

Changing systems, changing lives

A brief review of the Making Every Adult Matter (MEAM) Coalition



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Introduction

Making Every Adult Matter (MEAM) is a coalition of Clinks, Homeless Link and Mind, formed in 2009¹ to improve policy and services for people facing multiple needs. Together the charities represent over 1,300 frontline organisations and have an interest in the criminal justice, substance misuse, homelessness and mental health sectors.

This review has five sections and focuses in particular on the last two years of MEAM's work:

Section 1:

A summary of how MEAM has developed

Section 2:

Review methodology

Section 3:

The MEAM Coalition's work in local areas, focussing on MEAM Approach areas²

Section 4:

MEAM's influencing work

Section 5:

Review of monitoring and evaluation of MEAM

¹ The Coalition also included DrugScope the UK membership organisation for those working in the drugs and alcohol field, until end of March 2015 when DrugScope closed. Since then, eight of the country's largest voluntary sector drug and alcohol treatment and recovery service providers have formed Collective Voice, which became an associate of the MEAM Coalition on 1 April 2016.

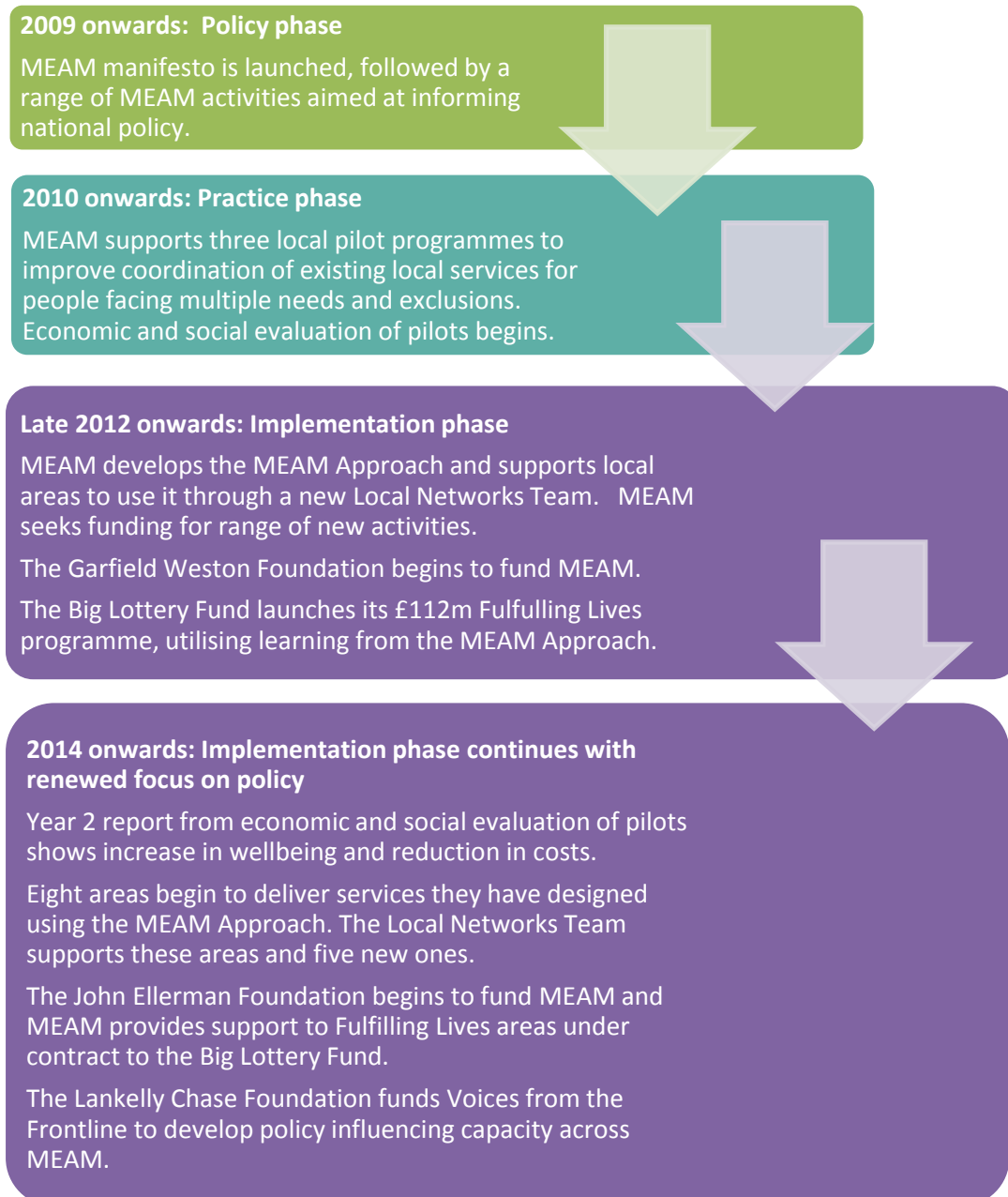
² This is not a review of the contract MEAM has with the Big Lottery Fund to support their Fulfilling Lives programme areas.

Section 1: How MEAM has developed over the last two years

Making Every Adult Matter (MEAM) was formed in 2009 with the support and involvement of the Calouste Gulbenkian Foundation to improve policy and services for people facing multiple needs.

Since that time, MEAM has undertaken three main phases of work (described in Figure 1, below). The coalition has grown its funding base, expanded its staffing structure and strengthened its governance, with the appointment of Baroness Tyler as Chair (see Appendix 1).

Figure 1: Development of MEAM



MEAM has recently refreshed its strategy for April 2016 to March 2022, setting out four key aims to help it reach a tipping point by 2022. The strategy focuses on a significant expansion of areas using the MEAM Approach and a much greater focus on broader policy influence and communications:

Aim 1: National networks: support areas across the country to change the way that services work for people with multiple needs.

Aim 2: Understanding what works and influencing change: help government and officials understand the challenges faced by individuals with multiple needs, and ensure local and national policy helps people get the right support.

Aim 3: Public awareness and reducing stigma: work to improve public understanding of multiple needs and reduce negative views.

Aim 4: A stronger MEAM coalition: ensure MEAM is well-placed to achieve these ambitions.

Section 2: Methodology

This review was a small scale piece of work, to help provide an update for stakeholders on progress as MEAM began to implement its new strategy. It comprised a mix of the following methods:

- Desk research
- Staff interviews
- Semi-structured telephone interviews with five representatives of selected local areas who were delivering services designed using the MEAM Approach: Blackburn, Cambridgeshire, North Tyneside, Sunderland and York.³
- Semi-structured telephone interviews with four policymakers/national contacts.

Thanks are due to all who gave their time to input their views and experience to this review.

The findings have been set out in this report on the basis of a simple approach adapted from “Results-Based Accountability”⁴. Each section sets out to summarise the answers to the following questions:

- 1) What did MEAM do?
- 2) How well did MEAM do it?
- 3) What have been the challenges and learning from MEAM activities?
- 4) Did MEAM make any difference?

³ At the time of the previous evaluation (“Partnerships in progress”) the majority of areas were still at the planning stages of the MEAM Approach

⁴ Developed by Mark Friedman and described in his book *Trying Hard is Not Good Enough, 10th Anniversary edition (2015)*

Section 3: The MEAM Coalition's work in local areas

3.1 What did MEAM do?

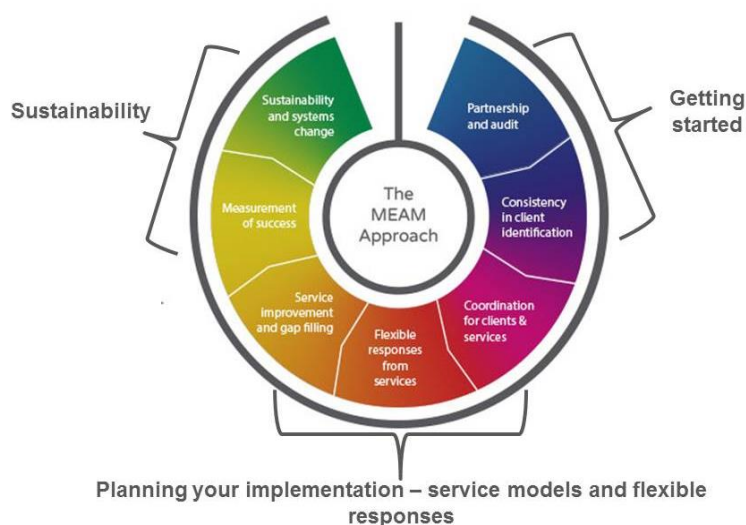
3.1.1 Development of the MEAM Approach

Between 2010 and 2013, MEAM supported a series of pilots to explore the better coordination of existing local services for people with multiple needs in three areas across England. These pilots were based in Cambridgeshire, Somerset and Derby and focused on four core elements taken from previous multiple needs programmes: coordination, flexibility, consistency and measurement.

MEAM approached Pro Bono Economics and FTI Consulting to undertake an in-depth economic and social evaluation of these pilots (see Appendix 2 - MEAM Publications). This evaluation provided some of the strongest data available on multiple needs and exclusions. The results showed statistically significant increases in individual wellbeing and provide important information on how the shape and cost of wider service use changes as people engage with coordinated interventions.

Following these pilots, MEAM wanted to encourage the adoption of better coordinated approaches at a local level across the country, and developed the MEAM Approach. According to MEAM's dedicated website,⁵ "the MEAM Approach provides a non-prescriptive framework for developing a coordinated approach in your local area. It includes seven core elements that are important for all coordinated interventions to consider, but it is not prescriptive about how these are achieved."

Figure 2: The MEAM Approach



MEAM established a Local Networks Team to work with local areas using the MEAM Approach, supporting them as they design and develop new interventions in their localities. MEAM's role in relation to the local areas is to be a provider of support and a critical friend, not a delivery partner: in this way, local ownership of planning and delivery has been a key part of the model.

⁵ <http://www.themeamapproach.org.uk/>

The team support the local area as they explore and act on the seven core elements:

- Establish a partnership of the right people and understand local need
- Establish a consistent referral process
- Create a single point of contact to coordinate support for clients
- Create flexible responses from partner organisations
- Identify and fill any gaps in service delivery
- Measure the impact on clients and the public sector economy
- Embed change within the system so improvements are permanent.

The exact support provided to local areas varies depending on their needs, but regular examples include: support with building partnerships, identifying clients, designing services, consulting stakeholders and developing approaches to wellbeing and cost assessments. No funding is provided by MEAM to MEAM Approach areas, so from the outset the focus is on the better use of existing local resources. Most areas pool a budget of around £50,000 to £100,000 per year from a range of partners, including the council, health, and voluntary sector agencies. They use this to employ between one and two coordinators, working with around 15-30 of the most chaotic people in their locality. The pooling of funds helps create strategic buy-in and a strong focus on sustainability: to date, most MEAM Approach areas have confirmed future funding from local statutory sources.

3.1.2 Wave 1: Supporting local areas implementing the MEAM Approach

The first wave of support to MEAM Approach areas began in the spring of 2013. MEAM issued a call for 'expressions of interest' from local areas across the country interested in using the MEAM Approach and in receiving support from the MEAM Local Networks Team. This support was to be provided free of charge to local areas, with the support of MEAM's funders at that time – the Calouste Gulbenkian Foundation and the Garfield Weston Foundation. Input from the Local Networks Team averaged around half a day a month to each MEAM Approach area.

There was strong interest in this initiative: 40 expressions of interest were received from emerging local partnerships across England. All partnerships involved statutory and voluntary agencies, but leadership varied: in some areas the lead partner was a local authority, while in others it was a voluntary sector agency. MEAM shortlisted 15 of these areas, interviewed them, and chose 11 to work with.

In late 2013, around the time the last evaluation commenced⁶, these 11 partnerships were just commencing their work. As of early 2016, there has been significant progress, with eight of the 11 areas having developed strong partnerships, found local funding, and now delivering coordinated interventions to adults with multiple needs in their local area. Table 1 provides an overview of these local areas, while Table 3 covers the three of the 11 local areas which did not progress to delivery.

In Derby, one of the original MEAM pilot areas, the multiple needs service has continued in a slightly different format, integrated into the city's substance misuse service. The principles of MEAM have also helped to shape a programme of work on hospital discharge across the city. A recent evaluation report noted "*our approach to the concept of Healthy Futures was very much influenced by [our] involvement with Making Every Adult Matter (MEAM).*"⁷

⁶ *Partnerships in Progress: An Interim Evaluation of the Making Every Adult Matter (MEAM) Coalition*, By Jean Barclay and Bridget Pettitt, March 2014

⁷ *Beyond the ward: An evaluation of a homeless hospital discharge project: Derwentio Housing Trust/Healthy Futures*, February 2016

Table 1: Wave 1 local areas delivering services designed using the MEAM Approach

Area	LNT support provided (from/to)	Delivering a coordinated intervention?	Staffing and financial support sources	Brief description	Partners involved
North Tyneside	June 13 – March 15	Yes	1x Coordinator Year 1: Regional homelessness grant Year 2: Within ASC budget	Coordinator based in Adult Social Care (ASC) oversees packages of support, but does not work directly with clients. Work overseen by Operational Panel of statutory and voluntary agencies	North Tyneside Council ASC, North Tyneside Council (Housing Strategy), Mind, Salvation Army, Crisis, Changing Lives, North East Regional Homelessness Group, North Tyneside Council, Families in Care, Working Links, Police.
Sunderland	June 13 – Ongoing	Yes	1 x coordinator Year 1: Regional homelessness grant Year 2: Access to Housing, Sunderland City Council Prevention Budget	Coordinator based with local substance misuse service, working directly with clients and influencing flexible service responses from local agencies. Overseen by group of voluntary and statutory agencies.	Sunderland City Council (Housing), Sunderland Mind, Changing Lives, Crisis, City of Sunderland YMCA, Northumbria Probation Trust, Northern Engagement into Recovery from Addiction Foundation, Sunderland City Council (Strategic Commissioning), Turning Point, Thirteen Care and Support, Centrepont, Lifeline Project Sunderland, Changing Lives, North East Regional Homelessness Group, The Salvation Army, Youth Offending Service.
Blackburn with Darwen	June 13- March 15	Yes	1x Manager, 2x Coordinators Year 1: Public Health, PCC, in-kind from voluntary sector agencies Year 2: As above	Overseen by a broad partnership, a team of coordinators provides support to individuals, with a focus on private hostels in the centre of the city. This work is a key strand within the local area's Public Service Transformation Programme.	Blackburn with Darwen Borough Council, Lancashire Police, DAAT, Lancashire OPCC, Public Health, DISC, FHWB Consortium (lead).

Area	LNT support provided (from/to)	Delivering a coordinated intervention?	Staffing and financial support sources	Brief description	Partners involved
Wigan	June 13 – March 15	Yes	1x Coordinator Year 1: Council - Housing Dept. Year 2: Council – post embedded in Adult Social Care	Work started with a small partnership led by the city housing team and two homelessness services. A coordinator was employed to work with a cohort of people with multiple needs. The service now sits within the wider Public Service Transformation Programme of the Council.	Wigan Council, The Brick, Public Health, Lancashire Police, Probation CRC.
York	June 13 – March 15	Yes	1x Coordinator Year 1: Arc Light and Probation Year 2: Arc Light	Work overseen by a partnership of statutory and voluntary agencies, led by local York Mind and a homelessness provider, Arc Light. Coordinator works directly with clients and reports to operational and strategic groups to ensure flexible responses.	Arc Light and York Mind (joint leads), Probation, YACRO, York Hospital, DAAT, York Police, York Pathways, Salvation Army, CRC.
Exeter	June 13 – March 15	Yes	1x Coordinator Year 1: Regional homelessness grant Year 2: Regional homelessness grant	Work led by a broad partnership of statutory and voluntary agencies. Supported to determine partnership priorities, and appointed a coordinator in late 2014. Coordinator works directly with clients and reports to Operational Group.	Devon County Council Public Health , Devon and Cornwall Probation Trust , Devon Drug and Alcohol Action Team , POW (Positive Opportunities for Wellbeing), Exeter Shilhay Community Ltd , Homemaker, Southwest , Westward Housing, Ripple Effect, Addaction, EDP Drug & Alcohol Services, Clock Tower GP Surgery, PCG Advisory Services, Mind Exeter & East Devon, RISE

Area	LNT support provided (from/to)	Delivering a coordinated intervention?	Staffing and financial support sources	Brief description	Partners involved
Norwich	June 13 – March 15	Yes	1 x coordinator Year 1: Regional homelessness grant Year 2: Regional homelessness grant	Partnership led by the Housing Department in the council, with representation from mental health, substance misuse and probation. The project is being coordinated by a local homelessness organisation.	Norwich City Council, St Martin’s Housing Trust, PCC, North Norfolk CCG, Norfolk County Council Integrated Mental Health and Learning Disabilities Commissioning Team, Norfolk County Council Public Health, Norfolk Police, City Reach Health Services - Norfolk Community Health and Care NHS Trust
Cambridge-shire	Jan 11 – ongoing	Yes	2.5 coordinators Years 1-4: Various sources. Currently local authority funded.	An initial MEAM pilot that is now about to enter its fifth year of operation. Has supported over 50 individuals over the period. Overseen by a partnership of statutory and voluntary agencies.	Adult Safeguarding, County Council (lead), Cambridge Cyrenians, Emmaus Cambridge, Public health, Drug and Alcohol Action Team, Liaison Psychiatry Service (Emergency Department), Riverside ECHG
Oxford	June 13 – March 15	Yes	1x part time coordinator (previously overtime payments to support range of existing keyworkers) Year 1: Council – housing dept. Year 2: Council – housing dept.	The City of Oxford trialed a coordinated intervention until the end of March 2015. Instead of appointing a coordinator, each client was assigned a ‘MEAM status’ allowing the client to access a small personalisation fund and additional hours of support from their existing key worker. A MEAM Operational Group and Executive Steering Group oversee the intervention and help to create flexible pathways across services.	Oxford City Council, Oxford Public Health, a2dominion, St Mungo’s, Connection Floating Support

Table 2: Wave 1 local areas that did not progress to delivery

Wave 1 area	MEAM LNT support provided	Progress made and reason for outcome
Mansfield/ Ashfield	June 2013 – Summer 2014	Partnership led by the local substance misuse partnership was formed to take forward work on the MEAM Approach. Outcome: Recommissioning of the lead partner, and a focus by partners on the BLF funded Fulfilling Lives work in nearby Nottingham, meant that the partnership chose to discontinue work on the MEAM Approach in summer 2014.
Tamworth/ Lichfield	June 2013 – Summer 2014	Partnership led by the voluntary sector consortium began to take forward work on the MEAM Approach. Outcome: The partnership was at very early stages and a lot of development work was required to get partners to meet and focus on what they wanted to achieve and in what geographies. After detailed discussions, facilitated by MEAM, the partnership decided to focus on a slightly different issue – local homelessness assessment hubs – and stopped work on the MEAM Approach. Given the situation this felt like the most appropriate outcome.
Westminster	Early 2014 – Summer 2014	Initial conversations were held to bring together a partnership in Westminster to take forward this work. Outcome: Changes to the London staffing team at MEAM, and wider priorities in Westminster, meant that this work finished before an intervention was delivered.

3.1.3 Wave 2: MEAM Local Networks Team support provided under contract to local areas

In April 2015, MEAM commenced a second wave of MEAM Approach support. As part of moving to a more sustainable model of support provision, MEAM adopted a more “commercial” approach to providing direct/bespoke support to local areas by offering this under contract to areas able to make a contribution towards the costs of this. Table 3 below summarises the current Wave 2 local areas:

Table 3: Wave 2 local areas receiving support under contract from Local Networks Team

Area	Support provided	Delivering?	Financial and staffing resources	Brief description
Sunderland	From June 13 – Ongoing (formerly part of Wave 1)	Yes	See Table 1 above	See Table 1 above: Sunderland requested continuation of support from Wave 1 to Wave 2. MEAM support now focuses on the effectiveness of service delivery, evaluation and plans for systems change.
Leicester	Sept 15 – Ongoing	Not yet	To be determined	A partnership involving Leicester City Council, homelessness and substance misuse providers, and the police has commenced work on the MEAM Approach.
Hull	Sept 15 – Ongoing	Not yet	To be determined	A partnership involving the Council, local homelessness provider, and public health, has commenced work on the MEAM Approach.
Basingstoke	Oct 15 – Ongoing	Not yet	Initial six months prep work funded by devolved budget from Hampshire CC. Funds available for rollout of programme.	Basingstoke wished to bring initial work on multiple needs into the national MEAM Approach network. MEAM has agreed a package of support to enable this to happen.
Cheshire West and Chester	Oct 15 - Ongoing	Yes	Initial grant, plus funds from the PST budget to roll out the full pilot.	Funded from the local Public Service Transformation budget. The region is building on its success with Troubled Families to expand the approach to individuals in certain geographies. Local staff requested MEAM support and to become part of the national MEAM Approach network.

MEAM's Local Networks Team has also been supporting the twelve Fulfilling Lives areas as part of a contract with the Big Lottery Fund. As mentioned earlier, this review does not include a detailed examination of this work because MEAM reports regularly to the Big Lottery Fund about this. It is useful to note that the same staff provide support to both MEAM Approach and Fulfilling Lives areas, creating a useful opportunity for shared learning and dissemination.

3.1.4 National MEAM Approach Network

During both waves, MEAM supported a national network open to all areas using the MEAM Approach and disseminated information and resources via the MEAM Approach website, policy briefings and electronic mailings. The policy briefings were introduced as part of the support contract for the Big Lottery Fund Fulfilling Lives areas and these began to be shared more broadly with interested stakeholders.

MEAM also ran seven events around England providing an "Introduction to the MEAM Approach", targeting areas where there was likely to be strong interest. Since 2014 there have been 170 attendees at these events, and feedback suggests that delegates find them a helpful introduction to multiple needs.

3.1.5 How MEAM's Local Networks Team works and is structured

There are 13 members of the Local Networks Team embedded in the three coalition partner organisations, plus a full time, centrally based Local Networks Manager. Whilst this may give an impression that MEAM is well staffed, the 13 locally based team members have just 10 to 15% of their role allocated to (and funded by) MEAM, totalling 1.5FTE between them. Of this team:

- 10 are based in Homeless Link
- 2 are based in Clinks
- 1 is based in Mind

Funding for this team comes from the Calouste Gulbenkian Foundation, Garfield Weston Foundation, John Ellerman Foundation and local areas paying for support (at 50% of full cost). The team meets quarterly.

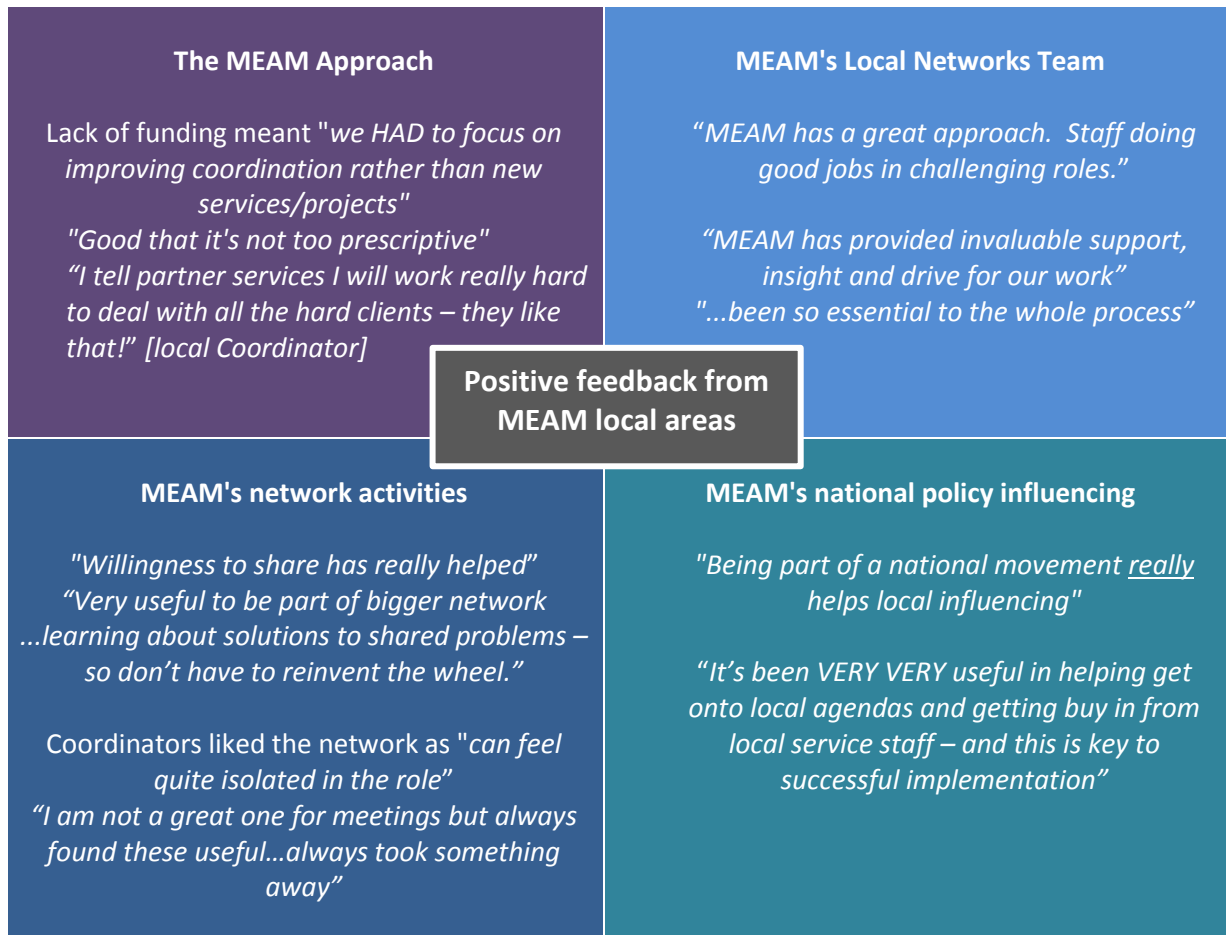
3.2 How well did MEAM provide support to local areas?

Because local area partnerships vary widely, the support has had to be bespoke, but feedback supports MEAM's view that the Local Network Team members have had the skills to respond to local needs. Feedback from local areas about support from MEAM was very positive.

In particular the following strengths were identified:

- They liked the MEAM Approach, with its focus on those with most complex needs and improving coordination without being too prescriptive.
- The support from MEAM's Local Networks Team was well received and valued. Staff skills and experience in multiple needs, networking, communications, influencing policy and commissioners were cited as particularly helpful. Team members' independence from the local area and local organisational politics was seen as a positive.
- Local areas benefited from being part of bigger network and the link to MEAM's national policy influencing – this is explored in more detail in Section 4 of this report.
- MEAM's monitoring tool and workshops/support with monitoring and evaluation was perceived as useful

Figure 3: Examples of positive feedback from MEAM local areas



3.3. Challenges and learning

3.3.1 Challenges

Local areas identified a range of challenges they face in delivering and sustaining their MEAM Approach work. Three key themes emerged:

- 1) **Sustaining resources and involvement:** Local areas struggle to maintain funder and stakeholder engagement/commitment at all levels in a rapidly changing external context: locally MEAM needs both providers and commissioners working together over a long period. It takes time to break down barriers in local systems, but local funding for MEAM Approach work is often short term.
- 2) **Local politics / competition:** It was reported that local competition for service contracts can sometimes obstruct the collaborative ethos underpinning the MEAM Approach: for example, during periods where relevant services are being put out to tender, competition can mean people are less willing to speak up at meetings and compete to "claim credit for delivery of the outcomes".

- 3) **Monitoring and evaluation:** Complexity, lack of relevant skills and resources meant that local areas found that putting MEAM's guidance on this into practice and demonstrating the impact of their work very challenging. This is explored in more detail in Section 3.4 below and in Section 5.

3.3.2 Learning

The review also identified learning and raised some issues for MEAM to consider in relation to how it delivers support to local areas using the MEAM Approach:

- 1) **Flexibility of the MEAM Approach:** this is seen as a strength by some, but how can MEAM ensure local areas do not lose the essence of the approach and "*ensure the MEAM name is not taken in vain*"?
- 2) **Role of local coordinators:** coordinators tend to be drawn from operational/frontline backgrounds but the MEAM coordinator role is very multi-disciplinary. They may be less used to leading on securing funding, communications, policy/practice influencing, monitoring and evaluation. Their support needs in these areas may continue well into the delivery phase and ongoing support from MEAM will be vital for sustaining the local partnership.
- 3) **Maintaining and developing links between local strategic bodies and operational coordinators/stakeholders:** this needs regular two way communications as well as periodic rebooting/refreshing. Local area partnerships may need support with this beyond the early stages of implementing the MEAM Approach, to ensure focus on multiple needs is embedded, particularly at a time of austerity, restructuring in local authorities and many other agendas competing for local attention.
- 4) **Local areas need support in securing resources for MEAM Approach work:** for example, how can they secure funding for three years rather than one?
- 5) **Funding of support:** there was concern that charging for MEAM support could put local areas off accessing support and they would try to go it alone, only to fail. "*It's hard to know the value of support you have never had before you embark on a programme like MEAM.*" MEAM could consider potential to secure central funding for support for local areas using the MEAM Approach.
- 6) **Supporting local engagement in national networks:** this engagement is hard to sustain when time and resources are very limited and local practitioners have to travel far to events e.g. in London. MEAM could explore digital solutions e.g. online forums or webinars.
- 7) **Bridging the gap:** some comments were made about the different styles of those involved in MEAM's policy work ("*London centric professionals*") and local practice personnel, and concern expressed that this created some barriers to MEAM staff working effectively with local coordinators. Further strengthening of links between MEAM's national and local activities would help sustain motivation, build trust and also bridge the culture gap. Some suggestions to consider:
 - In thinking about how to demonstrate more diversity at the centre of MEAM, it was suggested that MEAM could consider further involving people with experience, helping them to speak out on behalf of MEAM and offering apprenticeships.

- MEAM could support local coordinators to engage a broader range of local stakeholders with the “national face” of MEAM e.g. MEAM could consider use of short videos to get messages to a wide range of local stakeholders as well as coordinators. These could be used within partnership meetings.
- The MEAM e-newsletter/briefings could be sent directly from MEAM nationally to a wider range of local stakeholders rather than relying on the local coordinators to disseminate these. *“They have more status if distributed directly from national MEAM...it doesn’t make it look like the coordinator is “blowing own trumpet””*
- MEAM could address the perception among some stakeholders that MEAM is bigger than it actually is and that MEAM is self-interested in building its own “empire”.

8) **Composition of Local Networks Team:** staff commented that in practice this feels quite skewed towards Homeless Link inputs, and a greater proportion of input coming from Clinks and Mind would address this imbalance.

3.4 Did it make any difference?

At the local level, since the outset of the MEAM pilots, MEAM has been interested in monitoring and evaluating several aspects of how its work makes a difference. As a programme aimed at achieving “systems change”, a linear model/theory of change does not fully capture the complexity of MEAM’s work, but Figure 4 below provides a simplified picture:

Figure 4: How MEAM makes a difference at local level



This section summarises findings in relation to three types of impact, as shown above:

- A. The impact of MEAM’s work on local service providers working with adults with multiple needs in the MEAM Approach areas.
- B. The ultimate impact at a local level of MEAM’s work on wellbeing of adults with multiple needs.
- C. The impact on the use and cost of services by these adults with multiple needs

A note on available evaluation data

During the pilot phase, MEAM worked closely with Pro Bono Economics and FTI Consulting to undertake a detailed evaluation. The evaluation ran for two years in Cambridgeshire and Derby, and found statistically significant improvements in wellbeing and a reduction in wider service use costs of up to 26.4%. It also briefly explored the impact of MEAM on the local partnerships delivering the work.

In the implementation phase, MEAM extended its support to eleven new MEAM Approach areas, eight of which successfully developed new interventions. During this phase, MEAM's approach to monitoring and evaluation was to provide guidance and support to local MEAM Approach areas, but not to impose specific requirements or to offer a centralised evaluation. This was in part due to the heavy cost of evaluation, but mainly due to wanting ownership of evaluation to sit with the local areas rather than with MEAM.

Unfortunately, a lack of relevant skills and resources within the local delivery partnerships has meant that only three of the eight MEAM Approach areas delivering an intervention have conducted evaluation activity to date. North Tyneside and Sunderland commissioned external evaluations by Mark Stephenson of Sounding Board, and York has produced an internal report. In the cases of Sunderland and North Tyneside, the evaluations were mainly qualitative, based on interviews with local staff and partner organisations, as the local areas had not been able to provide comprehensive data on wellbeing or cost outcomes for all clients. Blackburn with Darwen has commissioned an evaluation which will be published later this year. There is therefore evaluation data from five local areas on which to draw.

An example of profile data: Sunderland

98% had irregular or non-productive contact with support networks.

94% had issues relating to mental/emotional ill health.

92% had a substance misuse/addiction issue.

84% were homeless, were living in temporary accommodation or were 'sofa surfing'.

82% of the referrals were male

[Extracted from An Evaluation of Making Every Adult Matter (MEAM) in Sunderland, Mark Stephenson of Sounding Board, October 2015]

A. Impact of MEAM's work on local service providers

The discussions with local coordinators identified positive impacts of MEAM's support as follows:

- Coordinators told us that direct support from the MEAM Local Networks Team has helped them progress and sustain the implementation of the MEAM Approach e.g. through support to access broader networks
- Being part of a bigger network has helped coordinators share learning and tackle issues
- Link to MEAM's national policy influencing has helped coordinators/partnerships make the case locally and keep multiple needs/MEAM on local agendas
- One area told us their MEAM work has identified some gaps where housing needs are not being met and that this had led to them securing funding for 3 pilots relating to housing for people with multiple needs.
- In another area support from the Local Networks Team member at Clinks was recognised as important *"as this promotes a link with the wider agenda and national work. The opportunity to share good practice and learn from other sites in this respect is important"*.⁸

⁸ An Evaluation of Making Every Adult Matter (MEAM) in Sunderland, Mark Stevenson, Sounding Board, 2015

B. The ultimate impact at a local level on the wellbeing of adults with multiple needs

Those interviewed who were working at local level reported that they observed improvements in client wellbeing and this was a key driver for their continued commitment and enthusiasm for the MEAM Approach. Table 4 below summarises the hard data on wellbeing which is available from local areas for clients during any year since the MEAM pilots. This represents a total of 63 clients who were monitored during their first year from referral, and 16 who were monitored for two years (the FTI evaluation). The data shown is from the NDT Wellbeing Assessment Score⁹ (an assessment in which individuals are assessed across a range of domains, with a possible highest score of 48; note that a reduction in score on the NDT Assessment denotes improved wellbeing for that individual).

Technical points to note:

- Data was not available for all clients referred and accepted by MEAM local areas.
- Those for whom data is available cannot be considered to be a “random sample” e.g. there may be “survivorship bias”, although this was ruled out by FTI in the case of Cambridgeshire.
- NDT assessments are based on a snapshot at a particular point in time but progress made by clients is not necessarily linear, particularly in the short term.

Despite this, Table 4 shows that within each area which had data, there was consistency in results showing substantial improvement in the average NDT scores:

Table 4: Wellbeing (NDT Assessment) in MEAM pilot and MEAM Approach areas

Area with evaluation	Extent of data	Clients (n)	Baseline	Y1	Y2	% improvement
Cambridgeshire	Clients with one year's data	14	34	19		44%
	Clients with two year's data	10	34	20	20	41%
Derby	Clients with one year's data	13	34	27		21%
	Clients with two year's data	6	36	32	19	47%
North Tyneside	Clients with one year's data	29	32	20		38%
	Clients with two year's data	n/a	n/a	n/a	n/a	n/a
York	Clients with one year's data	7	37	26		30%
	Clients with two year's data	n/a	n/a	n/a	n/a	n/a

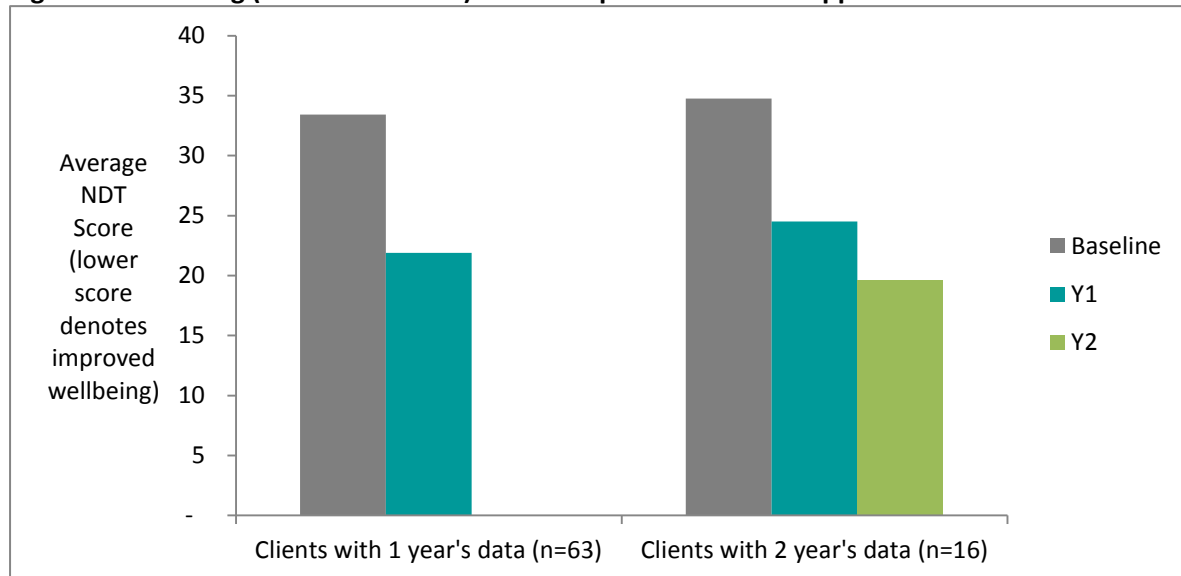
Summary	Clients (n)	Baseline	Y1	Y2	% improvement
Clients with one year's data	63	33	22		34%
Clients with two year's data	16	35	25	20	44%

*Note: NDT Assessment is out of 48. A lower score denotes improved wellbeing. North Tyneside and York have only been active for one full year. Source: FTI Consulting, Sounding Board and internal analysis in York.

⁹ Copy available at: <http://www.themeamapproach.org.uk/>

Combining the data from local areas to get an overall average (weighted by the number of clients in each area) gives the summary results set out above in Table 4: 34% improvement after 1 year and, for the small number of clients for which two year’s data is available, a cumulative improvement of 44% after two years. This is shown graphically in Figure 5 below:

Figure 5: Wellbeing (NDT Assessment) in MEAM pilot and MEAM Approach areas



C. The impact on the cost of use of services by these adults with multiple needs

Table 5 below summarises the cost data which is available from local areas for clients during any year since the MEAM pilots. Cost data relating to use of services was available for fewer clients than the wellbeing data. This is perhaps not surprising since cost data has to be accessed from administrative sources with the consent of clients and is not just a snapshot assessment at a particular point in time. The data represents a total of 39 clients whose service use was monitored during their first year from referral, and 20 of these where it was possible to continue monitoring their service use through their second year (the FTI evaluation).

Technical points to note:

- Local areas attempted to monitor service usage by taking data direct from administrative sources. This was converted into a “cost per month” based on nationally published unit costs provided centrally by MEAM and derived from the original FTI economic evaluation. (See Appendix 7 of the FTI report for full details).
- Average costs do not necessarily reflect actual costs. If local service providers are looking for savings then marginal costs may be more appropriate. However, these are more difficult to assess and will vary. In some cases for adults with multiple needs they may be greater than average costs and in some cases less. So costings should be considered indicative only and there will also be significant local variations.
- Costings do not include any attempt to measure the short or long term value to families/communities of improved wellbeing of these adults with multiple needs e.g. reduced incidence of crisis events which could cause significant harm and distress to

families/communities of the client. Therefore it could be argued that the cost savings reported under-represent the overall positive social impact.

- In the case of the Sunderland evaluation, service use data was available for only four of the 51 clients referred, and excluded housing costs. This represents only a very small proportion of the clients in this area and is not necessarily indicative of the impact of the MEAM Approach in Sunderland.

Despite data being limited, the available cost data shows reduced service use costs per client per month in all areas except Derby at the end of year 1, and for the limited number of clients with data, reductions in all areas by the end of year two. In the case of Derby, as stated in the FTI report, “the cost of client service use increased significantly in the first year of the pilot, and then fell back below the baseline in the second year.”

Pooling this data together across all areas for which there is data on client service use for at least one year, gives the summary results shown in Table 5 and Figure 6 below. Because of the increased costs in Derby in Year 1, the overall figure for the 39 clients in Year 1 is a small increase of 3%. For the 20 clients followed over a second year, the overall change over two years is a 23% reduction in service use costs per month.

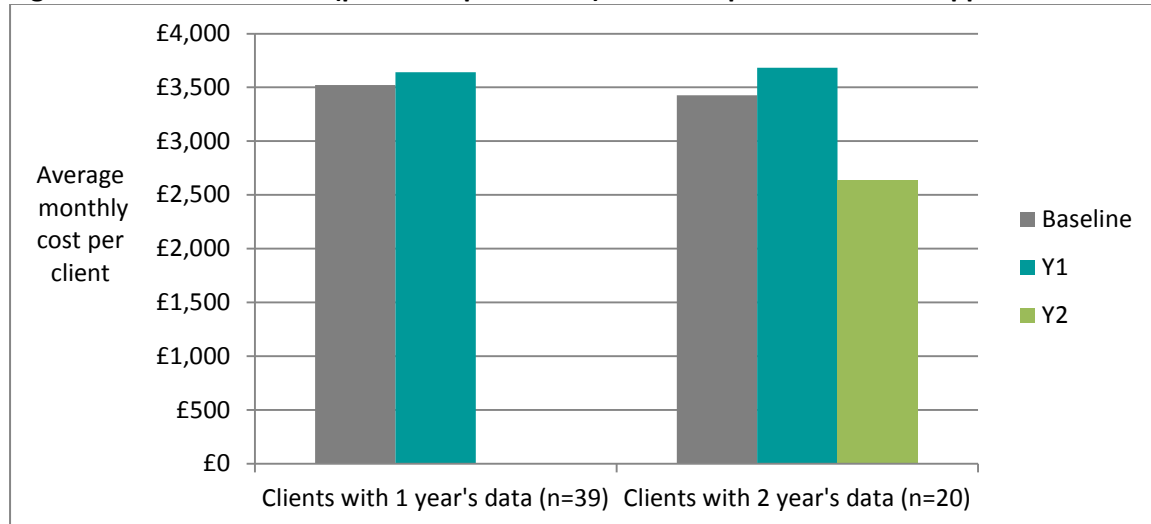
Table 5: Service use costs (per client per month) in MEAM pilot and MEAM Approach areas

Area with evaluation	Extent of data	Clients (n)	Baseline	Y1	Y2	% change
Cambridgeshire	Clients with one year's data	15	£3,544	£3,475		-2%
	Clients with two year's data	13	£3,625	£3,342	£2,668	-26%
Derby	Clients with one year's data	13	£2,911	£4,612		+58%
	Clients with two year's data	7	£3,058	£4,313	£2,574	-16%
Sunderland*	Clients with one year's data	4	£3,750	£1,729		-54%
	Clients with two year's data	n/a	n/a	n/a	n/a	n/a
York	Clients with one year's data	7	£4,487	£3,290		-27%
	Clients with two year's data	n/a	n/a	n/a	n/a	n/a

Summary	Clients (n)	Baseline	Y1	Y2	% improvement
Clients with one year's data	39	£3,523	£3,642		+3%
Clients with two year's data	20	£3,427	£3,682	£2,635	-23%

* The sample sizes in Sunderland are very small, and data excludes housing costs
 Note: Sunderland and York have only been active for one full year
 Source: FTI Consulting, Sounding Board and internal analysis in York.

Figure 6: Service use costs (per client per month) in MEAM pilot and MEAM Approach areas



Section 4: MEAM’s influencing work

4.1 What has MEAM done?

Since the outset of MEAM’s current strategy in 2014, the policy influencing work has had 3 strands:

- (1) **Voices from the Frontline:** In 2014, the Lankelly Chase Foundation funded an expansion of policy capacity across the MEAM coalition. This included one full-time and three part-time policy roles within Clinks, Homeless Link and Mind to deliver a programme of work designed to bring the voice of people with multiple needs and those who support them to the heart of the policy debate. In its first year, this new ‘embedded’ team worked with over 100 practitioners and people with lived experience across England. Together they published three reports which were well-received by senior civil servants and politicians, and ensured frontline voices informed major policy debates. In the second year, the team used this platform to bring the views of people with multiple needs and those who support them into a wider range of policy work being undertaken by Clinks, Homeless Link and Mind, with each member of the embedded team leading a strand of the work. The team held face-to-face meetings with six MPs, published a policy influencing guide and developed consultation responses with practitioners and people with lived experience.
- (2) **Wider policy work:** In addition to the work of the embedded team, MEAM and its constituent organisations have also been involved in a range of other policy work. In particular, MEAM and the Calouste Gulbenkian Foundation undertook a year-long piece of work to make the case for a new national focus on multiple needs, as part of the 2015 Spending Review. Unfortunately, no such commitment was included in the Autumn Statement. However, as noted later, the work has raised the profile of multiple needs and paved the way for the consideration of coordinated action for individuals with multiple needs in current and forthcoming devolution deals.
- (3) **Fulfilling Lives briefings:** As part of its support to the Big Lottery Fulfilling Lives areas, MEAM publishes quarterly policy updates, sent by email, originally designed to meet the needs of the

BLF Fulfilling Lives areas. These include information on latest policy announcements, news, resources and further reading. They also highlight opportunities for the partnerships to engage in policy debates. Interested stakeholders can also sign up to receive these.

Dissemination of communications

Voices from the Frontline mailing list

517 subscribers @December 2015

[average open rate 20.9%¹⁰, average click rate 3.8%]

MEAM mailing list

1,340 subscribers @December 2015

[average open rate 17.6%, average click rate 5.2%]

Fulfilling Lives policy briefing

206 subscribers @ December 2015

[average open rate 28.3%, average click rate 10.2%]

Twitter

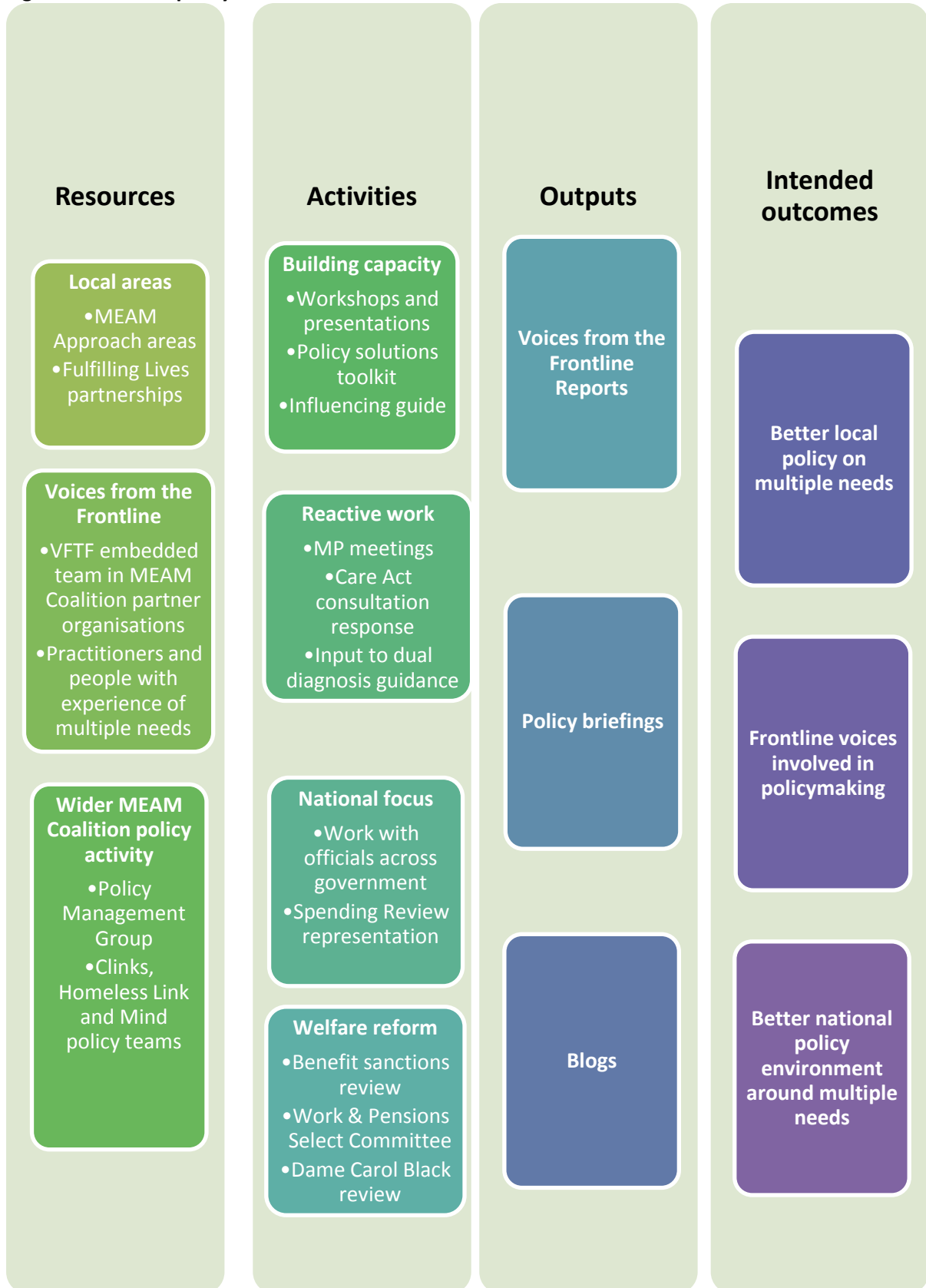
MEAM had 1,636 Twitter followers @10 February 2016

[note these are figures on direct dissemination and do not take into account where contacts have cascaded information to their own contacts]

Resources, activities, outputs and intended outcomes are summarised in Figure 7 below.

¹⁰ Industry average open rate is 21.2% - Source: Mailchimp

Figure 7: MEAM’s policy work and intended outcomes



4.2 How well did MEAM do it?

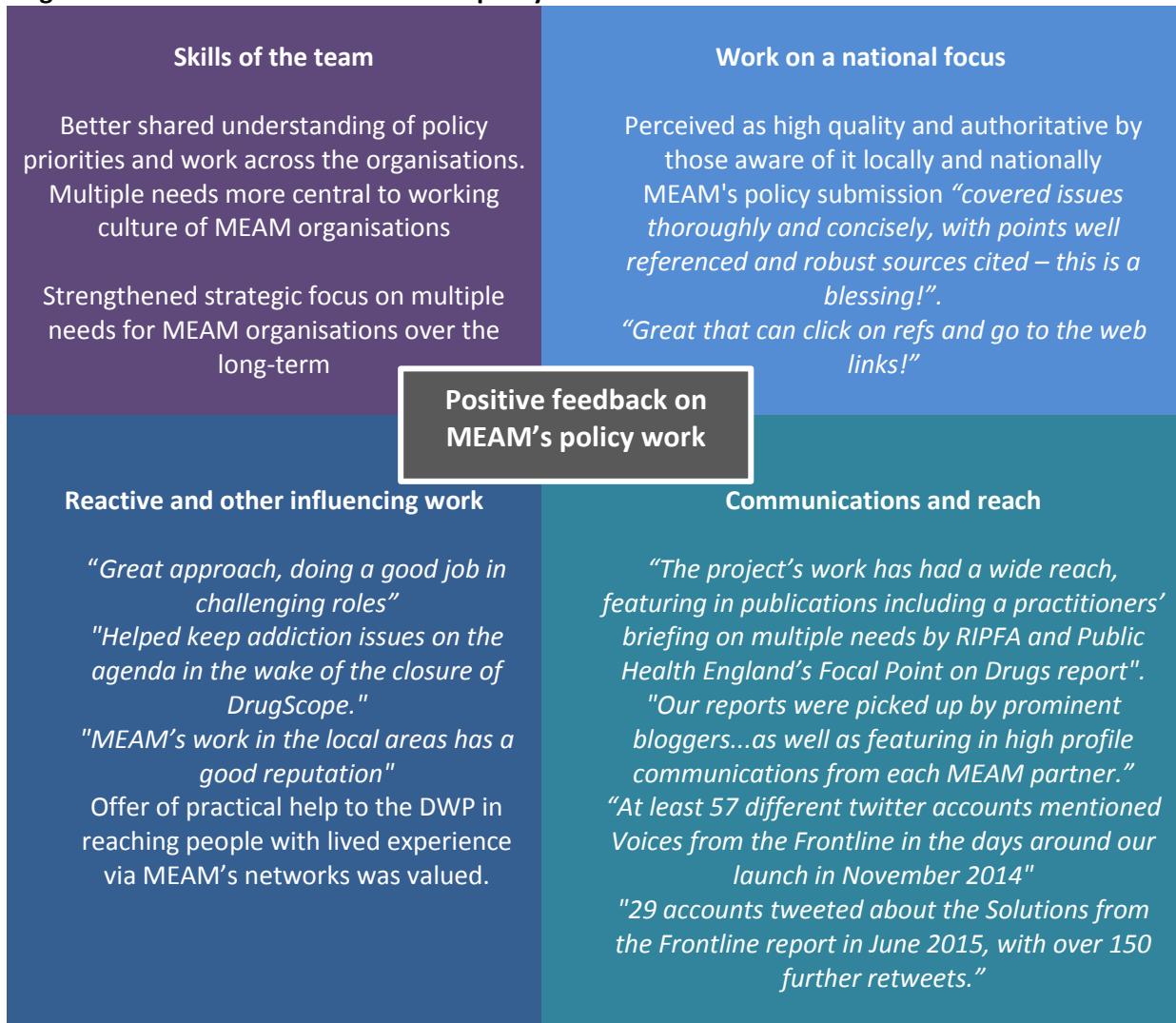
This review was only able to obtain qualitative opinions from a handful of stakeholders at the national level, but the findings on the whole provided good indicators that the activities in the plan were carried out to a high standard and that MEAM had succeeded in building its capacity for this kind of work.

Particular strengths identified included:

- National focus: MEAM has now built a sufficient body of knowledge and expertise that it was recognised as demonstrating authority and thought leadership around the issue of adults with multiple needs.
- Voices from the Frontline: this was recognised as an important aspect underpinning MEAM's work and staff noted that *"people commented on the distinctive way that we represented the voices of people we were working with, allowing people's experiences and ideas to speak for themselves."*
- MEAM's knowledge and experience coming through from the local MEAM Approach areas, particularly as national policymakers do not all have good knowledge of what happens at local level.
- MEAM has significantly added to the range of publications addressing issues relating to multiple needs (see Appendix 2).
- Staff resource within the Coalition for MEAM policy work has been strengthened and staff across teams have learned from the Voices from the Frontline work.
- One statutory interviewee particularly welcomed MEAM as *"a collective voice of charities... voluntary sector brings 'richness'...and isn't 'top down'"*.

Figure 8 below provides an overview of other positive comments.

Figure 8: Positive feedback on MEAM’s policy work



4.3 Challenges and learning

4.3.1 Challenges

Interviewees identified a range of challenges MEAM had faced in its policy influencing work:

- 1) **Drug and alcohol voice:** MEAM had to adapt to ensure addiction issues did not get lost from its work in the wake of DrugScope’s closure.
- 2) **Building policy capacity:** Developing the “embedded” policy team has been complex and time consuming. A learning report submitted to Lankelly Chase after the first year of *Voices from the Frontline* identified the following specific challenges:
 - Over-ambitious timescales / collaboration takes time** e.g. the need to develop more complex sign-off processes for policy messages
 - Difficulty balancing frontline voices and policy messages:** *“a consensus has emerged that producing policy reports, while helpful for year one, is not an appropriate approach for the*

second year of the work. Instead, we plan to use alternative kinds of communication – wherever possible, ensuring that participants in the project are able to represent and speak for themselves.”

- **Complex management structure** and too much direction from the management group.

However, as noted in Section 4.2 above, review and learning from the experience led to improvements in year two of the work.

- 3) **Stakeholder relationships:** perception of some “culture clash” between local MEAM delivery areas and those working in policy influencing, particularly those at national level based in London. How can MEAM ensure it bridges this “style” gap?
- 4) **Limited capacity of local stakeholders to engage in policy influencing:** as one operational coordinator commented: *“I try to keep up to date with this – but hard to find time – am very focused on frontline/local operations”*
- 5) **Communications/reaching target audiences:** it is hard to say whether MEAM’s work reached all the right audiences at national level. There were some comments made that general awareness of MEAM is relatively low among policymakers who MEAM has not worked with directly.
- 6) **Perceptions of competition:** echoing the service competition issues identified as a challenge at the local level, there are some perceptions that competition is also an issue in relation to policy work, meaning that some stakeholders perceive MEAM as a threat not an ally. *“there is concern that MEAM will get all the money if they are successful in influencing policy and funders”*. *“There are barriers to sharing and learning when some organisations feel they need to hold onto ideas and take credit when their approach is going well”*.
- 7) **Working together with BLF’s Fulfilling Lives programme:** the need for MEAM to build sufficient trust and consensus with Fulfilling Lives areas to work together on policy issues, and to ensure effective positioning of Voices from the Frontline in relation to the BLF’s National Expert Citizens Group was identified from the stakeholder interviews. *[Since these took place, MEAM has had some helpful conversations with stakeholders to address these issues]*
- 8) **Making a business case for the MEAM Approach:** Difficulties in obtaining more extensive, robust data on the difference the MEAM Approach can make to individuals and their use of services at a local level present a challenge for MEAM in securing commitments from policy makers who are keen to see a “business case” as well as a wellbeing case for a national focus on adults with multiple needs.

4.3.2 Learning

The interviews also identified some learning for MEAM to consider in relation to its influencing work:

- 1) **Increasing reach:** the circulation figures for MEAM’s regular communications suggest that MEAM may not be reaching beyond its “niche” audience and there may be opportunities to disseminate communications more widely.
- 2) **Collaborate more with health sector think tanks:** they dominate the narrative influencing NHS and the media and so could be helpful in broadening audience reach at both national and local levels e.g. Kings Fund, Nuffield, Health Foundation?

- 3) **Noise:** It was suggested MEAM could “make more noise” at a national level about what is going on both nationally and locally.
- 4) **Funding regimes affecting multiple needs:** MEAM could highlight issues of concern around large reductions in funding drugs/alcohol support in parallel with increase in mental health budgets, and increase awareness of the “false dichotomy” between mental health and addiction diagnoses.

4.4 Did it make any difference?

Asked about what difference MEAM’s national policy influencing work had made, although MEAM had not succeeded in securing government commitments in line with MEAM’s submission to the Spending Review in 2015, stakeholders identified a range of positives:

- Better national policy environment around multiple needs:** national policymakers told us that MEAM’s work had:
 - ✓ Contributed to policy makers’ understanding that long term solutions and support are needed
 - ✓ Has helped shape their direction of travel
 - ✓ Contributed to their understanding of what is going on in local areas –national policymakers do not all have good knowledge of what happens at local level
 - ✓ Been perceived as useful in Crisis Care Concordat and CQC work
 - ✓ Helped to keep addiction related issues on the agenda in wake of closure of DrugScope
 - ✓ Staff highlighted having been able to sustain interest in MEAM target group and their needs and highlight potential negative impacts of proposed welfare reforms.
- Better local policy on multiple needs**
 - ✓ At the local area level, there was overwhelming agreement that the national policy influencing work has made a positive contribution to progress in implementing the MEAM Approach to support adults with multiple needs at a local level: stakeholders said being part of a national movement really helps local influencing.
 - ✓ Staff also identified a range of ways in which this work had improved the ways that the MEAM coalition partners work together on multiple needs
 - ✓ Have started to see some people working in services at local level feeling more empowered/equipped to engage in local/national policy influencing

“It’s been VERY VERY useful in helping get onto local agendas and getting buy in from local service staff – and this is key to successful implementation”

“National work is great as it keeps it high on the agenda...it’s not a sexy subject...good to have something national to refer to when working locally.”

□ **Frontline voices involved in policymaking**

- ✓ The added value from the Voices from the Frontline initiative was well recognised at both national and local levels and had been received very positively by both internal and external stakeholders.
- ✓ This had brought national policy influencing and local practice closer together. As one member of staff commented: *“it’s brought our policy and practice work much closer together. MEAM has been a useful vehicle to ensure that happened...whereas before it was theoretical...it’s helped us have better links with some of our members.”*

5. Monitoring and evaluation

One of the aims of this review was to help MEAM consider its future monitoring and evaluation needs. In this section we summarise the current position, explore key challenges, and consider how evaluation activity could be strengthened in the future.

5.1 Summary of current picture

MEAM has a good record of evaluating its activities and publishing the results – this is the third overarching review/evaluation of MEAM since it was formed in 2009. In addition to these reviews, MEAM has supported and enabled significant evaluation of local activity in MEAM Approach areas, as described above.

This review has found that MEAM now holds a significant body of information on the impact of coordinated services on individuals, which points towards improved wellbeing and a reduction in the use and cost of local services. However, while the data from the MEAM pilots was strong, the data from local areas using the MEAM Approach was less comprehensive.

As noted in Section 3, to date, aside from the very in depth evaluations of Cambridgeshire and Derby as pilot areas, local areas have struggled to maintain and produce comprehensive data on the wellbeing and cost impact of the MEAM Approach on adults with multiple needs. Although there are many positive case studies, these lack the robust characteristics of evidence which funders, policy makers and commissioners are looking for.

Given the limited resources which local MEAM Approach areas had for their work, it is perhaps not surprising that they have focused efforts and resources on delivery rather than on monitoring and evaluation of delivery – particularly as there is very significant complexity inherent in assessing the impact of interventions of this kind. This is explored in more detail in Section 5.2 below.

On the positive side, whilst there is only limited hard evidence of improvements in wellbeing and cost of service use, this data does all point in the right direction, as noted in Section 3.4.

5.2 The challenges in monitoring and evaluation

The challenges around monitoring and evaluation were discussed in interviews and can be grouped into three themes:

1) Complexity and causality

MEAM is operating in a very complex environment, and across multiple sectors, all of which are experiencing major changes in structures and staffing as a result of austerity. This makes assessing the causality of impact difficult, both for MEAM as a whole and for the interventions developed by MEAM Approach areas, many of which will have different approaches and priorities for monitoring and evaluation. Part of the challenge of developing a shared approach to monitoring and evaluation for MEAM Approach areas is therefore making choices about what the evaluation should focus on, at national, local and client levels. For example, this could include:

- Evaluating the overall wellbeing and cost impact of MEAM Approach interventions on adults with multiple needs throughout the country
- Assessing the broader social value of these interventions on local communities /friends/families e.g. reduction in crime.
- Using a “Collective Impact”¹¹ framework to consider how well all organisations involved in the system come together to address a system wide problem via cross-sectoral partnerships at national and local levels.
- “Coalition Assessment” looking at national and local collaborative working and issues around embedding teams in partner organisations.
- Exploring how national and local policy developments (and MEAM impact on these) influences practice at a local level

2) Client and data issues

The MEAM client group face many challenges and so it is often “*hard to get an accurate picture of what’s going on with service users*”. One respondent felt that it was “*Impossible to get a cohort of clients and keep them ALL for a year or more*”. In addition, it is not considered appropriate to follow up clients who have moved on in their lives, so some of the most positive outcomes may be particularly difficult to track. In this context, there are many data challenges:

- Sustaining profile and stakeholder engagement in MEAM monitoring and evaluation locally at a time when there is a rapidly changing external environment
- Tracking clients over time when the client group is by definition chaotic
- Data at a particular point in time may not be indicative of longer term trajectory for an individual
- Service user perspective: ideally would be able to gauge client satisfaction with the intervention and overall impact on their wellbeing/service, but this client group is chaotic and relying on their reporting of service use, for example, may be unreliable.
- Data held by providers on service use and wellbeing is often messy/qualitative i.e. cannot be easily collated

¹¹ <http://www.collaborationforimpact.com/collective-impact>

- Accessing data: Local coordinators have to rely on other local agencies to provide data on service use. In practice, difficulties arose more from particular local structures and relationships with partners rather than problems across the board with any particular sector
- To add to this complexity, there is a need for consensus about which outcomes to focus on (wellbeing and/or cost saving outcomes) and what constitutes a successful outcome for different clients.

3) Resources and competencies

Local coordinators highlighted that collecting data regularly is difficult:

- Lack of resources: the local coordinator's role is already a big, multi-disciplinary one and they are not well resourced. Hence there is a lack of relevant skills and staff time to focus on monitoring and evaluation.
- Collating/processing/reporting on data *"it's a lot of work keeping on top of the data – as caseloads increased there has been less and less time to deal with this"*
- "Hard to sustain local evaluations, even with an information sharing protocol"*

5.3 How to improve data?

Ideally, MEAM, plus current and potential funders and commissioners at both national and local levels, would like to know for each area where the MEAM Approach has been implemented:

- How many adults with multiple needs benefited?
- Who were they: demographic profiling?
- How well was support delivered to these individuals overall?
- Evidence of improved wellbeing?
- Strong business case: evidence of reduced use of services (lower costs or no overall increase in costs)

If the current wellbeing and cost data is not compelling enough to significantly influence policy on multiple needs, MEAM will need to make the case stronger. To do this, a greater focus will be needed by MEAM centrally to enable the Coalition to collate data and in particular to support local areas to collect data, as it is clear that local MEAM Approach areas need support in this aspect of monitoring and evaluation.

Building on learning from the Inspiring Impact programme's work on shared measurement¹², MEAM and its funders should recognise that the multiple needs sector has some way to go before it is "ready" for shared measurement and that MEAM could usefully contribute to moving things forward as follows:

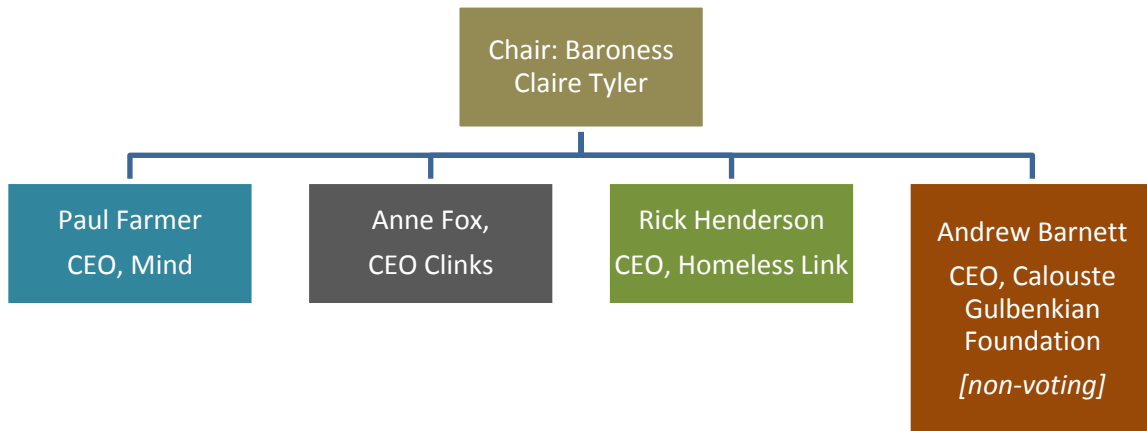
- Offer a centralised, but 'simple' evaluation approach that is proportional to the intervention cost and that has ownership from the local areas.

¹² <http://inspiringimpact.org/our-plan/shared-measurement/>

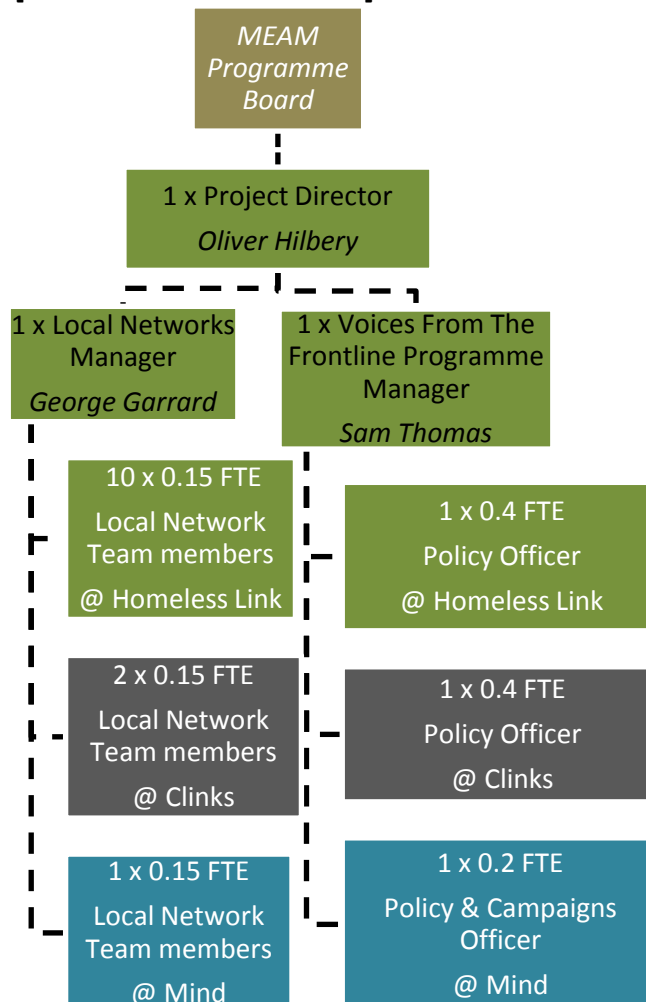
- Agree a standard data set for local MEAM Approach areas to focus on, including key profile information for all referrals and using only one “industry standard” wellbeing indicator e.g. the NDT assessment scale.
- Limit data staff have to collect to that which is useful for them in fulfilling their job role
- Ensure resources devoted to monitoring and evaluation are proportional in terms of expense of the overall service intervention and MEAM’s strategy
- Use existing knowledge to determine which cost elements to include, as MEAM should be able to see which are most relevant.
- Build an online portal that can be used for data collection.
- Collect data from clients and from administrative sources and use statistical analysis to explore differences and fill gaps. A bigger sample will make this more robust.
- Create a role independent from the local areas and close to full time in the MEAM central team to support local coordinators and make sure that data is being collected.
- Consider learning from other sectors attempting to reduce costs through transforming services e.g. an NHS proactive care initiative, where practitioners face similar challenges in demonstrating hard evidence of cost effectiveness.
- Recognise that case studies are still important, in particular to highlight contextual and human factors

Appendix 1: How MEAM is structured

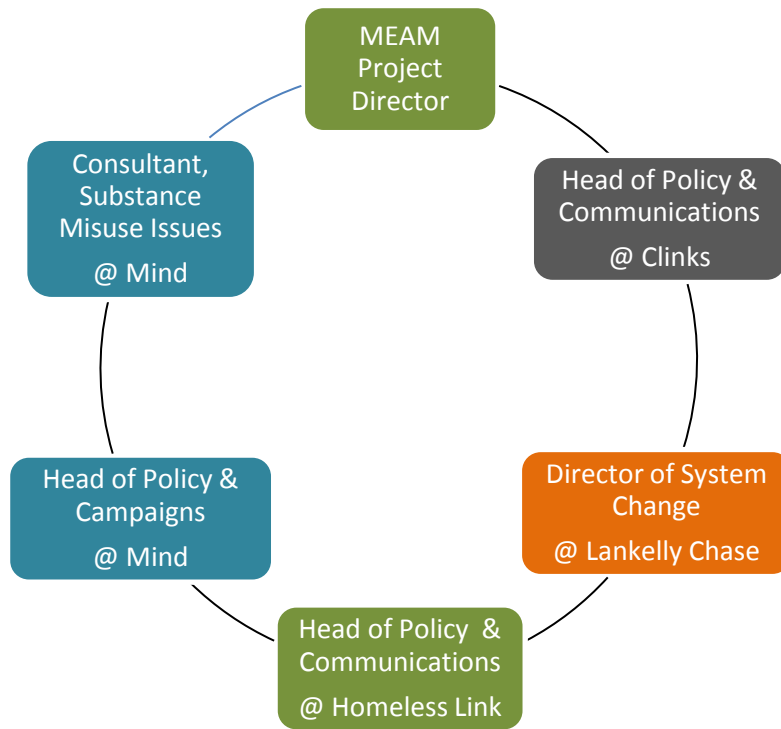
MEAM Programme Board



MEAM Staff Structure [Core Team roles in BLACK]



MEAM Policy Management Group



Appendix 2: MEAM Publications in the last two years

MEAM Approach publications:

- The MEAM Approach website: <http://www.theMEAMapproach.org.uk/>
- **Evaluation of the MEAM Pilots: Update on our findings**, by Tim Battrick et al (FTI Consulting LLP and Compass Lexecon), January 2014 via Pro Bono Economics.
- **MEAM Approach support**: MEAM has published a leaflet outlining the support offer to local areas using the MEAM Approach.
- **The MEAM Approach - One Year On**: MEAM has produced a new brochure outlining the progress to date on the MEAM Approach in various areas across the country.
- **Learning on collaboration**: MEAM prepared and delivered a presentation about collaboration and what MEAM has learnt.

Policy publications:

- **Policy influencing guide**: MEAM has published an influencing guide (in two parts) to help local areas engage with a wide range of stakeholders and involve people with experience in the process.
- **Individuals with multiple needs - the case for a national focus**: MEAM and the Calouste Gulbenkian Foundation published a paper setting out the case for a new national focus on individuals with multiple needs.
- **Solutions from the Frontline** Based on the ideas and experiences of people with multiple needs, this report sets out how the new government, as well as national and local policy makers and commissioners, can act to reduce stigma, improve services, and support people to achieve their ambitions.
- **Voices from the Frontline: Listening to people with multiple needs and those who support them** Launch publication explores the experiences of people with complex needs and the frontline staff who are working with them. It draws on in-depth conversations/workshops with over 50 people and survey research with 140 services across the country.
- **Evidence from the Frontline: How policy changes are affecting people experiencing multiple needs**: initial report from the Voices from the Frontline project featuring the results of a survey of over 150 local services.
- **Fulfilling Lives policy briefings**: (quarterly): as part of MEAM's work with the Big Lottery Fund's Fulfilling Lives programme, this quarterly briefing is aimed at people working in Fulfilling Lives areas, and other interested practitioners who want to stay up to date with new policy developments.

BLOG posts:

- Monthly blogs by Andrew Brown – [Interesting things about alcohol and other drugs](#)
- [New resource on creating Psychologically Informed Environments](#) October 28, 2015
- [Welfare-to-work report reflects our call for better support around multiple needs](#), October 21, 2015, Jonathon Graham.
- [Naxolone: a medicine to save lives](#) October 8, 2015, Andrew Brown.
- [Making the case for a new approach to multiple needs](#), September 11, 2015, Sam Thomas.

- Rise in drug related deaths is cause for deep concern, September 4, 2015, Andrew Brown.
- Drug related deaths in England and Wales reported in 2014, Andrew Brown
- MEAM welcomes the formation of Collective Voice, August 17, 2015.
- MEAM statement on review of support for benefit claimants with drug and alcohol problems July 29, 2015
- Safety in prisons: HM Chief Inspector's warning on the way out July 16, 2015, Andrew Brown and Sam Thomas.
- Post-election briefings on multiple needs, June 10, 2015
- Individuals with multiple needs: the case for a national focus, May 6, 2015, Sam Thomas and Oliver Hilbery
- "Multiple needs should be everyone's business" February 27, 2015, Jonathon Graham
- How many people face multiple needs?, January 29, 2015, Oliver Hilbery

MEAM/MEAM member organisations' responses to policy consultations included:

- Mental Health Taskforce MEAM has made a submission on multiple needs to the Mental Health Taskforce.
- MEAM Representation to the Spending Review 2015 Set out the case for a national focus on multiple needs.
- MEAM written evidence to the Work and Pensions Select Committee inquiry into welfare-to-work provision based on conversations with people with experience of multiple needs and the staff who work with them.
- MEAM response to the independent review into the impact on employment outcomes of drug or alcohol addiction, and obesity: response to Dame Carol Black's independent review, setting out evidence on what supports people with drug and alcohol problems in finding and staying in employment.
- Baroness Tyler's speech to the House of Lords Baroness Tyler, Chair of MEAM, has called for a new national focus on individuals with multiple needs, during a House of Lords debate on Social Justice.
- Following the May 2015 General Election, MEAM produced a briefing on the policies around multiple needs included in the Conservative party manifesto.
- Following the May 2015 General Election, MEAM produced a briefing on Ministerial responsibilities around multiple needs in the new Government.
- MEAM asks for the next government: three top-level asks for the next government. Working with decision makers before and after the election to ensure that these asks – and recommendations from the *Voices From the Frontline* project – are considered.
- Department of Health's consultation on regulation and guidance around the introduction of the 2014 Care Act (August 2014).