MEAM

# Flexible responses during the Coronavirus crisis: Rapid evidence gathering

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CordisBright

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# Executive summary

## About the research

Local services and systems supporting people experiencing multiple disadvantage underwent rapid changes between March and May 2020 in response to the Covid-19 pandemic.

In the second half of May 2020, the Making Every Adult Matter (MEAM) coalition commissioned Cordis Bright to rapidly document the adaptations and flexibilities that have been introduced in local areas across England. We explored the impact of these changes on people facing multiple disadvantage and the staff, services and systems that support them; and we asked how local areas might retain some of the positive flexibilities as the government moves to the next stage of the Covid-19 response.

We consulted with 23 professionals from local areas across the MEAM Approach[1] network and five people with lived experience of multiple disadvantage (from four areas) who had experienced these recent changes to support.

## Key findings

A wide range of flexibilities and adaptations have been implemented at pace across local services supporting people facing multiple disadvantage during the Covid-19 crisis period. These have been implemented with varying success across areas and with varying impacts on people facing multiple disadvantage. The tables below set out the key changes identified across sectors; the impacts on systems, services and people; and the processes that local areas have in place to support the transition into the next phase of the Covid-19 response. These are covered in detail in the main body of the report.

*Figure 1 Key changes, adaptations and flexibilities implemented by local services and systems*

| Domain | Changes, adaptations and flexibilities |
|---|---|
| **Services** | |
| Substance misuse | • OST prescriptions covering longer periods of time.<br>• Daily virtual contact.<br>• Prescription deliveries to accommodation or local pharmacies.<br>• Rapid assessments. |

[1] The MEAM Approach is a non-prescriptive framework to help local areas design and deliver better coordinated services for people experiencing multiple disadvantage. It is currently being used by partnerships of statutory and voluntary agencies in 30 areas in England. See here for more information on the MEAM Approach.

| Domain | Changes, adaptations and flexibilities |
|---|---|
| Criminal justice | • Safe accommodation for people released from prison.<br>• Improved partnership working between police and other agencies.<br>• Continued face-to-face contact.<br>• Restrictions in prisons. |
| Homelessness and housing | • Emergency accommodation to support the “everyone in” policy.<br>• Triage based on vulnerability to Covid-19.<br>• In-reach provision to the emergency accommodation.<br>• Closure of day centres, resourcing re-deployed to emergency accommodation settings.<br>• Continued contact with coordinators and key workers, albeit virtually.<br>• Creating space for physical distancing in existing provision.<br>• Increased flexibility on eligibility. |
| Mental health | • Fewer adaptations and less flexibility than other service areas.<br>• Dual diagnosis workers in the emergency accommodation.<br>• Other less widespread adaptations including in-hostel provision of assessments and psychological support, improved discharge planning, and specialist mental health services for rough sleepers and people facing multiple disadvantage. |
| Support for women experiencing multiple disadvantage | • Delivering services remotely.<br>• Additional funding for domestic abuse services.<br>• Lack of appropriate accommodation for women. |
| Other services | • Additional support from other community partners, charities and volunteers.<br>• Adaptations from health services: Flexible responses from GPs and partnership working with pharmacies. |
| **Relationships and working cultures** | |
| Relationships and working cultures | • Establishment of new panels or multidisciplinary groups.<br>• Increased staff autonomy and flexibility. |

*Figure 2 Key impacts of the changes*

| Domain | Positive impacts | Negative impacts |
|---|---|---|
| On services and systems | • Improved inter-agency collaboration and partnership working.<br>• Increased sense of community and shared purpose across agencies.<br>• Working "beyond their remit".<br>• Swift decision-making/staff autonomy.<br>• Reflective practice.<br>• Improved relations with clients.<br>• Increased strategic buy-in.<br>• A more supportive and less punitive approach to enforcement.<br>• Identification of gaps in provision. | • Challenge of remote working and new conditions for staff.<br>• Strategic and operational disconnect in planning.<br>• Staff shortages.<br>• Flexibilities due to individuals not systems.<br>• Reduced focus on person-centred care.<br>• Tensions between services in relation to methods of delivery. |
| On people facing multiple disadvantage | • Clients adapting and engaging well.<br>• Safe and sustained accommodation placements.<br>• Increased autonomy.<br>• Increased trust in individuals and services.<br>• Increased engagement with substance misuse services.<br>• Effective self-management of medication.<br>• Positive mental health outcomes for some people where additional and appropriate support is available. | • "Knock back" to progress.<br>• Loss of meaningful activity.<br>• Less positive experiences of emergency accommodation.<br>• Challenges of engaging in remote support.<br>• Stalling of progress due to reduced or different access to services.<br>• Risk to some substance misuse service users.<br>• Exclusion of vulnerable people who are not "verified" as rough sleeping.<br>• Social isolation, anxiety and poor mental health. |

*Figure 3: Next steps*

| Domain | Processes, plans and challenges |
|---|---|
| Learning and reflection mechanisms in place to identify flexibilities | • Reflective forums.<br>• Collection of data related to Housing First application.<br>• Survey of clients.<br>• Review of changes during the period.<br>• Other reflective practice e.g. learning logs. |
| Processes in place to plan for the next stage and maintain positive flexibilities | • Leadership from Housing on the transition.<br>• Little evidence of client involvement in planning.<br>• Move-on accommodation.<br>• County-level strategic planning.<br>• Establishment of transition group.<br>• Prioritisation of Housing First.<br>• Continuation of remote working where appropriate.<br>• Continuation of collaboration. |
| Challenges and concerns for the future | • Funding.<br>• Maintaining flexibilities and new productive ways of working.<br>• Timescales for restrictions easing.<br>• On-going mental health impacts. |

## Conclusions

In order to best support people and protect their health during this unprecedented period, services across sectors have taken more flexible approaches, afforded clients and staff more autonomy and responsibility, and rapidly explored new ways of working. These changes were expedited due to the sudden increase in risk to individual and public health and many (though not all) of the changes have been positive.

As the high levels of risk start to subside, the risks associated with Covid-19 may no longer be a driver for innovation in service delivery or outweigh the inherent risk in trying new ways of working. Local areas, and national government, will need to avoid a return to the status-quo of previous service delivery through a clear process of cross-sector transition planning. This research indicates that local areas are keen to maintain some of the positive changes that have been developed during this period and that planning is now underway for this, although ambition varies across local areas.

As we transition out of the crisis, local areas and national government are likely to need to consider the following in order to maintain some of the positive changes that have been developed during the pandemic:

- **Reflecting closely on learnings from the crisis period.** Local areas and national government may wish to consider which new flexibilities have been effective at improving outcomes for people facing multiple disadvantage as

well as which changes have been less effective and why. A clear process will be needed for reflection and learning.

- **Cross-sector leadership and planning to ensure positive changes can be maintained.** Local areas and national government should build on the reflection and learning above, identifying the flexibilities that they wish to maintain and developing plans to ensure that this can be funded and commissioned. The provision of suitable, permanent accommodation for all who need it will be a key part of this, but wider cross-sector flexibilities will also be important.

- **Ensuring the involvement of people with lived experience of multiple disadvantage.** Local areas and national government should ensure that people experiencing multiple disadvantage are at the centre of conversations regarding the next stage of the response.

We hope that this report supports such discussion and planning. The MEAM transition framework also provides information and guidance, and is available here: http://meam.org.uk/wp-content/uploads/2020/05/Framework-transition-planning-v1.pdf.

# 1 Introduction

Cordis Bright would like to thank everyone involved in shaping and delivering this research report. Particular thanks go to Anne, Mero and Rachelle from the expert by experience research group for their expert help in delivering the interviews and providing critique and challenge to an early draft of this report. Thank you also to the people who kindly agreed to share their recent experiences of receiving support with us for this research; and to staff in local MEAM Approach areas who found time during this very busy and stressful period to participate in the research.

## 1.1 Overview

This report presents findings from a rapid gathering of evidence in relation to the responses to the Covid-19 pandemic by local services and systems supporting people experiencing multiple disadvantage across England.

The research was commissioned from Cordis Bright by the Making Every Adult Matter (MEAM) coalition[2] in May 2020. The research was carried out with local areas in the MEAM Approach network[3] in the second half of May 2020.

## 1.2 About the research

### 1.2.1 Introduction

Local services and systems supporting people experiencing multiple disadvantage underwent rapid changes between March and May 2020 in response to the Covid-19 pandemic. For many people facing multiple disadvantage a series of variations in the support available to them were put in place over this period.

Information about such changes was largely still anecdotal in mid-May. This rapid research therefore sought to gather information from local areas across England in order to understand and document:

- The types of changes, adaptations and flexibilities that have been introduced to services and support.
- How those decisions were reached and who was involved.

[2] MEAM is a coalition of national charities – Clinks, Homeless Link, Mind and associate member Collective Voice.

[3] The MEAM Approach is a non-prescriptive framework to help local areas design and deliver better coordinated services for people experiencing multiple disadvantage. It is currently being used by partnerships of statutory and voluntary agencies in 30 areas in England. See here for more information on the MEAM Approach.

- The impact the changes are having on local services and systems and people facing multiple disadvantage.

- What local areas are doing to evidence these changes and how they intend to maintain the positive flexibilities as the country moves to the next stage of the response.

### 1.2.2 Methodology

*Data collection*

The research was conducted through a network of 26 areas across England where local statutory and voluntary sectors are working together to support people facing multiple disadvantage using the MEAM Approach.

Information was collected through:

- A free-text **questionnaire** sent to MEAM Approach leads in the network areas (13 responses from 12 areas).

- In-depth semi-structured **interviews with 10 professionals in local areas (**MEAM Approach strategic leads or coordinators - "local leads" from hereon). The local leads were from 10 different MEAM Approach areas recommended by MEAM for their local Covid-19 response work.

- In-depth semi-structured **interviews with five people with experience of multiple disadvantage** who had received support during the Covid-19 crisis from four MEAM Approach areas, with whom local leads had been able to put us in touch.

The interview topic guides were developed in collaboration with MEAM.

The interviews were conducted by Cordis Bright in partnership with three expert by experience researchers[4]. All interviews were completed virtually by telephone and video conference.

*Analysis and reporting*

Cordis Bright analysed the data collected from all three sources. The findings are summarised thematically in this report, which has been sense-tested with the expert by experience research group and revised in line with their feedback.

### 1.2.3 Limitations

This research was commissioned and delivered within three weeks so that findings could be available to MEAM and to local areas as soon as possible, to

[4] There were two interviews which unfortunately, due to timing and technological barriers, were completed without the involvement of a member of the expert by experience research group.

inform national policy work and local planning, and to capture live data on the impact of the "Everyone In" policy. However, these narrow timescales introduced some key limitations to the research:

- **Limited sample of people with lived experience.**
    - **Small sample.** We had hoped to deliver 10 interviews with people with lived experience of multiple disadvantage and who had experienced some of the flexibilities implemented in recent weeks. However, given limited capacity of frontline staff at this busy time, we were only able to secure and complete interviews with five people within the research timescales. This means that most of our data are drawn from local leads and other professionals.
    - **Narrow experience of crisis emergency support.** While the five people we interviewed had experienced some of the adaptations in response to Covid-19, only one had experienced the emergency accommodation. The experiences of the other four people were largely related to support such as drug and alcohol support and mental health support being conducted virtually. As such, we were unable to corroborate the local leads' reports of the positive impacts related to the emergency accommodation.

    We would recommend that any future research in relation to the flexibilities introduced during the Covid-19 crisis period focus on increasing understanding of the experiences of and impacts on people facing multiple disadvantage, including those who were brought into emergency accommodation. We understand that such work is currently underway by other organisations such as Groundswell and Expert Link.

- **Low understanding of the scale and extent of adaptations and impacts.** In order to deliver this research in a timely way, we have collected data from a relatively small number of local leads who have varying insight into local responses, and a small number of people facing multiple disadvantage who have experienced the changes in support in recent weeks. As such, while the research provides insight into the types of changes being implemented and their impact, we are not able to comment on the prevalence or scale of the changes and impacts across all local areas.

# 2 Changes, adaptations or flexibilities implemented in response to the Covid-19 crisis

## 2.1 Overview

Below we set out the key adaptations and flexibilities to services and systems implemented in the immediate period after the pandemic was declared (mid-March to mid-May 2020) in the areas involved in the research, and changes to relationships and working cultures. This is followed by information relating to how decisions about these changes were made.

## 2.2 Changes to services and systems

*Substance misuse services*

- **OST prescriptions covering longer periods of time.** Substance misuse services in many areas adapted Opioid Substitution Therapy (OST) prescriptions so that some clients' daily prescriptions were replaced with one or two-week prescriptions. Decisions were made on a case by case basis and the clients were enabled to manage their own medication with varying levels of oversight:

  > *"[A] significant positive that has emerged is the revelation that some individuals can be trusted to manage their own medication (and recovery) without significant oversight by professionals – due to the possible implications for large amounts of queueing at pharmacies, many individuals were moved across to 14-day prescriptions."*
  > *– Local lead*

  This also came with some challenges and risks, but careful planning and partnership working ensured these were effectively managed:

  > *"The big one for us was substance misuse service shutting down and giving people methadone for 14 days – lots of issues. We were able to deal with that really effectively – everyone was working together to manage the risks in a way where they hadn't before. Really clear escalation routes and problems were solved almost immediately."*
  > *– Local lead*

- **Daily virtual contact**. Substance misuse service staff increased the frequency of contact with their clients, checking in on a daily basis with clients who were deemed at high risk in relation to the larger prescriptions. However, there was little face-to-face contact - this was done through telephone calls or virtual meetings.

- **Prescription deliveries to accommodation or local pharmacies.** A smaller number of areas reported substance misuse services were able to deliver

prescriptions directly to clients' emergency accommodation or to local pharmacies (or, while waiting for such arrangements to be put in place, offered clients transport to and from the collection point.) This enabled people to self-isolate and/or reduced the need for travel.

- **Rapid assessments**. Services in some areas were able to offer a faster OST assessment process, with areas reporting that people could be provided with their first script much quicker than usual.

*Criminal justice services*

- **Safe accommodation for people released from prison.** In some areas prison services and other agencies have been working closely to ensure that people being released from prison are assigned to safe and appropriate accommodation prior to their release. In many areas the police have provided transport for the individual to their accommodation upon release. In most areas a significant improvement in communication around prison releases was reported. However, in some areas this communication was reported to be very challenging, for example with prison service staff working from home and unable to access servers remotely. This meant that in some cases individuals were being released from prison without any information being shared with partner agencies as to their needs or risks.

- **Improved partnership working between police and other agencies.** More generally, many areas reported that partnership working between the police and probation and other agencies had been very effective. Police have taken a supportive rather than punitive approach with clients, and probation workers have been going *"beyond their remit",* for example supporting people into drug and alcohol services.

- **Continued face-to-face contact**. Probation was identified as one of the only services with continued face-to-face contact with clients during this period (although this was not the case in all areas).

- **Restrictions in prisons.** In our consultation with local leads and people with lived experience, discussion focussed on individuals involved in the criminal justice system in the community and those being released from prison, rather than people facing multiple disadvantage who were still in prison. However, two professionals provided some indications of changes and challenges to supporting prisoners under present conditions. One multiple disadvantage coordinator reported being unable to visit a client due to the cancellation of all visits, while another local lead reported a lack of clarity about the number of individuals planned for early conditional prison release in their area, despite requests for more information at both a regional and national level. Beyond this, the support available to people in prison during this period was not discussed by any participants in the research. MEAM is aware from discussions with local areas and members that conditions in prisons have worsened during the pandemic. Prisons are implementing internal lockdown measures in which people are restricted to their cells for 23 hours a day. Additionally, no visits of family and friends are being permitted.

*Homelessness support and housing services*

- **Emergency accommodation to support the "Everyone In" policy.** The key change to homelessness support and accommodation was the response by local partners to the government instruction to accommodate all rough sleepers. This was also felt to be a key success of the local response by local leads. The emergency accommodation was sourced and block-booked by local authorities in most areas. It was provided in a variety of ways including:

  - **Block-booking of hotels by local authorities**. This was the most mentioned response.
  - **Repurposing of other buildings.** These were leased from other local partners in some instances.
  - **Innovative approaches.** For example, in one area individual "pods" were purchased and placed in disused premises to provide shelter for 10 people, with 24/7 security onsite.
  - **Other more traditional types of temporary accommodation**. This includes B&Bs, direct access hostels, and private rentals from landlords.

  *"We had a multidisciplinary meeting to identify those who needed housing (we have them anyway) and we had the dashboard that we use which updates twice daily. So we understood who we needed to bring inside, but it was about identifying a plan for those people – rough sleepers as well as sofa surfers. We had a plan for every individual."* – *Multiple disadvantage coordinator*

- **Triage based on vulnerability to Covid-19.** A number of areas reported that people in need of accommodation were triaged before being moved into emergency accommodation. People in the most vulnerable groups to Covid-19 were offered accommodation more appropriate to shielding (e.g. in a dispersed property such as a B&B, or in one of the 'isolation rooms' that were set up in some direct access hostels).

- **In-reach provision to the emergency accommodation**. A wide range of partners worked closely to provide support to residents in the emergency accommodation in some areas. However, there is some evidence that this took place mainly in the larger sites such as hotels and that people accommodated in dispersed properties or in pre-existing accommodation such as hostels may have had less access to this support offer.

- **Closure of day centres, resourcing re-deployed to the emergency accommodation settings**. Day centres were unable to provide access during this period. No shift to remote support was reported for these services. However, staff and resources from these services were reported as having been deployed to help elsewhere; for example, diverting food resources to emergency accommodation sites, providing meal deliveries to emergency accommodation, and assisting with the provision and delivery of toiletries and other amenities.

- **Continued contact with coordinators and key workers, albeit often virtually.** In general coordinators and key workers maintained, if not increased, their contact with clients. However, while some workers continued to deliver face-to-face support in a street outreach model, in most areas this support was provided virtually over the phone or via video calls. Creative solutions were found to increase accessibility of remote support such as all clients being bought mobile phones.

- **Creating space for physical distancing in existing provision.** In some cases homeless hostels were provided additional funding from the local authority to move some residents into hotels so as to allow for better physical distancing in the provision.

- **Increased flexibility on eligibility**. Housing associations and other housing providers offered more flex in relation to who they accepted in their properties.

*Mental health services*

- **Fewer adaptations and less flexibility than other service areas**. Mental health services were reported to have been less successful at adapting their service or being flexible to meet the needs of clients facing multiple disadvantage. Services mainly provided remote support during the period, with only the most urgent cases being seen in person. Some of the local leads we spoke to reported that there was limited mental health service provision available during the period – in part because some clients were unable to or uncomfortable to access remote support, in part due to staffing shortages.

> *"Mental health services haven't been able to flex. A lot of appointments have been struck down straight away. Unless there was a very high need or high risk, they were only really listening to practitioners where there was an imminent need."* – *Multiple disadvantage coordinator*

- **Dual diagnosis workers in the emergency accommodation**. Dual diagnosis workers were brought in to provide specialist support to clients in the emergency accommodation or through street outreach in some areas. It is understood that this was existing specialist provision but their importance as part of the response to Covid-19 was highlighted by interviewees.

- Some other adaptations were mentioned by one or two areas, but do not appear to be widespread. These include:

  - **In-hostel provision of mental health assessments and psychological support**.
  - **Improved discharge planning**.
  - **Specialist mental health service for rough sleepers and people facing multiple disadvantage** offering outreach to people on the streets/on location.

*Support for women experiencing multiple disadvantage*

- **Delivering services remotely**. Women's services mostly delivered services remotely during this period, such as hosting online support sessions. However, refuges and helplines were reported to have continued operating throughout the period.

- **Additional funding for domestic abuse services**. Domestic abuse services in several areas received additional resources to expand their work during the pandemic, for example establishing campaigns to raise awareness on the issue and setting up dedicated helplines.

- **Lack of appropriate accommodation for women**. While most local leads did not report significant changes to support for women experiencing multiple disadvantage beyond the above, one lead noted how changes in response to Covid-19 had revealed the need for more specialist accommodation in their local area, as current provision was not suitable for women facing multiple disadvantage.

*Other services*

- **Additional support from other community partners, charities and volunteers.** Partners such as community centres, soup kitchens and local charities were reported to have played an important role in the provision of meals, clothing and equipment to people who had been previously sleeping rough before being placed in emergency accommodation.

- **Adaptations from health services.** These were also reported in some of the areas we spoke with:

    - **Flexible responses from GPs.** GPs in some areas were reported to be offering additional flex, such as allowing for advocacy from support workers for clients who were uncomfortable speaking over the phone and fast-tracking the registration of clients with their surgery. However, in other areas it was reported that GPs refused to speak with anyone other than the patient.
    - **Partnership working with pharmacies**. Pharmacies worked closely with substance misuse and other support services to ensure clients were able to safely access their OST prescriptions and to facilitate the transfer of prescriptions between areas.

## 2.3 Changes and adaptations to relationships and working cultures

Local leads reported a range of changes and adaptations to relationships and working cultures. The key changes were:

- **Establishment of new panels or multidisciplinary groups.** These were established in several areas to help local partners address the needs of rough sleepers and people facing multiple disadvantage during this time. This both

strengthens and builds on the inter-agency collaboration we describe in section 3.2.

- **Increased staff autonomy and flexibility.** Staff were empowered to make their own decisions with regards to how best to support clients, which enabled more flexible approaches in the provision of support during this period:

> *"Staff who have always wanted to be flexible and work around the person have been given permission to do so which is great"* – *Multiple disadvantage coordinator*

Local leads also reported **greater inter-agency collaboration and partnership working** among the key changes. However, this largely came about as a result of the adaptations to working cultures and services and systems described above. As such they are outlined in more detail in section 3, alongside other impacts of the changes.

## 2.4 The decision-making process

Local areas tended to begin planning their response to the Covid-19 crisis through conference calls and multi-agency meetings from mid-February onwards.

The forum for making decisions varied between local areas. Some areas developed response cells to respond to the crisis on a thematic basis (for example, a Housing and Homelessness cell), while others integrated the response planning into their MEAM strategic and operational meetings.

Leadership in initial discussions and decisions also varied between areas. Across different areas key leadership was reported to stem from council Chief Executive Officers, senior commissioners within the council, council Housing team, a multi-agency team across council and service providers, and the MEAM Approach partnership.

Governance and decision-making by strategic partners and commissioners were often reported as a key strength in the local response. However, in some cases it appears that a disconnect between local strategic guidance and the feasibility of delivery led to a delay in response; closer collaboration between strategic and operational colleagues may have increased the efficiency and speed of response.

**Role of the MEAM Approach partnerships in local responses**

Much of the MEAM Approach work such as strategic and operational meetings and new referrals were reported to have stopped during this period in a number of areas. However, many of the local leads reported that the response to Covid-19 was informed by the MEAM Approach framework in their local areas. Examples of this include every client in emergency accommodation being assigned a key worker, and services using a trauma-informed approach in their provision of support to clients in emergency accommodation.

The MEAM Approach was reported to be useful in the response to Covid-19, for a number of reasons:

- There were existing relationships between services as a result of multi-agency work under the MEAM Approach. For example, in one area a MEAM Approach partner was able to quickly secure a building for emergency accommodation from another agency in the local partnership.
- Workers were already experienced in coordinating responses across services.
- A focus on issues beyond homelessness led to better support for those individuals housed in the emergency accommodation.

# 3 Impact on services and systems

## 3.1 Overview

Below we set out key reflections on the impact of the changes on services and systems supporting people facing multiple disadvantage.

## 3.2 Positives

- **Improved inter-agency collaboration and partnership working.** This relates most acutely to the efforts to accommodate all rough sleepers, with colleagues from substance misuse services, probation and police working together to ensure this transition was as smooth as possible and providing support to clients in the new accommodation wherever possible. The collaborative approach taken between statutory and voluntary sector agencies was strongly reported as one of the most successful elements of the changes:

  > *"In general – everyone is working more closely together. It's made the relationship between our service and the local authority much closer."* – *Service manager*

  This partnership working includes collaboration in the provision of accommodation, improved communications between agencies regarding prison releases, development of escalation routes between partners to effectively manage risk where support was now less structured and the wider acceptance of the need for multi-agency working. Local leads were confident that these newly formed ways of working would continue beyond the crisis period, citing the efficiency and effectiveness of the partnership working within this timeframe and the positive outcomes experienced by clients as the reasons why this collaborative approach would continue:

  > *"If people have opened their minds – can they close them again? That's the question. Can we really go back? You can't unsee these things once you've opened them. There's some sort of a sense of comfort from wanting to go back. But really, what we've been doing before – it's just not working."*
  > *– Multiple disadvantage coordinator*

- **Increased sense of community and shared purpose across agencies.** The changes described above provided a renewed sense of community and shared purpose between agencies:

  > *"Across the partnership, there's just a desire to support these individuals, and support their needs. We are just seeing that everyone really wants to keep this cohort safe and meet their needs. That was always there, but it's just heightened. There is a lot of good will."*
  > *– Local lead*

- **Working "beyond their remit".** Staff and services have been working beyond their remit in order to ensure the welfare of people facing multiple

disadvantage and to do what they can to help colleagues in other agencies. Examples include police and probation services becoming more involved in referring people into appropriate support, street outreach teams providing phones for individuals who were not on their caseloads, services taking more responsibility for clients in multi-agency settings, and a greater range of staff members working with people facing multiple disadvantage who wouldn't previously have done so (for example staff who were redeployed from other parts of organisations). The key drivers for such behaviours appear to be the risks to individuals' and public health in the crisis and the increased sense of shared purpose across agencies.

- **Swift decision-making/staff autonomy.** The Covid-19 crisis brought about a shift in the balance of risk: service and policy changes that otherwise would have taken months to implement were brought about in a swift and effective manner, and staff were afforded more autonomy in order to keep people safe from the new threat to their health. Swift service and policy changes were possible because senior staff had a clear focus on the end goal of making sure people were safe and less interest in the means of doing so, and because senior people did not have capacity to be involved in everything and so trusted staff to "get on with it". Similarly, the increased autonomy afforded to staff working directly with people facing multiple disadvantage has enabled faster decision-making for clients' care. Local leads have been reflecting on whether these levels of autonomy should be maintained in the future to allow for swifter and more timely actions.

- **Reflective practice.** The experience of delivering support during lockdown has caused workers to reflect on the way they deliver support, and whether certain clients were more suited to a less structured, more hands-off approach to the support they received - both in making more decisions about their own support and in building more skills for independence.

- **Improved relations with clients.** The consistent contact from support workers and concerted effort from services to support this group over this period has had a positive impact on clients' trust in services and the wider system.

- **Increased strategic buy-in.** A small number of local leads reported that this period of crisis has resulted in more buy-in from strategic stakeholders into the need to improve support for people facing multiple disadvantage, and better attendance at multi-agency strategic meetings (perhaps due to them being held virtually).

  > *"Something has been engendered in people about wanting to make a difference. The response to Covid-19 has been to chuck away the bureaucracy. Suddenly we're having contact with lots of senior people who are taking an interest in our clients, when they didn't before."*
  > *– Local lead*

- **A more supportive and less punitive approach to enforcement.** Local leads reported that police were taking a less punitive approach to enforcement, instead seeking to guide people facing multiple disadvantage

into appropriate support. A small number of local leads stated that police and probation did not enforce measures around physical distancing or anti-social behaviour among people facing multiple disadvantage; this was attributed to both a lack of capacity and a reluctance to do so. However, in the majority of areas, local leads reported that for the most part clients adhered well to the public health guidance around physical distancing, so such enforcement was not necessary.

- **Identification of gaps in provision.** The crisis has helped local commissioners and providers to identify gaps in their current provision. For example, one local lead noted how a need for more trauma-informed female-only accommodation in their area has been made apparent by the neglect of hidden homeless female clients during this response period.

**Impact on the MEAM Approach**

Some local leads reported that these changes have raised the profile of the MEAM Approach and the issue of multiple disadvantage more generally. In some cases it is hoped that services that have recently engaged in the partnership work during the crisis period will continue to be involved in MEAM Approach work in the future. One local area has switched its operational and strategic meeting to virtual meetings and plans to retain this format.

## 3.3 Negatives

- **Challenge of remote working and new conditions for staff**. Staff largely adapted well to the new situation of working and delivering support remotely, and were reported to have responded with resilience and creativity to the challenges the crisis posed. However, levels of stress and anxiety increased during this time, and a number of managers reported seeing the initial signs of burnout among their staff. This was also observed by the people they support:

> *"I think my workers are a bit down and depressed with it all, and a bit fed-up. They just want to get up and get everything moving again. They're feeling the same thing I am."* - *Person with lived experience of multiple disadvantage*

Some staff have also struggled with delivering support remotely as they had been trained in face-to-face settings. In some areas interviewees suspected there may have been a dip in service quality as a result.

- **Strategic and operational disconnect in planning.** In one area the protocols for the lockdown period developed at the strategic level were deemed unfeasible by operational level staff. This resulted in delays and frustration from frontline staff. This experience led to the setting up of a transition group for the next stage of response planning, with representatives from both operational and strategic groups.

- **Staff shortages.** Staff shortages were generally due to illness and self-isolation. However, in some cases these were due to staff being seconded or reclaimed by the local authority for crisis work elsewhere. Some also reported the signs of burnout beginning to emerge among frontline staff who were continuing to deliver face-to-face work.

- **Flexibilities due to individuals not systems.** Many of the flexibilities are understood to be due to individual workers or interpersonal relationships rather than any long-lasting change in local systems, and local areas will need to reflect on this if the flexibilities are to be maintained.

- **Reduced focus on person-centred care**. In some areas local leads reported that during the crisis period there had been a shift towards more 'doing for' people rather than involving people in their own support. Interviews with people with lived experience reflected that they had not been consulted with regards to the provision of their support during this time.

- **Tensions between services in relation to methods of delivery.** Some local leads spoke of a tension between services that were continuing to deliver face-to-face frontline work and those that were delivering remotely due the level of personal risk involved with delivering face-to-face work during the pandemic. For example, in one area multiple disadvantage coordinators were continuing to deliver support in person, while drug and alcohol support and mental health services had moved to delivering support remotely.

# 4 Impact on people facing multiple disadvantage

## 4.1 Overview

Below we describe the key impacts of the changes on people facing multiple disadvantage, from the perspective of the people we interviewed. Where possible we seek to distinguish between impacts of the changes to support and the impacts of the Covid-19 crisis and "lockdown" period more generally. However, these are of course inter-related.

## 4.2 Positives

- **Clients adapting and engaging well.** Local leads reported that a large number of clients had adapted well to their new circumstances, were engaging with more services and had displayed considerable resilience. For some staff, this had been a surprise and had made them think that perhaps services had tended to 'do for' people to a greater extent than was actually necessary. Some of the most common successes are set out in the points below. People were also reportedly looking out for each other during this period and had been reporting any concerns they had about other clients to staff.

- **Safe and sustained accommodation placements.** The speed and efficiency of response in the accommodation of rough sleepers was reported to be a key success for people with lived experience across the local leads we spoke with. In areas where effective partnership working had taken place around prison releases, it was reported that individuals leaving prison who would otherwise have been of 'no fixed abode' received seamless support into secure and appropriate accommodation. Moreover, many clients who had a history of rough sleeping evictions from accommodation placements were reported to be successfully sustaining their accommodation throughout the lockdown period.

- **Increased autonomy.** The majority of local leads reported that clients had had more autonomy during this period (for example in relation to accommodation and OST prescriptions) and that they had responded well to this trust that was placed in them. Local leads believe that, having been given the opportunity to prove themselves in a more independent setting, many people require less support in accommodation than previously thought.

- **Increased trust in individuals and services.** Clients' trust in their support workers and other services has increased as a result of them having 'stuck with them' throughout this crisis period. While the provision of remote support was less than ideal for many clients, the consistent contact from support workers had a positive impact on their trust in these services.

> *"[Support worker] has been even more involved with this lockdown, making sure that even though I'm on lockdown, I'm okay. She's amazing."* - *Person with lived experience of multiple disadvantage*

- **Increased engagement with substance misuse services.** This was attributed to many of the reasons set out below, as well as a decrease in the availability of drugs on the street.

- **Effective self-management of medication.** Many clients were effectively managing their own medication, including methadone scripts on one or two week prescriptions, with varying levels of oversight.

- **Positive mental health outcomes for some people where additional and appropriate support is available.** In the minority of areas where successful adaptations and flexibilities were implemented by mental health services (see section 2.2), people were reported to be experiencing improvements in their mental health. However, this is not the majority experience (see next section).

**Reasons for people facing multiple disadvantage adapting well, engaging with services and improving outcomes**

Local leads suggested a number of reasons and motivations for some people making so much progress during this period:

- **Unconditional offer.** A light touch approach with limited rules or conditions was applied to tenancies in the emergency accommodation.

- **Autonomy and responsibility.** People responded well to being afforded the trust and autonomy to navigate their own situation (whether through medication or the maintenance of accommodation) rather than following a structured support approach.

- **Trust in services.** Increased trust in services (see above) helped increase motivation and engagement.

- **Survival skills.** Skills and strengths stemming from past experiences helped people adapt well to the new situation.

- **Time for reflection.** Some people are using this time as a "springboard" for self-improvement and moving forwards or have changed their perspective with regards to their wellbeing. For example, one person we spoke with reported that:

*"My personal situation has improved, definitely – for accommodation, wellbeing, goals. I've cut down on my drinking, on my own. And I've stopped self-harming. It's [the "lockdown" restrictions] helped me relax more."* - *Person with lived experience of multiple disadvantage*

- **Provision of accommodation**. This has served as a base for wider engagement with other services.

- **Remote support.** In some cases this has improved peoples' engagement with services as they were now easier to locate. However, this may be

due to lockdown restrictions rather than due to the medium through which support was provided.

## 4.3 Negatives

- **"Knock back" to progress.** Some people have experienced the combination of changes to service availability and delivery and the "lockdown" restrictions as a general *"knock back"* to their journey and were frustrated by this. This particularly applies to people who were experiencing an improvement in outcomes prior to the crisis such as those who had worked hard to reintegrate themselves into their community and who had been engaging well with services.

  *"I have worked really hard to set myself up with lots of activities to keep me occupied and away from drugs, and I'm now struggling that I cannot do most of these activities [...] There are no positives – my life has become hell because of lockdown, I have increased drug use and associated debt […] I was doing so well. I have come a long way in my last year... I've come a long way with accommodation over my head and people giving me responsibility and the opportunity to prove myself."* - *Person with lived experience of multiple disadvantage*

- **Loss of meaningful activity.** People reported that the aspect of lockdown and the associated service changes that had impacted most negatively on their lives was the lack of activity, purpose and social interactions that would normally be fulfilled through group work, involvement with local churches or other extracurricular activities such as art and cookery. They stressed the importance of a sense of purpose that such activities lent them, and how this was something they were struggling to deal with during lockdown.

  *"[Group work] made me feel like I had a purpose. It may not seem like a purpose to much people, but it was to me."* - *Person with lived experience of multiple disadvantage*

- **Less positive experiences of emergency accommodation**. There were some instances where people were reported as not adapting well to new accommodation arrangements, specifically regarding individuals who had been housed in hostels. In some cases this resulted in increases in violence and anti-social behaviour. Reasons suggested for less positive experiences include:

  - Lower support levels provided to people accommodated in hostels where it was more "business as usual" compared to the enhanced levels of support (such as dual diagnosis workers and food package deliveries) provided in the newly opened hotels.
  - Staff shortage in hostels due to staff being required to self-isolate, which had led to restrictions and lower support levels for residents.
  - Emergency accommodation not being appropriate or staff not being appropriately trained.
  - Co-location of large numbers of residents into one hostel or hotel.

- **Challenges of engaging in remote support.** All clients we interviewed spoke about the ineffectiveness of remote support, finding it difficult to engage with support workers over the phone or video calls. Some of the most *"chaotic"* individuals were reportedly excluded from support as a result, despite clients in some areas being bought phones by services in order to enable them to access support. This was a dominant issue in relation to mental health services but was also an issue for substance misuse services. A small number of local leads reported that frustrations with remote support (as well as with the lockdown restrictions more generally) meant that after initially engaging well with support in the initial weeks of lockdown, clients were beginning to disengage.

- **Stalling of progress due to reduced or different access to services.** The majority of local leads noted that the reduced availability of face-to-face support and reduced level of service provision had led to stalling in the support plans of many people, some of whom were left awaiting assessments and referrals, including referrals to detox programmes. Moreover, some people were not comfortable with, or could not access, remote support in any sustained or consistent way. Similarly, people that had been due to engage with a new service or support found it a difficult time to begin engagement, particularly with services such as drug and alcohol support and mental health services that were providing a reduced level of support during this period.

  > *"[Drug and alcohol service] have changed too. They call me like once a month. It doesn't really do anything. Normally you'd go in for appointments. I had appointments set up – I was just starting in March. And none of them went ahead because of the virus."* - *Person with lived experience of multiple disadvantage*

- **Risk to some substance misuse service users.** In contrast to the successes reported in the previous section, the longer prescription periods and reduced oversight did not lead to positive impacts for all clients. In some cases people were reported to be selling their prescriptions or abusing medication, leading to greater substance use. However, in general this risk has been managed with daily prescriptions maintained for those who are most high risk.

- **Exclusion of vulnerable people who are not "verified" as rough sleeping.** One respondent reported that the emergency accommodation and support was only being provided to individuals that were 'verified' rough sleepers. This excluded sofa surfers and other 'hidden homeless' people from the available support, including vulnerable groups such as sex workers. However, in another area, the local lead reported how during this period, they had shifted from their previous criteria of 'entrenched verified rough sleepers' to accommodate and support any individual who approached the local authority saying they were homeless. A small number of local leads also noted that a focus on homelessness excluded from support people facing multiple disadvantage who were not homeless but who were of increased vulnerability as a result of the Covid-19 pandemic. This was reported to particularly affect vulnerable women.

- **Social isolation, anxiety and poor mental health.** Many people have not fared well with the isolation brought about by the lockdown restrictions and reduction in face-to-face contact with support workers and service staff. Some people displayed heightened anxiety and experienced a deterioration in their mental health. The limited provision of mental health services meant there was little support to alleviate their heightened anxiety, and the isolation and loneliness has led to other negative outcomes for some, such as an increase in substance misuse.

  *"I don't like to do [support] over the phone. I like to see people. It's affecting me – this has really affected me. […] It's made me cry every day. I feel like now I've got no friends whatsoever. I don't see anybody. The only people I used to see were my workers, and other peers in my group. I feel alone."* - *Person with lived experience of multiple disadvantage*

# 5 Next steps

## 5.1 Overview

Successful transition into the next phase of the Covid-19 response will require partners in local areas to learn from and reflect on their recent response, to put in place planning processes to maintain some of the positive flexibilities, and to understand the key challenges. Below we set out key findings related to each of these components of transition planning. Knowledge of and involvement in planning varied across areas.

## 5.2 Learning and reflection mechanisms to identify flexibilities

Local leads spoke of the importance of capturing learning from this period at a local level across sectors. While not all local leads that we interviewed had insight into the specific processes in place to identify flexibilities, they were confident it was taking place at a strategic level.

They were able to identify a number of mechanisms and approaches to collecting relevant data and learning:

- Discussion among partners on learning from this period in a range of reflective forums such as the Multiple Complex Needs network or local Coproduction Alliances.
- Collection of data throughout the period to support Housing First application.
- Surveying of clients regarding their experiences over this period.
- A planned review of the changes to services during this period.
- Other reflective practices for staff such as learning logs and group feedback and reflection sections.

## 5.3 Processes in place to plan for the next stage and maintain positive flexibilities

We talked to areas about what planning processes and plans were in place for the next phase of the response. The key points discussed were:

- **Leadership from Housing on the transition.** Housing services tend to be leading the work on transition, with individual move-on plans in place for each person housed in emergency accommodation in most areas and work underway in some areas to upskill residents so that they can manage their own accommodation in the future. There was less evidence of cross-sector approaches to transition planning.

- **Little evidence of client involvement in planning**. None of the people with lived experience that we spoke with were involved in local transition planning and neither was this discussed by local leads.

- **Move-on accommodation**. The majority of local leads said that their main priority for the next stage of the response to Covid-19 was securing appropriate move-on accommodation for people housed in the emergency accommodation and ensuring they do not return to the street. This is widely understood to be the main challenge for the next phase of the response, with key barriers and concerns including:

    - Shortage of suitable housing.
    - Housing providers and landlords not accepting people facing multiple disadvantage as residents.
    - Shortage of staff to assist with move-on work.
    - Lack of options for people with No Recourse to Public Funds, and increasing numbers of these individuals on the street or in emergency accommodation.
    - General lack of clarity on funding.

- **County-level strategic planning.** In two-tier local authority areas, strategic planning on the next phase of the response was reported to be happening at the county-wide level. This was understood to achieve better buy-in from partners.

- **Establishment of transition group.** Operational workers generally had less insight into the planning for the next stage of response, with the exception of one area which has founded a transition group with representation from both operational and strategic partners.

- **Prioritisation of Housing First**. The Housing First model is being embedded into transition plans in some areas.

- **Continuation of remote working where appropriate.** Many services are considering what work can be done remotely in future, and to what extent they need office space. However, this period has also highlighted that certain aspects of support must be done in person – for example, face-to-face contact is important for the effective delivery of certain services such as mental health support.

- **Continuation of collaboration.** In some areas, strands of work that were delivered together by necessity during this period would continue to work together in the future. For example, in one local area a trauma-informed counsellor who had been providing outreach to sex workers had been replaced by a local community recovery provider due to health issues. Plans are now in place for these two strands of work to better complement each other in the future.

    *"People have now become closer – constantly talking on Teams all day. I know people I never knew of – across Adult Social Care, Public*

*Health. Once we start to refer into those teams again – they're already aware of our roles."* – *Multiple disadvantage coordinator*

## 5.4 Challenges and concerns for the future

In addition to the challenges mentioned above in relation to securing move-on accommodation, the key challenges and concerns identified for the future were:

- **Funding.** This is a major concern for local leads in relation to the maintenance of current provision and the economic impact of the pandemic over the coming months.
- **Maintaining flexibilities and new productive ways of working.** Local leads were concerned that services would return to the 'status-quo' and previous ways of working once the crisis/lockdown period came to an end.
- **Timescales for restrictions easing.** For the people facing multiple disadvantage that we spoke with, the main concerns for the future related to how long restrictions would continue to be in place and when support and community activities would be restored to "normal". Their hopes for the future were generally that services, systems and social activities could return to their previous levels, as many felt stalled in the progress they had been making.
- **On-going mental health impacts.** Some local leads are also concerned about the ongoing mental health of clients as the restrictions continue, or in the aftermath of the lockdown.

# 6 Conclusions

A wide range of flexibilities and adaptations have been implemented at pace across local services supporting people facing multiple disadvantage during the Covid-19 crisis period. There have also been significant changes to relationships and working cultures among the staff working in the local system. Unsurprisingly the nature of these changes varies across services and across areas.

The experience of these changes is also varied. Some of these changes (such as the provision of emergency accommodation and support for people who were previously rough sleeping) appear to have been implemented successfully and have largely brought about positive outcomes for people facing multiple disadvantage as well as for the staff, services and systems seeking to support them. However, some of the changes, such as delivering support virtually, appear to have had mixed impacts for clients. Of course, new adaptations and flexibilities that work well for one client may not be appropriate for another.

The shift in the balance of risk during this unprecedented crisis meant that services have taken more flexible approaches, afforded clients and staff more autonomy and responsibility, and rapidly explored new ways of working in order to best support people and protect their health. As the high levels of risk subside for the moment (at least in the national psyche), the risks associated with Covid-19 may no longer be a driver for innovation in service delivery or outweigh the inherent risk in trying new ways of working. Local areas, and national government, will need to avoid a return to the status-quo of previous service delivery through a clear process of cross-sector transition planning. This research indicates that local areas are keen to maintain some of the positive changes that have been developed during this period and that planning is now underway for this, although ambition varies across local areas.

As we transition out of the crisis, local areas and national government are likely to need to consider the following in order to maintain some of the positive changes that have been developed during the pandemic:

- **Reflecting closely on learnings from the crisis period.** Local areas and national government may wish to consider which new flexibilities have been effective at improving outcomes for people facing multiple disadvantage as well as which changes have been less effective and why. A clear process will be needed for reflection and learning.

- **Cross-sector leadership and planning to ensure positive changes can be maintained.** Local areas and national government should build on the reflection and learning above, identifying the flexibilities that they wish to maintain and developing plans to ensure that this can be funded and commissioned. The provision of suitable, permanent accommodation for all who need it will be a key part of this, but wider cross-sector flexibilities will also be important.

- **Ensuring the involvement of people with lived experience of multiple disadvantage.** Local areas and national government should ensure that people experiencing multiple disadvantage are at the centre of conversations regarding the next stage of the response.

We hope that this report supports such discussion and planning. The MEAM transition framework also provides information and guidance, and is available here: http://meam.org.uk/wp-content/uploads/2020/05/Framework-transition-planning-v1.pdf.


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