

Creative Solutions Board Learning Paper

12 May 2025

What did the Creative Solutions Board Ever Do For You?

'I think that it is exciting and meaningful, and it's felt like being part of something that actually is changing things and changing the way we do things'

Anonymous interview of board members.

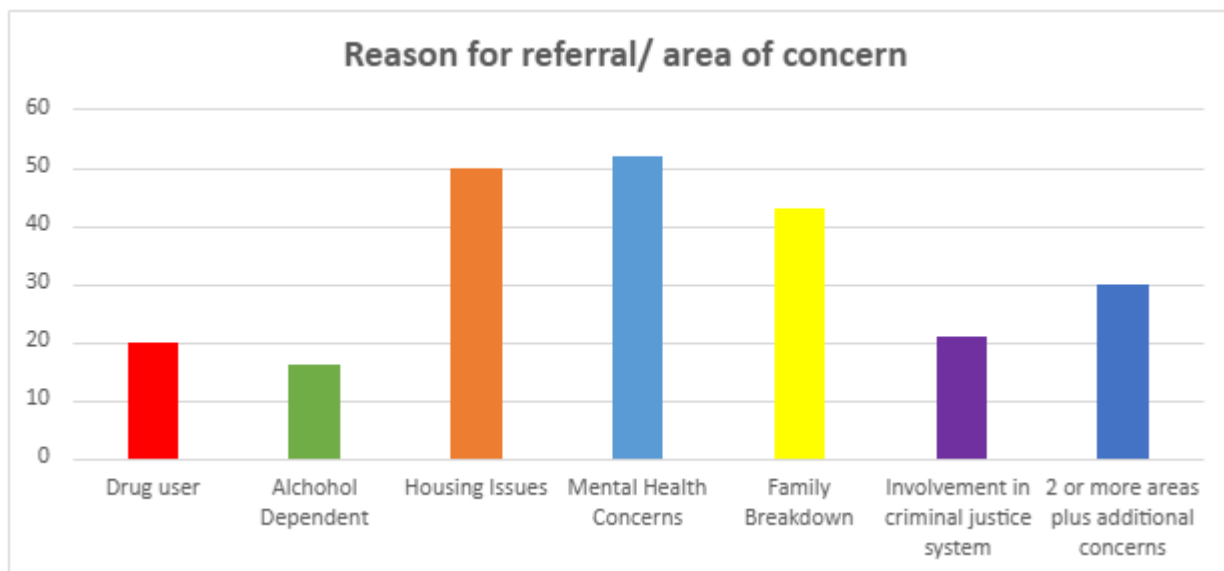
The Creative Solutions Board (CSB) was created in Spring 2021 by Public Health to consider individuals and families experiencing multiple disadvantage who were 'stuck' in the system and therefore experiencing poor outcomes, often with multiple agencies providing resources to little effect. The aim was for the board to consider alternative creative approaches that resulted in changes for individuals and provided a lens for the system to look at ongoing system change. Having been reviewed in 2021 as delivering an improvement in health and wellbeing outcomes, the board was funded through the Prevention Fund until end of March 2025.

How did it work?

The board comprised of senior leaders from across the system with the authority to 'do things differently' and was chaired by an independent leader from outside the system. Referrals were gathered and managed by the project coordinator, who played a key role in supporting practitioners to think creatively and overcome barriers by navigating system processes and promoting innovative approaches, only bringing those who were truly 'stuck' in the system to the board. The referral process was open to all practitioners and had a strong link to the Practitioner Network, which met monthly. CSB meetings were also held monthly for two hours, with agreed actions circulated within 24 hours and progress reviewed at the subsequent meeting. The coordinator's role was vital in maintaining momentum and sustaining the energy needed to drive meaningful change.

Who did we see?

Over the life of the project the CSB considered over 60 individuals & families, and the following gives a flavor of the complexities being presented:



Additional concerns included things such as risk of domestic abuse, being identified as NEET, risk of exploitation (e.g. financial, sexual, criminal) ect.

What have we learnt?

Below are the key learning themes that have come out of this project that need to be taken forward and continue to be embedded across the system to improve outcomes for complex individuals and support organisations working with multiple disadvantage.

Partnership working is everything

The relationships that professionals make across services is absolutely key to encouraging flexible service changes that deliver better outcomes for individuals. Time needs to be given to building those trusting relationships and should be seen as important work. The impact of Covid on in person meetings has been significant, alongside wider system pressures and capacity to look beyond individual organisational needs. The system needs to create opportunities going forward for people to come together and work creatively on problem solving, at both an individual and system level.

We need to talk

Communication between organisations in supporting and managing people who experience multiple disadvantage is vital. The system needs to empower any practitioner to set up a multi-agency meeting to co-ordinate effective service delivery. The use of technology can be helpful in managing real-time risk e.g. multi-agency group chats and ensuring a plan that is consistent in its approach. It is also unclear where the opportunities are strategically for leaders across the system to voice, share and problem solve at a systems level.

Right service, Right time

All of the people the CSB looked at had multiple agencies working with them. What made things work most effectively for the individual was when services worked in a cohesive seamless way and were ready to provide the right service at the time the individual was ready. This was key in supporting people to make key changes at important times. If this didn't happen then momentum slowed down and the opportunity for change was lost.

Do sweat the small stuff

Where individuals are facing multiple disadvantage, the list of things they may want to change in their lives may be long and complex. Starting where the individual is, to support small changes, may lead to a series of small steps that start people on a journey of change. This may be difficult and time consuming, especially when professionals have a different view about what is important but is more successful if we can work with what is important to the individual.

One size doesn't fit all

Often resources and services are organised to enable access to a wide population, governed by thresholds. For people facing multiple disadvantage, often they do not meet these thresholds for an individual issue and so we need to consider people holistically considering all of the risks. This relies on services being open to working and supporting this approach and to flex their thresholds for the benefit of the system. We also need to support commissioners with needs information so they can commission more innovative services to respond to need.

Who's risk is it anyway?

All of the individuals discussed demonstrated levels of risk, and it was sometimes unclear where the responsibility sat from across the agencies. The development of a Collective Safety Plan was an effective way to share and mitigate risk which tied in agencies to play their collective part. Further information on this approach can be found [HERE](#)

Gender matters

Experience from the CSB showed that women facing multiple disadvantage experienced greater difficulty in engaging and accessing appropriate services and also experienced a higher level of being at personal risk. This needs to be considered in the planning and commissioning of services.

How do we better support transition?

The transition for young people moving into adult services has long been a recognised pinch point given this is dictated by age rather than an assessment of the young person's ability and maturity. There is a particular issue where young people come into YP services close to the 18 threshold. Whilst best practice guidance has been developed this needs to be embedded to make that transition smoother and monitored to ensure that it is starting to deliver better outcomes.

First, housing

We know that nationally we are currently experiencing a housing crisis at all levels in the system, so it is no surprise that South Glos experiences difficulties in finding appropriate accommodation for individuals facing multiple-disadvantage, particularly around those in active addiction or those who have previously been evicted. It seems unclear where the strategic levers are with the main housing providers to plan effectively for these individuals and reduce the risk of street homelessness.

Impact of trauma

All the people considered by the CSB had experience of trauma and this impacted on their often-long history of needing services. By better understanding trauma and planning and developing services that are trauma informed, this should lead to better outcomes. The signing of the Trauma Pledge is an important commitment to this work.

Recommendation

That these learning points are incorporated into ongoing development of multiple disadvantage work within Public Health, Safeguarding Boards and the wider People's Department.

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