MEAM

MEAM Approach evaluation: year 3 report

August 2020

Table of contents

1 Overview of the MEAM Approach

Cordis Bright would like to thank everyone involved in shaping and delivering this evaluation report. Particular thanks go to the expert by experience research group for their help in designing research tools and conducting and analysing the qualitative research, and for providing critique and challenge to early drafts of this report. Thank you also to local staff across the MEAM Approach network who have facilitated and participated in this year's research and who worked so hard alongside clients to collect the Common Data Framework data. Thank you also to all the clients who have kindly agreed for their data to be shared with the evaluation.

1.1 Introduction

This is the year 3 report for the longitudinal evaluation of the MEAM Approach. The evaluation is being delivered by Cordis Bright, an independent and specialist research and consultancy organisation. The evaluation takes place over five years between 2017 and 2022 and assesses the impact of the MEAM Approach on people facing multiple disadvantage as well as on local systems. Cordis Bright is working in collaboration with an expert by experience research group to deliver the evaluation, which takes a mixed methods approach.

The year 3 evaluation explores the implementation and impact of local work using the MEAM Approach in 27[1] MEAM Approach areas[2]. It also involved focused research on the theme of MEAM Approach partnerships.

This report is accompanied by two other documents: the year 3 technical appendix and the year 3 thematic report on MEAM Partnerships[3].

1.2 Summary of the MEAM Approach

The Making Every Adult Matter (MEAM) coalition is formed of the national charities Clinks, Homeless Link, Mind and associate member, Collective Voice.

In 2013, MEAM developed the MEAM Approach, a non-prescriptive framework to help local areas design and deliver better coordinated services for people facing

[1] i) At the time of reporting there were 31 areas in the MEAM Approach network. Seven of these areas joined the network after the beginning of year 3 and are therefore not included in the year 3 evaluation (31-7=24). In addition to these 24 areas the evaluation incudes two areas that left the network after the beginning of year 3 and one area that left in year 2 but provided anonymised client-level data for the period when they worked with clients (24+3=27). ii) Five of these 27 areas have not participated in any element of the year 3 evaluation activities.

[2] This report builds on the scoping and evaluation work conducted in years 1 and 2 of the evaluation. To find out more about the methods and findings of previous years, please read the year 1 and 2 reports here.

[3] All MEAM Approach evaluation reports are available here.

multiple disadvantage[4]. As at July 2020, it is currently being used by cross-sector partnerships of statutory and voluntary agencies in 31 local areas[5] across England. More detail about how the network developed over time is included in section 2.7 of the year 1 (scoping) report.

The MEAM Approach includes seven core elements that should be considered by all local areas, but it does not prescribe a particular way in which these elements should be achieved. Most local areas using the MEAM Approach provide specific support for people experiencing multiple disadvantage, often via a team of "coordinators". However, the MEAM Approach also supports local areas to challenge and change local systems and services so that they work more effectively and sustainability for people experiencing multiple disadvantage.

There is no central funding available for local areas using the MEAM Approach, instead the local partnerships must come together to fund and deliver the local work. The "critical friend" support provided by MEAM is free of charge to the current MEAM Approach network members, as it is supported by a grant to MEAM from the National Lottery Community Fund.

1.3 Defining multiple disadvantage

People facing multiple disadvantage experience:

> *"a combination of problems including homelessness, substance misuse, contact with the criminal justice system and mental ill health. They fall through the gaps between services and systems, making it harder for them to address their problems and lead fulfilling lives".* [6]

It is estimated that in England 58,000 people face problems of homelessness, substance misuse and offending in any one year. Within this group, a majority will have experienced mental health problems. These figures are based on service-use data and under-represent certain groups, in particular women and people from Black, Asian and Minority Ethnic (BAME) communities, who experience multiple disadvantage in different ways and may not have contact with services. MEAM is committed to understanding the experiences of these groups and to reviewing how it describes multiple disadvantage.

1.4 Ultimate goals of the MEAM Approach

The theory of change for the MEAM Approach evaluation was developed collaboratively during the scoping phase of the evaluation, with input from MEAM, Cordis Bright, local areas participating in the MEAM Approach network, experts

[4] MEAM (no date) The MEAM Approach: www.meam.org.uk/the-meam-approach [Accessed 30 June 2020]

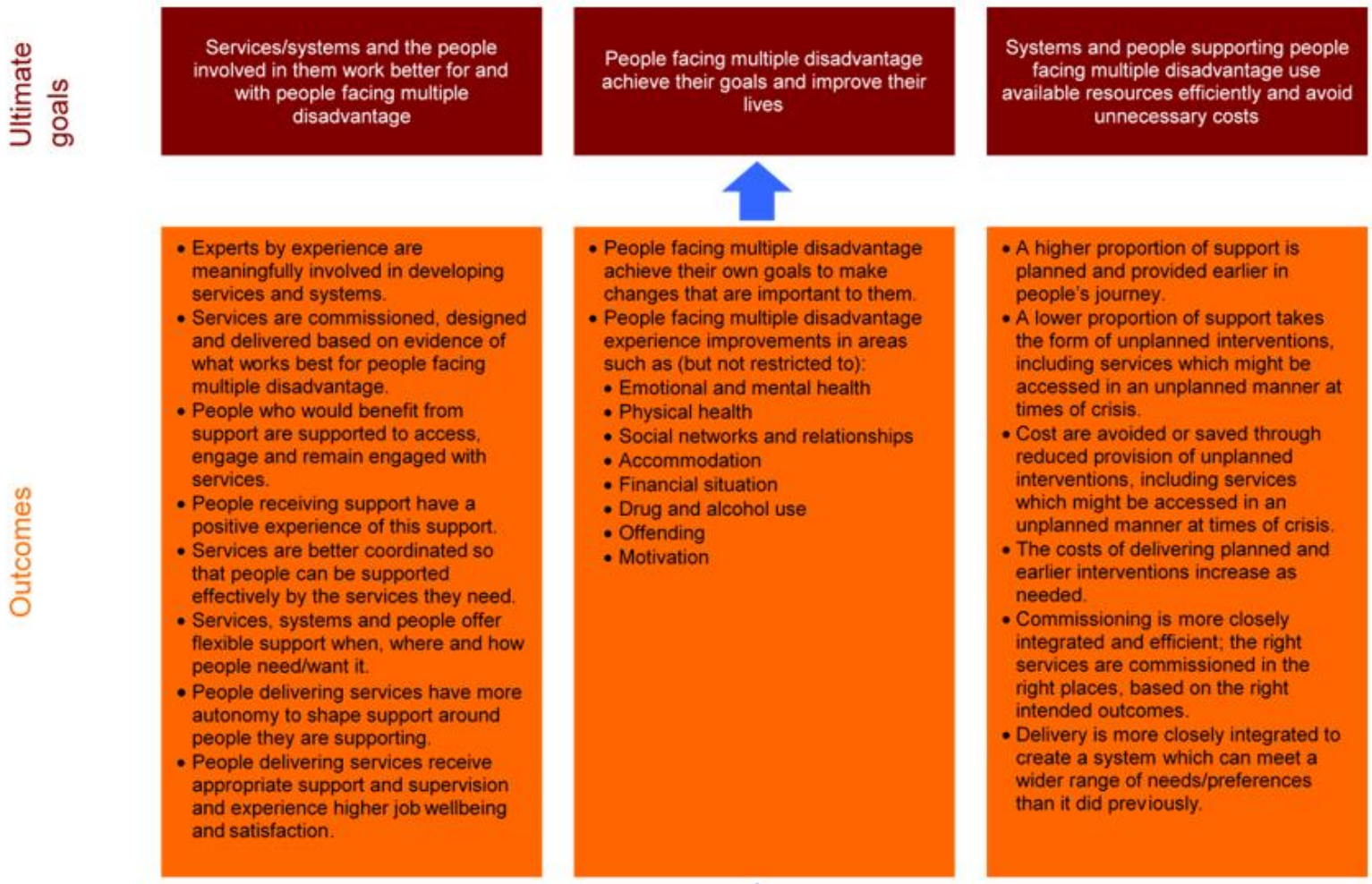
[5] See footnote 1.

[6] MEAM (no date) About multiple and complex needs: http://meam.org.uk/multiple-needs-and-exclusions/ [Accessed 30/06/2020]

by experience and the National Lottery Community Fund. It represents a shared understanding of the aims and core elements of the MEAM Approach. The evaluation takes the theory of change as a starting point for exploring whether the MEAM Approach is achieving its goals and intended outcomes.

Figure 1 summarises the ultimate goals and outcomes of the MEAM Approach, as outlined in the theory of change.

Figure 1: Ultimate goals outlined in the MEAM Approach theory of change



2 Overview of key findings

2.1 Individual wellbeing

Summary findings: Clients are making improvements in key areas of their life, and especially in their accommodation situation. The available quantitative evidence of these improvements is more robust than in previous years.

Key finding 1: Clients are making **positive progress across a range of outcomes**

Key finding 2: The **most substantial improvements relate to accommodation** (53 percentage point decrease in the number of people rough sleeping)

Key finding 3: Other key areas of progress include a **reduction in offending and better social networks**

Key finding 4: Progress in relation to **mental health remains more challenging**

2.2 Efficient use of resources

Summary findings: There is evidence of decreased A&E attendance and arrests, which is associated with cost reductions. The available quantitative evidence of these changes in resource use is more robust than in previous years. Evidence in relation to other types of unplanned service use is not currently statistically significant. The successful transition of many clients from rough sleeping into accommodation generates an increase in accommodation costs for those clients but constitutes a positive outcome of the MEAM Approach work.

Key finding 5: There are statistically significant **decreases in A&E attendances** (a decrease of 0.4 attendances per client per quarter, a 54% decrease) **and the number of arrests** (a decrease of 0.3 arrests per quarter per client, a 41% decrease). Other service use changes are not statistically significant at this time

Key finding 6: Statistically significant reductions in A&E attendance and arrests are associated with **reductions in costs**

Key finding 7: The successful transition of many clients from rough sleeping into accommodation generates an **increase in accommodation costs**

2.3 MEAM Approach partnerships

Summary findings: Local areas in the MEAM Approach network have developed a range of operational and strategic partnerships and structures to support their work. The membership, structures and the interactions between them are crucial to the efficacy and outcomes of local work using the MEAM Approach. Nearly all local areas have operational partnerships, but the strategic elements of partnerships can be challenging to set up and maintain. Co-production is a key facet of the MEAM Approach and areas are progressing in implementing it.

Key finding 8: There are **common operational and strategic structures** which underpin local areas' work using the MEAM Approach. The prevalence and efficacy of these partnership structures varies by local area

Key finding 9: Key features in effective partnerships include **strategic buy-in and strong strategic leadership, consistent representation from a wide range of relevant partners** and **strong relationships between individuals**

Key finding 10: Creating and maintaining **an active strategic presence and integrating strategic and operational work is vital but challenging**. This is not currently being achieved by all network areas

Key finding 11: Experts by experience are involved in shaping support and influencing systems change in many network areas, helping to improve outcomes for clients and for local services. Yet there is **still significant work** required to move towards full co-production across the network.

2.4 Better services and systems

Summary findings: Coordination of support for individuals has improved and there are signs that this is achieved by input from both operational and strategic staff. Systems flexibility is also increasing and becoming embedded in some areas of more mainstream provision. However, multiple disadvantage coordinators remain central to delivering better services in systems in many local areas. Long-term sustainability is closely connected to achieving and maintaining systems change, but securing sustainability of local work using the MEAM Approach remains challenging.

Key finding 12: There are **growing levels of systems flexibility**, including emerging evidence that this is becoming embedded in some types of housing provision

Key finding 13: Services are coordinating better with one another through their work using the MEAM Approach, particularly at **specific points in a client's journey or in relation to planned care**

Key finding 14: In many areas **multiple disadvantage coordinators continue to be central** to support coordination, service flexibility, positive experiences of support and increased engagement with services

Key finding 15: Local work using the MEAM Approach often centres on **specific services and inter-personal relationships**. This is a common starting point for innovations linked to systems change, but may pose **challenges for sustainability and wide-reaching system change**

3 Evaluation methodology

3.1 Summary of methodology

Figure 2 summarises the year 3 evaluation methodology, which is described in detail in the year 3 technical appendix.

Figure 2: Summary of year 3 evaluation methodology

This report includes anonymised client level data from year 1 (April 2017 to March 2018) to year 3 (April 2019 to March 2020), but it is important to recognise that the majority of local areas only started working with individuals during year 2, with three areas starting this work in year 3[7]. Data was collected using the Common Data Framework (CDF) developed for the MEAM Approach evaluation. More information on the CDF can be found in the year 3 technical appendix.

Impact of COVID-19 pandemic

The COVID-19 pandemic hit the UK in March 2020. Local services and systems supporting people experiencing multiple disadvantage underwent rapid changes in response to the pandemic. For example, services across sectors have taken more flexible approaches, afforded clients and staff more autonomy and responsibility, prioritised the accommodation of individuals who were sleeping rough, and rapidly explored new ways of working. These changes were expedited due to the sudden increase in risk to individual and public health and many (though not all) of the changes have been positive. These changes are explored in *Flexible responses during the Coronavirus crisis: Rapid evidence gathering*[8], which was commissioned by MEAM in May 2020 and delivered by Cordis Bright.

As the field work and consultation for the year 3 evaluation of the MEAM Approach took place prior to March 2020, these changes are not captured or

[7] A further three areas in the year 3 evaluation had not yet started supporting clients at the end of year 3.

[8] MEAM (2020) Flexible responses during the Coronavirus crisis: Rapid evidence gathering: http://meam.org.uk/wp-content/uploads/2020/06/MEAM-Covid-REG-report.pdf. [Accessed 30 June 2020].

discussed within this evaluation. We anticipate that the year 4 evaluation will explore these changes, their impact and the extent to which new approaches have been sustained as we transition out of the pandemic.

The Covid-19 pandemic also had several notable impacts on the evaluation. First, it reduced expert by experience input into qualitative analysis because we had to cancel a data analysis workshop which we were unable to reschedule (virtually) within the given timescales. We were, however, able to continue with all other planned expert by experience research activity through virtual means with little disruption. Second, it resulted in narrowing the scope of CDF data requested from local areas to cover quarter 4 of 2019-20 (January to March 2020), in order to reduce pressure on CDF leads, multiple disadvantage coordinators and partner services that contribute data. This is discussed in more detail in the year 3 technical appendix.

3.2 Profile of the evaluation cohort

At the end of year 3, we had received anonymised data on 579 clients[9] from 20 different MEAM Approach network areas. This represents 45% of the 1,277 clients[10] we understand to have been supported by 21 network areas[11] between 1 April 2017 and 31 March 2020.

Note on the profile of the cohort

This section describes the profile of the cohort of clients *for whom data were shared with evaluators*. It therefore does not describe the profile of the whole cohort of clients supported by interventions developed using the MEAM Approach; there are clients whose data were not shared with evaluators, for example, because they had not given their explicit consent for data sharing. We do not assume that the profile of the clients in the evaluation cohort is similar to that of the whole cohort supported by interventions.

Neither does this profile describe the cohort of clients included in the HOS, NDTA, service use and accommodation analyses. Clients were excluded from those analyses if they did not meet eligibility criteria or if data were missing.

[9] i) This figure in fact refers to episodes of support rather than clients. Within this figure are 15 clients who received two or more episodes of support during the evaluation period. Although the unit of analysis in this report is technically episodes of support instead of clients, for simplicity (given the small number of returning clients) we use the term “clients” when discussing the findings. ii) This data was of varying quality – not all data was provided for all clients in all quarters.

[10] 21 of these clients are known to have returned for a second episode of support.

[11] Three of the 27 areas included in the evaluation had not yet started supporting clients within the reporting period, and three areas did not yet have a specified cohort of clients.

The evaluation cohort is described in greater detail in the Year 3 technical appendix. In summary:

- The age of clients for whom ages were provided ranged from 18 to 72, with a mean age of 39 years.
- Women make up one third of the cohort, and men two thirds. Of these, two clients identified as transgender.
- 95% of clients described their sexual orientation as heterosexual.
- 97% of clients had UK nationality.
- 89% of clients identified their ethnicity as White English/Welsh/Scottish/ Northern Irish/British.
- 11% of the clients identified with other ethnicities: Caribbean (2%), any other White background (2%), White and Black Caribbean (1%), African (1%), any other Black/African/Caribbean background (1%), any other mixed/multiple ethnic background (1%), Irish (1%), Bangladeshi (0%), Indian (0%), Pakistani (0%), any other Asian background (0%), White and Black African (0%), Gypsy or Irish Traveller (0%), and any other ethnic group (0%).[12]
- At the time of the research (end of year three) the average length of support for a client was 12 months[13].

3.3 Further information

More information on the MEAM Approach, the network and the evaluation approach and findings can be found in the previous evaluation reports, including:

- The live evaluation framework, produced in March 2018.
- The year 1 (scoping) report, produced in March 2018.
- The year 2 mid-year report, produced in October 2018.
- The year 2 final report and methodology annex, produced in July 2019.
- The year 3 mid-year report, produced in January 2020.
- The year 3 technical appendix and partnerships thematic report, produced in August 2020.

These are available here: http://meam.org.uk/the-meam-approach/meam-approach-evaluation/

[12] Ethnicities listed at 0% are represented in the cohort but reported by less than 1% of clients.

[13] This includes clients whose support was ongoing at the end of year 3 and therefore we anticipate that average duration of support might increase in future years of the evaluation.

4 Individual wellbeing

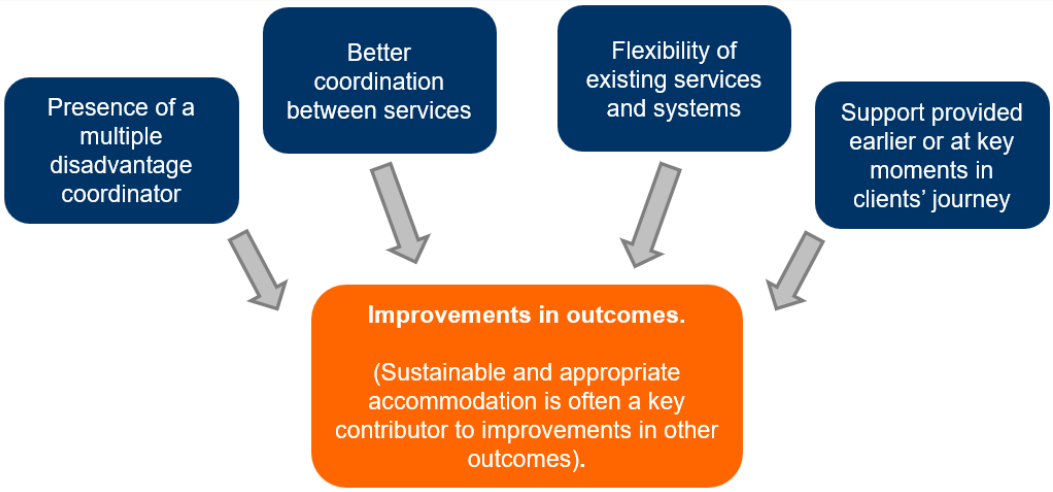
Summary findings: Clients are making improvements in key areas of their life, and especially in their accommodation situation. The available quantitative evidence of these improvements is more robust than in previous years.

4.1 Key finding 1: Clients are making positive progress across a range of outcomes

Clients supported by local work using the MEAM Approach have made progress across a wide range of outcomes, with **57% of clients making positive progress across four or more of the 10 Homelessness Outcome Star (HOS) areas between the start and end of their support** (or most recent quarter of support for clients who are still receiving support) and **84% making progress against at least one outcome area**[14]. While some clients are also experiencing negative change in some areas, this is less widespread, with only **14% of clients experiencing negative change to the same extent across four outcome areas and 44% across at least one outcome area.**

Four key elements are contributing to the improved outcomes clients are experiencing; these are outlined in Figure 3, and described in more detail throughout this report. For many clients, having sustainable and appropriate accommodation (often made possible through a combination of the four key elements) is itself a key contributor to improvements in other areas of their life.

Figure 3: Elements contributing to the improved outcomes clients are experiencing



[14] Based on analysis of Homelessness Outcomes Stars at two points in time for 158 clients. Please see year 3 technical appendix for further detail.

4.2 Key finding 2: The most substantial improvements relate to accommodation

> *"We're seeing MEAM clients who have been in stable accommodation of their own for the longest time ever – they've maintained it."*
>
> MEAM staff member

There is evidence from a range of different sources to suggest that clients are experiencing their greatest improvements in relation to accommodation and tenancy management. This is consistent with findings from the year 2 evaluation report, but in year 3 the quantitative data to support this finding is more robust. For example, CDF data on clients' accommodation status (summarised in Figure 4 below) indicates that **the proportion of people who were sleeping rough fell from 57% at the start of support to 4% at the end of support/most recent quarter of support**. Correspondingly, there were increases in the proportion of clients in two main categories of accommodation; **there was an increase from 17% to 38% of clients in temporary accommodation or accommodation under license, and an increase from 10% to 25% in rented or owner occupied accommodation**[15].

This dramatic improvement is corroborated by the HOS data (summarised in Figure 5 below). Managing tenancy/accommodation was one of the worst outcome areas for clients at the start of support, **with 50% of clients "stuck" at this point**. However, by the end of support/most recent quarter of support **24% of clients had progressed on to the "accepting help" stage** and the **proportion of clients who were in the "learning" stage had increased by 15%**[16].

The **Homelessness Outcomes Star** is a tool for supporting and measuring change across ten areas in a person's life. The tool measures progress across the "Journey of Change" from a position of being "stuck", where people are not able to face the problem or accept help, through to being "self-reliant", where they can manage the issue without help.

Stakeholders from local areas using the MEAM Approach and from the MEAM team reported that clients were maintaining accommodation when it

[15] i) Based on analysis of accommodation status data at two points in time for 229 clients. See year 3 technical appendix for further detail on approach to analysis. ii) Changes are statistically significant to the 95% confidence level based on McNemar chi-square test, meaning that there is a 95% chance that the change is **not** due to chance.

[16] i) Based on analysis of Homelessness Outcomes Stars at two points in time for 158 clients. Please see year 3 technical appendix for further detail. ii) Changes are statistically significant to the 95% confidence level based on McNemar chi-square test, meaning that there is a 95% chance that the change is **not** due to chance. iii) The NDTA data provides further evidence for this trend; it shows housing to be the second worst outcome area for clients at the start of support (with 58% of clients experiencing the highest score in this area, indicating a high level of need) yet 38% of clients have made progress in this area (the highest level of progress) by the end of their support/most recent quarter of support (n=159). Please see year 3 technical appendix for further detail.

was suited to their needs. They also highlighted that the provision of sustainable and appropriate accommodation contributed to positive outcomes in other areas of clients' lives, such as a reduction in offending and substance misuse.

*Figure 4: Client accommodation at beginning of support period and at end of support/end of most recent quarter of support, and the net change (n=244) (statistically significant changes[17] in **bold**)[18]*

Accommodation grouping[19]	% of clients			Accommodation type	% of clients		
	Initial accom.	Last/ most recent accom.	Net change		Initial accom.	Last/ most recent accom.	Net change
Rough sleeping	**57%**	**4%**	**-53%**				
Family and friends	6%	8%	+2%				
In accommodation (temporary or license i.e. no tenancy agreement)	**17%**	**38%**	**+21%**	Night shelter	0%	1%	+1%
				B&B/private hostel	5%	8%	+4%
				Emergency or assessment bed within a service	**7%**	**1%**	**-5%**
				Supported accommodation (licence)	**6%**	**27%**	**+21%**

[17] Significant to the 95% confidence level based on McNemar chi-square test, meaning that there is a 95% chance that the change is **not** due to chance.

[18] Percentages are rounded to whole numbers - this introduces some rounding errors when comparing time 1 and time 2 percentages and percentage change.

[19] These groupings have been agreed with CFE Research to ensure that future analyses of accommodation use within the national MEAM Approach and national Fulfilling Lives evaluation are comparable.

Accommodation grouping[19]	% of clients			Accommodation type	% of clients		
	Initial accom.	Last/ most recent accom.	Net change		Initial accom.	Last/ most recent accom.	Net change
In accommodation (long-term supported, with tenancy agreement)	4%	7%	+3%				
In accommodation (own or shared tenancy, with or without floating support)	**10%**	**25%**	**+15%**	**Own tenancy (social housing)**	**7%**	**17%**	**+10%**
				Own tenancy (private rented)	**3%**	**7%**	**+5%**
				Own tenancy (owner occupier)	0%	0%	0%
				Shared tenancy	0%	0%	0%
Prison	6%	8%	+2%				
Other	**0%**	**3%**	**+3%**				
Not given	**0%**	**7%**	**+7%**				

Figure 5: Analysis of Homelessness Outcomes Star - Proportion of clients at each stage of the Journey of Change at end of support/most recent quarter of support (%) and percentage point change from start of support (n=158) (statistically significant changes[20] in bold; darker shading indicates a higher proportion of the cohort are scored at this stage for the outcome area when compared to other outcome areas)[21]

Outcome area	Time 2 HOS (% of clients within HOS stage of journey) / Percentage point change from time 1									
	Stuck		Accepting Help		Believing		Learning		Self-reliance	
Motivation	25%	**-18 %**	30%	-3 %	27%	**+13 %**	16%	**+8 %**	3%	+1 %
Self-care	22%	**-20 %**	23%	-5 %	29%	**+15 %**	23%	**+11 %**	2%	-1 %
Managing money	22%	**-21 %**	30%	-6 %	31%	**+17 %**	13%	**+8 %**	4%	+2 %
Social networks	20%	**-27 %**	34%	-1 %	34%	**+20 %**	9%	**+6 %**	3%	**+3 %**
Drug and alcohol misuse	30%	**-17 %**	34%	+6 %	18%	**+7 %**	9%	+1 %	9%	+3 %
Physical health	17%	**-20 %**	37%	+7 %	28%	+5 %	16%	**+7 %**	1%	+1 %
Emotional/ Mental health	29%	**-18 %**	34%	-2 %	27%	**+15 %**	9%	+5 %	1%	+1 %
Meaningful use of time	30%	**-20 %**	28%	-2 %	28%	**+15 %**	11%	+5 %	2%	+2 %
Managing tenancy and accommodation	25%	**-24 %**	29%	-1 %	22%	+6 %	19%	**+15 %**	5%	**+4 %**
Offending	20%	-4 %	13%	**-9 %**	21%	+1 %	16%	+5 %	30%	**+7 %**

[20] Significant to the 95% confidence level using the McNemar chi-square test, meaning that there is a 95% chance that the change is **not** due to chance.

[21] i) HOS falling within -1 to +3 months of the start of client's support were considered eligible time 1 data. ii) Quarter 13 HOS data were included as a proxy for quarter 12 data for eight clients. iii) Percentages are rounded to whole numbers - this introduces some rounding errors when comparing time 1 and time 2 percentages and percentage change.

4.3 Key finding 3: Other key areas of progress included a reduction in offending and better social networks

4.3.1 Reductions in offending

After accommodation, reduced involvement with the criminal justice system was the second key outcome in which stakeholders from local areas using the MEAM Approach reported that clients were experiencing improvements.

Importance of police partners' engagement in MEAM Approach partnerships

Stakeholders in a number of local areas reported that police engagement in their local MEAM Approach partnership structure allowed stronger working relationships to be built and helped to change perceptions of people experiencing multiple disadvantage and how they might best be supported:

"We've been working with them [clients] and the police, and helping them to develop a relationship with each other. We've tried to help the police understand why [individuals] behave this way, that it's not necessarily that they want to be difficult. We're getting the police to see them as a person – by them attending the multi-agency [meetings], they see them in a different setting."

Local area lead

The CDF service use data identified a small but statistically significant decrease in arrests and this is discussed further in section 5.1. Equally, the HOS data (summarised in Figure 5 above) provides evidence that people are making improvements in relation to offending, although at the start of support offending was rated better than many other HOS areas and greater improvements are evident in other HOS outcomes. **25% of clients are "stuck" in relation to offending at the start of support and 22% are already at "self-reliance"**. By the end of support/most recent quarter of support, **only 20% of clients are stuck** and the **proportion of clients at the "learning" and "self-reliance" stages of the journey of change has increased by 5% and 7% respectively**[22].

4.3.2 Improvements in social networks

The HOS data indicates that social networks are an area of strong improvement for clients**. 52% of clients made positive change** in this outcome (joint highest improvement rate with managing tenancy/accommodation) whereas **only 7%**

[22] i) Based on analysis of Homelessness Outcomes Stars at two points in time for 158 clients. ii) The increase in the proportion of clients at "self-reliance" is statistically significant to the 95% confidence level based on McNemar chi-square test, meaning that there is a 95% chance that the change is **not** due to chance. iii) Percentages are rounded to whole numbers - this introduces some rounding errors when comparing time 1 and time 2 percentages and percentage change.

saw a negative change. In fact, **47% of clients were "stuck" in relation to social networks at the start of support but this had fallen to 20% by the end of support/most recent quarter of support** (the largest reduction across all outcome areas). The proportion of clients who were in the "believing", "learning" and "self-reliance" stages all saw statistically significant increases too[23]. Interestingly, however, stakeholders from local areas using the MEAM Approach often reported social networks to be one of the outcome areas where clients experience less improvement.

4.4 Key finding 4: Progress in relation to mental health remains more challenging

> *"It's really difficult to separate mental health and behaviour and substance misuse, and we don't have a service or a team that is able to separate the two and work on them as a whole. Or even a service that's willing to provide structured interventions from a clinical point of view for people using substances."*
>
> Local area lead

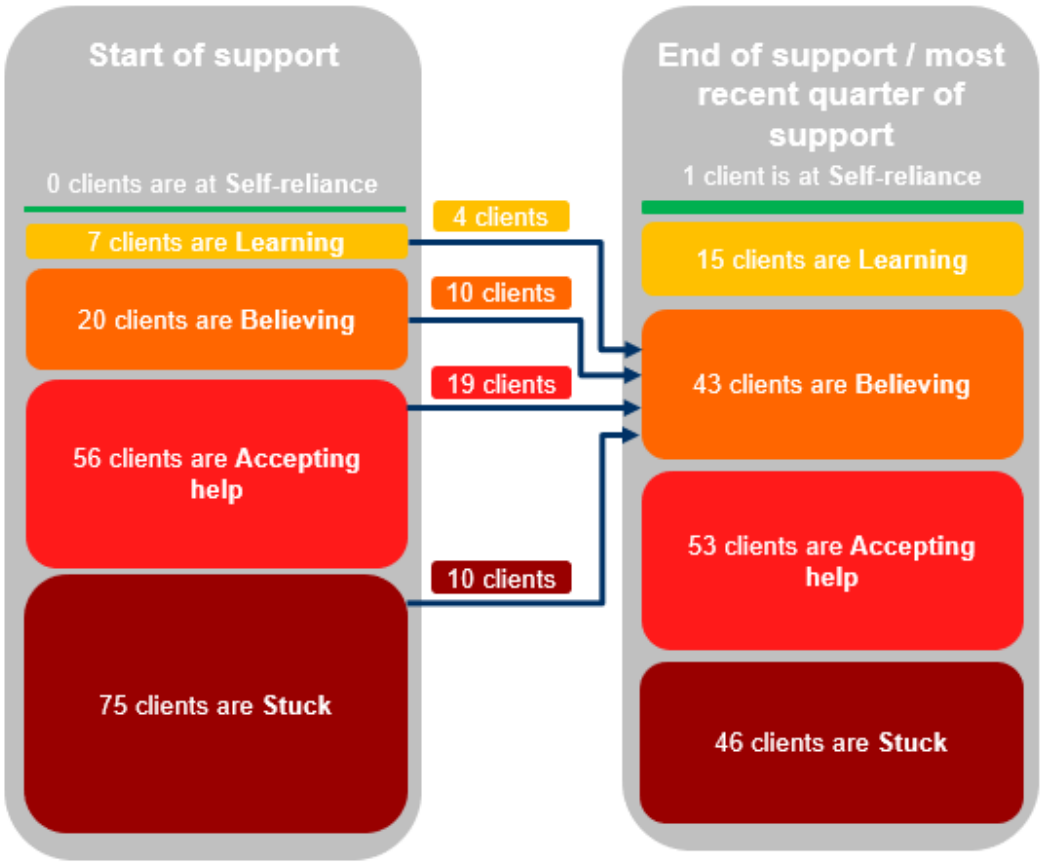
Mental health was consistently identified by stakeholders in local areas using the MEAM Approach as the area where clients experience the least improvement and was also highlighted by MEAM staff as an area of limited progress. The main reasons cited were the inflexibility of existing mental health services and the lack of provision centred around dual diagnosis. However, stakeholders in some local areas provided examples of positive mental health outcomes for clients where there was provision of specialist mental health services for people facing multiple disadvantage, such as a mental health service for rough sleepers or a dual diagnosis nurse within the operational partnership.

In contrast to views shared during consultation, the HOS data (summarised in Figure 5 above) indicates that people are successfully making improvements to their emotional and mental health, which may suggest this is happening even when clients are unable to access mental health services. **18% of clients moved from "stuck" to "accepting help"** between the start of their support and the end of support/most recent quarter of support, and the proportion of people in the "believing", "learning" and "self-reliance" stages all increased[24]. The change for clients who were in the "believing" stage at the end of support/most recent quarter of support is described further in Figure 6 below.

[23] i) Based on analysis of Homelessness Outcomes Stars at two points in time for 158 clients. ii) Changes are statistically significant to the 95% confidence level based on McNemar chi-square test, meaning that there is a 95% chance that the change is **not** due to chance.

[24] i) Based on analysis of Homelessness Outcomes Stars at two points in time for 158 clients. ii) Changes to the proportion of clients who were "stuck" or "believing" are statistically significant to the 95% confidence level based on McNemar chi-square test, meaning that there is a 95% chance that the change is **not** due to chance.

Figure 6: HOS journey of change for clients who are in the "believing" stage in terms of their mental health by the end of support/most recent quarter of support (n=158 in total, n=43 for clients at the "believing" stage at end of support/most recent quarter of support)



5 Efficient use of resources

Summary findings: There is evidence of decreased A&E attendance and arrests, which is associated with cost reductions. The available quantitative evidence of these changes in resource use is more robust than in previous years. Evidence in relation to other types of unplanned service use is not currently statistically significant. The successful transition of many clients from rough sleeping into accommodation generates an increase in accommodation costs for those clients but constitutes a positive outcome of the MEAM Approach work.

5.1 Key finding 5: There are statistically significant decreases in A&E attendances and the number of arrests. Other service use changes are not statistically significant at this time

> *"Once in accommodation [people] are going in and out of hospital less: it's definitely cut down. We had one person placed in a B&B with high levels of complexity – he didn't go into hospital once during that time. There are also reductions in arrests and [custodial sentences]; they're completely pulled out of the cycle that they are in. Lots of arrests were for street-based activity and the acquisitive crime funding [it]."*
>
> Local area lead

CDF data on service use (summarised in Figure 7 below) show a small but statistically significant decrease in[25]:

- A&E attendances by clients (**a decrease of 0.4 attendances per client per quarter** between the first quarter of support and last/most recent quarter of support, which represents a 54% decrease).
- Arrests of clients (**a decrease of 0.3 arrests per client per quarter** between the first quarter of support and last/most recent quarter of support, which represents a 41% decrease).

This was echoed by stakeholders in local areas and MEAM staff, who reported a shift toward the provision of planned support and a movement away from *"bits of the system that are costly and traumatising"*. Local area stakeholders highlighted

[25] i) Based on analysis of service use data in the first and last/most recent quarter of support for 321 clients for A&E attendance and 345 clients for arrests. ii) Significant to the 95% confidence level based on paired t-test, meaning that there is a 95% chance that the change is **not** due to chance. iii) The percentage change in mean number of interactions per client per quarter should be interpreted with caution because of the very low level of mean interactions at time 1 – the relatively high percentage changes relate to small changes in mean service use in real terms.

reductions in A&E use and arrests in particular, relating this to clients having suitable accommodation and input from a multiple disadvantage coordinator.

Stronger CDF data are required in order to be confident of the changes in non-elective hospital admissions, mental health admissions and nights in prison – changes identified currently in the available data were not statistically significant.

*Figure 7: Change in quarterly use of services from first quarter of support to last/most recent quarter of support (statistically significant changes[26] in **bold**)[27]*

Type of service use	Direction of change	Sample size	Valid sample as % of eligible clients	Total no. interactions		Mean no. interactions per client per quarter			
				Time 1	Time 2	Time 1	Time 2	Change	% Change[28]
A&E	↓	**321**	**71%**	**254**	**118**	**0.8**	**0.4**	**-0.4**	**-54%**
Non elective acute admissions	↓	324	72%	481	380	1.5	1.2	-0.3	-21%
Mental health admissions	↑	349	78%	212	242	0.6	0.7	+0.1	+15%
Arrests	↓	**345**	**77%**	**227**	**135**	**0.7**	**0.4**	**-0.3**	**-41%**
Nights in prison[29]	↑	340	76%	1949	2226	5.7	6.5	+0.9	+14%

[26] Significant to the 95% confidence level based on paired t-test, meaning that there is a 95% chance that the change is **not** due to chance.

[27] i) 44 to 47 clients (numbers vary across service use type) began support in the last month of a quarter but did not have service use data available until the second quarter of support. Data from the second quarter of support were used as proxy baseline data for these clients. ii) Means are rounded to 1 d.p. – this creates some rounding errors in the change column.

[28] The percentage change in mean number of interactions per client per quarter should be interpreted with caution because of the very low level of mean interactions at time 1 – the relatively high percentage changes relate to small changes in mean service use in real terms.

[29] i) Nights in prison are included in the analyses of both service use data and accommodation data because they are relevant to both. However, the analyses of service use data and accommodation use data are based on different samples. See section 1.5.3 in the technical appendix for more information. ii) Findings related to nights in prison should be treated with caution because they are subject to substantial change related to time in prison for a small number of clients. Nights in prison are therefore more likely to vary between different samples than other types of service use.

5.2 Key finding 6: Statistically significant reductions in A&E attendance and arrests are associated with reductions in costs

The statistically significant reductions in A&E attendance result in a small reduction in cost, with **a reduction of £70 per client per quarter** between their first and last/most recent quarter of support. The statistically significant reductions in arrests lead to larger **cost reductions of £200 per client per quarter** between their first and last/most recent quarter of support. Stronger data are required in order to be confident of the economic impact of changes in other types of service use.

If it is assumed that a.) clients' first quarter of service use is representative of their service use in the year preceding support and b.) clients maintain these reduced levels of service use for a one-year period following their last/most recent quarter of support, this would result in an annual cost reduction of £280 per client for A&E use and £800 per client for arrests.

As with the findings on service use itself, stakeholders in local areas using the MEAM Approach corroborated the findings based on CDF service use data, stating that reductions in unplanned service use were the main area in which cost reductions were being achieved by local work using the MEAM Approach (though in general stakeholders could not point to definitive measures of cost reductions).

However, stakeholders in local areas also identified that there may be cost increases associated, for example, with clients' increased use of primary care services and substance misuse services. Stakeholders emphasised that these increased costs represented positive support and engagement outcomes for clients and that they might also result in longer-term cost savings across the system.

Potential future changes to service use and cost reductions

At present, the average length of support for the clients included in the evaluation cohort is 12 months[30]. The cohort includes 338 clients whose support was ongoing at the end of year 3. As a result, we anticipate that the average duration of support – and therefore the period of time for which we hold data about them – might increase in years 4 and 5 of the evaluation. This will enable different types of analyses, such as approaches comparing clients' service use at quarter 1, quarter 4, quarter 8 and quarter 12.

This may reveal different patterns of service use and change in service use. For example, clients' service use may level out or further reduce if they continue to access support for longer periods of time.

[30] For the samples of clients included in analyses of service use data, this average length of support is slightly higher, at 13 months.

*Figure 8: Mean service use costs per client from first quarter of support to last/most recent quarter of support [31] (statistically significant changes in level of service use[32] in **bold**)*

Type of service use	Sample size	Valid sample as % of eligible clients	Mean cost per client per quarter		
			Time 1	Time 2	Change
A&E	**321**	**71%**	**£131**	**£61**	**-£70**
Non elective acute admissions	324	72%	£937	£740	-£197
Mental health admissions	349	78%	£261	£298	+£37
Arrests	**345**	**77%**	**£493**	**£293**	**-£200**
Nights in prison	340	76%	£613	£701	+£87

5.3 Key finding 7: The successful transition of many clients from rough sleeping into accommodation generates an increase in accommodation costs for those clients

> *"Yes, costs have increased – but in a good way. The housing team were spending less before, but people were engaging less."*
>
> Local area lead

There are statistically significant increases in the mean number of nights clients spend in all types of accommodation when comparing their first quarter of support to their last/most recent quarter (as outlined in Figure 9 below)[33]. This increased accommodation use generates corresponding increased accommodation costs, which were recognised by stakeholders in local areas and MEAM staff. For instance, the greatest cost increases are generated by an increase in the mean number of nights per quarter spent in temporary accommodation or

[31] i) Please see the year 3 technical appendix for an account of the economic tariffs used to calculate average cost per instance of service use. ii) 44 to 47 clients (numbers vary across service use type) began support in the last month of a quarter but did not have service use data available until the second quarter of support. Data from the second quarter of support were used as proxy baseline data for these clients. iii) Mean costs are rounded to whole numbers – this introduces some rounding errors when comparing between time 1 and time 2.

[32] i) Significant to the 95% confidence level based on paired t-test, meaning that there is a 95% chance that the change is **not** due to chance. ii) Significance tests are applied to the change in level of service use, not the estimated costs of those changes.

[33] i) Based on accommodation use data from two different windows of time for 244 clients. ii) Significant to the 95% confidence level based on paired t-test, meaning that there is a 95% chance that the change is **not** due to chance.

accommodation under license. This is associated with an estimated increase in **cost of £345 per client per quarter**. This is an annual increase in costs of £1,380 per client if it is assumed that a.) clients' first quarter of accommodation use is representative of their accommodation in the year preceding support and b.) clients maintain the patterns of accommodation from their last/most recent quarter of support for a one-year period following their last/most recent quarter of support.

These increased accommodation costs represent the transition of many clients from rough sleeping into accommodation, and therefore constitute a positive outcome of the MEAM Approach work. Given the qualitative evidence that being in suitable accommodation enables clients to achieve positive outcomes in other areas of their lives, the cost increases in accommodation also have the potential to contribute to cost reductions elsewhere in the system if clients require some services less frequently or are supported by less expensive types of planned service provision.

Potential future changes to accommodation and associated costs

As with other types of service use, clients' accommodation situation may change further if the average duration of support – and therefore the period of time for which we hold data about them – increases in years 4 and 5 of the evaluation. Again, this will enable different types of analyses, such as approaches comparing clients' accommodation use at quarter 1, quarter 4, quarter 8 and quarter 12. This may reveal different patterns of accommodation use and the costs associated with them. For example, over time more clients may move from temporary accommodation (which is more expensive) to longer-term accommodation (which is less expensive in comparison), which will reduce the average accommodation cost per client.

*Figure 9: Mean accommodation costs per client from first quarter of support to last/most recent quarter of support[34] (n=229)[35] (statistically significant changes in use of accommodation type[36] in **bold**)*

Accommodation grouping[37]	Accommodation type	Mean no. nights per client per quarter			Mean cost per client per quarter		
		Time 1	Time 2	Change	Time 1	Time 2	Change
Rough sleeping	**Rough sleeping**	**30.1**	**8.7**	**-21.4**	**£0**	**£0**	**£0**
Family and friends	**Living with family/friends**	**13.2**	**8.3**	**-4.9**	**£0**	**£0**	**£0**

[34] i) Please see the year 3 technical appendix for a breakdown of the economic tariffs used to calculate average cost per accommodation grouping. ii) The mean number of nights in prison per client and associated costs are reported in Figure 7 and Figure 8.

[35] i) Clients were excluded from analysis when the total number of nights accounted for or recorded as "unknown" were 2 nights above or below the total number of nights in the quarter. Nights in prison, although not included in this table, were included in these totals. ii) 52 clients began support in the last month of a quarter but did not have accommodation data available until the second quarter of support. Data from the second quarter of support were used as proxy baseline data for these clients.

[36] i) Significant to the 95% confidence level based on paired t-test, meaning that there is a 95% chance that the change is **not** due to chance. ii) Significance tests are applied to the change in use of accommodation type, not the estimated costs of those changes.

[37] These groupings have been agreed with CFE Research to ensure that future analyses of accommodation use within the national MEAM Approach and national Fulfilling Lives evaluation are comparable.

Accommodation grouping[37]	Accommodation type	Mean no. nights per client per quarter			Mean cost per client per quarter		
		Time 1	Time 2	Change	Time 1	Time 2	Change
In accommodation (temporary or license i.e. no tenancy agreement)	Night shelter[38]	**27.3**	**35.1**	**+7.8**	**£1,211**	**£1,556**	**+£345**
	B&B/private hostel						
	Emergency or assessment bed within a service						
	Supported accommodation (licence)						
In accommodation (long-term supported, with tenancy agreement)	**Supported accommodation (tenancy)**	**2.5**	**6.3**	**+3.8**	**£111**	**£277**	**+£166[39]**

[38] We considered introducing a separate tariff for night shelter accommodation because we understand provision of night shelter accommodation to cost much less than the accommodation grouping tariff of £310 per week. However, there is relatively low use of night shelters among the evaluation cohort, and changes in use over time are not statistically significant. We therefore have applied a broad tariff across the whole accommodation grouping so as to maximise comparability with the national Fulfilling Lives evaluation.

[39] We have applied the same tariff to "In accommodation (temporary or license i.e. no tenancy agreement)" and "In accommodation (long-term supported, with tenancy agreement)". This is because we were unable to identify an up-to-date tariff which distinguishes between the two. However, we would expect the longer term supported accommodation to in fact incur a lower cost per night than the temporary or license accommodation.

Accommodation grouping[37]	Accommodation type	Mean no. nights per client per quarter			Mean cost per client per quarter		
		Time 1	Time 2	Change	Time 1	Time 2	Change
In accommodation (own or shared tenancy, with or without floating support)	Own tenancy (social housing)	**9.3**	**19.9**	**+10.7**	**£126**	**£270**	**+£145**
	Own tenancy (private rented)						
	Own tenancy (owner occupier)						
	Shared tenancy						
"Unknown"	**"Unknown"**	**1.6**	**5.7**	**+4.1**	**N/A**	**N/A**	**N/A**

6 MEAM Approach partnerships

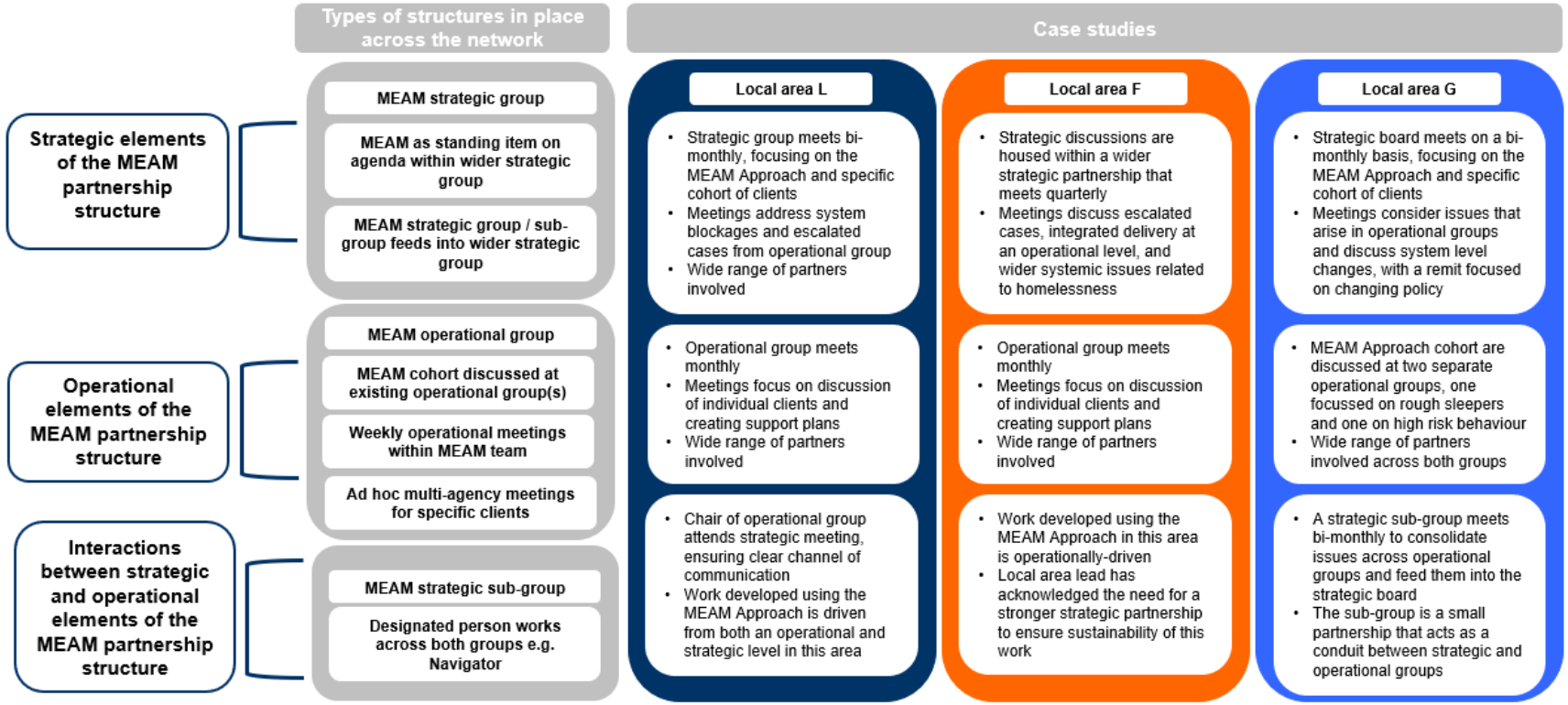
Summary findings: Local areas in the MEAM Approach network have developed a range of operational and strategic partnerships and structures to support their work. The membership, structures and the interactions between them are crucial to the efficacy and outcomes of local work using the MEAM Approach. Nearly all local areas have operational partnerships, but the strategic elements of partnerships can be challenging to set up and maintain. Co-production is a key facet of the MEAM Approach and areas are progressing in implementing it.

6.1 Key finding 8: There are common operational and strategic structures which underpin local areas' work using the MEAM Approach. The prevalence and efficacy of these partnership structures varies by local area

MEAM Approach partnerships differ in structure and function across the MEAM Approach network based on local contexts and relationships with other partnership structures. However, the partnerships tend to be based around two key types of structure, one at an operational level and one at a strategic level. Figure 10 illustrates the different types of structures in place across the MEAM Approach network and outlines examples of the structures found in three local areas[40].

[40] For more information on the different types of structures, please see the year 3 partnerships thematic report.

Figure 10: Overview of MEAM partnership structures



6.2 Key finding 9: Key features in effective partnerships include strategic buy-in and strong strategic leadership, consistent representation from a wide range of relevant partners and strong relationships between individuals

Thematic research into MEAM Approach partnerships conducted as part of the year 3 evaluation identified 11 key features of effective MEAM Approach partnerships (summarised in Figure 11 below), several of which are elements of the first principle of the MEAM Approach (partnership, co-production and vision). Not all of these features are present in all local areas. Four of the features in particular were frequently highlighted by local area stakeholders as important to efficacy. These are: strategic buy-in, strong strategic leadership, consistent representation from a wide range of relevant partners and strong relationships between individuals in the partnership[41].

Figure 11: Overview of key features of effective MEAM Approach partnerships

Key feature
Shared purpose
1. Shared understanding of multiple disadvantage
Strategic leadership and buy-in
2. Strong strategic leadership
3. Strategic cross-sector buy-in
Partner representation and attendance
4. Representation and consistent attendance from a wide range of partners
5. Meaningful involvement of experts by experience
6. Appropriate level of seniority and authority among partners
Working culture and practices
7. Strong relationships between individuals in the partnership
8. A spirit of constructive challenge
9. A learning culture that supports continuous improvement
Integration of strategic and operational partnership structures
10. Close connection between strategic and operational groups
11. Operational groups addressing system issues

[41] For more information on these features, please see the year 3 partnerships thematic report.

6.3 Key finding 10: Creating and maintaining an active strategic presence and integrating strategic and operational work is vital but challenging. This is not currently being achieved by all network areas

6.3.1 Creating and maintaining an active strategic presence

Most local areas feature both operational and strategic groups working in tandem. However, at least one area does not have a strategic group and in several local areas strategic groups were de-prioritised or appeared to lose purpose once operational groups were running efficiently. In at least four local areas, this has resulted in meetings of the strategic group being discontinued. Strategic groups are also threatened by the capacity of senior stakeholders to commit time to the partnership on an ongoing basis [42].

While some areas are delivering effective operational work without the presence of an effective strategic group, an active strategic presence is important for a number of reasons. For instance:

- It **increases the likelihood that system blockages can be addressed at a strategic level**, meaning that new approaches and solutions are more likely to be implemented across whole services and systems, and are more likely to be sustainable.
- It **raises the profile of multiple disadvantage** and the extent to which this is a local priority issue, and enables the engagement of a wider range of partners.
- It is more likely to have the **ability to influence local policy, strategy and commissioning**, and to include stakeholders with the **seniority to commit to actions** on behalf of their organisations.

It is therefore crucial for local areas to find ways to maintain strategic presence beyond the development phase of work using the MEAM Approach. One potential solution, which has been implemented in some local areas in the MEAM Approach network, is to (re)establish the MEAM Approach "strategic home" in a pre-existing strategic group, rather than a stand-alone strategic group[43].

Strong strategic leadership

Strong strategic leadership is central to maintaining a local area's strategic presence, as well as driving work using the MEAM Approach more generally. Stakeholders described the key elements of strong strategic leadership as: possessing a vision for the local area; established relationships with partners

[42] This is based on consultation with stakeholders in 21 MEAM Approach areas which participated in interviews as part of the year 3 evaluation.

[43] This issue and potential solutions are discussed in greater detail in the year 3 partnerships thematic report.

across the system; and having strong values aligned with those of the MEAM Approach.

6.3.2 Integrating strategic and operational work

Clear and consistent communication channels and feedback loops between operational and strategic groups lead to less siloed working practices; more efficient pathways for escalation of clients' cases; strategic and commissioning decisions being made with more insight into frontline issues; and operational staff having a greater sense of the strategic context for their work and more confidence that challenges are being addressed strategically.

The majority of areas appear to have found ways to integrate strategic and operational work[44]. However, a significant minority of local areas do not have close connections between the two. Therefore, those participating in strategic groups are sometimes not aware of challenges encountered at an operational level. Equally, in some areas those involved in operational groups are not always aware of the purpose of the strategic group or its relationship to local work using the MEAM Approach.

Local areas have developed a range of mechanisms to promote the integration of strategic and operational structures and work relating to the MEAM Approach. These include:

- **Partners in specific roles attending both strategic and operational groups and conveying information between them**. Often this is a staff member in a more senior operational role or in a multiple disadvantage coordinator or systems navigator role.

- **Operational groups shifting their focus from case management to discussions around systemic issues**, so that system-level thinking and the strategic purpose of work is reiterated at an operational level. This is more common in areas where direct work with clients is well-established.

- **Strategic groups framing discussions around individual clients' experiences.** This sometimes takes the form of discussing cases where clients have not been effectively supported via the usual operational routes, or examining systemic issues through the lens of an individual client's experiences. It also sometimes involves celebrating examples of clients who were supported to achieve successful outcomes.

- **The creation of strategic sub-groups** to discuss information from the operational group and escalate relevant topics to the strategic group.

[44] This is based on consultation with stakeholders in 21 MEAM Approach areas which participated in interviews as part of the year 3 evaluation.

Case study example: development of strategic sub-group

One local area established a strategic sub-group. Its primary purpose was to consolidate learning about systemic issues from operational groups and ensure that relevant information was escalated to the wider strategic group:

"Lots of little operational groups were already ongoing, but no one was pulling them together. We are starting to understand that there is lots of information in these groups, either about individuals or about trends. What we need to be doing is having more joined up thinking for these operational groups."

Partners decided to keep this strategic sub-group to a maximum of ten members, to allow for a more compact and agile group. As a result, it has also led to the partnership requiring less time from the most senior colleagues on the strategic board, allowing them to engage with issues on which they can have the most impact, as determined by the sub-group:

"The strategic partnership is about what we can do to change policy among partners. The sub-group is where we decide what to focus on and is the place where we pull all the stuff together based on intelligence from navigators and the operational groups. This is the stuff we need to feed back to strategic partners."

6.4 Key finding 11: Experts by experience are involved in shaping support and influencing systems change in many network areas, helping to improve outcomes for clients and for local services. Yet there is still significant work required to move towards full co-production across the network

There is evidence that local areas are increasingly involving experts by experience in shaping support and influencing systems change. Experts are involved in some form in the majority of areas, although this involvement is not always grounded in co-production principles and stakeholders in nearly half of the areas in the network reported that this is an area for further development locally.

The most common ways in which local areas involve experts by experience are through peer support groups or mentoring, followed by independent co-production groups or panels (rather than experts sitting on existing strategic/operational groups). Other examples of co-production and engagement with experts by experience across areas include commissioning exercises conducted with experts by experience and employing experts by experience as staff members. As such, co-production is largely channelled into self-contained structures such as panels or peer support groups across areas, rather than embedded into the main strategic or operational partnership structures.

Case study example: co-production in action

One local area has a co-production group made up of experts by experience, which provides an open forum for experts to highlight and discuss issues within the local system, and for other local stakeholders to consult with

experts by experience. The co-production group is also integrated into the local MEAM partnership structure, with representatives from the group meeting with strategic leaders (and currently lobbying to meet with them on a regular basis). This has resulted in the group influencing local leaders to take a more trauma-informed approach in their work:

"I think we were quite pleased at getting the Head of Housing to talk to our co-production group about housing strategy, and the Head of the OPCC to talk about trauma-informed care. That co-production group has now got some influence."

Local area lead

Stakeholders in local areas identified three main challenges in implementing co-production, which were:

- **Limited understanding by some partners** of what constitutes co-production, with partners conflating co-production and consultation.

- **Determining the most appropriate opportunities to introduce or develop co-production**. This related to identifying both whether it would be more effective to begin co-production work at a strategic or operational level, and whether it should be introduced during the development stages of local work using the MEAM Approach or once partnership structures were established. This also points to some limitations in the understanding of co-production, which should ideally take place from the outset of new initiatives and feed into work at all levels.

- **Resourcing co-production work**, which was regarded as requiring time and resources that are not explicitly built into people's roles:

  "I think it's a full-time job that nobody's got the resources for. You've got to be all-in or nothing. I've worked where people have tagged it onto their day-to-day – that's very difficult."

  Local area lead

Consultation with the expert by experience research group co-delivering the evaluation also raised the issue of the need for the input of experts by experience to be valued and for their fair recompense, whether financial, educational or even emotional (i.e. fulfilment from meaningful involvement that helps others experience positive outcomes), and how this was crucial to the sustainability of co-production.

7 Better services and systems

Summary findings: Coordination of support for individuals has improved and there are signs that this is achieved by input from both operational and strategic staff. Systems flexibility is also increasing and becoming embedded in some areas of more mainstream provision. However, multiple disadvantage coordinators remain central to delivering better services in systems in many local areas. Long-term sustainability is closely connected to achieving and maintaining systems change, but securing sustainability of local work using the MEAM Approach remains challenging.

7.1 Key finding 12: There are growing levels of systems flexibility, including emerging evidence that this is becoming embedded in some types of housing provision

The year 2 evaluation found evidence that clients were receiving more flexible support since the introduction of local work using the MEAM Approach, and that this was largely attributable to direct support or advocacy by multiple disadvantage coordinators. In year 3, there is continued evidence from consultation with stakeholders that clients are offered more flexible support via multiple disadvantage coordinators. However, there is also emerging evidence that flexible responses are becoming part of business-as-usual for staff in some services, meaning that flexibility is beginning to be built into parts of the system.

Most examples of services where flexible responses are becoming more standard were types of housing provision, and particularly hostels, which were identified in several local areas. In the main, this increased flexibility is a result of housing providers' partnership work with multiple disadvantage coordinators and MEAM Approach operational groups, which improved their understanding of the best approaches to supporting people experiencing multiple disadvantage and ultimately led to more flexible working practices:

> *"There's been flexibility within homeless hostels and accommodation. There's almost different rules. More flex, less exclusions, more tolerance among staff. We've done work with staff around understanding the needs of these clients."*
>
> Local area lead

There were also examples in some local areas of more flexible and less punitive approaches becoming embedding in other parts of the system. Examples include increased flexibility from DWP services, improved engagement and understanding of needs from GPs, and better coordination across some services as discussed in the next section. However, these were less common than the examples of flexibility by housing providers. In addition, some aspects of the system generally remain less flexible, including mainstream mental health services and – to some extent – substance misuse services.

Increased flexibility during the Covid-19 pandemic

The research for this report was carried out prior to the Covid-19 pandemic. These findings therefore do not reflect the increased flexibility that we understand to have been implemented across many local systems in order to keep people safe and maintain support during the crisis. Through a separate piece of rapid evidence gathering[45] that we carried out for MEAM during May 2020, we found that a wide range of local services (including criminal justice, drug and alcohol, and housing services) started taking more flexible approaches to supporting people facing multiple disadvantage. However, we do not know for how long such flexibilities will be sustained. The report is available here.

7.2 Key finding 13: Services are coordinating better with one another through their work using the MEAM Approach, particularly at specific points in a client's journey or in relation to planned care

There was further evidence in year 3 that local areas are delivering more coordinated support since the introduction of the MEAM Approach. As in year 2, the multiple disadvantage coordinator role and the operational group are key mechanisms via which this improved coordination is achieved.

Case study example: operational group enabling better coordination of support

An operational group in one local area had a wide range of partners represented at their meeting. In discussing a specific client whom they were unable to locate following their eviction from a hostel the previous evening, partners were able to consult their databases in real time during the meeting, with the client then being located by a police colleague. It was agreed that a support worker would visit the client immediately after the meeting, and a health colleague was able to arrange an appointment for the client at a GP that afternoon. In this way, the operational group enabled a coordinated and efficient response, one that ensured that the client would receive holistic support in a timely manner.

In year 3, there is also emerging evidence that better coordination is resulting in improved access to planned care, and especially to health services. Stakeholders in the majority of local areas reported that a higher proportion of support was planned and provided earlier in people's journeys[46]. They most frequently

[45] Cordis Bright (2020). Flexible responses during the Coronavirus crisis: Rapid evidence gathering.

[46] This is based on consultation with stakeholders in 21 MEAM Approach areas which participated in interviews as part of the year 3 evaluation.

highlighted improved access to primary care as an example of this, as well as hospital appointments for specialist care rather than A&E admissions.

The improved primary care access is partly attributable to better coordination via input from multiple disadvantage coordinators and operational groups but in some local areas it is also a result of changes to primary healthcare provision itself, such as the introduction of designated GP surgeries for homeless people. There are also examples in a small number of local areas of improved engagement of GPs in work to support people experiencing multiple disadvantage leading to them proactively identifying clients who would benefit from support using the MEAM Approach:

> *"[Multiple disadvantage coordinator] has also been doing training for GPs. We are now getting MEAM referrals from GPs, which would have been unheard of previously because people wouldn't even have been going to see the GPs."*
>
> Local area lead

There is also evidence that some local areas are improving both the coordination and the quality of support offered to clients at specific points in their journeys through the system. One example of this is the improved planning and provision of support to clients being released from prison. Stakeholders in several areas described initiatives to identify people experiencing multiple disadvantage prior to their release from prison and to plan support in advance. In some instances, this includes ensuring they have access to accommodation on release:

> *"We've got a few guys that have been in prison since they were young offenders – revolving door offenders. We're doing some work on putting them straight into a tenancy on release. We've had one who hasn't been arrested for two and a half years, another one for one year."*
>
> Local area lead

7.3 Key finding 14: In many areas multiple disadvantage coordinators continue to be central to support coordination, service flexibility, positive experiences of support and increased engagement with services

Despite some instances of improved flexibility and coordination that are delivered by other elements of MEAM Approach partnerships, multiple disadvantage coordinators remain central to the delivery of work using the MEAM Approach in the majority of local areas, especially at an operational level. As outlined in the year 2 evaluation, stakeholders in most areas continued to recognise coordinators' significance in improving the coordination and flexibility of support available to clients, and also to ensuring that clients have more positive

experiences of support and are able to engage and remain engaged with services[47].

Key elements of the role highlighted by stakeholders are the coordinators' skills in building relationships with clients and their ability to dedicate enough time to plan person-centred support with clients and ensure that this support is then provided:

> *"Saying we're going to see what the client wants to do – that's what clients like, what keeps them engaged. We do it at their pace. […] One of my clients likes skateboarding – he had skated a lot as a teen before he became homeless. So I started meeting with him at the skatepark. We'd go for a skate, then on the way home we'd pop to the Jobcentre. It was more about him and his identity. He said it gave him a sense of self; he felt like himself again, rather than the homeless person which was all he'd been for many years. We need to focus on people. […]"*
>
> Multiple disadvantage coordinator

The fact that a coordinator role is funded and delivered in the majority of local areas in the MEAM Approach network is a marker of how important it is to individuals' experiences and outcomes. However, it is important to note that effective coordination also requires the support and engagement of the strategic and operational partnerships in local areas. Moreover, approaches which draw too heavily on one person or role may sometimes limit wider changes in attitudes and ways of working which will ultimately be required for sustainable system-level changes to take place.

7.4 Key finding 15: Local work using the MEAM Approach often centres on specific services and inter-personal relationships. This is a common starting point for innovations linked to systems change, but may pose challenges for sustainability and wide-reaching system change

The centrality of multiple disadvantage coordinators is one example of the way in which local work using the MEAM Approach can be reliant on a small number of stakeholders. Indeed, stakeholders in the majority of local areas reported that their local work using the MEAM Approach is driven by a small number of key people, often predicated on strong relationships between individuals within partner agencies and that this poses a risk to sustainability[48]:

> *"If I went, it would be difficult. I'm not saying we're irreplaceable. But it was a blank sheet of paper at the start, and we've grown it."*

[47] This is based on consultation with stakeholders in 21 MEAM Approach areas which participated in interviews as part of the year 3 evaluation.

[48] This is based on consultation with stakeholders in 21 MEAM Approach areas which participated in interviews as part of the year 3 evaluation.

Local area lead

Similarly, in many local areas direct work with clients is led by specialist “multiple disadvantage” services or facilitated by specific services established to counteract an inflexible wider system, such as specific mental health services for homeless people. This may also represent a threat to sustainability if such services cannot be funded on a long-term basis or expanded to support all people experiencing multiple disadvantage who might benefit from them. It may equally limit wider systems change if more mainstream services do not feel compelled to provide effective services for people facing multiple disadvantage on the basis that they can access specialist support elsewhere.

However, innovations aiming to bring about systems change necessarily have to start somewhere and local work using the MEAM Approach often takes a pragmatic approach. Sustainability is likely to increase if the MEAM Approach becomes more widely recognised in local areas and if a critical mass of key stakeholders can see the impact on individuals and local services. There is evidence from local stakeholders that this is beginning to happen to some extent. A continued emphasis on the positive outcomes achieved with local people experiencing multiple disadvantage, coupled with work to increase strategic buy-in and further develop multi-agency working, could enable the MEAM Approach to become further embedded in local areas.

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