

Addressing Multiple and Complex Needs in the North East of England

A Scoping Review

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BACKGROUND

- Backdrop of the Public Sector Reform Component of the Devolution Deal
- Partners in the North East wanted to understand what can be done to support people with multiple and complex needs
- Concerns about these people falling through gaps between services
- Tend to rely heavily on reactive services, which are rarely co-ordinated

REVIEW QUESTIONS



How can we clearly define multiple and complex needs (MCNs)?



What is the best available evidence on the effectiveness of approaches to working with people with MCNs?



How might this evidence be used to inform local efforts to better meet the needs of people with MCNs?

WHAT ARE MULTIPLE AND COMPLEX NEEDS?

- The term refers to the co-existence of several overlapping and intersecting issues faced by an individual, which significantly impair their overall wellbeing and ability to function effectively in society (Rosengard et al., 2007)
- These needs typically involve a combination of homelessness, mental health, substance abuse, contact with the CJS, (domestic) violence and social exclusion
- Both *breadth* (multiple needs that are interconnected) and *depth* (profound and intense needs) of need (Ranking and Regan, 2004)
- There is no universally agreed upon definition

Homelessness
or
inadequate
housing



Substance
misuse
involving drugs
and/or alcohol



Involvement
with the
criminal
justice system



Being a
perpetrator
or victim of
violence/abuse/
coercive control



Mental health
problems



Addictions
such as
gambling



Transitioning
out of care
services



Autism
spectrum
disorder



Learning
difficulties/
disabilities



Communication
or sensory
impairment



Living in rural
or isolated
areas



Being a refugee, asylum
seeker, migrant,
traveller, non-English
speaker, victim of
human trafficking or
modern slavery

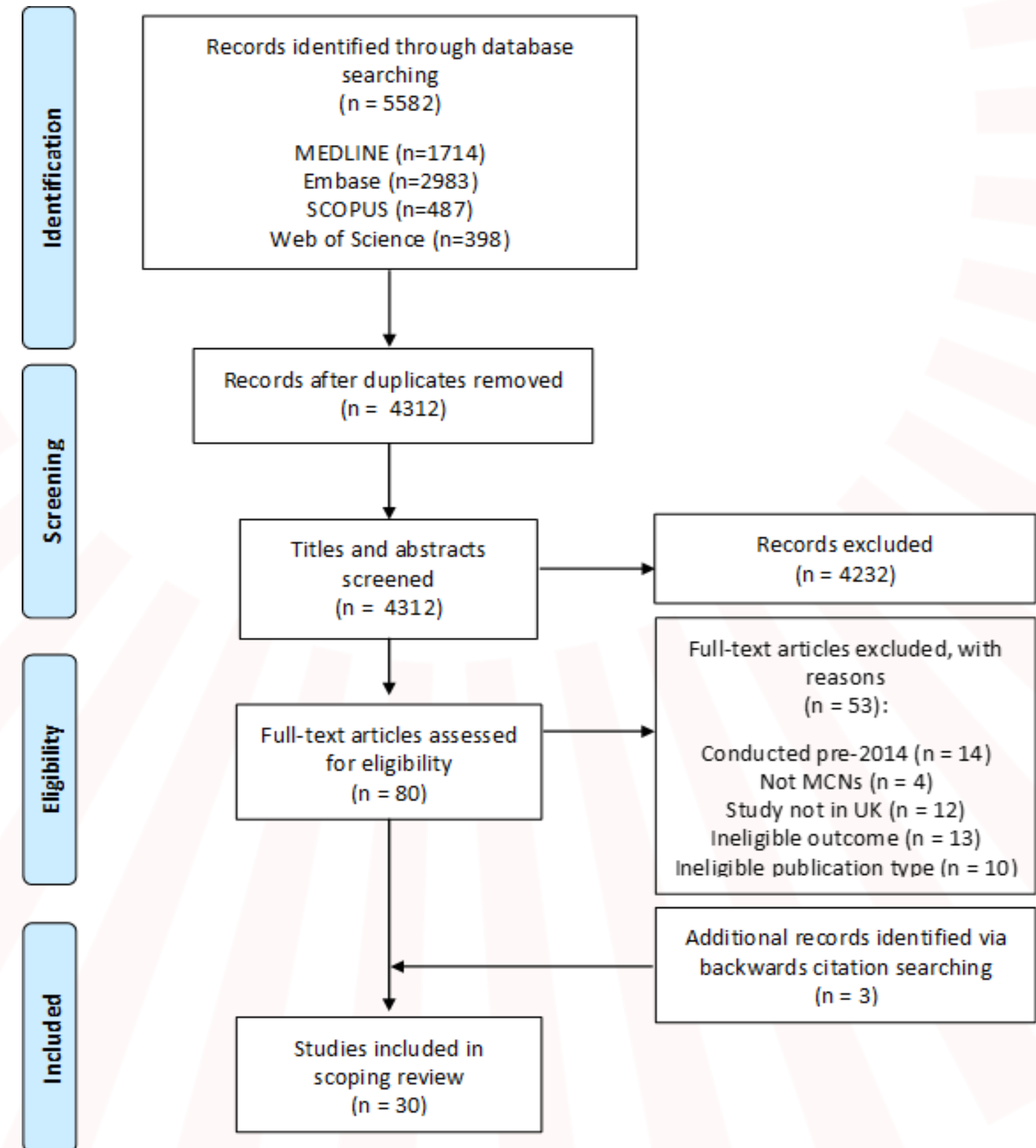


METHODOLOGY

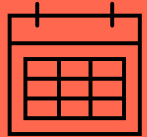
- Consultation with key informants – explored definitions, measures of success, barriers, enablers, and best practices
- Scoping review – systematic search of databases (MEDLINE, Embase, Scopus, Web of Science) for relevant UK studies conducted 2014-2024
- Grey literature – searches of key websites (Policy Common, British Library, GOV.UK, NHS Evidence) to locate evidence of ‘what works’
- Narrative synthesis of key themes and evidence gaps

STUDY SELECTION PROCESS

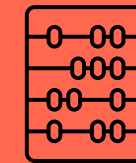
- Databases were searched for titles, abstracts or keywords involving at least two MCNs
- References of eligible full texts also hand searched for additional eligible papers
- All results were independently double screened
- Inclusion criteria were developed following the Population, Concept, Context (PCC) framework
- Papers were eligible if they reported primary research which measured or explored the outcomes or impacts of a specific intervention, service, programme, policy or approach



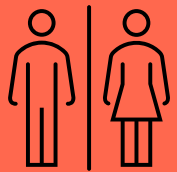
OVERVIEW OF INCLUDED STUDIES



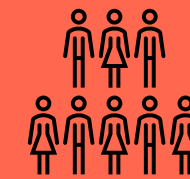
18 of 30 studies
published since 2020



16 quantitative, 7
qualitative, 7 mixed
methods



Most participants were
male; only 1 study
involved females only



19 studies involved
people with CJS
experience



15 involved interventions
designed to address
mental health issues



Only 2 studies
targeted people with
>2 complex needs

INTERVENTION TYPES

- Psychological therapies (n=15)
- Staff training/service redesign/in -reach (n=5)
- Peer-based interventions (n=4)
- Creative approaches (n=2)
- Pharmaceutical (n=2)
- Mental Health Treatment Requirement (n=2)

EXAMPLES

Evaluation of the Engager programme (Byng et al, 2023)

- Designed to reduce missed opportunities to start care for mental health problems in prison and continue this on release
- RCT involving 280 men serving a prison sentence of <2 years
- No consistent clinically significant between - group differences for primary or secondary outcomes

Using peer advocates to improve access to services for people with Hep - C (MacLellan et al, 2017)

- PAs with experience of homelessness, alcohol and drug misuse working with a Hep - C positive cohort of clients
- Narrative interviews with 5 PAs
- Three main strategies used to achieve connectedness: (1) rapport, (2) self - disclosure, and (3) shared group membership with health services

SCOPING REVIEW RESULTS

Limited evidence of effective or cost - effective interventions

Evidence of feasibility, acceptability and self-reported benefits from qualitative studies

Limitations of the included studies:

- Small sample sizes (in some cases)
- Lack of a comparator group (in some cases)
- High attrition rate



WHAT WORKS

**Assertive
outreach**

**Integrated care
models**

**Trauma-
informed care**

**Peer support
programmes**

Housing First

**Person-centred
approach**

KEY MESSAGES FROM THE GREY LITERATURE

- These approaches have all demonstrated effectiveness in engaging and supporting different vulnerable populations
- Involve holistic, integrated approaches delivered by multi-disciplinary teams, as well as drawing on lived experiences and recognising individual strengths
- Provide comprehensive support services to help overcome barriers to accessing traditional service delivery models
- Offer valuable practice -based perspectives on potentially effective strategies for an issue that has received insufficient attention in academic spheres

CONCLUSIONS AND NEXT STEPS

RECAP

- MCNs involve breadth and depth of need
- Not a term that is widely used in the research literature
- Most studies involve people with CJS experience and/or mental health needs
- Grey literature highlights ‘what works’ but without robust evidence

NEXT STEPS

- Report and policy brief to be published by INSIGHTS North East
- Plans to publish an academic paper and also present at the regional public health conference in Dec
- Currently exploring funding opportunities for future research

CALL TO ACTION

- Ensure innovative practice includes plans for evaluation (and dissemination)
- Research and evaluation plans to be co-produced between practice and academic partners
- Help to build a stronger evidence base for interventions

Get in touch.



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Share your challenges.



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POLICY CHANGE IMPACT