



Voices from the Frontline policy influencing guide

Part one: Influencing local policy

February 2016



Introduction

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*Voices from the Frontline
meeting in Bristol
(photo: Stephen Lewis)*

Why influence policy?

Changes to policy at a national and local level affect all of us, but are most acutely felt by people with multiple needs, who are in contact with a range of services and yet often do not receive the support they require. This group of people experience several problems at the same time such as mental ill health, homelessness, drug and alcohol misuse, contact with the Criminal Justice System and family breakdown.

They are some of the most vulnerable people in our society and often suffer stigma and discrimination. This needs to change, and one way this can be done is through working to influence policy.

People with multiple needs are likely to be affected by decisions that are taken at all levels. Working to influence these decisions to ensure they will have a positive impact on people's lives can be quite daunting, not least because they are made by structures and bodies that can be very complex.

However, by working directly with people experiencing multiple needs, you have a unique understanding of how to meet their needs – what does and does not work and importantly, how decision makers can work to achieve positive results and make a real difference to people's lives.

How this guide can help you

If you work directly with people experiencing multiple needs, or are an expert by experience yourself, then our guides on influencing policy are for you!

This is the first of two guides we have produced. It aims to help you engage with a wide range of different bodies and stakeholders across criminal justice, health and housing; make them aware of the distinct needs of this group; and ensure they are taken into account in the design and delivery of services.

The second part, *Involving experts by experience*, describes how to involve people with experience of multiple needs in policy influencing and lobbying.



Section one

How to influence: hints and tips

Influencing policy – whether at a local or national level – takes time. There are no guarantees that policy changes will happen as a result of your work, or if they do that they will be exactly what you want to happen. This should not be a deterrent as it is really important that decision makers are aware of the issues people experiencing multiple needs are facing.

In this section, we give eight practical hints and tips for influencing policy:

1. Work closely with experts by experience
2. Do your research
3. Develop an influencing strategy
4. Get a place at the table
5. Work in partnership
6. Be clear what you are asking for
7. Develop a communication strategy
8. Keep your commissioner in the loop

1. Work closely with experts by experience

One of the most powerful and effective tools when working to influence policy is people's personal stories and examples drawn from their direct experiences.

Working to influence policy can empower people experiencing multiple needs, and help ensure policy work is grounded in their experience, rather than based on assumptions about their views and perspectives which may not be accurate.

Working to influence policy can empower people experiencing multiple needs, and help ensure policy work is grounded in their experience

The best way to do this is by helping experts by experience to tell their own stories. Sometimes it may also be appropriate for you to represent those stories on their behalf.

The second part of this guide gives more details about how practitioners can involve experts by experience effectively and ethically.

2. Do your research

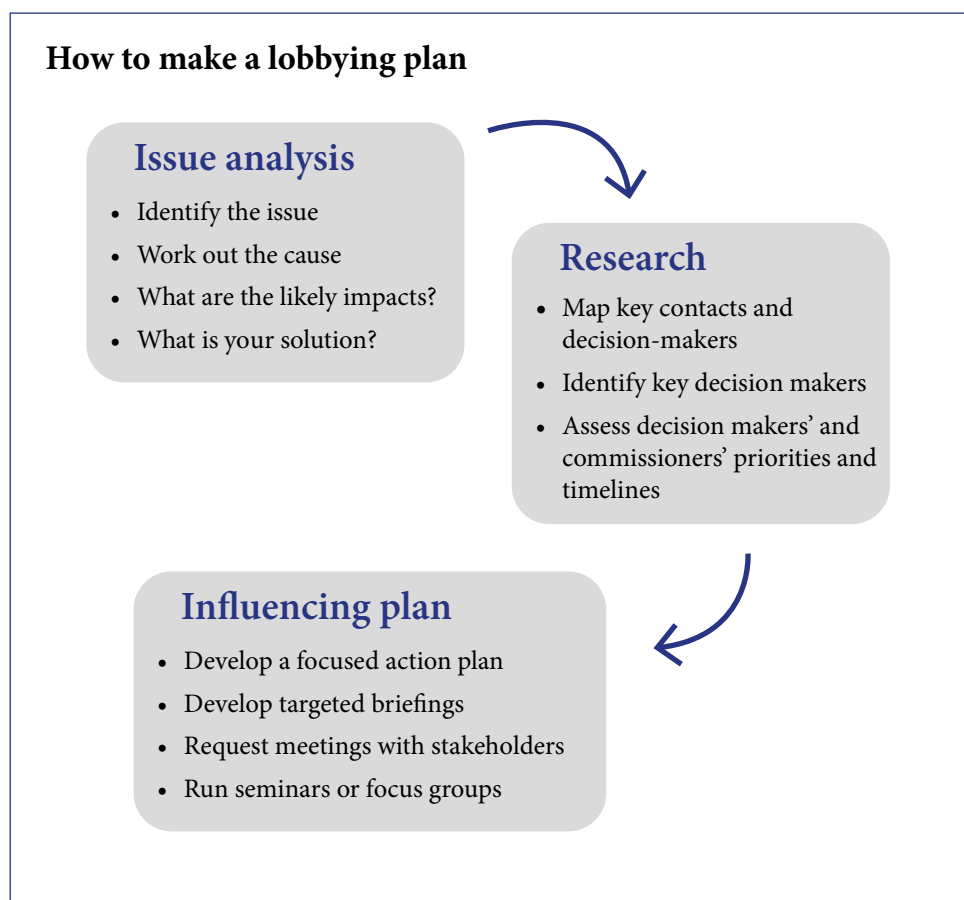
It is really important that you are fully equipped with all the information you need before undertaking any policy influencing work. To make your lobbying or influencing as successful as possible you need to have all the relevant information and facts to hand. You also need to know as much as you can about the organisation or person that you are approaching. For example:

- What are they responsible for?
- What are their priorities and how can you help them meet them?
- Do they have the power to make the changes that you need?
- Do they have any interests that are relevant to your work or the issues experienced by people facing multiple needs?
- What are their timelines and when is the best time to approach them?

It is also important to keep in mind that your main contacts or the individuals you are seeking to influence can change on a regular basis as people move between jobs, making it essential that you keep your contact lists up to date.

3. Develop an influencing strategy

When you have done your initial research, you then need to develop an influencing strategy, as shown in the next diagram. This will help you think through the issue you want to address, and who you need to speak to. It is also worth thinking through multiple options and developing a 'plan b' as your influencing work may have to adapt to changes in the policy environment.



4. Get a place at the table

An important part of influencing policy is utilising the opportunities you have to raise issues with decision makers, which can occur at any time, including during regular meetings.

It is therefore important that where you can, you are able to attend local strategic meetings that have representation from a range of partners. This might include sitting on a Health and Well-being Board (see p. 14), or a Police and Crime Commissioner stakeholder group (see p. 13) where these exist. There are many different ways to get your 'seat at the table' which include networking, utilising relationships you have with partner organisations or making the case to go along.

5. Work in partnership

It is likely that other organisations working to support people experiencing multiple needs are facing the same implications from policy decisions as you. As multiple voices working to achieve the same aim are more powerful than one, it can be really beneficial to partner with other organisations, including those working in the voluntary sector, when influencing policy. Working in this way might also help you to use your resources most effectively.

Multiple voices working to achieve the same aim are more powerful than one.

If you have identified potential partners, it is worth bringing them on board with your work as early as you can, such as during the issue analysis stage of creating your lobbying plan. This can make it easier to secure their support in the long run, and bring issues to their attention that they might not have known about otherwise.



*The launch event
for Voices from the
Frontline in Westminster,
September 2014
(photo: Mike Kear)*

For more information about using data in your influencing work, please see [Making the case](#), published by Drugscope.

6. Be clear about what you are asking for

When working with decision makers it is really important that you are clear about what the issue is and what you would like them to do about it. You might find it useful to make use of existing evidence, such as statistics or case studies, that help to explain and demonstrate the impact of your work with people experiencing multiple needs. The most effective policy influencing is about getting outcomes for the people you work with.

It is important that where you can, you make it clear which specific policy decisions have caused or contributed to an issue. When you have outlined what the issue is, and how local or national policy is having an impact you need to demonstrate what you would like them to do about it.

Formulate policy asks that are short and succinct, achievable and tailored.

Formulating policy asks that you use in all of your communications work is key to this. They need to be short, succinct, achievable and tailored to the organisations or individuals you are looking to influence.

Formulating a specific policy ask

*directed at the specific audience
able to make the policy change*

The Department for Work and Pensions should ensure Jobcentre Plus and Work Programme providers can provide appropriate, flexible and personalised support to help people with multiple needs towards independence.

*specific ask about what needs to change,
based on the research the team did with
people experiencing multiple needs*

the outcome that we want to see

This example of a policy ask is from our recent publication [Solutions from the Frontline](#), developed with participants in Voices from the Frontline.

Decision makers are more likely to engage with you if you are able to demonstrate how the issue you have raised relates to what they are responsible for (please see section two of this document for information about which decision-making bodies are responsible for what) and how your solution can help them meet their priorities.

Although it is important that your policy influencing focuses on the issue and its solution rather than any benefits to your own organisation, it may be the case that you can provide advice, guidance and support to decision makers in developing a response. If you have examples of how your proposed solution could work in practice using examples from your own work or through sharing a good practice example, decision makers will find that immensely valuable. It is also important to remain as solution-focused as possible in your influencing work.

Use examples from your own work of how your proposed solution could work in practice.

Finally, if you have a meeting with a policy decision maker you should follow it up as quickly as you can, responding to any actions you said you would carry out. This will help you to develop a positive relationship.

7. Develop a communications strategy

There are many ways in which you can communicate your policy asks. You could write letters to decision makers, write blogs and case studies to publish on your website or even use social media (such as Twitter or Facebook) to promote your message. It is important that when developing any of this more 'public facing' influencing work that you decide what tone and language you are going to adopt.

It is also important that you consider whether it is best to raise the issue publically or privately in the first instance. If the issue is particularly sensitive or



*Voices from the Frontline
meeting in Bristol
(photo: Stephen Lewis)*

Homeless Link have published [*Speak Out*](#), a guide to influencing that gives information about how you can work with the local media.

being raised for the first time, you may choose to lobby decision makers privately as this could help you develop constructive relationships with them and make them more likely to engage with you.

If you choose to raise the issue publicly, you might contact the local press with the information you have gathered. Another option might be to invite a decision maker to your service which would allow them to meet your beneficiaries and learn first-hand about some of the challenges they are experiencing, as well as learning about the work that you do.

8. Keep your commissioner in the loop

When taking forward any policy influencing work, it is important that you keep the commissioner of your service in the loop and informed of the issues you are raising, who you are raising them with and what any of the outcomes are. Keeping your commissioner informed about your policy influencing work can help to minimise any potential conflicts with the other work they are likely to be funding, and might also help to inform that process.

Case study: Fulfilling Lives Newcastle Gateshead

GM, a 43 year-old man, was referred into the Big Lottery Fund-supported Fulfilling Lives Newcastle Gateshead programme in February 2015 from Gateshead's drug and alcohol treatment provider. GM served 18 years in the army as a staff sergeant, in charge of up to 200 officers. Upon his discharge he was diagnosed with bipolar disorder and post-traumatic stress disorder, and was also dependent on alcohol. Since moving to Gateshead, he had been in contact with mental health services, but none of them would offer him treatment as they stated that he must address his substance use issues before accessing mental health services or interventions.

Recognising the need for local policy change, the Fulfilling Lives team presented this case study, along with others, to the lead commissioner of Public Health in Gateshead, to highlight the lack of support people with multiple issues were receiving from mental health services. Following this the lead commissioner set up and ran a strategic 'task and finish' group which included representation from Adult Social Care, the Clinical Commissioning Group lead, housing, Public Health, drug and alcohol treatment, mental health and the Fulfilling Lives partnership.

The aim of this group was to manage expectations of service providers, present case studies on clients who have been excluded from mental health services and create a plan to help mental health services work alongside treatment providers. Gateshead also reviewed its Drug Related Deaths panel and now have a strong focus on dual diagnosis, exploring if and when people were referred into mental health services (including the crisis team), what efforts were made to engage the person, and what more could have been done to support them.



Section two

Who do I need to influence locally and why?

There are many structures and bodies whose decisions affect people with multiple needs and who you could approach as part of your local influencing work. This section of the guide gives details about who they are, what they are responsible for, where they exist and why they are relevant. This guide is for organisations working in England and Wales.

Overleaf, we have included a useful diagram developed by Opportunity Nottingham which illustrates the local decision making system for people experiencing multiple needs in the city. The diagram demonstrates the complexity of the decision making structures, but also shows how national decision making bodies connect with the local picture set out in this guide.

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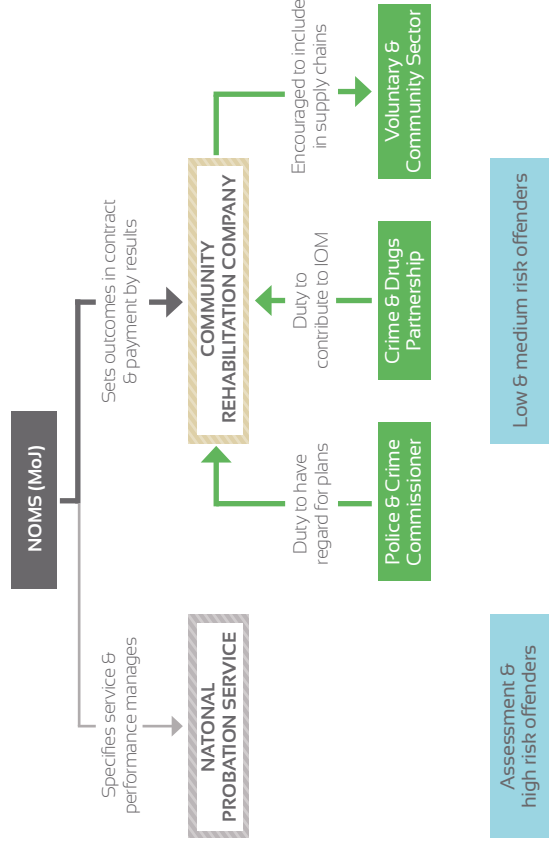
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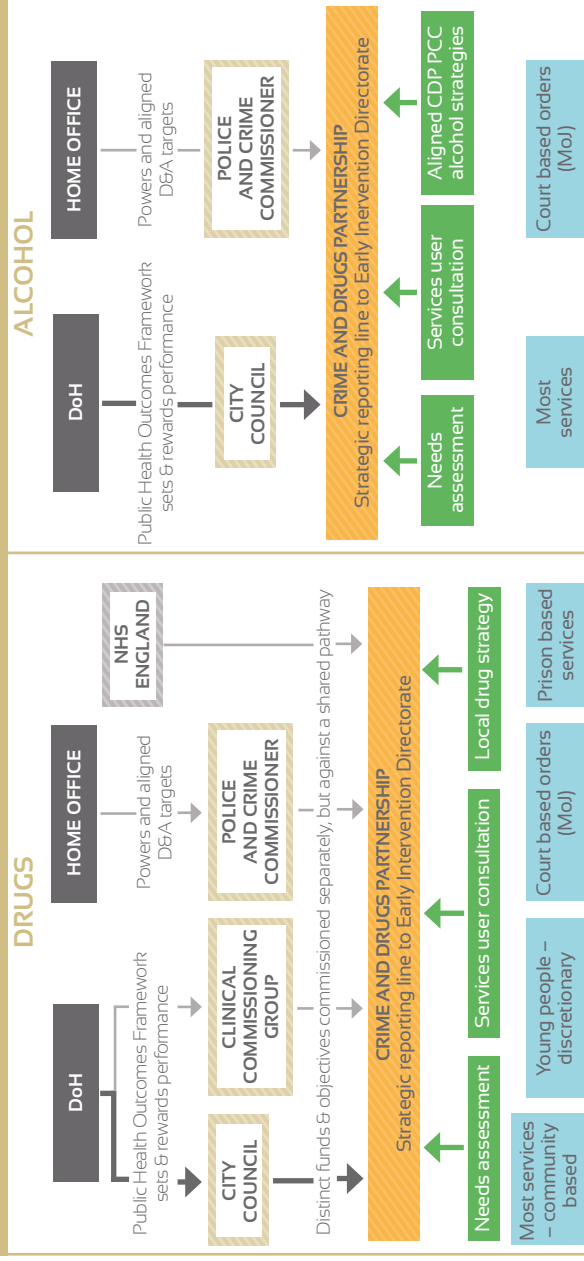
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Local commissioning system for multiple needs

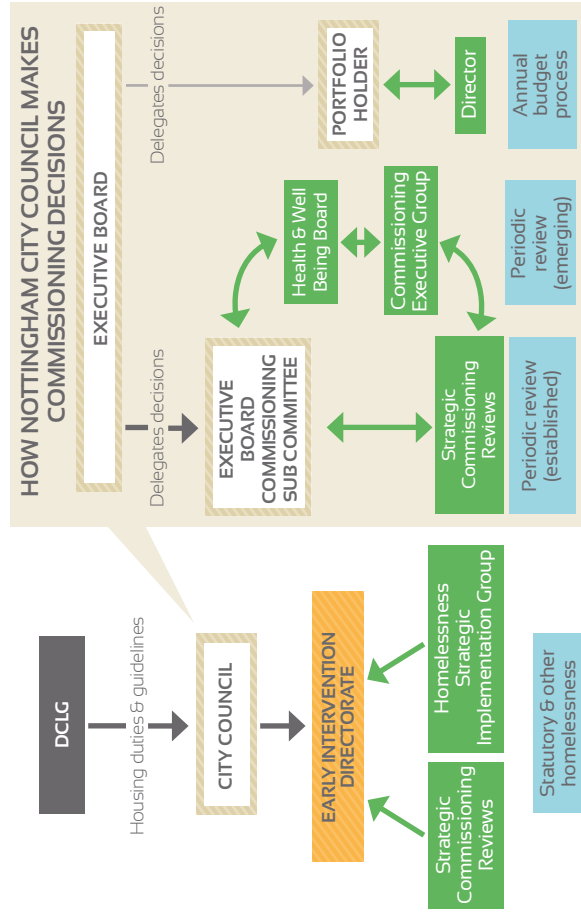
RE-OFFENDING AND REHABILITATION



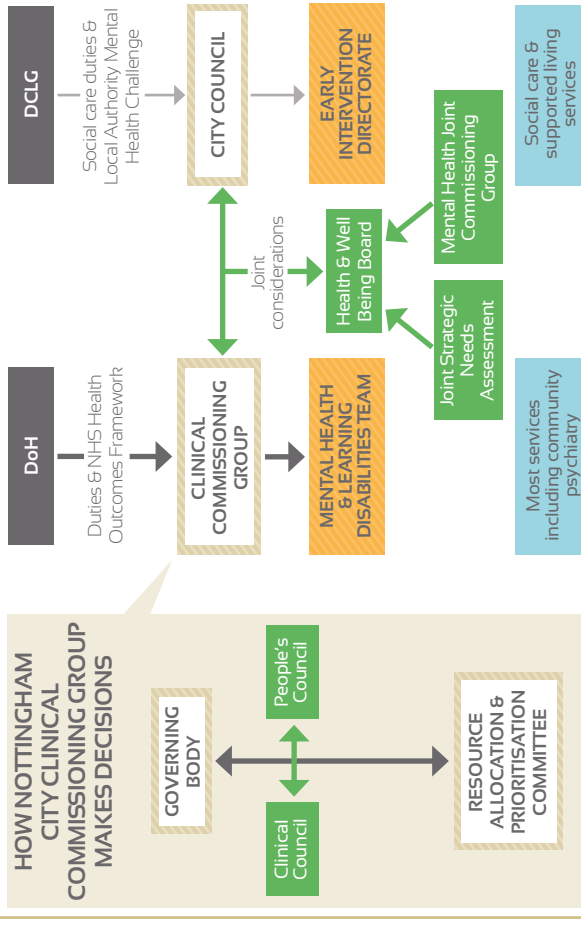
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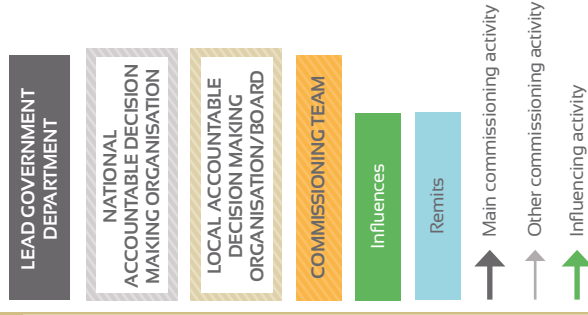
HOUSING AND HOMELESSNESS



MENTAL HEALTH



KEY



Criminal justice

Community Rehabilitation Companies

The Ministry of Justice published a [list of the owners of each CRC](#). You can also download an [interactive map showing the CRCs' owners](#).

Transforming Rehabilitation is the name given to the government's programme for how people are managed on release from custody in England and Wales. The reforms, effective since February 2015, replaced 35 individual Probation Trusts with a single National Probation Service and Community Rehabilitation Companies (CRC) that work in 21 areas across England and Wales, referred to as Contract Package Areas.

What are they responsible for?

As well as being responsible for the management of low to medium-risk offenders, the CRCs also have a new responsibility for supervising short-sentenced prisoners (those sentenced to less than 12 months in prison) after release. The National Probation Service is responsible for managing high-risk offenders.

Owners of the CRCs are known as the lead or Tier 1 providers, and each CRC will develop a supply chain, consisting of a range of sub-contracted organisations referred to as Tier 2 and Tier 3 providers. Amongst others, it is likely that voluntary sector organisations, including those working to support people experiencing multiple needs will be subcontracted by the CRCs to deliver interventions to people in contact with the Criminal Justice System who are at low or medium risk. These interventions will include a range of services which could include mentoring and befriending, drug and alcohol treatment and employment support. In some cases it might also be the case that CRCs spot-purchase services to support the needs of their client group.

Why are they important for people experiencing multiple needs?

People facing multiple needs are likely to have come into the Criminal Justice System for committing low level offences, meaning that they will be managed by the CRCs. However, this group experience entrenched needs that are disproportionately high in comparison to their levels of risk.

As people experiencing multiple needs will only represent a small number of people in the CRCs' caseloads, there is a real risk that their needs will be overlooked, or they will not be able to access the specialist, intensive support that they need to help them stop re-offending. As payment for CRCs relies on this measure, they should be interested in organisations that are able to provide support to people experiencing multiple needs, making them a key structure which practitioners working in this field should seek to influence.

Police and Crime Commissioners

The first Police and Crime Commissioners (PCCs) were elected in November 2012. In total, there are 41 PCCs across England and Wales and they are elected in each police force area. In London the arrangements are different, as the role is undertaken by the Mayor's Office for Policing and Crime (MOPAC), led by the Mayor of London or an appointed statutory Deputy Mayor for Policing and Crime.

PCCs are responsible for creating a five-year police and crime plan which outlines their strategic priorities and is refreshed on an annual basis. This is an opportunity to encourage your PCC to consider the needs of the people you are supporting. The PCC elections are held every four years and the next elections are taking place in May 2016. The period in advance of the elections is an opportunity to influence by representing the views of people experiencing multiple needs to candidates.

What are they responsible for?

PCCs have responsibility for holding the chief constable to account, setting the police budget and determining and meeting the priorities for policing and crime reduction in the local area. Their specific duties include:

- setting the strategic direction for tackling crime and community safety;
- commissioning community safety services and activity;
- commissioning local victim services;
- securing value for money;
- holding the police to account;
- bringing together local partners;
- engaging with victims and community members.

Further reading:

[Practical guidance to engaging with PCCs](#), published by Compact Voice in partnership with Clinks.

[Influencing your PCC – making the case for the VCSE Sector](#), published by Clinks as part of the Safer Future Communities project.

Why are they important for people experiencing multiple needs?

As both commissioners and strategic leaders, it is important for organisations supporting people with multiple needs to engage with PCCs. This is especially true given that people experiencing a combination of issues at the same time are more likely to have direct contact with the police and be affected disproportionately by community safety initiatives.

If initiatives are implemented that take this group's needs into account, it is possible that people experiencing multiple needs could have more effective contact with the police, leading to a reduction in arrests and time spent in police cells as well as an increase in referrals to appropriate services. This would reduce spending, which will be particularly important for PCCs during this time of austerity and reduced budgets.

Health

Health and Well-being Boards

Health and Well-being Boards (HWBs) are managed by the local authority and exist in every upper tier local authority area. Their minimum membership is:

- a locally elected representative;
- a representative of the local Healthwatch (see p. 17) in their area;
- a representative of each Clinical Commissioning Group (see p. 15) in their area;
- the local authority directors for adult and children's social services;
- the director of public health for the local authority.

HWBs are also free to expand this membership to include a wider variety of partners, including local voluntary sector organisations and other statutory organisations such as the police.

What are they responsible for?

The main roles of HWBs are to:

- bring together the key decision makers across the NHS and local government;
- drive the integration of services across communities;
- improve local democratic accountability;
- tackle inequalities in health;
- set a clear direction for commissioning health care, social care and public health.

HWBs set this direction for the commissioning of health care by developing a Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS). JSNAs are a comprehensive assessment of the current and future health needs of the whole community, which includes groups who experience health inequalities and challenges accessing services – including those experiencing multiple needs.

JHWS set out commissioning priorities and plans that respond to the identified needs in the JSNA. Although HWBs do not have direct commissioning responsibilities themselves, through the JSNA and JHWS they can have considerable impact on commissioning plans across the local area, including CCGs, housing and public health.

Why are they important for people experiencing multiple needs?

As people experiencing multiple needs are likely to experience health inequalities and health needs unique to their local community, it is important that this is reflected in JSNAs and JHWS to ensure there is adequate health care provision in place to meet their needs.

HWBs also have a statutory duty to involve local people in the preparation of their JSNA and JHWS. This is therefore an opportunity for people experiencing multiple needs and the practitioners supporting them to influence HWBs.

Further reading:
[*Practical guide to engaging with Health and Wellbeing Boards*](#), published by Compact Voice.

Clinical commissioning groups

Clinical Commissioning Groups (CCGs) have been fully operational since April 2013 and have responsibility for commissioning most local health and social care services in England, including community health and mental health services.

You can see which CCG is operating in your area on a [map produced by NHS England](#).

There are 211 CCGs in England and they do not align with local authority boundaries. Therefore there is more than one CCG operating in each local authority area. In some cases, particularly with small CCGs, they collaborate and work together. (Prison health services are commissioned separately.)

CCGs have a lot of flexibility in terms of their membership and how they operate locally, but all of them will have a governing body that is responsible for the key decisions that they make. The governing body is chaired by an elected General Practitioner (GP) and will usually have representation from other GPs, members of the executive team, a hospital doctor, a nurse, representatives from other local partners and members of the public.

Commissioning Support Units (CSUs) offer practical and local support to many CCGs around the commissioning of services, including public and patient engagement. There are currently 18 CSUs across England, which are hosted by NHS England but operate as not-for-profit organisations.

What are they responsible for?

CCGs are responsible for 80% of the health care budget and use the information in the JSNAs to inform their commissioning responsibilities. When exercising their functions, CCGs have certain duties that they need to follow. These include a duty to:

- improve the quality of services;
- reduce inequalities;
- promote involvement of each patient;
- enable patients to make choices in terms of health services provided to them;
- promote innovation and integration;
- promote public involvement and consultation.

Why are they important for people experiencing multiple needs?

People experiencing multiple needs have poorer health outcomes than the general population, including those relating to mental health, but often find it challenging to engage with local health services. Given the role of CCGs in reducing health inequalities they are an important structure on the local landscape that practitioners supporting people experiencing multiple needs should seek to influence. This might involve outlining the needs of this group and trying to ensure that CCGs commission services that can support their needs.

Organisations working as part of the Fulfilling Lives programme or adopting the MEAM Approach have invaluable information and insights related to working collaboratively, which CCGs would no doubt find valuable in terms of informing their duty to promote innovation and integration.

Further reading
[Practical guide to engaging with Clinical Commissioning Groups](#), published by Compact Voice.

Directors of Public Health

Directors of Public Health (DPH) are employed by local authorities and lead the public health teams. They are responsible for leading on local authority plans to reduce health inequalities, and have a duty to advise CCGs about this. They are also statutory members of HWBs.

The government regularly updates a [list of all DPHs](#). Also, the Local Government Association publish the [annual reviews](#) from each DPH on their website.

What are they responsible for?

DPHs have responsibility for commissioning a range of services, including substance misuse services in the community. In many areas, Drug and Alcohol Action Teams (DAATs) have been incorporated within the local authority public health teams. DPHs direct commissioning responsibilities include:

- community based drug services, including prevention and treatment;
- alcohol misuse services, including prevention and treatment;
- children's public health services (5-19 years);
- sexual health (including contraception services not covered by GP contract; sexual health advice and prevention; and testing and treatment of sexually transmitted infections);
- blood borne virus testing in community services (including Hepatitis B and C and HIV);
- public mental health (mental health promotion, mental illness prevention and suicide prevention);
- smoking cessation services.

Read more about the [transfer of public health services for children aged 0 – 5 to local authorities](#).

Since October 2015 the planning and commissioning of public health services for children aged 0-5 was transferred from the NHS to local authorities, including the Healthy Child Programme. This is led and delivered by Health Visitors, and offers four levels of support depending on the family's needs. Families identified as experiencing complex needs are likely to receive more intensive support called Universal Partnership Plus. This involves Health Visitors providing "ongoing support, playing a key role in bringing together relevant local services, to help families with continuing complex needs."

Why are they important for people experiencing multiple needs?

As DPHs have direct commissioning responsibility for drug and alcohol services, and are also involved in preventative mental health work such as promoting well-being and strengthening social connections, people experiencing multiple needs will be affected by the commissioning decisions they make. As DPHs are employed by the local authority they also have the ability to join up health and social care and other areas such as housing provision, which again makes them important people for organisations to work to influence.

Local authorities and Public Health England are held to account through the Public Health outcomes framework. This framework includes indicators such as re-offending levels, statutory homelessness and social isolation which DPHs therefore need to work to reduce. These responsibilities are highly relevant to policy around multiple needs.

Further reading:
[Public health reforms and what they mean for drug and alcohol services](#), published by DrugScope.

Local Healthwatch

Local Healthwatch exist in each local authority area in England. They bring together individuals and organisations, including those in the voluntary sector, and together with Healthwatch England make up the Healthwatch network. This gives people using health and social care services a voice in the commissioning and delivery of local services, both in custodial and community settings.

What are they responsible for?

Local Healthwatch are a statutory member of HWBs, and their responsibilities include:

- providing information and advice to the public on accessing health and social care services;
- gathering the experiences of local people to influence commissioning, provision and scrutiny of health and social care services;
- raising awareness amongst commissioners, providers and other agencies about the importance of engaging with local communities.

For more information on the Care Quality Commission, see their publication [*How we inspect and regulate: a guide for providers*](#).

They also feed information to Healthwatch England, which is the national leadership organisation of the local Healthwatch network, and a statutory committee of the Care Quality Commission (CQC). The CQC is the independent health and social care regulator in England, and works to ensure that individuals, including those with multiple needs, are provided with safe, effective and high quality care.

Why are they important for people experiencing multiple needs?

Local Healthwatch provide a forum through which organisations and practitioners, as well as experts by experience are able to feed information directly to HWBs about local service provision, and identify any gaps or barriers that may exist in terms of accessing these services. They are key in ensuring that local commissioning reflects and meets the needs of all members of the local population, which includes those experiencing multiple needs. Healthwatch England's ability to report on key issues and national trends is reliant upon the information they receive from local Healthwatch networks, making them essential organisations to work to influence.

Housing

Local authority housing teams

The provision of housing and housing-related support is complex, and differs from area to area. However, most decisions about housing and the support people need to maintain it are taken within local authorities.

Further reading:

[Changes in commissioning for housing-related support](#), published by Homeless Link.

What are they responsible for?

All local authorities commission services for people with specific housing needs, and in the past this was done through a ring-fenced funding programme called Supporting People. From 2009 onwards, this programme ended and the funding was released for local authorities to use as they wish. In some authorities, a dedicated team is still responsible for managing housing-related support, whereas in others the responsibility now sits with adult social care or other departments. A large proportion of social housing is now provided by housing associations.

Each local authority also has a housing options or housing advice team that helps people find housing, and takes action to prevent homelessness. Local authorities have a statutory duty to provide advice to anyone with specified kinds of housing need, and refer people to a range of social and private rented sector housing. Local authorities also have a housing planning and strategy function, which makes wider decisions about the development and quality of the housing market.

Why are they important for people experiencing multiple needs?

Local authorities' housing powers make them important both in terms of preventing and resolving homelessness, and ensuring that people experiencing multiple needs are supported to stay in appropriate housing. It's crucial that other services are well-connected with housing teams in local authorities, as the system can be difficult to navigate and often people need help making their case.

Affordable housing is in short supply in many areas, with rising rents and changes to Housing Benefit meaning that local authorities are not able to provide housing to everyone who needs it. This makes it all the more important to build good relationships with people within the housing system.

Influencing planning decisions

If you are developing a new service or facility to support people with multiple needs, you may need to navigate local planning systems. These can be complex, and sometimes local residents are resistant to having services based in their community because of false perceptions of risk or stigma.

For advice on these issues, see DrugScope's [Planning for Drug and Alcohol Treatment Services](#), and Homeless Link's [Thinking about setting up a service?](#)

Politicians

Members of Parliament (MPs)

Parliament's website allows you to [search for the MP who represents your constituency](#).

The government publishes a [list of all ministers](#), and Parliament produces a [list of all shadow ministers](#).

MPs are elected by the general public in the UK and represent their interests and those of the political party they represent in the House of Commons. In the UK, Parliament has 650 MPs from areas across England, Scotland, Wales and Northern Ireland. It is important to note that if you are raising a local issue, only the MP for that constituency area will be able to engage with your concerns.

What are they responsible for?

MPs do not have a specific job description, and they are often able to decide for themselves what issues or cases they take on. However, they are responsible to three main groups: their constituents; parliament; and their political party. If MPs represent the party of government, they may be asked to take on a role as a minister, or if in opposition, as a shadow minister.

Why are they important for people experiencing multiple needs?

People experiencing multiple needs and the practitioners supporting them are represented by the MP for their local constituency. MPs can give advice to their constituents that might be helpful, but are also able to raise issues local people and organisations are experiencing in parliament to push for national policy changes. They can write to local services requesting information, and many MPs try to visit local organisations and support local campaigns where possible.

One way that you can work to influence your local MP is to request a meeting, in writing or via email. It is really important to develop a positive relationship with an MP if you want them to support policy change. Remember, however, that MPs are very busy so it may take some time for them to get back to you or engage with you in the way you would like.

Further reading:
[Influencing decision makers](#), published by VONNE.

Participants in Voices from the Frontline meet with Emma Lewell-Buck MP in South Shields, February 2015





Section three

How can MEAM support me?

Find out more on the MEAM website:
www.meam.org.uk.

The Making Every Adult Matter Coalition is made up of three national charities: Clinks, Homeless Link and Mind. For the coalition and its individual partners to identify policy issues that are important to your work, it is essential that we engage with you, and that you know how to engage with us! There are many ways that this can happen, and they differ slightly for each organisation.

The MEAM core team

MEAM's core team help to coordinate practice and policy work across the three charities. They can advise you on the best people to speak with across the coalition about a specific issue, including members of the Local Networks Team, who are based across England providing support to MEAM Approach and Fulfilling Lives areas.

The Voices from the Frontline project is delivered by an embedded policy team across the coalition members, and is managed by a member of the MEAM core team. The project aims to bring the voices of people experiencing multiple needs and those who support them to the heart of policy debate, and principally works to influence national policy. One of the ways the team does this is through responding to government consultations, or calls for evidence. The team contacts each coalition partner's networks when specific opportunities to engage arise.

Clinks

Clinks has a Policy Team that works on national policy issues, and a Local Development Team which supports voluntary sector organisations working in criminal justice. The Local Development Team are also able to provide support around local policy issues.

If there is a government consultation, or information that we need to receive from frontline organisations working locally, we always put a call out in our weekly newsletter *Light Lunch*. We also arrange networking and training events that might be useful for you to attend to raise the policy issues you are experiencing and to make strategic links with other members.

Find out more on the Clinks website:
www.clinks.org.
You can also sign up to receive [Light Lunch](#).

If you want to let us know about a policy issue affecting you, in the first instance look to see if there is a development officer in your area and contact them. If not, or if the issue you have identified is related to national policy, contact a member of the policy team.

Find out more on the Homeless Link website: www.homeless.org.uk. Alternatively, contact your local [Strategy and Partnerships Manager](#).

Homeless Link

Homeless Link has a Policy Team, which covers national issues such as welfare reform. This team is based at our head office in London and works primarily with decision makers from central government and the civil service. We also have a regional team, with Strategy and Partnership Managers supporting members across England to improve services and reduce rough sleeping locally.

If we need information from members to inform a consultation response, public campaign or local initiative, we will put out a call for evidence through our Member Link mailing, which members can sign up to receive on a fortnightly basis. If something is occurring locally, you may be contacted by a Strategy and Partnership Manager, either directly or through a local partnership, such as the London Councils Forum or the Be the Change network in the north-east. To find out more about these local networks, please contact your region's Strategy and Partnership Manager.

We also facilitate a range of training and informational events, which provide forums for raising policy issues and meeting others with similar concerns.

In the first instance, if you have a local policy issue you would like to discuss with someone, you should contact your region's Strategy and Partnership Manager, as they will know the area and some of the local decision makers. If the topic you wish to discuss is a national issue, you can contact a member of the Policy Team directly using the contact information on Homeless Link's website.

Mind

We campaign on a variety of issues across mental health. If there is an issue that you are concerned about you can contact the Policy and Campaigns team at action@mind.org.uk and one of the team will let you know if it is something we are currently campaigning on. If it isn't, we are still interested to hear about your concerns and may be able to support you in some other way.

We also have 150 local Minds across the country, which are independent charities who may be able to support you locally. You can find more details on Mind's website.

Finally, we regularly promote campaigns on social media and through our campaigner emails, which you can get involved in. This may include helping us to respond to a Government consultation, or volunteering to provide a media case study.

Find out more on Mind's website: www.mind.org.uk. You can also sign up to become a [Mind campaigner](#).



Further resources

There are many resources available that can give you further information about policy influencing. Although the resources below are focused on specific audiences, the information should still be relevant to your work supporting people experiencing multiple needs.

Policy influencing guides

- Making Every Adult Matter (2013), [*Fulfilling lives: a guide to the new policy environment for multiple needs*](#)
- DrugScope (2014), [*Making the case*](#)
- Homeless Link (2014), [*Speak out: a guide to local influencing*](#)
- Mind (2014), [*Influencing mental health services: a guide to values-based commissioning*](#)
- VONNE (2015), [*Influencing decision makers: lobbying locally or nationally*](#)

Engaging with PCCs

- Compact Voice and Clinks (2015), [*Practical guidance to engaging with PCCs*](#)
- [*Safer Future Communities*](#): this Clinks-led project produced a plethora of resources which supported local VCSE organisations to engage with and influence PCCs

Engaging with the health landscape

- Clinks (2014), [*Navigating the health landscape in England: a guide for the voluntary sector working with offenders*](#)
- Compact Voice and Regional Voices (2015), [*Practical guide to engaging with Health and Wellbeing Boards*](#)
- Compact Voice (2015), [*Practical guide to engaging with Clinical Commissioning Groups*](#)
- DrugScope (2013), [*Public health reforms and what they mean for drug and alcohol services*](#)

Engaging with housing

- Homeless Link (2013), [*Changes in commissioning for housing related support - guidance for providers*](#)

Appendix: Checklist for organisations

The information below is based on the 'How to influence: hints and tips' section of the guide, and aims to provide a basic checklist for your influencing work.

Issue analysis

- ☐ Have you identified the issue?
- ☐ Is it caused by a specific policy decision?
- ☐ What is the current or likely impact?
- ☐ Have you collected information, data or examples of the impact?
- ☐ What is your solution? Is it clear what you are asking for?
- ☐ Is it appropriate for you to be part of the solution? Can you demonstrate how that might work?
- ☐ Have you thought about how you could involve your clients and/or experts by experience in your influencing work?

Research

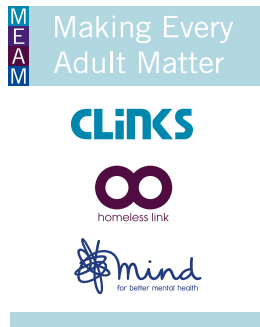
- ☐ Who are the key decision makers you need to approach to address the issue?
- ☐ Do they have the power to make the changes that you want to see happen?
- ☐ Can you help the relevant decision makers meet their priorities?
- ☐ Have you identified key contacts to partner with in your influencing work?

Lobbying plan

- ☐ Have you developed a focused and strategic action plan?
- ☐ Have you developed consistent and concise policy messages?
- ☐ Could you publish briefings on the issue and your suggested solutions?
- ☐ Are there local meetings you could attend?
- ☐ Could you become a member of a local strategic group?
- ☐ Have you requested meetings with key decision makers and stakeholders?

Making Every Adult Matter

Making Every Adult Matter (MEAM) is a coalition of Clinks, Homeless Link and Mind formed to improve policy and services for people facing multiple needs. Together the charities represent over 1,300 frontline organisations and have an interest in the criminal justice, substance misuse, homelessness and mental health sectors.



LankellyChase Foundation

The LankellyChase Foundation works to bring about change that will transform the quality of life of people who face severe and multiple disadvantage. It focuses on the persistent clustering of social harms such as homelessness, substance misuse, mental and physical illness, extreme poverty, and violence and abuse. LankellyChase also wants to drive systems change in order to radically reshape the services designed to reduce these harms.

The Voices from the Frontline programme is led by the Making Every Adult Matter coalition and generously supported by the LankellyChase Foundation.

LankellyChase

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