

An Evaluation of:

Making Every Adult Matter (MEAM) in North Tyneside

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Summary of key findings

The MEAM Co-ordinator

The MEAM Co-ordinator in North Tyneside is based in the Adult Social Care Gateway Team within the local authority. Embedding MEAM within Adult Social Care (as opposed to a local third sector or housing provider) was regarded as a key factor linked to the success of the project.

The role of MEAM within North Tyneside is focused on 'co-ordination' and the key role of the MEAM Co-ordinator is centred on optimising the use of existing resources within North Tyneside through convening multi-disciplinary meetings (Operational Panels) to discuss clients' needs and available resources.

The focus of the work of the MEAM Co-ordinator has been to establish the MEAM framework within the locality, to establish, convene and chair the Operational Panel and the Strategic Board and to ensure that MEAM is running effectively. A significant level of skill, knowledge, tenacity, determination and organisational and relationship skills have been required to optimise co-ordination and the smooth running of MEAM in the locality. A key strength of the MEAM Co-ordinator has been the level of seniority of the individual within the role, this ensured that the individual had the authority to make timely decisions independently. This was further strengthened by the individual's strong links and networks within the local authority.

Whilst the North East Regional Homelessness Group funding for the MEAM Co-ordinator post has finished, the role has been mainstreamed within North Tyneside Council, therefore illustrating the importance and impact of MEAM locally.

Recommendation:

It is vital that the MEAM Co-ordinator continues to play a leading role in the Operational Panel and also maintain links with national MEAM learning forums and the regional Multiple Needs and Exclusion Forum. It is also vital that the MEAM Co-ordinator continues to have a profile, and influence, at strategic level at the meetings they will be attending in place of the Strategic Board.

Referrals

The MEAM Co-ordinator reviews all referrals and will filter appropriate clients into the Operational Panel. Thirty One clients have been engaged by MEAM. Forty six clients did not meet the MEAM threshold and were engaged by the MEAM Co-ordinator and her team on a brief interventions basis.

Recommendation:

We suggest that a marketing and promotion exercise is undertaken with the next tier of services to extend the potential referral stream into MEAM.

The Operational Panel and the Strategic Board

The Operational Panel is at the heart of the MEAM approach within North Tyneside and all appropriate MEAM referrals are filtered through this panel and members will discuss all the cases and will develop a joint response for each client. Panel members are drawn from a breadth of services and providers from across North Tyneside. These were sourced, targeted and approached by the MEAM Co-ordinator.

The Operational Panel meets every two weeks and the regularity of the meetings are regarded as important as this provided an opportunity for the panel to review cases on a regular and consistent basis and for panel members to provide rapid and timely feedback on the efficacy of interventions and for the panel to discuss alternatives if interventions have been ineffective.

A Strategic Board was convened to focus on addressing barriers highlighted at operational level. Strategic Board members are senior staff from key local services linked to MEAM. Attendance was generally consistent, although at some points, attendance was weak. Many of the key barriers were addressed at the Operational Panel and at operational level and did not require the specific intervention of the Strategic Board.

Recommendation/s:

The Operational Panel should explore the potential of extending its membership to include a Registered Social Landlord, a representative from the National Probation Service and a representative from the statutory mental health service (on a permanent basis).

We support the introduction of regular reviews of all cases at the Operational Panel meetings.

We also support aspirations to create an Independent Advocate role at Operational Panel meetings.

MEAM caseload

Clients engaging with MEAM have a range of needs, including housing (94%), drug and/or alcohol (87%), offending (71%), mental health (55%), at risk from others (48%) and victims of domestic violence (19%). Over two-thirds of MEAM clients were assessed as not engaging with services. Many MEAM clients were regarded as having 'burned all their bridges' and had limited accommodation options as they were regarded as 'high risk' and all clients (excluding one individual) were regarded as having 'multiple needs' (between two and eight key areas of needs). Clients have an average of four key areas of need.

Making a difference?**MEAM clients**

Many interviewees felt that many clients had made progress. Many were described as 'chaotic' when initially engaging with MEAM and had achieved an increased level of stability following engagement with MEAM. However, many interviewees also felt that a year was a short period of time to illustrate any significant change.

Clients have experienced increased co-ordination and navigation through services. They have also experienced increased access into housing and into other key services which has provided them with opportunities to access practical, one to one assistance with their tenancies and with other areas of their life.

Only three clients on the MEAM caseload were living in supported accommodation prior to accessing MEAM. Following engagement with MEAM, ten individuals had been provided access to supported accommodation. Seven clients were in receipt of floating support services prior to accessing MEAM. Following engagement with MEAM, 15 clients had been provided access to floating support services. Following engagement with MEAM, clients have therefore experienced housing stability and access to support that ensures they can be monitored and supported on an ongoing basis.

Risk assessment scoring indicates a reduced assessment of risk across the MEAM caseload from medium to high risk to low to medium risk.

Data that should be treated with extreme cautions suggests that across the 29 clients (for whom data was available) in relation to offending, 16 individuals had experienced a reduction in arrests, nine individuals had experienced the same number of arrests and only four individuals had experienced an increase in arrests.

Recommendation/s:

Agreement to share key health data was not achieved by MEAM. Pursuing this data should be considered, going forward, as evidencing these savings may support ongoing investment of MEAM.

In order to support the evidence base for MEAM in North Tyneside for the future, consideration should also be given to exploring ways in which a consistent and appropriate outcome monitoring process can be put in place.

Service delivery

MEAM has impacted on the delivery of services with the MEAM caseload in a number of different ways:

- Increased understanding from participating services of the client and their needs
- Increased mutual understanding of the roles of participating services and their capacity

- The development of open and trusting relationships of between key services linked MEAM
- MEAM optimises the use of existing resources and broadens choice
- Services have responded flexibly and developed creative approaches when working with MEAM clients
- Participating services were regarded as being less risk averse
- The development of an approach focused on tenacity and 'hope'.

Many of the changes in working practices would not have been undertaken without MEAM and whilst some changes in service provision could be regarded as providers increasing service flexibility, many of the changes could also be regarded as system changes. These include: exploring provision out of area; working with a client group previously not engaging with services (or excluded from services); working with clients at an earlier stage in their 'journey'; double funding; increased profile and priority of MEAM clients within services and across the system; strengthening post-detox pathways from hospital; exploring housing options for a cohort not previously identified as a priority; developing a single point of access; providing evidence that further supports the development of a local strategy and policy to work with a group of vulnerable women.

A key strength of the project discussed by many interviewees was the way in which MEAM has been able to illuminate key gaps and weaknesses in service provision in North Tyneside. A number of projects are being developed locally to address many of the gaps identified during the year.

Recommendation:

There has been minimal service user consultation during the first year of MEAM. There is an aspiration to develop, with partners, a service user group for MEAM clients in the next year. We suggest this is undertaken in the near future.

1 Introduction

1.1 Introduction

The evaluation undertaken by Soundingboard Research and Consultancy aims to review the work of Making Every Adult Matter (MEAM) in North Tyneside. 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: North Tyneside Council.
- Senior Manager, Adult Social Care (Gateway Team): North Tyneside Council.
- Housing Support Officer: Thirteen Care and Support.
- NTRP (North Tyneside Recovery Partnership) Service Manager (Recovery Centre and Oaktrees): Changing Lives.
- Senior Manager, Safeguarding Adults: North Tyneside Council.
- Senior Client Service Manager: Home Group.
- Senior Social Worker, Care Coordination Team: North Tyneside Council.
- Housing Advice Manager: North Tyneside Council.
- Integrated Offender Manager (IOM) Manager: Northumbria CRC.
- Neighbourhood Sergeant: Northumbria Police.
- Strategy and Partnership Manager, North East and Cumbria: Homeless Link.

Client interviews

We initially intended to interview a small number of MEAM clients in order to gain an understanding of the client experience of services, pre- and post-MEAM. We initially interviewed three clients, two of these individuals had limited experience of key services prior to MEAM and we curtailed our third interview as the individual was under the influence of alcohol. We then made many efforts over a two week period, via the MEAM Co-ordinator and through services, to engage with the client group. For a number of reasons, largely linked to the transitional and chaotic nature of the client group, we did not achieve any further interviews. We have therefore not included the results of our limited client interviews within this report as these individuals would be easily identifiable.

Quantitative work

We 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

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 is funding a number of pilots to work with Adults with Multiple Needs. The work of the MEAM Co-ordinator was funded by the Regional Homelessness Group.

2 Findings, Discussion and Recommendations

2.1 Background

2.1.1 MEAM role and background

The MEAM Co-ordinator has been in post since April 2014. The post was funded for one year by the North East Regional Homelessness Group with a grant of £48k. The MEAM Co-ordinator in North Tyneside is based within the Adult Social Care (ASC) Gateway Team and the MEAM Co-ordinator was based within this team for the year prior to MEAM. The MEAM Co-ordinator has 20 years' experience of working within housing and within a local authority context and it was evident that this depth of experience and knowledge of local housing options, linked to a strong, local and established network of local providers and key individuals has been invaluable through the delivery period of MEAM. The MEAM Co-ordinator also has vast experience when working with clients who are homeless and vulnerable. A number of interviewees suggested that embedding MEAM within Adult Social Care (rather than within a local third sector or housing provider) had been a key factor linked to the success of the project and that management within Adult Social Care had been instrumental when driving, championing and advocating for MEAM within the local authority.

2.1.2 Preparation and rationale for the MEAM approach in North Tyneside

Welfare provision was transferred into Gateway (Adult Social Care) in 2013 to provide a robust assessment of need and the skills and expertise of the team were broadened to include experience in supported accommodation, as clients were accessing Gateway with increased levels of vulnerability and with more chaotic lives.

The focus of the MEAM role within North Tyneside was discussed prior to developing the project and consideration was given to the focus of the MEAM worker as that of a 'hands on' worker engaging the client in intense direct work. However, there was a sense that this approach would limit the potential of MEAM to reach beyond a relatively small cohort (of approximately 12 individuals) over a limited period of time and there was therefore a consensus that the potential for sustainability would be limited. Adult Social Care (led by the Senior Manager, Gateway) visualised an alternative approach: a vulnerable adults' panel for a cohort of individuals who 'normally fall through the cracks' between services and whose cases often lead to serious case reviews. It was suggested that resources were being used to exclude this cohort from services, as they did not meet the criteria threshold for service provision, and that MEAM provided an opportunity to collectively support and work with this group in a more productive way in order to address the negative cyclical nature of their lives. The vision therefore focused on 'co-ordination', with the key role of the MEAM Co-ordinator centred on optimising the use of existing resources within North Tyneside through convening multi-disciplinary meetings for the client group to access and optimise the use of these resources. An operational panel was convened as the co-ordinating group for MEAM (discussed in further detail below). However, it was also recognised that a Strategic Board would also be needed to highlight and possibly address 'gaps' in provision and to promote strategic buy-in. Prior to the delivery of MEAM the co-ordinator used this time for preparation, including researching other MEAM projects, identifying and approaching key personnel for the Operational Panel and the Strategic Board. At this stage in the process, the support provided by a key contact within Homeless Link was also regarded as both invaluable and appropriate.

2.2 The MEAM Process in North Tyneside

2.2.1 Referrals into MEAM

The MEAM Co-ordinator adapted an existing referral form for the Bed and Breakfast Gateway and Housing Support referral form to include referrals to MEAM. It was suggested that this provided an early indication to providers and stakeholders that the local authority was willing to be flexible and to explore changes of its own processes and procedures in order to optimise a MEAM approach.

Referring agencies are asked to identify the service they require and the form includes a number of key areas in relation to the client:

- Personal Details
- General Housing Information
- Health and Wellbeing
- Offending
- Emergency Contact Details
- Risk Assessment
- Additional Information.

When a referral is received and it has been identified as requiring MEAM input, the MEAM Co-ordinator then reviews the referral. If deemed appropriate the case would be placed on the agenda for the next Operational Panel. However, if the case is regarded as urgent, and an intervention could not wait until the next panel, then the Changing Lives Outreach team will be asked to undertake a welfare check, or there would be direct contact with the client by the MEAM Co-ordinator and her team to explore other potential work with the client, until the case comes before the Operational Panel.

Managing referrals

As the year progressed there was an increased understanding of the criteria for referral. There have been limited inappropriate referrals reaching the Operational Panel, although it was acknowledged that a small number of clients who were accepted onto the MEAM caseload at the beginning of the project would not have been accepted as the project progressed. The MEAM Co-ordinator has become increasingly effective at prioritising referrals into MEAM and has been able to divert individuals inappropriate for MEAM through the provision of other options. The MEAM Co-ordinator also asserted the importance of referring clients into the Operational Panel if the panel is in a position to 'do something for the individual'. Prior to the creation of MEAM, a number of individuals who were considered to be part of the potential MEAM cohort have since engaged with MEAM, therefore indicating that MEAM has been targeted appropriately.

MEAM engagement

A total of thirty one clients have been engaged by MEAM. The table below details these referrals on a month by month basis:

Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Total
4	2	2	3	1	5	2	6	2	0	4	31

One key interviewee stated that MEAM had 'completely outstripped' the number of clients it was projected to have worked with within the year.

Age and gender of MEAM clients

The age range of MEAM clients is from 20 years to 55 years, with an average age of 36 years. Just over half of MEAM clients are female (n=16) and just under half of MEAM clients are male (n=15). The relatively high number of women accessing MEAM was regarded as surprising by a number of interviewees.

Referral streams

One of the issues discussed prior to developing MEAM was centred on ensuring that appropriate referrals are fed into the project and there was a concern that MEAM would be overwhelmed by the number of referrals – many of which, it was suggested, may be inappropriate. There were concerns that agencies would refer their 'problem cases' into MEAM. This has not been the case and the MEAM Co-ordinator and key personnel from the Operational Panel have ensured that key referral criteria for MEAM has been cascaded across all local providers. Whilst referrals have been consistent

throughout the year, the referrals have tended to come from a relatively narrow group of referring agents. Key referring agents for clients engaged with MEAM are from the local authority Care Co-ordination team (n=10), Housing Advice (n=6), and Probation (n=6). Other referrals have been received from Shelter, De Paul Trust, North Tyneside Housing and a local councillor. This relatively small group of key referring agents perhaps indicates that some individuals may be missing the opportunity to access MEAM.

Brief Intervention Clients

As discussed above, a number of referrals who did not meet the required MEAM threshold were provided with an intervention by the MEAM Co-ordinator and a social work final year student on placement with the MEAM Co-ordinator. The table below details brief interventions engagement by month:

	Feb 14	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Referrals	1	1	2	2	7	2	4	2	7	5	6	7

A total of forty six individuals have accessed support via the MEAM Co-ordinator on a brief intervention basis since February 2014. The age range of brief intervention clients is from 18 years to 90 years, with an average age of 43 years. Referrals sources for this cohort, who did not meet the threshold for a MEAM intervention are from a breadth of sources. Key agencies who referred this client group included the Police (n=11), Stonham (n=5), and Shelter (n=5). Other referring agencies included housing providers and housing support agencies, community clubs, family members, Safeguarding Adult team, Probation, Children Services and Leaving Care services.

Recommendation/s:

Marketing/Promotion Exercise

There is an opportunity to broaden the relatively narrow flow of referrals into MEAM. We suggest that a marketing and promotion exercise is undertaken with the next tier of services who may be potential MEAM referring agents. Consultation with the Operational Panel and members of the Strategic Board will help to focus this exercise.

2.2.2 Operational Panel

Introduction

The Operational Panel is at the heart of the MEAM approach within North Tyneside. All appropriate MEAM referrals are filtered through the Operational Panel and its members will discuss all the cases and will develop a joint response for each client.

Membership and structure

Membership of the Operational Panel is drawn from a breadth of services and providers from across North Tyneside. These were sourced, targeted and approached by the MEAM Co-ordinator. Prospective group membership was based on the perceived key needs of the cohort: drug and alcohol issues, offending, mental health issues and housing. Operational Panel core membership includes representatives from the following services:

- ASC Care Co-ordination
- ASC Safeguarding
- Probation
- Police
- Mental health
- Drug and Alcohol services
- Housing Support Providers.

Other staff are invited to attend, as and when appropriate; these included:

- Keyworkers (including social workers from Care Co-ordination. ASC Gateway staff/Probation Officers/NTRP staff)
- Housing (Estate Management staff and Safer Estates staff)
- DWP (Social Justice Coaches)
- Health (including the Alcohol Nurse)
- Fire Brigade (Safety Officer).

A representative from Northumbria Police started to attend the Operational Panel meetings in October/November 2014. Many interviewees regarded the attendance of the police as important, effective and positive as many MEAM clients are known to the police. Attendance at the meetings also helps the police to formulate appropriate and relevant Safety Plans.

Attendance and participation at the Operational Panel is consistently good. Many interviewees discussed the commitment to the Operational Panel from its members as one of the strengths of MEAM. Indeed, the MEAM Co-ordinator regarded the Operational Panel as one of the key achievements of the project. Most panel members are senior workers or team managers and there was a consensus that membership included 'the right people from the right organisations' although a number of suggestions for additional panel members were discussed. Perhaps, more importantly, Operational Panel members have the authority to make decisions at the meeting.

Recommendation/s:

Independent Advocate Role

The MEAM Co-ordinator has aspirations to introduce an Independent Advocate role (similar to that used at MARAC meetings) within the Operational Panel meetings. We support this aspiration and suggest that this is pursued in the immediate future.

Extended Operational Panel membership

Interviewees felt that the Operational Panel could be further optimised through the inclusion of a Registered Social Landlord, a representative from the National Probation Service and a representative from the statutory mental health service (on a permanent basis). We suggest that their potential inclusion should be discussed by the Operational Panel and an approach made, if this is regarded as appropriate.

Process

The Operational Panel meets every two weeks and the regularity of the meetings are regarded as important as this provided an opportunity for the panel to review cases on a regular and consistent basis and for panel members to provide rapid and timely feedback on the efficacy of interventions and for the panel to discuss alternatives if interventions have been ineffective. The MEAM Co-ordinator sends an agenda to Operational Panel members prior to each meeting, which includes the name of the clients coming before the panel to ensure that each panel member can collate any relevant information and bring this to the meeting. The meeting is chaired by the MEAM Co-ordinator and the referring agent will discuss the case they are bringing to the panel and the case will then be discussed by panel members. This space provides an opportunity for all panel members to discuss the case, share ideas and agree on areas where actions and interventions can be undertaken. The agenda is divided into new cases and reviews. Each case is addressed by the Operational Panel and the panel review a number of key domains in relation to each individual, including:

- Housing
- Mental Health
- Offending
- Drug and Alcohol Use
- Learning Disability/Difficulties
- Physical Health
- Family and Peer Support
- Professionals involved.

The risk of each case is also reviewed, assessed and agreed by the panel. Reviews of action taken are then discussed and an action plan will be updated for the client. Recently, more regular reviews of cases have been introduced and this was supported by a number of interviewees. Previous reviews have been undertaken following a crisis or a key event occurring thereby limiting the potential to feed information into the panel on each case on an ongoing basis. The meetings have a similar context to safeguarding meetings and minutes have been strengthened throughout the year and they were regarded as concise, easy to read and were clear on key issues such as the identification of risks, actions and practical solutions.

Recommendation/s:**Formal Review Processes**

As discussed above, case reviews at panel have generally been undertaken when a crisis or an incident occurs in the client's life. We support the introduction of regular reviews of all cases. Limited number of cases have been closed during the first year and a systematic review process may strengthen the process for case closures. Indeed, data indicates that approximately 20% of the caseload are currently identified as requiring a final review prior to closure.

Service user consultation

There has been minimal service user consultation during the first year of MEAM. There is an aspiration to develop, with partners, a service user group for MEAM clients in the next year and we suggest that this is undertaken in the near future.

2.3 Key features of the MEAM cohort**2.3.1 Key identified client needs**

The table below details the key needs of the MEAM cohort:

	No. of clients	%
Housing	29	94%
Drug and Alcohol	27	87%
Offending	22	71%
Mental health	17	55%
At risk from	15	48%
At risk to	8	26%
Dom. Violence Victim	6	19%
Dom. Violence Perp'	4	13%
Physical health	3	10%
Learning Disability	1	3%
Hospital admittance	1	3%
Hospital discharge	1	3%

The vast majority of clients (94%) had a housing need when engaging with MEAM. Vulnerability was regarded as a key factor that would trigger a referral into MEAM, this was principally linked to homelessness (and being at risk of homelessness), a lack of stable housing, insecure tenancies and sofa surfing (often in inappropriate situations). The importance of housing was discussed by many interviewees and there was a consensus that it was challenging to 'wrap' other services around an individual when they don't have housing stability. The vast majority of clients (87%) had an issue with drug and/or alcohol when engaging with MEAM. Over the two-thirds of MEAM clients (71%) are offenders. Many of the MEAM caseload are also known to the police, as vulnerable people. Over half of clients (55%) had a mental health issue when engaging with MEAM. A number of interviewees reflected on the difficulty of referring clients into key mental health services when the individual has an existing issue with drugs and/or alcohol. It was also suggested that a number of clients accessing MEAM have a 'personality disorder' which is also challenging when referring into mental health services. Many clients referred into MEAM have safeguarding issues and nearly half of the MEAM caseload (48%) were regarded as being 'at risk from' others and just under a fifth of MEAM clients (19%) are the victims of domestic violence. Individuals are often referred into MEAM during a personal crisis and many of the MEAM caseload have issues in relation to self-neglect. Many interviewees referred to an element of the MEAM caseload as 'chaotic', and many of the clients are known to key services in the locality; however, this was not always the case and a number of clients have accessed MEAM who have been previously unknown to services.

2.3.2 History of weak engagement

Data from MEAM indicates that nearly three-quarters of MEAM clients (n=23) were assessed as not engaging with services. This was supported in our interviews and there was a consensus that many MEAM clients have a history of weak engagement with services. Many interviewees welcomed MEAM as it provided an opportunity to develop a fresh approach with this cohort.

2.3.3 Lack of options

Many MEAM clients were regarded as having 'burned all their bridges' and had limited accommodation options as they were regarded as 'high risk'. Many individuals were referred into MEAM as referring agents had 'ran out of options or ideas'. Referrals were therefore being made into MEAM in order for the referring agent – and therefore the client – to benefit from the breadth of experience and knowledge of the panel.

2.3.4 Multiple and complex needs

At MEAM assessment all clients (excluding one individual) were regarded as having 'multiple needs' (between two and eight key areas of needs). Clients have an average of four key areas of need.

2.4 Strategic Board

The Strategic Board was convened as part of the MEAM process and is co-ordinated by the MEAM Co-ordinator. Identified membership of the Strategic Board include the following:

- ASC Gateway
- CVS/VODA
- ASC Safeguarding
- Probation Service
- Police
- DWP
- Housing
- Commissioning
- North Tyneside CCG
- Mental Health
- Homeless Link
- Public Health
- Drug and Alcohol treatment service
- CVS – Housing Providers.

The Strategic Board met six times during the year. It was initially convened every six weeks, but this was later changed to every three months. Strategic Board members are senior staff from key local services linked to MEAM. The main aims of the Strategic Board are to address and discuss, at a senior level, any barriers experienced within MEAM.

It was felt that attendance at the Strategic Board was generally consistent, although at some points, attendance was weak. A number of individuals felt that an increased opportunity for the voluntary sector to participate in the Strategic Board at the outset would have been beneficial. The Strategic Board provided an early opportunity to cement relationships and strengthen buy-in at a higher level for key services involved in MEAM. The key role of the Strategic Board within North Tyneside was intended to focus on addressing barriers highlighted at operational level. However, it was felt that many of the key barriers were addressed at the Operational Panel and at operational level and did not require the specific intervention of the Strategic Board. However, the board has had a role to play when gaps in services have been highlighted and members of the panel have played a role when developing some of the responses discussed below in section 2.7. In the future the role of the Strategic Board will be undertaken through the MEAM Co-ordinator reporting into a number of key strategic local boards, including Community Safety Group and the Safeguarding Adults Board.

2.5 MEAM Co-ordinator

The focus of the work of the MEAM Co-ordinator has been to establish the MEAM framework within the locality, to establish, convene and chair the Operational Panel and the Strategic Board and to ensure that MEAM is running effectively. A significant level of skill, knowledge, tenacity, determination and organisational and relationship skills have been required to optimise co-ordination and the smooth running of MEAM in the locality.

Authority and independence

A key strength of the MEAM Co-ordinator has been the level of seniority of the individual within the role, this ensured that the individual had the authority to make timely decisions independently. This was further strengthened by the individual's strong links and networks within the local authority. A key

feature of the role of the MEAM Co-ordinator is that of 'holding people to account' in terms of their role with each MEAM client.

Promoting MEAM

The MEAM Co-ordinator attends a number of meetings within the locality (including the Homeless Forum and the Multiple Exclusion Group) in order to continually promote MEAM and ensure that the needs of MEAM clients are addressed and considered across the local authority and third sector.

Brief intervention work

Whilst much of the role of the MEAM Co-ordinator has been focused on developing and co-ordinating the Operational Panel, the individual and members of her team also undertake work on a brief intervention basis with a number of individuals who have been referred into MEAM but have been assessed as not reaching the MEAM threshold. There have also been occasions when the MEAM Co-ordinator has acted as the second worker with staff from other services. Examples of direct work include supporting MEAM clients when attending appointments and attending court. We were provided with numerous examples of the MEAM Co-ordinator and her team undertaking face to face direct contact with clients. One recent example included direct work with one older woman, whom the MEAM Co-ordinator had visited four times in the week prior to our interview. This work, when undertaken, is both intense and time consuming. It was suggested that the brief intervention work has provided a number of valuable lessons for services when developing a response to this client group:

- Speed of response. As there is a very narrow window of opportunity when working with this cohort, it is essential that a response is immediate and rapid.
- Tenacity. It is important that a response is tenacious with a 'never give up' mind set.
- The importance of adopting a supportive and 'hand holding' (refer and accompany) approach and the provision of practical support.

Views on the MEAM Co-ordinator

There was a consensus amongst interviewees that one of the key strengths of MEAM in North Tyneside was the knowledge, skills, expertise and experience of the MEAM Co-ordinator. The MEAM Co-ordinator was clearly respected by her colleagues. Key themes included the following:

- Commitment and support to service providers and a deep commitment to MEAM.
- Excellent co-ordination and organisation skills and the ability to 'pull people together'.
- Approachable.
- Proactive and ready to challenge providers on the support they are providing to MEAM clients. In this respect, the MEAM Co-ordinator was regarded as an advocate for MEAM clients.
- Professional and passionate. There was a sense that the passion of the MEAM Co-ordinator helped to bring other services and partners on-board.
- A breadth of knowledge around homelessness, housing and housing support and vast experience of working within a local authority environment.
- The leadership provided by the MEAM Co-ordinator and the stewarding of MEAM, which was regarded as robust, whilst also being flexible and adaptable.
- A client focused approach and a 'can do' attitude – one that often includes direct work with MEAM clients when the need has arisen.

2.6 Making a difference?

2.6.1 Impact on clients

Thirty one clients have engaged with MEAM. Many interviewees felt that many of these clients had made progress. Many were described as 'chaotic' when initially engaging with MEAM and had achieved an increased level of stability following engagement with MEAM. Across many interviews and data collected by the MEAM Co-ordinator, an outline of progress made and work undertaken was highlighted:

- Many clients have experienced improved co-ordination and navigation through services.
- Clients have continued to engage with services and have therefore continued to address issues.
- Access into housing, including supported housing, temporary accommodation and tenancies. Support included the completion of housing and support applications. Many clients have had the opportunity to access services – including housing – that they otherwise would not have been able to access.

- Clients have continued to sustain their tenancies.
- Access to floating support services.
- Practical support with tenancies including changing locks, setting up start up packages, including access to furniture, support with utilities.
- Assistance with benefits applications.
- Anti-social behaviour liaison with housing providers and one to one support to address anti-social behaviour.
- Access to other services and support, including mental health assessment, NTRP, Changing Lives, social work capacity assessments, Care Co-ordination team, learning disabilities assessments.
- Development of joint working and support packages, including Safety Plans and 'not engaging with services' reviews.
- Addressing anti-social behaviour/harassment.
- Assessments and relationship building undertaken with MEAM clients in prison, in readiness for their return to the community.
- Access to Welfare Checks by Changing Lives and by MEAM support staff.
- One to one work to address the promotion of appropriate relationships and accessing local community resources and the promotion of engagement.

Elements of the work undertaken with the MEAM caseload were also undertaken with clients who the MEAM Co-ordinator worked with on a brief intervention basis, including:

- Access to accommodation and floating support.
- Signposting to local services and community activities and facilities.
- Support with homeless applications and advice on eviction and evictions prevented.
- Providing practical support including furniture, cooker repairs and food parcels.
- Liaison, referrals to (and occasionally joint visits with) other agencies, including NTRP, Police, Safer Estates, housing teams, GPs, Environmental Health, landlords, social workers and Housing Advice.
- Home visits and welfare checks.

The Outcome Star was not used on MEAM in North Tyneside. Those with responsibility for delivering MEAM felt that the use of this system would be inappropriate with a MEAM worker in a co-ordinating role and not working directly, or in a number of cases, not meeting MEAM clients. Issues linked to scoring consistency when the Outcome Star is completed by different workers from a range of services was also discussed as a concern.

**Recommendation/s:
Outcome monitoring**

In order to support the evidence base for MEAM in North Tyneside for the future, consideration should be given to exploring ways in which a consistent and appropriate outcome monitoring process can be put in place.

Access to accommodation and Floating Support

Only three clients on the MEAM caseload were living in supported accommodation prior to accessing MEAM. Following engagement with MEAM, ten individuals had been provided access to supported accommodation. Seven clients were in receipt of floating support services prior to accessing MEAM. Following engagement with MEAM, 15 clients had been provided access to floating support services. Following engagement with MEAM, clients have therefore experienced housing stability and access to support that ensures they can be monitored and supported on an ongoing basis.

Addressing risk

As an indication of the progression of each MEAM client, data from the New Directions risk assessment has been detailed below. To promote a scoring consistency the assessments were completed for each client following the MEAM panel, based on the knowledge that had been shared and gathered on the individual at the meeting. Completion scoring was undertaken on 31st March 2015. Scoring across a number of domains has been undertaken. A key to the scoring has been provided in appendices (appendix one). As a general indication, the lower the score the less risk within each domain. Using the New Directions assessment, individuals can be risk assessed as below:

- 0 – 12:** Minimal to low risk
- 13 – 24:** Low to medium risk
- 25 – 36:** Medium to high risk
- 37 – 48:** High to immediate risk

At the time of our review, MEAM had engaged with 31 core MEAM clients. Complete data sets relate to 29 clients (as one client had only recently been engaged and another had moved out of the area). The table below details the client risk scores at the start and end of the process:

Domain	Score on engagement	Final/Latest Score	Scoring diff (+/-)	Scoring diff (%)
Engagement with frontline services	83	53	-30	(-36%)
Intentional self-harm	44	28	-16	(-36%)
Unintentional self-harm	99	63	-36	(-36%)
Risk to others	140	78	-62	(-43%)
Risk from others	160	96	-64	(-40%)
Stress and anxiety	84	64	-20	(-24%)
Social effectiveness	46	39	-7	(-15%)
Alcohol and drug abuse)	92	70	-22	(-24%)
Impulse Control	77	43	-34	(-44%)
Housing	93	49	-44	(-47%)

As illustrated above, across all domains, significant reductions in risk-related scorings were achieved, with the vast majority of domains indicating a reduction of risk (as indicated by scoring) of up to a third, with housing (-47%), impulse control (-44%), risk to others (-43%) and risk from others (-40%) as areas where the most significant changes to risk were achieved. Overall, across all domains, the total average starting score for clients when accessing MEAM was 32, and the completed average risk-related score was 18. This represents a 44% reduction in risk-related scoring and suggests a significant reduction in risk. In terms of risk criteria, this indicates a reduced assessment of risk from medium to high risk (25 – 36) to low to medium risk (13 -24).

Health

Significant work was undertaken by the MEAM Co-ordinator, and representatives from health on the Strategic Board, to gain access to information in relation to health outcomes and use of services by MEAM clients pre- and post-MEAM, but they were unable to gain an agreement to share this information. Data that would support the development of an evidence base in terms of Cost Benefits Analysis in relation to health was therefore unavailable.

Recommendation/s:

Cost Benefits Data

Whilst we understand that many unsuccessful attempts were made to gain access to health data in order to evidence cost savings, pursuing this data should be considered going forward, as evidencing these savings may support ongoing investment of MEAM.

Offending

When an individual engages with services, there will be a subsequent impact on their offending behaviour, therefore reducing demand for the police and the criminal justice system. Arrest rates on the MEAM caseload were collated by the police. These included the twelve months prior to each individual becoming a MEAM client and the number of arrests from the point at which they engaged with MEAM. Whilst this information is of some use, it is important to note that a full post-MEAM arrest history was only available for eight of the caseload, a history of between six months and 11 months was available for 17 clients and four months arrest history for four clients. There were no records for two of the MEAM caseload. Comparative data should therefore be treated with extreme caution as we are therefore not comparing complete data sets. Moreover, the information does not include other reasons for any reduction in arrests (for example, a reduction in arrests could be linked to a custodial prison sentence). Nevertheless, across the 29 clients, the total number of arrests in the 12 months prior to engaging with MEAM was 137. Since accessing MEAM, this has been reduced to a total of 84 arrests (and of these 84 arrests, one individual was responsible for 29 arrests (nearly a third of the total). Sixteen individuals had experienced a reduction in arrests, nine individuals had experienced the same number of arrests (principally none or one arrest) and only four individuals had experienced an

increase in arrests. As an indication of cost savings, a single arrest costs the police service an average of £1,668 (Homeless Link, 2013). Moreover, the cost associated with one magistrate court attendance is £993. Therefore the potential reduction in the number of arrests and the reduction in associated costs linked to those arrests may be significant.

Time-limited

Many interviewees felt that one year was a relatively short period of time to evidence significant progress for many clients who often had enduring, complex and multiple issues. Many interviewees regarded it as important for the approach to be continued in order to see real change amongst the MEAM cohort.

2.6.2 Impact on the delivery of services to MEAM clients

Many interviewees suggested that the most significant impact of MEAM had been the way in which services now worked together and the change in these relationships had also had a subsequent impact on the client experience. The Operational Panel has been the catalyst for this shift. There was agreement that there are now much better links between services and they were now working together better. There were a number of features and outcomes linked to these improved relationships:

Increased understanding of the client and their needs

With the input of many agencies at the Operational Panel it has been possible to gain a more complete understanding of each client when they are discussed at the panel. All partners bring their knowledge of, and experience with, the client to provide a broader understanding of the life and the circumstances of the client; decisions, interventions and actions are therefore based on a more comprehensive picture of client. As many of the MEAM clients have previously worked with many of the agencies involved in the Operational Panel, this has also led to a more informed and open discussion of the efficacy of previous interventions when engaging with the client that has helped to develop future options for the client.

Increased mutual understanding of roles and capacity

The Operational Panel provides a forum to educate partner agencies on the work and remit of all services. One interviewee stated that prior to MEAM they did not have a good understanding of the work undertaken by other services and this had changed following their participation at the Operational Panel. It was also suggested that the panel had improved the understanding of statutory providers in relation to the potential support, abilities and expertise of the third sector.

Open and trusting relationships

Central to the success of the Operational Panel, has been the nurturing of a sense of shared responsibility, accountability, openness and open communications. Engagement and relationships did not begin and end within the panel meeting but continued in the community and outside of the meeting. It was regarded as 'real partnership working' and a 'step up'. Trust and the trust building process inherent within the Operational Panel was discussed as important by a number of interviewees. There was previously a lack of openness and a reticence to work with other agencies so openly, possibly linked to the quasi-competitive nature of commissioning services. It was felt that the panel had countered a real sense of 'competition' between services which had previously existed, which had impacted on the relationship between services. Many interviewees discussed the lack of competition within the panel as an important part of the MEAM process. The Operational Panel was described as a 'really supportive mechanism' where professionals felt that they could openly share their concerns about clients, with the understanding that they will have the backing of a multi-professional team. Panel members were aware that they would be supported within the group and could count on other partners to support them. This was a theme discussed by a number of interviewees who reflected on the mutual respect of panel members and a genuine openness to listen to the views and experience of other services.

Outcome and solution focused

MEAM was well regarded by interviewees and this was principally linked to their experiences of MEAM making a difference and impacting on service delivery and on the client experience and client outcomes. The Operational Panel was regarded as outcome-focused with all panel members sharing the same aims. The Operational Panel was not regarded as a 'talking shop', but a forum within which agencies 'stepped up' to work and engage with clients and where action plans would be formulated.

One interviewee stated that the Operational Panel was the most 'meaningful' meeting they attended in this regard.

Optimising the use of existing resources and broadening choice

The vision for MEAM within North Tyneside has been to focus collectively on optimising local resources, as opposed to developing a model based on an allocation panel, where the case is 'allocated' to the most appropriate agency. There is no 'dumping' of clients within the MEAM process in North Tyneside, as the referring agent will retain ownership of the client. As stated by one interviewee, '...you walk in with the client; you walk out with the client'. The focus of MEAM is therefore based on exploring other support options for the client. One interviewee also felt that being involved at the outset (when the case is presented to the Operational Panel) led to an increased sense of involvement in the case. Bringing partners together within the Operational Panel provides an opportunity to bring a wealth of local resources, expertise and knowledge to discuss each case therefore providing an opportunity to bring a fresh perspective and new ideas to each client. Through MEAM and the Operational Panel, available resources are optimised and agencies are drawn upon creatively and appropriately for different scenarios and the different strengths of agencies are matched to the needs of clients. There was also a renewed sense of hope amongst some panel members when working with some clients as there was a fresh understanding that it was possible to make a difference with this cohort through openly using the skills and expertise of other services. All panel members want to help and assist with the MEAM clients in any capacity in order to achieve change.

Through MEAM there have been increased opportunities for frontline workers to partner up with colleagues across the panel in order to work with clients when a 'second worker' is required. This is particularly beneficial for services with a lone worker or a small staff team.

Flexible and creative approaches

A key theme in our interviews was the way in which many services had responded flexibly and creatively to client need. This was regarded as particularly important in a locality such as North Tyneside, where there are a limited number of services. Examples of increased flexibility cited include the following:

- NTRP have agreed to undertake outreach work and now undertake some assessments on an outreach basis. This was welcomed by a number of interviewees as there had previously been issues when trying to get some of the MEAM cohort to the NTRP building. Engagement with the drug and alcohol provider offered an opportunity for stability so that other services can be put in place.
- The flexibility of housing providers was also discussed. It was suggested that many MEAM clients have now been accommodated who would previously not have had this opportunity. This was principally linked to the development of an appropriate package of support to support them when accommodated. Interviewees discussed the openness of Stonham, De Paul and Thirteen in this regard – when accommodating clients and when developing suitable packages of support.
- Examples of increased numbers of clients being accompanied to appointments were also provided and we gained a sense that many of these clients would have disengaged from services without this agreed, intensive and co-ordinated support.
- A number of individuals felt that strategic support when 'double funding' services for individuals was important. It was regarded as important that the MEAM Co-ordinator had the authority to make this decision at the Operational Panel.
- For some services MEAM provides a unique opportunity to demonstrate how they could work 'differently' and to showcase their flexible approach to work. This was a view discussed by one interviewee who felt that MEAM had enabled the third sector to contribute on a 'level playing field' and had subsequently gained recognition for their work.

Unlike a number of other MEAM localities, MEAM within North Tyneside did not have access to a Personalisation Fund. The MEAM Co-ordinator has therefore been creative when accessing other local funding opportunities and resources within the locality, including access to the Crisis team for food parcels, gas or electricity vouchers or for removal costs, house cleans or furniture. Other providers have also had access to internal emergency funding which has been used for MEAM clients. If a Personalisation Fund was available, the MEAM Co-ordinator stated that this fund would

not have been used for many of the items that the fund had been used for in other areas, such as haircuts, and other smaller items that have impacted on self-esteem and dignity. It was felt that spending money on these activities, when local authority spending is under increased scrutiny would not be politic or appropriate. Petty cash has been accessed for coffees with clients when meeting them in the community. It was stated that a Personalisation Fund, held by the local authority would have principally been used for rent deposits – although it was acknowledged that using the fund to access accommodation as a last resort may not necessarily have been the most appropriate response. The approach undertaken by MEAM in North Tyneside has established a template for the project to continue to access funds for clients in the future. It was also suggested that a key focus of MEAM has been ensuring that support has always been client focused including ‘asking clients what they want/need’. It was suggested that when this question is asked, individuals invariably request items that are small, achievable and ‘basic’ – such as a bus pass to visit family members. This was regarded as important learning.

Less risk averse

Linked to increased flexibility was a sense that there had been an increased sense of joint responsibility and joint ownership of cases. It was suggested that, prior to MEAM, agencies often felt they were unsupported (‘left holding the baby’) and on their own when working with some of the more chaotic clients (many of whom are now part of the MEAM cohort). Due to the sense of working within a MEAM team, many interviewees felt that they were supported when taking measured risks with clients and in this respect, there has been a developing culture of providers feeling safe to ‘fail’. There was very much a view that agencies were ‘taking more chances’. One interviewee, reflecting a view amongst many participants stated that they were therefore more inclined to ‘take a chance’ with a client, on the understanding that they would be supported by all members of the Operational Panel and they no longer felt that they would be ‘left on their own’. Other interviewees strongly supported this view. One interviewee felt that providers had been persuaded to take risks because they were aware that they had an ‘active circle of work’ supporting their work with the client.

It is also important to note that Operational Panel members are open to criticism from within their own organisation, should accepting a higher risk client lead to negative consequences for the organisation. This further underpins the importance of the support from within the Operational Panel and why its members regard it as valuable. It further illustrates the leadership, commitment and spirit of Operational Panel members.

Tenacity and ‘hope’

There was a shared view that the Operational Panel continues to seek options on an ongoing basis for clients and to explore a range of alternative options for MEAM clients. A tenacious approach has been embedded within MEAM in North Tyneside and there have been no examples of cases coming to the panel where members have concluded that there was nothing more than can be done for the individual. Hope is therefore at the core of the values of the panel, as is a belief in the MEAM process and in the client group itself.

Systemic change? Developing a model of practice

There was no consensus amongst interviewees on whether there had been any systemic change in the first year of MEAM. Interviewees suggested that MEAM used an existing process (similar to the safeguarding process) for a cohort who had not previously had access to this support. In this context, MEAM was therefore regarded as a new model of practice within an existing system. Other interviewees suggested that key partners have become increasingly flexible when responding to MEAM clients and this had therefore impacted on elements of the system of services and partnership working within North Tyneside; however, this approach had not necessarily been extended to non-MEAM clients. Nevertheless, it is important to note that many of the changes in working practices would not have been undertaken without MEAM and whilst some changes in service provision could be regarded as providers increasing service flexibility, many of the changes could also be regarded as system changes: exploring provision out of area; working with a client group previously not engaging with services (or excluded from services); working with clients at an earlier stage in their ‘journey’; double funding; increased profile and priority of MEAM clients within services and across the system; strengthening post-detox pathways from hospital; exploring housing options for a cohort not previously identified as a priority; developing a single point of access; providing evidence that further supports the development of a local strategy and policy to work with a group of vulnerable women.

There was a view amongst many interviewees that one of the most important aspects of MEAM has been the opportunity to develop a model of practice when working with, and responding to the needs of, the MEAM cohort. Agencies were previously apprehensive when working with this cohort and there was now increased confidence of the roles and responsibilities of agencies when working together with this client group, thereby creating a local model of practice when engaging with this cohort, when there is commitment, will and a supporting infrastructure.

As discussed above, it was also suggested that the work of MEAM, allied to public sector and cuts in provision, had triggered a discussion in relation to the possibility of providing more appropriate services out of area and across local authority boundaries to meet the diverse needs of this cohort. This was regarded as a cultural shift in thinking.

Internally, within North Tyneside Council, we also gained a sense amongst a number of interviewees that there had been learning points for Housing and Adult Social Care and the two respective departments had gained a better mutual understanding of how they worked and functioned.

2.7 Building on MEAM

2.7.1 Identifying gaps and building an evidence base

A key strength of the project discussed by many interviewees was the way in which MEAM has been able to illuminate key gaps and weaknesses in service provision in North Tyneside. In order to address many of the gaps identified during the year with MEAM (a number of which support existing perceived areas of weakness) a number of projects are being developed. These include the following:

Mental Health and Drug and Alcohol Issues

Single Point of Access

Access to mental health services for individuals who are misusing drug and alcohol was highlighted as an issue. However, North Tyneside Council will be working with Northumberland Tyne and Wear Mental Health Trust to create a single point of contact and it was felt that having this expertise at this point in the client journey will ensure that decisions on risk and need will be taken more quickly and effectively.

Alcohol Liaison Work

MEAM illuminated a gap in terms of patients meeting their community worker whilst still in hospital, prior to discharge for treatment for alcohol misuse. Work is currently being undertaken to address this gap to ensure that the community support worker can meet the client in hospital prior to discharge, which, it was hoped, would promote engagement when they are discharged from hospital.

Embedded social workers within NTRP

The local authority will be changing the way that it approaches the needs of drug and alcohol users with mental health issues by placing two Social Workers within NTRP. This change is not directly linked to MEAM, but will support some of issues discussed in our interviews.

A cohort of 'vulnerable women'

The MEAM process has been able to raise local awareness of a cohort of women with a breadth of issues (principally drug and alcohol issues, who are at risk of exploitation (predominantly sexual exploitation) and who often have a history of victims of abuse). MEAM has increased awareness of this cohort and their needs, and developing a response, will be addressed at local strategic level. Further discussions will be ongoing at senior level within the local authority to develop a coherent and consistent strategy to meet the needs of these women. Furthermore, it was also felt that MEAM provided an additional source for intelligence gathering on the men who were involved in exploiting these women. Discussions are also currently underway within the locality to develop accommodation for vulnerable women.

Limited housing options

MEAM had also helped to support the local evidence base in relation to the limited housing options for the MEAM cohort. In response to this, a number of additional housing options are being considered locally (including the vulnerable women's housing accommodation discussed above).

Emergency Bed Provision

Whilst there are a number of emergency housing options within the locality such as Nightstop and Bed and Breakfast accommodation, it was felt that MEAM has further underlined the importance of meeting the need for clients with a higher level of need and complexity. We understand that a number of options are under consideration. Housing First has been considered a potential option within North Tyneside MEAM and work with partners is ongoing to commission and develop this. Developing a Housing First approach is an aspiration for the next year.

2.7.2 Future role MEAM Co-ordinator

Whilst the North East Regional Homelessness Group funding for the MEAM Co-ordinator post has finished, the role has been mainstreamed within North Tyneside Council, therefore illustrating the importance and impact of MEAM locally. The MEAM Co-ordinator will continue to manage and steward the Operational Panel and the Strategy Board (until it is disbanded). The MEAM Co-ordinator has been invited to work with the commissioning team to shape and develop new accommodation models. This also allows other staff the opportunity to develop skills when working with the MEAM cohort.

Recommendation/s:

MEAM Co-ordinator

It is evident that the MEAM Co-ordinator has strongly influenced the functioning of the Operational Panel and it is vital that they continue to take a leading role in this panel. It is also important that they maintain links with national MEAM learning forums and continue to share practice with the regional Multiple Needs and Exclusion Forum. It is also vital that the MEAM Co-ordinator continues to have a profile, and influence, at strategic level at the meetings they will be attending in place of the Strategic Board.

Appendices

Appendix One: New Directions Team risk assessment North Tyneside

Engagement with frontline services

	Score description
0	Rarely misses appointments or routine activities; always complies with reasonable requests; actively engaged in tenancy/treatment.
1	Usually keeps appointments and routine activities; usually complies with reasonable requests; involved in tenancy/treatment.
2	Follows through some of the time with daily routines or other activities; usually complies with reasonable requests; is minimally involved in tenancy/treatment.
3	Non-compliant with routine activities or reasonable requests; does not follow daily routine, though may keep some appointments.
4	Does not engage at all or keep appointments.

Intentional self-harm

	Score description
0	No concerns about risk of deliberate self-harm or suicide attempt.
1	Minor concerns about risk of deliberate self-harm or suicide attempt.
2	Definite indicators of risk of deliberate self-harm or suicide attempt.
3	High risk to physical safety as a result of deliberate self-harm or suicide attempt.
4	Immediate risk to physical safety as a result of deliberate self-harm or suicide attempt.

Unintentional self-harm

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

Risk to others

	Score description
0	No concerns about risk to physical safety or property of others.
2	Minor antisocial behaviour.
4	Risk to property and/or minor risk to physical safety of others.
6	High risk to physical safety of others as a result of dangerous behaviour or offending/criminal behaviour.
8	Immediate risk to physical safety of others as a result of dangerous behaviour or offending/criminal behaviour.

Risk from others

	Score description
0	No concerns about risk of abuse or exploitation from other individuals or society.
2	Minor concerns about risk of abuse or exploitation from other individuals or society.
4	Definite risk of abuse or exploitation from other individuals or society
6	Probably occurrence of abuse or exploitation from other individuals or society.
8	Evidence of abuse or exploitation from other individuals or society.

Stress and anxiety

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

Social effectiveness

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

Alcohol and drug abuse (this includes illegal street drugs and abuse of over the counter and prescribed medication)

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

Impulse control

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

Housing

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

References

Homeless Link. What's it worth? <http://www.homeless.org.uk/sites/default/files/site-attachments/What%27s%20it%20worth%20FINAL.130501.pdf>

MEAM – Making Every Adult Matter. Multiple needs and exclusions: <http://meam.org.uk/multiple-need-and-exclusions>