

EVALUATION OF THE AMENDED NEW DIRECTIONS TOOL ASSESSMENT: WHO DOES IT BENEFIT?

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CHANGING FUTURES NOTTINGHAM









EXECUTIVE SUMMARY

The NDTA was developed by a multi disciplinary working group in 2007 using case studies (largely of white males) from the London Borough of Merton. It was intended to be used as a tool to target people who are not engaging with frontline services, resulting in multiple exclusion, chaotic lifestyles and negative social outcomes.

A multi disciplinary working group in Nottingham added two questions and one sub question to the original NDTA, in an attempt to make it more inclusive of diverse experiences of Severe and Multiple Disadvantage, particularly in terms of ethnicity and gender. This amended NDTA was used by Changing Futures Nottingham to determine eligibility and track progress.

An evaluation of the first year of using the amended NDTA revealed that adding a subquestion to the Risk From Others Question about Domestic Abuse benefited women (in terms of their eligibility), regardless of their ethnicity.

Points scored in the added Social, Family and Other Networks question and the added Economic Wellbeing question contributed to 26% of beneficiaries' total NDT scores reaching the eligibility threshold. The demographic breakdown of all beneficiaries accepted to service revealed that 33% of White British male beneficiaries only reached the eligibility threshold due to points scored on the added questions. The same is true of only 13% of male Black / Black British beneficiaries, and 0% Asian or Multi-Racial beneficiaries.

A closer, intersectional look at the average scores for these two questions revealed that Asian / Asian British beneficiaries of all genders score lower than all other groups on Economic Wellbeing. Asian / Asian British males also score lower than all other groups for the Social Networks Question. This is important because Asian / Asian British people are currently under represented in Changing Futures Nottingham.

The NDTA was amended in an attempt to increase the diversity of beneficiaries, in terms of ethnicity and gender. The domestic abuse sub questions has had an impact on women being accepted to service. However, adding the economic wellbeing and social networks questions have benefitted White Male beneficiaries over any other group, and these questions do not seem to relate to Asian / Asian British people's experience of Severe and Multiple Disadvantage in particular.

Recommendations are to re-visit the NDTA in March 2024 and to utilize insights from the Race Equity workstream and related SMD race research, and frontline staff.



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INTRODUCTION

The New Directions Team Assessment (formally known as the "Chaos Index") was developed in the London Borough of Merton in 2007 by a multi-agency steering group. The steering group consisted of representatives from Primary Care, Social Services, Mental Health Services, Housing, Youth Inclusion services, the Police, Drug and Alcohol services, Jobcentre Plus, the Learning & Skills Council and the volunteer bureau. They used local case study evidence with a specific focus on behaviour to create the assessment in the first instance.

It was piloted across several services, including the police, mental health services, substance misuse services and youth inclusion services. These services were asked to complete the assessment based on their existing knowledge of clients, and whether they thought they would fit the criteria for support from the New Directions Team or not. The goal was to establish a threshold from the assessment for eligibility to the New Directions Team (a frontline service consisting of three staff: a manager and two case managers, delivered by South West London and St George's Mental Health NHS Trust) that would target people who are not engaging with frontline services, resulting in multiple exclusion, chaotic lifestyles and negative social outcomes for themselves, families and communities.

In its published format, the New Directions Team Assessment (NDTA) scored individuals in 10 areas using 5-point scales: engagement with frontline services (0-4), intentional self harm (0-4), unintentional self harm (0-4), risk to others (0-8), risk from others (0-8), stress and anxiety (0-4), social effectiveness (0-4), alcohol / drug abuse (0-4), impulse control (0-4) and housing (0-4). These were summed to create the total score, of which the maximum was 48, with a lower score indicating lower needs. The threshold set for eligibility for the New Directions Team was 22 out of 48.

The NDTA has since been widely used to track progress and set eligibility for a range of different projects including the national Fulfilling Lives programme and several Housing First schemes across the UK, and in the evaluation of the MEAM (Making Every Adult Matter) Approach.

USING THE NDTA TO ACCEPT PEOPLE TO SERVICE: FINDINGS FROM OPPORTUNITY NOTTINGHAM

Opportunity Nottingham (Nottingham City's Fulfilling Lives programme) used the NDTA as a tool to assess suitability for the service and to track progress of its beneficiaries over a period of 8 years (2014 to 2022). The NDT assessment total score threshold set by Opportunity Nottingham to be eligible to access the programme was 30 out of 48. Using this



threshold, Opportunity Nottingham supported a total of 468 people experiencing Severe and Multiple Disadvantage in Nottingham City over its 8 years.

The demographic profile of those supported by Opportunity Nottingham was 80.5% White British and 73% Male. This is not representative of the demographic profile of the city of Nottingham, which according to Census data was 65.4% White British and 50.5% male in 2011 and 57.3% White British and 49.2% male in 2021. There are many possible reasons for the discrepancy between the demographic profile of Opportunity Nottingham beneficiaries and the general population of Nottingham City. One possibility is that the NDTA does not effectively capture the behaviour or experiences of local people from minoritized ethic backgrounds or women experiencing Severe and Multiple Disadvantage (SMD). Indeed, the Fulfilling Lives programme considered "multiple disadvantage" as experiencing two of more of the following: poor mental health, substance misuse, homelessness and contact with the criminal justice system. In order to be more inclusive of women experiencing SMD, the National Changing Futures programmed added Domestic Abuse and Violence to this list of disadvantages.

MAKING CHANGES: AMENDING THE NDTA FOR USE IN CHANGING FUTURES NOTTINGHAM

Changing Futures Nottingham continued and built upon the work of Opportunity Nottingham, beginning in April 2022 as Opportunity Nottingham came to a close (officially ending in July 2022). In an attempt to make the NDTA more inclusive to women and people from ethnic minorities a multi-agency working group made amendments to its original format. These amendments including adding Domestic Violence as a sub-question to the "risk from others" question, with points worth 4, 6 or 8 points determined by the DASH-RIC Assessment attached. Two further questions were added: Social, Family and other Networks (0-4 points) and Economic Wellbeing (0-4 points). These amendments gave the people being assessed the opportunity to score a maximum of 56 points. The full amended NDTA can be found in Appendix A, with the added questions highlighted.

The threshold for acceptance on to the Changing Futures Nottingham programme from the amended NDTA was set at 25 out of 58, although a more flexible approach was taken and cases who didn't quite meet this threshold were discussed regarding their eligibility for the service on a case by case basis. Using this approach Changing Futures Nottingham accepted a total of 85 beneficiaries between April 2022 and March 2023.



WHO DO THE AMENDMENTS MADE TO THE NDTA BENEFIT?

The aim of amending the NDTA was to have an assessment that was more inclusive of women and people from minoritized ethnic backgrounds, by providing more opportunities to score points in the added areas without increasing the threshold to access the service. The following section of this report reviews if the amendments made to the NDT have been beneficial to women and ethnic minorities to score above the threshold in the first year of Changing Futures Nottingham.

Method

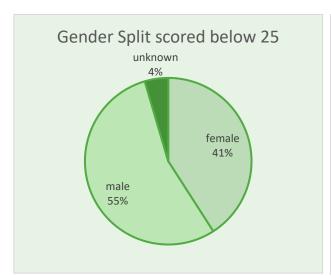
All appropriate referrals made to Changing Futures Nottingham are assessed using the Amended NDTA by two members of frontline staff (Navigators), who score the individual referred together. The total score for the amended NDT was calculated for every Changing Futures Nottingham referral who was accepted on to the service following this assessment. The original NDTA total score was then calculated for each individual by removing any points scored from the added questions. The demographic make up of beneficiaries who scored above 24 vs those who scored below 25 on the original NDTA was calculated.

Then, the average score for each question was calculated for males and females separately. The gender groups were then split by ethnicity and the average score for each question was calculated by gender and ethnicity. For the full results of every question in the NDTA, please see Appendix B.

Results

Based on the original NDT and a total score threshold of 25, only 63 (74%) of the 85 Changing Futures beneficiaries would have been accepted on to the programme. 22 (26%) out of 85 would have scored below 25, and hence only reached the required threshold due to points score on the added questions.





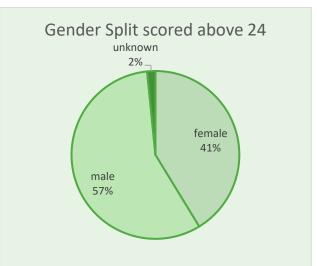
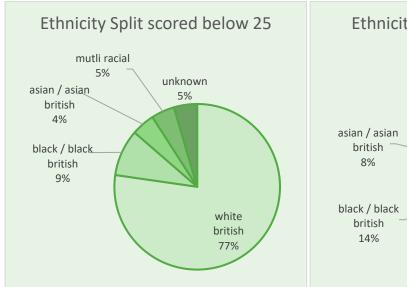


Figure 1: Left: the gender breakdown of people who scored a total of less than 25 points on the original NDTA (sample size of 22). Right: the gender breakdown of people who scored a total of more than 24 points on the original NDTA (sample size of 63).



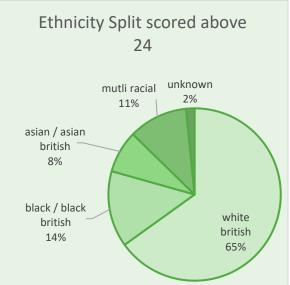


Figure 2: Left: the ethnic breakdown of people who scored a total of less than 25 points on the original NDTA (sample size of 22). Right: the ethnic breakdown of people who scored a total of more than 24 points on the original NDTA (sample size of 63).

Figure 1 shows that the gender split of those who made it on to Changing Futures Nottingham due to the amendments made to the NDTA was similar to those who would have made it on to service using the original NDT assessment. This suggests that the additional points from the added questions and sub questions benefit men to the same extent as women.



Figure 2 breaks down the ethnicity of those who were accepted to Changing Futures Nottingham due to the amendments made to the NDTA, and shows that 75% of those who benefitted were White British. Indeed, the ethnicity break down for those who would have made it on to service using the original NDT is closer to representing the ethnic demographic profile of Nottingham City than those who would have been excluded. This suggests that the amendments made to the NDT are not targeting people from minorized ethnic backgrounds as was anticipated.

To look at this in more detail, the portion of accepted beneficiaries who scored less than 25 points on the original NDTA was calculated for each gender and ethnicity (Table 1).

Table 1: Percentage of each demographic group indicated who scored above threshold for entry to service due to additional questions.

	Female	Male	All Genders
White British	25%	33%	29%
Black / Black British	33%	13%	18%
Asian / Asian British	25%	0%	17%
Multi Racial	100%	0%	11%
All Ethnicities	26%	25%	

Table 1 shows that 29% of all White British beneficiaries of Changing Futures Nottingham scored at or above the threshold of 25 on the NDTA due to the amendments made to it (i.e. they would have scored below 25 on the original NDTA and may not have been accepted on to the service). In comparison, this is true of only 18% of all Black / Black British beneficiaries, 17% of all Asian / Asian British beneficiaries and 11% of all Multi Racial beneficiaries.



When these percentages are broken down further by gender, 33% of all male White British beneficiaries scored above 25 due to the amendments, whereas the same is true of only 13% of male Black/Black British beneficiaries. All of the male Asian / Asian British beneficiaries and male Multi-Racial beneficiaries would have scored above the threshold of 25 without the added questions.

Looking at just female beneficiaries, the demographic picture is somewhat different. All of the female multi-racial beneficiaries and 33% of the female Black / Black British beneficiaries scored above 25 on the NDTA due to the amendments (although it is important to note that there is only 1 multi racial female beneficiary). An equal proportion (25%) of female White British and female Asian / Asian British beneficiaries scored over 25 due to the added questions to the NDTA. This is largely driven by the points scored for experience of Domestic Violence.

To analyse the amendments made in more detail, the scores for each of these three added areas (Domestic Violence, Social, Family and other Networks, and Economic Wellbeing) were averaged for different demographics to identify if certain groups tend to score higher than others.

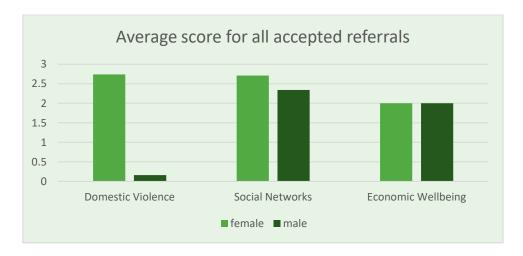


Figure 3: The average score for the two added questions and domestic abuse sub-question across all accepted referrals, separated by gender.

Unsurprisingly, female beneficiaries scored higher on Domestic Violence than males (Figure 3), which suggests that including Domestic Violence as a sub-questions to the "Risk from Others" form is helpful in that it makes the NDTA more inclusive of women's experience of SMD. Female and Male beneficiaries on average scored a similar amount of points for Social Networks and Economic Wellbeing (Figure 3), which is as expected, as these questions were not intended to capture the experience of a particular gender.



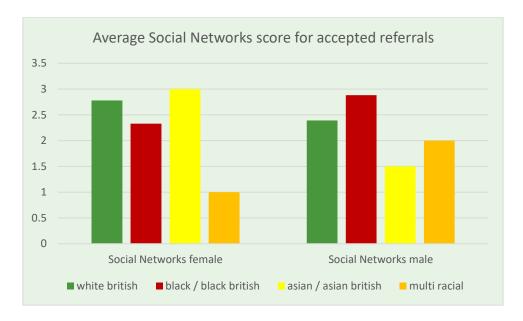


Figure 4: The average NDTA score for Social Networks across all accepted referrals, separated by gender and ethnicity.

For the Social Networks question, women from multiple racial backgrounds tend to score lower than other ethnicities (Figure 4). This trend is also apparent in Multi racial men, but to a lesser extent. Interestingly, Asian / Asian British men on average score much lower than Asian women on Social Networks, which suggest this questions may help to capture the experiences of Asian / Asian British women more than men. Indeed, the highest scorers for the Social Networks question are Asian / Asian British women and Black / Black British men, which highlights the importance of an intersectional lens when designing and evaluating assessments of SMD. These two groups are closely followed by White British women and White British men respectively, suggesting that the Social Networks question in its current format is relevant to the White British experience of SMD too. A question worth exploring in more detail is why Asian / Asian British males and Multi Racial people tend to score lower for this question.



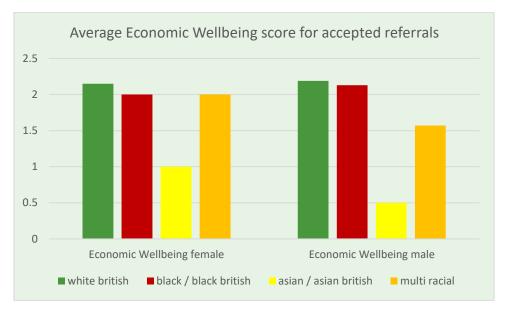


Figure 5: The average NDTA score for Economic Wellbeing across all accepted referrals, separated by gender and ethnicity.

For Economic Wellbeing, the top scorers on average are White British men and women, closely followed by Black / Black British men and women. Multi-Racial women also score on average at a similar level. The lowest scorers are Asian / Asian British men, followed by Asian / Asian British women. The difference between the average score for White British males and Asian / Asian British males is over one and a half points, for a question that is scored out of 4 that difference is substantial.

SUMMARY AND RECOMMENDATIONS

The amendments made to the NDTA at the start of Changing Futures Nottingham have had an impact on the number of beneficiaries scoring above the set threshold of 25; 26% of all Changing Futures Nottingham beneficiaries would have scored below 25 if it weren't for the points they gained from the added questions. However, the points gained by these added questions increased scores for proportionally more White British people than any other ethnicity (Table 1).

When ethnicity is split by gender, it is clear that the added questions are benefiting female beneficiaries in general, regardless of ethnicity. This is largely due to points scored by including the sub-question to the "risk from others" question of the NDTA that is specific to domestic violence. Including a specific question regarding Domestic Violence is therefore beneficial to capturing the experiences of SMD for women, regardless of ethnicity.



For male beneficiaries, the additional NDTA questions largely benefit White British men; 33% of all White British male beneficiaries scored above the threshold of 25 due to points scored on the added questions, compared to 0% Asian / Asian British and Multi-Racial male beneficiaries and only 18% of Black / Black British beneficiaries.

The most under-represented ethnicity on Changing Futures Nottingham is Asian / Asian British people (6% of Changing Futures beneficiaries are Asian / Asian British, compared to 15% in Nottingham City from the 2021 census). Asian / Asian British males score, on average the lowest for the added Social Networks and Economic Wellbeing questions, which suggests these questions are not representative of the experience of SMD for this demographic.

If the goal of adding questions to the NDTA was to increase the ethnic diversity of Changing Futures Nottingham Beneficiaries to be in line with the population of Nottingham City, it has not been successful for the male beneficiaries. Recommendations are to re-think the Social Networks and Economic Wellbeing questions, as they do little to improve diversity but add to the time it takes frontline staff to complete the assessment. Learning from the Race Equity workstream and frontline staff and beneficiary experience should be taken into account.

It is important to highlight that Changing Futures Nottingham, in its first year, is supporting a much more diverse cohort of beneficiaries than its predecessor Opportunity Nottingham. The evidence so far suggests this is largely due to partnerships with Al-Hurraya, Juno Women's Aid and POW, and embedded practitioners in Local Mental Health Services, Primary Care and Probation, and the referrals that each of these organisations make, rather than changes made to the NDTA.

Future research should focus on what an inclusive assessment of SMD could look like, through case studies and interviews with a diverse range of people with experience of SMD and frontline staff.

REFERENCES

Memorandum submitted by New Directions Team, South West London and St George's Mental Health NHS Trust by Miles Rinaldi, Matthew Willoughby, David Linnell and Mark Clenaghan, October 2008

House of Commons - Justice Committee - Written Evidence (parliament.uk)

Opportunities Fulfilled: The Fulfilling Lives Programme in Nottingham, 2014-2022 by Graham Bowpitt, Carolin Hess, Grant Everitt, Bilal Hazzouri, Anna Tickle, Lee Cross, Julian Jennings, Ursula Marcinkowska and Sandra McCallum, June 2022

Opportunity Nottingham Final Evaluation (changingfuturesnottingham.co.uk)



APPENDIX A

Amended NDT Assessment

An assessment tool that focuses on behaviour across a range of areas to build up a holistic picture of need rather than the traditional demonstration of serious need in a specific area only (for example, mental health). It also explicitly measures involvement with other services, which is not routinely taken account of otherwise. The result is an index which identifies disadvantaged people with multiple needs who, despite being potentially ineligible for a range of services, require targeted support.

The NDT assessment covers 12 areas including engagement with services, self-harm and risk to self and others. It assigns numeric values to various descriptors and the sum of these is used, usually, to compare against a minimum threshold for service eligibility. The NDT assessment is completed by key workers and is not a self-assessment model.

Select **ONE** statement that best applies to the person being assessed.

1. Engagement with frontline services

Look at the reason for any non-engagement, such as fear and mistrust of services, previous bad experiences. Do they possibly need support but do not see that existing services meet their needs.

·	riences. Do they possibly need support but do not see that existing services meet their needs.
Points	
0	Rarely misses appointments or routine activities; always complies with reasonable requests; actively engaged in tenancy/treatment. Does not have any fear or mistrust of services that may be a barrier to engagement.
1	Usually keeps appointments and routine activities; usually complies with reasonable requests; involved in tenancy/treatment. Has a bit of fear or mistrust of services relating to a protected characteristic or for some other reason but this is not a major barrier to engagement.
2	Follows through some of the time in daily routines or other activities; usually complies with reasonable requests; is sufficiently involved in tenancy/treatment to avoid sanctions but not wholly engaging with services. Has some fear or mistrust of services relating to a protected characteristic or for some other reason and this creates a limited barrier to engagement
3	Non-compliant with support work or reasonable requests; does not follow daily routine, though may keep some appointments. Has substantial fear or mistrust of services relating to a protected characteristic or for some other reason and this creates a sizable (though not complete) barrier to engagement
4	Does not engage at all or keep appointments. Has total fear or mistrust of services relating to a protected characteristic or for some other reason and this creates a complete barrier to engagement



Notes:

(Please evidence below each section the reasons for the score given).

2. Intentional self-harm / suicide

Any past or recent self-harm incidents or suicide attempts

Points	
0	No concerns about risk of deliberate self-harm or suicide attempt
1	Minor concerns about risk of deliberate self-harm or suicide attempt
2	Definite indicators of risk of deliberate self-harm or suicide attempt, including long term, destructive behavior whilst aware of risks, such as heavy alcohol intake
3	High risk to physical safety as a result of deliberate self-harm or suicide attempt
4	Immediate risk to physical safety as a result of deliberate self-harm or suicide attempt

Notes:

3. Unintentional self-harm

Points	
0	No concerns about unintentional risk to physical safety
1	Minor concerns about unintentional risk to physical safety
2	Definite indicators of unintentional risk to physical safety
3	High risk to physical safety as a result of self-neglect, unsafe behavior or inability to maintain a safe environment
4	Immediate risk to physical safety as a result of self-neglect, unsafe behavior or inability to maintain a safe environment



Notes:

4. Risk to others

Points	
0	No concerns about risk to physical safety or property of others
2	Antisocial behavior e.g. street drinking, begging, noisy neighbours
4	Risk to property and/or minor risk to physical safety of others
6	High risk to physical safety of others as a result of dangerous behavior or offending/ criminal behavior
8	Immediate risk to physical safety of others as a result of dangerous behavior or offending/criminal behavior

Notes:

If the individual is experiencing domestic violence or abuse then a DASH-RIC assessment should be completed and referrals made as appropriate. Where this is the case then only the **5.a Domestic Abuse** table should be used, relating the score to the DASH-RIC Risk Classification system.

For all other situations only the 5. Risk From Others table should be completed

Where a survivor of domestic or sexual violence/ abuse, also experiences other forms of risk as outlined in the first table, score from the two sections can be combined up to a maximum score of 10 points.



5. Risk from others

(Have you ever felt afraid of another person and/or been asked do anything you are not comfortable with? - This could include intimate partners, family members etc. It could include being pressured to give someone your money or possessions or to have sex with someone in exchange for drugs/alcohol, housing or money.)

Have you recently experienced discrimination or been the victim of a hate crime? (prejudicial treatment or criminal harm which has come about due to a protected or perceived characteristic you hold – e.g. race, nationality, ethnicity, sex, gender, sexuality, disability status or religious beliefs)? (NB: a crime/incident can be defined as a hate crime/hate incident if the victim or any other person perceives that it was motivated by one of these characteristics, even if the characteristic was not necessarily involved/mentioned in the incident)

Points	
0	No concerns about risk of abuse or exploitation from other individuals or society
2	Minor concerns about risk of abuse or exploitation from other individuals or society
4	Definite risk of abuse or exploitation from other individuals or society
6	Probable occurrence of abuse or exploitation from other individuals or society
8	Evidence of history of abuse or exploitation from other individuals or society

Notes:

5. a. Domestic Abuse

Points	Complete only if DASH RIC Assessment completed. Scoring taken from Risk Classification Grid – Domestic Abuse DASH RIC Nottingham & Nottinghamshire.
4	Standard – 1 to 6 ticks in Yes box
6	Medium – 7 to 13 Ticks in Yes box
8	High - 14 or more Ticks in Yes box



Notes:

6. Stress and anxiety

Points	
0	Normal response to stressors
1	Somewhat reactive to stress, has some coping skills, responsive to limited intervention
2	Moderately reactive to stress; needs support in order to cope
3	Obvious reactiveness; very limited problem solving in response to stress; becomes hostile and aggressive to others
4	Severe reactiveness to stressors, self-destructive, antisocial, or have other outward manifestations

Notes:

7. Social Effectiveness

(Also ask if the individual has a suspected or diagnosed learning disability or difficulty that impacts within this area. This should include autistic spectrum disorder or a brain injury).

Points	
0	Social skills are within the normal range
1	Is generally able to carry out social interactions with minor deficits, can generally engage in give- and-take conversation with only minor disruption
2	Marginal social skills, sometimes creates interpersonal friction; sometimes inappropriate
3	Uses only minimal social skills, cannot engage in give-and-take of instrumental or social conversations; limited response to social cues; inappropriate
4	Lacking in almost any social skills; inappropriate response to social cues; Aggressive or overly passive behavior that impacts on social effectiveness.



8. Alcohol / Drug Abuse

Drugs include illegal street drugs as well as abuse of over-the-counter and prescribed medications.

Points	
0	Abstinence; no use of alcohol or drugs during rating period
1	Occasional use of alcohol or abuse of drugs without impairment
2	Some use of alcohol or abuse of drugs with some effect on functioning; Sometimes inappropriate to others
3	Recurrent use of alcohol or abuse of drugs which causes significant effect on functioning; aggressive behavior to others
4	Drug/alcohol dependence; daily abuse of alcohol or drugs which causes severe impairment of functioning; inability to function in community secondary to alcohol/drug abuse; aggressive behavior to others; criminal activity to support alcohol or drug use

Notes:

9. Impulse control

Consider factors such as gambling

Points	
0	No noteworthy incidents
1	Maybe one or two lapses of impulse control; minor temper outbursts/aggressive actions, such as attention-seeking behavior which is not threatening or dangerous
2	Some temper outbursts/aggressive behavior; moderate severity; at least one episode of behavior that is dangerous or threatening
3	Impulsive acts which are fairly often and/or of moderate severity
4	Frequent and/or severe outbursts/aggressive behavior, e.g., behaviors which could lead to criminal charges / Anti-Social Behavior Orders / risk to or from others / property



10. Housing

Points		
0	Settled accommodation; very low housing support needs	
1	Settled accommodation; Living in short-term / temporary accommodation; low to medium housing support needs	
2	Living in short-term / temporary accommodation; medium to high housing support needs	
3	Immediate risk of loss of accommodation; living in short-term /temporary accommodation; squatting; "sofa surfing"; high housing support needs	
4	Rough sleeping; living in high risk exploitative accommodation under coercive arrangements.	

Notes:

11. Social, Family and other Networks (including relationships with children)

Points		
0	I have family, friends or other network who support my wellbeing, and I can rely on them if I face difficulties in my life.	
1	I have family, friends or other network who mostly support my wellbeing, but I can't always rely on them if I face difficulties in my life. I feel a bit isolated from my community because of stigma or shame connected to issues I am experiencing.	
2	I have family, friends or other network who sometimes support my wellbeing, but often I can't rely on them if I face difficulties in my life. I feel quite isolated from my community because of stigma or shame connected to issues I am experiencing.	
3	I have family, friends or other network but they rarely support my wellbeing, and I usually can't rely on them if I face difficulties in my life. I feel very isolated from my community because of stigma or shame connected to issues I am experiencing.	
4	I have no family, friends or other support network. I am completely isolated from my community because of stigma or shame connected to issues I am experiencing.	



12. Economic Wellbeing

Points		
0	Financially I am ok. I have a regular source of income that meets my needs. I do not have debt or arrears that I am unable to meet. I work as much as I want. If I don't have a job right now - I don't consider I have a disability or lack of confidence or lack of qualifications or language difficulties that would be a barrier to me getting a job.	
1	Financially my income isn't as good I would like and occasionally I have difficulty paying for my basic needs. I have a small amount of debt or arrears. I am working but not as much as I would like. If I don't have a job right now - I think having a disability or lack of confidence or lack of qualifications or language difficulties, would be a bit of a barrier to me getting a job – but with some help I could overcome any these.	
2	Financially I am struggling and regularly need the help of charities to meet my basic needs. I have some debt or arrears. If don't have a job right now - I think having a disability or lack of confidence or lack of qualifications or language difficulties is a serious barrier to me getting a job — but with quite a lot of help I could overcome any of these.	
3	Financially I am really struggling and continuously rely on charities to meet my basic needs. I have serious debt or arrears. I don't have a job right now. I think having a disability or lack of confidence or lack of qualifications or language difficulties is a serious barrier to me getting a job. I would need a lot of help to overcome any of these.	
4	My financial situation is completely bad. I have no regular source of income and have to rely on charities without which I would go hungry. I have serious debt or arrears. I don't work or feel able to work because I have a disability or lack confidence or lack qualifications or have language difficulties, that creates a serious barrier to me getting a job - and I don't see how I can overcome any of these.	



Scoring:

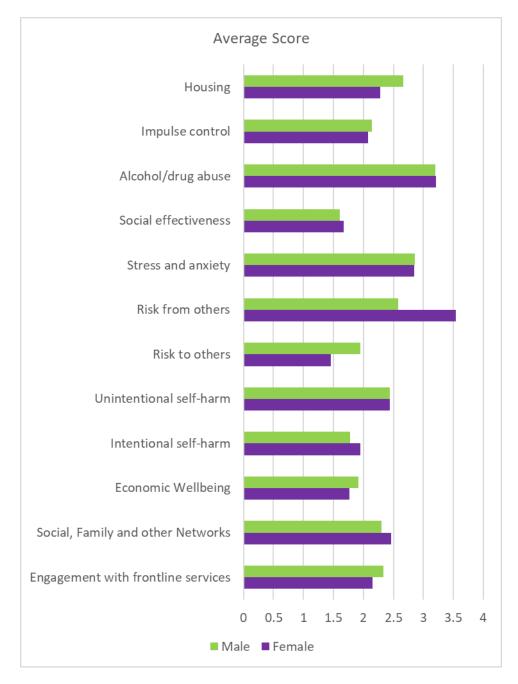
Please insert the assessed score against each criterion point and add up the total score.

1.	Engagement with frontline services	
2.	Intentional self-harm	
3.	Unintentional self-harm	
4.	Risk to others	
5.	Risk from others	
6.	Stress and anxiety	
7.	Social Effectiveness	
8.	Alcohol / Drug Abuse	
9.	Impulse control	
10.	Housing	
11.	Social and Family Networks	
12.	Economic Wellbeing	
тот	AL (maximum 58)	



APPENDIX B

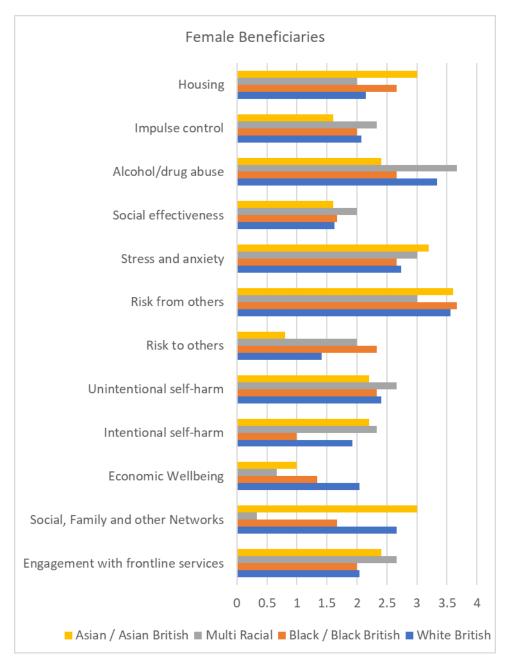
Average score of each question from the NDTA. Please note, the risk from other's and risk to others scores have been transformed from 2,4,6,8 to 1,2,3,4 respectively in order to present them on the same scale as all other questions.



The above figure summaries the average score for each question for male and female beneficiaries. The main gender difference in scores is that females score higher in the risk **from** others question, and males score higher in the risk **to** other question and the housing



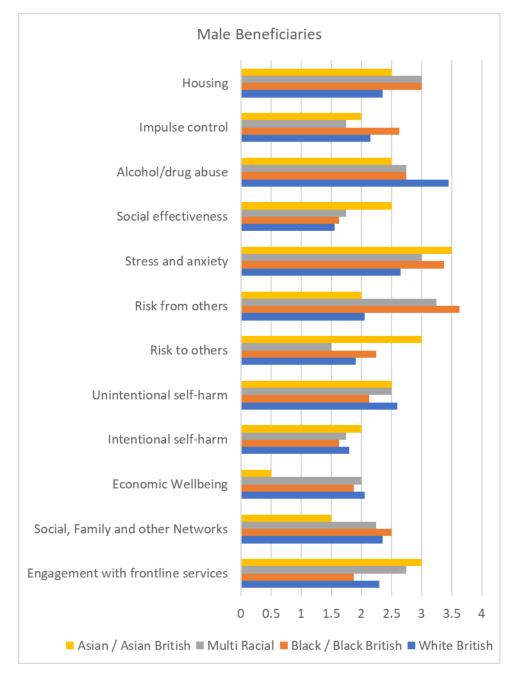
question. Only the difference in scores for male vs female for risk from others (p=0.00007) and risk to others (p=0.03) are statistically significant.



The above figure summarised the average score for each question for female beneficiaries for 4 ethnicity groups. White British Women score higher for economic wellbeing than all other groups. The difference in economic wellbeing score between White British women and Multi-racial women (p=0.002) and between Asian / Asian British women and multi-racial women (p=0.00003) is statistically significant.



Multi-racial and White British women score higher for drug / alcohol misuse and lower for housing than Asian / Asian British and Black / Black British women. Multi-Racial and Black / Black British women scored lower on Social networks than White British or Asian / Asian British women. None of these differences reach statistical significance.



The above figure summarised the average score for each question for male beneficiaries for 4 ethnicity groups. Black / Black British men and Multi-Racial men score higher for risk from others and housing than White British and Asian / Asian British men. The difference in risk from others scores between White British men and Black British men (p=0.0004), and



between Black / Black British men and Asian / Asian British men (p=0.02) are statistically significant. Asian / Asian British men score significantly lower for economic wellbeing than White British men (p=0.02).

White British men score higher for alcohol / drug abuse and lower on stress and anxiety than the other three ethnic groups. Asian / Asian British men higher on social effectiveness and risk to others than all other groups. However, these differences are not statistically significant.