Severe and multiple disadvantage: development and applications of a concept

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Abstract

Purpose – *This paper aims to remove the self-evidence of the concept of severe and multiple disadvantage (SMD) by drawing upon a historical as well as a critical perspective to show its contingency.*

Design/methodology/approach – *This paper will introduce the concept of SMD by examining how it has come to be understood in the way that it has. This paper does so by exploring key texts which have informed the development of the concept as well as its conceptual near neighbours such as ''multiple needs''. This paper traces some advancements of the concept within practice and further research with a focus on the Fulfilling Lives programme and the Lankelly Chase Foundation. Finally, the author reflects critically upon the concept and the manner in which the concept has become operationalised.*

Findings – *This analysis demonstrates how a particular definition of SMD has come to dominate over the past few years because of the research and practice of key organisations. On the one hand, this has further marginalised alternative definitions and ways of working, but on the other hand these stakeholders have been able to influence the way in which UK policy has taken up the concept within its governmental priorities.*

Originality/value – *To date, research has taken the term SMD for granted which limits the ability to critique its definitions and applications. This is an important and timely contribution because concepts are all-too-often taken for granted and at a pivotal moment when SMD has become nationalised through policy, critique is a political, potentially transformative, act.*

Keywords *Disadvantage, Multiple disadvantage, Systems change, Policy, Problematizations, Discourse*

Paper type *Literature review*

Introduction

Severe and multiple disadvantage (SMD) has recently become recognised by the government as a priority, to "help change systems, change services and change the futures of the most disadvantaged adults in our community" (Ministry of Housing, Communities and Local Government, 2020, p. 4). The Changing Futures programme is the first UK Government strategy to contend directly with SMD and the first time the term has entered explicitly into policy. SMD has been used increasingly to describe people who are underserved within the system. Specifically, the term describes those who experience a co-existence of social harms (such as homelessness, mental ill health, substance addictions, involvement in the criminal justice system and/or domestic violence and abuse). The term captures a demographic of people who are seen to be missed – or let down – by siloed services that are designed to deal with one problem in isolation. The system, as it were, cannot contend with intersectionality, or multiplicity, and this is what SMD denotes: "If a disadvantage is severe it is generally multiple. If it is multiple it is generally severe. However, there are complicated ways in which severity and multiplicity combine" (Bullock and Parker, 2014, p. 4). From a service-provision perspective, the "problem" is that many individuals are ineligible for support as their individual need is not acute enough, yet their problems when

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taken as a whole are incredibly acute. Many people experience being passed around services without receiving the help they need. This is also of national political interest because this small demographic of people access emergency services at the point of crisis costing the state up to an estimated £2bn a year (WY-FI, 2019; Fitzpatrick *et al.*, 2013).

This introductory paper will examine the concept of SMD by situating it historically. SMD is the most recent in a lineage of concepts that describe a particular excluded group. The concept has been developed and operationalised within the charitable sector by funders such as the National Lottery Community Fund and the Lankelly Chase Foundation and organisations such as Making Every Adult Matter (MEAM) and Revolving Doors (which will be introduced in the next sections). I will first explore the development of SMD by highlighting the similarities and silences it shares with earlier research into multiple disadvantage and its conceptual near neighbours. I will then discuss the different ways the term has been operationalised within government policy, service provision and practice and finally place analytic attention on the powerful ways that knowledge and (funding) power can coalesce into shaping the dominant ways of understanding a concept. This is an important and timely contribution because concepts are all-too-often taken for granted and at a pivotal moment when a concept such as SMD becomes nationalised through policy, critique becomes a political, potentially transformative, act (Blestas, 2012; Foucault, 2000).

History of severe and multiple disadvantage

The term SMD was coined by the Lankelly Chase Foundation in 2015 through the *Hard Edges* report (Bramley and Fitzpatrick, 2015). The Lankelly Chase Foundation is a UK-based independent funder – meaning they are theoretically less restricted in terms of how their money can be spent. Their aim is to "change the systems that perpetuate SMD" and have been working with a variety of organisations across the UK, though mainly in England, to gain a deeper understanding into how systemic change might be possible and the role of power (including their own) and knowledge in doing so. The *Hard Edges* report was an early attempt at building this understanding and influencing action. This report aimed to make visible the way that problems tend to cluster together in the lives of people facing disadvantage by showcasing the overlapping of service use. The methodology and indicators used in this first profile have been used to generate other, more local, statistical profiles and formed the basis of funding programmes for service-based interventions and coalitions. It has also had currency in political policy making and cited across a range of documents.

SMD denotes a demographic person who experiences a co-existence of homelessness, drug and alcohol addictions and has offended. More recently, mental ill health and domestic violence and abuse have been incorporated into the core domains via new and updated profiles (Sosenko *et al.*, 2020; Bramley *et al.*, 2019). The initial research examined national data sets on homelessness, substance addiction and offending, using service use to develop a statistical profile of disadvantage. This constituted 58,000 people (mainly white men over the age of 30) as experiencing SMD on the basis of their involvement with all three institutions or 222,000 involved with at least two of the three. According to an earlier literature review by Lankelly Chase, there was "no clear focus on what is meant by SMD with the result that the overall political analysis remains indistinct and entangled in wider preoccupations" (Duncan and Corner, 2012, p. 6). *Hard Edges*, it was hoped, would provide the sort-of evidence required by government to prompt an intervention. The *Hard Edges* report did have political currency and has been widely cited in both England and Scotland's policy documents pertaining to rough sleeping, homelessness and drugs when speaking of vulnerable demographics. Additionally, the research also situated SMD within life-course understandings such as trauma, difficult family relationships, poor educational experiences and "wider combinations of challenges" such as economic and social exclusion, with poverty as an "almost universal [. . .] complicating factor" (Bramley and Fitzpatrick, 2015, p. 3). This held less currency within political narratives.

Though SMD is a recent concept, there has been long standing political interest in a particular marginal but "costly" group of society (Fitzpatrick *et al.*, 2013). SMD is the most recent in a long lineage of concepts designed to describe and intervene upon a particular problematic group. Most recently, multiple and complex needs were, and still are, used and before this social exclusion, multiple deprivation and multiple exclusion have all described a similar demographic:

> This multiple needs group may be relatively small in overall size, but is very costly to society as a whole because of the chaotic lives led by many of those within it. (Fitzpatrick *et al.*, 2013, p. 148)

There is research which preceded the concept of SMD that attended to the same domains of disadvantage (homelessness, drug or alcohol addictions and offending) but under the name of multiple exclusion homelessness (MEH) (Fitzpatrick *et al.*, 2011, 2013). MEH "emerged from endeavours to characterise the specificity of homelessness which occurs in conjunction with other needs and exclusions" (Pattison and McCarthy, 2020, p. 2). Studies noted not only the overlapping nature of such exclusions but also their mutually reinforcing causal inter-relationships (Fitzpatrick, 2005; see also Bowpitt *et al.*, 2011; Cornes *et al.*, 2011) The term MEH was also not the sole attempt to encapsulate this experience and overseas in the USA the term "chronically homeless" has long been in use which contends with a similar group (Kuhn and Culhane, 1998; Pattison and McCarthy, 2020).

Within the UK there were interventions and coalitions by non-governmental organisations that preceded SMD whilst contending with a similar "multiple needs" demographic. Coalitions such as MEAM, set up in 2009 and still in operation today, is a coalition between CLINK, Homeless Link and Mind (UK-based charities). Their intention was to inform policy and services for adults experiencing exclusions. An early report by MEAM and Revolving Doors (another charity working in the sector whose primary focus was upon cycles of disadvantage in relation to offending) defined the "multiple needs group" as:

> They experience several problems at the same time, such as mental ill health, homelessness, drug and alcohol misuse, offending and family breakdown. They may have one main need complicated by others, or a combination of lower level issues which together are a cause for concern. These problems often develop after traumatic experiences such as abuse or bereavement. They live in poverty and experience stigma and discrimination. (Page and Hilbery, 2011, p. 4)

MEAM has been part funded by Lankelly Chase during some of their operations and it would be fair to say that they both have influenced the development of the concept of SMD in connection with each other. Furthermore, MEAM received £1m of funding to help develop and support the Big Lottery's Fulfilling Lives programme. This eight-year programme marks a big step in the development and operationalisation of the concept of SMD and will be discussed in more detail in the next section (Barclay and Pettitt, 2014).

These organisations were responding to a service provision environment that appeared to exacerbate the social exclusion of certain demographics. This particular phenomenon was in 2004 described as the "inverse care law": "the more complex a person's needs, the more likely they are to fall through the gaps in the services society provides" (Rankin and Regan, 2004, p. 11; Duncan and Corner, 2012, p. 8). The 2011 MEAM study affirmed this observation of the most excluded "in addition to experiencing a multitude of problems [. . .] are ineffectively connected to services, are living chaotic lives and often lack support from their family or community" (Page and Hilbery, 2011, p. 12).

Policy context

This observation had not bypassed the UK Government and had been a concern for many years preceding the "multiple needs" coalitions. The Social Exclusion Unit and Social Exclusion Taskforce of the Blair years acknowledged the shortcomings of support provision:

> Individual agencies do generally focus on improving outcomes for the neediest within their services (for example the most mentally ill or the most prolific offenders) but often miss those who have multiple needs but need less help from any one service. Thus, people may not meet the threshold of any given agency to trigger a fuller intervention – despite the scale of their problems or the harms caused to the communities in which they live. (Social Exclusion Task Force, 2006, p. 74)

Social exclusion was defined in 1997 as a "shorthand label for what can happen when individuals or areas suffer from a combination of linked problems such as unemployment, poor skills, low incomes, poor housing, high crime environments, bad health and family breakdown". The reports published by the Social Exclusion Unit and later the Social Exclusion Task Force from 2006 contended with areas such as rough sleeping and teenage pregnancy, concentrating on preventative policies for "hard to reach" people "deemed to have been immune from the government's drives against social exclusion to date".

Although conceptualisations of social exclusion were widespread in Europe during the late 1990s and 2000s as a way to contend with the relational and dynamic nature of social harm that the term "poverty" was unable to capture, the UK emphasised an individualised understanding of such exclusion rather than situating it in structural causal chains (Spicker, 2000). Individualised and deficit-based understandings of disadvantage and were cemented in New Labour and still prevalent in the coalition government (Costas Battle, 2017, p. 24). For example, the Department for Work and Pensions (2012, p. 10) affirmed that "very low income is a symptom of deeper problems, whether that is family breakdown, educational failure, welfare dependency, debt, drug dependency, or some other relevant factor" and the Centre for Social Justice (2007) earlier described the five pathways to poverty as: worklessness, family breakdown, educational failure, addiction and serious personal debt. These individualised understandings of disadvantage reflect wider neoliberal values and rationalises the view that "people who want to turn their lives around can" (Social Exclusion Unit, 2006). This policy context is important as it denotes the historically embedded understanding of how disadvantage operates – the soil in which SMD as a concept within political policy could feasibly grow. Although *Hard Edges* sought to nuance the demographic profiling of SMD and attend to complex structural factors, the way in which the *Hard Edges* report was used within policy sat squarely within a traditional, deficit-based understanding. For example, the 2018 Rough Sleeping Strategy for England stated "some people who sleep rough may not want to interact with services because of their complex needs" (Ministry of Housing, Communities and Local Government, 2018, p. 19, s.44). This statement neatly lays the blame squarely with the individual rather than the state or any other structural factor. When citing *Hard Edges*, the strategy elaborated:

> Around 31% of homeless people have complex needs, which means that they have two or more support needs. There is also evidence that a person's support needs increase the longer they stay on the streets, and also with age. Many people who sleep rough will have additional support needs including emotional needs. They may have poor financial or interpersonal skills and will need support to engage more positively with society, to find employment or to set up and maintain a home. (p. 16, s.35)

Focusing on needs (i.e. deficits) removes attention from the structural drivers of disadvantages and the role of the state in it. Yet the term SMD was invented to be distinguished from "multiple needs" by "recognising the social nature of disadvantage by emphasising its relativity" rather than the individualism of "needs" (Duncan and Corner, 2012, p. 3). This reveals a disconnect between practice and policy, and there are implications when a concept gets taken up by a site of authoritative power. This was a risk for the Changing Futures programme. In the next section, I will discuss some recent advancements of SMD in practice and how this has influenced Changing Futures.

Recent advancements of severe and multiple disadvantage

The concept of SMD has been operationalised in different ways: directly through the Fulfilling Lives programme, indirectly through references in government strategies and further developed conceptually through the work of the Lankelly Chase Foundation. Interventions until 2021 have been funded through the charitable sector. The Fulfilling Lives programme is the most prominent and influential intervention surrounding SMD. The programme is non-governmental, funded entirely by the National Lottery Community Fund which committed up to £112m for eight years for projects in England seeking to address SMD. The 12 Fulfilling Lives projects ran from 2014 to 2022 enabling the funded areas to work consistently with people over longer periods of time without the short-termism of many funding cycles (Lamb *et al.*, 2019b). Fulfilling Lives established both national evaluation and lived experience networks to build the evidence base of the projects, promotes co-production and has created a national communications strategy, including a Multiple Disadvantage Day campaign. This approach in itself has set it apart from the older ways of interventions – in line with the MEAM approach – and has heavily influenced the trajectory of contemporary SMD interventions within UK policy.

The demographic of people that was constituted within the Hard Edges report were mostly middle-aged white men. This demographic has been revealed again through the Fulfilling Lives programme demographic: “the profile of beneficiaries is similar to what we know about people with multiple needs – with most being aged between 25 and 44, male and White British” (Moreton *et al.*, 2016, p. 6). With the inclusion of mental ill health and domestic violence and abuse as eligibility criteria, a more diverse profile has emerged: the Fulfilling Lives programme included mental ill health from the outset and many Fulfilling Lives projects work with beneficiaries who have experienced domestic violence and abuse too. This has further developed the concept by re-defining the central notion of who is impacted by SMD, as far more women emerged as experiencing SMD.

Alongside key demographic data, the Fulfilling Lives programme emphasises systemic problems and has aimed to shift the way local systems operate to join up care provision in a sustainable way. This operationalises a way of working so that individuals are able to work persistently with one person to get the support they need, through Multiple Needs Navigators for example (Lamb *et al.*, 2019b, p. 5). Generally, the programmes took the four domains of SMD as the criteria for accessing the services (homelessness, drug and alcohol addictions, offending and mental illness). Within many of the Fulfilling Lives approaches, there has been emphasis on individual assets alongside their needs. This has been manifested through such services as the personalisation fund in West Yorkshire has a budget for individuals to purchase goods and services which would be helpful for them (WY-FI, 2019; see also National Lottery Community Fund, 2019). Through these practices, Fulfilling Lives have gone some way to re-defining the concept of SMD. On another level, however, many features hook into historic social norms and accepted underlying logic, such as an interest in the “substantial costs to the public purse, serious social and economic impacts” (Lamb *et al.*, 2019a, p. 5). These are resonant with the earlier conceptual definitions as well as contemporary policy narratives which indicate that an economic framing of SMD is in the dominant mode and holds political currency.

Following the narrow portion of the population which the original *Hard Edges* report ring-fenced, the Lankelly Chase Foundation commissioned a further series of research designed to muddy the water over limiting SMD to a particular demographic. In their *Connected* series, further publications from Lankelly Chase have sought to reduce the ease at which a particular demographic is able to be targeted with specific policy interventions. They commissioned a statistical profile of SMD which included mental ill health and domestic violence and abuse as new indicators which constituted a brand new group of individuals seen to be experiencing SMD, with many more women fitting the demographic (Sosenko *et al.*, 2020; see also Robinson, 2016). They also commissioned research which considered the intersection of SMD with sexuality as both a potential cause of SMD (e.g. being thrown out of home after coming out) or as a qualitatively important factor when considering a person's lived experience of such disadvantages (LGBT Foundation, 2020). They have also explored the role of faith and ethnicity within experiences of SMD, especially within support and recovery (Bashir *et al.*, 2019). These new narratives and demographics raise questions about the dominant knowledges that go into defining SMD and the consequent regulation of these disadvantages within policy and practice.

Critical considerations for the Changing Futures programme

Policy is a powerful force in defining what is and what is not the case, the concept of SMD may have become co-opted and the UK Government could have designed a programme which fit squarely with the deficit-based and individualising assumptions found throughout its social policies (Bacchi, 2009). But the new Changing Futures programme demonstrates how this is not always the case; it has not flowed from policy to intervention. Rather, it is the product of almost a decade of interventions and evidence generation. It has designed "genuine co-production" and "systems change" to be at its core which reflects the narratives from the charitable sector and it has directly involved the practice experts: MEAM, Revolving Doors and Fulfilling Lives in the design and development of the programme (Ministry of Housing, Communities and Local Government, 2020).

Whilst this does mark a shift in the way the government has sought to intervene upon this (sort of) demographic, I will now mount a critique. Critique does not mean to criticise but to examine "on what types of assumptions, of familiar notions, of established unexamined ways of thinking the accepted practices are based" (Foucault, 2000, p. 456). This is worth considering because of the potential consequences of our thinking (Bacchi, 2009; Blestas, 2012).

We can say that narratives have real-world effects because narratives shape service interventions which shape identities, bodies and behaviours through the ways in which people are acted upon: who can and cannot access which services, what information is collected from them and how often, how success is defined, what forms of "help" are missing from the services offered and how the experience of these programmes impact an individual's identity and sense of themselves (Henman, 2006; Rose and Miller, 1992; Dean, 1991). Services are required to perform in certain ways, achieve certain outcomes, gather certain types of knowledge and undertake certain administrative requirements and evaluation mechanisms to receive funding. These processes are very powerful as they all strengthen the dominant understandings of SMD and render it "self-evident" (Bacchi, 2009). This makes the narrative adopted by the funder very powerful.

For example, the "homeless outcome star" (HOS) mode of measuring beneficiary improvement in the Fulfilling Lives programme is laden with assumptions about what progress and success looks like. HOS is used to standardise metrics of progress and outcomes which are able to evidence the success of a programme. The data from each six monthly assessment of each beneficiary have been collated by the Fulfilling Lives programme and have fed their national evaluation mechanisms (Moreton *et al.*, 2016). The HOS is a widespread form of outcome measurement used by homelessness service providers, invented by commercial organisation Triangle in 2003 to serve the "new managerialism" requirements of evidencing progress (Johnson and Pleace, 2016). The HOS, completed alongside a keyworker, assesses a service users "journey of change" across ten domains (such as self-care, financial management, physical health, offending) from "stuck" towards "self-reliance". A compelling critique of this method of assessment by Johnson and Pleace

(2016, 2017) note how "the HOS ignores people's strengths and capacities, it is predicated on overcoming individual deficits that create barriers to exiting homelessness" and in this way is a pathologizing function (Johnson and Pleace, 2017, p. 196). They go on, "in every domain, the effects of structural, biographical and situational factors are ignored" (Johnson and Pleace, 2016, p. 39). For instance, the HOS ignores the possibility that independent living may be constricted by poor access to housing rather than anything to do with motivation and skill acquisition to render an individual "housing ready". They argue that an emphasis on "behavioural modification, changing their (presumed) 'bad' habits and complying with treatment, lies the route to settled housing" (2017, p. 196). Consequently, those who score poorly or fail to improve "are in danger of being labelled unmotivated and irresponsible", while individual positive changes are measured in terms of how ready beneficiaries are to become economically productive (2016, p. 33). This example of just one technique of monitoring SMD within a particular understanding recovery showcases the powerful inter-relationships between knowledge and power: what sort of knowledges are sought by service providers (as dictated by funders and government), what assumptions about individuals do they reproduce and what are the material consequences of focusing on this over something else? Rose (2014) critiques this responsibilisation narrative clearly: notions of "recovery" within policy and practice are shot through with "normalization" and fit squarely within neoliberal ideals. As Rose elaborates: "For all that goals are meant to be 'personal', certain goals are not permitted. You can not decide to go to bed for a month" (Rose, 2014, p. 217).

Research has demonstrated that "deficit-based" models of service provision – that are predicated on narratives surrounding "fixing" a person's "needs" – have led to interactions that make the individual feel worthless; experience isolation and loneliness within services; and face social stigma from service providers and other members of the public (May Day Trust, 2018; Sanders and Brianna, 2015; Sosenko *et al.*, 2020; Abdulkadir *et al.*, 2016). These experiences have been shown to impact upon the way services are engaged with, including discouraging reengagement. By way of contrast to Fulfilling Lives, The May Day Trust, for example, exhibits a model of service provision which actively bucks the deficit-based model of care: they do not collect data from individuals, or measure progress; they work with a personal transition coach and emphasis is placed on an individual's interests and aspirations. This fits with research from Revolving Doors whose policy implications included "to support an individual to pursue what is personally meaningful and motivational for them" and "success is associated with developing a strong, positive identity – this means overcoming labels like 'offender' and 'patient' and believing in one's own agency/capabilities" (Revolving Doors Agency, 2018). The May Day Trust, being part funded by Lankelly Chase, is able to do this because it is not required to monitor outcomes or success in the same way as those subjected to "new managerialism", which has meant that experimentation, learning and different knowledges of what might provide benefit have taken place. For example, their in-house research "Wisdom From the Streets" pooled knowledge from the people they work with, and they used that knowledge to adapt their entire model of care (May Day Trust, 2018). Many service providers are unable to reorient themselves in this way because of their funding model and what is expected of them.

I have been struck by the persistence of certain policy aims and objectives when contending with this demographic. Changing Futures centres a "systems change", "genuine coproduction" and "person-centred" approach. These have been advocated by Fulfilling Lives and MEAM over the last ten years and it would be easy to celebrate the government's inclusion of these facets within its strategy. However, they are similar to historic aims and objectives of government dating back to the Social Exclusion Unit (at least). "No wrong door" for services was cited in policy in 2008 (Social Exclusion Task Force, 2008); "more personalised service for adults" featured in the Action Plan on Social Exclusion in 2006 (Social Exclusion Task Force, 2006); and "more joined up working" between government and council departments was spoken of in the 1998 Rough Sleeping Report (Social Exclusion Unit, 1998). With this in mind, does the language of "systems change" actually represent systems change or will the system consume the narrative and continue with its entrenched modes of operating?

Concluding remarks

This introduction has sought to situate SMD within a body (much vaster than I have shown) of literature that tries to contend with a particular, problematic, portion of society. It has shown which aspects were picked up by the new concept of SMD and which were never picked up or did not make the dominant conceptualisation. It has also explored the different ways SMD has been operationalised, and how emphasising different aspects of the concept has had different real-world effects and which narratives have had the most currency and power. These different manifestations of SMD seem to be finding each other again in the Changing Futures programme. The Changing Futures programme represents an opportunity for the official (governmental) discourses surrounding multiple disadvantages to shift away from the highly individualising needs based discourse to one that blames primarily the system and defunct ways of providing care. This possibility would not have been possible without the independent funding of the National Lottery Community Fund or the Lankelly Chase Foundation who have had power to operationalise SMD in their own ways and influence the strategic direction of government.

But does this represent a true juncture? Is the use of the word "systems change" within policy simply a replication to the calls for "more joined up working" cited across policy documents for the last 30 years? Using the May Day Trust as just one example of an alternative narrative and alternative way of approaching SMD brings into high relief the many historic assumptions that persist within the dominant narratives of SMD: surrounding the economic public cost of disadvantage, the continued emphasis on needs/deficiencies, the requirement to measure and the striking absence of narratives around the structural factors which may exacerbate disadvantages rather than individual factors. There is scope to continue moving away from narratives about deficiencies and labels and opens the possibility to wonder what the real-world effects of that new narrative might be on the lives and identities of those experiencing SMD. I hope those involved in the Changing Futures programme have the agency to reflect critically on their dominant narratives and whether the practices those narratives lead to enable the outcomes they desire.

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