MEAM

MEAM Approach evaluation: final report

October 2022

CordisBright

Foreword

People facing multiple disadvantage experience a combination of problems. For many, their current circumstances are shaped by long-term experiences of poverty, deprivation, trauma, abuse and neglect. Many also face racism, sexism and homophobia. These structural inequalities intersect in different ways, manifesting in a range of experiences including homelessness, substance misuse, domestic abuse, contact with the criminal justice system and mental ill health. These individuals are often failed by services and systems that focus on singular issues. For these reasons, multiple disadvantage should be regarded as a systemic and not an individual issue.

In 2012, Making Every Adult Matter (MEAM) developed the MEAM Approach to help local areas to transform services and systems for people facing multiple disadvantage. In that time, it has been used by more than 40 local areas. Two years later, the National Lottery Community Fund launched the Fulfilling Lives programme, working with 12 local areas over an eight-year period.

The work of the MEAM Approach and Fulfilling Lives networks has represented an unprecedented expansion of action on multiple disadvantage during the last decade. Both networks have benefited from a detailed and comprehensive longitudinal evaluation, committed to understanding the impact on individuals, services and systems.

The result is a fundamental step-change in the evidence base on multiple disadvantage, proving that coordinated interventions improve people's lives, reduce the use and cost of a range of key services, and help local areas to create the long-term changes to local systems that are needed for the future.

This new evidence base is already having an impact, with the recent government investment in the Changing Futures programme and a continued interest in MEAM Approach network membership being prime examples.

However, as action on multiple disadvantage continues to expand across the country, we should remember that the evidence base on the positive impact on individuals and service use is already clearly established. Programmes and their evaluations now need to turn to focus more firmly on better understanding the systemic factors that are present in successful local systems. This includes the cultures, narratives, leadership and co-produced partnership infrastructure that are the hallmarks of mature systems and that are so vital to leading change.

Through its support to an expanded MEAM Approach network, MEAM is pleased to be playing its part in this next big challenge. For now, we wish to thank everyone involved in making this evaluation a success over the last five years including the team at Cordis Bright, the experts by experience team, the local areas across the MEAM Approach network and everyone who contributed their views and experiences or allowed their individual data to be shared.

Oliver Hilbery, Director, MEAM

Acknowledgements

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1   Overview of key findings

The MEAM Approach is a non-prescriptive framework developed in 2012 by Making Every Adult Matter (MEAM), a coalition of the national charities Clinks, Collective Voice, Homeless Link and Mind. Its purpose is to help local areas to design and deliver better coordinated services for people experiencing multiple disadvantage – defined as a combination of homelessness, substance misuse, mental ill health, and contact with the criminal justice system.

The MEAM Approach has three ultimate goals:

- Goal 1: People experiencing multiple disadvantage achieve their goals and improve their lives.

- Goal 2: Systems and people supporting people experiencing multiple disadvantage use available resources efficiently and avoid unnecessary costs.

- Goal 3: Services/ systems and the people involved in them work better for and with people experiencing multiple disadvantage.

This is the final (year 5) report for the mixed-methods, longitudinal evaluation of the MEAM Approach. The evaluation has been delivered between 2017 and 2022 by Cordis Bright, an independent research and consultancy organisation, working in collaboration with an expert by experience research group. The evaluation's key findings are summarised below.

1.1   People experiencing multiple disadvantage improve their lives and make progress towards their goals

Key finding 1: Positive change in people's lives. At the time of initial engagement, people experiencing multiple disadvantage tend to have poor outcomes across multiple areas of their lives. Enabling people to make positive changes is a key achievement of local work developed using the MEAM Approach. People receiving support make progress across a range of different outcome areas. Most progress is made over the first 12 months of support. This is consolidated when support is received for 18 months.

Key finding 2: Substantial improvements in accommodation. People experience the most substantial improvements in relation to accommodation. These improvements continue into the second year of support as people move into increasingly stable forms of accommodation. The proportion of people sleeping rough decreased from 46% at the start of support to 8% at the end of the fourth quarter to 5% at the end of the eighth quarter, a statistically significant reduction of 41 percentage points over the two-year period. Qualitative insight indicates that stable accommodation is a key springboard for people to achieve positive change in other areas of their lives.

Key finding 3: Achieving personal goals. The MEAM Approach helps people experiencing multiple disadvantage to achieve goals that are important to them.

1.2 Improved support for people experiencing multiple disadvantage

Key finding 4: Improved coordination of support. The MEAM Approach has contributed to improved coordination of support between services in local areas across the network.

Key finding 5: Coordination of support at key transition points. Coordination of support is increasingly being provided at key transition points.

Key finding 6: Improved flexibility of support. The MEAM Approach has contributed to improved flexibility of support in local areas across the network.

Key finding 7: Positive experience of support. People experiencing multiple disadvantage have a more positive experience of support.

Key finding 8: Common elements of support. There are some common elements which have enabled the improved coordination and flexibility of support for people experiencing multiple disadvantage.

1.3 Systems change

Key finding 9: Emerging evidence of systems change. There is emerging evidence of systems change being achieved in local areas across the MEAM Approach network. These changes are taking place in a number of different areas, including: culture; leadership; coordination of support; flexibility of support; infrastructure, pathways and processes; strategy and commissioning; and co-production.

Key finding 10: Strategically and operationally-driven systems change. Systems change should be driven from strategic and operational levels, drawing on the knowledge and expertise of experts by experience and frontline staff in all cases.

1.4 Co-production

Key finding 11: The value of co-production. Stakeholders across the system increasingly recognise the value of co-production.

Key finding 12: Varying levels of meaningful co-production. While there is encouraging evidence of meaningful co-production occurring across the network, levels of co-production vary significantly across areas, and in many, it is an area where more work is needed.

Key finding 13: Enabling factors and barriers to co-production. There are a number of enabling factors and barriers for local areas regarding co-production, and a relatively high level of system maturity is required for areas to be able to work co-productively.

1.5 Efficient use of resources

Key finding 14: Change in engagement and number of services used.
People access a slightly higher number of services after a year of support, and require less frequent contact with their MEAM coordinator to do so.

Key finding 15: Reduction in use of unplanned services. There were statistically significant reductions in A&E attendances. People who received support over at least two years saw a 50% reduction after the first year of support, from an average of 1.2 attendances per person per quarter pre-support to 0.6 attendances per person in the fourth quarter of support. After two years of support, the same group had 0.8 attendances per person in the eighth quarter of support, a reduction of 37% compared to pre-support levels. A larger group of people who received support over at least one year also saw a statistically significant reduction in A&E attendances over their first year of support.

There were statistically significant reductions in non-elective acute admissions for people who received support over at least two years, but these were only found after the first year of support (a 50% reduction from an average of 1.1 admission days per person per quarter pre-support to 0.5 admission days per person in the fourth quarter of support).

There were statistically significant reductions in arrests and nights in prison for people supported over at least two years, but these are only statistically significant after two years of support (see section 3.1). Arrests reduced by 32% from an average of 0.7 arrests per person per quarter pre-support to 0.5 arrests per person in the eighth quarter; nights in prison reduced by 37% over the same period from an average of 9.4 nights per person per quarter to 6.0 nights.

Key finding 16: Change in service use and accommodation costs.
Reductions in A&E attendances after two years of support are associated with reductions of £92 per person per quarter. Reductions in the number of arrests and nights in prison after two years of support are associated with reductions in cost of £195 and £414 per person per quarter respectively. The positive changes in people's accommodation (see section 3.2) are associated with cost increases of £333 per person per quarter for those in supported accommodation, and £322 per person per quarter for those in their own or shared tenancy.

2 Introduction

This is the final (year 5) report for the mixed-methods, longitudinal evaluation of the MEAM Approach. The evaluation has been delivered between 2017 and 2022 by Cordis Bright, an independent research and consultancy organisation, working in collaboration with an expert by experience research group.

The MEAM Approach is a non-prescriptive framework developed in 2012 by Making Every Adult Matter (MEAM), a coalition of the national charities Clinks, Collective Voice, Homeless Link and Mind. Its purpose is to help local areas to design and deliver better coordinated services for people experiencing multiple disadvantage.

The policy and practice landscape surrounding multiple disadvantage has changed significantly over the last five years. Improving services and systems for people experiencing multiple disadvantage is an increasing priority for government departments, local commissioners and service providers. As such, it is a key moment to reflect on what has been learned from the MEAM Approach over this period and how this knowledge can help shape practice and policy in the future.

The year 5 evaluation builds on the research and findings from years 1-4 of the evaluation. It summarises evidence on the extent to which local work developed using the MEAM Approach in 36[1] local areas has helped to achieve the three ultimate goals of the MEAM Approach. These are:

- Goal 1: People experiencing multiple disadvantage achieve their goals and improve their lives.

- Goal 2: Systems and people supporting people experiencing multiple disadvantage use available resources efficiently and avoid unnecessary costs.

- Goal 3: Services/ systems and the people involved in them work better for and with people experiencing multiple disadvantage.

More detail on these goals can be found in section 2.3.

This report is accompanied by the year 5 technical appendix, which provides more detail on the evaluation methods, membership of the MEAM Approach network and quantitative analysis.

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[1]See the Technical Appendix for a full breakdown of MEAM Approach membership during years 1-5. This number of 36 includes Oldham, which joined the national MEAM Approach network and evaluation in year 2 but was not included in this evaluation after the establishment of the Greater Manchester network in year 4. It also includes Redbridge and Winchester, which did not directly participate in any elements of the evaluation research.

2.1   Defining multiple disadvantage

People experiencing 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".*

Source: MEAM. Web page, "About Multiple Disadvantage"

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 racially minoritised backgrounds, who might experience multiple disadvantage in different ways and may not have contact with services. These estimates were updated by Lankelly Chase in 2020 in their report *Gender Matters* to take better account of gender and experience of violence and abuse.[2]

People experiencing multiple disadvantage are also likely to experience wider societal stigma and discrimination, as well as isolation and loneliness.

2.2   Overview of the MEAM Approach

The MEAM Approach includes seven core elements that should be considered by all local areas (see Figure 1), but it does not prescribe a particular way in which these elements should be achieved.

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[2] In focusing on how disadvantages might manifest differently in the lives of women, the 2020 *Gender Matters* report included experience of homelessness, substance misuse, violence and abuse and poor mental health as its primary domains of severe and multiple disadvantage, and found that each year around 336,000 adults in England experience at least three of these domains.
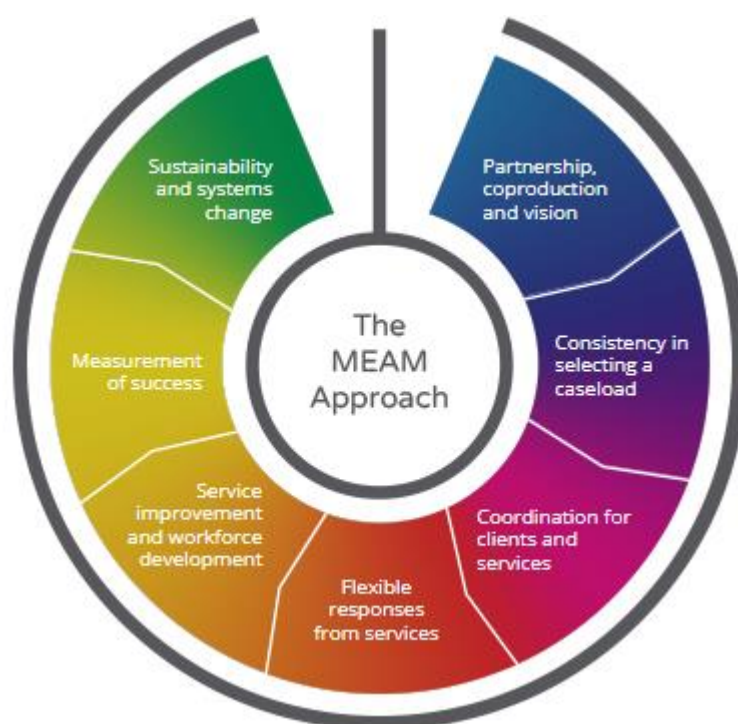
Source: MEAM. Web page: The MEAM Approach

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 sustainably 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 local work. The 'critical friend' support provided by the MEAM team 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.

Between 2017 and 2022, MEAM has successfully increased the reach of the MEAM Approach by supporting its roll-out into local areas across England. Since the MEAM Approach was developed, a total 46 areas have been involved in the MEAM Approach pilots or networks up to March 2022 and have worked with MEAM to develop their work relating to people experiencing multiple disadvantage. There were 31 local areas actively involved in the MEAM Approach network during year 5 of the evaluation, and a further two areas involved in the Greater Manchester network.

Post-March 2022, MEAM is working with 32 local areas. This includes most of the areas that were in the networks at the end of year 5, as well as other areas that were not previously involved. Some local partnerships have expanded into larger footprints over the last year, meaning that although the network now has a

slightly smaller number of named areas, the network has a larger geographical reach. Of these 32 areas, 11 are also receiving support and funding through the Changing Futures programme.

2.3 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 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 2 summarises the ultimate goals and outcomes of the MEAM Approach, as outlined in the theory of change:

Figure 2: Ultimate goals outlined in the MEAM Approach theory of change

Ultimate goals

| Services/systems and the people involved in them work better for and with people facing multiple disadvantage | People facing multiple disadvantage achieve their goals and improve their lives | Systems and people supporting people facing multiple disadvantage use available resources efficiently and avoid unnecessary costs |

Outcomes

• Experts by experience are meaningfully involved in developing services and systems.
• Services are commissioned, designed and delivered based on evidence of what works best for people facing multiple disadvantage.
• People who would benefit from support are supported to access, engage and remain engaged with services.
• People receiving support have a positive experience of this support.
• Services are better coordinated so that people can be supported effectively by the services they need.
• Services, systems and people offer flexible support when, where and how people need/want it.
• People delivering services have more autonomy to shape support around people they are supporting.
• People delivering services receive appropriate support and supervision and experience higher job wellbeing and satisfaction.
	• People facing multiple disadvantage achieve their own goals to make changes that are important to them.
	• People facing multiple disadvantage experience improvements in areas such as (but not restricted to):
	  • Emotional and mental health
	  • Physical health
	  • Social networks and relationships
	  • Accommodation
	  • Financial situation
	  • Drug and alcohol use
	  • Offending
	  • Motivation
		• A higher proportion of support is planned and provided earlier in people's journey.
		• A lower proportion of support takes the form of unplanned interventions, including services which might be accessed in an unplanned manner at times of crisis.
		• Cost are avoided or saved through reduced provision of unplanned interventions, including services which might be accessed in an unplanned manner at times of crisis.
		• The costs of delivering planned and earlier interventions increase as needed.
		• Commissioning is more closely integrated and efficient; the right services are commissioned in the right places, based on the right intended outcomes.
		• Delivery is more closely integrated to create a system which can meet a wider range of needs/preferences than it did previously.

2.4 Evaluation methodology

Figure 3 summarises the methods used over the five years of the evaluation. We collaborated with a range of key stakeholders to design and deliver the evaluation and its reports. This included:

- The central MEAM team, who contributed to the evaluation framework, steering group and annual methods development and agreed all approaches and research tools.

- A research group including seven experts by experience, who were part of the evaluation team and played a key role in the design and delivery of all elements of the evaluation from year 2 onwards.

- Local area leads and representatives and National Lottery Community Fund representatives, who informed the development of the evaluation framework and participated in the evaluation steering group.

- Colleagues at CFE Research, who are conducting the Fulfilling Lives evaluation. Fulfilling Lives is a programme funded by the National Lottery Community Fund to help those experiencing multiple disadvantage to access more joined-up services tailored to their needs. More detail is available on the Fulfilling Lives webpage and on The National Lottery Community Fund webpage. Colleagues at CFE Research participated in the evaluation steering group and we also consulted them on the comparability of both methods and findings.

Throughout the year 5 report, we have drawn on relevant findings from the Fulfilling Lives evaluation to supplement or provide comparison to the MEAM Approach evaluation findings. These findings from the Fulfilling lives evaluation are highlighted in blue callout boxes.

The year 5 technical appendix provides more detail on all methods and the role of the expert research group.

Figure 3: Summary of methods used across years 1 to 5 of the evaluation

Method	Evaluation Year				
	Year 1	Year 2	Year 3	Year 4	Year 5
Client interviews		✓		✓	
Local staff consultation	✓	✓	✓	✓	✓
Local staff E-survey		✓	✓	✓	✓
Observation of strategic and operational meetings			✓		
MEAM staff consultation	✓	✓	✓	✓	✓
Review of relevant programme, evaluation and policy documentation	✓	✓	✓	✓	✓
Common data framework		✓	✓	✓	✓

2.5 Further information

2.5.1 The value of the MEAM team

Throughout the evaluation, local area leads have emphasised the value of support provided by the MEAM team. This is not discussed in this evaluation report but is outlined in detail in a separate report by Cordis Bright focusing specifically on this topic. This report can be accessed on the webpage Impact of MEAM Support. The report found that MEAM provides four main types of support to areas: critical friend support; partnership support; systems change support; and training and sharing learning support. It also indicated that this support is important in driving focus, motivation and energy among local area leads across the network in their work to improve services, embed systems change and improve outcomes for people experiencing multiple disadvantage.

2.5.2 The impact of COVID-19 on local work developed using the MEAM Approach

In the year 5 consultation, as well as throughout more recent years of the evaluation, local area leads and wider partners expressed mixed views on the impact of the COVID-19 pandemic on work developed using the MEAM Approach. While some stakeholders cited the opportunities for collaboration and increased flexibility from partners brought about by the pandemic and related lockdowns, a smaller number of stakeholders viewed it as leading to more siloed ways of working. In 2020, Cordis Bright produced a report that documented the adaptations and flexibilities introduced in MEAM Approach areas during the pandemic in more detail. This report also examined how local areas might retain some of these positive flexibilities – the report is available on the webpage Flexible responses during the Coronavirus crisis: Rapid evidence gathering.

2.5.3 Previous evaluation reports

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

- The 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 final report, technical appendix and partnerships thematic report, produced in August 2020.

- The year 4 mid-year report, produced in December 2020.

- The year 4 final report, technical appendix and mental health thematic report produced in October 2021.

All reports are available on the webpage MEAM Approach evaluation.

3 People experiencing multiple disadvantage improve their lives and make progress towards their goals

3.1 Key finding 1: Positive change in people's lives

> **At the time of initial engagement, people experiencing multiple disadvantage tend to have poor outcomes across multiple areas of their lives. Enabling people to make positive changes is a key achievement of local work developed using the MEAM Approach. People receiving support make progress across a range of different outcome areas. Most progress is made over the first 12 months of support. This is consolidated when support is received for 18 months.**

This year's findings build on those reported in previous evaluation reports, showing strong evidence that people supported through local work developed using the MEAM Approach are making improvements in their lives.

In the year 5 consultation, local area leads consistently identified that enabling people experiencing multiple disadvantage to make positive changes in their lives is both the main aim and a key achievement of local work developed using the MEAM Approach:

> *"Amazing things have been achieved for the cohort. [Some] have gone from being homeless to living in supported living, with no debt. […] These outcomes wouldn't have happened without the backing of MEAM."*

Local area lead, year 5 consultation

For example, consultation with 27 clients as part of the year 2 evaluation found that the majority of clients had received support that had enabled them to achieve positive outcomes, and this was reiterated in further consultation throughout the evaluation (such as interviews with clients in year 4 as part of the thematic mental health research):

> *"The life that I have now compared to the life I had before I was in the [MEAM Approach intervention] is two totally different things. I've got my place, I've got a bit of money, a few nice things, you know before, I had nothing."*

Client, year 2 consultation

These positive outcomes are reflected in the Homelessness Outcomes Star (HOS) data gathered from people supported by local work developed using the MEAM Approach. The HOS 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 "accepting help", "believing", "learning", and up to "self-reliance", where they can manage the issue without help. More detail on the Homelessness Outcomes Star is available on the Outcomes Star webpage Homelessness Star.

The HOS data suggests that most people see improvements in their lives after the first 12 months of support. Over this period, 91% of people had made progress along the Journey of Change in at least one outcome area and 64% had made progress in four or more areas (n=117). The proportion of people making progress in at least one outcome area and in four or more outcome areas over the first 18 months was slightly higher, at 92% and 68% respectively (n=117).
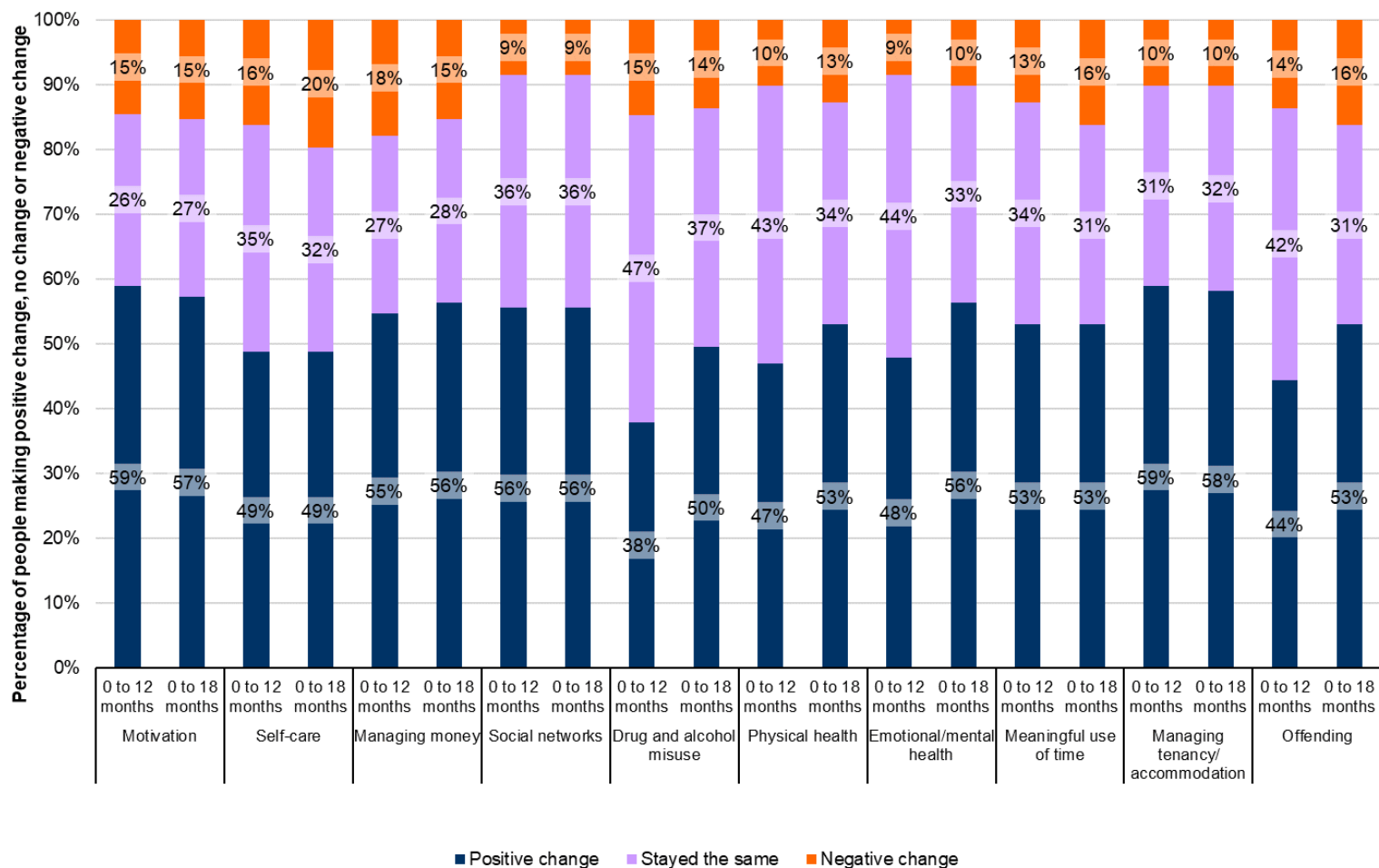
Figure 4 shows that, **after 12 months of support, positive progress was the most frequent experience across each HOS outcome area except for drug and alcohol misuse, and that after 18 months positive change was the most frequent experience across all outcome areas** (n=117)**.**

The New Directions Team Assessment (NDTA) is another scoring framework exploring ten areas in a person's life, where higher scores indicate a higher level of need or risk. The NDTA data also indicates that people are experiencing positive change across a range of outcomes. There was a statistically significant[3] improvement in scores across all individual NDTA outcome areas, as well as in the overall NDTA score after both 12 and 18 months of support. As with HOS scores, there was a larger difference in scores between the start of support and 12 months than between 12 months and 18 months (n=130). Women are slightly under-represented in this data, representing only 28% of people in the NDTA analysis sample compared to 36% of people in the wider CDF dataset.

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[3] In this report we use the 95% confidence level of statistical significance. This means there is a 95% likelihood that the change is not due to chance, and would be identified again if we repeated the analysis with a different sample of people drawn from the same population.

Figure 4: Movement on Journey of Change between a) start of support and 12 months and b) start of support and 18 months (n=117)

The greatest improvement in outcomes took place over the first 12 months of support. Figure 5 shows that for people experiencing positive change (based on the HOS data), the greatest positive movement between stages on the journey of change took place between the start of support and 12 months for almost all outcome areas (n=117). **This progress is then further consolidated between 12 months and 18 months of support,** with the average number of positive stages between the start of support and 18 months of support equal to or greater than those at 12 months across all outcome areas.

The HOS data also indicates that **longer periods of support may be particularly important for making progress in relation to some outcome areas**. Figure 4 shows that there are four outcome areas with substantially more people experiencing positive change after 18 months compared to 12 months (n=117). These outcome areas are: drug and alcohol misuse (38% had experienced positive change after 12 months, 50% after 18 months), physical health (47% and 53% respectively), emotional and mental health (48% and 56%), and offending (44% and 53%). The pattern of improving outcomes in relation to offending is also discussed in section 7.2.

Figure 5: Average (mean) movement in number of Journey of Change stages (n=117)

Time frame and direction of change ➜ Outcome area ⬇	Start of support to 12 months		Start of support to 18 months	
	Average no. of positive change stages	Average no. of negative change stages	Average no. of positive change stages	Average no. of negative change stages
Motivation	+1.4	-1.3	+1.6	-1.4
Self-care	+1.7	-1.5	+1.8	-1.5
Managing money	+1.6	-1.1	+1.7	-1.3
Social networks	+1.4	-1.6	+1.7	-1.7
Drug and alcohol misuse	+1.6	-1.4	+1.6	-1.6
Physical health	+1.5	-1.6	+1.6	-1.5
Emotional/mental health	+1.5	-1.2	+1.6	-1.3
Meaningful use of time	+1.5	-1.3	+1.6	-1.3
Managing tenancy/accommodation	+1.8	-1.4	+2.0	-1.7
Offending	+1.9	-1.5	+1.9	-1.7

People tend to make progress from a relatively low starting point. Across all ten HOS outcome areas, people are most likely to be struggling to discuss problems or accept help at the start of support, even though they may be causing harm to themselves or others ("stuck"). **However, there was a statistically significant decrease in the proportion of people who are "stuck" after 12 months and 18 months of support compared to the start of support.** People fare least well at the start of support in relation to social networks, with 51% "stuck" at this point, closely followed by meaningful use of time (50%) and managing tenancy and accommodation (50%). All three outcome areas see considerable improvement over 18 months of support – see section 3.2 for analysis and discussion of outcomes related to accommodation and tenancy, and section 3.3 for social networks.

After 18 months of support, the most common experience is more varied. For most outcome areas the largest number of people have realised they want change, are accepting help, and are possibly engaging with support more consistently ("accepting help") or are believing that they can make a difference, starting to take the initiative and trying to do things differently ("believing"). However, for managing tenancy and accommodation the most common experience after 18 months is one Journey of Change stage further along: the most common experience is for people to be more consistent and confident in doing things that help them towards their accommodation goals, and they may have even achieved their goals but need support to maintain this ("learning", 21% of people). The most common Journey of Change stage for offending shows even better outcomes, with 33% of people maintaining changes with little to no support and largely managing on their own ("self-reliance").

Likely under-representation

People with certain characteristics and backgrounds are likely under-represented amongst the people in the evaluation dataset. The group of people on whom we have data have a similar profile to the population of people experiencing multiple disadvantage estimated in the Lankelly Chase *Hard Edges* report and those who were supported through Fulfilling Lives,– i.e. predominantly white and, in the case of the CDF cohort, two-thirds male (see technical appendix). These population estimates were updated by Lankelly Chase in 2020 in their report *Gender Matters* to take better account of gender and experience of violence and abuse. Women, people from racially minoritised backgrounds and people from the LGBTQI+ community tend to be under-represented amongst people accessing support services (as identified in this report for Nottingham City Council) and the same is likely true for people on the MEAM Approach cohorts in local areas.

This likely under-representation means that we are less able to generalise findings about outcomes for these groups, who are likely to have different experiences and different needs. Please see the technical appendix for a more detailed discussion of these issues.

These groups are also likely to be experiencing additional barriers to accessing support, meaning that MEAM Approach partnerships need to

explore approaches to making their support more accessible and representative of local needs. MEAM has highlighted this issue in its recent strategy and is creating spaces across the network for these issues to be considered and acted upon.

Fulfilling Lives evaluation findings

Findings in Fulfilling Lives evaluation reports such as *Why we need to invest in multiple disadvantage*, *What has Fulfilling Lives achieved* and *What makes a difference* state that the main positive outcomes clients experience as part of Fulfilling Lives include: accessing safe and stable accommodation, managing tenancies, a reduction in substance misuse, an improvement in social networks and relationships and emotional and mental health. They also provide evidence of a gradual increase in people taking part in social activities and volunteering, which are important sources of emotional support, inspiration, and encouragement. These outcomes are similar to the findings in this evaluation for people being supported by local work developed using the MEAM Approach.

Fulfilling Lives evaluation findings also support findings from this evaluation that progress towards positive outcomes can be made relatively quickly, with this progress then consolidated with further support. Analysis of the HOS data in the Fulfilling Lives *What makes a difference* states that the greatest progress towards "self-reliance" was made in the first six months of support, and then further consolidated across the next six months. This was also shown in the analysis of NDTA average total scores, which decreased after 12 months of support from 32 to 24, with further reductions to 23 after 18 months. These findings suggest that rapid progress can be made to address immediate needs, but that tackling underlying causes may take longer, with longer-term support needed to sustain progress.

3.2   Key finding 2: Substantial improvements in accommodation

People experience the most substantial improvements in relation to accommodation. These improvements continue into the second year of support as people move into increasingly stable forms of accommodation. The proportion of people sleeping rough decreased from 46% at the start of support to 8% at the end of the fourth quarter to 5% at the end of the eighth quarter, a statistically significant reduction of 41 percentage points over the two-year period. Qualitative insight indicates that stable accommodation is a key springboard for people to achieve positive change in other areas of their lives.

Evidence of improvements in accommodation has been a consistent finding since year 2 of the evaluation. The year 5 CDF data set is larger and therefore we can have even more confidence in this finding. However, women are slightly under-represented in the accommodation data for people supported over at least two years, representing only 28% of people in the analysis sample compared to 36% of people in the wider CDF dataset.

The HOS data indicates that people experience the most improvements in relation to accommodation and tenancy. It is the area where the largest proportion of people see change, with 58% of people making progress by at least one Journey of Change stage after 18 months of support (Figure 4, n=117). It is also the outcome area where people experience the most progress: on average the 58% of people making positive progress have progressed by two Journey of Change stages after 18 months of support (Figure 5, n=117). At the start of support, 50% of people were struggling to maintain accommodation, discuss accommodation-related problems or accept help ("stuck") and only 3% were able to manage with little to no help ("self-reliance"). After 18 months of support, only 23% were "stuck" (a statistically significant decrease of 27 percentage points) and 16% of people were at "self-reliance" (a statistically significant increase of 13 percentage points).

Analysis of longitudinal accommodation data demonstrates how these **improvements relate to people moving away from rough sleeping and towards more stable types of accommodation.** It also shows that **people tend to make further positive improvements in relation to accommodation over the second year of their support.** The proportion of people sleeping rough decreased from 46% at the start of support to 8% at the end of the fourth quarter to 5% at the end of the eighth quarter, a statistically significant reduction of 41 percentage points over the two-year period (Figure 6, n=170). There were also statistically significant increases in the proportions of people in more stable forms of accommodation. The proportion of people in long-term supported accommodation with a tenancy agreement rose from 3% at the start of support to 9% at the end of the fourth quarter to 11% at the end of the eighth quarter. Similarly, the proportion of people in their own or shared tenancy (with or without floating support) increased from 14% at the start to 28% at the end of the fourth quarter to 37% at the end of the eighth quarter. The latter was primarily driven by

an increase in people in social housing from 9% at the start of support up to 29% by the end of the eighth quarter.

As we found in year 4, the situation in relation to supported accommodation under licence is less linear: the proportion of people in supported accommodation under licence increased from 9% at the start of support to 31% at the end of the fourth quarter, a statistically significant increase of 22 percentage points. This then fell to 25% at the end of the eighth quarter, likely as people moved on to more stable forms of accommodation such as those mentioned above.

We also analysed accommodation for a larger sample of people with accommodation data for their first quarter and fourth quarters of support only (i.e. over one year of support instead of two). **Analysis of data from this larger sample found a similar trend over the first year of support: a reduction in the proportion of people in some of the most unstable accommodation types, and an increase in the proportion in more stable accommodation** (table available in the technical appendix, n=331). Amongst this larger sample, there was a statistically significant reduction in people sleeping rough from 45% at the start of support down to 11% at the end of the fourth quarter of support. Analysis of the larger data set also identified a statistically significant reduction in the proportion of people in emergency or assessment bed accommodation, from 8% down to 4%. As with the smaller longitudinal dataset, these reductions were seen alongside statistically significant increases in the proportion of people in other types of accommodation: the proportion of people in supported accommodation under licence rose from 8% to 27%, and the proportion of people in their own tenancy rose from 13% to 25% (the latter again driven by an increase in the proportion of people in social housing, from 9% to 18%).

*Figure 6: Accommodation at start of support, end of fourth quarter and end of eighth quarter (n=170) (statistically significant changes[4] in **bold**)[5]*

Accommodation grouping[6]	Proportion of people in accommodation					Accommodation type	Proportion of people in accommodation				
	Start of support	End of fourth quarter	End of eighth quarter	% point diff. first to fourth quarter	% point diff. first to eighth quarter		Start of support	End of fourth quarter	End of eighth quarter	% point diff. first to fourth quarter	% point diff. first to eighth quarter
Rough sleeping	46%	8%	5%	**-38%**	**-41%**						
Family and friends	5%	6%	4%	+1%	-1%						
In accommodation (temporary or license i.e. no tenancy agreement)	24%	43%	31%	+19%	+8%	Night shelter	0%	1%	1%	+1%	+1%
						B&B/private hostel	5%	6%	5%	+2%	+1%
						Emergency or assessment bed within a service	10%	5%	1%	-5%	-9%
						Supported accommodation (licence)	9%	31%	25%	**+22%**	**+16%**

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[4] Significant to the 95% confidence level based on the McNemar chi-square test.

[5] Percentages are rounded to 0 d.p., which creates some rounding errors in the change column.

[6] These groupings have been agreed with CFE Research to aid comparison of accommodation data analysis across the national MEAM Approach and Fulfilling Lives evaluations.

Accommodation grouping[6]	Proportion of people in accommodation					Accommodation type	Proportion of people in accommodation				
	Start of support	End of fourth quarter	End of eighth quarter	% point diff. first to fourth quarter	% point diff. first to eighth quarter		Start of support	End of fourth quarter	End of eighth quarter	% point diff. first to fourth quarter	% point diff. first to eighth quarter
In accommodation (long-term supported, with tenancy agreement)	3%	9%	11%	**+6%**	**+8%**						
In accommodation (own or shared tenancy, with or without floating support)	14%	28%	37%	**+14%**	**+24%**	**Own tenancy (social housing)**	9%	19%	29%	**+11%**	**+20%**
						Own tenancy (private rented)	4%	8%	8%	+4%	+4%
						Own tenancy (owner occupier)	0%	0%	0%	+0%	+0%
						Shared tenancy	1%	0%	0%	-1%	-1%
Prison	8%	5%	10%	-4%	+2%						
Other	0%	1%	1%	+1%	+1%						
Not given	0%	1%	1%	+1%	+1%						

The accommodation findings from the analysis of the CDF data are supported by insight from qualitative interviews. The most widespread improvement cited by local area leads and the central MEAM team in consultation in year 5 was clients' progress in accommodation and tenancy outcomes. For example, local area leads suggested that more people are accessing accommodation and that more of them are maintaining their tenancies longer term. Local area leads and the central MEAM team associated the Housing First model in particular with positive accommodation outcomes and enabling people to sustain their tenancy when they were given more control and choice over their support:

> *"Using Housing First, we could put individuals in their own tenancies. Seeing these individuals who would have been written off, now able to live and maintain a tenancy… we are signing off cases we didn't think were possible"*

Local area lead, year 5 consultation

Housing First model

Housing First is commended as a practical housing model for people experiencing multiple disadvantage, providing a housing and support approach which gives clients a stable home from which to rebuild their lives. Intensive, person-centred, open-ended and holistic support is provided, but without engagement with this support being a condition of the tenancy. Compared to more traditional models, people are not required to show 'housing readiness' such as being drug-free or engaged with mental health services. Some MEAM Approach areas use the cross-sector coordinated support developed using the MEAM Approach to support clients in Housing First tenancies. Further information about the Housing First model can be found on Homeless Link's webpage About Housing First and the report *Developing Housing First*.

Across multiple years of evaluation consultation, local area leads, the central MEAM team and clients emphasised the importance of more stable accommodation as a springboard for people to achieve positive change in other areas of their lives. As a result, these positive outcomes relating to accommodation and tenancy are particularly encouraging.

Fulfilling Lives evaluation findings

Findings from Fulfilling Lives evaluation reports *Why we need to invest in multiple disadvantage*, *What has Fulfilling Lives achieved*, *More than a roof* and *What makes a difference* also state that people make substantial improvements to accommodation status after receiving support and that these improvements are important to enable further positive change in other areas of their lives.

Why we need to invest in multiple disadvantage shows a similar trend to the findings from this evaluation: after two years of support, there was a reduction

in the proportion of people spending at least one night per quarter in unstable accommodation types and an increase in the proportion of people spending at least one night per quarter in more stable accommodation types. Specifically, there were reductions in the proportion of people sleeping rough (from 24% to 12%), living with family and friends (from 23% to 19%), and living in temporary accommodation (from 27% to 14%). These were coupled with increases in the proportion of people in supported accommodation (from 24% to 29%) and in their own tenancy (from 25% to 39%).

These improvements are key for people achieving other positive changes in their lives. The evaluation report *More than a roof* highlights that supporting people to transition to stable accommodation provides an important foundation to work through other needs and rebuild their lives and that psychologically-informed and person-centred support is key to help with this transition. This report also highlights that outcomes related to accommodation are not linear, and ongoing support is key to maintaining residency in more stable accommodation types.

3.3　Key finding 3: Achieving personal goals

The MEAM Approach helps people experiencing multiple disadvantage to achieve goals that are important to them.

There is evidence from across the evaluation period to indicate that local work developed using the MEAM Approach is supporting people experiencing multiple disadvantage to make changes that are important to them. For example, most of the 27 clients who participated in the year 2 evaluation interviews described how the support had enabled them to achieve or make progress towards their personal goals. This has been echoed in further consultation throughout the evaluation, such as interviews with clients in year 4 as part of the thematic mental health research:

> *"One of my biggest goals, I wanted somewhere to live. It was a big, important thing for me because I just couldn't sofa surf anymore. […] Once you've got somewhere to live, other things fall into place, don't they? […] Yes, because you've got stability. You've got somewhere for your benefits, somewhere to help you with your health, sort yourself out. Now, I'm at the stage where I'm helping my brother with bidding [for housing], and my son. […] Well, I have a life now, do you know what I mean? I've got what I call my forever home. […] I had no contact with my brother for a long time and now, I've been able to help. I feel good helping other people."*

Client, year 2 consultation

The main improvements that clients (in year 2) reported making in their lives largely reflect the outcome areas described in section 3.1. Changes that clients highlighted as particularly important to them included taking up hobbies or meaningful activities (particularly for people recovering from substance misuse),

increasing their motivation, and reconnecting with family members or improving relationships with others.

The **HOS data indicates that social networks is the outcome area where people were faring the least well at the start of support, yet they had made substantial improvements after 18 months of support** (as highlighted in section 3.1). At the start of support 51% of people were "stuck" and only 6% were "learning" (n=117), yet after 18 months of support only 17% of people were "stuck" (a statistically significant reduction of 34 percentage points) and 17% of people were "learning" (a statistically significant increase of 11 percentage points).

Figure 7 shows how people who were "stuck" at the start of support in relation to their social networks have, overall, made positive progress along the Journey of Change (n=60, 51% of the 117 people on whom we have data). After 18 months of support, only 14 people were still "stuck" and two people had reached "self-reliance". However, the Journey of Change was not always linear: of the 26 people who had progressed to "accepting help" after 12 months, three had reverted to being "stuck" at 18 months, four had progressed to each of "believing" and "learning", and 15 people had remained at "accepting help". The data also suggests that maintaining progress can be challenging: of the five people at "learning" or "self-reliance" after 12 months, only two maintained that Journey of Change stage at 18 months of support, with the other three people seeing a deterioration.

Figure 7: "Social networks" Journey of Change stages for people who were "stuck" at the start of support (n=60)
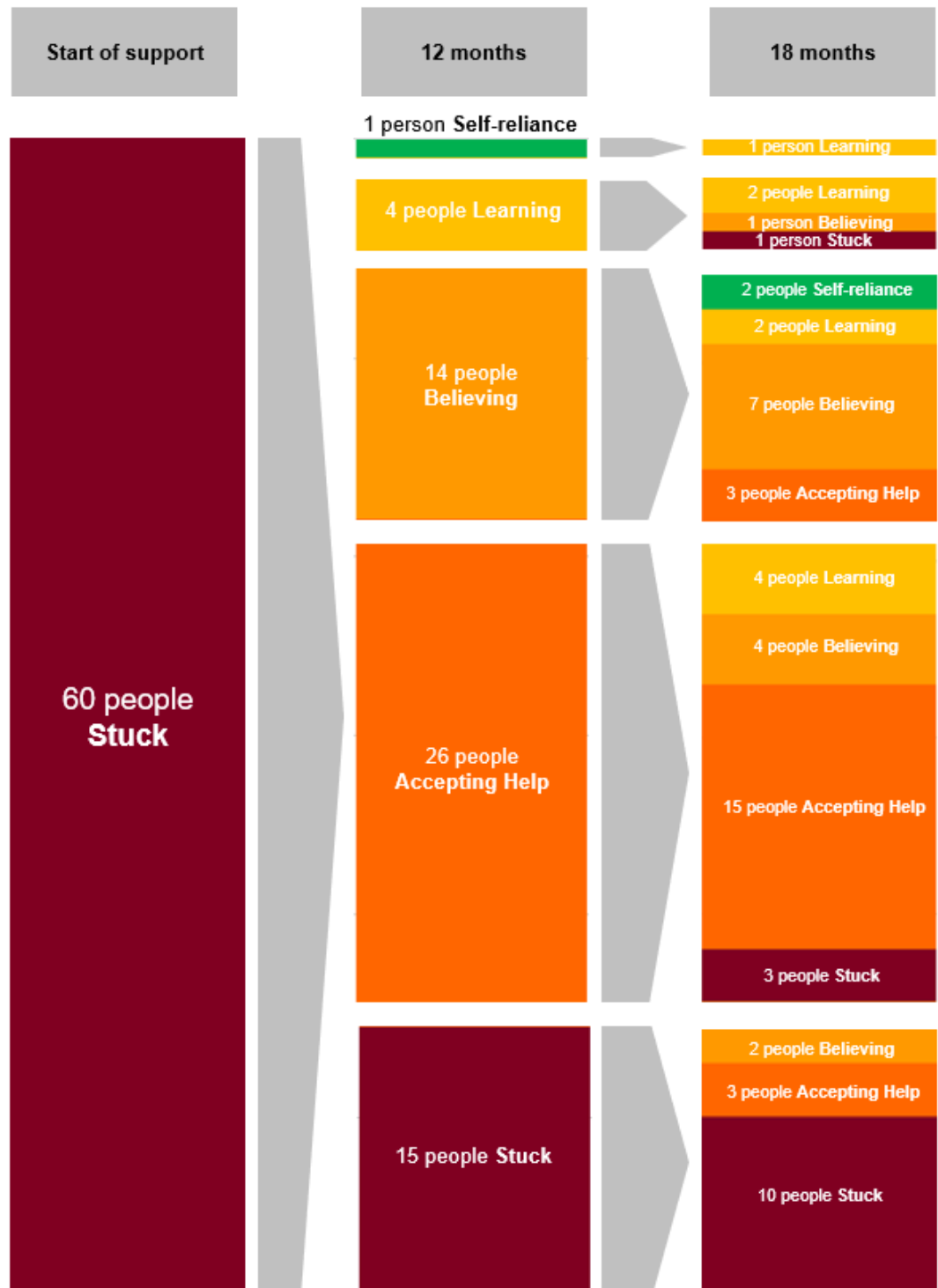
Fulfilling Lives evaluation findings

Fulfilling Lives evaluation reports, such as *What has Fulfilling Lives achieved*, largely complement MEAM Approach evaluation findings on personal outcomes, indicating that after receiving support, clients have lower levels of need and risk.

The Fulfilling Lives evaluation briefing *What makes a difference* states that whilst celebrating positive outcomes, it is also important to recognise the mixed progress clients make and maintain a focus on those clients who do not make progress or whose progress is not linear. Support services should allow for a diverse range of pathways and progress rates.

It is also important to examine journeys and outcomes for people with different demographic characteristics or experiences, such as women, people from racially minoritised backgrounds or asylum seekers or refugees. Within the MEAM Approach evaluation, the small sizes for each characteristic group in the CDF sample made it difficult to use the CDF data to explore these issues. We have not focused significantly on this issue within qualitative elements of the evaluation either. Further research on this topic would be beneficial, and the central MEAM team are exploring work on these topics, particularly around racism and multiple disadvantage.

A number of Fulfilling Lives evaluation reports, such as *Evaluation Report: Year 1*, *Engaging ethnic minorities with multiple needs* and *More than a roof* contain qualitative consultation with people with lived experience of the different barriers that certain groups experience when engaging with services, which consequentially can impact on their opportunities to engage in support and achieve positive outcomes. The reports also contain examples of interventions that have been developed to increase engagement with certain groups, such as women's hostels or culturally-focused outreach work.

4 Improved support for people experiencing multiple disadvantage

4.1 Improved support enables positive progress

The MEAM Approach contributes to or catalyses a range of improvements to support for people experiencing multiple disadvantage. In section 4.6 we set out some common elements of support that are being introduced, expanded and consolidated across the network, and which are key factors in improving the flexibility and coordination of support. These improvements are in turn improving the experience of support for people experiencing multiple disadvantage and contributing to the positive progress people are making (which we described in section 3).

4.2 Key finding 4: Improved coordination of support

The MEAM Approach has contributed to improved coordination of support between services in local areas across the network.

This year's findings build on those from previous years of the evaluation to provide consistent qualitative evidence that the MEAM Approach has contributed to improved coordination of support between services in local areas across the network.

Local area leads recognise the importance of coordinating support and have a clear understanding of how people experiencing multiple disadvantage have intersecting needs which require services to collaborate and work towards shared goals:

> *"The client group often come with immediate needs, but also a lot of past trauma. You need to balance getting the immediate needs sorted out (for instance, housing) but also the deeper work, looking at the reasons for their behaviour. This is where you need a dynamic worker to coordinate numerous services, navigating the client's different needs."*

Local area lead, year 5 consultation

The MEAM Approach has enabled staff in local areas across the network to improve the coordination of support provided to people experiencing multiple disadvantage. In the year 5 consultation, the majority of local area leads reported improvements in collaborative and coordinated working between partner agencies in recent years, and this was echoed in consultation from previous years of the evaluation. Respondents to the staff survey also agreed that the MEAM Approach has had a positive impact on the coordination of services so that people can be supported effectively, with an average score of 3.8 in year 5, on a scale of 1 to 5 where 3 indicates the respondent neither agrees nor disagrees the MEAM Approach has had an impact, and 4 indicates they agree it

has had an impact (n=151). This was the second-highest scoring impact area in the survey.

This shift in culture toward a more collaborative way of working was driven by increasing recognition of the shared goals that exist between agencies as well as a desire to reduce duplication:

> *"[We are] breaking down barriers between organisations who were doing the same job. We all wanted the same thing. […] We show that in working together, we will help each organisation's self-interest. Harness this toward a shared goal and the greater good – this has led to more collaboration."*

Local area lead, year 5 consultation

The culture shift emphasised by local area leads in the year 5 consultation has also been highlighted by the central MEAM team, local area leads and wider partners in previous years of the evaluation.

The multiple disadvantage coordinator model

The use of the **multiple disadvantage coordinator model** was identified by local leads as key to this improved coordination of support (among other models, such as the Team Around the Person (TAP) model).[7] The multiple disadvantage coordinator model consists of a coordinator (also known as a "navigator") who works with people on the MEAM Approach caseload and provides coordination with other services involved in their support. The coordinator may be employed by a specific service or organisation, but their role involves working independently across and between multiple services; and their key role is support and coordination, rather than the provision of specialist care. Further information on the multiple disadvantage coordinator model is available in a joint briefing available on MEAM's web page '*Rough sleeping navigators: Learning from the MEAM Approach and Fulfilling Lives'* and a Fulfilling Lives briefing '*What makes an effective multiple disadvantage navigator'* developed by CFE Research as part of the Fulfilling Lives evaluation.

However, despite the improvements in coordination of support identified in this and previous years' findings, there are a number of challenges that persist for partners. These relate particularly to supporting clients with co-occurring mental illness and substance misuse (often referred to as "dual diagnosis"). While this year's evaluation findings point to increasing recognition of the need for effective pathways for these individuals, local area leads noted that this cohort continues to experience difficulties in accessing support. The challenges associated with

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[7] The TAP model is an approach where professionals from different disciplines and services are bought together to plan how to best support a person.

coordinating support for people with co-occurring mental illness and substance misuse are explored in more detail in the year 4 mental health thematic report.

4.3 Key finding 5: Coordination of support at key transition points

Coordination of support is increasingly being provided at key transition points.

Building on findings from years 3 and 4 of the evaluation, this year's research provides further evidence that the MEAM Approach has contributed to better coordinated support being increasingly provided at key transition points in people's journeys, where they otherwise may "fall between the gaps" of services. Examples include leaving prison, being discharged from hospital, or moving between services. Local area leads emphasised the importance of working in partnership and establishing coordinated pathways between services at these key moments, to create a smoother support journey for clients.

Several local area leads provided examples of establishing coordinated models of support for people leaving prison, with the aim of helping them to reduce the likelihood of a return to their previous situation and further involvement with the criminal justice system:

> *"We were able to do early identification of these individuals, meet them in prison, and coordinate their exit support, such as sorting out their benefits, food, mobile phones, and referrals. Helping coordinate exit support helps against the revolving door back to prison. Often, they end up back on the street, around the same people with negative behaviours that resulted in their arrest in the first place. This is the reason a lot of people relapse."*

Local area lead, year 5 consultation

Fulfilling Lives evaluation findings

Fulfilling Lives evaluation reports such as *Changing systems for people facing multiple disadvantage* and *Improving service transitions for people experiencing multiple disadvantage: Prison release* correspondingly highlight the value of directing coordinated outreach services at key transition points for clients, such as leaving prison or hospital to avoid people falling between gaps in services. In particular, prison release represents a key moment where people experiencing multiple disadvantage require coordinated support in areas such as securing accommodation, making benefits claims, registering with GPs and making appointments with drug services. Effective prison release support for people experiencing multiple disadvantage requires support staff who have a good working knowledge of different support services and a clear understanding of referral processes and criteria, as well as positive working relationships with other professionals including in-prison teams and with health services for support and appropriate medication. Effective information sharing, flexible working arrangements and small

> caseloads are also crucial elements to ensuring a smooth transition, as well as the provision of gender-specific accommodation and support services to meet the needs of women leaving prison.

4.4 Key finding 6: Improved flexibility of support

The MEAM Approach has contributed to improved flexibility of support in local areas across the network.

In addition to improved coordination of support, this year's findings build on those from previous years of the evaluation to give strong evidence that the MEAM Approach has also contributed to improved flexibility of support within local areas across the MEAM Approach network.

Local area leads identified a number of examples of how the MEAM Approach has contributed to improved flexibility of support, including:

- **More flexible methods of engagement,** with staff being enabled to connect and deliver support to clients in a wider variety of ways as opposed to formal appointments:

  > *"A barrier in our area was having to work to set frameworks, for instance, using constrictive assessment processes and structured appointment times. The most exciting thing with MEAM is that I don't have to work in that format. I can go out and see people in different environments, such as in the community. For instance, I went for a drive with one woman, rather than using a formal appointment."*

  Local area lead, year 5 consultation

- **More flexible assessment procedures**, with some services undertaking assessments of people using a wider range of engagement methods, as described above, but also with a greater understanding of individuals' wider needs, not just the presenting issue. This allows assessments to take into account other needs a person may have, to be flexible about service access thresholds and default exclusion criteria, and to make referrals and schedule assessments with other services where appropriate.

- **Adapting processes and policies when working with people experiencing multiple disadvantage,** in addition to using less formal mechanisms for conducting assessments or delivering support. A number of local area leads noted that they had adapted processes such as non-attendance policies to reduce barriers to engaging people experiencing multiple disadvantage and meet people "where they are":

  > *"The system has moved to a more flexible and understanding one. We don't just kick people out anymore. There are more*

flexible boundaries based on an understanding of this client group"

Local area lead, year 5 consultation

Local area leads and members of the central MEAM team (in year 5 but also in previous years of the evaluation) have associated this increased flexibility with a shift towards providing more person-centred support to people, a central principle of the MEAM Approach work:

"Often the person has to try and fit the service rather than the service fitting the individual, providing support. We are trying hard to flip this and to provide person-centred support rather than service-centred provisions"

Local area lead, year 5 consultation

4.5 Key finding 7: Positive experience of support

People experiencing multiple disadvantage have a more positive experience of support.

The evaluation also found evidence that people have a more positive experience of the support they receive when it is provided in a more flexible and coordinated way. This is primarily drawn from consultation with clients in years 2 and 4 of the evaluation. Consultation with people experiencing multiple disadvantage as part of the year 2 research emphasised three areas of positive experience, largely linked with the presence of a multiple disadvantage coordinator:

- Clients felt promises made to them were fulfilled.

- Coordinators offered a consistent presence and were available when clients needed them, which is better than what they had experienced with other services.

- Coordinators were friendlier and offered more equal partnership than clients had experienced elsewhere.

  "You're just as equal as the person sat in front of you. For me, that was one of my biggest fears, was being looked down on and being judged."

  Client, year 2 consultation

Fulfilling Lives evaluation findings

Fulfilling Lives similarly found evidence that people have a more positive experience of the support they receive when it is provided in a more flexible and coordinated way. For example, in the '*What makes an effective multiple disadvantage navigator?*' briefing, people experiencing multiple disadvantage

highlighted the importance of their relationship with their multiple disadvantage coordinator and how being talked to *"like a human being"* resulted in a more positive experience of the support they received. Similarly, the evaluation report *More than a roof* identified the *consistency* of support provided by coordinators as a positive factor in peoples' experience of it.

4.6   Key finding 8: Common elements of support

There are some common elements which have enabled the improved coordination and flexibility of support for people experiencing multiple disadvantage.

The evaluation has identified six common elements of support across the MEAM Approach network which help to create more coordinated and flexible support. These were consistently identified as important factors by the clients, local leads and members of the central MEAM team whom we consulted over the five years of the evaluation.

4.6.1   Trusting relationships and the presence of a multiple disadvantage coordinator

As outlined in section 4.2, the presence of a multiple disadvantage coordinator plays a key role in improving the coordination of support for people experiencing multiple disadvantage. Working with a multiple disadvantage coordinator was highlighted by clients in the year 2 consultation as particularly important in enabling them to make changes that were important to them.

There are also important aspects of the multiple disadvantage coordinator model that go beyond coordination, such as coordinators' role in building trusting relationships with people experiencing multiple disadvantage. Clients in the year 2 consultation described how the close, trusting relationship with their coordinator helped them not only to access support but also to realise the opportunities available and to reflect on the goals they wanted to achieve through this support.

Trusting relationships are also vital in getting people to engage in wider support and these relationships with coordinators are helping to restore some clients' trust in support workers, and by extension, services:

> *"Our service is not a roll-on, roll-off service. It's about following and learning from the clients over the long term. It isn't easy to stay with our clients, it takes a lot of resilience, but the fact we stay gives them trust."*

Local area lead, year 5 consultation

Section 7.1 details the positive finding that people access a slightly higher number of services after a year of support and require less frequent contact with their MEAM coordinator to do so.

As local area leads have highlighted in previous years of the evaluation, multiple disadvantage coordinators are often required in local areas in the first instance due to the system not being sufficiently joined up and coordinated. However, they should not be seen as the solution to all support for people experiencing multiple disadvantage, and local areas are encouraged to focus on how wider services need to change to offer better support.

4.6.2 The holistic nature of the support provided

The holistic nature of support provided as part of work developed using the MEAM Approach is a common enabling factor of improved support for people experiencing multiple disadvantage, considering people's past experiences as well as their goals for the future:

> *"When we talk about the MEAM cohort, there is an understanding between services that the person is experiencing a range of co-existing issues and needs to be supported differently. There's an understanding that we need to meet the person where they're at."*

Local area lead, year 5 consultation

People who were supported as part of the work developed using the MEAM Approach in the year 4 evaluation spoke about the mental health support they received and were positive about how this support considered their wider goals outside of the remit of that particular service, such as reconnecting with family members or maintaining a tenancy.

4.6.3 Peer support and co-production

In the year 2 research, a smaller number of clients identified how working with peers with lived experience helped to motivate them to achieve the goals that were important to them. Co-production is central to developing local work using the MEAM Approach, and the design and delivery of services more widely; this is explored in more detail in section 6.

Fulfilling Lives evaluation findings

Working with people with lived experience was found to be an equally valuable element of the support provided as part of the Fulfilling Lives programme. For example, in the evaluation report *More than a roof*, people with lived experience were identified (by people receiving support) as being able to help people to link into the community, overcome isolation and participate in social and other meaningful activities, as well as providing peer support in a number of different areas.

4.6.4 A commitment to providing flexible support

A cross-sector commitment to providing more flexible support is an important element of local work developed using the MEAM Approach. Multi-agency operational meetings, where a range of partners from different services and

sectors discuss individual cases, play an important role in relation to both coordinating support and providing more flexible support to people experiencing multiple disadvantage. Examples include Multi-Disciplinary Teams (MDTs), MEAM operational partnership meetings or other operational groups.

Throughout the evaluation, stakeholders have highlighted these forums as productive spaces that offer services the opportunity to collaborate and develop flexible solutions for clients. Local area leads described such forums as most effective when there is a wide range of partners in attendance and stated that the discussions within these meetings can also result in wider cultural or attitudinal shifts across services. As such, multi-agency operational meetings can exemplify the benefits of working in a more flexible and coordinated way, both for clients and the system more widely. However, the extent to which staff autonomy to deliver support flexibly is embedded within systems is less clear, and therefore sometimes might limit the implementation of decisions made within these forums.

As well as improving the support that is provided to individual people experiencing multiple disadvantage, these forums can also identify system blockages at an operational level to refer to more senior strategic groups.

4.6.5 Senior multi-agency strategic commitment

The presence of multi-agency strategic groups and a strategic commitment to the work can have a positive impact on support for people experiencing multiple disadvantage. Examples include providing a senior-level mandate for change and addressing the system blockages and barriers to better support that are identified operationally. This is particularly effective when there are clear communication and feedback loops between operational and strategic partnerships. These strategic structures are also key to raising the profile of multiple disadvantage locally and in driving systems change, as described in more detail in section 5.3. The function and impact of strategic partnerships are described in more detail in the year 3 partnerships thematic report.

4.6.6 An emphasis on relationships and partnership working

An emphasis on partnership working and collaboration is a common element identified across the MEAM Approach network that has contributed positively to improved coordination and flexibility of support (as described above in sections 4.2 and 4.4). Local area leads and members of the central MEAM team also highlighted the importance of personality and key individuals in building and maintaining partnerships, particularly when areas are starting to develop local work using the MEAM Approach:

> *"In the beginning it relies on personality and influence. It's about finding the right people with the passion"*
>
> Local area lead, year 5 consultation

Operational and strategic structures in local areas across the network (see section 4.6.4 and 4.6.5) are key to supporting relationships and partnership working in several ways; via raising the profile of multiple disadvantage across

services and partnerships, sharing learning around models and approaches between workers across services, and facilitating the relationships that lead to improvements to flexibility and coordination.

Operational and strategic groups must have consistent communication and feedback channels to help staff to feel engaged in the process and to influence and support the improvement of services. The year 3 thematic research on MEAM Approach partnerships found that partnerships with a strong improvement culture and high levels of trust are the most receptive to implementing learning and incorporating good practice. The MEAM healthy partnerships assessment tool, developed following this thematic research, can help local areas to assess their current position and improve practice.

However, there are also a number of challenges in relation to partnership working; these largely relate to engaging specific agencies in partnership working, or coordinating support with services that may have more process-orientated policies, such as operating according to clinical models with stricter diagnostic criteria to access support. For example, the challenges related to engaging statutory mental health services in MEAM Approach partnerships are described in more detail in the year 4 mental health thematic report.

Local area leads were realistic about the fact that for certain services, access criteria and process-driven ways of working would be a significant challenge to overcome. This was echoed by the central MEAM team:

> *"There are some legislative positions where this doesn't work. It can't change some of the underlying statutory processes or policies (e.g., in mental health, the criminal justice system, and adult social care). This is okay; it is a journey towards this."*
>
> Central MEAM team, year 5 consultation

Despite these challenges, local area leads were determined in continuing to engage with these services in trying to influence culture change:

> *"It's about asking people to spend time trying out and being receptive to these different approaches."*
>
> Local area lead, year 5 consultation

Staff support and wellbeing

Stakeholders throughout the evaluation have highlighted the importance of ensuring that people delivering services receive appropriate support and supervision. This evaluation has not addressed in detail the extent to which staff involved in local work have received this. However, the year 5 staff survey provides some positive indications, with respondents rating the MEAM Approach as having a medium impact in ensuring that people delivering services receive appropriate support and supervision. Respondents also rated the MEAM Approach as having a medium impact on job satisfaction and wellbeing.

Fulfilling Lives evaluation findings

The Fulfilling Lives evaluation similarly emphasises the importance of relationships in driving forward the aims of the Fulfilling Lives programme and achieving change for people experiencing multiple disadvantage. The report '*Creating systems change: Evaluating the contribution of the Fulfilling Lives programme'* emphasises that strong relationships are valuable in improving access to support and creating change, but notes that this change can be fragile if dependent on key people.

Reflections from the MEAM Approach network

MEAM's report *Reflections from the MEAM Approach network: Transforming services and systems for people facing multiple disadvantage* identified the 'key ingredients' of the MEAM Approach, which align with many of the common elements identified throughout section 4.6. These key ingredients include partnership and leadership; co-production and power; new operational approaches; developing trauma-informed systems; an intersectional approach; and shaping the wider environment.

4.7   The role of specialist services

Throughout the evaluation and in the year 5 consultation with local area leads, stakeholders reported the development of specialist services for people experiencing multiple disadvantage across a range of sectors, in addition to the presence of coordinators who worked specifically with people experiencing multiple disadvantage (as outlined in section 4.6.1).

Figure 8 provides a list of examples of specialist services for people experiencing multiple disadvantage that were identified in year 4 of the evaluation.

Figure 8: Examples of specialist services from across the network

Specialist service
A specialist GP practice for people who are street homeless.
An "Abstinence House" accommodation service developed for people to stay in post-detox with support to enable their recovery, without being surrounded by potential negative influences in other accommodations such as hostels.
A shared accommodation for people on the MEAM caseload developed collaboratively with mental health, homeless and local authority housing services.
A Rough Sleeper Hub, described as a "one-stop shop" and co-locating several services that support this cohort.
A specialist mental health team that supports homeless people to navigate the mental health system, as well as delivering interventions and trauma management.

A number of stakeholders consulted as part of the evaluation, including local area leads, members of the central MEAM team and people experiencing multiple disadvantage, have identified the positive role of specialist services in providing more accessible and flexible support for people experiencing multiple disadvantage. However, specialist services can play a complex role in relation to systems change, and some of these services could potentially act as a block to embedding longer-term change in mainstream services and the wider system. Some stakeholders, including local area leads and members of the central MEAM team, have expressed views that the existence of specialist services removes the need for statutory services to change their practices to meet the needs of people experiencing multiple disadvantage:

> *"We have done a good job at getting specialist services in place, but the next step is making sure that universal services can offer the support too… I don't want specialist services to be embedded or permanent. I want them to come in for five years to show how these people can be supported and then the learnings to be transferred to universal services"*

Local area lead, year 5 consultation

Specialist services may be necessary at this point in many areas using the MEAM Approach, and may remain necessary in the longer term. However, future research should explore whether specialist services influence systems change within mainstream services. Section 5 of this report explores the topic of systems change in more detail.

Fulfilling Lives evaluation findings

In relation to the role of specialist services, the evaluation report for Fulfilling Lives *Improving access to mental health support for people experiencing multiple disadvantage* similarly referred to the tension of increased flexibility in specialist services, but less progress being made in mainstream/ universal support. This was specifically in reference to mental health support:

"*By paying for bespoke, specialist services, Fulfilling Lives shows what can be achieved. But this approach is essentially bypassing the statutory mental health system. What is needed is to incorporate the learning from the programme at all levels so that statutory mental health services effectively provide for this group of people.*"

Source: Fulfilling Lives (2020). Report summary: Improving access to mental health support

5 Systems change

5.1 Understanding systems change

A "system" refers to how different agents (such as people, services, and organisations) interconnect and influence each other.

In the context of this evaluation, the "system" refers to the way in which commissioning processes, services, and the pathways between them are designed and operate, and the ways in which organisations and the people in them relate, work and think.

In this report, we follow the definition of systems change set out by The National Lottery Community Fund and the Fulfilling Lives programme:

> *"Changes to the people, organisations, policies, processes, cultures, beliefs, and environment that make up the system. They ARE beneficial, sustainable in the long-term, and transformational. They are NOT tokenistic, doing the same thing under a different name, overly reliant on key individuals."*

Source: The Fulfilling Lives programme. Report. CFE Research: Promising practice: Key findings from local evaluations to date

Under this definition, flexing the system (making a one-off exception, for example) is not a system change in its own right, but it may be a good step towards longer-term systemic change.

However, research by the National Institute for Health and Care Research in their report '*Guidance on Systems Approaches to Local Public Health Evaluation*' states that there is an inherent tension in conceptualising systems change as an outcome and something that is "embedded" or "sustainable" in a constantly changing system. Therefore, it is perhaps more useful to think of systems change as a trajectory or continuum of work:

> *"Systems change being embedded and sustainable implies we've achieved this perfection. But the point of systems – they're constantly evolving. What we've changed now is hopefully right for now – but also needs to be dynamic so we can un-embed some things and change again. By definition, it's got to constantly be evolving."*

Local area lead, year 4 evaluation

5.2   Key finding 9: Emerging evidence of systems change

> **There is emerging evidence of systems change being achieved in local areas across the MEAM Approach network. These changes are taking place in a number of different areas, including: culture; leadership; coordination of support; flexibility of support; infrastructure, pathways and processes; strategy and commissioning; and co-production.**

Work developed using the MEAM Approach has included a focus on systems change, and this year's consultation with local area leads has provided emerging evidence that systems change is increasingly being achieved across the MEAM Approach network and is gathering momentum as work in local areas is becoming more established over time. Bringing about systems change is difficult and requires considerable resource and time to achieve and embed. As such, it is important to celebrate these successes.

As outlined in previous years of the evaluation, system change work can have two types of impact. Some changes will themselves have a direct positive impact on people experiencing multiple disadvantage. Other changes to the system function as enablers, facilitating further changes that in turn may have a direct positive impact on people experiencing multiple disadvantage.

The evaluation identified seven categories of systems change work taking place: culture; leadership; coordination of support; flexibility of support; infrastructure, pathways and processes; strategy and commissioning; and co-production. Co-production is explored in more detail in section 6. Figure 9 presents examples of systems change gathered during the year 4 and 5 evaluation consultation in relation to the remaining six categories. It includes integrated and embedded changes that have had a major impact on how local systems operate, but also examples of areas of focus for local areas where work is ongoing. There may be other similar examples of work taking place across the network, or indeed examples of other categories of systems change work being undertaken. However, these are the main examples highlighted by stakeholders during consultation as part of the evaluation.

Our evaluation has also identified three broad categories of factors that enable systems change:

- Activities and approaches that harness pre-existing knowledge or innovations within the system to bring about systems change.

- Factors that create the space and capacity to think about and catalyse systems change.

- Having the "right" leadership in place.

Figure 9: Examples of system changes seen across the network[8]

Area of system change work	Example	Type of impact	
		Direct positive impact	Enables further changes
Culture	Increased prevalence **of trauma-informed** and **strength-based approaches to care** embedded in services.	✔	✔
	Operational workers are being enabled to **work more flexibly**, achieved in part via increased partnership working and strategic mandates for this way of working.	✔	✔
	A **shift in the language** used around people experiencing multiple disadvantage, both at a service and strategic level.	✔	✔
	An increased focus on **workforce development**, particularly around training for **trauma-informed care**.		✔
Leadership	**Strategic buy-in and leadership** in MEAM Approach partnerships from partners like drug and alcohol services, adult social care, and housing providers.		✔
	Development of **strong strategic and operational partnerships** that focus on systems change.		✔
Coordination of support	**Operational groups with a wide range of partners** at meetings enable **better coordination of support**.	✔	✔

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[8] Examples of systems change been included twice if they relate to two categories of systems change.

Area of system change work	Example	Type of impact	
		Direct positive impact	Enables further changes
	Long-term, funded partnership-focussed roles that work between operational and strategic groups, whose remit involves embedding the MEAM Approach, encouraging systems thinking and feeding information about barriers to strategic groups.	✔	✔
	Multiple disadvantage coordinator model, where the coordinator works with people on the MEAM Approach caseload and provides coordination with other services involved in their support.	✔	
	Team Around the Person (TAP) model, brings professionals from different disciplines and services together to plan how best to support a person.	✔	✔
	Coordination of support at **key transition points**, such as prison release pathways.	✔	✔
Flexibility of support	**Development of specialist services** which offer more **flexible support** for people experiencing multiple disadvantage.	✔	✔
	Multiple disadvantage coordinator model, where the coordinator works with people on the MEAM Approach caseload. Coordinators advocating for clients and working with partner services results in **more flexible support** being offered.	✔	
	Operational groups with a wide range of partners at meetings enable a better understanding of the best approaches to support for people experiencing multiple disadvantage and lead to **more flexible and coordinated support**.	✔	✔
	More **flexible methods of engagement and assessment** for people experiencing multiple disadvantage, with less emphasis on formal appointments, allowing services to be flexible about service access thresholds and default exclusion criteria	✔	

Area of system change work	Example	Type of impact	
		Direct positive impact	Enables further changes
Infrastructure, pathways, and processes	**More flexible accommodation policies** embedded, such as more tolerance or support provided for drug and alcohol use, and changes to policies on rent arrears and service charges	✔	✔
	Introduction and development of new specialist services for people experiencing multiple disadvantage or who are rough sleepers	✔	✔
	Co-location of services supporting people facing multiple disadvantage		✔
	Establishment of interventions at key transition points, such as prison release pathways	✔	✔
	Housing First embedded in more local areas	✔	✔
	Development of **rapid prescription processes** for people experiencing multiple disadvantage	✔	✔
	Recognition of the need for the establishment of more pathways and processes to ensure better support for people with co-occurring mental health and substance use issues, but less evidence on the establishment of these pathways and processes		✔
Strategy and commissioning	Services (some from different sectors) **co-commissioned** under one contract		✔
	Commissioning services that use MEAM Approach principles, such as services that prioritise coordination of support through the coordinator or TAP model	✔	✔
	Building multiple disadvantage into strategies and plans, to provide strategic longevity that goes beyond individuals. This might involve focusing on specific groups experiencing multiple disadvantage who are a strategic priority for other services or sectors as a way of gaining strategic traction.		✔

Commissioning and systems change

Strategy and commissioning were identified by local area leads in the year 5 research as areas in which further progress is required towards systems change. Joint commissioning was the lowest-rated area of partnership working in the year 5 staff survey and it was identified as a priority area for improvement across local areas in the network in the year 5 consultation. Several local area leads expressed frustration that they had not seen as much progress in this area as they hoped, and spoke of the need for more buy-in among commissioners and a need to recognise the value of commissioning more integrated and coordinated support pathways for clients:

"Although we've had some joint commissioning, it has felt harder. It would be useful to have some joint systems leadership training at the strategic level".

Local area lead, year 5 consultation

Nevertheless, year 5 consultation showed an increased number of local areas starting to implement more integrated and joint commissioning processes. This is likely to have a positive impact on the coordination of services and support across local areas in the future.

5.3   Key finding 10: Strategically and operationally-driven systems change

Systems change should be driven from strategic and operational levels, drawing on the knowledge and expertise of experts by experience and frontline staff in all cases.

Strategic-buy in, local leadership, partner engagement and operational staff are important foundations for driving systems change activity.

To be successful, system change needs to be driven from strategic and operational levels, with both seen as equally important and with a clear connection between different programmes of work in local areas. As such, the need for feedback loops and relationships between partnership structures such as operational and strategic groups is vital to ensure the levels of the system are connected and are exchanging systems learning and visions for change. This is described in more detail in the year 3 partnerships thematic report.

The important role of operational workers in driving systems change was flagged as particularly important in the year 5 research, building on findings from previous years of the evaluation that both bottom-up and top-down approaches are important to bring about change.

Involving people with lived experience of multiple disadvantage in decision making, designing services, and developing strategies is another important systems change that local area leads identified, not only in delivering positive changes for people experiencing multiple disadvantage themselves but as a mechanism for wider systemic change. Section 6 explores the extent to which

local areas have effectively embedded co-production in their local work developed using the MEAM Approach.

MEAM Systems Intervention Tool

MEAM has recently developed a System Intervention Tool which can help areas to explore specific challenges in their local systems. This tool is accompanied by learning resources such as the MEAM systems leadership for multiple disadvantage programme, which helps to build skills, exchange knowledge, experiences, and examples of good practice among local areas. More information is available on the webpage: MEAM Systems Intervention Tool.

Fulfilling Lives evaluation findings

Similar examples of systems change were identified in the Fulfilling Lives evaluation.

The importance of culture change in relation to how people understand multiple disadvantage, and how it can drive partnership working and improve the flexibility of support services for people experiencing multiple disadvantage, was raised within the Fulfilling Lives evaluation. The Fulfilling Lives evaluation report "*Creating systems change: Evaluating the contribution of the Fulfilling Lives programme*" states that there have been notable shifts in cultural attitudes toward people experiencing multiple disadvantage.

Furthermore, the Fulfilling Lives evaluation similarly evidenced progress in the improvement of collaboration and coordination across services. The same report cited above states that there has been an improvement in reducing the siloed nature of services supporting people experiencing multiple disadvantage, and that service navigators and multi-disciplinary teams are central to this achievement.

However, the Fulfilling Lives evaluation notes that these changes have not been evident across all services. It cites the challenges that still exist within the statutory sector. The evaluation report *Improving access to mental health support for people experiencing multiple disadvantage* states that there is a need for longer-term programmes of workforce development support as well as training courses to encourage culture change within services. MEAM is pleased to be providing such courses in a number of local areas during 2022.
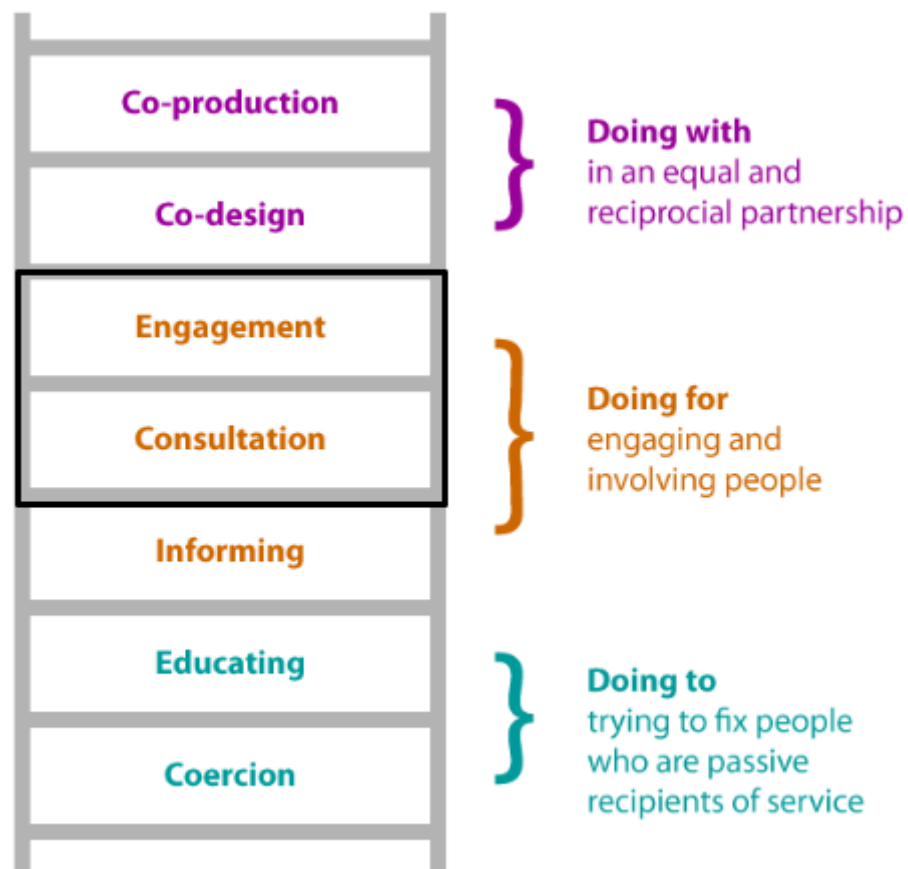
6 Co-production

6.1 Understanding co-production

Co-production is a central principle of the MEAM Approach. It is a way of working with (rather than doing to) people and communities, in order to achieve better outcomes. In the context of the MEAM Approach and this evaluation, it relates to working with people with lived experience of multiple disadvantage.

Figure 10 presents the co-production ladder, which frames co-production as the highest rung in a series of steps to involve people, and therefore as the most meaningful way of working with people with lived experience.

Figure 10: The co-production ladder

Source: Think Local Act Personal. Webpage: What makes co-production different?

Further information on co-production

More information on co-production can be found on the MEAM website, such as this blogpost on Co-production: improving services and changing lives.

6.2   **Key finding 11: The value of co-production**

Stakeholders across the system increasingly recognise the value of co-production.

Local stakeholders' knowledge and awareness of the benefits of meaningful co-production with experts by experience have progressed since the initial years of the evaluation. Consultation with local area leads and wider partners, particularly in the later years of the evaluation, demonstrates a recognition of the benefits of meaningful co-production with experts by experience:

"We are really dependent on co-production. Ultimately the client benefits from having systems that really understand what they need. Experts by experience can point out the variety of reasons a person might not want to come to appointments. The people who have used these services know why others are not engaging"

Local area lead, year 5 consultation

In addition, there is a clearer understanding across the MEAM Approach network of what constitutes meaningful co-production. In the year 5 consultation, several local area leads evidenced greater levels of understanding of the steps their local area needs to make, in moving from engagement and co-design toward co-producing services and systems with experts by experience:

"At the moment, we are at the engagement and consultation level. We have done that on commissioning exercises, funding bids etc. We need to start addressing handing over equal power"

Local area leads, year 5 consultation

6.3   **Key finding 12: Varying levels of meaningful co-production**

While there is encouraging evidence of meaningful co-production occurring across the network, levels of co-production vary significantly across areas, and in many, it is an area where more work is needed.

Across a relatively small number of areas, there is encouraging evidence of experts by experience co-producing the design and delivery of services and systems supporting people experiencing multiple disadvantage. Several local areas spoke about their use of co-production in the design of their strategies, the development of bids and the development and design of services. An example is provided overleaf.

> **Local area A and co-production**
>
> Local area A is one of the earliest MEAM Approach areas, and their co-production group is widely recognised by services across their system.
>
> Local area A works with people with lived experience of multiple disadvantage throughout different stages of their support journey to give insights into various parts of the system. The co-production group meets for monthly oversight meetings and uses sub-groups to look at particular issues in more detail.
>
> The co-production group has developed a list of 15 ambitions they would like to see across the area, including an action plan of what is involved in each ambition, and an accountability framework detailing who is responsible for each action. This list is currently being considered by senior leadership in the area.
>
> The experience of local area leads is that effective co-production takes time. In this area, the local lead noted that because work around multiple disadvantage and the MEAM Approach is well-developed in their area, they have had the time to develop the necessary infrastructure – including resources, staff and support structures – to work co-productively.

However, despite these positive examples of co-production in action, year 5 consultation with local area leads revealed that in the majority of MEAM Approach areas, co-production remains an issue where further progress is needed. Positively, this indicates that there is a high level of understanding among local areas in recognising what meaningful and effective co-production looks like and marks widespread appetite among local area leads and the central MEAM team to work toward this in future activity.

6.4 Key finding 13: Enabling factors and barriers to co-production

> **There are a number of enabling factors and barriers for local areas regarding co-production, and a relatively high level of system maturity is required for areas to be able to work co-productively.**

6.4.1 Enabling factors for co-production

There are some common elements of practice across the local areas which have been more successful in embedding co-production in their work. These include:

- Investing an **appropriate amount of time** and **resource** in engaging people with lived experience.

- A **recognition that people with lived experience are not necessarily one cohesive group** but rather have different levels of expertise on a variety of topics and provide different insight at different stages of their support journey:

"We use different peers who are at different stages of their lived experience to get their different insights on the system"

Local area lead, year 5 consultation

- A **high level of system maturity**. Local areas which work effectively and co-productively with people with lived experience of multiple disadvantage tend to be further along in their "MEAM Approach journey," have invested significant time and resource, and achieved significant buy-in from local partners.

6.4.2 Barriers to co-production

Developing and embedding co-production can be a lengthy process that requires expertise and resourcing if local areas wish to work with experts by experience in a meaningful way. Barriers may include:

- **A lack of accountability over who is responsible for driving co-production.** Some local area leads stated that without a dedicated staff member taking responsibility, co-production is often left out or is an after-thought to work:

  "It's never managed to get someone to take ownership of it… we are eager to change that."

  Local area lead, year 5 consultation

- **A lack of infrastructure to embed co-production more systematically,** including the time and resource among staff to dedicate to developing co-production work and garnering buy-in from colleagues.

- **A lack of a support system in place to support people with lived experience who are involved in co-production work.** A number of local area leads expressed concern about the potentially triggering factors that could be present for people involved in co-production work. This may have a detrimental effect on both the expert by experience and also the people with whom they are working. There is a need to have robust systems of support in place for people with lived experience engaged in co-production activities or entering the workforce.

  A second challenge involves providing sufficient time and resource for the necessary mentoring, training, supervision, development opportunities and remuneration to experts by experience, to allow them to engage effectively and progress within their roles:

  "You need to prepare the individual to engage effectively. This is a challenge. You need the time and resource to be invested in giving the individual the skillset."

  Local area lead, year 5 consultation

Fulfilling Lives evaluation findings

An increasing recognition and understanding of meaningful co-production is similarly evidenced in the Fulfilling Lives evaluation. The report '*Creating systems change: Evaluating the contribution of the Fulfilling Lives programme'* states that there have been positive improvements in local areas shifting from consultation with experts by experience towards more genuine co-production. The report also identified having dedicated staff members for driving co-production work as a key enabling factor. The report had similar conclusions to this evaluation; despite seeing positive improvements across local areas, further progress is still needed for genuine co-production to be widespread and embedded across all areas.

7 Efficient use of resources

7.1 Key finding 14: Change in engagement and number of services used

People access a slightly higher number of services after a year of support, and require less frequent contact with their MEAM coordinator to do so.

The mean number of services known to be to involved in delivering support to individuals **increased from 3.2 per person** in the first quarter of support to **3.5 per person** in the fourth quarter of support (n=425). Across the same time period, the proportion of people who were in contact with their MEAM coordinator two to three times a week reduced from 37% to 28%, which was matched by increases in the proportion of people who were in contact with their MEAM coordinator less than once a week (n=414). These positive findings indicate that people are being supported to access, engage and remain engaged with the key services from which they may benefit.

7.2 Key finding 15: Reduction in use of unplanned services

There were statistically significant reductions in A&E attendances. People who received support over at least two years saw a 50% reduction after the first year of support, from an average of 1.2 attendances per person per quarter pre-support to 0.6 attendances per person in the fourth quarter of support. After two years of support, the same group had 0.8 attendances per person in the eighth quarter of support, a reduction of 37% compared to pre-support levels. A larger group of people who received support over at least one year also saw a statistically significant reduction in A&E attendances over their first year of support.

There were statistically significant reductions in non-elective acute admissions for people who received support over at least two years, but these were only found after the first year of support (a 50% reduction from an average of 1.1 admission days per person per quarter pre-support to 0.5 admission days per person in the fourth quarter of support).

There were statistically significant reductions in arrests and nights in prison for people supported over at least two years, but these are only statistically significant after two years of support (see section 3.1) Arrests reduced by 32% from an average of 0.7 arrests per person per quarter pre-support to 0.5 arrests per person in the eighth quarter; nights in prison reduced by 37% after the same period from an average of 9.4 nights per person per quarter to 6.0 nights.

The analysis of service use data reinforces the findings from previous years of the evaluation. It also enables us to consider changes in service use over a two-year time period of support as well as a one-year time period.

This year we analysed service use data from two cohorts of people: a longitudinal sample of people with data from before they started support, their fourth quarter of support and their eighth quarter of support (i.e. data covering two years of support); and a larger sample of people with data from before they started support and their fourth quarter of support (i.e. data covering one year of support). This allowed a longitudinal analysis of a smaller group of people over two years, while also maintaining a large sample size for analysis of change over the first year of support. Figure 11 presents findings from the longitudinal sample over two years. Full analysis from the larger one-year sample is available in the technical appendix.

There were statistically significant reductions in A&E attendances after both one and two years of support compared to the pre-support period, for those who received support over at least two years. On average, people had 1.2 A&E attendances per quarter in the pre-support period (Figure 11, n=141). By the fourth quarter of support, i.e. one year later, this had decreased by 50% to 0.6 attendances per person. In the eighth quarter of support, people had 0.8 attendances per person, a decrease of 37% compared to the pre-support period. Both are statistically significant reductions in A&E attendances compared to the pre-support period. Analysis of data from the larger sample of people identified a similar trend: there was a statistically significant reduction in A&E attendances between pre-support and fourth quarter of support for those who received support over at least one year or more (n=298). The year 4 report also identified a similar reduction over the first year of support.

There were statistically significant reductions in non-elective acute admission days after one year of support for those who received support over at least two years. Admission days for this group fell by 50% from 1.1 non-elective admission days per person per quarter in the pre-support period to 0.5 admission days per person in the fourth quarter of support (Figure 11, n=142). This mirrors the findings from year 4, where we also found a statistically significant reduction in non-elective acute admission days over the first year of support. However, there was no statistically significant reduction over the first year of support amongst this year's larger sample of people who received support over at least one year (n=299). (This difference in results from the larger sample is due to the large amounts of variation in service use amongst the people included in the sample – in this context means are very sensitive to a small number of people with high levels of service use.)

The group who received support for two years also experienced fewer non-elective admission days during the eighth quarter of support (0.8 admissions per person per quarter) compared to the pre-support period (1.1). However, this reduction was not statistically significant. More data would help us to be confident about whether we would expect to see a reduction in non-elective acute admissions in the eighth quarter compared to pre-support amongst the wider population of people supported by interventions developed using the MEAM Approach.

There were statistically significant reductions in arrests and nights in prison for people supported over at least two years, but these are only statistically significant after two years of support. The number of arrests fell by 32% from 0.7 arrests per person per quarter in the pre-support period down to 0.5 arrests per person in the eighth quarter of support (Figure 11, n=179). The number of nights in prison fell by 37% from 9.4 nights per person per quarter in the pre-support period down to 6.0 nights per person in the eighth quarter of support (Figure 11, n=177). Whilst the sample of people who were supported over at least two years also experienced reductions in both arrests and nights in prison over the first year of support, these reductions were not statistically significant. This is in line with findings from year 4 and the larger year 5 sample of people with pre-support and fourth quarter data (n=362, n=360): both found there to be no statistically significant change in arrests or nights in prison over the first year of support. This pattern of people needing more time to make improvements in outcomes related to offending is also identified in the HOS data, as discussed in section 3.1.

There were no statistically significant changes to the number of mental health admissions after either one year of support (based on both the smaller longitudinal sample, n=166, and the larger one-year sample, n=336), or after two years of support (n=166). This is also in line with our findings from year 4.

Figure 11 shows that, for the people on whom we had data, mean A&E attendances, non-elective acute admissions and mental health admissions were in fact higher after 18 months than after 12 months. However, these increases are not statistically significant, and therefore do not provide reliable evidence that we would likely see a similar change amongst another sample of people.

*Figure 11: Use of services pre-support and in the fourth and eighth quarters of support (statistically significant changes[9] in **bold**) (n=141 to 179) [10]*

Type of service use	Sample size (% of eligible people)	Mean no. interactions per person per quarter			Change per person			
		Pre-support[11]	Fourth quarter	Eighth quarter	Change from pre- to fourth quarter	% change from pre- to fourth quarter[12]	Change from pre- to eighth quarter	% change from pre- to eighth quarter[12]
A&E	141 (45%)	1.2	0.6	0.8	**-0.6** ↓	**-50%**	**-0.5** ↓	**-37%**
Non-elective acute admissions	142 (45%)	1.1	0.5	0.8	**-0.5** ↓	**-50%**	-0.3 ↓	-27%
Mental health admissions	166 (53%)	0.7	0.5	1.3	-0.2 ↓	-30%	+0.6 ↑	+76%
Arrests	179 (57%)	0.7	0.6	0.5	-0.1 ↓	-18%	**-0.2** ↓	**-32%**
Nights in prison	177 (56%)	9.4	7.5	6.0	-1.9 ↓	-20%	**-3.5** ↓	**-37%**

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[9] Significant to the 95% confidence level using the paired t-test.

[10] Means are rounded to 1 d.p., which creates some rounding errors in the change column.

[11] Pre-support data was collected for the 12 months prior to support. This figure is a quarter of the mean of the yearly data provided.

[12] The percentage change in mean number of interactions per person per quarter should be interpreted with caution because of the very low level of mean interactions in the pre-support period. The relatively high percentage changes relate to small changes in mean service use in real terms.

7.3 Key finding 16: Change in service use and accommodation costs

> **Reductions in A&E attendances after two years of support are associated with reductions of £92 per person per quarter. Reductions in the number of arrests and nights in prison after two years of support are associated with reductions in cost of £195 and £414 per person per quarter respectively. The positive changes in people's accommodation (see section 3.2) are associated with cost increases of £333 per person per quarter for those in supported accommodation, and £322 per person per quarter for those in their own or shared tenancy.**

This year we have estimated the costs associated with changes in service use and accommodation for people receiving support over at least two years that are statistically significant. This enables an understanding of changes in costs for people supported over a longer time period than was possible in the year 4 report, which estimated costs for people receiving support over one year.

Statistically significant reductions in the number of A&E attendances after two years of support are associated with reductions in estimated average costs of £92 per person per quarter (Figure 12, n=141**).** If we assume that people maintain their levels of A&E attendance from the eighth quarter of support for a year after, this would result in an estimated annual cost reduction of £368 per person. This is in line with the analysis from year 4 that looked at change over one year of support instead of two years – in year 4 we found a small reduction of £44 per person per quarter associated with reduced A&E attendances over the first year of support (n=312).

Statistically significant reductions in the number of arrests and nights in prison after two years of support are associated with reductions in estimated average costs of £195 and £414 per person per quarter respectively (Figure 12, n= 179, n=177)**.** If we assume that people maintain their levels of arrests and prison stays from the eighth quarter of support for a year after, this would result in an estimated annual cost reduction of £780 per person for arrests after two years of support, and £1,656 per person for nights in prison.

We have not discussed estimated costs associated with non-elective admissions or mental health admissions because there were no statistically significant differences in the use of these services after two years of support for the people on whom we have data (n=142, n=166).

While the positive outcomes in relation to reduced use of unplanned services are associated with reduced costs, Figure 13 shows that the **positive improvements to people's accommodation after two years of support are associated with cost increases of £333 per person per quarter for those in supported accommodation, and £322 per person per quarter for those in their own or shared tenancy,** as people move from sleeping rough to more settled and stable accommodation (n=170)**.** (See the technical appendix for full analysis of the mean number of nights spent in each accommodation type, upon which Figure 13 is based).

Fulfilling Lives evaluation findings

Fulfilling Lives evaluation reports *Why we need to invest in multiple disadvantage*, *What has Fulfilling Lives achieved*, and *Promising Practice: Full report* echo findings from this evaluation, and present similar evidence of reductions in the use of unplanned services and the costs associated with changes in unplanned service use and housing.

The evaluation report *Why we need to invest in multiple disadvantage* shows statistically significant reductions after two years of support in A&E attendances (from an average of 0.9 attendances per person in the first quarter of support to 0.4 attendances per person in the eighth quarter of support), inpatient episodes (from 0.4 to 0.2 episodes per person), and arrests (from 0.5 to 0.3 arrests per person). People also saw statistically significant reductions in both A&E attendances and arrests after one year of support. Reductions in inpatient episodes were not statistically significant after one year, and changes in mental health admissions and nights in prison were not statistically significant over one year or two years of support.

Reductions in the use of these service types after two years of support are associated with estimated cost reductions of £78 per person per quarter for A&E attendances, £18 per person per quarter for inpatient episodes, and £109 per person per quarter for arrests.

As in the MEAM Approach evaluation, the positive changes to accommodation after two years found in the evaluation report Why we need to invest in multiple disadvantage are associated with estimated cost increases: the increase in nights spent in supported accommodation are associated with cost increases of £195 per person per quarter, and the increase in the number of nights in own tenancy are associated with cost increases of £170 per person per quarter. However, *Why we need to invest in multiple disadvantage* found that these increases are offset by estimated cost reductions of £369 per person per quarter associated with the reduction in time spent in temporary accommodation. While the MEAM Approach evaluation also identified reductions here, they were not statistically significant.

*Figure 12: Mean estimated service use costs per person for pre-support and eighth quarter of support[13] (statistically significant changes in level of average service use[14] in **bold**)*

Type of service use	Sample size (% of eligible clients)	Mean cost per person per quarter		
		Pre-support	Eighth quarter	Change
A&E	**141 (45%)**	**£248**	**£155**	**-£92**
Non-elective acute admissions	142 (45%)	£961	£704	-£258
Mental health admissions	166 (53%)	£343	£604	+£261
Arrests	**179 (57%)**	**£603**	**£407**	**-£195**
Prison	**177 (56%)**	**£1,132**	**£718**	**-£414**

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[13] i) See the technical appendix for a breakdown of the economic tariffs used to calculate average cost per instance of service use and for more detail about the approach to analysis. ii) Mean costs are rounded to whole numbers - this introduces some rounding errors when comparing between the two time points.

[14] Significant to the 95% confidence level based on paired t-test. Significance tests are applied to the level of service use not the estimated costs of the service use.

*Figure 13: Mean accommodation costs per person per quarter[15] (n=170) (statistically significant changes in use of accommodation type[16] in **bold**)*

Accommodation grouping[17]	Accommodation type	Mean cost per person per quarter		
		First quarter	Eighth quarter	Change
Rough sleeping	Rough sleeping	**£0**	**£0**	**+£0**
Family and friends	Living with family/friends	**£0**	**£0**	**+£0**
In accommodation (temporary or license i.e. no tenancy agreement)	Night shelter[18]	£1,497	£1,382	-£115
	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)	**£90**	**£424**	**+£333**
In accommodation (own or shared tenancy, with or without floating support)	Own tenancy (social housing)	**£211**	**£533**	**+£322**
	Own tenancy (private rented)			
	Own tenancy (owner occupier)			
	Shared tenancy			

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[15] i) See the technical appendix for a breakdown of the economic tariffs used to calculate average cost per instance of accommodation type and for more detail on the approach to analysis. ii) The costs associated with nights in prison are reported in Figure 12.

[16] Significant to the 95% confidence level based on paired t-test. Significance tests are applied to the change in use of accommodation type, not the estimated costs of those changes.

[17] These groupings have been agreed with CFE Research to enable comparison of accommodation use analysis across the national MEAM Approach and Fulfilling Lives evaluations.

[18] 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 £345 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.

8   Conclusion and looking to the future

8.1   Conclusion

The findings from across the five years of the evaluation provide strong evidence that local areas using the MEAM Approach are making positive progress in achieving the ultimate goals of the MEAM Approach.

Local services have made improvements in how they work better for and with people experiencing multiple disadvantage. These changes have allowed staff and services to provide more flexible and coordinated support to people experiencing multiple disadvantage, support that is more holistic, better addresses people's needs and is a more positive experience for the people receiving it. While longer-term systems change takes time and resource to embed effectively, there are signs that more sustainable changes are beginning to happen in local areas within the MEAM Approach network.

As a result of these improvements to support, the MEAM Approach has contributed to positive changes in the lives of people experiencing multiple disadvantage and enabled people to achieve goals that are important to them. In addition to this positive progress experienced by people, there is also evidence that the MEAM Approach contributes to systems and services for people experiencing multiple disadvantage using available resources efficiently and avoiding unnecessary costs.

Since this evaluation began in 2017, multiple disadvantage has become more widely recognised as an issue requiring policy and practice solutions. There have also been significant changes in policy since the evaluation began that relate to people experiencing multiple disadvantage. The central funding made available by the Department for Levelling Up, Housing and Communities for Changing Futures, a 3-year, £64 million programme, is evidence of the positive moves being made towards improving systems as well as services and to addressing the barriers that prevent people experiencing multiple disadvantage from getting the support they need.

8.2   Looking to the future

In 2022, the MEAM Coalition received further funding of £1.1 million from the National Lottery Community Fund to offer continued support to an expanded MEAM Approach network, to enable learning and comparison with the Changing Futures areas, and to help to shape a nationwide legacy on multiple disadvantage. This work will include:

- Offering all current MEAM Approach and Fulfilling Lives areas (with or without Changing Futures investment) ongoing network membership – 32 areas have recently confirmed membership of the MEAM Approach network for 2022-24, including 11 with Changing Futures investment.

- Expanding the MEAM Approach network to cover a further 10 local areas.

- Strengthening the offer of learning, events and training to network members on topics such as partnership development, culture change, co-production, systems change and systems leadership, and trauma-informed and strengths-based approaches.

- Working with a sub-set of local areas to explore specific systems challenges using the new MEAM Systems Intervention Tool.

- Expanding MEAM capacity to provide commercial support, training and consultancy to local areas.

During the consultation in this year's evaluation, the majority of local area leads stated that they plan to continue using the learning they have generated from implementing the MEAM Approach. This includes continuing their involvement in the MEAM Approach network, as well as applying MEAM Approach principles in other future projects.

For some local areas, learning from work developed using the MEAM Approach has provided a springboard into Changing Futures and MEAM will continue to work closely with local areas that have Changing Futures investment. Other local areas will continue to find funding from local sources for their MEAM Approach work. One of MEAM's key ambitions in the next phase of the work is to ensure the expansion of a vibrant network of local areas across the country working to tackle multiple disadvantage that can learn and share from each other.

MEAM and the evaluation team hope that the learning and evidence from this longitudinal evaluation of the MEAM Approach, alongside the Fulfilling Lives evaluation, can help to shape future policy and practice on multiple disadvantage, support other areas currently engaged in this work, and encourage those new to the journey to begin to change services and systems for people facing multiple disadvantage.