

# Creative Solutions Board Report September 2022

# Table of Contents

Executive Summary .....	3
Independent chair comments.....	3
Background.....	3
Practitioner Network update.....	4
Creative Solutions Board .....	4
Key Successes .....	6
Summary of key learning .....	7
Increasing flexibility/facilitating change.....	7
Practice and Process change.....	8
Working Together.....	8
A richer process .....	9
Diversity of specialisms .....	9
Resources and additional comments .....	9
Independent chair and Lived experience representative.....	10
Key observations and recommendations from the CSB Co-ordinator.....	10
Questions still to be answered .....	11
Conclusion .....	12

# Executive Summary

This report is a review of the work done by the Creative Solutions Board (CSB) from May 2021 to September 2022, using feedback obtained from those who have attended the board as well as those who have brought cases to the board. It also summarises observations from the Co-ordinator of the CSB. The CSB has been well received by those who have used it and the reach is growing, there are green shoots of system change occurring in multiple parts of the system and it is hoped that these can be built on over the next few years. There are also clear examples of cases where the CSB has changed the direction of travel for a client, leading to improved outcomes.

It is recommended that the CSB continues to build on the work already done and to further develop different and more creative approaches to working with complexity. Our aim is to make the CSB obsolete, by making creativity and flexibility in service delivery, business as usual throughout the system.

## Independent chair comments

We live in a complex world and for those individuals and families experiencing multiple difficulties, often our systems of help replicate that complexity, making it difficult to access the right help at the right time. The Creative Solutions Board aims to approach this in a different way, by bringing together agencies with a mandate to look at individual issues and consider together how we might propose new co-ordinated solutions that deliver better outcomes for individuals & families and communities. It also puts a mirror up to our systems to identify where we might make bigger system change to reduce the pressure on services as a whole.

This approach takes time, tenacity and courage and as the independent Chair I would like to thank the members of the board for displaying these qualities in abundance. This report outlines the progress we have made and options for how the work may be taken forward at the end of this pilot phase.

## Background

This report will present findings and learning from the Creative Solutions Board from Sept 2021-2022 concluding with an options appraisal.

The CSB has been in place in South Gloucestershire (SG) since May 2021. It was originally started because we know there is a cohort of individuals who present with highly complex needs and risks relating to mental and physical health, substance misuse, homelessness and offending whose needs are not being met by the current system. These individuals are some of SG most vulnerable and excluded citizens. There are also families with complex needs that require a need a different approach. Although we have an understanding of the profound and devastating impact of trauma that contributes to the development of vulnerabilities for these individuals and families, this is still rarely a factor for consideration when approaching engagement and outcomes. Furthermore, we rarely 'get ahead of the curve' to prevent such complexity from developing.

A study conducted in Newcastle in 2021 found that:-

*'Services need to have more flexible access arrangements and non-judgemental approaches which 'see the person not the problem'*

According to Crisis, the more complex needs someone has, the more help they will need to move on from homelessness and rebuild their lives (Crisis, 2021)

*'for the proportion of our clients who have complex and multiple needs, they often have difficulties referring them for statutory services if no one of their individual needs is severe enough to meet the statutory thresholds for treatment or support on its own'.*

The Creative Solutions Board recognises that these individuals and families require a different, more creative approach involving many agencies and often commissioning responses, working as a whole system and taking on equal responsibility rather than each service working separately and discharging their duty when they have exhausted their individual process.

Since the interim report was written the CSB has moved to being in person, this has been a dramatic change for the CSB and has had a few teething problems. We have ensured the meeting is hybrid so that those that can attend in person are able to, whilst not missing out on the input of those who attend virtually. We have not managed to host a theme board of yet, however, from September we will be running sessions called 'journey of a complex client' where we will allow different agencies to explore what complexity looks like to their service and how they best manage it. The practitioner network has been able to continue virtually with no intention of this becoming in person, this is still building with a range of agencies attending.

## Practitioner Network update

There have been on average 10 attendees at each practitioner network from 15 different agencies both internal and external to the council. The feedback from the network meetings has been positive, when asked if they felt this network was different compared to other networks, the attendee responses included;

*'A chance to share knowledge and information we have gather through are roles'*

*'Yes, more joined up working and opportunities that officers weren't aware of in other areas of the organisation'*

*'Chance to speak about positives and negatives and possibilities of making changes.'*

We had set up a SharePoint site for the practitioner's network to work as a centralised location to store referral forms for each different agency. Unfortunately, this hasn't really worked as expected and there hasn't been the engagement in it which we were hoping for, therefore it is likely that this will stop being updated and we will focus on other things.

The newsletter has been in circulation for several months and the engagement in this seems much more positive, there are frequently high number of those reading it as well as the length of time they are reading it for. This is proving to be a useful way of disseminating information to a large group of people. It is unclear whether the same people who are reading the newsletter are the same people who are attending the network meetings. We hope to build on the newsletter to share more examples of system change and more bright spots around the local authority.

## Creative Solutions Board

### Key statistics

- There have been on average 12 attendees at the board each month from a range of different agencies;
- There have been 31 different people who have attended at least one board
- 40 clients were discussed with the CSB coordinator – up to July 2022
- 11 of these clients have been discussed at the board
- 6 of the clients referred were from an individual with learning disabilities giving a percentage of 15%, the average for South Glos is 0.5%
- Of the 40 cases presented at the board so far, the vast majority were white British and heterosexual, the global majority of South Glos is 5% so this is roughly the same for the board, however we would expect to see higher rates of the global majority due to the multiple inequalities they face.

- We had referrals from 16 different geographical locations across South Gloucestershire with the highest proportion from Patchway, Bradley Stoke, Kingswood and those who were No fixed abode (NFA)

Agency	Number of referrals made	Taken to board
Adult social care	11	2
Community Safety	6	0
NHS	1	1
Children services	2	2
Police	5	1
16-25 Transitions team	2	1
MARAC	2	0
Families Plus	2	1
DHI	1	0
Hospital social care	1	0
Housing	5	3

Fig 1: referred/heard at board agency break down.

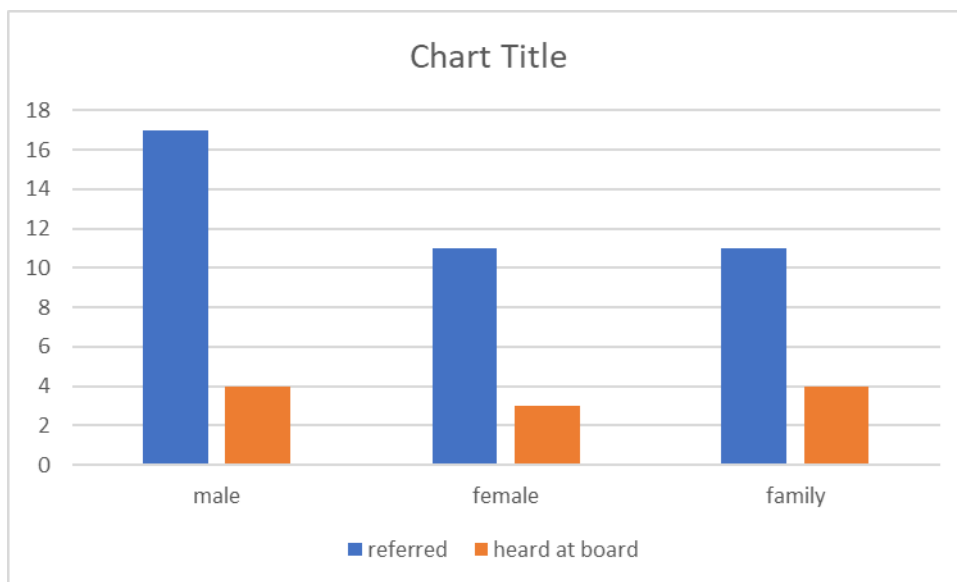


Fig 2: Split of male/female/family for referrals/heard at board

Not every case referred to the coordinator was able to be heard at the board, there are a variety of reasons behind this. For several of the cases there wasn't consent from the client, this was because the client was not engaged with an agency, despite attempts by several agencies to engage with them and because of that the case could not be brought. In some cases, there was additional information which was required and in other cases the blocks that were preventing the outcomes that were hoped for were able to be resolved prior to coming to the board. There were only 2 cases where the referral was not appropriate for the board, this was due to confusion around the function and purpose of the board.

Much of the issues around referral appropriateness have been resolved due to the process for referral becoming refined, it has now become standard for a pre board multi agency meeting to take place to attempt to bring together different agencies and involved parties to see if everything has been tried and to ensure that everyone is communicating with each other.

The below table (fig 3) shows the key areas of complexity for each referral. You can see that housing issues, mental health and offending were the key areas of complexity which were referred to us.

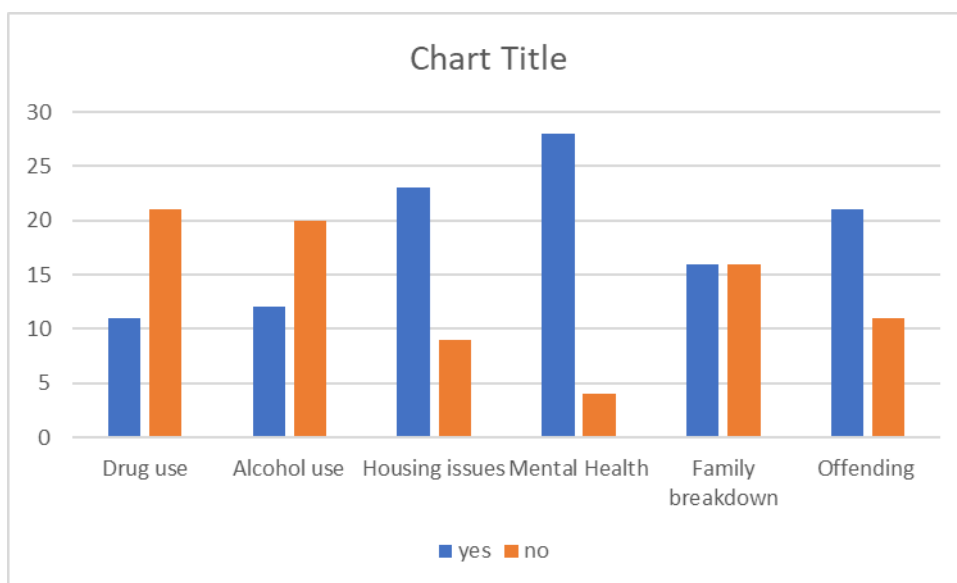


Fig 3: areas of complexity for each referral

It is positive to note that from the start of the board we have had positive and sustained engagement from housing, we have also had growing support from mental health and the police.

## Key Successes

The majority of cases brought to the CSB have had a positive outcome with reduction in reoffending, arrest and custodial sentence being prevalent as well as stability in mental health being achieved. There has also been evidence of more joined up working across the system allowing services to communicate better with each other.

According to the Greater Manchester Unit Cost database (v2.0) <https://www.greatermanchester-ca.gov.uk/media/2007/unit-cost-database-v20.xlsx>. Reducing time in custody saves £38,974 annually, arrests cost £750 each, each offence costs £1,111 and each ambulance call out costs £242.

Based on this the estimated cost saving from the work of the CSB has been around £95,000, more detail on how this cost has been achieved can be found in Appendix C. It is worth noting that this does not take into account the cost to the general public of any anti-social behaviour or the cost of repairing anything which has been broken as a result of any anti-social behaviour, and equally does not include any cost associated with mental health so the actual cost is likely to be more. It also does not include the cost of multi-agency meetings or the additional staffing time spent on the most complex cases.

Appendix A is a document with a summary of all the cases collated by the co-ordinator of the CSB which have been brought and discussed at the board along with a brief overview of where the cases are now. This document shows the key issues that each family or person presented with as well as what the board was able to achieve and what learning we have gained so far from those who are referred in, key examples are;

*'The board was able to flex to allow Client C to have the case worker that he really wanted from DHI, and this has been reported to be a turning point where he feels a request has been listened to.'*

*'TPP report that they wouldn't have been aware of this family and wouldn't have been able to offer support to them without the CSB raising them as a concern.'*

Appendix B is a case study from a board member detailing the journey and experiences of a client before, during and after the intervention from the CSB, showing the impact made at each of these points. Comments include;

*'From my past involvement with J although everyone has strived to achieve a positive outcome, we are often unable to collaborate the resources in the time frame we have available with J to implement the change that is needed to incorporate a different outcome for J.'*

## Summary of key learning

Several mechanisms have been used throughout the CSB to gather feedback from those who attend the board and those who have brought cases, to capture whether the board and the associated work is creating the intended opportunity for change.

Questionnaires were sent to all those who attend the CSB each month as well as more in depth questionnaires being sent to those who brought cases to the board. The co-ordinator also recorded and noted any ad hoc feedback which was received throughout the course of the project. The feedback from these as well as the minutes and actions from each board have been analysed and the full analysis is recorded in appendix C and D. Appendix C: thematic analysis report of the completed questionnaires, Appendix D: the thematic analysis report of the formally agreed minutes and actions from CSB meetings (Sept 2021- June 2022). Below is a summary of the findings from these analyses.

### Increasing flexibility/facilitating change

100% of respondents felt the board was 'offering something which isn't offered elsewhere' and 67% of respondents scored 4 or 5 when asked to what extent the board 'helps to support or highlight areas of change within your own organisation'. There is further evidence that the CSB has shown increased flexibility around the offers of support given from those services involved.

Analysis showed there were 4 offers of additional support from outside agencies as well as 2 offers for new referrals accepted. There were also 4 occurrences of increased flexibility in ways of working including how consent is managed, how agencies work together for assessments, how wider families are considered within casework of child's social worker, and a further update showing how the discussion within the CSB had created a greater knowledge and confidence in how to respond to incidents for police officials.

The CSB has been seen as a key player in terms of facilitating change, there was a consistent response throughout the feedback that referred to the mix of people in the room and that this particular mix was distinctly different to what people had experienced previously. Many of the participants are likely to have engaged in a range of multi-agency meetings and forums during their careers but there was a feeling that the CSB offered something "unique" and "different" that was not available elsewhere. Comments from the questionnaires returned included.

*"[An] opportunity to engage with other professionals that would not be otherwise be possible"*

There was reference to the presence of leaders and senior managers at the CSB and how that helped to offer a flexible and creative process.

*"Bringing leaders and practitioners together to discuss these things is really helpful"*

*“Senior managers and key people within organisations discussing issues.....paves the way for more flexible and creative working”*

## Practice and Process change

From the analysis of 10 different monthly action log, there were 12 instances of practice change showing that the CSB is providing a forum for flexibility of practice and organising multi-agency collaborative working practices.

There is also evidence of process learning, where members asked questions of how some decisions are made and what processes could be challenged – e.g., mental health assessments, release dates, information sharing. The findings also show that the CSB has grown and developed itself with 4 examples of process development whereby issues around its own development were discussed and developed, such as referral process to the CSB and wider understanding of the CSB.

## Working Together

Respondents commented on how the board was supporting/affecting interagency relationships in a positive way, there is also further positive feedback from these questionnaires regarding the different members at the board working better together, and the fact that this work has built trust across the system, they report;

*“Work more closely as a system rather than as disparate parts”*

*“Bringing partners closer together.”*

*“Creating greater trust and understanding”.*

There was further evidence of agencies working together from the actions after the meetings with 17 different actions identified as being allocated jointly to two members, there were also 16 different actions which can be classed as collaborative – that is where 3 or more board members agreed to work together to provide a holistic approach to a case problem or barrier, or to collectivise knowledge as a specific piece of work.

The other key message that came across from the questionnaires was the value in having a lived experience representative in the room.

*“[The] lived experience person was really good in the discussion, having someone from that angle was really important”*

Therefore, having the right people in the room seems to be a key aspect that helped the process of the CSB and offered something different that others had not experienced before.

The importance of collaborative working has also been a key learning piece with it being referenced several times in the feedback analysed (see appendix C) . There have been many occasions when cases are referred to the CSB where the siloed nature of our working has meant that different teams within the council don't know enough about other teams even when there is work overlapping. There have also been examples of multiple workers not being aware of each other and their shared involvement in the same individuals or family's life. This is especially apparent where a complex adult does not have an adult social worker, it appears to be challenging to bring together multiple agencies when there isn't a social worker. The CSB has worked to change some of this by having multiple agencies together in the same room, this has led to a better understanding of what each other do and has created a support system of learning as to how best work together, attendees reported;



“Key people from different organisation[s] discussing issues will lead to better working relationships and understanding of each other's roles”

“Making each service aware of each other and offering networking and understanding of different services”

“Myths are being busted about different services”.

Due to this learning the CSB process has adapted, meaning that following a referral to CSB the first step is to bring together all the people involved in the case, often this fills in gaps in knowledge and either means things can move forward in a different direction, or things really are stuck, necessitating a discussion at the CSB.

## A richer process

Members also commented on the CSB process being richer than other boards/multiagency spaces they had been part of in the past. With reference to how the CSB allowed time to think in a deeper way about the cases that were presented.

*“Deeper insight into people's circumstances”*

*“[an] approach which is deeper and richer than usual, a more holistic thoughtful process.”*

*“A chance to really be creative and think of ways of adapting the system”*

*“a positive approach, offering hope for a very challenging situation”*

*“[a] systemic approach”*

*“I liked the action learning style approach.”*

## Diversity of specialisms

There has been much feedback about the benefit of a large range of different people being involved in the board, it has been shown there is a high level of diversity in who attended the board, in backgrounds and specialisms, this was considered an important and valuable aspect of the board. This was thought to have aided the process of working together to come up with creative solutions for the cases presented.

*“The exchange of ideas from people with different backgrounds, knowledge-bases and experiences”*

*“Individual specialism helps in sharing ideas and finding solutions”*

In an ever-changing system when workers, leaders and services change on a regular basis the above theme tells us that understanding what each other do, creating space to build relationships and diversifying our multi-agency boards can in turn support solution finding for those that we work with. It will be important to examine whether these relationships continue beyond the CSB.

## Resources and additional comments

Without the CSB the themes above are likely to have become further barriers to working effectively with the individuals and families.

A specific barrier which is worth mentioning that came out in the data links to resources with several mentions of the lack of or need for more of what we currently have. Additionally, there was mention of services not being able to do certain things which leads to gaps in services.

“More resources needed at the front of the system so that people don't have to wait until they are in crisis before they receive a service”

“The CSB is highlighting gaps in housing, resettlement from prison and the trauma informed approach”

Another key piece of learning from the CSB that has been observed by the co-ordinator has been the recognition that there is a huge amount of creative thinking and flexible working going on within the council and the local authority, there is a real appetite to work differently and to think outside the box and it would be beneficial to have this type of work championed more widely across the system. Although managers may be aware of certain pieces of work, this isn't highlighted across the council. If this was to happen it would allow for 'bright spots' to be identified and more opportunity for sharing of best practice.

## Independent chair and Lived experience representative

When beginning this work we made the decision to have an independent chair – Alison Comely as well as lived experience input from an external provider through Independent Futures.

The chair has been in a unique independent position allowing her to have an unbiased view of the system as a whole, it has allowed her to create agendas and activities to challenge the system as a whole without being seen to have a bias about certain parts of the system, in either a positive or negative way.

Our lived experience representatives (LER) have been able to use their knowledge to offer alternative solutions and look at some things with a slightly different lens.

Both the independent chair and LER have been an important part of the CSB so far and it is hoped these roles will continue. Our LER is currently delivered by a Bristol based service; it is an aspiration that this role can be filled by a South Glos LER in future.

## Key observations and recommendations from the CSB Co-ordinator

A key recommendation from the CSB learning is to make use of multi-agency meetings even when they aren't required by a social worker. Consideration should also be given to having agencies who are no longer involved with a case committed to this discussion as well. Often a case may be closed to another agency and all the learning about the individual stays with the service even though it may be useful for the others still working with the case. The case study in Appendix B refers to the knowledge gleaned in this way as being '*gold dust*'. Clearly the confidentiality of the individuals must be considered, however in the cases the CSB has been involved in, the key information has been known by all partners and it has simply been sharing best ways of working with the client or any learning services have about the client.

A further recommendation from the CSB is to build on all of the good practice and flexible approaches that are already ongoing and to allow this work to be championed across the council to build trust in other agencies and to have some sharing of ideas in order to make this kind of flexibility in the system, business as usual.

The CSB recommends that this group should have an operational group as well as a steering group so that there are multiple people who have this piece of work as a priority and can integrate it within their own day to day work. Much of the post of the CSB co-ordinator has been thinking about system change and this is difficult to do alone, so any continuation of this post will need to bear in mind this concern and look at having more people involved or having clearer direction around the priorities of the role.

The board has worked really well and has brought people together, however there are concerns about the reach and the impact this has on the equality of the board, if the board is to continue, we need to have a renewed effort in promoting it to ensure that it reaches a wider audience.

There have been many discussions about cases which have taken place between the CSB co-ordinator and staff members internal and external to the council before a case is brought to the CSB. It is clear from the feedback from these conversations that one of the most positive aspects of the CSB is the ability to talk to someone who understands the complexity of people and the system and to get some fresh ideas. Often work similar to this takes place in supervision, however there is benefit in talking to someone distinct from a line manager about tricky issues or when people feel stuck. There is also the fact that the CSB coordinator has time and space to spend 45-60 mins discussing a complex stuck case, this isn't something which could be scaled up as caseloads of workers and managers is too high. However having a deep dive into a complex case has proven to be valuable. It may be that this could be delivered in future by peer review. The feedback from the board has reinforced this and shown that having time and space to discuss cases has led to a more creative process.

*“Thinking space [is] crucial as it's often the case as a manager that we are expected to come up with an immediate response to a crisis so it's useful to have a space where we can be creative rather than reactive”*

*“Protected time to discuss an individual case and talk creatively about blocks and potential change”*

This feedback shows that members felt the CSB process was unique in allowing them a different kind of time and space to explore creatively and use skills to help “problem solve” the issues faced in the cases. There are a large number of people for whom the system doesn't work well and the work and time inputted to these individuals and families places a huge amount of stress and pressure on the system and the workers within the system. It has been useful for those workers to feel they can relieve that pressure by raising the case to the CSB and sharing some of the responsibility, this will also mean that they have more head space and time to deal with their other complex cases. It has been reported by some practitioners bringing cases to the CSB that just talking to someone about the case has helped and by another that bringing a case to the board allowed them to be confident that they had explored all the potential options available to them.

## Questions still to be answered

- Is the CSB making a long term difference for individuals/services/practitioners? How will we ensure that the longer term outcomes for the people discussed at the board are monitored.
- We have shared much of the learning around how the CSB is run and how to explore things more creatively with the IPCT, further exploration of any potential cross over needs to be explored in order to fulfil the aim of the CSB being a model to be emulated throughout the system
- It is very difficult for the CSB to commit to a different approach when there is no budget or allocation of money within in, in some cases, even the smallest nudge isn't possible as we don't have anything to support other agencies to make these adjustments. A budget for the CSB could therefore be considered.
- Although we have a good mix of genders, age, presenting issues and geography of our referrals, we do have a less equal mix of race and sexuality, this has also been recorded in the EQIA and is something we need to be aware of moving forward to ensure that these

protected characteristics are fairly represented at the board and for any specific issues affecting them to be raised and addressed creatively, consideration must be given as to why we are underrepresented in these two areas.

- We also need to consider why our learning disability percentage is so much higher than the South Glos average.

## Conclusion

The CSB has been well received by those who have used it and the reach is growing, there are green shoots of system change occurring in multiple parts of the system and it is hoped that these can be built on over the next few years. There are also clear examples of cases where the CSB has changed the direction of travel for a client. Work is already underway to have our own lived experience group as there is clear evidence from other areas that co-production is a keyway to experience system change (source) there is also the early stages of a project to map some of the bright spots in the system as a whole to allow others to see the good work that is already going on.

## References

Crisis (2021). Rough sleepers and complex needs. Retrieved from: Rough sleepers and complex needs | Crisis | Together we will end homelessness.

Harland JM, Adams E, Boobis, S, Cheetham, M, Wiseman, A, Ramsay, S (2021) Understanding the life experiences of people with complex needs: peer research in a health needs assessment. Available at [OP-EURP210143 176..181 \(silverchair.com\)](https://www.silverchair.com)

Greater manchester unit cost database <https://www.greatermanchester-ca.gov.uk/media/2007/unit-cost-database-v20.xlsx>.

## Appendix A

### Client review May 2021 – May 2022

#### Family A:

Family A were a family of 3 adults living together, there were extensive reports of domestic abuse and high levels of violence between different members of the family with confusion emerging over clear victims and perpetrators, this created numerous reports of anti-social behaviour from the neighbours which resulted in the police being called, however no one within the family household would officially report the violence. The home they were living in was highly squalid and unsanitary with numerous dogs breeding and fighting.

Presenting issues and blocks:

The mother in the family owned the property and does not want to move due to concerns around the neighbours' seeing photos of the squalid conditions, she was also concerned about what would happen to her son as he refuses to move out and he felt he has some ownership over the property.

What did the board do:

- Housing offered to directly work with the son to look into alternative accommodation and to support him through this process.
- The RSPCA attended the board and were able to outline what they were able to offer in terms of the animals being neutered and also the extent of which they are able to be involved in animal abuse cases. It was a positive to know the reach they have.

Where are they now? Things haven't really moved forward for this family, this case shows that without buy in from the key members system flex is difficult. The eldest son has refused to move out and look at any other options and this has left the other members of the family stuck. A mentor has been sourced and good work is going on exploring alternative housing options. This also shows the long term nature of some of this work. Small steps need to be taken to achieve outcomes with people with complex lives and the system needs to show tenacity and patience in order to support people in the longer term.

#### Client B:

Client details: Client B was homeless with a repeated pattern of offending and incarceration mixed with alcohol misuse and anti-social behaviour, he was street homeless with concerns around his literacy, he struggled to engage meaningfully with any agency due to his frequent and short patterns of incarceration, this meant he was unable to receive a full assessment of his needs.

Client B was from the GRT (Gypsy and Romany traveller community) with a long and significant experience of trauma linked to professionals.

Presenting issues and blocks: Client B didn't stay in one location for long enough to have a meaningful assessment by mental health services, he also had a clear distrust for professionals. He was being viewed by the system as being 'difficult' as opposed to being someone suffering from poor mental health and long-

standing trauma. He was repeatedly offending and there was a held position that he found prison to be a safe and secure location.

What did the board do:

- Was able to shift the narrative and understand that Client B found custody to be a highly traumatic location and due to this was able to reframe much of the discussion around this.
- Consideration was given to whether he would be better going to a different prison when he was arrested.
- Subsequent to the board frequent multi agency meetings took place bringing together everyone who had ever worked with client B – this proved to be really useful to get the full picture around Client B.
- He was subsequently arrested and sent to a different prison, due to the combined information which we had and the openness from everyone to work slightly differently we were able to meet quickly, and it was determined that he had hit the threshold to be sectioned.

Where are they now?

Client has now been admitted to a secure facility following extensive joined up working and information sharing this may well be for an extended period – is waiting on further assessment. The whole system is now viewing this client as a vulnerable adult with mental health concerns as opposed to just an offender who is using substances this includes his record with the police being updated as well. This feels like a huge step forward.

#### Client C:

Client details: Client C was homeless, he had very specific requests about where he wanted to live which were unable to be met by housing for a range of reasons, including a lack of properties but also including the fact he had committed anti-social behaviours he wanted to live. Client C is a heavy drinker, and this drinking contributes to his ill health. He also struggles with young people in the local area and has recently been quite severely attacked. He has a difficult relationship with the police and often feels they do not do enough to protect him.

Presenting issues and blocks:

It was difficult to find the right accommodation for client C and difficult to regain his trust as he felt let down by professionals. Client C had bans from many locations and this made it challenging for him to be able to engage with local services, there was a real lack of clarity around where he was banned and how long these were in place for, as well as what he could do to lift some of the banning order.

What did the board do:

- The board was able to flex to allow Client C to have the case worker that he really wanted from DHI, and this has been reported to be a turning point where he feels a request has been listened to.
- He has also been assigned a housing first worker who he is engaging well with.
- Work has also been undertaken to explore the range of places he is banned from and to ensure that this perceived list is up to date.

Where are they now?

Due to the steps that were taken by partner agencies the right support was able to be put in place, it has been reported by those that know him best, that he now feels that things he asks for are being put in place and that this is making him more willing to engage with other things as well. He is currently being considered for rehab and will be appearing at panel.

#### Family D:

Client details: A family of mum and 4 children, there was a range of trauma in each family member, eldest child had sexually abused the younger children historically. The younger children were only attending school a few hours a day and when attending they were violent and uncontrollable, mum was unable to manage the behaviour at home with violent attacks happening to different members of the family. Mum was trying her best but feeling very overwhelmed and not sure where to move next. Serious consideration had been given as to whether care would be the answer for this family at least for a short time to give respite to the other family members.

Presenting issues and blocks: Mum was feeling unsupported, living quite a way away from where the children went to school, school felt that the children were struggling at school and unable to engage well with their education. There was also a broken-down car which had occurred more recently with concern given as to how they were going to pay for it.

What did the board do:

- TPPP were able to liaise with the social worker to set about a clear support package for the family.
- Options for fixing the broken car were explored and additional support was offered to the family which may not have been offered without the board.

Where are they now?

Things have really improved since the discussions during the Creative Solutions Panel. The family have started working with a foster carer and this is reported to be a blessing. It is reported the children love her and she's fitted in well with the family. Mum reports that she feels that a lot of weight has been taken off her shoulder and is very appreciative. The children are attending school and engaging in a much more positive way.

All this was arranged by the Therapeutic Parenting Pathways and social worker wanted it to be recorded that they have been working together very well and he can't thank them enough for the support they've given the family.

TPP report that they wouldn't have been aware of this family and wouldn't have been able to offer support to them without the CSB raising them as a concern.

#### Client E:

Client details: Concerns raised around the family dynamic of this family, with the young child in the family feeling they were unable to share their desire to change gender, the youngest child was going missing regularly with concerns around self-harm. Mental health had been involved but felt they had done all in their power.

Presenting issues and blocks: Client E was clear they didn't want their parents to know about their desired gender change, however this made it challenging for those working with the family as was difficult to know if this was contributing to the low mood and self-harm.

What did the board do:

- The board was able to allow the families plus worker the time and space to really explore all the options available to this young person this was then followed up by the manager being more aware of the problems the worker was facing and offering more support.
- The worker was also given support to engage with the Chinese society and a range of newer ideas to be tried with the young person.

Where are they now:

Client Has a mentor in place, Families plus have ceased working with them, they have been offered a range of support including LGBTQ+ support groups and cultural support from the Chinese society. Families plus worker has also supported school and CAMHS to work together. Families plus worker has stated the board allowed her to feel more confident that she had explored all necessary options and felt confident in the decision to close the case rather than allowing them to bounce around the system without ever really moving forward.

This case also shows that flex can be offered but without buy in from the individual this flex is unlikely to achieve much. It also shows that often in cases where workers feel stuck it may also be that they are feeling unsupported and that more recognition and support from managers could help them to feel less stuck and more confident in their decision making.

Family F:

Client details: A family of mum and three children, father passed away following excessive alcohol use which created a large trauma for the entire family. Middle son is currently struggling with his mental health, he is refusing to attend school and behaving angrily, he is not leaving the house and is very low in mood. Youngest daughter has also recently started refusing to go to school, elder brother had a very difficult time but appears to have moved through this recently. Mum is struggling with her mental wellbeing, feeling a lot of stress and responsibility to the family as well as her own grief in losing her partner in traumatic circumstances.

Presenting issues and blocks: The middle son is keen to engage with medication for his mental health, however he is on the waiting list for CAMHS, and this is taking a long time, he isn't going to school but can't

be offered alternative provision due to not being open to CAMHS. Mum is stuck and no one involved in the case really knows what to do next.

What did the board do?

- The board was able to offer funding to the family to provide boxing equipment to the young person as well as additional money for mum to support her building her relationship with her other children.
- The board also took responsibility for allowing the worker to take time to build a relationship with the young person rather than being rushed to close.
- Support was also given to raise the issue of CAMHS involvement – however this has proven difficult due to ongoing internal issues with the provision of service.
- Members of the board have taken up this concern and are attempting to make some changes to the way the system works.

Where are they now?

Due to this case being very recent it is difficult to know how much change has been achieved. However, this case shows that the CSB can highlight system issues which can then be taken on outside the board.



# Appendix B

## Case study of a complex client

*A record of the South Gloucestershire Council Creative Solutions Board's approach and journey to achieve a sustained and effective outcome in the case of an adult male whose integration into his community had repeatedly broken-down owing, in part, to a combination of misconceptions of his lifestyle and the causes of his criminal behaviour, and systemic failings to identify and seize upon potential, positive life changing opportunities.*

### **Background**

When referred into the Creative Solution Board, JA was 43 years of age and of no fixed abode. He regularly slept rough, regardless of the weather, in a cemetery next to his parents' graves. On one occasion cemetery workers found him asleep under a layer of snow.

His family origins sit within the GRT community. He and his wider family are estranged, and he is disengaged from the GRT community who have never supported him. This has been the situation for many years though specifically how long is undetermined.

JA was previously married and has two children, now adults. JA's marriage ended when the children were younger. JA's children were taken away from him and he has had little meaningful contact since. This has had a significant impact on JA who still visualises and refers to them as though they remain young children and not the adults they have become. Even now, there is no contact between them.

JA's schooling was poor and left him with a limited ability to read and write. He has endured a number of injuries and his body bears some significant scarring in places. Some of these are from assault. At some point, as an adult, he sustained a head injury from an assault, and this is thought to have contributed to his poor current mental state. His eyesight is poor.

JA had previously engaged with Golden Key and some progress was made, including the recognition that he was mentally ill. Recommendations for this to be formally assessed were not followed. Following an incident involving JA's adverse behaviour, the working relationship between Golden Key and JA was forced to close. Despite this, it became clear that JA was mentally unwell. In 2019 he had a diagnosis of schizophrenia.

JA's behaviour for many years has been offensive and anti-social to all those around him. He regularly exposed himself, used racist and discriminatory language, swears and resists authority, meeting the latter with abuse and confrontation. This has led to a constant cycle for many years of being arrested, imprisoned, released, and arrested again. Tragically, there are some who labelled JA with a compartmentalised view that, "It's just JA, he finds security in prison" and the cycle was allowed to perpetuate unchecked, despite an obvious decline in his health and mental wellbeing in recent years.

JA has carried a deep-rooted mistrust of almost everyone, but in particular, anyone in authority or otherwise linked to service providers such as the Council. This is directly linked to the occasion when he was asked to sign some paperwork which he could not read and which he believes he was misled over. The paperwork concerned the removal of his children.

JA's only real friend is a cemetery worker in Mangotsfield Cemetery who, over time, is someone JA has come to trust and engage with. The relationship grew due to the caring and supportive approach given to JA, including helping him with shelter in the cemetery environment, washing his clothes, helping to manage his income (including giving JA his own money when he needed it), getting him to appointments and generally looking out for him.

### **Challenges and Barriers**

#### **Lifestyle cycle**

JA had been a long-term cohort on the multi-agency IMPACT forum where individuals engaging in anti-social behaviour are discussed to seek remedies for their behaviour through education, support, diversion, or

enforcement. IMPACT had become an ineffective process for JA. He was pretty much regarded as a lost cause because so many dead ends to the potential options had been reached. Engagement in diversionary tactics such as education and ASB control measures sat outside his levels of purposeful comprehension. The only enforcement option was reactive to offences as they were committed, that is to say, arrest and prosecution. Yet, his life cycle of being imprisoned, released, arrested, and imprisoned again, was a key block to his rehabilitation. It interrupted long term welfare approaches that services attempted to provide when not in prison (such as therapy through Golden Key), and in a similar vein, when in prison the scope for an effective assessment of his mental state was constantly interrupted when he was released ahead of any treatment. Each time he returned to prison, the medical approach had to be started again.

### **Effects of imprisonment and systemic assumptions**

To some, there was an uninformed assumption that JA took comfort from being in prison; a lifestyle of choice which he deliberately entered. The cyclical pattern of him returning to prison almost as soon as being released became an accepted routine for which there was no, or no need for, a creative alternative for those at the front end of the criminal justice system. The pressures of demand perhaps robbed them of the scope to invest some effort in searching for a longer-term solution which would simultaneously ease the demand on them. The stereotypical conclusion that JA drew security, convenience, and a supportive routine provided by the prison regime was an entirely misplaced assumption that significantly failed him.

In fact, JA was traumatised when in prison. He was targeted by other inmates who would prey on him for fun. He was regularly assaulted and the subject of practical jokes such as urinating under his cell door and into his cell and giving him Spice drugs merely to draw entertainment from his reaction. Professionals who engaged with JA established that the prison environment was very significantly detrimental to his wellbeing and a far cry from the view that he preferred it there. JA shared the truth with his friend from the Mangotsfield Cemetery who, when later recounting his knowledge of JA, placed great emphasis on the harm that prison was causing JA. He described what he saw in JA's demeanour upon release from prison in contrast to how he was before being imprisoned. He saw a consistent decline in JA's mental wellbeing and emphasised a notable and rapid decline in the 6 to 12 months prior to his referral to the CSB.

### **Mental Capacity**

JA's mental capacity was frequently questioned. Almost everyone who had contact with him considered him to be mentally ill. However, the fluctuating nature of mental capacity presented its own challenge to accurately assessing JA and this constantly obstructed the ability to move him forward to any effective medical intervention.

When behaving in a way which invariably led to his arrest yet which, at least in part, could reasonably be argued as displaying mental ill health (for example his references to the devil while being abusive to people in the vicinity, and walking along with his genitalia hanging from his trousers), an assessment of his capacity could never be carried out until he had calmed down. When calm was restored, he was typically assessed as having capacity with his previous behaviour being dismissed as being just that; behavioural, but not due to mental ill health. In this regard, because he was assessed as having capacity after the event, an assumption was made that he had it during the event. He was therefore invariably charged and prosecuted with another offence and thus, he re-entered the prison cycle yet again.

### **Consent for a medical assessment**

Consent from JA to undergo a medical assessment for his head injury has been sought on several occasions and was certainly regularly considered. The closest this ever came to fruition was when he was in Bristol prison. He entered a waiting period which regrettably, he did not get to the front of before being released from prison. The opportunity was therefore lost as the system 'reset' once he was released. Scope for this assessment outside of the prison environment was presumably available. However, JA's engagement and consent were key to this. When in prison this was workable due to the consistency of contact from his prison manager who encouraged him to undergo an assessment. Consent outside of prison was never achieved. Consequently, it was never established whether the earlier trauma injury to JA's head had left a brain injury

which was contributing to his mental health and/or anti-social behaviour, and thus, whether his actions were not necessarily a consequence of informed choice.

## **Alcohol**

JA often drank alcohol. When released from prison, he would habitually go straight to the pub or off licence to obtain it. There was an assumption that this was the behaviour of an alcoholic or someone who is dependent on alcohol. JA would then get into trouble again, often as an adverse reaction to authority when challenging him in a public environment. His behaviours were attributed to alcohol and not mental ill-health, although it is acceptable to consider the alcohol contributed to the circumstances. The presence of alcohol, however, obstructed (and even prevented) an affective assessment of his medical conditions because, capacity assessments following arrest were not carried out while alcohol was seen to influence his behaviour. When sobriety returned, JA's behaviour improved too. But was there an assumption that his improved behaviour and engagement was entirely due to sobriety? Had it ever been considered that the environment may also have influenced his psychology and thus his reasoning and capacity at the time of the assessment? It is a challenging predicament and not a criticism, that capacity assessments are not carried out when alcohol consumption is evident.

## **Refusal to sign and Acceptance of Housing**

JA's refusal to sign anything has been a barrier to him accessing services and support and this led to further challenges to integrate JA into a community-based lifestyle. Although not exclusive, one example is with housing which contributed to him sleeping rough through his failure to engage with Housing's processes. He would miss appointments (often thought deliberate, but feasibly due to arrest or other distraction) or would not sign tenancy agreements. Some flexibility on this was given, but there was a further problem with JA's perspective as regards housing. His GRT background contributed to his failure to observe 'normal' living standards or expectations. Even when offered shelter in the cemetery cloakroom, he would defecate on the floor and create unsanitary conditions. A further problem, and perhaps the strongest reason for refusing accommodation was his overwhelming urge to be with his parents at their graveside. JA saw this as a place of peace and conciliation, and it represented an additional barrier to him engaging in a formal tenancy in a property.

## **Creative Solutions Board**

In the Autumn of 2021, discussions were already underway between the Chair of IMPACT, JA's social worker and the Creative Solutions Board lead to identify the complexities of the case for referral to the CSB. Typically, JA was again imprisoned at this time. Contact was made with JA's probation officer to share information and to broaden the understanding of those professionals taking an interest in pursuing a permanent, sustainable solution to the improvement of JA's wellbeing and lifestyle. It was important to ensure any decisions also focused on an understanding of JA's needs and his own preferences.

When he was in prison in the Autumn of 2021, JA's probation officer attempted to interview him via a virtual link. His behaviour was alarming and mirrored to some extent, the behaviours described of him when arrested. He exposed himself, danced about the room singing Beyoncé songs and talking about the devil. This was an extremely important moment to note. Being in prison, he would not have been under the influence of alcohol. The presumption that his alcohol consumption was the cause (or the sole cause) for his similar behaviour in the community was now arguably flawed. It gave substance and weight to the argument that JA's behaviour was not linked to a lack of sobriety.

## **Consent to disclose and discuss JA and his personal information**

When JA was brought to the CSB he was in prison. Consent was a challenge because of the manner with which he presented to professionals. There was considerable debate as to whether he had capacity to

provide an informed consent. Yet, if capacity was absent, it raised the question as to whether his detention in a mainstream prison was appropriate.

Consideration was given to exploring what other authorities had done in similar circumstances. One historic case was explored but the circumstances differed sufficiently enough for the decisions made in that case to be of no value in comparison.

The conclusion was eventually drawn that, while JA was in prison an 'implied consent' was both justifiable and legitimate. The rationale in reaching this decision was endorsed by the collective professional view that it was in his best interests due to the risk presented to him as a consequence of his deteriorating health and that his escalating levels of anti-social behaviour were beginning to place him in situations of potential conflict. There was risk of serious harm to himself from assault, or accident due to his deteriorating eyesight. Furthermore, the crimes he was committing had begun to expose young children and other vulnerable people to obscene and threatening acts. There was a need to mitigate the risk to the public of physical and/or psychological harm. Therefore, regardless of consent, scope to disclose and discuss personal data relating to JA was justified to prevent crime and to safeguard him and others from harm.

A Creative Solutions Board was convened, and various actions proposed and discussed.

To begin with, the board looked at how JA could be supported within the community to raise the quality of his life and provide smoother access to services. Having the right people in the room enabled quickened flexibility to be offered in various areas to overcome JA's refusal to sign official paperwork. Agreements were reached to put in place less bureaucratic processes to facilitate more effective engagement from JA. A plan to implement this was put in place to bring him to this support upon his next release from prison. There was a great deal of willingness to put this in place including one member of staff who agreed to travel and meet JA when released. Unfortunately, the plan was unsuccessful as JA did not make contact with the entry point of that support. Within 24 hours, JA was arrested again, and he was returned to prison.

Ironically, this was the turning point in this case. JA was sent to Exeter prison instead of Bristol where he had almost always served his sentences before. This turned out to be one of the best things that could have happened. The "fresh pair of eyes" from a different management team without the preconceived view of "It's just JA again" allowed a far more open-minded approach to his prison management. They agreed almost straight away that JA was mentally ill, and their ongoing support turned out to be one of the most instrumental reasons for the successful outcome of this case.

A further positive turn came about which added to the momentum of moving the case forward. The CSB lead identified during discussions that a positive outcome hinged on the need for an effective assessment of JA's mental capacity. Although the prison mental health nurse was supportive of moving towards a formal assessment using the processes available to the prison, more professional evidence if it could be found, would not only speed up that process such that the opportunity was not missed as had happened too many times before, but would add to the volume of medical evidence required to present a strong case. The discussions at the CSB had identified other potential sources of information which were key to this. It is to the credit of the CSB lead whose persistent resolve followed up on every possible opportunity to get what was needed, that a meeting was arranged between some members of the CSB and JA's previous key worker from Golden Key. Permissions to do so had to be obtained and agreement from the key worker himself had to be secured. The meeting took place in February 2022 and while JA was still in Exeter prison.

They willingly agreed to attend the meeting to openly discuss JA's presentation when he worked with him. He gave an explicit and candid account of his own assessment of JA. To those present, the account could have been likened to pure gold. They were the first professional to firmly state that prison was nothing short of traumatic for JA. He evidenced this by the fact he collected JA from prison on one occasion and it was clear JA was exhibiting a massive trauma response following his release. JA would try to keep his head down in prison, but he nevertheless experienced and witnessed traumatic events when inside. He was critical of capacity assessments upon arrival at prison which were undertaken when JA was lucid. They confirmed that there had been regular confusion by professionals between what was due to alcohol and what was psychosis presenting in JA's behaviour. He confirmed that if a conversation was difficult for JA, he would sing songs or repeat your name again and again. He confirmed that the source of JA's trauma was the loss of his children. Any requirement to sign anything brings this back and he deals with it by getting drunk. He recounted an occasion when JA set fire to his coat, suffered third degree burns yet was kicked out of where he was staying and made homeless. To quote, "Everything gets blamed on alcohol, but it is not the case. It is the mental

health and psychosis. It just happens that he is drunk when he offends.” They made it very clear that JA was seriously mentally unwell. There was little question in their mind that JA needed treatment and he made this recommendation when he worked with JA. This was never put in place.

Also at this meeting, was a Probation Officer who works with inmates at Exeter prison, AG. AG confirmed that his visits to JA in his cell had caused him considerable concern. Given this, JA was moved to a vulnerable person’s wing within the prison where he was said to be responding more positively. AG endorsed an earlier discovery, that JA’s behaviour was not alcohol induced as he is still acting very bizarrely without it. The recommendation was to place JA in a ‘low secure unit’ which is a more supportive staged process for release when released.

A week later, a further meeting outlined proposals to secure effective, longer-term support for JA. This was linked to the powers available to the prison in which JA could be detained under criminal sentence for a 6-month treatment order at a secure psychiatric intensive care unit. The Team manager openly stated that it was clear JA was suffering a psychotic illness and with a historical diagnosis of schizophrenia, she will recommend and push for JA’s detention to be treated. The last hurdle was to convince the manager of the intensive community support team.

On the 28th of February 2021, notification was formally received that JA had been accepted to a secure psychiatric care unit on transfer from Exeter prison. Ironically, the unit was local to JA’s own community in the Bristol area. For a brief moment though, concerns mounted as there were moves afoot to dismiss the need for JA to be detained and discharge him. It looked as though months of hard work and perseverance was about to be dismissed and lost at the stroke of a pen. Thanks, once again to the CSB lead, a rapid series of calls and emails brought the right information forward from the right people to reassert the absolute need to treat JA, and his admission was kept in place. As JA’s treatment progressed, the CSB has learned that JA has had contact with one of his sisters, the first contact in over 7 years.

The following email of thanks sums up the success of this case. In conclusion, while this was a team effort and all involved can take pride in the outcome achieved, there is one key professional who was afforded the time and space to co-ordinate the effort and tirelessly committed herself to the case and the work it threw at her. She plugged the gaps and reconnected those professionals who were critical to moving JA closer to the treatment he needed each time it seemed an immovable blockage had finally got in the way of success. She continued to work determinedly in the background, motivated by the vision of success.

Dear Helen

*I am writing to offer my appreciation of your work on the Board in relation to JA.*

*I have several years’ experience of working with J and an awareness of the complex situation for his Mental health, offending behaviour and housing situation.*

*I just wanted to capture the positive work you have achieved with the way you have co-ordinated and managed the whole Creative Solutions Board. It really has been effective in J’s case.*

*From my past involvement with J although everyone has strived to achieve a positive outcome, we are often unable to collaborate the resources in the time frame we have available with J to implement the change that is needed to incorporate a different outcome for J. To date J has unfortunately been a revolving door of prison, temporary accommodation, reoffending, and then prison again. At times it has been like banging your head against a brick wall, and you are back to square one again each time J is released from prison. Unfortunately, majority of services close their involvement with J once he is in prison so any headway that may have been achieved during the timeframe you have is disrupted once he is back in prison.*

*Offering J a chance to be heard on the Creative Solutions Board has evidently changed this outcome.*

*The board members have been actively engaging in exploring Creative Solutions for J under your co-ordination and guidance, resulting in a piece of work that could offer J a full mental health diagnosis coupled with the relevant support. This has proven to be an unattainable achievement in the past, and something that has always been strived for but has never actually transpired.*

*Over the past few months, you have been instrumental in actively keeping J’s case at the forefront of all of our minds, diligently unpicking situations, collaborating board responses and co-ordinating contact to ultimately achieve the best outcome for J. The desired results for J seem within touching distance and have been obtainable whilst J is in prison, releasing pressure on other services and their resources to try and achieve this once he is released again.*

*If this is an example of the work the Creative Solutions Board can achieve already, I will be excited to see what it can achieve and deliver as a benchmark service for our most vulnerable members of the South Gloucestershire Community.*

*I am sure J would thank you himself if he ever got the opportunity.*

*Many Thanks*

*SM*

*Housing Options Officer*

*South Gloucestershire Council*

## Appendix C

### Costings

Taken from the greater Manchester unit fund database – <https://www.greatermanchester-ca.gov.uk/media/2007/unit-cost-database-v20.xlsx>.

Expect costs for 6 month if no further change occurs

	Expected behaviour and occurrence	Expected 6 month cost if no further change occurs	Total
Client B	Offending x 3	1111 x 3 = 3333	
	Arrest x 3	750 x 3 = 2250	
	Anti-social behaviour x 3	701 x 3 = 2103	
	Street homeless	2909	
	Prison for 3 months	9750	
	Court x 3	15000 x 3 = 45000	£62,735
Client C	Arrest x 3	750 x 3 = 2250	
	Anti-social behaviours x 3	701 x 3 = 2103	
	A & E x 3	166 x 3 = 498	
	Ambulance x 3	242 x 3 = 726	
	Court	15000	18,327
Client D	Non-attendance at school X 4	1965 x 4 =	7860
Client E	A&E x 3	166 x 3 = 498	
	Missing child	2719	
	Police time x 10 hours	42 x 10 = 420	
	Ambulance x 3	242 x 3 = 726	4,363
Client F	Police time x 10 hours	42 x 10 = 420	
	Non-attendance at school	1965	2,385
Total saving			95,670

## Appendix D

### Analysis from CSB minutes over 10 months

#### Barriers

During presentations of complex cases to the CSB, problems and barriers were identified that were limiting progress of cases. Discussions in groups took place to explore collective understanding and identification of areas in which some intervention could address/ improve/ navigate around those barriers. Potential solutions were offered, and meeting actions produced to provide clear steps towards addressing some of these barriers. Analysis of these actions and action updates available in the CSB monthly minutes were analysed to gain learning from this function of the CSB.

In total, actions, and updates for 6 presentations of cases were analysed using the pre agreed coding frame<sup>14</sup>. Barriers were counted if they had specific actions to address them, and the subsequent updates available in the proceeding meeting were scrutinised for relative success of overcoming a barrier. A summary of findings is below.

- 7 additional barriers were uncovered according to these updates including a lack of response from outside agencies (mental health services and neighbouring LA), limitations of process on further action from outside agencies (mental health services, prison), complexity of cases making solutions unmanageable, and changes of situations for case putting work “on hold”.
- 7 actions were identified as unresolved with 5 occurrences of continuing conversations and exploration of solutions. One update of alternative planning due to legal barriers, and another of consideration of different ways of commissioning for future planning
- 11 actions were identified as successful in finding a solution to a case barrier blocking progress. 4 of these were additional support offered from outside agencies, 2 for new referrals accepted, 4 occurrences of increased flexibility in ways of working including how consent is managed, how agencies work together for assessments, how wider families are considered within casework of child’s social worker, and a further update showing how the discussion within the CSB had created a greater knowledge and confidence in how to respond to incidents for police officials.

Limitations include: some missing action updates, no follow-on data available to assess the outcome of those noted as “ongoing” or “progressing” in updates and were not sufficiently specific to assess any levels of progress or whether barriers were partially overcome.

#### Working together

Actions were available for 9 monthly meetings, and these were analysed for content relating to members working together. 36 actions were identified as ‘joint actions’, specifically allocated to two or more members of the board. These actions were further scrutinised and thematically coded to establish ‘types’ of joint actions that were apparent, some actions were coded in more than one category.

*Two together* – These 17 actions were those allocated jointly to two named members. The actions were frequently to work together to “explore,” “discuss,” “consider” options for a specific solution, or to complete a specific task jointly.

*Delivering to another* – 18 actions were coded as ‘delivering to another’ when a named member was to directly provide information, support, advice to another named member, or to do a specific task and share with the other named member.

*Creating a collaborative* – These included 16 actions that could be classed as instances where three or more members of the board agreed to work together to provide a holistic approach to a case problem or barrier, or to collectivise knowledge as a specific piece of work. These included a



“creative referral,” novel brokerage and commissioning collaborations, setting up “community response” to an issue, identifying a central “co-ordinator” of a specific case for consistency, “building a team around” a specific complex case, as well as members agreeing to progress action in their specific areas in conjunction with others, or agreeing to a unified approach to a noted potential outcome scenario.

#### Facilitating Change

Several indications of opportunities to address complexity emerged from the analysis of actions and updates. Knowledge of what constitutes ‘change’ is limited for the analyst but 9 instances of actions that appeared to signal a change were identified. These included the use of alternative premises for service engagement (to go where the client is), the continuation of plans despite changes to custody status, agreement for alternative forms of providing consent, creating a team around a client.

Additionally, evidence of practice change in the actions were independently identified by an embedded CSB practitioner to improve specialist input to analysis. They scrutinised actions from 10 monthly action logs and identified 12 instances of practice change. The 12 actions were split between 5 months, with one month showing 4 instances of practice change, 5 months had no practice change identified within the actions. 10 of the actions indicated by the practitioner also appeared in analyst coding as ‘joint actions’, 3 as ‘delivering to another’, 3 as ‘creating a collaborative’, and a further 3 coded as ‘two together’ providing support to the findings that the CSB is providing a forum for flexibility of practice and organising multi-agency collaborative working practices.

Other themes that emerged from the analysis included 4 instances of ‘process learning’ where members asked questions of how some decisions are made and what processes could be challenged e.g., mental health assessments, release dates, information sharing. Also 4 indications of ‘CSB process’ development were found (separate from the initial meeting) whereby issues were discussed and developed, e.g., the referral process to CSB, wider understanding of the CSB, level of complexity that the CSB could provide support for. These two smaller themes provide some insight into how the CSB can also be a positive arena for sharing knowledge, and that attention to the processes of the CSB itself are important to the membership.

<sup>14</sup> The three themes developed in the coding frame were; changes in usual ways of working, relationships and communication between service providers, and challenging barriers. Quotes as evidence are limited due to the confidential nature of the cases, however terms used appear in quotation marks “.”