Fulfilling Lives Newcastle Gateshead response to Call for Evidence: Public Services – lessons from Coronavirus

Executive Summary

1. This response to the call for evidence highlights issues faced during Covid-19 by people with multiple and complex needs, and the services that work to support them. We define multiple and complex needs as a combination of experience of homelessness, mental health issues, offending and alcohol and/or substance use. People with multiple complex needs often fall through the gaps between services and systems, this means that they are more likely to access emergency services than planned services. Multiple complex needs issues have been a public health crisis long before the pandemic, though it has drawn an even sharper focus on health inequalities at this time.

2. We highlight the growing inequalities experiencing during the pandemic, drawing on themes that our Strategic Group and Experts by Experience have highlighted to us as impacting most on people with multiple complex needs. These include:
- Some positive experiences of digital and telephony service provision, but highlighting the digital divide and digital exclusion for people with multiple complex needs further distancing them from services
- Examples of more human and relational approaches emerging in response to the lockdown, asking 'what do you need' rather than more traditional compliance seeking or bureaucratic approaches that often cause people with multiple complex needs to disengage from services
- Examples of inequalities that have worsened in lockdown including financial, social and access issues, and an exacerbation of exploitation of vulnerable adults
- Our response focusses on workforce issues that are emerging in response to the pandemic, we are advocating for a trauma informed approach to service provision, focussed on prevention and building workforce capacity to support this
- We highlight areas where the impact of Covid-19 is not yet fully understood and to this end we urge caution about the temptation that might exist not to restore some things that were lost during the pandemic as having been seen to have been managed without during this time. Transition plans out of lockdown need to account for complexity and be responsive to a changing landscape.

   About us

3. Fulfilling Lives Newcastle Gateshead (FLNG) is an eight-year learning programme looking to improve the lives of people with complex needs and build a trauma-informed approach within the services that support people across Newcastle and Gateshead. We define multiple and complex needs as a combination of experience of homelessness, mental health issues, offending and alcohol and/or substance use. We are one of twelve programmes linked across England funded by the National Lottery Community Fund, looking to influence the system nationally. A Core Partnership of Changing Lives (lead partner), Mental Health Concern and Oasis Community Housing lead the programme's activity.

General comments (questions 1&2)

4. This response draws on evidence from FLNG's Strategic Group, which meets quarterly and acts as a critical friend to ensure local service commitment to improving and changing service provision to meet the needs of people with multiple and complex needs. Our response also draws on peer research conducted by Experts by Experience and trends observed in supporting frontline teams. FLNG Experts by Experience (EbE) are people with lived experience of multiple and complex needs, and have vital things to say that can help shape the future of how systems and services work for their peers.

5. FLNG Experts by Experience Network are conducting a peer research project exploring experiences of social isolation during lockdown, particularly focussing on the availability and accessibility of peer support which they identify as being crucial to supporting their ongoing recovery, findings will be disseminated via our national Fulfilling Lives networks and we will share a summary with the Commission.

Resource, efficiency and workforce (question 4)

6. FLNG advocates for a trauma informed approach to service provision and is building workforce capacity to support this; as such our primary response was to develop resources to support the workforce to take a trauma informed approach to Covid-19. Trauma informed approaches recognise the resilience of the people we support whilst understanding the impact of childhood trauma and adverse childhood experience which can extend into adulthood. Often the people we support have experienced rejection, have not been able to access the support they need or have been labelled too complex for support, not meeting the threshold for some services or deemed too complex for others. Holistic, trauma informed care focusses on long term support, building trusted relationships and focuses on recovery, resilience and community integration.

7. Our April 2020 blog post offering trauma informed tips to dealing with a pandemic has had over 1000 views, this demonstrates the need for resources to support staff working in vital roles under very challenging circumstances. Future service planning and workforce development should be focussed on developing trauma informed pathways, having these pathways in place, including swift set up of reflective practice sessions for workers, ensured that staff felt supported and listened to as services were having to quickly respond to the outbreak.

Technology, data and innovation (question 8)

8. FLNG's strategic group reported positive developments in digital and telephony, particularly in relation to mental health services. These have felt more on the patient's own terms and being able to access support from the safety and comfort of home has enabled some people to engage better with services. People told us that telephone support during lockdown has 'felt like that little bit of normal' and simple telephone check ins have been described as 'vital', 'uplifting' and 'making a huge difference'. While telephony has been really effective, there are inequalities, the voluntary and community sector has played a critical role in responding to increasing demand at this time, but we need funding for digital and telephony developments. Our strategic group also noted a word of caution, as we build back we need to build more opportunities for interaction, not take these away, telephony and digital is not a replacement for face to face care and support.

9. Our Experts by Experience are keen to highlight the impact of the digital divide, many people with multiple complex needs do not have any internet access or access to a mobile phone. Our Network members themselves are generally relatively financially secure but they highlighted the challenges of not having enough disposable income for extra data charges, and not always having sufficient funds for their electric to charge a phone or other means of accessing online services.

Inequalities (questions 9-11)

10. Multiple complex needs issues have been a public health crisis long before the pandemic, though it has drawn an even sharper focus on health inequalities at this time. Each year, over a quarter of a million people in England have contact with at least two out of three of the homelessness, substance misuse and/or criminal justice systems, and at least 58,000 people have contact with all three. The quality of life of people with multiple complex needs is "much worse than that reported by many other low income and vulnerable people, especially with regard to their mental health and sense of social isolation." People facing these issues experience severe health inequalities and have higher death rates compared to the general population – the mortality rate is almost seven times higher for men and almost twelve times higher for women.[i]

11. There are lessons to learn for reducing inequalities from the new approaches adopted, it will be particularly important to try to retain the more "human" and personalised approach that has been adopted by many services. This is a crucial issue to feed into the recovery planning processes that most agencies are currently undertaking; our EbE Network told us that services during lockdown have felt more co-produced, they told us that they are fearful about how much of these positive changes will be maintained, for example moving from daily pick up of methadone to weekly and fortnightly prescribing; for those who feel they have benefited from this their key concern is 'what is going to happen if this is taken away?'

12. Inequalities have worsened in lockdown and vulnerable adults are experiencing greater risks. Our lead partner Changing Lives reports an increase in women selling sex, and notes too issues on prison release, coming out into a completely new world of Covid-19. We note too an increase in sexual violence and targeting of women in supported accommodation. Across our strategic partners we hear differing views on changes to how drug and alcohol services are being delivered. It is apparent that in supported accommodation teams have rapidly put plans in place to support risk management around fortnightly pick up of methadone and have seen fewer drug related deaths, however other services have observed that some people, perhaps with less support in place, have over used their prescribed methadone and then used substances on top or returned to heroin use. Local public health agencies also report hidden alcohol harms, where they have seen a sharp increase in the numbers of people consuming alcohol at home during lockdown as daily routines have been disrupted.

13. Frontline workers have noted challenges in not being able to work face to face or conduct outreach in the early phases of lockdown, this has meant that some issues did not get picked up that would have been noted during outreach, leading to more serious problems building for some people. Drop in and social spaces have been closed which has reduced social contact for people who were reliant on these services for support. Local mental health partners report challenges in encouraging people to comply with the lockdown regulations, and doing more for people who are shielding has been seen to reduce some people's independence and have an impact on their recovery.

14. One service noted that criminal activity increased and shifted during the pandemic, noting an increase in exploitative behaviour and acquisitive crime. A homeless outreach service reported that people who had been dependent on local foodbanks and kitchens increased appeals for basic needs to be met during this time. Though issues with the lengthy wait for the setup of Universal Credit have been challenging people with established benefits report that their experience of DWP has been positive during this time and the relaxation of sanctions has helped people gain some stability.

Integration of services (questions 12 -15)

15. We have observed more human and person centred public services during the Covid-19 outbreak, a relational approach predicated on asking 'how can I help, what do you need' and services asking 'what is our role here?' where previously the thrust of public services as experienced by the people we support has been more transactional, compliance-based and bureaucratic. Examples that our EbE Network shared with us include probation appointments being conducted at the doorstep, the provision of lock boxes to allow for a weekly or fortnightly prescription of methadone instead of a daily pick up, and support to access mutual aid in the community to access food, cleaning supplies and entertainment.

16. Though issues with the lengthy wait for the setup of Universal Credit have been challenging people with established benefits report that their experience of DWP has been positive during this time and the relaxation of sanctions has helped people gain some stability.

The relationship between central Government and local government, and national and local services (question 19)

17. Focussing on prevention is essential, our lead partner, Changing Lives has learned from almost 50 years supporting people who are experiencing homelessness, that crisis interventions do not break the cycle of homelessness. Access to preventative, strengths-based services at an earlier stage allows us to support people at risk of rough sleeping earlier and ensure homelessness is only a brief transitional period, not a life sentence. Funding has been lost over the past ten years, and needs to be replaced to provide local authorities with vital resources to focus on prevention and shifting the system that can trap people in homelessness long term.

18. Some of the interventions put in place during the pandemic that were focussed on mitigating harm, moving people into places of safety and spaces to physically distance were essential interventions and for some people they have found some stability during this period. Some of the impacts of Covid-19 may not be seen immediately, for example it will take some time for us to see the full picture of drug related deaths during this time, and to understand the risk factors as we move out of lockdown. Although accommodation projects report fewer drug related deaths at this point other services are indicating a rise in drug related incidents, we will not understand this picture fully for some time as there can be delays in reporting, particularly around causes of death. To this end we urge caution about the temptation that might exist not to restore some things that were lost during the pandemic as having been seen to have been managed without during this time. Transition plans out of lockdown need to account for complexity and be responsive to a changing landscape.

Role of the private sector, charities, volunteers and community groups (questions 20, 21)

19. The voluntary and community sector have played a vital role in providing an urgent response, demand management and connecting people to resources during the pandemic, they are delivering public services, not just working alongside public services. As people talk of exit strategies out of lockdown we are thinking less about exit and more about how we adapt in the future.

---

[i] https://lankellychase.org.uk/resources/publications/hard-edges/