



The MEAM Approach – In Practice

The MEAM Approach helps local areas design and deliver better coordinated services for people experiencing multiple disadvantage. It's currently being used by partnerships of statutory and voluntary agencies in 30 local areas across England. MEAM Approach areas consider seven principles, which they adapt to local needs and circumstances. MEAM provides hands-on support to the local partnerships as part of this process.

Below are some examples of how the MEAM Approach operates in practice in a variety of local areas. We outline the development of multi-agency partnerships, the enhanced frontline support offered to individuals and the strategic oversight provided to make immediate and lasting systems changes to improve the lives of people experiencing multiple disadvantage.

Case Study: Haringey MEAM Approach

“People were stuck doing the things they’ve always done. [The MEAM Approach] is asking them to do the things they’ve always wanted to do, to be creative... it gives them permission to ask and challenge.”

– Waad Ahmidi, Haringey MEAM Systems Navigator

Getting started

Following a worrying spike in deaths amongst the street homeless and vulnerably housed population in 2018, Haringey Council knew they needed to find a way to work more flexibly and collaboratively for people facing multiple disadvantage in the borough. Prompted by the review findings that many of the deaths could have been avoided, Haringey joined the MEAM Approach network in November 2018 and began accepting referrals onto the cohort six months later.

Organisational model

The model in Haringey includes a Strategic Board and Operational Group which were set up in early 2019. The work gained real momentum in July 2019, when a dedicated MEAM Systems Navigator was appointed and based in the local authority homelessness team.

Strategic Board

The Strategic Board was the first body to give structure to the MEAM Approach in Haringey. Comprising heads of services, including Homes for Haringey, Haringey Clinical Commissioning Group, adult social care, local charity providers, police and probation, it meets quarterly to review MEAM cohort cases and discuss systemic issues that have been presented. Each meeting is attended by a core group, with others attending according to the particular issues being discussed. The Systems Navigator presents a selection of case studies at each meeting, demonstrating progress made and barriers encountered.

The aim of the group is to enable flex in the local system to meet the needs of the MEAM cohort, and to change the system more generally as a result to ensure that these benefits are felt more widely across services.

Strategic priorities are currently being developed, which will focus the work of the Board on key systemic issues that frequently create barriers for members of the MEAM cohort. These are likely to include hospital discharge and prison release, supported accommodation pathways and emergency options, services for women, safeguarding, adult social care responses and mental health crisis prevention. Members of the Board will commit to actions to address blockages in these areas and progress will be tracked in future meetings.

Operational Group

The Operational Group was first convened in early 2019 with a view to facilitating communication and collaboration between practitioners with MEAM cohort individuals on their caseloads. After initially meeting every four weeks, the Group now meets every six weeks to discuss the caseload. The Group takes a systems approach to learning from and meeting the needs of the MEAM cohort, often mobilising input from agencies that may not have been previously engaged.

MEAM Systems Navigator

The System Navigator oversees and coordinates the implementation of the MEAM Approach in Haringey. The navigator works with the Operational Group to coordinate cases and identify system barriers, and with the Strategic Group to push for strategic action to bring about systems change. She acts as a contact point and source of guidance for practitioners across the agencies involved to support the embedding of the MEAM Approach, especially when staff turnover, for example, leaves a gap in capacity or knowledge.

MEAM cohort

Each of the agencies involved sent referrals to be considered for inclusion in the cohort. An initial list of 50 individuals was screened by the Systems Navigator, and narrowed down to a final closed list of 32 people in January 2020. This list will

remain fixed for the rest of the three-year project. Even in cases where individuals make significant progress, the MEAM project is committed to continuing to offer support and follow-up.

To arrive at a final list, certain characteristics were prioritised. Women, ethnic minorities and LGBTQ+ individuals were notably underrepresented in the initial longlist, and were thus prioritised for inclusion. In addition, people with a wider range of support needs and those who showed signs of being stuck in a long-term negative cycle were included. Many of those excluded following screening had been referred during a period of temporary crisis, which had since resolved, or had fewer separate support needs.

Support offer

Individuals benefit from being on the MEAM cohort in a number of ways. Every member receives a personal budget and their case is reviewed regularly by partners to ensure issues are addressed proactively, for example securing move-on housing. Facilitated by case conferences and the Operational and Strategic Groups, MEAM partners can work more flexibly to meet their needs. Individuals are also invited to attend case conferences to share their own experiences and views.

Developing the Partnership

Although strategic buy-in was strong from the outset from key local agencies, it was challenging to convince some overstretched practitioners that the MEAM Approach was worthwhile and would achieve concrete change. This was in part because the approach was initially seen as “abstract” and disrupted traditional ways of working. This was reflected in initial difficulty to ensure attendance at the Operational Group meetings.

However, over time the tangible positive outcomes achieved have proven the value of the MEAM Approach to those involved and attendance has greatly improved. Practitioners from partner agencies report feeling freed up to challenge barriers and bend ‘rules’ in order to help individuals in the way they always wanted to. The support network and professional trust built at Operational Group meetings has also been extremely valuable for under-resourced practitioners who might otherwise feel

isolated when working with a complex case. The culture change this has created over time means that partners can approach each other with the shared aim of overcoming barriers for the benefit of an individual and from a place of understanding, rather than blame.

Coproduction

Plans to embed co-production meaningfully in the MEAM Approach work in Haringey are ongoing, with current activities limited to one-to-one engagement between Experts by Experience and the Navigator. Plans are underway to establish a peer advisory panel, comprising members of the MEAM cohort and/or people with experience of homelessness more widely. This group will sit alongside the strategic and operational groups, with members encouraged to move across groups, provide feedback and share information.

Successes

“It’s opening doors and opening minds”

- Member of the Haringey MEAM Operational Group.

The positive outcomes and system flexes achieved through MEAM Approach work in Haringey are testament to the success of the approach and the value of this new way of working to all of the partners involved. For example, in order to reduce barriers to mental healthcare, a system flex was introduced whereby members of the MEAM cohort can bypass GP referrals to access community mental health teams, and can instead be referred by their key worker or another practitioner.

The Covid-19 pandemic also presented opportunities to fast-track system transformation in health. A dedicated GP lead in homeless health has helped to overcome previous barriers to GP registration and the launch of a Rough Sleeper Mental Health Service shows promise as a way to improve access to services and mental health practice across the borough.

The positive relationships, trust and sense that the partners are “all in it together”

built by the Operational Group meetings is another clear achievement, which has enabled remarkable progress on a number of acute cases.

For example, an EEA migrant without recourse to public funds presented with extremely complex issues and little trust in the system. While he might have ordinarily struggled to get a Care Act Assessment for having no fixed abode, Adult Social Care appointed a worker with experience of this client group who carried out assertive outreach to complete his assessment. After discussions in both the Operational and Strategic groups, and email communications involving over 20 professionals, he now has settled status and is getting the support he needs in a care home. Partner practitioners reported feeling empowered by cases such as this, where pulling together they can achieve what might otherwise have been impossible on their own.

Challenges

One of the primary challenges to delivering the MEAM Approach in Haringey has been the turnover of frontline staff in partner organisations, and the knock-on impact on Operational Group engagement. Despite much progress, engagement is often still dependent on the individuals involved, and if they are not quickly replaced, the workload soon becomes untenable.

The work of system change and flex continues to bring its own challenges, too. Continually persuading and influencing colleagues across multiple under-resourced services can feel like an uphill struggle. Similarly, negotiating the proliferation of systems that are not trauma-informed or designed to meet the needs of individuals and making the case do things differently, continues to pose difficulties.

Stigma and exclusions from services, in particular GP and mental health services, has been another major barrier as MEAM cohort members are often seen as “too complex”. However, as noted above, changes brought about during COVID-19 have gone some way to addressing these barriers in particular.

It was also reported that the progress made might not have been possible without the extraordinary leadership provided by one individual, who has been the driving

force of MEAM in Haringey since the outset and continues to break down barriers. While it is hoped that the culture change initiated across partners will create true system change, taking the onus away from individuals, this remains a promising work in progress.

Innovation spotlight: compulsory homeless deaths reviews in Haringey

“[We wanted to] use individual lives to understand the system, and vice versa.”

“Most importantly for me, it said to everybody that homeless people are important.”

After a notable spike in deaths of homeless and vulnerably housed people in Haringey in 2018, a review process was initiated to establish whether there was any connection between them. When the review found revealing similarities in how the individuals concerned had fallen through the cracks of services –prompting the adoption of the MEAM Approach– Haringey Council started exploring processes to ensure a formal review of every death of a homeless person in the borough.

With the premise that the deaths of people experiencing homelessness should not be accepted as inevitable, the reviews aimed to learn from what happened to prevent failures being repeated in the future. In recognition of the complexity of every life and the legacy of trauma and distress left by each death, they also emphasise a holistic, humane and strengths-based approach to discussing a person’s life. This emphasis is crucial to ensuring the review keeps the whole person at the centre, and can offer something personalised that goes beyond a dry illustration of their contact with the system during their lives.

Led by Gill Taylor, Haringey’s Strategic Lead for Single Homelessness & Vulnerable Adults, procedures were drafted in collaboration with colleagues in grassroots organisations, commissioned services, public health and the CCG. In January 2019, they received approval from the Safeguarding Adults Board (SAB) to establish a discrete review underneath their governance. This approval was key, as it gave the new review process status, visibility and protection under the Care Act. The reviews are chaired by the local authority (Gill), who delivers an annual thematic report to the SAB, detailing review findings, actions taken and other relevant work.

Loosely based on the Learning Disability Mortality Review process, there are two stages to a full review: a desktop review including contacting people in the person's life to gather the facts of the case, followed by a multi-agency meeting to explore issues and feelings raised in more depth. Friends and family members are involved in the process where possible, though sensitively managing this while maintaining privacy is an ongoing challenge. Every death of a person experiencing homelessness is reviewed and most receive a full two-stage review, including everyone who was sleeping rough and who faced multiple disadvantage.

One of the key barriers faced has been information-sharing across statutory organisations, including the process of establishing information-sharing agreements. While capacity to invest the time needed is another challenge, it was noted that the review process does not need to be perfect or completely thorough to be useful.

One of the key benefits of the process has been the creation of a space for practitioners to share their grief, acknowledge their feelings and connect with colleagues supportively. In addition, it gives services a chance to understand each other's limitations and understand ways of working.

The reviews have also been useful as a source of evidence to make the case for system changes, perhaps most notably for the development of the MEAM Approach in the borough.

Since its launch, the review process has garnered national attention and support from other local authorities, the Greater London Authority, Local Government Association and Ministry of Housing, Communities and Local Government.

Doncaster Complex Lives Alliance

How Doncaster Complex Lives Alliance was established

Similar to many other areas, homelessness in Doncaster had worsened since 2010 and rough sleeping in the town centre had become increasingly visible. In 2016, a 'tent city' was erected, emulating a similar protest held in a nearby town. The organisers of the protests were people sleeping rough, raising awareness of homelessness in the area. Though the tent city was cleared within months, the campaign was highly successful. Not only did protesters receive support from the council, the campaign helped to shed light on the grievances of this group and the need for a new approach.

Before 'tent city' was erected, Doncaster Council had already recognised the need to work differently in order to improve outcomes for residents living complex lives, but the protest added further impetus to this work and helped ensure buy-in from relevant agencies. A new 'Team Doncaster' operating model was established, which aimed to bring multiple agencies together to address issues within the borough. After some time prototyping a new operating model, the Doncaster Complex Lives Alliance was formed, to take forward a multi-agency approach for people facing multiple and complex forms of disadvantage.

MEAM were involved in the project from an early stage with Doncaster formally joining the MEAM Approach Network in early 2018.

The people they support

Doncaster Complex Lives Alliance was created to support people facing multiple disadvantage who were spending significant time in Doncaster town centre. This relatively small group of people were identified as having a high degree of need and contributing to a disproportionate number of issues within the town centre at significant cost to public services. The decision to focus on this cohort of people was based on both people and place - to transform outcomes for people facing multiple disadvantage, and to improve the town centre as the central meeting point for the local community.

From September 2016, when the prototype for this model was first initiated, a multi-agency outreach team was developed to identify people facing multiple disadvantage in the town centre. Alongside this, the Innovation Unit provided support to produce a series of ethnographic profiles of service users. Through this process the Alliance was able to establish information about this cohort of people, the disadvantages they face, the common barriers to accessing services and their individual stories, and was able to plan interventions using this information. Now with a full team of navigators delivering outreach work and working one-to-one with this cohort, Doncaster Complex Lives Alliance maintain a good understanding of the people they are seeking to support.

The operational model

The Doncaster Complex Lives Alliance is led and coordinated by Doncaster Council but many agencies are involved in the 'core' integrated team operationally, including statutory and voluntary agencies delivering homelessness, substance misuse, physical and mental health, and welfare services.

Frontline services in the Alliance are supported by a team of navigators led by Changing Lives, who provide one-to-one support for people to help them access and negotiate services. Navigators have small caseloads, usually between 5 – 15 people, though those working with the most complex cases may have even smaller caseloads. The current team of navigators have a range of previous experience, having worked in homelessness, disability, mental health and enforcement.

Operational meetings occur once a week, attended by navigators and the leads from each partner agency. At these meetings, workers from different agencies review individual cases. Personalised plans for clients are discussed, and information and knowledge is shared from across the different partnership agencies to ensure they can give the best support possible to individuals. New referrals are also reviewed, with referrals coming from housing providers, prison and probation services, outreach workers and other support services. Staff from different agencies are seconded to join the operational team full time to work alongside navigators. Successful secondments have included staff from the Department for Work and Pensions (DWP), Housing Options and Housing Benefits.

Changing Lives also deliver a weekly drop-in service, aimed at people facing multiple disadvantage who may otherwise face barriers in accessing services. The drop-in is held in a relaxed setting and allows people to access a range of services without appointments, including a DWP work coach, their probation officer, a nurse, the substance misuse service, Housing Options and others. For example, the work coach is able to work more flexibly with people who may have struggled to keep appointments in the past, or been banned from attending the Job Centre after presenting with challenging behaviour. The drop-in also allows people to catch up with navigators over hot food and drinks.

The Alliance has been funded from a variety of sources over the years, including national government, NHS England and lottery funding. Staff seconded to the operational team from different agencies are funded by their employer, which indicates the value that agencies see in engaging in the partnership. The Alliance aims to secure stable long-term funding through pooling the resources of Doncaster Council, Public Health England and the Clinical Commissioning Group.

The strategic model

The Doncaster Complex Lives Alliance is part of a wider model to improve outcomes in Doncaster town centre. This wider model is structured on three levels - bronze, silver and gold, which pans from operational meetings to strategic oversight at the highest level:

- Bronze meetings are operational meetings where agencies come together to discuss individual cases or specific issues. Alongside the complex lives operational meetings, bronze meetings are also held around enforcement, local business and ensuring safer and cleaner streets.
- Silver meetings are attended by managers of all relevant agencies to discuss recent trends, issues and operational barriers to ensure agencies can work better together.
- Gold meetings are chaired by the Chief Executive of the council and attended by senior management of agencies to give strategic oversight to the whole model.

The model took time to embed and for information flows to be established between each level, but it now works effectively. The structure provides accountability and a way for people working on the frontline to channel their views, experiences and issues to the highest strategic level. It also provides a formal structure for different agencies to map out where common issues lie, and how they can work together to address such issues. Through this, it is easier to avert potential points of conflict that can so often arise between different agencies' competing remits and duties, as instead agencies maintain strong relationships where issues can be addressed earlier and in a co-operative manner.

Success stories

Given the complexity many people face, the challenges of this work should not be underestimated. Success will look different for different people. For some, success might simply be breaking a cycle of behaviour and avoiding prison. For others, it might be a small but significant steps towards independence, such as applying for Universal Credit or setting up and paying for a bill. And for others success might be truly transformative, securing a decent home of their own and having stability in their lives.

A recent snapshot of evidence has shown that of the 122 people receiving support that were facing multiple disadvantage and had recently been sleeping rough, 100 are now in some form of accommodation being supported by key workers and personalised wrap-around support plans. Doncaster Council won the 2019 MJ award for care and health integration on the back of these achievements.

Example of overcoming a local challenge: taking a trauma-informed approach

The people being supported through this work are all facing multiple and complex issues, and many struggle with poor mental health. Many will have had negative experiences as children and young people and continue to face extreme hardship that impacts on their mental health and how they might behave in certain contexts.

However, people in this group often cannot get access to the mental health services they need. Access to counselling and other mental health support is too often conditional on people not taking substances and being in a more stable position in

other aspects of their lives, conditions that are not immediately attainable for this cohort of people. Navigators are working to tackle this barrier and change the approach of mental health services. However, they also find that people want to talk about their mental health with them, and that they need to be able to handle that in a positive way.

Therefore, an understanding and awareness of trauma, and how that should inform workers behaviours and attitudes, has been embedded across the complex lives team. This can in no way replace the need for access to mental health care, but it can help staff better support people who aren't able to access to support they need. Each team member receives trauma-informed training and there is a trauma informed worker in the team who leads on how best to deliver trauma-informed support. The complex lives team also explains and educates other agencies of the principles of trauma-informed approaches, helping to build understanding and empathy across the system on why people may present with challenging behaviour or find it difficult to engage with certain services.

The Hull MEAM Approach

Background

Prior to joining the MEAM Approach network, there had been a growing recognition in Hull that a cohort of individuals facing multiple disadvantage was at high risk of harm while simultaneously getting little to no support. A partnership of local concerned organisations and agencies was developed to address this issue.

Whilst many individuals with less complex needs were seen to be well-served by singular agencies, it was recognised that there was a small but increasing group of people that required a different, more creative and multi-agency approach.

The local partnership joined the MEAM Approach network in order to help bring together stakeholders across all support sectors to focus on new approaches to support these vulnerable individuals within Hull.

Partner organisations

Upon joining, an operational group was quickly formed, with a wide range of partner agencies and organisation coming on board. They represent almost the whole spectrum of local support services including: Adult Social Care; Housing Options; Children's Services; Mental Health Services; Primary Health Care Services; Humberside Police and Office of Police and Crime Commissioners; Renew, the local drug and alcohol services; Probation Services, NPS and the local CRC; Humber NHS Foundation Trust (Acute Mental Health Inpatient team).

Together they provide a combination of enhanced individual support, increased multi-agency referral pathways and shared risk management to improve the local system for people experiencing multiple disadvantage.

Guidance and support

As the lead partner Hull City Council is responsible for chairing monthly operational group meetings. They are attended by representatives from each partner agency and provide a space for reflection, consultation and problem solving.

During these meetings the current circumstances and wellbeing of individuals facing multiple disadvantage are discussed along with any potential additional support that could be provided to them. Frontline staff may make referrals to the group, seeking additional advice and guidance for specific clients. Unfortunately, predominantly for practical reasons, individuals facing multiple disadvantage are rarely present during these meetings and discussions. However, the agencies on the group seek to ensure that individuals' views and wishes are incorporated into the discussion.

The group determines steps to help ensure that individuals receive better support, taking a solutions-focused approach, identifying practical ways of overcoming issues facing each individual. There's a strong commitment that all partners will support any actions identified and set by the group during discussions and generally try to provide more flexible help to the individuals. Where regular system wide barriers are identified that are preventing people from getting the support they need, or damaging their health and wellbeing, this is recorded and passed up to strategic leaders and the MEAM Strategic Board, detailed below.

Coordinator support

A team of multiple disadvantage coordinators and navigators provide additional support to the operational group. They provide dedicated support to certain local individuals facing multiple disadvantage and attend all operational group meetings, helping determine and implement actions.

The coordinators work with a specific set MEAM cohort. Operational partners help decide who should be on this cohort, guided by certain criteria such as whether the individual is currently struggling to access and engage with support services. Nearly all individuals on the cohort have substance misuse issues, have been involved in repeat offending behaviour and are/have been street homeless.

Currently three coordinators, directly employed by the council, support approximately 40 clients on the MEAM caseload. The support varies depending on the specific circumstances and needs of each client. It may include directing and accompanying individuals to different services, ensuring appointments are made, and coordinating support from different agencies to ensure that underlying issues are addressed.

Coordinators are able to build trusting relationships with clients by providing personalised support that suits them, working with them to achieve goals they want, not simply what local agencies have set.

One of the most valuable activities that coordinators provide is advocating on behalf of their clients, challenging other agencies on decisions that they believe may be detrimental to individuals. Without this advocacy, clients often fail to get the support they need due to not meeting thresholds or assessment criteria and failing to adhere to strict behaviour compliance.

An individual named Malcolm¹ faced multiple issues including substance misuse, homelessness and poor mental health. He had suffered serious traumatic experiences when he was younger and held a distrust of services and people in uniform, regularly seeming to confront staff and other clients.

Malcolm is homeless and excluded from most hostels in the city. Following an altercation with another resident one evening, he was excluded from a final hub he was allowed to sleep. Staff there applied for an exclusion order. However, this would mean that Malcolm couldn't access any services and there would be nowhere for him to stay. There was no contingency plan in place to deal with him being left in such a position.

A MEAM coordinator advocated on his behalf, making sure people could understand the harm such an order was likely to have and why it should be dropped. She described in detail the impact it would have on him and the need for partners to work more flexibly, taking into consideration the great deal of trauma he faced in his life. As a result, the application for an exclusion order was dropped. A concerted plan, led by Malcolm's coordinator, was then made to find him accommodation. Two weeks later it was successfully found and he has been supported there for the past two months.

¹ Name has been changed

Strategic Board

Hull MEAM has a strategic group that meets bi-monthly. It oversees and takes responsibility for the direction and management of support provided across agencies for people experiencing multiple disadvantage. The aim is for the Board to use the learning and best practice identified by the operational group to inform and influence longer-term system wide improvements for those individuals

Membership is made up of similar partners represented on the operational group. However, they have more seniority and power to commit to organisation-wide policy and practice changes. The Board reviews progress reports from the operational group and coordinators through the Chair of the operational group. Members consider and analyse successful interventions as well as barriers reported which might require strategic change. They then explore whether actions can be agreed to address these barriers so that clients can access suitable services more freely in the future.

Universal Credit

The vast majority of individuals experiencing multiple disadvantage are on, or at the very least entitled, to benefits. Due to the chaotic nature of their lives their circumstances are more likely to have changed than the general population (for example their housing circumstances) and as a result a far higher proportion will have been switched over from legacy benefits to Universal Credit.

Within Hull there are numerous individuals who are homeless who have not been on benefits for long periods of time. This may have been due to changes in their circumstances or frustrations with DWP and processes.

However, through the coordinated work of local multiple disadvantage coordinators and DWP staff, Hull have been able to help several people to process benefit claims for the first time in years. Unfortunately, on receipt of first payments many of the individuals found that there were large deductions made. These were completely unexpected and were a result of historic court fines and other debts due to past arrears.

The remaining funds that the individuals were left with were so low that there are concerns around their ability to sustain themselves. This has led to immediate problems such as managing to pay bills and acquire daily necessities such as sufficient food. In one instance an individual has resorted to stealing from local shops in order to feed himself. He has been arrested on multiple occasions for taking sandwiches from one location. Fortunately, some judges and magistrates appreciate that this offence is not a solely criminal issue and have sentenced accordingly.

There is a concern that large deductions could potentially have long lasting repercussions on the individuals. Without access to appropriate funds there is a risk that individuals could feel disillusioned and disengage. These negative experiences could impact others and cause increased anxiety for those moving across to UC or even discourage them from applying entirely.

Coordinators and other members of the operational group contacted the local Job Centre and discussed the problem with UC advisers to explain the circumstances and histories of the client group, hoping to encourage them to apply the lowest percentage deduction allowed.

Simultaneously, partnership staff have been in contact with local courts to see if there were any steps that they could take to reduce deductions due to historic court fines. It was hoped that magistrates and judges might have some discretion to cancel some of these historic fines and be encouraged to apply the minimum percentage deduction in the future. As noted above these heavy deductions are in some circumstances resulting in individuals resorting to reoffending and the ironic situation of the imposition of additional fines.

Westminster MEAM Approach

The MEAM Approach resonated strongly with the direction Westminster City Council was taking to investigate systems issues for people experiencing multiple disadvantage. It was considered a helpful framework to support already emerging work and as a result, the City of Westminster became a MEAM Approach area in 2018.

A cross-sector partnership was developed that is committed to jointly solving local systems issues for people experiencing multiple disadvantage. The partnership is formed of a range of different departments within Westminster City Council and organisations such as SHP, who provide tenancy floating support; and Central and North West London Foundation Trust, the local NHS Mental Health Trust.

The development of the partnership was led by the homelessness and housing teams in Westminster City Council.

Cohort

In many MEAM Approach areas the cohort being supported includes people who are currently rough sleeping, or accessing hostel-type accommodation. However, Westminster recognises that people who are rough sleeping in the area already have access to relatively developed flexible and responsive support. Therefore, they chose to look at elements of the system in Westminster for people experiencing multiple disadvantage that have historically had less attention, for example, people in unsupported temporary accommodation. Westminster MEAM works to provide intensive support for a cohort of 8-10 people at any one time. This group of individuals includes those who have housing issues or are facing problems that may place them at greater risk of experiencing rough sleeping without a multi-disciplinary intervention.

Operational Work

The cohort is discussed in a single operational group meeting, which is attended by frontline workers of each partnership organisation. These operational meetings are

treated as spaces for learning and to develop ways of improving support across the system for local individuals experiencing multiple disadvantage.

Members of the group are supported to investigate recurring issues that are identified with members of the MEAM cohort. These could be barriers to accessing specific services in the local area or could be issues that impact their health and wellbeing, for example. These issues are discussed at the operational group, where problem solving and learning takes place to change the service offer for an individual or to make sure that all avenues have been explored with an individual.

Workers use 'action experiments' to improve flexibility within services across the system. Action experiments involve making hypotheses about what ought to change, followed by practical attempts to change the response of part of the system, which are then logged and reflected on with a wider group of people. These experiments help inform learning that is used to improve the system.

Westminster MEAM have funded one and a half MEAM coordinator posts through their floating support contract with SHP. The co-ordinators support the running of the operational group as well as delivering person-centred housing-related support to a small caseload. This allows them to devote the time needed to offer meaningful support, as well as giving them the space to offer support related to people's personal goals. The support is open-ended and flexible and generates positive outcomes in different areas, including improving people's health, well-being, personal resilience and quality of support networks.

Developing areas of work

Westminster has adopted an approach that involves developing a body of experts and interested parties on specific subject issues and making small but meaningful changes over a long time on that issue. Through this trust and respect is continually built across local partners, which in turn has led to the group taking local responsibility for improving areas of work.

The multiple disadvantage work in Westminster has begun to focus on specific issues and areas, as identified by the operational group discussions and views of people with lived experience. These topics include:

- Autism
- Probation
- A Blue Light services project for change-resistant drinkers
- LGBTQI+
- Psychiatric discharge
- Developing Trauma-Informed approaches

Strategic Model

The strategic group is attended by more senior members of staff from member organisations. They consider more entrenched issues that operational work alone is unable to resolve. The group meets once every 8 weeks. During early 2020, representatives from the DWP, the Clinical Commissioning Group and the local mental health trust began attending meetings. Westminster MEAM developed links with the Health and Wellbeing Board during 2019 and are hoping that it will take over responsibility for the oversight of the group. A strong relationship with the Safeguarding Adults Board has been established.

Coproduction

A considerable amount of Westminster's work is co-produced with people with lived experience. There is a strong focus on involving people with lived experience and learning with and from them. Almost all work streams have an expert by experience attending. The co-production work is supported by an outside organisation, Expert Link, who have been commissioned by Westminster City Council to support its MEAM work.

Successes and challenges

Westminster has had numerous achievements and successes since joining the network:

- Developing a pilot to improve psychiatric hospital discharge pathways for people experiencing multiple disadvantage.
- Establishing a pilot project with Housing Solutions and St Mungo's to offer pre-release housing assessments with local prisons.
- Delivery of trauma informed training to local staff.
- Significantly improved how services are offered to autistic people (explored further below).

Reflections

Reflecting on the progress made so far, Westminster have made observations about what is required in order to change local systems.

- Building relationships with no initial fixed end goal is vital.
- Developing trust with people and together building a shared set of goals.
- Providing staff with autonomy to work differently in their roles.
- When thinking about support for care experienced people, a generosity of “can do” spirit from the council is needed in its current or former role of corporate parent.
- You don't need to be a complete expert about an issue in order to begin to explore it.

Autism and multiple disadvantage

Westminster has taken focused action to look at the interaction between autism and multiple disadvantage to improve the design and delivery of services for individuals with autism.

Recent research conducted suggests that c.12% of the long-term population who sleeps rough in the UK presented with behavioural characteristics that were consistent with autism. However, the interaction between autism and multiple disadvantage is a generally overlooked area of policy and research. Autism is often grouped into discussions around learning difficulties and learning disabilities, when it is something quite distinct.

There are challenges that autistic people face which may make them more likely to experience homelessness, and when homeless, make them less likely to find a way out of homelessness. For example, for an autistic person, a homeless shelter may be an extremely uncomfortable or distressing environment, due to excess noise and harsh lighting, and sleeping rough could be preferable.

Actions taken

Over the past few years, Westminster have undertaken or supported a range of pieces of work, focused on autism. For example, they carried out a review of adult diagnostic and post diagnostic pathways for autism. In collaboration with Resources for Autism, St Mungo's, National Autistic Society, and Homeless Link they developed a toolkit focused on autism and homelessness and ensured that autism was a screening prompt on housing assessments. Additionally, they created a local directory of autism services and produced information sheets and training courses on autism for staff in Westminster City Council.

Since the start of this work homelessness staff have become more confident using the Care Act to secure assessments for individuals. An autism champion scheme is being established within different services where people with autism may find it difficult to engage with current service offers. Finally, a peer mentoring scheme, which connects autistic clients currently or previously in floating support to provide support to other autistic adults is being explored.

Westminster MEAM hope to continue developing the work in the future, for example to develop dedicated accommodation for autistic adults and supporting Adult Social Care to make their assessment more autism-aware.