

# BEING THERE

Supporting people accessing Future Pathways to have their needs met

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## Key terms

#### Adverse childhood experiences (ACEs)

Adverse childhood experiences (ACEs) are highly stressful, and potentially traumatic, events or situations that occur during childhood and/or adolescence. They can be a single event, or prolonged threats to, and breaches of, the young person's safety, security, trust or bodily integrity. (Young Minds, 2011)

#### 'Consent to share' information

'Consent to share' information is explicit and informed consent from people accessing our support about the information about them that we can share with other people and services involved in their support. If this consent is present, this also includes information about how we can share their information. Consent to share information is gathered, recorded and reviewed regularly in compliance with the Data Protection Act 2018.

#### **Delivery Partners**

Delivery Partners are professionals or services from whom we commission support on behalf of someone accessing Future Pathways.

#### **Discretionary Fund**

The Discretionary Fund is a fund that can be accessed by people registered with Future Pathways. It can be used to purchase material or digital products, such as furniture, or non-contracted professional services, such as driving tuition. to support people to progress their outcomes. In some instances, it can also be used to address immediate needs.

#### **Existing services**

Existing services are partner organisations with whom we collaborate, such as third sector and statutory services. We do not commission support from existing services because they provide support which is free at the point of access.

## Key terms

#### People with lived experience

People with lived experience (in the context of this report) are people who have experienced abuse or neglect while in care in Scotland. We sometimes use the word "survivor" in this report to denote a person with lived experience. We understand that not everyone who has experience of abuse and/or neglect would use this term to describe themselves, and so, where possible, we have not used this term in this report. When we work directly with an individual, we will always use the words they find preferable.

#### Personal outcome

A personal outcome (or 'outcome') is what matters most to the person and what they want to focus on. Everyone's outcomes are unique to them. For example, someone's outcome may be to experience more independence in their life

#### Person-centred support

Person-centred support is support that is guided by the person's preferences, needs, values and outcomes. Person-centred support is coordinated, personalised, strength-based, and affords people dignity, compassion and respect. (The Health Foundation)

#### Relational approach

A relational approach is supporting people in a way that focuses on the interactions we have with people, rather than seeing support in a transactional way. A relational approach involves acknowledging that relationships are complex; that they fluctuate; and they are influenced by many factors.

#### Scottish Index of Multiple Deprivation

The Scottish Index of Multiple Deprivation (SIMD) is a tool which identifies geographical areas which experience high levels of multiple deprivation in Scotland, including areas where incomes may be lower, and where people may have less access to resources and opportunities, for example health or education services. This may not be accurate for all households in the areas identified, as people have different circumstances and experiences of where they live. However, this tool is a relative measure to identify areas where people are more likely to experience limited access to services.

#### Unmet basic needs

Unmet basic needs are needs related to physiological wellbeing (such as adequate food and shelter) and safety (such as healthcare) which are not being addressed.

# **Executive summary**

Many people supported by Future Pathways have more than one basic need which is not being met. This can affect their life experiences and personal outcomes in a negative way. At the same time, it can be difficult for people accessing Future Pathways to get support from the services that are meant to help them. This can make people feel like they don't have control or choices about their life and their support. It can also make people feel that they are not important or worth getting support. For some people, this can be similar in some ways to how it felt to be a child in a care setting. Because of these issues, people can find it hard to get the right support to meet their needs. So, at Future Pathways we help people access services which can help with their needs.

We wanted to find out more about how many people accessing Future Pathways had more than one basic need that was not being met. And we wanted to understand what makes it difficult for people to get the right support. We also looked at what Future Pathways can do to help people get support from us and at other services.

Here is a summary of what we learned.

At least one in ten people we support have at least one basic need that is not being met. Many people we support are disabled or have a health condition which affects them in their daily life. And many people we support live in areas where it can be harder to get support. Many people we support also have areas of their life where there is a high level of risk.

It can be hard for people with unmet needs to get support at Future Pathways. For example, people with unmet needs might access Future Pathways over a long period of time, but we do not always have regular contact with them. And we can find it difficult to focus our work together on people's outcomes. We can also find it hard to get people's consent to share their information with other services and to keep this consent up to date. This means we cannot always put the right support in place. Finally, our waitlist for support means that people with unmet needs cannot access the support they need for a long time.(1)

# Executive summary (continued)

We know that people with unmet needs can face barriers to support from other services. It can be hard for people to communicate and work well with services, especially when services are not as flexible as people need. Sometimes people become confused about what different services do. This can lead to people ending support. Some people feel they cannot trust other services. This can result in having difficult experiences with services which can cause people to end support.

Building relationships with people we support and with other services can help people get the support they need. When people build trust with Future Pathways, it can help them feel more hopeful and work with other services in a positive way. This can help them get the support to meet their needs.

This report shows that relationships between Future Pathways, other services and people we support are very important. We should develop and learn more about our relationships with other services. And we should think about how we can make our support more accessible to people with unmet needs.

# **About Future Pathways**

Future Pathways supports people who experienced abuse or neglect when they were a child in the Scottish care system. It is delivered by the In Care Survivors Alliance, which consists of four partners: Glasgow Psychological Trauma Service, Health in Mind, Penumbra Mental Health and Scottish Government. Future Pathways is fully funded by the Scottish Government.

Our support is about helping people progress their outcomes. Each person accessing Future Pathways works with a Support Coordinator, who helps them think about their outcomes, and plan their support. Then Support Coordinators help people access different kinds of support. This includes support to access:

- Services from a Delivery Partner
- The Discretionary Fund to buy items and/or some short-term services
- Existing services

Everyone's outcomes are different, so support is tailored to each person. But we know that people's outcomes can be affected by what is happening in their life at that time. When people have unmet basic needs (for example, if a person is experiencing homelessness) this can affect our work together. This is because the support must focus on helping the person have their basic needs met, rather than on the longer-term changes the person might want to make.

### Support

You can read more about the different types of support people access at Future Pathways on our website here.

### Experiences

Read first-hand accounts from people we support in Experiences here.

# Project background and aims

Many people accessing our support have unmet basic needs. Every three months, we look at support plans, review conversations and people's feedback. These show that people can find it hard to get the right support to meet their needs at Future Pathways and other services.

There are many reasons for this. People might not know about the support they can get. People might need support to work well with existing services. People can find it hard to trust services because of their past experiences. And some services have models of support and criteria for support which people might not fit.

These challenges can prevent people from building good relationships with the services that could help them meet their needs. This can lead to people not seeking support, or to people leaving services without other support in place. People sometimes call this "falling between the cracks".

If support is not accessed, people's unmet needs can become more serious over time. For example, people registered with us must wait for a long time for support to start.(2) They may also be waiting for other services. People give us feedback that waiting for support can make them feel distressed, frustrated, powerless and not important.

And this can feel similar in some ways to past experiences of abuse or neglect in care settings. Waiting for support, and the other barriers people face, can cause people's needs to worsen over time.

From our previous evaluations, we know that many people we support face challenging life experiences. This report presents what we have learned since then about how we and other services can work together to help people with unmet needs get the support that's right for them.

Through this project, we aimed to learn more about:

- How many people we support have unmet basic needs
- What makes it difficult for people with unmet needs to get the right support
- What Future Pathways can do to help people get support from us and at other services

#### Sources and methods

We gather information about the needs, outcomes and life experiences of people we support. We use this information to learn and improve. We use a <u>Support Agreement</u> and a <u>Privacy Policy</u> to make sure people are comfortable with us using their information in this way.

In this evaluation, we looked at a wide range of different sources including:

# The results of a questionnaire about people's life experiences and demographics.

We looked at 46 responses to a questionnaire called 'About You', which we received between April 2023 and January 2024. The questionnaire has 12 optional, anonymous questions.

#### Information about where people registered with us live.

We used the SIMD tool to look at the postcodes of 403 people living in Scotland who registered with us between January and December 2023.

# Information about people who have accessed Future Pathways support over a long period.

In 2023, Support Coordinators identified 94 people who had accessed our support for long period in a caseload review document. We looked at their notes about the reasons each person had accessed long term support.

# The results of a survey about gaps in Delivery Partner services available.

We looked at 128 responses from support coordination team members who completed the survey in 2023.

#### Existing research

We looked some studies about childhood abuse and neglect to give context to what we were learning. The research we looked at is listed in the bibliography.

### Sources and methods

#### Information about the risks people have in their lives

We looked at 15 risk and safety plans where the person had areas of 'high risk' in their life.

#### Feedback from a staff focus group

We analysed the key themes from a focus group attended by 3 Practice Learning Managers and 5 Support Coordinators. The discussion prompts we used can be seen in the appendix.

#### Feedback received from people registered with us

We identified the key themes of the feedback we received from January 2023 to January 2024,

#### Enquiries about our waitlist

We looked at the patterns in 20 enquiries about our waitlist received in November 2023.

We looked at a wide range of information from across the service and we used different methods to analyse our date. This gives us confidence in what we learned. However, our findings might not represent everyone's experience at Future Pathways because in some cases we looked at samples of data. We made sure the samples reflected as many views as possible. But most of the feedback we receive is from people who are already accessing support from Future Pathways. So, feedback might not reflect the views of people waiting for our support and from our partners in existing services.

# The prevalence of people with multiple unmet needs: overview

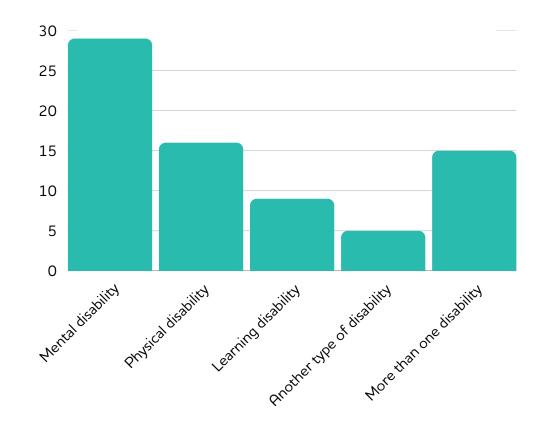
We learned that at least one out of every ten people we support have unmet basic needs. But it is likely that far more people registered with us have unmet needs. This is because it is likely that people on our waitlist have unmet basic needs although we do not know how many people this might apply to. In addition, people might not want to tell us about their unmet needs. We also had some issues with the quality and consistency of the information we looked at which might mean that more people have areas of high risk in their lives than we thought.

### Health conditions and disabilities

There are many links between childhood abuse and being disabled or having a health condition as an adult.(3) Existing research shows that adverse childhood experiences can contribute to poor physical and mental health as an adult and can be life limiting. We also see that many people accessing Future Pathways are disabled or have a health condition. The vast majority of people who responded to our About You form were disabled or had a health condition.

As this graph shows, people we support have different types of health conditions. But in most cases, respondents to our About You form had a disability or health condition related to their mental health. And over a third of people who responded to the form had more than one type of health condition.

We also learned that many people we support face barriers related to being disabled or having a health condition. For 71% of respondents who had a disability or health condition, this affected their everyday life 'often' or 'a lot of the time'. And 81% of respondents faced blocks when accessing other services. For example, it might be hard to use public transport to travel to support.



<sup>3</sup> For example, some people may have health conditions because of the abuse or neglect they experienced as a child. Others may have been particularly vulnerable to abuse in care settings due to a preexisting disability or health condition.

# Challenging life experiences

Many people we support face challenging life experiences such as homelessness, addiction issues and criminal convictions. In some instances, these can be related to unmet basic needs. Most people who responded to the About You form had experienced homelessness, addiction challenges, and/or criminal conviction. Just over half of respondents had experienced challenges with addiction.(4) 78% of respondents had been homeless at some point in their lives.(5) And over a third had been convicted of a crime. Some people were facing these challenges at the time of completing the form.

We found that there appears to be a relationship between the different challenges people faced. For example, almost all respondents who had been convicted of a crime also had experience of addiction challenges and homelessness. They were also more likely to have a disability or health condition which affected them 'often'. Existing research also shows that there are links between adverse childhood experiences (ACEs) and homelessness, addiction and criminal conviction as an adult for many reasons. While ACEs are not determining factors, they can increase the likelihood of some life experiences.

<sup>4</sup> We define 'addiction' as doing, taking, or using something to the point that it may be harmful. Addiction does not only mean using drugs, alcohol, smoking, and gambling. It is possible to be addicted to many different things.

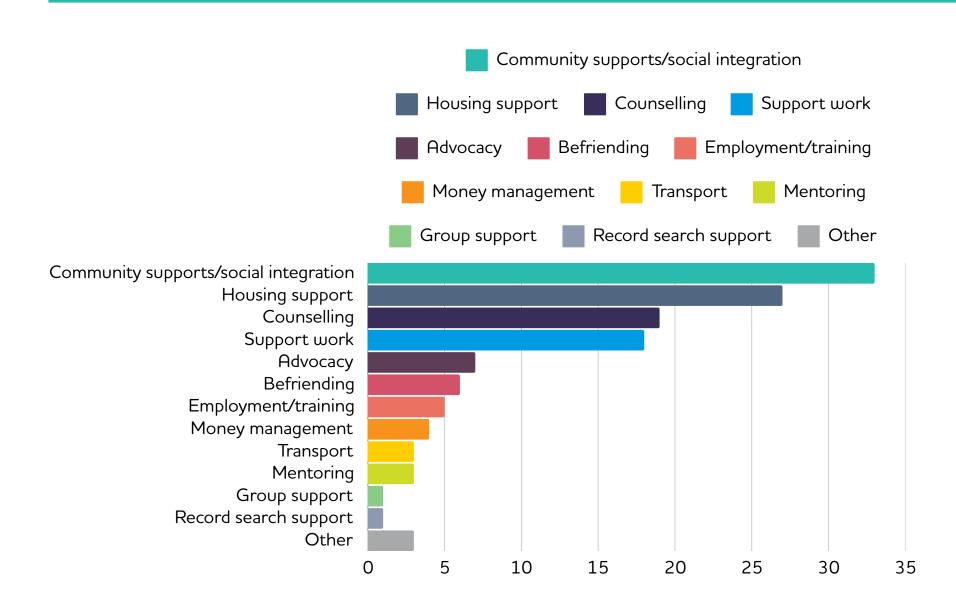
<sup>5</sup> We define 'homelessness' as having no secure place where you are entitled to live, or no place where you are reasonably able to stay.

# Where people live

Many people accessing Future Pathways live in areas of multiple deprivation. In these areas, employment and education attainment rates may be lower, and there may be fewer services. Almost half of the postcodes we looked at were in areas that were among the 20% most deprived areas of Scotland. 28% were in areas that were among the 10% most deprived areas. And 15% were in areas that were among the 5% most deprived areas. In a survey about gaps in the support provided by our Delivery Partners, 73% of respondents felt that more support was needed in Central Scotland, particularly in Glasgow and the surrounding areas, where there are high levels of multiple deprivation. People we support may therefore find it harder to access support to address their needs within their local communities.

We also found that support coordination teams can find it hard to access some types of services, including community support or support to combat social isolation, housing support, in person counselling, and support work, in the areas where people live. Similarly, in the focus group, staff fed back that it can be hard to access adequate local supports for mental health, housing and social care needs.

# Types of support needed



# Safety and wellbeing

This section of the report refers to suicidality and self-harm which may be triggering to some readers. These topics are not referred to in any other sections of this report.

At the start of support, we make a risk and safety plan with each person. During these conversations, we reflect on 11 areas of risk that could affect support (6) and we discuss what we and the person can do to keep themselves safe and well.

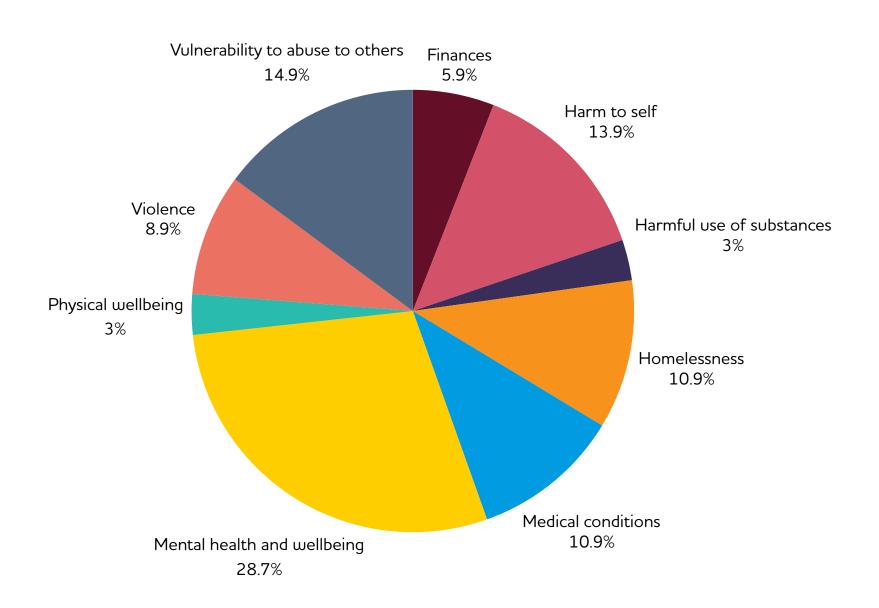
We looked at a sample of risk and safety plans to learn more about the risks people identify at the start of support. From this we estimated that at least 8.5% of people we support experience a high level of risk in at least one area of their lives. But the number is likely to be much higher because we know that people who are registered with us but have not yet started support can also have unmet needs. When we looked at enquiries from people on our waitlist, almost half referred to the person's needs changing or becoming more serious. For example, people referred to setbacks in their addiction issues, mental health issues, and difficulties accessing health and social care. We found that people we support often experience high levels of risk across multiple areas of their life.

Over two thirds of risk and safety plans where a high level of risk were identified had more than one area of high risk. On average people experienced high risk in two to three areas of their lives.

Most commonly, people who identified high levels of risk had risks in relation to mental health and wellbeing, harm to self, and vulnerability to abuse from others. Existing research also shows that people with lived experience of childhood abuse are more likely to experience mental health conditions including suicidality and to experience abuse as an adult.

<sup>6</sup> These include physical wellbeing, medical conditions, mobility, mental health and wellbeing, risks of harm to self, vulnerability to abuse by others, harmful use of substances, risk of homelessness, financial risks, risk of violence, criminal convictions or legal proceedings.

# Safety and wellbeing



# Barriers to accessing support

We identified six barriers that can make it hard for people to get support at Future Pathways and other services.

### Communication

## Outcome focused support

Communication challenges – including between services, and between services and people seeking support – can hinder support being put in place. In our staff focus group, we heard examples of Support Coordinators contacting multiple people in different services or different parts of the same service to put support in place for a person accessing Future Pathways. We also heard examples where services had not followed up when support needs were identified. Staff fed back that poor communication between and within services can put pressure on the person seeking support to stay 'on the service's radar'. This requires a time commitment from the person seeking support, who might also be managing difficult life circumstances

Staff fed back that this can make people feel they cannot get the support they need from the relevant service. Sometimes this is because of practical challenges, such as not having enough phone credit to contact a service. Most often, this is because trying to get support from services can be distressing. For example, it can be hard for people to repeat their life experiences to different people.

We learned that Support Coordinators can find it difficult to facilitate outcome focused support when people are experiencing multiple unmet basic needs. When people have immediate needs, it is not always suitable or possible to focus support on the person's long-term outcomes.

Support Coordinators reported that they sometimes found it difficult to provide outcome focused support because aspects of this work, (for example, identifying outcomes, planning support and reviewing support) could be challenging for people with unmet needs, such as changes to housing situation, relationship challenges, and mental or physical health problems. It can be difficult to stay in regular contact if the person has many unmet needs and this can make it hard to provide consistent outcome focused support.

# Trust and flexibility of support

# Navigating boundaries between services

For some people it can be hard to trust services, especially statutory services, because of their past experiences of abuse or of being let down by them. In the caseload review document we looked at, over a third of records mentioned that people were finding it hard to work with services. In most cases, these notes were about statutory services. Often Support Coordinators noted that people felt they could not trust statutory services.

Sometimes, mistrust in services can be worsened by the ways services interact with people seeking support. In the focus group, staff reflected that some services or individual professionals did not take into account the signs, symptoms and impacts of trauma when they communicated with people we support. We heard examples of some services labelling people for their behaviours and not considering how trauma might affect this. Staff also felt that when services worked with people in a rigid way, this created a block to support. We heard examples of services deciding not to offer support because the person was not eligible without considering how the person's trauma may affect eligibility, and services ending support due to missed contact attempts. These interactions can have a big impact on people. Staff reported that people can feel victimised by the services which are meant to help them address their needs. This can worsen feelings of not being able to trust services and deter people with unmet needs from getting support.

It can also be difficult to understand the boundaries between different services. In the focus group, staff reflected that having more than one different service involved in support could cause confusion about where people should access the right support for their needs. At times, this caused people to feel overwhelmed and to withdraw from support. Staff shared that a big part of the Support Coordinator role was clarifying the roles of different services and what they do.

Confusion about the roles of different services can lead to the boundaries between services becoming blurred. Staff reflected that some people would have wanted to have all their support needs met by Future Pathways rather than accessing the services that are best placed to meet their needs. This may be because the person feels confused about the different services or because they feel able to trust and work effectively with Future Pathways. This requires Support Coordinators to balance people's need for support with the risk that support is only accessed through Future Pathways. This limits the support which existing statutory are best placed to provide.

### Consent to share information

# Waiting for support

Future Pathways does not share information about people registered with us without their consent unless the person is in immediate danger. When we have people's consent to share information, we can access all the information we need to advocate for them to get the support they need at other services. But it can be hard for us to obtain, manage and update the consent to share information. This may be because some people feel, understandably, uncomfortable with their data being shared between services. It may also be because people prefer to keep their relationships with different services separate. We also find that people's consent can change over time as their relationships with other services and people in their lives change.

Not having consent to share information can delay or prevent people from getting the right support. It can take longer to advocate for the person with other services if we cannot access all the information we need. And if we do not have information about people's existing support, this can make it hard to effectively plan for our support. It also means people must share their information separately with different services which can cause delays, and it can be distressing for the person. Importantly, when we do not have consent to share, we cannot always seek help from other services, professionals and other members of the person's support network when it is most needed by the person.

Many people must wait a long time for support to begin at many services, including our own. This can prevent people from getting the right support at the right time. In our focus group and in people's review conversations, we see that it can take some time to put the right support in place for people with multiple unmet needs even when support coordination has started.

This can cause distress, frustration, disappointment and feelings of urgency, especially when people's circumstances change, or their needs intensify while waiting for support. It can cause people to feel forgotten, ignored, unheard and that the service does not care about them. We hear that this can feel similar in some ways to how people felt as a child in a care setting. We want to learn more about what it is like for people on our waitlist in the future.

# Supporting people to have their needs met

Taking a relational approach to support helps build trust with people with multiple unmet needs. Being flexible about the support we offer and our processes means that people can continue their relationship with us through difficult times in their lives. Building good relationships with existing services is also an important way we can help people have their needs met. Our evaluations have shown that accessing our support over time can help people access services and resources that can help them have their needs met. And, importantly, our approach can have ripple effects. By building trust in us, some people feel able to develop trust in other services over time and this can help them access the support they need.

# A relational approach to support

# Consistent access to Future Pathways

Building trust with people accessing support is a crucial part of our service. In feedback, people we support tell us that trust is crucial and, in the focus group, staff shared how important it is to hear and believe people, show empathy and take the time to build trust.

Adapting to the needs and outcomes of each person is also an important part of our approach. In previous evaluations we have found that being flexible with the types of support we put in place and with our processes helps people to continue their relationship with us. We have learned that how we go about support is just as important as the support itself.

It is rare for Support Coordinators to have relationships with individuals in existing services, particularly in statutory services. But when we do, these relationships can help us advocate more effectively for the right support to be put in place for people with unmet needs. These relationships also mean we can encourage and support other services to learn about the impacts and symptoms of trauma. We want to learn more about our relationships with existing services.



"It's about being there through the challenges." (Focus group participant)

We aim to offer people a consistent relationship with our service for as long as they feel support is needed. Our previous evaluations show that most people access our support over the longer term. But we find that keeping in regular contact can be hard, especially when people have unmet needs.

In our focus group, staff fed back that "being there" through the challenges in people's lives helped people with unmet needs to continue accessing our support. Staff fed back their sense that our relationships with people helped people feel more stable and hopeful about the future. Our previous evaluations show that many people we support feel safe, valued, understood and able to trust Future Pathways. In the context of their previous experiences with services, feeling this way is a positive and powerful outcome. And this can have big impacts for people with multiple unmet needs who might have other areas of their lives which feel unpredictable.

Accessing our support over time can also help people to have their needs met, because we support people to access other services and resources. We found that for people with areas in their life where there was high risk, having contact with existing services helped people feel able to manage their safety and wellbeing. And our impact evaluations show that by supporting people to access different resources and services, we support them to take steps towards what matters most to them.

# Facilitating access to other services

Accessing Future Pathways over time can also help people build relationships with other services which can help them address their unmet needs. In our focus group, we heard examples of the ripple effects that building a positive relationship with Future Pathways could have for people with unmet needs. Staff reflected that building a positive relationship with our service could show people that services could be trustworthy. And working with people we support to identify how they can interact more effectively with services could help them access the support they need. This can impact the actual support people access from other services and how they feel about other services. This can then enable them to have their needs met and explore their goals beyond the remit of Future Pathways.

#### Reflections

You can read some examples of how Support Coordinators work with in partnership with existing services on our website here.

Conclusion and next steps

### Conclusion

At least one in ten people supported by Future Pathways have unmet basic needs and, at times, these unmet needs include serious wellbeing challenges. They can be related to different areas of people's lives, such as their health, where they live and the risks in their lives. We have learned that often people we support have unmet needs in more than one area of their life and that they can be linked to others.

We also learned that many factors prevent people from getting the support they need at Future Pathways and other services. We can see that communicating clearly, explaining the roles of different services and how they are linked, and having trusting relationships with people are important. When these are not present, people can find it hard to get the right support. This can cause people to become more distrusting of services and to end support or not get support at all.

On the other hand, when trust, flexibility and clear communication are present, people can have their needs met. This can have positive, long-term impacts for people with unmet needs. It can help them continue to access Future Pathways' support, which can be an important outcome itself. It can also help people get tailored support, including support to access other services, so they can have their needs met

This report shows that, in some instances, partnership working between services is not effective, and many people continue to have unmet basic needs. More evaluation, reflection and action are therefore needed. And services, including Future Pathways, must consider how we can provide more trauma informed and sustainable support that effectively addresses the needs of the people we support.

## Our next steps

#### What we are doing

We are reviewing our approach to outcomes conversations at Future Pathways. We have put together a working group of team members from across the service to focus on this. This report shows that our refreshed approach should help people to discuss their unmet needs as well as their outcomes. And that it should be adaptable so that people who are in less regular contact with us can still access outcome focused support.

#### What we will do

We will learn more about our relationships with existing services and the impact they make. In January 2025, we will ask our partners in existing services to respond to a questionnaire about our work together. We will share what we learn from their feedback in our next impact report.

We will continue to prioritise having regular conversations about consent to share with people we support. Not having this information can mean we are not able to put the right support in place at the right time. We should explain why this consent is important and how it can benefit people we support.

# **Bibliography**

Cook, A., Morton, S., Henderson, F., 2023, Interrogating assumptions about the relationship between service providers and recipients:

Learning from a new service for survivors of In Care Abuse, Evaluation and Program Planning, 97, Available at Interrogating assumptions about the relationship between service providers and recipients:

Learning from a new service for survivors of In Care Abuse –

ScienceDirect (accessed 08/01/2025)

Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, Marks JS. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. Am J Prev Med. 1998;14(4):245–58. Available at <a href="https://doi.org/10.1016/s0749-3797(98)00017-8">https://doi.org/10.1016/s0749-3797(98)00017-8</a>. (accessed 09/01/2025)

McLeod, S., 2024, Maslow's Hierarchy of Needs, Simply Psychology, Available at: Maslow's Hierarchy of Needs (accessed 04/04/2024)

Meadows, P. 2011, The Costs and Consequences of Childhood Maltreatment: Literature Review for the NSPCC, National Society for the Prevention of Cruelty to Children, Available at: <u>Economic cost of child maltreatment in the UK | NSPCC Learning</u> (accessed 04/04/2024)

NAPAC (The National Association for People Abused In Childhood), The data behind child abuse, Available at: <u>Key facts and figures – NAPAC</u> (accessed 04/04/2024)

Office for National Statistics, 2016, Abuse during childhood: findings from the Childhood Abuse report for England and Wales, year ending March 2016, Available at: <u>Abuse during childhood - Office for National Statistics</u> (accessed: 04/04/2024)

Public Health Wales, 2015, Adverse Childhood Experiences and their impact on health harming behaviours in the Welsh adult population, Available at: <a href="mailto:phw.nhs.wales/files/aces/aces-and-their-impact-on-health-harming-behaviours-in-the-welsh-adult-population-pdf/">health-harming-behaviours-in-the-welsh-adult-population-pdf/</a> (accessed: 04/04/2024)

The Health Foundation, 2016, Person-centred care made simple: what everyone should know about person-centred care, Available at: <a href="https://example.pdf">PersonCentredCareMadeSimple.pdf</a> (accessed 08/01/2025)

Gillies et al, 2012, Prison Health in NHS Greater Glasgow and Clyde: a health needs assessment, Available at: <u>Prison health in NHS Greater Glasgow & Clyde: A health needs assessment 2012</u> (accessed 08/01/2025)

# Bibliography

Scottish Government, 2019, Scotland's Wellbeing: national outcomes for disabled people, Available at: Scotland's Wellbeing: national outcomes for disabled people - gov.scot (accessed 04/04/2024)

Scottish Government, 2020, The Scottish Health Survey 2019 – volume 1: main report, Available at: Scottish Health Survey 2019 – volume 1: main report – gov.scot – (accessed 04 April 2024)

Scottish index of multiple deprivation 2020 Scottish Government. Available at: This report shows that, in some instances, partnership working between services is not effective, and many people continue to have unmet basic needs. More evaluation, reflection and action are therefore needed. And services, including Future Pathways, must consider how we can provide more trauma informed and sustainable support that effectively addresses the needs of the people we support. (accessed: 31/10/2024)

Young Minds, 2011, Understanding trauma and adversity, available at: <u>Understanding trauma and adversity | Resources | YoungMinds</u> (accessed 08/01/2025)

# Further reading

#### Stepping Stones: Future Pathways impact report 2016-2022

In this impact report, we shared what we have learned about our approach and impact since we launched in 2016 right up to 2022.

www.future-pathways.co.uk/stepping-stones

#### Pathways to Change: Future Pathways impact report 2023/24

In our most recent impact report, we shared our progress towards our service outcomes by drawing together data from across the service over the last financial year.

www.future-pathways.co.uk/pathways-to-change

#### Future Pathways Impact and Learning

It is important to us to show what we learn and the impact we make. We do this through our quarterly reports, our impact reports, and our further research (such as our Identity, Equality and Access report). You can find out more here:

www.future-pathways.co.uk/learning-and-impact/further-learning

#### Social Model of Disability

In this report, we describe disability using the social model of disability. You can find out more about this here:

www.sense.org.uk/about-us/the-social-model-of-disability

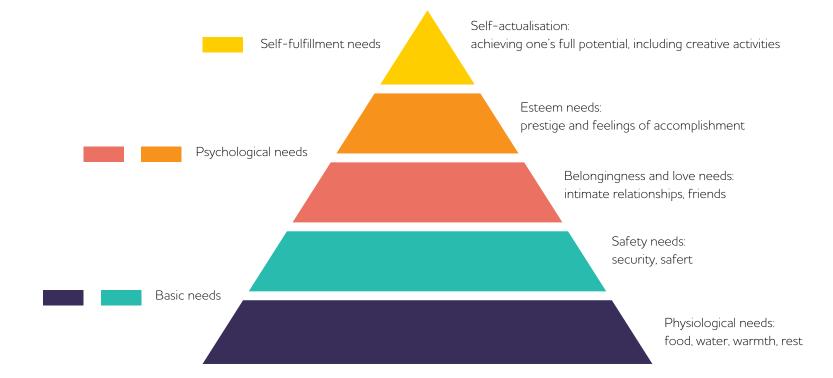


# Appendix 1: Maslow's Hierarchy of Needs

At Future Pathways, we reflect on Maslow's Hierarchy of Needs and how it relates to people's unmet needs. Maslow's hierarchy of needs is a widely accepted theory that physiological needs (such as shelter), and safety and security needs (such as health), must be met before other kinds of needs (such as a sense of belonging) can be addressed.

Figure 1: Maslow's hierarchy of needs

When basic needs are not met, this can affect a person's behaviours and outcomes. For example, if a person is not able to access food and safe shelter, their behaviours and outcomes are more likely to focus on meeting their immediate needs, rather than considering the longer-term changes they want to make in their life. If support must focus on responding to basic needs, then it is not always possible or appropriate to focus on growth-related outcomes.



# Appendix 2: Focus group prompts

During the focus group, participants reflected in small and large groups, on the following prompts:

- The kinds of supports which we observe can be most challenging for people with multiple support needs to engage with.
- What can hinder people with multiple physiological and safety needs from accessing support, or from being able to put support in place.
- The impacts of difficulties putting supports into place.
- How we navigate barriers to accessing support
- What works well about our approach when supporting people with multiple physiological and safety needs.

