

Blackburn with Darwen MEAM Evaluation: Summary

Dr Teresa Young, March 2016

DRAFT

Table of Contents

BACKGROUND	3
FINDINGS	4
1. THE MEAM APPROACH	4
2. BLACKBURN WITH DARWEN MEAM	5
PROJECT STRUCTURE	5
ASSESSMENT AND REFERRAL	7
CLIENT PROFILE	7
CLIENT SELF REPORTED PROGRESS AND OUTCOMES	9
3. SERVICE USE OUTCOMES AND RETURN ON INVESTMENT	10
CONTACT WITH HEALTH SERVICES	11
CONTACT WITH CRIMINAL JUSTICE SERVICES	12
CONTACT WITH HOUSING SERVICES	12
CONTACT WITH ADULT SOCIAL CARE	13
4. KEY LESSONS: LEARNING FROM MEAM	14
OUTREACH	14
PERSON CENTRED APPROACH	15
A STEPPED APPROACH FROM CHAOS TO STRUCTURE	16
GROUP AND COLLECTIVE CASE MANAGEMENT	18
VOLUNTEERS & ASSET BASED COMMUNITY DEVELOPMENT	18
THE EFFICACY OF THE CO-ORDINATION ROLE	20
REBUILDING BURNT BRIDGES	21
RECONNECTION	23
5. GAPS & CHALLENGES	24
DISCUSSION AND CONCLUSIONS	25
INTRODUCTION	29
BACKGROUND	29
TECHNOLOGY	29
EVALUATION METHOD	30

BACKGROUND

In 2008 four National charities came together to form the MEAM Coalition; Clinks, Drugscope, Homeless Link and Mind. Building on the experience of 3 National pilots, Blackburn with Darwen bid to become a MEAM area in 2013 enabling it to access support from the National Coalition Local Support Team.

The Blackburn with Darwen MEAM project was developed to work with excluded vulnerable adults with multiple needs, specifically those residing on HMO's. The MEAM approach is underpinned by seven core elements:

1. Coordination for Clients
2. Flexibility in Service Responses,
3. Partnership and Audit,
4. Consistency in Client Identification,
5. Service Improvement and Gap Filling,
6. Measurement of Success,
7. Sustainability and System Change.

The project had 2 clear aims:

1. To improve outcomes for the most chaotic and excluded vulnerable individuals (and families where appropriate) in the Borough for the benefit of the local community as a whole and for local stakeholders.
2. To review governance arrangements across the four sectors of Offending, Mental Health, Homelessness and Drugs.

This would be measured by a number of outcomes including:

- Reduced crime/reoffending among the project cohort.
- Improved Health and Wellbeing for the target group (utilising the chaos Index and one other bespoke outcome monitoring tool being developed locally).
- Re-locating and re-connecting with family, community and locality support services.
- Reducing the use and cost of the revolving door i.e. representations at services for repeat interventions e.g. A&E, police custody, substance misuse services, mental health support, housing needs etc.
- Improving information sharing between all agencies involved in the package of support.
- Contributing to the improvement of the HMO/hostel environment and supported accommodation on offer in the Borough.
- Contributing to Health, Wellbeing, Better Care and Transforming Lives outcomes.

This summary of the Blackburn with Darwen MEAM pilot focuses on the findings from the main report. Those interested in the methodology used for the Evaluation may refer to the full report for details.

FINDINGS

These summary findings are divided into 5 main sections:

1. How the MEAM approach was developed locally: the target client group, project structure and support, and how this was informed by service user consultation.
2. The delivery of the project locally including: client recruitment and assessment, client profiles and self reported well being outcomes.
3. Outcomes and changes in service use as reported by local service providers with quantified cost impacts of these changes for providers including, A&E, secondary care, housing and the criminal justice system. This draws on the model developed as part of the evaluation of the National Pilots to enable comparison.
4. What makes MEAM different? This section examined in more detail how the core principles of MEAM approach were delivered. MEAM aimed to work differently with clients to attain different outcomes. This section of the evaluation reviews how the project did this, and what impact this had. In so doing, it drew widely on the differing perspectives of project staff, volunteers, service users and other professionals.
5. Gaps and Challenges: This section of the evaluation looked at areas of need which remain difficult to meet and external factors that impacted on the delivery of the MEAM approach.

I. THE MEAM APPROACH

The MEAM Vision is that in every local area people experiencing multiple needs are supported by effective, coordinated services and empowered to tackle their problems, reach their full potential and contribute to their communities.

In Blackburn with Darwen the target group was identified as:

Residents of HMO's in Blackburn, with a particular focus on those with a local connection and who experience a combination of issues across 4 main domains; offending, substance misuse, homelessness, mental health.

While the large majority of HMO residents are male, the project also recognised the complexity of issues that may be faced by female residents and committed to actively engage with female clients.

There was also concern that the level and nature of private HMO accommodation locally acted as a magnet to those from other areas who have little connection to Blackburn with Darwen but have few, if any, other housing options in other areas. In so doing it does little to enable them to address their issues and exacerbates social and familial isolation. This was recognised within the MEAM project in terms of enabling:

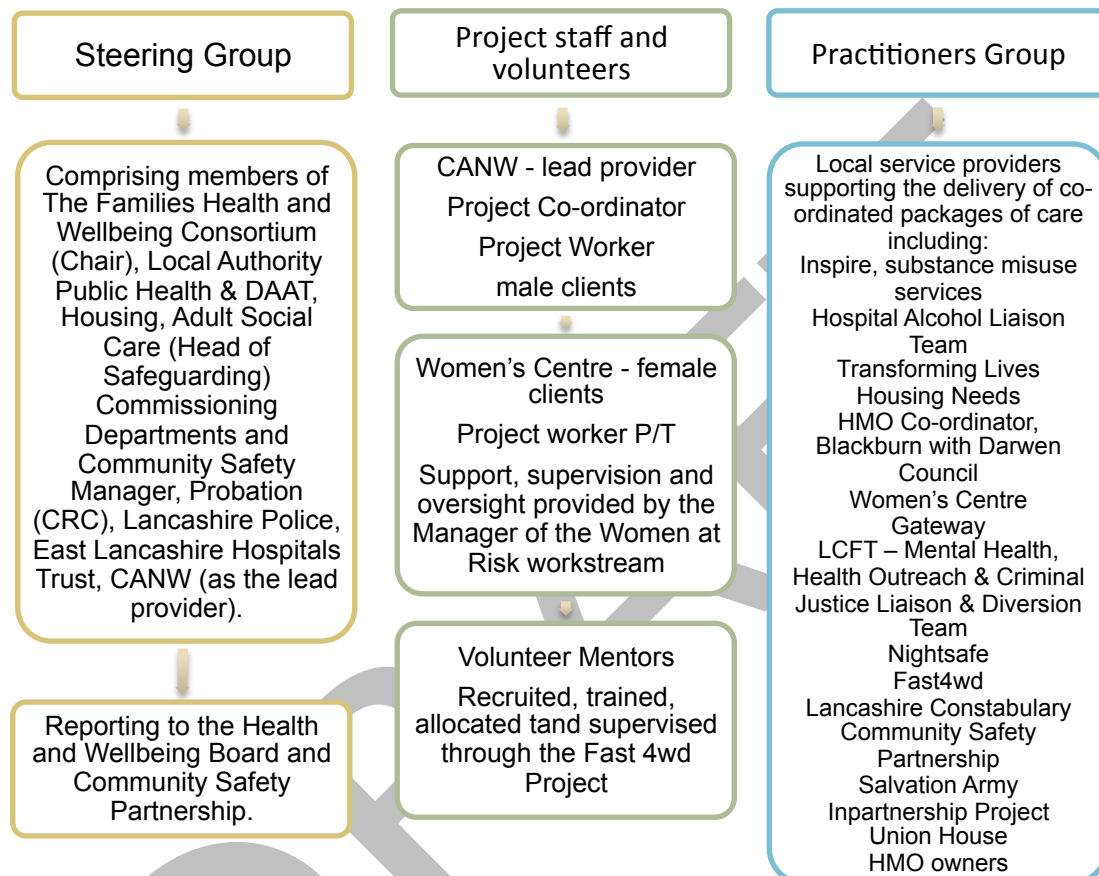
those without a strong connection to the Borough to appropriately resettle

This it was hoped would be achieved by supporting clients to access services, develop a more stable lifestyle and reconnect with families and the communities from which they came.

2. BLACKBURN WITH DARWEN MEAM

PROJECT STRUCTURE

The diagram below illustrates the structure of the project with the Staff Team in the centre, oversight and governance provided by a Steering Group, and partnership work and support developed in conjunction with the Practitioners Group.



One of the achievements of MEAM in Blackburn with Darwen has been to develop an engaged Practitioner Group that has played a key role in the implementation of the project including by:

- Increasing awareness of MEAM within the Borough
- Gathering and disseminating information about other projects and developments
- Improved joint working and co-ordination of support
- Tracking clients
- Working differently with clients being supported by MEAM
- Acting as 'drop ins' and allowing clients to use the phone to contact their MEAM worker
- Providing a sounding board and consultative group for project development
- Developing interagency relationships and trust that underpinned multi-agency working

From the beginning, the project identified improved information sharing as crucial to the success of the project.

Feedback from practitioners identified 'improved communication between services' as one of the key benefits of MEAM to their services. The importance of this was summed up by one Practitioner who commented:

Information sharing is really crucial and working within confidentiality agreements and not hiding behind them and having that confidence and trust in your partners
(Practitioner Group Member)

The effectiveness of this co-ordination and information sharing was also attested to by a client, with others agreeing:

Because they're [MEAM staff] linked with different agencies, they all talk, they'll track you down.
(Service User)

The project has also integrated volunteer support within its delivery model. MEAM Volunteer Mentors come from a range of backgrounds, some are in recovery from substance misuse, others have a general interest in supporting this client group, and some have come through College or University.

Depending on clients' need volunteers will work with staff to provide a range of supports including but not limited to:

- When initially referred staff will not work individually with clients, pairing up with a volunteer adds considerably to the face to face capacity of the project
- Admin and emails between services,
- Chasing up referrals
- Accompanying clients to appointments
- Light touch/mentoring support including visits, activities etc.
- Motivating clients to try a range of activities or services and building the confidence within clients to do so.
- Writing reports for clients

Whilst the project initially experienced challenges in recruiting and retaining volunteers, this has improved over time and the project can rely on a committed, skilled and competent volunteers.

Blackburn with Darwen MEAM worked with potential service users in HMOs to develop its approach and focus with the 'Advance to Go' graphic facilitation exercise. Hostel residents identified the issues they faced, and through focus groups how best to address those issues. Copies of the Advance to Go graphics are available from CANW and provide a compelling narrative of the challenges faced by the MEAM client group.

ASSESSMENT AND REFERRAL

This section of the findings looks at the Implementation of the project locally including: client recruitment and assessment, client profiles and the client outcomes delivered, both self reported well being outcomes. Local implementation was supported by Paul Connery of Homeless Link as part of the MEAM Coalition Local Support Team.

Initially clients accessed the MEAM project directly via Street based outreach or hostel based work. This later changed to a process where all referrals went through the Transforming Lives panel using the 'Transforming Lives Request for Support' Form with a flag for a MEAM related referral. This allowed for an integration of governance procedures across interventions.

The project started using the 'New Direction Team Assessment' or 'Chaos Index' as their assessment tool, as had previous MEAM projects. However, locally it was found that the format was not very user friendly.

As a result the Life Circle tool was developed using the same domains, scoring system and, prompts but in a visual format more appropriate to use with clients.

The tool was also enhanced such that following assessment, actions could be identified in each of the domains as part of a Future Plan. In addition the Life Circle can be revisited as a review tool identifying progress across the original domains.

The aim of the project was to identify between 30 and 60 clients fitting project criteria: homelessness, substance misuse, mental health issues and contact with the Criminal Justice System with a Life Circle score of 35 or above.

For the clients 28 accepted onto the MEAM project between June 2014 and December 2015 the average score for females was 42.9 and for males 37.2. The combined average of 39 was higher than the average for those participating in the Evaluation of the National Pilots at 32.

Whilst both groups scored similarly across most domains, there was a notable disparity in the average score for intentional self harm with female clients scoring on average 3.1. compared to 1.7 for males.

CLIENT PROFILE

Between June 2014 and December 2015 the project worked with 19 male clients (69%) and 9 (31%) female clients. This was a similar gender distribution as the National Pilots.

47% of males and 77% of females recorded needs in all four areas; housing, mental health, substance misuse and offending. As such 57% of the overall sample, experienced needs in all four areas, higher than the national pilots at 43%.

The average age for males was 35 years across a range of between 20 and 55 years. For females, the average age was lower at 27 years with a narrower range from 20-36 years.

Housing

- At time of initial contact with the project, 58% of male clients were living in hostel accommodation with the remaining 42% rough sleeping.
- 56% of female clients were NFA some of whom were sleeping rough, some sofa surfing and some cycling between to the two, 40% of whom had been evicted from hostels. The remaining 44% were living in hostels, of whom 50% were at risk of eviction.

Health and Mental Health

- 79% of male clients were registered with a GP when accessing the project, compared to 44% of female clients.
- 80% of males and 88% of females identified a history of mental ill health.
- 26% of males and 44% of females had a history of self harm and/or suicide attempts.
- Just 5% of male clients were accessing support from the mental health team whilst a further 21% were receiving medications prescribed to treat mental ill health.

Substance Misuse

- 100% of male clients drank with 80% doing so on a daily basis. 78% of females also reported regular drinking.
- 100% of females and 47% of males used drugs.
- Females were twice as likely to use heroin, cannabis, crack and benzodiazepines than males. Females also used prescription medications for which they did not have prescriptions.
- 37% of male clients were in contact with Inspire, as were 11% of females when first assessed under MEAM.
- 33% of female clients were engaged in street sex work.

Staff reported that the primary or most immediate issue for clients was substance misuse. This was seen as at the route of the spiral that takes them to the point where MEAM is a suitable and needed intervention:

The core root seems to be their substance misuse, that's why they're leading such chaotic lifestyles

Staff member

Family & Social Connectedness

- 89% of female clients and 37% of males were parents.
- 38% of females who had children, had no contact with their children. The rest had limited contact or issues regarding contact with their child who was in the custody of an ex-partner. Contact with their wider family was also limited.
- In 22% of cases, case studies identified that female clients had experienced domestic abuse as victims
- The average REACH score for female clients was 7 with a range of 3-10, with just one client below the threshold score of 4.
- Whilst data was not collected on previous experience of care as a child locally (36% of those participating in the nation pilots evaluations), the service use questionnaire showed that 79% of males in the local project cohort were known to social services, although not through contact in the previous year.

Employment, Training, Volunteering

- All male and female clients were unemployed with 94% of males and 89% of females claiming benefits.

Criminal Activity

- 94% of males had criminal convictions and 47% had served custodial sentences.
- 16% of males were on Probation.
- 89% of females were engaged in offending behaviour with 22% identified as prolific offenders.

CLIENT SELF REPORTED PROGRESS AND OUTCOMES

The MEAM project used a number of measures to identify client outcomes. The Women's Centre uses both the Life Circle review and the Justice Star to measure client self assessed progress during contact with services. CANW haven't used the review element of the Life Circle, but begun to use the Outcomes Star designed for those with housing and other needs in October 2015. As such there were too few completed male client reviews for inclusion in this evaluation.

Recommendation: Develop regular review for male clients using Life Circle and or Outcomes Star to demonstrate self assessed change over time and across the measured domains.

For the female client cohort, regular review showed an overall reduction in need of 21 points on the self assessment scoring system. This represents an average decrease in Life Circle/chaos Index score of 2.3 from 42.9 to 40.6. The National Pilot saw considerably greater change in self reported clients outcomes with a reduction in scores from a lower starting point of an average of 32 to 22.

However, regular review scores locally demonstrated that progress was not a linear process with improvement or reduced need followed by an increase in need in some cases. Whilst some client reviews showed improvement that took them below the point at which they would have initially met the criteria for MEAM at 35 points on the scoring system with 2 clients scoring as low as 18 and 20, subsequent reviews showed that they were unable to sustain this improvement.

This reflects how challenging and precarious improvement can be, and how it can be set back by things beyond the control of the project. In the case of female clients this was often the influence of male partners, for example:

One client stepped down to a lighter touch, managing her tenancy, come off her substances was in employment, we thought, 'wow, positive, positive outcome'. She got back in touch with her partner, lost her tenancy, now she's homeless because she's gone back to her partner

Staff Member

Service users were asked about the assessments that were done and the paperwork used to measure their progress and were positive in their feedback:

The Life Circle, it's alright, if you don't tell the truth it's no use, but you can see your own progress.

(Male Client)

This suggests potential for male clients to engage positively with the review process which both this client, and female service user feedback suggested played a motivational role in their progress. Further data in this area would be instructive given males account for two thirds of the client group.

3. SERVICE USE OUTCOMES AND RETURN ON INVESTMENT

Two of the key aims of the Blackburn with Darwen MEAM were to:

- Reduce crime/reoffending among the project cohort.
- Reduce the use of the revolving door i.e. representations at services for repeat interventions e.g. A&E, police custody, substance misuse services, mental health support, housing needs etc.

The project assessed offending on the basis of client self report but this data has not been readily available in a form conducive to use in the evaluation. A&E data collected did not cover a sufficient time frame to allow comparison.

Therefore, for the purposes of evaluation additional data was requested regarding use of Health Services, Housing, contact with the Criminal Justice System; Police and Probation, Adult Social Care and Substance Misuse Services. Steering Group members assisting by identifying appropriate data providers.

With no pre-existing data flow established it proved challenging to obtain the required data with original data requests made in December 2015 and final data submissions arriving in March 2016. For some, collating the data for 19 clients was a time consuming activity and staff found it difficult to allocate the required time.

Delayed responses also meant that it was not possible to establish alternative data flows when the original contact was not able to provide the requested data, for example, primary care and mental health, within the available timescale. Nor was it possible to follow up with requests for female clients as had been envisaged once the system was in place. In addition, data from Probation and Substance Misuse Services has not been made available at this stage.

Ideally, a mechanism for measuring progress against these aims would have been established at the outset of the project and formed part of the regular reporting.

Recommendation: Identify appropriate data providers for mental health services and primary care

- Recommendation:** As new clients are taken onto the caseload, circulate a data request based on the service use pro-forma used for the evaluation, to gather baseline data for the year prior to acceptance onto the project
- Recommendation:** Agree a reporting schedule for re-circulation of the service use proforma, for example, 3 monthly or 6 monthly to gather data on service use since engagement with the project to measure change over time.
- Recommendation:** Revise the information sharing consent to form to explicitly request consent for sharing service use data for specified services for the year prior to engagement with the service and for a specified period thereafter.

The data summarised below shows significant shifts in service use amongst the male cohort once engaged with the project.

In calculating the impacts below, please note that the baseline is the 12 months prior to engagement on the project for males only (68% of the total cohort), compared to the period since engagement. For different clients this latter period varies from 6 months to 18 months. In total the cohort accounts for 249 months since commencement on the project which averages at 13 months per client. This includes time passed since cases were closed as well as whilst they were actively supported by the project.

Ideally with a data pathway established as suggested above it would be possible to identify baseline data and then change at specified points following contact e.g. 3, 6, 9, 12 months etc. rather than combining all clients in a single cohort to identify collective outcomes.

Return on investment data associated with changes in service use is based on the model developed for the 3 initial pilots. PBE, FTI Consulting and Compress Lexecon 'helped MEAM to perform a rigorous economic evaluation of the pilots'. This model was presented in the National Evaluation Pilots report and, rather than re-invent the wheel, this Evaluation has adopted that model. For further information on this model, detailed unit costs and further discussion on data quality and interpretation of return on investment models, please see the full report.

CONTACT WITH HEALTH SERVICES

- Visits to A&E reduced from 180 to 65, a 64% reduction. Cost reduction = £30,932
- Hospital admissions reduced from 45 to 24 a 47% reduction. Cost reduction = £38,394
- Hospital nightstays reduced from 7125 to 5985 a 16% reduction. Cost reduction = £1,176
- Outpatient appointments increased from 10 to 13 a 30% increase. Cost increase = £441.

The aim of the project, alongside a reduction in inappropriate use of crisis services was to improve access to scheduled services. A small increase in outpatient care suggests movement in this direction.

A balance of £69,974 cost reduction to the health sector has been identified. The average monthly cost per client in Blackburn with Darwen dropped from £212.37 to £76.69.

It would be expected that some of this saving would be offset against increased costs to GPs due to higher rates of registration after commencement on MEAM and higher costs to substance misuse services. Data was not available from Primary Care or Substance Misuse Services at the point of writing this report.

CONTACT WITH CRIMINAL JUSTICE SERVICES

Data regarding contact with the Criminal Justice System was available from the Police, but no data was received from Probation at the time of writing this report.

- Arrests reduced from 56 to 35, a 38% reduction. Cost reduction = £36,520
- Attendances at the Magistrates Court reduced from 39 to 36, an 8% reduction. Cost reduction = £1,003
- Attendances at the Crown Court increased from 0 to 1. Cost increase = £11,344
- Nights in custody reduced from 34 to 26, a reduction of 24%. Cost reduction = £592
- Nights in prison up from 133 to 465, an increase of 250%. Cost increase = £24,568 (based on sentence length rather than time served)

Court attendances reduced at a slower rate than arrests, suggesting the possibility that some of these attendances were the result of earlier criminal activity and greater support to attend court.

A balance of £25,122 cost saving to the Criminal Justice System has been identified dropping to £554 if prison nights are included.

Just a single client had spent time in prison prior to engagement on the programme and was again sent to prison afterwards. This client failed to engage with the support offered and was breached by Probation for failing to meet the conditions of his licence.

As second client was imprisoned whilst in contact with MEAM. This client had a history of problematic drinking and, whilst intoxicated, making nuisance phonecalls to the emergency services. In addition whilst intoxicated in public places passers-by would also call ambulances out of concern for his safety. When intoxicated this client was abusive towards paramedics and A&E staff. Having previously had an ASBO and a DRR and despite a 3 way meeting with the Manager of the Ambulance Service, this client continued to call the emergency services, including up to 35 calls in one evening. As a result the project was involved in the process of applying for a CRASBO which ultimately led to his being imprisoned. Feedback since has suggested that having detoxed in prison, this has led to a change in behaviour and between release in December 2015 and follow up in March 2016 this client has visited A&E just once and while remaining sober is not calling the Emergency Services.

CONTACT WITH HOUSING SERVICES

- The number of nights where clients were known to have slept rough decreased from 57 to 7, a decrease of 88%.

- The number of nights spent in temporary accommodation increased from 5 to 23, an increase of 360%. Cost increase = £846
- The number of nights spent in hostel accommodation decreased from 537 nights to 161 nights, a decrease of 70%. Cost decrease = £17,672
- The number of nights in supported accommodation decreased from 230 nights to 17, a decrease of 93%. Cost decrease = £5,751
- The nights spent in a clients' own social rented tenancy increased from 180 to 260 and increase of 44%. Cost increase = £800
- The nights spent in a clients' own private rented tenancy increased from 60 to 180 and increase of 200%. Cost increase = £206
- In the year prior to commencement no clients spent time in a room in a private rented tenancy, this increased to 14 nights after commencement. Cost increase = £107
- Whilst clients were marginally more likely to access their own private or social rented tenancy after commencement on the project, 6 rather than 5, in all 6 cases the client lost their tenancy in the year after commencement on the project,
- Marginally fewer clients lost a temporary tenancy after commencement on the project, 3 compared to 4 in the year prior a decrease of 25%.

These figures show a significant reduction in time spent sleeping rough or in emergency or hostel accommodation. Instead clients moved to their own tenancies, private, socially rented and temporary. However, it also shows that clients struggled to sustain their own tenancies in the longer term. The data requested, modelled on that used for the National Pilot Evaluations did not ask for the reason that clients lost their tenancies, whether for example this was due to eviction or whether clients gave up their tenancies. This would be useful in interpreting this data in future.

Recommendation: Revise Housing data requests to also ask the reason for lost tenancies, e.g. moved out of area, tenancy given up, moved to residential rehab, eviction (including cause).

A balance of £20,984 cost saving to Housing has been identified. Given high levels of homelessness amongst the cohort it was expected that housing costs would increase in the first year of the project. However, this appears to have been offset by moving a number of long term HMO residents into alternative accommodation, and a number of residents reconnected to their area of origin.

CONTACT WITH ADULT SOCIAL CARE

Of the 19 males for whom data was requested, 15 were known to Social Care although none of these had been in contact with Social Care services in the year prior to commencement on the project.

In the 12 months following commencement on the project, 2 male clients received an assessment and had seen a social worker on a single occasion. In no cases were care packages deemed appropriate.

Unit costs were not available for Adult Social Care.

OVERALL SAVINGS

Whilst there are limitations with the data provided to date, these figures suggest a potential balance of total costs savings of £116,080 excluding increased prison costs, and £91,512 including prison costs.

This sample includes males only. Based on figures which include the costs of prison nights, males achieved an average of a 31% cost reduction to identified services in the first year, dropping from an average of £1,310 to £909 per client, per month.

If similar cost savings were achieved with the female cohort this would increase the total indicative cost saving to £134,860.

Based on figures which exclude the cost of prison nights, as per the Nation Pilots Evaluation, this total cost saving would increase to £171,065.

Thus even with further increases in costs to health services expected were mental health, primary care and substance misuse figures available, MEAM appear to have accrued indicative savings sufficient to cover the costs of project delivery at £97,100.

4. KEY LESSONS: LEARNING FROM MEAM

This section of the evaluation aimed to examine what was learnt about, and by, the MEAM approach through its implementation in Blackburn with Darwen. MEAM aimed to work differently with complex clients to attain different outcomes. The clients involved in the MEAM project undoubtedly had complex needs and many had spent long periods with less than effective service contact. The first year of the project achieved some significant changes in client outcomes as demonstrated in the section above. Having looked at these quantitative differences this section considers the qualitative differences and asks 'What makes MEAM different from existing service approaches, and what does it add?'

The key points listed below reflect the differing perspectives of project staff, volunteers, service users and other professionals. The full report draws on sometimes lengthy quotes from those involved with the project presenting a range of views and voices.

OUTREACH

The outreach approach, both street outreach and outreaching into hostels was viewed as a key strength of the local MEAM by staff, service users and other professionals for a number of reasons including:

- Going to where clients are at rather than expecting them to come to you
- Building relationships and trust during the engagement period that laid strong foundations for ongoing work
- Enabling the project to maintain contact, where clients may be beginning to drop out or disengage and rebuilding motivation

- This led to a sense of accountability for clients who couldn't evade staff
- Demonstrating commitment from staff
- Increasing awareness and visibility of the project in the hostels
- Accessing clients across both hostels and street based work

Outreach to the soup kitchens also developed links with volunteers providing that support and enabled them to work together with others to improve what the soup kitchens could offer to those it helped.

As such the outreach approach contributed significantly to the development of the person centred approach that underpins MEAM.

PERSON CENTRED APPROACH

The project shows considerable evidence of the impact of working with clients in a person-centred way to address their needs in terms of going to where the client is at, establishing trust, engaging clients with low motivation, developing that motivation, and developing a sense of mutual responsibility and accountability between worker and client.

It's about helping yourself and them showing you the way. They take the time to bother with you. [Staff] phones me and gives me shit like my Ma, it pisses me off, but it's a stranger who's bothering to help you so it's nice.

Service User

If I'm working with [staff] I'll not let them down, I'll let myself down but I'll not let them down. I can let myself down daily, it's so easy, I've done that for the last 40 years, but when somebody's helping me, I'll not let them down.

Service User

They have a laugh and are down to earth, but if you don't put the effort they want at the beginning they won't bother but if you do, it's respect, both ways.

Service User

For others this was reflected in a consistency of support and doing what they say:

They said they'd help me and they helped me, they've proved their worth with me.

Service User

The relationships developed by MEAM staff were used to improve engagement with other specialist services where the experience of seeing different workers each time was regarded as a barrier to access.

However working in a person centred way has its challenges:

I've learnt how to be patient as well, because at first it was so frustrating, two steps forward and then the next day it would be 'oh my god, 10 steps back', it's really, really like that so I think our jobs are as chaotic as the lives of the guys we work

with, we're on a rollercoaster every day, we don't know what's going to happen but I love that, I love that challenge.

Staff member

This person centred approach can also create challenges in explaining to other services how the project works:

People ask what's your pathway but it's so bespoke and individual because everyone's so different there's not a single pathway so every day I think we learn something new.

Staff member

One of the main benefits of the MEAM approach for staff and volunteers was that it gave them an overview and an opportunity to get to the root causes of the issues service users face.

Getting to root causes, whilst other services work on particular issues they present with, with us they get regular contact with the same workers rather than flitting from service to service. The Keyworker has the overview and the holistic person centred approach, the co-ordination of all the different elements not just about what one service is doing with them.

Staff member

This where clients with complex needs may be seen as having fallen through previously.

Lower caseloads, flexibility and more time were also seen as key to delivering MEAM effectively. This allowed staff to work intensively with clients when they most needed it tapering off when need lessened.

The MEAM gives us the extra time to be able to work with the clients in the way that they need, to make sure we can do the work when they're ready and sober, which isn't always when you give them an appointment.

Staff member

One client did really well to start with and it can be difficult to keep that motivation going, and that's where having that extra time you can go out and keep them positive and remind them of what they've achieved.

Staff member

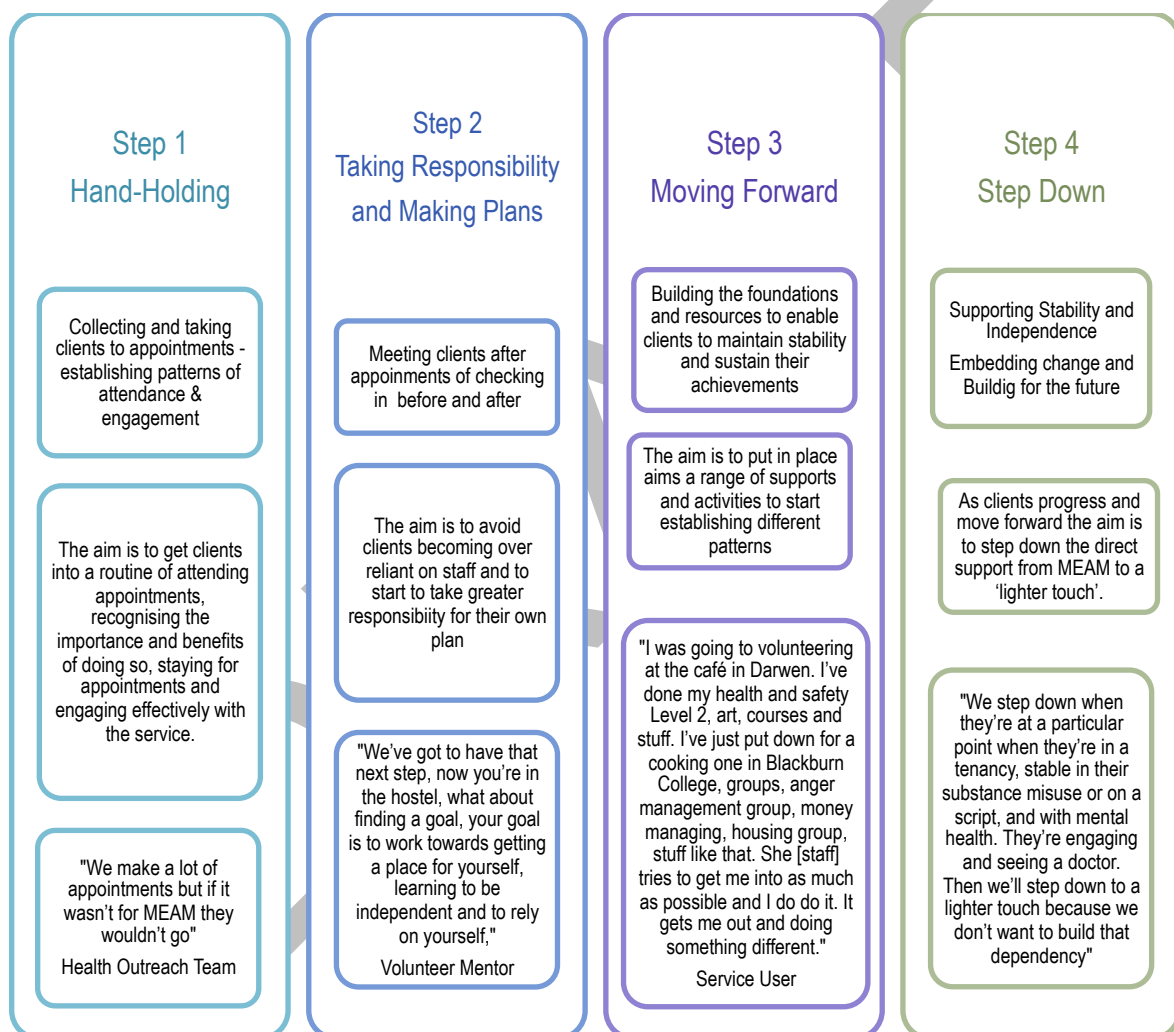
A STEPPED APPROACH FROM CHAOS TO STRUCTURE

Project staff aimed to move clients from the chaos with which they presented, to a more structured use of their time and more structured lives through a series of steps. The Future Plan tool is used to do this with male clients, and both projects talked about the importance of making action plans but keeping these plans manageable and moving at an appropriate pace.

Clients see the length of the journey they are embarking upon but also have the confidence that they can do it with the right support and for these clients this is a seismic shift in mind-set:

You can't just go from the streets with raging habit straight overnight to a 2 bedroomed house, it's little steps, to a house, into work, to a better house, I still want to do more. I want to spend my time wisely, to get a job that pays more than a living wage and keep a flat. I worked until I was 36, I don't want my kids to see this.
Service User

Within this process and planning, a stepped approach to support is taken which could be characterised as follows:



As the service user self assessed outcomes demonstrated, this process may not be a linear uni-directional one with clients at different steps in relation to different needs at any one time and moving back and forward as necessary. As one young woman reflected on her experience:

I moved out of Inpartnership to go with my boyfriend and now I'm back here [Salvation Army] and [staff] said, don't move out of your flat and I did, I should have listened because I'm now back in this situation

I've learnt by my mistakes and nobody's going to get in my way, I didn't listen, I should have listened, I should have thought about it, but I think about other people before I think about myself.

GROUP AND COLLECTIVE CASE MANAGEMENT

One of the strengths of the MEAM project is the integration of staff and volunteer support. Volunteers are involved in action planning and case review, and Team Around the Person Meetings with staff and clients from the outset. This means they establish a relationship with the client, see the overview and can effectively work jointly with staff to achieve outcomes with clients.

For the Women's Centre having a premises in the community has also provided additional benefits for female clients extending the circle of support established around clients and increasing contact which other services can benefit from.

Staff talked about how having a city centre base functioned differently for female clients compared to males and how women access the Centre. This suggests a certain investment of their aspirations in the Centre itself and their relationships with the staff and volunteers there, but there is also the sense that the Centre also offers a time out from the chaos they otherwise experience.

These staff perspectives were reinforced by service user feedback:

The Police referred me to the Women's Centre and I really like it, it's like my second home there, it is I'm always there, they're really nice.

The wider staff and volunteer group at the Women's Centre can be called on to support MEAM clients when the allocated worker isn't available. This also lays the foundation for clients to engage in wider services and courses offered by the Centre whilst clients are in contact with MEAM and as support is stepped down.

VOLUNTEERS & ASSET BASED COMMUNITY DEVELOPMENT

Volunteers play a key role in the MEAM project in Blackburn with Darwen. They add considerably to the capacity of the project and the level of practical everyday help that clients with the level of vulnerability and needs to meet the MEAM criteria, experience.

However, volunteers add more than just more of the same, and can draw on their own experience to support clients. Whilst not all volunteers may be regarded as 'peer volunteers' having been through the same experiences as clients, some have been through very similar or have developed wider experience and have a range of skills and expertise they can draw on.

Benefits brought by volunteer input included:

- credibility
- confidence in the project
- trust in staff
- shared experience
- breaking through scepticism or the 'I've heard it all before' response
- buying time where a client will listen to what is being offered
- developing motivation among clients
- demonstrating that change is possible
- cutting through frustration and anger
- changing the dynamic of an interaction

What peer volunteers also demonstrated however was that change or recovery is possible even from a chaotic starting point after years of substance misuse. However, if change is made the initial gains can be relatively quick.

Whilst modelling the potential for change is important that volunteers also know that each client has to take responsibility for their own changes or recovery and cannot be pushed into it.

However, the involvement of volunteers in the project does more than simply model the possibility of change, it also demonstrates how volunteering can itself be a meaningful part of the change process. This was seen from the outset with some of those involved in the graphic facilitation keen to move into volunteering on the project. Whilst just 16% of males showed any interest in volunteering when they started with MEAM, a number of clients taking part in the service user feedback as part of this evaluation talked about getting involved in volunteering. Moreover, they actively linked volunteering to ongoing training and qualifications and as a step towards employment.

This itself is a significant shift from a lack of interest or scepticism in what volunteering means or could offer them, to a experiential understanding of the role of volunteers within the Recovery Community. This is a key step in establishing and developing the Asset Based Community Development in Blackburn with Darwen.

Volunteers also spoke about what they learnt from their volunteering, for example:

where the drugs I was took were old school drugs like heroin and crack, the lads now they're all taking these legal highs and I went on a course for that because I don't know anything about that. That was an eye opened because it's mad how crazy it makes them

Volunteer mentor

As well as Fast 4wd training for volunteering and experience on the project, volunteers have accessed additional formal (e.g. accredited by Accrington & Rossendale College) training including:

- Level 1 Mental Health Awareness,
- Level 2 in Counselling
- Level 2 in Substance Misuse,
- Level 2 in Mentoring

Moreover, because volunteers are involved in all aspects of the project they develop a diverse range of skills which will benefit their volunteering role but also their longer term employability.

As much as volunteers model change for clients, the developing Recovery Community in Blackburn with Darwen also means that volunteers model the volunteering to work pathway to each other, with one volunteer giving up their volunteer placement when they moved into full time work in the field.

However whilst volunteering may be seen as akin to a work placement where individuals undertake a wide range of roles and responsibilities, shadow other volunteers and staff and co-work clients with staff thus developing skills, increasing work readiness, and providing the experience that may lead to paid employment, there are challenges to this for those in the benefits system.

One volunteer had to do the volunteer training twice having been pulled off prior to completion the first time to attend mandatory work programme commitments, and once having completed the training and started volunteering, again had to stop to meet work programme commitments mandated by the Job Centre Advisor.

This creates challenges for the organisation training and providing volunteers but also for MEAM to establish consistent volunteers to boost capacity and provide continuity of support for clients.

THE EFFICACY OF THE CO-ORDINATION ROLE

MEAM was set up to address complex needs through the co-ordination of existing services, not create a new service. This is one of the core elements of the MEAM approach and is examined here by looking at how this co-ordination role has been implemented and the role of Team Around the Person and Multi-Agency meetings in formalising this approach.

For years there has been a wide range of services available to people in Blackburn with Darwen. However, whilst available, clients with multiple needs have struggled to navigate and co-ordinate their own support. The MEAM cohort are those who have been identified as repeatedly falling through the cracks in services

Perhaps the most illustrative comment came from the Manager of a local service who commented on how joint working had supported his staff to work effectively collectively:

We often think about the client but it's also for the staff and sharing advice and information and good practice with agencies which helps and bringing us together, it's a bit like the cement in the bricks, we're each the bricks but it's being that linkage and I think MEAM has provided, that link additionally,

Practitioner Group member

TAP AND MULTI-AGENCY MEETINGS

For agencies the format of the multi-agency meeting provides an opportunity to see where their specialist input may feed in to the wider plan and be supported and complemented by the work of other agencies. It also introduces a degree of accountability for all involved in delivering a plan that is regularly reviewed. Effective information sharing between those involved also avoids duplication.

If it was just us on our own it would be difficult to adapt but if we all come round the table and do it, our bit it becomes doable

Practitioner Group member

Developing a joint plan within the these meetings also means that clients cannot play services off against each other, but also that they can start afresh with their plan. It also means MEAM staff can clarify what other agencies may have said or offered where clients are not clear. This approach has also been used to review a client's engagement and allow the development of a person centred response that supports client progress rather than setting them up to fail.

The consistency of a shared plan with the client and between agencies has worked well for clients and practitioners in other agencies have regarded MEAM as key to developing this approach:

It's the consistency, it's not like they give up if there's a problem and it's that support and going looking for them and trying to get interventions in place and getting agencies together and they have made a massive step, and it wouldn't have worked if everyone hadn't got together but it's MEAM that made that happen.

Practitioner Group member

Moreover, multi-agency meeting co-ordinated through MEAM have shown how services across the Borough are prepared to collectively deliver differently for clients. These meetings have successfully brought in mental health services, GPs, Adult Social Care, and Probation which have been regarded as 'hard to reach' services as well as substance misuse services, housing providers to work differently with clients under the MEAM umbrella. The flexibility to change working practices to meet individual client needs and the culture shift this represents shouldn't be underestimated.

REBUILDING BURNT BRIDGES

Throughout the project, clients, staff, volunteers and other practitioners spoke of MEAM clients as having 'burnt their bridges' with services. One of the key benefits for clients engaging with MEAM has been that services have been prepared to work differently with clients or given them another chance.

One of the key stimuli for the MEAM project was addressing the complex needs of individuals who reside in the numerous HMOs in Blackburn with Darwen. Hostel accommodation is provided by both businesses and charitable organisations. Whilst providing a valuable roof over the head of clients, HMOs were also seen as perpetuating the problems clients faced and becoming a trap. Moreover, for many individuals they don't even have the opportunity to access hostels because they've 'burnt their bridges' as a result of past behaviour.

There is evidence that some HMOs have shifted markedly in what they offer for clients, including developing groups and encouraging residents to engage in activities. Certainly they appear to have realised that a more motivated and active group of residents may bring benefits in terms of managing their accommodation and have seen the benefits of change.

Access to the hostels wasn't easy and where staff have been able to access hostels this has been through offering practical support that works both ways. However, improved relationships between staff and HMO owners have also improved access for clients, albeit with warnings built in, which even clients found surprising.

MEAM have been able access hostels where Housing Needs have been refused based on previous client behaviour.

HALs also noted the difficulties that they've had in accessing accommodation for clients ready for discharge, which have also been overcome with support from MEAM.

However, whilst the project built up really links across the HMOS at the outset, as their caseloads have increased this contact is more restricted. As a result they are less in touch with what's going on in the HMOs and staff reported having less information to report into the Housing Department in terms of Standards.

Other Hostel providers have also worked well with the project being more flexible regarding clients who they would previously have excluded based on past behaviour and the need to protect the wellbeing of other residents. This has been the case with the Salvation Army for example, who have accepted clients who'd been there many times before and often asked to leave, once they knew they had the back up of MEAM. They've also worked jointly with MEAM where clients' behaviour has been challenging and put them at risk of exclusion, to help them sustain their place. Asked where the significant change was that allowed this, whether it was in the client or in the organisation's confidence to stick with a client, it was reported as 'a bit of both'. Key to this was the overview that MEAM have of the client and the ability to share information so the hostel provider has a clearer understanding of the issues involved.

These comments demonstrate how effectively providing additional support through MEAM with the more holistic overview their co-ordination role provides, has enabled the organisation to shift how it works to fit round a wider understanding of the client and their needs.

The project staff also spoke of the Housing Department going above and beyond what would have been expected of them, especially given their limited obligations to single

homeless people. Examples were given of how this had contributed to moving clients forward and into appropriate treatment.

Similarly MEAM staff have built up strong relationships with a number of private rented sector landlords who have been prepared to house clients knowing they have a single point of contact should there be challenges with the tenancy.

HALS

The changes in service use of A&E services is quantified above and has largely resulted from the new ways that HALs and MEAM have worked together with clients supporting outcomes for both services and the clients involved. For example, HALs has referred clients to services in the past but previously many of these referrals were not completed. Through MEAM this has changed through the additional support to see referrals through and HALs reported less contact with some of their more frequent attenders.

To support the transition from acute medical care MEAM will outreach to the hospital to make contact with a client deemed eligible for MEAM to use the opportunity to engage the client before a referral can be heard at Transforming Lives. This joint working also enables the HALs Team to safely discharge clients safely once they no longer need to be in hospital and see less repeats.

CRIMINAL JUSTICE

Again whilst reduced contact with the criminal justice system is demonstrated above, the key factor participants in the evaluation drew attention to was the longer time frame over which MEAM can work with a client compared to time limited criminal justice interventions.

In addition, joint working with criminal justice agencies also enabled criminal justice requirements to be altered to be more appropriate to client need as an alternative to breaching clients that failed to engage with largely group based interventions.

This work is ongoing with increasing opportunities to work between criminal justice Team and MEAM to enable clients with complex needs to engage with the criminal justice system more appropriately, be that as perpetrators or victims.

RECONNECTION

One of the aims for the Blackburn with Darwen MEAM was:

Implementing a Re-connection Policy to facilitate individuals establishing or re-establishing relationships with their families, their communities and the local support networks and services provided within their localities.

Of the 8 male cases that had been closed by the project, 5 had moved out of the area, all to areas where they had previous contact and/or family. Case management notes also reflect some real progress regarding re-connection with clients' own parents and siblings.

Some clients wished to re-establish contact with their own children. This appeared particularly the case with female clients where all but one client had had children, but none of whom were currently the primary carer of their child/ren. Staff explained how in these situations they not only had obligations to the parent who wanted to re-establish contact but also to the children involved and a balance needed to be struck. In these cases re-connection may be a longer term project to ensure the client has achieved a sustained period of stability before contact with children can be re-established.

Feedback from the HALs Team also showed how joint working co-ordinated through MEAM support a vulnerable missing young person to return home.

5. GAPS & CHALLENGES

This section of the evaluation looks at areas of need that remain difficult meet and external factors that impact on the delivery of the MEAM approach.

Client Relationships: The degree to which women's relationships with men can derail their own improvement has been noted above but there are also issues where one half of a couple meet MEAM criteria but the other doesn't. This can be especially challenging where there are issues of co-dependence and not being able to support the partner could jeopardise the client's outcomes.

Accommodation: Whilst accommodation options for MEAM clients have improved significantly, there remain clients for whom suitable accommodation cannot be found because of past behaviour, offending, substance misuse etc. Feedback has spoken of the possibility of protected beds in hostels or accommodation for high needs clients akin to a 'wet house'

Mental health: Accessing mental health services remains a challenge for a number of reasons. It was hoped that progress would be made in this area by links to the Street Triage Project, which provides the opportunity for assessment via outreach. However, limited capacity within mental health services was seen as an on-going challenge, specifically where it impacts on continuity of care for clients and thus their willingness to maintain engagement

Dual diagnosis: This has been a long standing issue, but again poses a particular challenge for MEAM as both mental health and substance misuse are criteria for the project so it would be expected that the client group will have high rates of dual diagnosis. The failure to engage mental health services also has implications for ongoing substance misuse treatment even where the client is making progress, but services will not reduce scripts beyond the point where mental health issues present, but mental health will not work with a client because they remain on a script.

Safeguarding: Safeguarding was an issue that had come up for both male and female clients and had proved a challenge to staff. This led to significant delays in accessing assessment, being sent back and forth between services to the detriment of a very

vulnerable client. Given the client group targeted for MEAM support it seems likely that the project will continue to work with clients where there are concerns regarding Safeguarding and Mental Capacity.

Recommendation: MEAM Staff & Volunteers may benefit from further training regarding safeguard and Mental Capacity Assessment to improve familiarity with pathways, thresholds and access to support.

Mobility: Another challenge for the project is the mobility of clients who may move in and out of the area. This may create challenges in managing the caseloads as clients leave and may come back again requesting support. Whilst informal networks established through outreach may help identifying when and where clients move this isn't always the case.

Capacity: Some concerns were expressed regarding capacity within the project. The Women's Centre reported that 'the MEAM criteria is so high, we have capacity', for their work with female clients. However, there are risks as result of having a single part time worker assigned to the project even with regular volunteer support.

CANW staff felt more stretched. The intensity of the work with clients, especially in the initial stages can be high as suggested above and can create challenges for managing caseloads.

Whilst good volunteer support can reduce some of this pressure, the challenges in maintaining consistent volunteer support has also been outlined above.

DWP and Benefits: The absence of a representative of the DWP on the Practitioners group and a lack of input from the service was raised at the Practitioners Group as a gap across services with specific implications for MEAM.

Staff identified the difficulties accessing benefits for clients who have lost their ID whilst street sleeping, where it may have been a long time since they had a live claim because they've been in prison, so that during the time it takes to apply for a birth certificate they have no access to benefits. The cost of obtaining the ID is covered by project discretionary funds but the client still has no source of income during this time and thus no access to accommodation. This can be complicated further if clients have been adopted or in the care system where they may have limited information about their parents or their own past.

The DWP phoneline was also seen as barrier to accessing the service

DISCUSSION AND CONCLUSIONS

Throughout the evaluation there has been much discussion of the role of MEAM as a co-ordinator of existing services rather than becoming a service in themselves. However, the complexity of the client group means that they need considerable hand holding in the early phases of their contact with the project. The intensity of this work builds the relationships and trust that will sustain the work longer term and builds motivation in the client as they see meaningful initial gains and begin to build their confidence to develop a future plan.

Whilst partner agencies have supported and been prepared to work differently for MEAM clients, given clients additional chances and access to services, and have worked with them differently, the degree of co-ordination required to put this in place should not be underestimated.

Achieving service change will be a long term outcome, and demonstrating improved client outcomes may be key in developing buy in to an alternative model.

Partner agencies have identified that either their funding or their project model does not generally give them the freedom or capacity to do this more holistic work themselves, but instead they focus on what their core offer can add to the overall package. Whilst Steering Group members felt that despite cuts in funding due to austerity, services had not retreated into single agency silo it seems unlikely that they will be in a position to take on this wider role in the near future. Perhaps most progress towards this approach had been made in the substance misuse field where there is greater peer support available.

The project has developed its volunteer input considerably over the first year of implementation, but volunteer coverage is still limited. Capacity in the project could be developed further with greater volunteer input to support much of the initial hand holding work and develop the skills of volunteers to take on additional responsibilities earlier with clients. However, in doing so the balance needs to be struck between level, continuity and quality of input. Also greater contingency is required in volunteer time to maintain even existing coverage if volunteers move into paid employment or are pulled away by for example, the Job Centre.

Project reporting was raised as an issue in the Steering Group Focus group and has also posed challenges to this evaluation. A number of recommendations have been made regarding gathering service use baselines and follow up to demonstrate change, above. However, the routine reporting via the Report Card should also be reviewed to enable the Steering Group a clearer view of the development and achievements of the project. The report cards have not been used extensively in this evaluation due to concerns regarding data quality and the greater robustness of the Service Use data once collected.

The evaluation has divided client contact with MEAM into a number of steps. These steps, with some further consideration by the project, may serve as a basis for demonstrating the numbers of clients who are at different stages in the process at any one time. Additional stages or steps may be required for example, case suspended, case closed to cover those who may have moved out of the area or those who have moved and disengaged but may return. This would provide greater clarity regarding the overall caseload, the active caseload and level of support being provided from intensive hand holding to lighter touch support. It also enables for client to move down through levels of support and up again as needed given the discussion above regarding the non-linear nature of the journey travelled by a number of clients.

Recommendation: Review routine project reporting via Report Cards in light of the service use data recommendations above and to ensure clarity.

Improved use of Life Circle Review or Outcomes Stars, as recommended above, and inclusion on the report card would also give a greater sense of change for the client cohort than is currently achieved by the existing Report Card.

As part of the Evaluation a service use spreadsheet including cost benefit has been established and can be made available to the project to enable ongoing monitoring on this basis.

However, the MEAM pilot has achieved positive progress against a number of key outcomes identified in the original Business Plan:

- ✓ Reducing the revolving door of repeat presentation at crisis services and better use of schedule services.
Evidenced by a 64% reduction in presentations to A&E constituting a £30,932 reduced cost burden, reduced hospital admissions and shorter average night stays, and a small increase in outpatient appointments. Improved registration with GPs and use of primary care.
- ✓ Reduced crime/reoffending among the project cohort
Evidenced by a 38% reduction in arrests constituting a £36,520 reduced cost burden and a 24% reduction in nights in custody.
- ✓ Re-locating and re-connecting with family, community and locality support services.
Evidenced by 5 clients having moved out of the area to areas where they have family or local connection and engagement with services in those areas preventing drift back to Blackburn with Darwen. This has been achieved by maintaining and providing contact in those areas via family and through volunteer contact.
- ✓ Moving clients on into appropriate and suitable accommodation.
Evidenced by the 88% reduction in nights spent sleeping rough and moving clients from HMOs into tenancies.
- ✓ Improving engagement with services and overall personalised packages of support.
Evidenced in feedback from clients, staff and other agencies locally who all reported improved engagement and a willingness to work differently with clients receiving additional support via MEAM.
- ✓ Improving information sharing between all agencies involved in the package of support.
Evidenced by staff, service users and other agencies who all attested to the value of effective information sharing as the basis for providing appropriate multi-agency support. This was also demonstrated by the use of multi-agency meeting and Team Around the Person meetings to both build the package of support and monitor delivery of that package.
- ✓ Encouraging integration and involvement in community provision as positive assets.
Whilst early days, the involvement of service users in the Graphic Facilitation exercise and subsequent conference. The shift in interest in volunteering as a result of engagement with MEAM also reflects clients seeing that they may have a valuable role to play in their future as represented by current peer volunteer mentors.

- ✓ Contributing to the improvement of the HMO/hostel environment and supported accommodation on offer in the Borough.

Staff and other agencies spoke to improvement in a number of HMOs and involvement of HMO owners on the Practitioner Group as reflecting improvement in this area. Hostels in the voluntary/charity sector also spoke of how joint working enabled them to work differently for traditionally challenging clients and how that joint working improved the skill set of their own staff. The project has also worked with Housing Standards and other voluntary activity, e.g. soup kitchens to improve their capacity to do likewise.

DRAFT

INTRODUCTION

BACKGROUND

TECHNOLOGY

STAFF PILOT

DRAFT