

**An Evaluation of:**

**Making Every Adult Matter (MEAM) in Sunderland**

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## **Introduction**

### **1.1 Introduction**

The evaluation undertaken by Soundingboard Research and Consultancy aims to review the work of Making Every Adult Matter (MEAM) in Sunderland. This report has been commissioned by the North East Regional Homelessness Group.

### **1.2 Methodology**

We consulted with the MEAM Co-ordinator, those with responsibility for overseeing the project and key stakeholders. Our qualitative work has been supplemented by quantitative data collected by the MEAM Co-ordinator.

#### **Provider and Stakeholder interviews**

Semi structured interviews with the MEAM Co-ordinator and stakeholders covered a number of themes including issues related to the delivery of the project, the background and rationale for the project, the strengths and weaknesses of the project and the impact of the project. Interviewees included:

- MEAM Co-ordinator: Lifeline
- Manager: Tatham House
- Interim Commissioner (Drugs and Alcohol): Sunderland City Council
- Manager/Senior Practitioner: Lifeline
- MEAM Network Manager: MEAM National Team
- Operational Manager (Access to Housing): Sunderland City Council
- Partnership Service Manager: Salvation Manager
- Team Manager: Northumbria CRC
- Local Development Officer: Clinks.

Other prospective interviewees were approached, but were unavailable; this was principally through annual leave during the period of our interviews.

#### **Quantitative work**

The MEAM Co-ordinator has the task of collating data on the clients' costs when accessing services for the 12 months prior to support from MEAM (pre-enrolment) and 12 months following initial MEAM enrolment. Information is gathered in key areas (mental health/criminal justice/ substance misuse/housing) by organisations working with the MEAM caseload. Calculations are then made to evidence any decrease/increase in costs following MEAM engagement. The data detailed is for four clients accessing MEAM for whom the service has consent and has meaningful data for. We have used data collected by the MEAM Co-ordinator and by key partners to supplement our qualitative work. This information is therefore reported in good faith.

### **1.3 Background**

#### **Funding and national context**

In 2008 four national charities came together to form the MEAM coalition; the charities are:

1. Clinks which supports voluntary organisations working in the criminal justice system
2. Drugscope which supports professionals working in the drug and alcohol field
3. Homeless Link which supports frontline homelessness agencies to end homelessness
4. Mind which is the leading mental health charity in England.

The agencies formed to influence policy and services for the estimated 60,000 adults facing multiple and complex needs in England who fall through the gaps in services. The MEAM coalition's vision is for every local area to provide support and empower those people experiencing multiple and complex needs. In order to support local areas the MEAM approach was developed. The approach was developed to provide a framework for local areas to work through to provide a more flexible and coordinated approach to support adults with multiple needs (<http://vonne.org.uk/resurces/making-every-adult-matter-meam-approach-sunderland-interim-report>)

The Regional Homelessness Group (RHG) (made up of the 12 local authorities plus Homeless Link, Youth Homeless NE, Crisis, and Shelter) has identified that in all of the local authority areas in the North East there is a small group of chronically excluded people who have difficulty accessing services, are often excluded from services because of past or current behaviour or risks, cycle

through sofa surfing, hostels and rough sleeping, and tend to use expensive emergency and crisis services rather than having effective contact with planned services.

The Making Every Adult Matter (MEAM) definition for this client group is:

- They experience **several problems at the same time**, such as **mental ill health, homelessness, drug and alcohol misuse, offending and family breakdown**. These problems often develop after traumatic experiences such as abuse or bereavement.
- They have **ineffective contact with services**. People with multiple needs usually look for help, but most public services are designed to deal with one problem at a time and to support people with single, severe conditions. This leads to people not getting the help they need.
- They are **living chaotic lives**. Facing multiple problems that exacerbate each other, and lacking effective support from services, people end up in a downward spiral of mental ill health, drug and alcohol problems, crime and homelessness. They become trapped, living chaotic lives where escape seems impossible, with no one offering a way out.

Current service responses often fail people with multiple needs. Facing problems such as homelessness, substance misuse, mental health problems and repeat contact with the criminal justice system, individuals end up living chaotic lives that are costly to them and to wider society. Change requires co-ordinated, cross-sector support that can help people fulfil their potential and contribute to communities (<http://meam.org.uk/multiple-need-and-exclusions>). The North East Regional Homelessness Group funded a number of pilots to work with Adults with Multiple Needs. The first year of the work of the MEAM Co-ordinator was funded by the Regional Homelessness Group.

A six month interim report on the MEAM approach in Sunderland was published in 2015 and this report builds on this work (<http://vonne.org.uk/resurces/making-every-adult-matter-meam-approach-sunderland-interim-report>).

## **2 Findings, Discussion and Recommendations**

### **2.1 Background**

#### **2.1.1 Introduction**

The Access to Housing team within Sunderland City Council were key early advocates of the adoption of a MEAM approach within Sunderland. It was felt that the MEAM approach would build on the strong partnership working across sectors in Sunderland, with services that had a history of working with the prospective MEAM caseload. Whilst Sunderland does not have significant issues with 'rough sleepers' it was acknowledged that there was a cohort of individuals who had a history of accessing, disengaging and re-accessing services and services often closed these cases when the client disengaged. It was also hoped that the work would build on existing work which had focused on the private hostels within Sunderland and the also work undertaken in relation to hospital discharges. There was a sense that a co-ordinating role was needed and this role would support engagement and would be able to support stabilisation and progress. A further rationale for the project in Sunderland was the need to 'gather information' on the MEAM cohort and their needs and to explore the costs to the public purse in relation to these individuals.

Funding for the MEAM approach in Sunderland started in June 2014. Funding of £50k was secured for one year. Of this funding, £10k was available for a Personalisation Fund. For the second year of the project £40k has been secured from the Access to Housing (Sunderland City Council) Prevention budget.

#### **2.1.2 Foundational and preparation work**

The MEAM Co-ordinator has been in post since June 2014. Work prior to the MEAM Co-ordinator taking up their post was significant. Building alliances and relationships prior to the MEAM Co-ordinator taking up their post enabled the MEAM Co-ordinator to focus on direct engagement and co-ordination with clients when they started work. The foundational work was undertaken by key personnel from within Access to Housing and Clinks and was aimed at gaining 'buy in' from local services, with a focus on 'multiple needs' and promoting the aims of the project, which centred on working with the most 'difficult and challenging' clients in Sunderland. The MEAM approach was developed to improve co-ordination and flexibility of services provided to people with multiple and complex needs and not to develop a new service.

## **2.2 The MEAM Role and Process**

### **2.2.1 Introduction**

The Sunderland MEAM project has strong links with the Cambridge MEAM pilot and the Cambridge work has been a model that has been adopted within Sunderland (<http://meam.org.uk/wp-content/uploads/2012/06/MEAM-Pilots-Evaluation-June2012.pdf>). The key dual roles of the MEAM Co-ordinator are to support people to navigate the existing services within Sunderland and to highlight any issues related to this process.

### **2.2.2 Referrals**

Ensuring that appropriate referrals were filtered into MEAM was discussed as one of the initial aims and challenges of the project. It was acknowledged that, initially, there was a misunderstanding of the nature of the role of the MEAM Co-ordinator, with a number of agencies referring inappropriate clients into the project. However, there is now a greater understanding of the role of MEAM and referrals are now more appropriate.

Referrals are sent directly to the MEAM Co-ordinator. When the MEAM Co-ordinator considers appropriate MEAM referrals, criteria is not solely based on the New Directions Team (NDT) assessment score of the individual, but is explored in relation to other factors linked to the client and their circumstances, with a key focus on the individual's lack of engagement with services. The MEAM Co-ordinator will gather as much additional information as possible on the individual including discussing the case with the referring agent and other services who have a knowledge of the client. If the individual is regarded as a potential MEAM client then the referral and accompanying information will be circulated amongst members of the Operational Panel for discussion at the next meeting. Many of the referrals into MEAM are not discussed with the client – as the client is often not engaging with services at the time of the referral. One interviewee felt that the referral process needed to be less bureaucratic and should not be a function of the role of the Operational Group. They suggested that the MEAM Co-ordinator had the requisite skills and knowledge to assess the criteria for MEAM referral.

Between July 2014 and October 2015, MEAM had received 51 referrals from 12 agencies. Key issues identified with clients referred into MEAM included the following:

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

**94%** had issues relating to mental/emotional ill health. However, it is important to note that much of this is self-diagnosed or taken from referrer comments. Formal mental health diagnosis are assumed to be a far smaller percentage.

**92%** had a substance misuse/addiction issue.

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

The average New Directions Team (NDT) assessment score for individuals referred into MEAM was 33, indicating that they were on the higher end of the 'medium to high' spectrum of risk.

Individuals referred into MEAM therefore have a history of weak engagement with services and often have multiple and complex needs including poor mental health, substance misuse and lack of stable and secure housing.

Over three-quarters of the referrals (82%) were male. The ages of referred individuals were between 17 years and 57 years.

### **2.2.3 Assessment and relationship building process**

The MEAM Co-ordinator uses the NDT assessment with clients. The focus of the MEAM Co-ordinator role is to build a relationship with the client. During this process the MEAM Co-ordinator will ensure that clients are aware that MEAM is independent from other services and that the focus of the work will be to 'hook' clients into a 'wider network of services and support within the city'. The MEAM Co-ordinator discussed the challenge of engaging, and 'tracking down', some clients. Information gathering with key services was often a key part of this process. As the MEAM Co-ordinator has a strong profile at street level, engagement with clients is often undertaken during 'chance meetings' on the street. The initial engagement process is rooted in relationship and trust building. On the third or fourth meeting, the MEAM Co-ordinator will ask the client to sign a consent form.

One of the key strengths of the work undertaken by the MEAM Co-ordinator is the depth of the relationship the worker has developed with clients. The MEAM Co-ordinator builds a depth of knowledge on each individual, including 'the patterns of their life, their social group, their behaviour, their triggers, their routines, the interventions that have had an impact on them and the interventions that have failed to make an impact. This intense and in-depth approach had been helpful when attempting to address complex, and overlapping issues, in the lives of individuals.

#### **2.2.4 Direct Work**

The MEAM Co-ordinator has an excellent record when 'tracking' and maintaining contact with the MEAM cohort and the MEAM Co-ordinator is regarded as the first point of contact in relation to MEAM clients by many services within the locality. One of the key reasons for employing the individual as MEAM Co-ordinator were his strengths when developing relationships with clients, his proactive approach and his knowledge and relationships with local services. Much of the work of the MEAM Co-ordinator is intense and focused on a one to one approach. This work was regarded as one of the strengths of the project. There was a consensus amongst interviewees that the MEAM Co-ordinator delivered the approach, based on the needs of the client group and had an awareness of the issues that have previously impeded each client's engagement with services.

#### **2.2.5 Co-ordinating role**

Many interviewees recognised that the MEAM Co-ordinator role was a 'huge role' and that the worker had developed a very good rapport with clients and had put significant work into these relationships. However, many also acknowledged that, for MEAM to have any long-term impact in terms of system change, there needed to be an increased focus on co-ordination in the second year of the project. Interviewees recognised that the MEAM Co-ordinator had focused on relationship building and direct work in the first year of the project, in order to 'kick start' MEAM, to make a success of the project, and to lead by example. The MEAM Co-ordinator discussed the key dilemma within his role: there are situations when the MEAM Co-ordinator has the option of either directly engaging and working with the client and impacting the current situation with the client (which means that the situation is not addressed at system/service level locally); or to raise the scenario as a situation that needs addressing with partners, which may potentially impact on the client, as the situation may not be immediately addressed. The MEAM Co-ordinator often felt that he needed to act rapidly, through direct work with the client, to minimise potential serious harm to the client. Because this immediate situation has been resolved, the solution then becomes 'invisible', which minimises the potential of system change.

Many interviewees highlighted the importance for the MEAM Co-ordinator to transition from a hands-on worker role that works directly to support client need, into a strategic and co-ordinating function, to support system change in Sunderland for people with multiple needs. This was also recognised and acknowledged by the MEAM Co-ordinator. However, one interviewee, with significant national experience with projects focusing on multiple and complex needs, suggested that the way in which the project is unfolding in Sunderland is similar to many other area. Through 'getting his hands dirty' and undertaking intense direct work with MEAM clients in the first year of the project the MEAM Co-ordinator is able to identify, log and map the barriers in readiness for the second year of the project, which will focus on addressing these barriers and influencing system change.

It is also important to emphasise that elements of co-ordination have been undertaken by the MEAM Co-ordinator in the first year of the project. Many interviewees recognised that through a co-ordinating approach the MEAM Co-ordinator has a 'more complete picture of the client, their circumstances and their plans for the future': a whole person approach. This was an important aspect of the role. The multiple needs of clients (housing vulnerability, substance misuse, offending, mental health issues) and the ability of the MEAM Co-ordinator to 'pull' all these elements together and 'act as a co-ordinating force' was regarded as a strength of the project. One interviewee stated that organisations tended to 'fragment around their bureaucratic remit' and suggested that the MEAM Co-ordinator 'held the ring' for many clients and co-ordinated their care in order for services to work together within a multi-disciplinary approach. Much of the co-ordination function of the MEAM Co-ordinator role is focused on setting up meetings between professionals in relation to clients. At the time of our interview, for example, the MEAM Co-ordinator had four of these meetings set up for the forthcoming week. A key identified strength of the work of the MEAM Co-ordinator had been the way in which they had developed relationships with other professionals and had been able to convene multi-disciplinary meetings for clients and the way in which these meetings had led to tangible outcomes for clients.

The ability of the MEAM Co-ordinator to convene small multi-disciplinary teams around each client was regarded as important.

The need for workers and services within the locality to view the MEAM Co-ordinator as the case co-ordinator and not the case support worker was regarded as an important ambition for the next year. Whilst services have been increasingly flexible in some areas of practice, there is a need to ensure that the MEAM Co-ordinator increases their focus on co-ordination and that services increase their focus on key contact and direct work – as this will optimise the potential of systemic change going forward. In many respects there needs to be a reassertion of the agreed responsibilities of the referring agent on the referral form, which explicitly states that there is an expectation of the referring agent to increase their flexibility and to work more intensely with the client. The MEAM Co-ordinator and a number of key professionals who have been central to the implementation of MEAM have recognised the need to begin the process of shifting responsibility for direct work with MEAM clients from the co-ordinator to key services. They recently had a meeting wherein they identified key services to take the role of key contact with MEAM clients. As yet, arrangements have yet to be made to shift key responsibility to services.

**Recommendation/s:**

**Towards a co-ordinating role**

The MEAM Co-ordinator must focus their role on co-ordination for the second year of the project with providers stepping up their role as key worker of the clients. It is also essential that client contact is not weakened through this transitional process.

**2.2.6 Service user consultation and education**

A key strength of the MEAM approach in Sunderland is the way in which the MEAM Co-ordinator has developed an approach which places the views of the client at the centre of the approach. The MEAM Co-ordinator aims to educate and empower MEAM clients and explains the way in which services and 'the system' works and adopts a transparent way of working with clients. The MEAM Co-ordinator is aware of the need to ensure that this information is communicated in a way that is appropriate to client need. Over the next year the MEAM Co-ordinator aims to develop a formal service user consultation process and to create a platform for service users to express their views on service provision. The MEAM Co-ordinator also aims to ensure that clients do not become 'dependent' on the service.

**Recommendation/s:**

**Service user involvement**

It is important that more formal processes are developed to meaningful service user involvement in the MEAM approach over the next year. We support the ambitions of the MEAM Co-ordinator to develop this as a strand of work over the coming year. It is essential that this process is meaningful and not tokenistic.

**2.2.7 The MEAM Worker**

There was a shared consensus amongst interviewees that the MEAM Co-ordinator was the key strength of the project. He was well regarded and respected amongst colleagues in the locality. Key attributes are discussed below:

***Knowledgeable and skilled***

The MEAM Co-ordinator was knowledgeable on the MEAM cohort and their issues and explored the 'the bigger picture' for clients. The MEAM Co-ordinator has a good understanding of the locality, key services and has an ability to draw services together around the client. The breadth and intensity of support provided to MEAM clients was highlighted as a key strength of the project. One interviewee felt that the standard and quality of the reports delivered by the MEAM Co-ordinator had been to a very high level and that the development of the workers evaluation and analysis skills has been essential and would increase in importance throughout the second year of the project.

***Relationship building***

The MEAM Co-ordinator's ability to build and sustain relationships and to build a rapport was regarded as important. The MEAM Co-ordinator has excellent relationship and communication skills and was able to engage and involve clients. It was felt that he was respected by MEAM clients.

Similarly, building relationships with other professionals was also regarded as an important aspect of the role.

### **Approach**

The MEAM Co-ordinator was regarded as a relaxed and competent worker, with excellent interpersonal skills. He was able to approach and manage crises in a methodical and compassionate way. A number of interviewees felt that the MEAM Co-ordinator 'does what he says he is going to do'. He was regarded as an individual who had 'great compassion' for the client group and had a 'sincere belief in the client group' and was passionate about the project.

#### **2.2.8 Hosted within Lifeline**

The MEAM Co-ordinator role is hosted by Lifeline, but is regarded as independent from Lifeline. The perceived service neutrality of the role was regarded as important and had helped to 'get other people round the table'. One key interviewee suggested that hosting the post outside of the local authority was an important part of the early success of the project, as it was perceived as independent and was therefore better placed to change systems. They expressed a view that if the post was hosted by the local authority then it would be in danger of '*becoming another local authority owned project, as opposed to something that everyone took responsibility for*'. However, this was not a view shared by all interviewees, and one participant suggested that the 'quasi link' between Lifeline and the MEAM Co-ordinator was inappropriate and the role should be wholly independent of all services.

#### **2.2.9 Support for the MEAM Co-ordinator**

A senior worker at Lifeline facilitates monthly supervision with the MEAM Co-ordinator. Within this setting, there is an element of case management, but this session principally covers Lifeline issues. In addition to the support of line management within Lifeline, the MEAM Co-ordinator is also supported by a small team, including the Operations Manager (Access to Housing) and the key contact from Clinks. In this way the MEAM Co-ordinator is able to access both practical and emotional support. Support from the contact within Clinks is also 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.

#### **2.2.10 Personalisation Fund**

MEAM clients have benefited from the Personalisation Fund. This has principally been used when working with private hostels. Through the use of this fund, it was suggested that periods of homelessness have been reduced and has included securing rooms when MEAM clients have had short stays in custody. The fund has also been used as bonds for accommodation and has also been used to settle rent arrears.

### **2.3 MEAM Caseload**

The MEAM Co-ordinator holds a relatively small MEAM caseload, which often includes working intensely and over a long period of time. This impacts on capacity and the potential flow of new referrals into MEAM. At the time of our interview, the MEAM Co-ordinator had a caseload of eight clients. There is also a cohort of four or five clients with whom the MEAM Co-ordinator has regular, direct contact. The MEAM Co-ordinator also has input with a number of other individuals.

It was suggested that a number of MEAM clients 'might be on everyone's books' and agencies will have a lot of information on them, but conversely – may not have engaged with services for some time. There are also other MEAM clients who are not known to services and are regarded as 'hidden', possibly in private hostels, or are homeless. One interviewee stated that the MEAM client group were a particularly difficult group, many of whom were aged in their 40s and their 50s and have been drinking alcohol problematically for decades. Many, it was stated had 'burnt their bridges and sunk every boat'. A number of the MEAM cohort are discussed at the weekly Substance Misuse 'Cases of Concern' meeting and there is an understanding within that meeting that the MEAM Co-ordinator will be leading on any group with this cohort.

It was stated that the majority of MEAM clients, have, at some point, been involved with local safeguarding procedures and may have a history of self-harm, exploitation and abuse. The housing situation of many of the MEAM cohort was regarded as vulnerable and many are often barred from accessing local hostels for threatening and/or assaulted staff, whilst others are living in inappropriate housing or homeless, therefore compounding issues when trying to co-ordinate their care.

There was a consensus amongst interviewees that MEAM clients had been appropriately targeted and that the cohort had been well known to agencies for a number of years. It is a cohort with the highest and most complex needs, including mental and physical health issues, alcohol and/or drug issues, violence and a high number of A & E presentations. Many were also regarded as vulnerable.

## **2.4 Operational Panel and the Strategic Group**

### **2.4.1 Operational Panel**

Developing membership for the Operational Panel was undertaken by local workers prior to the MEAM Co-ordinator coming into post. This was regarded as important as this allowed the MEAM Co-ordinator to focus on client work when starting work. Membership of the Operational Panel includes representatives from the four key elements of MEAM, from within the voluntary and statutory sectors: housing, criminal justice, mental health and substance misuse. Whilst the level of seniority/role is mixed within the group, members are principally service managers, as opposed to frontline workers. Commitment to MEAM and the Operational Panel was regarded as very strong and many interviewees suggested that the panel had been one of the key successes of MEAM and that a 'solid partnership' had been built across the panel. One interviewee regarded the group as a 'strategic' operational group. The Operational Panel regularly has over 20 attendees. This compares to the size of Operational Panels within other localities of between 15 and 20 participants. One interviewee felt that the Operational Group membership had 'swept everybody in' and suggested that this was a natural way to develop such a panel during the early phase of the project, to ensure that all agencies were playing their part and to promote buy-in.

As previously discussed, one of the key functions of the Operational Panel is to discuss referrals and the panel will discuss new clients and the progress made by existing clients. An important part of the role of the MEAM Co-ordinator in the first year of the project has been attending the monthly Operational Panel. The meeting is chaired by a representative from Access to Housing, Sunderland City Council. The MEAM Co-ordinator felt that he presented much of the 'content' at the panel meeting and provided updates on the work with clients and some of the barriers to that work. It was suggested that creating a linear and easily understood narrative for each client at Operational Panel was not always an easy task – principally because of the nature of the client group. There are periods when the clients may 'withdraw' and there are periods of significant activity which rapidly becomes serious and complex. The MEAM Co-ordinator stated that updates at the meeting can be time consuming.

Many interviewees recognised the challenges when working with the MEAM cohort and were previously unsure and frustrated when trying to identify an intervention that could make a difference to the client group. It was therefore suggested that the Operational Panel offered a platform from which services could access support 'from around the table' and decreased a sense that services were 'no longer alone' when working with the client. The Operational Panel was an opportunity for all key agencies to come together and to discuss ideas and interventions for the MEAM client group. There was agreement that this had improved relationships, collaboration and joint up working when engaging with the MEAM cohort. The Operational Panel had helped to cement and strengthen working relationships.

Over the next 12 months there is an ambition to change the nature of the Operational Panel. At present, the MEAM caseload is regarded as the MEAM Co-ordinator's caseload and the focus of the Operational Panel has been to link the client in with the MEAM Co-ordinator and not necessarily share the work and take collective responsibility for the client. Many interviewees suggested that the shift of focus of the MEAM Co-ordinator going forward should also be closely tied in with the shift of the focus of the Operational and the Strategic Groups. We understand that there will be a re-examination of the terms of reference and membership of the Operational Group in the near future. This approach, we suggest, will be supported by many key agencies within the locality. A number of interviewees discussed the number of meetings locally, which often focused on elements of the same cohort: Cases of Concern; Heavy Service Users; Vulnerable Adults. It was recognised that many of these meetings were resource intensive, often involving many professionals for a significant length of time. Many regarded this as inefficient.

## 2.4.2 Strategic Group

The Strategic Group is convened every three months and is comprised of key managers and commissioners. The convening of the Strategic Group was regarded as evidence of the buy in to MEAM at senior level within the city. However, whilst many interviewees regarded the Operational Panel as largely successful, there was generally less confidence in the Strategic Group. A key function of the Strategic Group is so that any issues or barriers discussed at Operational Group, which could not be resolved, can be addressed by the Strategic Group. However, there was generally a lack of clarity regarding issues that had been escalated up to the Strategic Group and the difference that the Strategic Group had made. Conversely, there was also agreement that the Strategic Group had a potentially very important role to play in relation to MEAM in Sunderland and that the group required strengthening in order to 'utilise their power' and to enact system change.

It was also acknowledged that convening a regular group, with professionals with such seniority, was often challenging, due to their other commitments.

### **Recommendation/s:**

#### **Redefining Terms of Reference**

We support the proposed work to strengthen the roles, membership and terms of reference for both the Operational Panel and the Strategic Group and suggest this work is undertaken immediately.

## 2.5 Making a difference?

Interviewees discussed a number of ways in which MEAM had made a difference in Sunderland. These have been grouped thematically below:

### **Instilling hope and aspiration**

It was stated that for many of the MEAM clients, through their engagement with MEAM, they had experienced an opening of hope and aspiration.

### **Stabilising, developing and promoting client contact with key services**

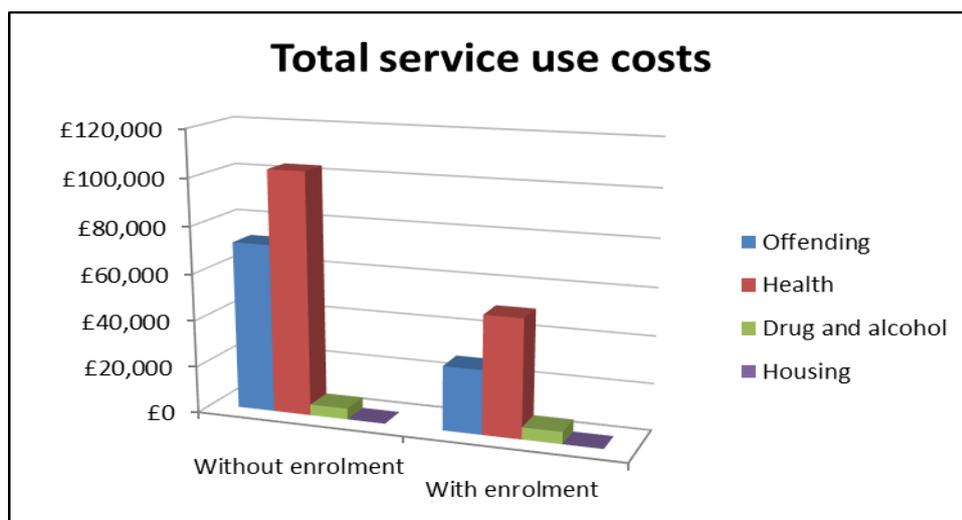
It was felt that the MEAM Co-ordinator had stabilised client contact with services for many of the client group. One individual stated that access to the Acquired Brain Injury service had been promoted by the MEAM Co-ordinator and two or three of the clients had secured assessments with this service and had started the process of exploring the extent that brain injury had impacted on their 'cognition, behaviour and physical health'. This was regarded as having a significant impact. It was suggested that clients have accessed more services and many now access support on a daily basis. It was also suggested that a number of these individuals now have 'a bit more stability'.

Many interviewees had worked with, and known, many of the MEAM caseload for many years. Improvements in health were discussed. One interviewee stated that at least two of the clients had made changes in their life. One client, who had been misusing alcohol since they were young, was now 'doing the best he had ever done'. Another client – who was regarded as the most chaotic of the caseload – had experienced 'some improvement' in his circumstances. There was a recognition that, for many of the caseload, the issues were deeply entrenched and it would take some time before significant changes were to occur.

### **Client data**

Table 2.5a details client costs when accessing services for the 12 months prior to MEAM support (without enrolment) and after 12 months MEAM support (with intervention).

**Table 2.5a**



### **Offending**

Following enrolment with MEAM, the four clients for whom we have data had only been arrested five times. This compares favourably with their offending record prior to MEAM enrolment, when they were arrested on 24 occasions. This has produced a saving of £40,831. Similarly, the four individuals attended the Magistrates Court on 15 occasions in the year prior to working with MEAM and only attended court on three occasions in the 12 months since accessing MEAM, therefore producing a saving of £12,036. Conversely, there was an increase of the clients attending prison over the two periods: 72 nights in prison pre-enrolment, compared to 185 nights when enrolled, therefore increasing costs by £8,362. In terms of offending, there was a total costs savings of £44,505 for the four clients.

### **Health**

In terms of health, it is estimated that costs for the four clients in the year prior to MEAM enrolment was £103,339 and following engagement with MEAM as £50,359; therefore evidencing overall health savings over the year of £52,980. There are two key areas that contribute towards these significant savings:

- Visits to A & E. There was a reduction from 83 visits pre-enrolment with MEAM to 36 visits when enrolled with MEAM, with estimated savings of £12,643.
- Nights in hospital. There was a reduction from 266 nights in hospital pre-enrolment with MEAM to 100 nights in hospital when enrolled with MEAM, with estimated savings of £48,804.

Conversely, increased costs were attributed to nights in hospital (mental health) from zero nights pre-enrolment with MEAM to 22 days following enrolment with MEAM, with an increase in costs of £8,272. There was also a marginal increase in costings for general contact with CMHT (Community Mental Health Team) interventions (from 72 contacts pre MEAM enrolment and 77 when enrolled with MEAM). With a small increase of costs of £195.

### **Housing**

No housing data was available for this report. A number of reasons were discussed in relation to the challenges when gathering this data. This was further complicated by additional housing payments to providers when accommodating some of the MEAM caseload.

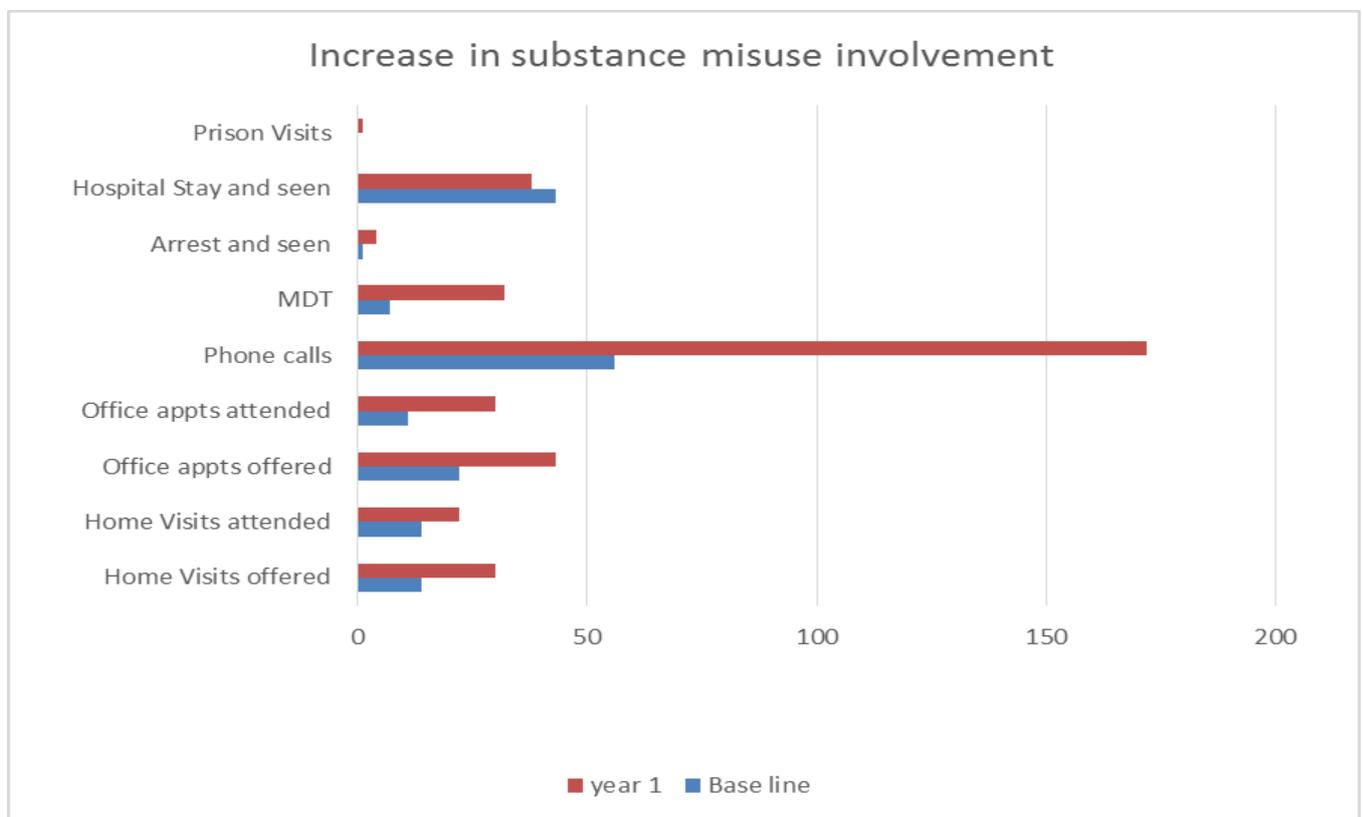
However, without the support of MEAM, and the MEAM framework, we were provided with a number of examples of clients who would have been evicted from their accommodation. MEAM has therefore reduced episodes of homelessness.

### **Drug and Alcohol**

In the year before MEAM enrolment, the four clients visited drug and alcohol services 96 times. This increased marginally to 106 visits following engagement with MEAM. This relates to an increase in

costs of £495. Additional data (as detailed in Table 2.5b) compiled in relation to the four clients and their access to drug and alcohol services also illustrates an increase in engagement with substance misuse services in the year following engagement with MEAM across a number of key areas:

- Prison visits
- Hospital Stay (and seen)
- Arrest (and seen)
- Multi-Disciplinary Team meetings
- Phone calls
- Office appointment attended
- Office appointments offered
- Home visits attended
- Home visits offered. As MEAM clients largely fall into the 'pre-contemplative' category, the most significant input from substance misuse agencies is in the area of engagement.



**Table 2.5b**

### Outcomes Star

The Outcomes Star is used with clients, but the MEAM Co-ordinator found it an 'inefficient' and often an inappropriate tool with the client group. For some of the client group, they had severe memory problems and also had difficulties understanding and interpreting the scoring system – even when they were repeatedly given an overview of how the scoring worked. The Outcomes Star is not used as a tool to support the work being undertaken with the client. It was also suggested that the Outcomes Star was inappropriate for some of the caseload as they fluctuated so hugely on a daily basis. It was suggested that the Outcomes Star would be most appropriate for clients within an aftercare context, where the groundwork had been undertaken and the individual was starting to make progress and was in a position to reflect.

**Recommendation/s:****Strengthening data**

A prime indicator in relation to MEAM clients making any progress will be the data gathered by key partner agencies. This information is then collated by the MEAM Co-ordinator. Data collection and gathering needs to be strengthened and a commitment from all key agencies in this respect must be secured. Without this data, it will be increasingly challenging to evidence the impact of the project on clients, services and on the system, as a whole.

Whilst recognising that there are complications when estimating the financial impact of MEAM in relation clients' housing, it is important that a methodology is developed over the forthcoming year to ensure that accurate costings are available for the end of the project.

**2.6 Service flexibility and systemic change**

Whilst it was recognised that there have been a number of successes with clients, a number of interviewees suggested that these have largely been due to the direct work and the determination of the MEAM Co-ordinator. There was a recognition that for long lasting and sustainable change there needs to be systemic change. The first phase of this transition will be ensuring that providers in Sunderland start to deliver the intense, direct work that is currently undertaken by the MEAM Co-ordinator. Nevertheless, it was felt that there had been some changes when delivering services to the MEAM cohort. A number of examples were provided wherein services had responded increasingly flexibly to client need; however; this was often linked to the needs of an individual client and was not linked to an embedded systemic change. We therefore gained an impression that, for a number of MEAM clients, when advocated by, and championed by the MEAM worker, services often responded flexibly. But service responses were not necessarily embedded as a systemic change for other clients going forward. It was also suggested that some services were now continuing to assertively engage with MEAM clients in circumstances in which they would have previously closed these cases. This was regarded as an achievement. It is also important to note that MEAM is a city wide collaborative effort across many services within Sunderland and the role and contribution of many of these services has impacted on some of the outcomes achieved by clients. An example was discussed by the MEAM Co-ordinator, who suggested that a 'significant portion in the reduction of nights in hospital for one individual was largely attributable to increased efforts of hospital staff'.

Some of the flexible responses from services are discussed below:

***Links between the community and prison***

Clients who previously accessed prison would have had their cases closed by community services. However, through the work of the MEAM Co-ordinator, a client's case remained open and this change in approach enabled the client to be transferred to a rehab' on release.

***Accommodation***

It was suggested that the commissioned supported accommodation provider had responded flexibly to MEAM clients and they accommodated clients who they would previously not have accommodated. They had also worked in different ways and had been able to 'think outside the box'. Within the housing support contracts there is now a focus on embedding the needs of clients with multiple needs.

***Young People***

Linked to the inclusion of multiple and complex needs in the housing related support contracts (as discussed above) has been the development of a young people's service. Centrepoint is in the process of opening a building for young people with complex needs, which will ensure that they have transitional support in place. It was suggested that without MEAM, this would not have happened.

**Recommendation/s:****Contractual obligations to the MEAM cohort**

It is important that clauses are included in all new contracts with key providers to ensure that services work flexibly with those with multiple and complex needs.

## 2.7 Going forward

A number of interviewees suggested that one of the key learning outcomes from the project has been underlining the need to intensively engage with the MEAM cohort in a way that is person-centred. This often requires patience, tenacity and flexibility. Fundamentally, locally, there is a shared understanding that there is a need, which is the responsibility of all key services within the city, to engage and work with the MEAM cohort adopting the approach demonstrated by MEAM; which has the potential to make a difference to clients.

Over the forthcoming year, focusing on systemic change is a key ambition for MEAM. It was recognised that, at present, there has been limited impact on system change within the city. Many interviewees accepted that if the MEAM Co-ordinator post was withdrawn, then very little of the work would be sustained. The work over the next year will determine the extent to which a local service response to the MEAM cohort has been developed. If successful, at the end of the second year a system should be in place in which key agencies take responsibility for MEAM clients and undertake relevant direct work with the cohort. Alternatively, if insufficient progress has been made when mainstreaming provision, an option to continue funding for a MEAM Co-ordinator post to deliver direct work on an ongoing basis with the cohort may be considered. This post could be co-commissioned from key services where savings are made: housing, substance misuse, offending and health.

We understand that the MEAM approach in Sunderland has received interest from other localities who want to learn about the approach being developed in the area. This provides a strong indication of the progress that has been made in the first year of the project.

### **Recommendation/s:**

#### **Mapping**

Over the next twelve months, the MEAM Co-ordinator needs to focus on addressing system change. This work could be supported through the use of cartography and systems mapping. We suggest that a partnership mapping event is convened to support this process. Many interviewees discussed the number of local meetings that discuss a similar cohort and have a similar membership. A local mapping exercise could also be used to support a streamlining process of these meetings within Sunderland.

## References

Evaluation of the MEAM pilots. An interim report by FTI Consulting and Compass Lexecon for Making Every Adult Matter (MEAM)

<http://meam.org.uk/wp-content/uploads/2012/06/MEAM-Pilots-Evaluation-June2012.pdf>

MEAM: Multiple needs and exclusions: <http://meam.org.uk/multiple-need-and-exclusions>

MEAM (Sunderland). MEAM approach in Sunderland. Interim Report:

<http://www.vonne.org.uk/resources/making-every-adult-matter-meam-approach-sunderland-interim-report>