in each age range from 11 and under through to 16+.²⁸

4.3.5 Substance use

There is evidence to suggest that problematic drug and alcohol use is above average and on the increase in Barnsley.

- The 2021 Joint Strategic Needs Assessment found that young women (under 18) have higher than average rates of alcohol-related hospital admissions in Barnsley (67.6 compared to a national rate of 25.9 per 100,000 in the population).
- Rates for hospital admissions due to substance misuse for young people 15-24 years in the period 2018/19-2020/21 were significantly higher than regional and national averages.²⁹
- Local data³⁰ highlights over 350 10–17-year-olds known to have substance misuse issues in Barnsley over the last 4 years, with an acknowledgement of the likelihood of higher numbers in this cohort that currently don't present. This data is indicative of future service demands.

Local data also suggests high levels of substance misuse within the 18–24-year age group, with 325 presentations from 2017 to the first 6-month period of 2021/22, 58.8% (191) of these young people

²³ [Fingertips Public Health Profiles](#)

²⁴ [Fingertips Public Health Profiles Data](#)

²⁵ Source: CAMHS data via BMBC Business Intelligence Unit

²⁶ [Fingertips Public Health Profiles Data](#)

²⁷ [NHS Mental Health of CYP in England 2021 Survey](#)

²⁸ Source: Barnsley Schools Mental Health Support Team

²⁹ [Fingertips Public Health Profiles data](#)

³⁰ Source: BMBC Children's Services

were also identified as having a mental health need. There were more presentations in the first 6 months of 2021/2022 than the whole of 2019/2020. Anecdotal information also suggests a further significant number of young people using drugs recreationally particularly in the night-time economy.³¹

National data³² suggests vulnerabilities of young people experiencing substance misuse include both mental health issues and self-harming behaviour, with local levels of hospital admissions for mental health conditions in the younger cohort higher than regional averages, and local levels of hospital attendances from intentional self-harm for younger people at very high levels compared with regional and national averages (as outlined in section 4.1.4).

The same data also suggests young people presenting with substance misuse issues also present with additional vulnerabilities including not being in education, employment or training and/or experiences of domestic abuse. Data (outlined in sections 4.1.2 and 4.1.5 respectively), indicates high incidence locally in both of these areas.

4.3.6 Domestic abuse

According to the most recent JSNA data, Barnsley's rate of domestic abuse is steadily increasing and was higher than national and regional figures in 2017/2018. The most recent quarterly Police and Crime Plan Performance Report³³, suggests this reflects a wider trend across South Yorkshire.

Where women experiencing domestic abuse have coexisting challenges with substance use, offending and/or mental health, the Police confirmed that there is a current gap in housing and support provision suitable for them.

Local data highlights a significant number of young people experiencing domestic abuse and/or sexual violence over the last two years, with 674 individuals between the ages of 16-25 presenting with such issues in 2021/2022 alone. The prevalence is higher within the 21-25 years category (452) but there is still a significant proportion of those aged 16-20 (222) experiencing such issues. Data also suggests a small proportion of individuals (15) under the age of 15 have domestic violence support needs.³⁴

4.3.7 Offending

Published statistics suggest that rates of offending may be somewhat higher in Barnsley than nationally. For example, in the English Indices of Deprivation, Barnsley is ranked as the 31st most deprived borough in England in relation to Crime³⁵.

Figures up to 2018 suggest that around 60 young people in Barnsley enter the justice system for the first time in an average year; although the rate tends to be higher than national averages, it suggests a positive trend³⁶ and this is borne out in the recent BMBC Corporate Plan, which states that the number fell to 14 during 2020/21.

³¹ Source: Barnsley Recovery Steps

³² [Gov.uk - Young People's Substance Misuse Treatment Statistics](https://www.gov.uk/government/statistics/young-people-substance-misuse-treatment-statistics)

³³ <https://southyorkshire-pcc.gov.uk/app/uploads/2020/06/Q4-1920-report-final.pdf>

³⁴ Source: IDAS

³⁵ Oxford Consultants for Social Inclusion (OCSI) and Deprivation.org (2019) *English Indices of Deprivation 2019*. London: Ministry of Housing, Communities & local Government. Available at: <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>

³⁶ Public Health Outcomes Framework, indicator B04

Local data indicates 429 young people under the age of 20 were involved with the Youth Justice service between April 2021 and April 2022. The higher numbers were seen specifically in ages between 14-17, with the highest number of repeat offenders also within this age bracket.³⁷

Research suggests children and young people in contact with the youth justice system are more likely to have mental health problems than those who are not and are more likely to have more than one mental health problem alongside a range of other challenges.³⁸ Risk factors, associated with youth offending, that are prevalent in Barnsley include substance misuse, higher unemployment and poverty. National data³⁹ also suggests the youth justice system was the second largest source of referral into substance misuse services for young people, demonstrating the link between substance misuse and offending behaviours, with section 4.1.5 suggesting high levels of substance misuse in the 18-24 age bracket.

4.3.8 Looked After Children

National data⁴⁰ cites 'looked after' children as being vulnerable to substance misuse, which brings along additional vulnerabilities relating to mental health, self-harm, and domestic abuse, (as outlined in section 4.1.5). Further research⁴¹ corroborates this data, highlighting the vulnerabilities of this cohort of young people, including experiences of abuse or neglect which leave children with complex emotional and mental health needs, which in turn can increase their vulnerability to further abuse. The same research also highlights leaving the care system as a particularly challenging time for these young people, highlighting a necessity for appropriate support and accommodation plans to be in place to prevent a cliff edge at 18.

The current number of looked after children in Barnsley stands at 354⁴², with additional data⁴³ highlighting the percentage of looked after children whose emotional wellbeing is a cause for concern being higher than the national average.

4.3.9 16/17-year-olds

A number of 16/17 year olds presented to the Housing Options Team as homeless/at risk of homelessness with a proportion of these being referred into the current 16-24 years' multiple needs service in the last 12-month period. The predominant reasons for this age group being referred to the service were relationships breaking down with parent/carers and care leavers exiting the care system, with a combination of needs including mental health, substance misuse, offending and learning disability. Local data⁴⁴ highlights an estimated 45 16/17-year-old school children presenting with mental health needs and national data⁴⁵ suggests the highest proportion of young people accessing substance misuse services tend to be within the 16/17-year-old range.

The commissioned research suggests the congregate accommodation available in the current service may not be the most appropriate option for this age group, with a smaller setting potentially being more conducive to their specific needs.

³⁷ Source: BMBC Youth Justice Service

³⁸ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/255237/2901304_CMO_complete_low_res_accessible.pdf

³⁹ [Gov.uk - Young People's Substance Misuse Treatment Statistics](https://gov.uk/youth-people-substance-misuse-treatment-statistics)

⁴⁰ [Gov.uk - Young People's Substance Misuse Treatment Statistics](https://gov.uk/youth-people-substance-misuse-treatment-statistics)

⁴¹ <https://learning.nspcc.org.uk/children-and-families-at-risk/looked-after-children#article-top>

⁴² Source: BMBC Children in Care Service

⁴³ [Fingertips Public Health Profiles](https://fingertips.org.uk/public-health-profiles)

⁴⁴ Source: Barnsley Schools Mental Health Support Team.

⁴⁵ [Gov.uk - Young People's Substance Misuse Treatment Statistics](https://gov.uk/youth-people-substance-misuse-treatment-statistics)

4.4 People with lived experience

Discussions were held with people with lived experience, and the following observations and conclusions drawn from their experiences of accessing multiple services:

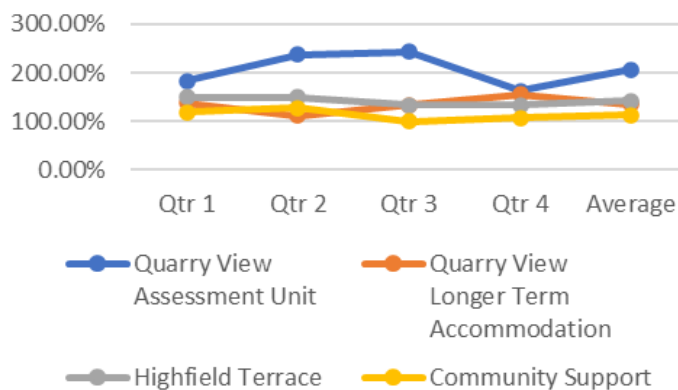
- Importance of specialist young-persons accommodation.
- Sexual exploitation, domestic abuse, coercion, etc - in relationships, on streets, in hostel settings is a common theme for women, noting some younger men may be vulnerable to exploitation.
- Shared settings can be daunting and stressful for some; but others meet friends for life in congregate supported accommodation, and some are adamant they would not want to live alone.
- The role of family and non-service contacts in triggering and sustaining change recognised - through mediation, Family Group Conferencing, peer advocates etc.
- Bereavement, trauma, loss and abuse are common themes. It is clear that trauma and exclusion often escalate the longer people remain in housing instability.
- The ongoing presence of primary health care services - at times these may be the only constant when people are cycling through various insecure housing situations.

The demographic findings show factors contributing to the prevalence of complex needs within the 16-24 age cohort to be at higher levels within the borough. Evidence also highlights children and young people under 16 are experiencing issues that are likely to evolve into multiple and complex needs as they progress into the 16-24 age bracket, including mental health issues, domestic violence, substance misuse, offending behaviours and vulnerabilities associated with looked after children.

5. Current Service Performance

5.1. Service Utilisation and Throughput

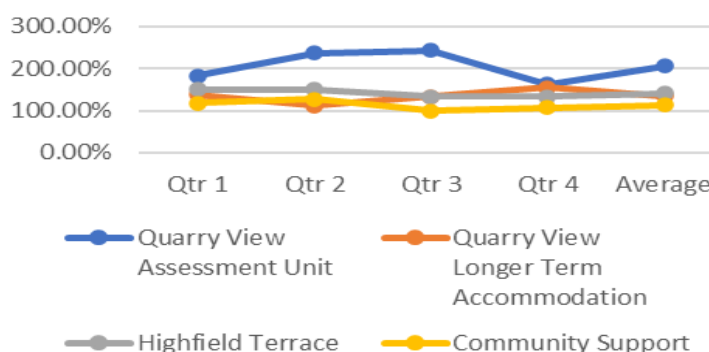
Utilisation of Current Service



Average utilisation rates within the all elements of the service have been consistently high over the last 12-months, averaging between 95%-100%, demonstrating a clear and ongoing demand for the provision.

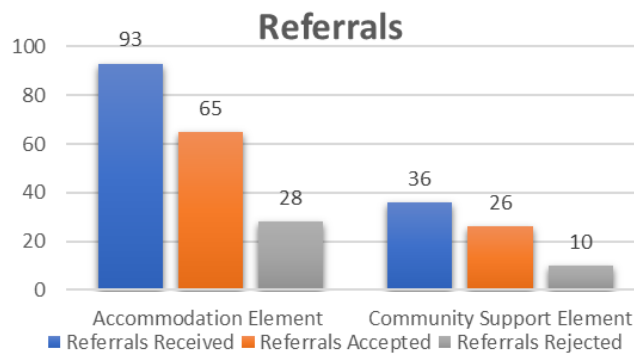
Each element of the service reports regular exits, although many of these represent service users 'stepping down' from the initial accommodation into longer term units with lower levels of support as young people gain life skills and become more independent.

No. of Exits



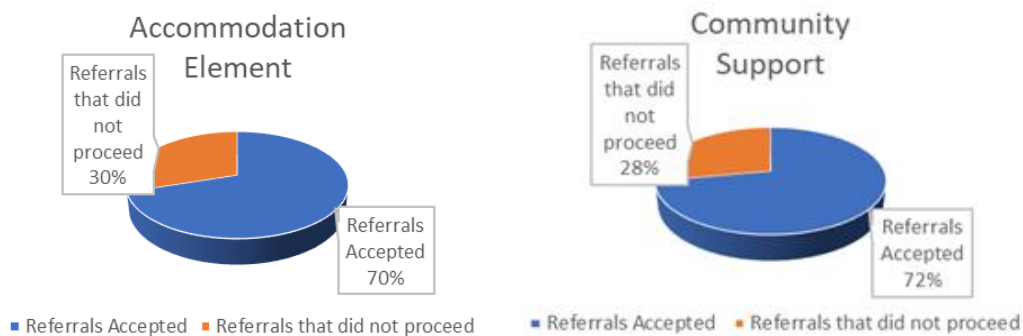
This illustrates the benefit of delivering a range of provisions within the service to enable individuals to move progressively through their recovery journey into more appropriate accommodation as needs decrease, as a result of support provided by the service.

5.2 Referrals into the Service



A consistently high level of referrals has been made into the service, with a significant proportion being accepted demonstrating a clear evidenced need for the service. The nature and complexities of this client cohort account for reasons that some referrals do not proceed (outlined below) and does not reflect the capabilities of the service. (*referrals data provided by current service provider, Centrepoint).

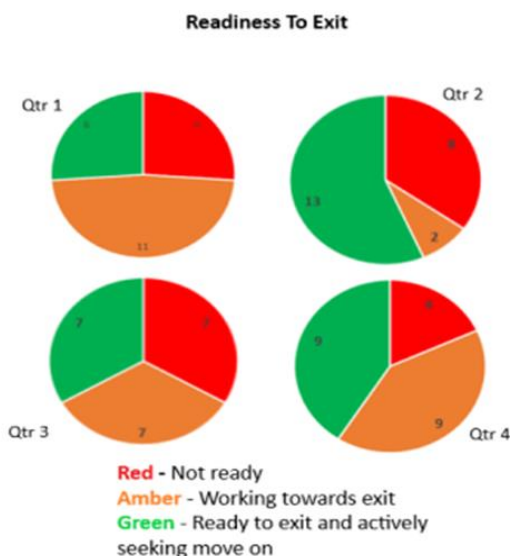
Reasons referrals did not proceed in the accommodation element include:



- Individual did not attend assessment.
- Offer of support was declined.
- Individual not suitable for client group mix at time.
- Individual offered alternative accommodation.
- 1 client had needs that were too high for the service to address.
- Individuals not engaging with assessment process in community support element, (agencies make referrals but individuals do not want support offered).

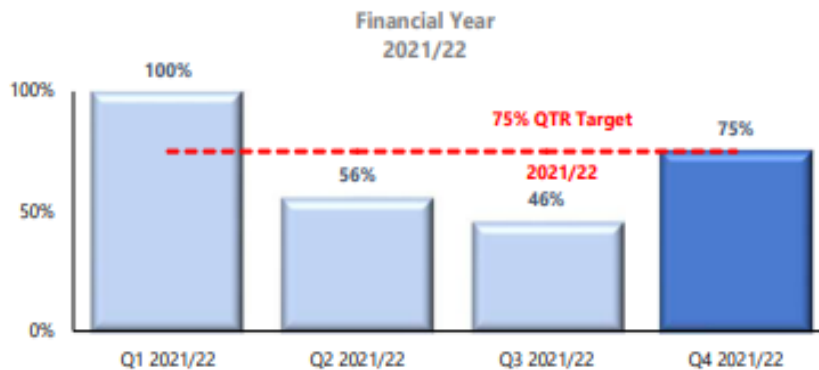
5.3 Exits from the Service

5.3.1 Readiness to Exit



The service rates the readiness to exit of service users in the accommodation elements on a quarterly basis to identify 'bed blocking'. This data is fed into the Safer Barnsley Partnership via the Protecting Vulnerable People Sub-Group to highlight onward accommodation needs, and barriers to move on. The data identifies a volume of service users that are ready to exit but who cannot secure suitable onward accommodation, highlighting the difficulty young people face in accessing accommodation either in the social or private rented sectors. Within those service users marked as 'red', who are not yet ready to exit, the service provider confirms that younger individuals are overrepresented in this cohort, typically presenting with limited life skills, supporting the need for age specific provision for 16/17-year-olds, ensuring they are placed within an environment conducive to their needs.

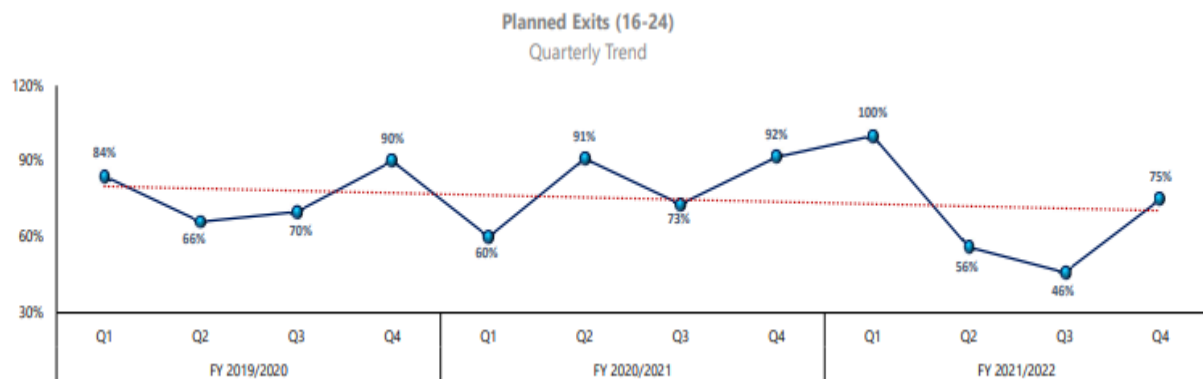
5.3.2 Nature of exits from the service



The service monitors all exits from the service, with internal transfers, and moves to sustainable onward accommodation being recorded as 'planned moves'.

The data is reported to the Safer Barnsley Partnership, with a target of 75% set for quarterly planned moves.

Between April 2021 and March 2022 the average rates of planned moves from the service were 69.25%. exits. The below shows a positive overall trend in planned exits over the last 3 years, with an average rate of 75.25%, exceeding the target 75% for this measure.



The most common over the last 12-month period was resettlement with family or friends, demonstrating the essential function of the service in facilitating the re-establishment of familial relationships, with this being a highly positive outcome for this younger cohort when it is safe to do so. The service provides a dedicated mediation provision, funded by a corporate sponsor (as described at 6.2).

Internal transfers accounted for the second most common planned move with a smaller number of service users securing tenancies with Barnsley homes or other social or private landlords. Again demonstrating the benefit of providing options to facilitate a controlled progression into sustainable independent living.

6. Added value of current service

6.1 Social Value

The service generates Social Value through the achievement of National TOMS (Themes, Outcomes & Measures⁴⁶) 'NT1 Jobs: Promote Local Skills and Employment – Growing Barnsley', through the employment during 2021-22 of 17 local staff, creating a net Social Value of £476,000 (based on the proxy value of £28k / post)

6.2 Corporate investment

Centrepont has a dedicated fundraising division to fund additional activity beyond that met by contracted funds. Locally, specific donations have been provided by the online retailer ASOS, and



supermarket WM Morrisons to support the local service.

Within the lifetime of the existing service contract this has funded the capital purchase and operation of a dedicated 'learning hub', which was officially opened by their Royal Highnesses the Duke and Duchess of Cambridge in 2018.

A 0.5 FTE Education and Training Officer post is also funded, which has supported 30 young people to achieve an accredited qualification.

Corporate donations also funds the following provision within the local service:

- Clinical Psychologist - who develops and delivers staff training in creating a psychologically informed environment (PIE), facilitates reflective practice and undertakes coproduction with service users.
- Healthy Relationships Advisor – providing therapeutic mediation / repatriation to help strengthen relationships with positive people, including family members and sexual partners. To date 317 sessions have been delivered, and 44 individual young people supported during 2021/22.
- Psychotherapist – who provides support relating to trauma, emotional and behavioural needs, bereavement, low self-esteem, relationships, mood disorders, self-harm, suicide prevention. During 2021-22 19 young people were supported with long term counselling, each receiving up to 24 sessions. An additional 15 young people were supported by text while on waiting lists for NHS clinical services.
- Volunteering Officer – to create and manage volunteering opportunities for young people and the wider community for the benefit of the service.

7. Wider impact of Multiple Needs

As highlighted in the commissioned research and the wider Lankelly Chase research and confirmed by the 'Making Every Adult Matter' coalition, services often fail to provide appropriate support for people experiencing multiple disadvantage, with most designed to deal with one issue at a time, rather than addressing all needs holistically, leading to this cohort being more likely to access emergency and crisis, rather than planned, services. Accessing services in this manner is costly and at a time where emergency services are already pushed to crisis points themselves this can be significantly detrimental to the public purse. The financial cost of severe multiple disadvantage is conservatively estimated at £10.1 billion per year nationally across just three needs domains: homelessness, substance misuse and offending. This figure is an estimate for the wider, all age cohort experiencing multiple disadvantage.

There are also significant social costs for individuals facing multiple disadvantage, and for wider society.

- Quality of life for those facing SMD.

- Negative impacts on children who live with, have contact with or are estranged from people facing SMD.
- Negative impacts on partners and other family members.
- Externalities impacting on wider society, relating to the offending behaviours and other aspects of social harm which may accompany SMD.⁴⁷

7.1 Potential Impact of service loss

The local demographic and evidence base data, combined with consideration of the financial and wider effects of severe multiple disadvantage for individuals, families and wider society (outlined above), and the research recommendations outlined in section 6.2.2, clearly demonstrate the importance of a dedicated service for this cohort to support individuals with multiple and complex needs aged 16-24 into sustainable independent living, including age-specific provision for 16–17-year-olds.

Such a service demonstrates its significant contribution to the reduction of the financial pressures and negative effects on individuals, family and wider society related to the behaviours and needs of this cohort, alongside supporting individuals to contribute to society and ultimately living fulfilled lives.

This service also serves to halt the progression of younger individuals into the entrenched behaviours of the older cohort, again negating the risk of repeat homelessness and the exacerbation of complex needs when this younger cohort reach the age bracket for the 25+ service, in effect, ‘catching’ and supporting younger people early to ensure their needs do not progress further.

If this service were to close, the burden on the older multiple needs service within the substance misuse treatment provision would intensify significantly as the younger cohort would eventually present with highly intensified needs that could have been addressed earlier. As the younger cohort would be left to progress through their chaotic lives without suitable intervention at a pivotal early stage, their needs would become such that the probability of their issues and behaviours becoming more entrenched to the point at which it is very difficult to overcome, without the need for further intense specialist support, if at all, is extremely high. In effect the closure of the younger persons service would realistically just move the intensified pressure onto the older persons’ service.

Additionally, a lack of a commissioned service for the younger cohort would lead to a lack of control over the quality and performance of single services who would likely revert back into ‘silo working’, which local research has highlighted as being significantly detrimental to the life chances of young people.

7.2 Summary

Cessation of a dedicated younger persons’ service would ultimately result in a significant step backwards in the pursuit of supporting this extremely vulnerable cohort into independent living and out of their vulnerabilities and associated behaviours. Significant financial and operational pressures would be seen in several areas, including but not limited to, housing, health, 25+ multiple needs service, social care and crisis services. Pressures which would be unsustainable due to those that services are already under. Ultimately a devastating effect would be witnessed within wider services and most importantly for the young people and their families, with further effects also being seen in wider society. The young people experiencing multiple and complex needs today, needs that could be addressed and reduced or eliminated at an earlier stage, would become the older multiple and

⁴⁷ Bramley, G. & Fitzpatrick, S. (2015) Hard Edges: Mapping Severe and Multiple Disadvantage: England, Lankelly Chase

complex needs cohort of tomorrow, but with much more intense support needs and entrenched behaviours, which would then be significantly harder and more costly to address.

8. Research recommendations and proposals

The commissioned research highlighted a number of opportunities to improve local service delivery, with the following already implemented:

Intensive Housing Led Support Provision

A cohort of individuals in Barnsley were identified where the current services and systems were not effective; with a recommendation for the development of a dedicated service to fill the identified gap for those with very complex support needs. A new Intensive Housing Led Support service has now been established within the Housing Options Service, with full details attached at Appendix A. As this service can only support those aged 18 years and over, those aged 16/17 with complex and multiple needs will not be able to access this provision, and this gap in provision is reflected in the recommended option.

Entrenched substance use amongst older cohort

As described in 4.2, a significant issue of entrenched substance misuse linked to repeat homelessness was identified. To create a more cohesive approach to support this group, the existing Multiple Needs service for over 25's has been merged with the existing Substance Misuse Treatment service.

Female only accommodation

A need for women only spaces was identified as a priority. An existing accommodation unit within the multiple needs 25+ / substance misuse service has been identified as being suitable for this purpose, and its configuration will align to the principles of the Domestic Abuse Act 2021⁴⁸, and the identification of high levels of domestic abuse amongst those featured in the wider 'by-name' list.

The remainder are set out below, and where appropriate are included in the recommended model for the future commission.

8.1 Proposal for future service model

To reflect the remaining research recommendations and the wider findings of this report, it is recommended that the ***Multiple Needs Service for individuals aged 16-24 years be recommissioned, with the contract being offered via a competitive process to recommence on 1st April 2023***, using a specification containing the following:

8.1.2 Accommodation

Highfield Terrace site – this unit be ***designated as a dedicated accommodation facility for 16/17-year-olds***.

The site is situated in the town centre and will provide five units of self-contained accommodation which will be complemented by intensive onsite support. Noting that some older service users, including those with additional needs including learning difficulties, may benefit from a smaller environment, it is also proposed that a level of flexibility be included to maximise reach.

The retention of this unit within the existing 16-24 years multiple needs service will ensure there is no 'cliff edge' in support provision at 18, with service users being able to remain in the longer-term accommodation provided by the service. Access to this unit will be via the panel within Housing

⁴⁸ <https://www.legislation.gov.uk/ukpga/2021/17/contents/enacted>

Options Service, with joint assessments being undertaken with Children's Services in accordance with the existing protocol to ensure alignment to relevant legislation.

Quarry View site – it is recommended that the *current structure and layout be retained*, with the core unit continuing to provide seven units of *initial 'assessment' accommodation* for those with the highest support needs alongside one *'crash pad' unit to be used for emergency or short-term admissions*. The nine self-contained flats will provide *longer term accommodation to support young people into independent living*.

8.1.3 Floating / Outreach support

It is recommended that the existing *40 units of floating support capacity be retained* and provide support to promote and enable sustainable move on from the accommodation elements of the service.

This will contribute to an improved emphasis on achieving sustainability rather than 'successful exits' from the service and be complemented by a revised approach to performance monitoring, focussing on the individual's journey throughout the service and beyond, and be triangulated with data from the Intensive Housing Led Support Team to identify repeat presentations. This will enable closer evaluation of effectiveness of the service, and allow for reflection on what has, or hasn't worked for service users.

8.1.4 Trauma informed / Holistic Support Provision

It is recommended that the recommissioned service will utilise *a trauma informed approach to support*, delivered in *psychologically informed environment*. A holistic approach to support planning and delivery will be at the core of the service to ensure it provides flexible, appropriate, and proportionate support to break the cycle of multiple needs. Support will be innovative in its use of peers, volunteers, preventative measures, and a service user centred approach to maximise achievement of individual service user outcomes, service outcomes, and an increase in people with multiple needs successfully leading independent lives.

8.1.5 Co-ordinated Support Pathway

Recognising the *joint working protocols with other services are fundamental to the delivery of a coordinated solution* for people with multiple needs, the service will capitalise on these relationships to develop and deliver a consistent provision to service users from referral to exit to reduce duplication and promote a seamless customer experience.

Referrals will continue to be made via the existing panel within the Housing Options Service, with all referrals from 16/17-year-olds being considered in accordance with the joint protocol between Housing Options Service and Children's Social Services.

8.1.5 Recovery Capital and Positive Support Networks

The service will *promote the development of service users 'recovery capital'*:

- Social capital - the resource a person has from their relationships (e.g., family, partners, children, friends, and peers). This includes both support received, and commitment and obligations resulting from relationships.
- Physical capital - such as money and a safe place to live
- Human capital – skills, mental and physical health, and a job; and
- Cultural capital –values, beliefs and attitudes held by the individual.

The Service will effectively identify the recovery capital of the individual, the family, and the community, as all three hold vital assets in an individual's capacity to change their life. The service will emphasise a strength-based approach.

9. Options Appraisal

The future commissioning options available are:

Option 1 – Do nothing

If no action is taken, the existing contract will end 31/03/2023. The impact of service loss is described in detail at 7.1 but in summary will increase pressure on emergency and crisis services and reduce the local authority's ability to discharge its statutory homelessness duty. It will also leave a substantial gap in the homelessness accommodation pathway, leading to a possible increase in homelessness/risk of homelessness for younger people. For these reasons, this option is not recommended.

Option 2 – Recommission the existing service specification

To renew the contract beyond the current end date, the existing service specification would be offered back out to the market, via a competitive procurement process to comply with procurement legislation. This would ensure that a service continues to be provided to people with multiple needs but would fail to deliver the recommendations of the research and may result in some duplication of service delivery with the new Intensive Housing Led Support Team, and prevent the implementation of the recommendations of the commissioned research.

Option 3 – Recommission in accordance with the recommendations set out in Section 9

The service for individuals aged 16-24 years will be offered via a competitive tender using a revised specification, with a support and accommodation offer aligned to the findings of the research reflecting recommendations set out in the business case, with the offer including a dedicated provision for 16/17-year-olds. The new service will commence on 1st April 2023 on an initial 5-year basis, with the option to extend for a further 2 years (in 1-year increments).

10. Financial Implications

Based on the recommendations set out in Sections 6 and 8, the financial implications are as follows:

- The current annual contract value of £499,863.00 be retained, noting that the absence of an inflationary uplift constitutes a material reduction in price over the course of the contract.

Appendix A Intensive Housing Led Support Team – Housing Options Service

Rationale

To capitalise on the momentum of the ‘everybody in’ initiative to reduce rough sleeping during the pandemic, an Intensive Housing Led Support Team is being established within the Barnsley Council Housing Options Service. In addition to providing intensive support, an accommodation provision has been purchased by the Council to create a facility that is wholly managed by the Intensive Housing Led Support Team.

The service is currently in the developmental stage (Spring 2022), with the accommodation element not due to be operational until Summer 2022. Commissioners have liaised closely with the Intensive Housing Led Support Team to clarify the operating model and have considered data relating to the prevalence of substance misuse within the multiple and complex needs cohort. These considerations have led to the proposed recommendations of the future operating model of the 25+ multiple needs service, as detailed in this business case.

Operating model

Intensive Housing Led Support Team - Accommodation – Queens House

Situated on Queens Road close to Barnsley town centre, the accommodation comprises:

- 13 self-contained units of temporary accommodation and one ‘crash pad’ unit,
- Primarily for single occupancy, may accommodate couples where appropriate.
- Age range 18 years and over.
- 24 hours staffed
- Expected length of stay – three months but will be led by service user need
- The provision will aim to reduce rough sleeping, and the use and associated cost of out of area B&B placements for this cohort.

Intensive Housing Led Support Team – Support

The Intensive Housing Led Support Service will be accessed via the existing Housing Options Service, although pathways may be developed to enable direct referrals from partner organisations.

- Multi-agency panel to be established to oversee the work of the service.
- A detailed assessment, risk assessment and support plan will be completed within 6 weeks of a referral acceptance and will utilise a multi-agency approach.
- Flexible support to be provided for as long as is required.
- ‘Active’ phase of support will end when the individual, their keyworker and panel agree sufficient progress has been made.
- Individuals can contact the service at any time to request additional support.
- Sustainability checks will continue for approximately two years following the end of the ‘active support’ phase.
- The multiple needs supported accommodation service will form an integral part of the homelessness accommodation pathway within which the Intensive Housing Led Support Team sits.