

# Supporting people facing multiple disadvantage through the covid 19 crisis



## Quick overview

The global Covid 19 pandemic and the government emergency response measures, as set out in the Coronavirus Act 2020, has given Local Authorities greater powers to impose social distancing measures and imposed new duties on them to provide emergency accommodation (with new emergency budgets in place to support this) for people at high risk of catching the virus. For people facing multiple disadvantage, and the services that are supporting them, this has posed a unique set of challenges for how we respond to this emergency and support people through this time.

At the same time, with social distancing measures in place, many established support services have had to reduce their operations, temporarily closing their sites, introducing staff home working and placing restrictions on 'outreach' support.

In response, many support services for people facing multiple disadvantage have gradually moved to remote forms of support, including appointments and welfare checks via telephone calls or further support activities via online platforms.

Inspiring Change Manchester has also had to change the way it operates in line with these measures and the policies put in place by the partner organisations. This has included temporarily closing the ICM Hub, moving towards remote 'home-working' and a temporary suspension of face-to-face meet ups.

These measures, together with localised responses, have naturally disrupted individual's support networks, including contact with support workers, family, friends and wider peer groups.

At the same time, ICM, together with partner agencies, have been able to co-ordinate emergency responses using the 'GM-Think' database (a GM wide database that helps services to support people facing multiple disadvantage). A temporary section was created on the system to help record where people may be at risk of contracting or spreading covid 19 so that organisations could support them to self-isolate.

This research reflects some of the further learning from ICM over this time to consider how we have responded to the emergency measures, what impact we have seen on the ICM Members we have been supporting and what learning we can take forward from this time.

## What we did?

To help us build our learning we compiled an ICM Members survey (appendix A) for ICM Staff to complete with Members they were supporting. The questions were devised so that they could be adapted depending upon the conversation being had. As time was short and other concerns were given priority it was important for us to remain adaptable to the situation and reduce research fatigue.

We also held a series of focus groups and interviews (via Skype) with ICM staff to gather their views on how we have adapted to this situation, what challenges that we have collectively faced and where next for the project (appendix B).

## Section A – Day-to-day support

### How we have tried to keep connected with ICM Members during the covid-19 response measures

- ▶ Staff and Peer Mentors have had to adapt to the new measures and policies being put in place, finding ways to stay connected to people they are supporting without being able to offer face to face support, including home visits.
- ▶ Virtual engagement has been the priority using telephone or video calls to stay in touch with Members. Some ICM Members have been purchased Smart Phones via the ICM flexible fund when they had no other means of staying in contact.
- ▶ Staff and Peer Mentors spoke that ICM Members have become, in many cases, more contactable as the response measures were put in place. Conversations were said to have become longer, deeper and often more meaningful as ICM Members were looking to keep their existing social connections.
- ▶ Increased time to reflect on the challenges people are facing and more time to engage in meaningful conversations proved invaluable but it was recognised that this was an unusual period that was unlikely to last as measures were lifted
- ▶ Staff took advantage of Social media using various platforms (WhatsApp, Facebook, Zoom and Skype) to stay in touch. This has been used to help run group sessions (Art and Wellbeing groups, Women's Voices Group, Book clubs, Member quizzes etc.)

▶ Training and support for using phones, videos and social media has been offered for those that need it. Challenges were obviously posed by doing this virtually but overall staff felt that most Members were able to make use of new phones and social media websites

▶ Not all ICM Members have access to the internet or mobile phones. A 'technological divide' was highlighted where many members either don't have access to the needed technology or are not confident in using it. This could be challenging, where, for example, people were moving into emergency accommodation and did not have access to the internet.

### How we have overcome the challenges in doing this eg. *People not being contactable*

▶ Use of flexible fund has helped to bridge some of the divide between services and people accessing them. Purchasing phones, tablets, art equipment etc. has helped people to stay in touch, in some cases increasing contact with Engagement Workers and Peer Mentors.

The ICM Flexible Fund is designed to enable people to overcome barriers to engaging in services and move towards sustainable personal outcomes. It allows individuals to access a service or purchase items they may otherwise not be offered or find affordable in mainstream services. It forms a fundamental part of offering person-centred approaches.

### How have ICM Members been supported to get access to basic provisions (if needed) such as food, money, toiletries etc.

▶ Community support groups have been invaluable in helping provide local welfare. For example, food parcel schemes were supplied across Manchester by Barakah Food Aid, Lifeshare, Reach out to the Community and the Mustard Tree. Gradually the Local Authority began to implement their own food parcel scheme and this is where staff referred people to.

## How we have been helping ICM Members to occupy their time during the covid19 response measures

▶ A range of activities have been used to try and support ICM Members to occupy their time. Using the ICM flexible fund staff have purchased ICM Members Smart Phones, Tablets, art equipment, games consoles, Firesticks etc.

▶ Activities have included online art and well being groups, 'book clubs' (see next page), quizzes, photo competitions, joint fitness classes etc. ICM Members were asked what would work for them and so ICM Staff and Peer Mentors adapted to these (see below).

Amanda, an ICM Engagement Worker, does an online fitness video with one of the ICM Members as they missed going to the gym and this was having an effect on their mental health. Every week Amanda now does a 20 minute exercise video with her member and calls it the highlight of her week

Gareth, an ICM GROW Trainee, helped set-up a book club with ICM Members he was supporting. He sent out books to each of the ICM Members and every week they have an online catch-up to discuss what they had read and share thoughts and ideas. It's proved a valuable space for people to explore common interests

## Moving forward

The use of telecoms and social media platforms have been invaluable in staying connected with ICM Members. Using the ICM flexible fund to help purchase phones, art equipment and tablets for ICM Members as well as having staff and volunteers on hand to support in using them, helped to smooth the process over. Extending the spaces we use to engage with people facing multiple disadvantage, away from single site locations, and making use of online resources, can give people greater choice and control over how they are being engaged

Bridging the 'technological divide' has helped people to engage with ICM – Using the flexible fund has proven invaluable in this as it helps get basic resources, such as Smart Phones and Tablets, into people's hands. Moving forward, bridging the

technological divide through personalised budgets and resource allocation can help people to engage further in support.

## Section B – Health and Well-being

### Changes we have seen in individuals' personal well-being as a result of the covid 19 response measures

▶ Staff acknowledged that there had been mixed changes in people's personal well-being over this time.

▶ Some ICM Members have struggled as their existing support networks had been severely disrupted and services began to reduce their operations. Others acknowledged that this period had helped some ICM Members as many had reduced their substance use due to limited movement and changes in the illicit substances market.

▶ Boredom and isolation are key factors in people relapsing in recovery from addiction and mental ill health. There were some concerns that as the measures continued the risk of these would increase despite attempts by ICM Staff and Volunteers to alleviate them

### Changes we have seen in how ICM Members access Mental Health Support? (for this we are talking about community-based mental health support)

▶ ICM Mental Health Support is provided by Self-Help Services who have provided over the phone appointments and support during this time. It was acknowledged that this support has become more therapy-based as people have adapted to the new measures. In addition, they set up an online Arts and Well Being Group (see below) that now meets once a week.

▶ Staff felt that day-to-day engagement had increased during this time as many people felt more comfortable having phone support than on-site appointments.

Broader recognition that this may work in the short-term but longer-term may not address underlying mental health and anxiety challenges.

▶ Community Mental Health Support has largely moved to virtual engagement including telephone appointments and online support. A range of online options are now being considered to continue to support people over this time that helps people to engage in Arts-based therapy and Self-help therapy

▶ Concerns that a lack of face to face time might mean that significant 'cues' are being missed and closer assessments of people's welfare can't be made. It was recognised that this would be monitored moving forward, with adaptations in place

Dylan, the ICM Mental Health Support Worker, managed to continue the existing ICM Art and Well Being Group by taking it online. Working with the existing Members of the group, they set-up a weekly Zoom call and then used the Flickr platform to share images of the work done by the group. The use of online platforms is now being considered across the city to continue supporting people facing these challenges, building up a new network that gives people more options as to how they access support

### Changes we have seen in how people are accessing drug and alcohol treatment services?

▶ Drug and Alcohol treatment services have had to reduce their operations including temporarily closing their sites and reducing outreach work. Some drug and alcohol treatment services have moved staff into emergency accommodation to continue to support ICM Members in line with government distancing guidance

▶ View from Staff was that ICM Members were more likely to access drug and alcohol treatment services during this time as they had reduced their usage (with disruptions in the supply). It was reported that a number of people had expressed that they wanted to access treatment now which they hadn't previously considered

▶ In some cases, ICM Members have disengaged from drug and alcohol treatment, where, for example, they were unable to access support in the usual manner (for example, at site locations).

## Challenges people have faced in accessing medication (including OST's)

▶ ICM Members have been entrusted to access their medication with prescriptions being given out on longer-term basis. Where it was being prescribed, opiate substitution therapy (OSTs) were also still being accessed by ICM Members.

▶ Pharmacies and GPs have been more flexible in their approaches to supporting ICM Members. Medication reviews, where needed, have been completed by phone which has meant that ICM Members have not had to attend on-site appointments

## Moving Forward

Giving ICM Members further options for accessing health and well-being support, through, for example, phone appointments and online support has proven to be valuable in helping people to engage with existing support networks. Developing on person-centred approaches, giving people more options for how they could access support (away from on-site appointments), can give people facing multiple disadvantage more control in how they access support, proving to be useful for people who may face significant barriers in accessing certain locations.

## Section C – Helping people to stay safe during covid-19

### How we have helped people to stay safe during the covid 19 response measures

▶ For many ICM Members, more immediate safety concerns were likely to overlay fears about covid 19. Fears about withdrawal, isolation or further health concerns, meant some ICM Members were willing to continue to socialise as normal

▶ Personal experiences of trauma, history of institutions, and systemic disadvantage (such as personal poverty) can make it difficult for ICM Members to fully assess and understand personal risks to themselves and others by not adhering to covid 19 response measures.

▶ At the same time it was also recognised that there were many in the general population who would not always adhere to covid 19 response measures so there

are risks about making personal judgements or 'social othering' people facing multiple disadvantage

▶ Staff worked closely with ICM Members to explain the new measures that were being put in place, encouraging Members to stay at home so as not to risk either catching or spreading the virus.

▶ ICM Members were supported and encouraged to stay in the emergency accommodation where no other accommodation was available. Staff acknowledged that some ICM Members were evicted from this accommodation as they struggled to adhere to the rules and regulations in place

▶ Safeguarding ICM Members continued to be a primary concern for the project. ICM Staff continued to complete Safety Plans and make both safeguarding referrals and report welfare concerns where it was felt it was needed (in line with the Care Act 2014).

▶ Having no face to face contact or home visits was raised as a concern because it could provide a useful means for assessing the personal well-being and potential risk of harm that someone may be facing. Staff acknowledged that as the measures began to lift it was likely that new information would come to life that would raise safeguarding concerns.

## Section D – Well-being of ICM Staff and Volunteers

### Ways in which staff and volunteers have had to face the challenge of covid 19

▶ Staff have expressed that this has been a personally challenging experience and having to continue to support ICM Members whilst facing the wider anxieties of covid 19 has tested individuals' personal resilience and abilities

▶ Staff and volunteers with additional care responsibilities away from their roles (family members and friends) expressed the emotional challenge of continuing to support people through this time whilst facing emotional challenges at home. As staff and volunteers emotional energy was redirected towards their personal lives, they

expressed that it could be difficult to then expend their emotional reserves at work in a challenging environment

- ▶ Staff and volunteer isolation was also highlighted as challenging during this time with some people reporting the difficult emotional impact of having time alone.

- ▶ Staff expressed fears about the future and some anxiety at having to return to work at an uncertain time. Understanding about how roles could work with social distancing measures in place was expressed as a main concern and could impact the success of the project moving forward

### How we have supported staff and volunteers during this time

- ▶ ICM has been exploring the role of psychologically informed environments (PIEs) during the course of the project and this has helped during this time as staff welfare has been paramount across delivery.

- ▶ All staff and volunteers have regular check-ins with their Line Managers, ensuring they feel supported during this time.

- ▶ The use of reflective practice, provided by a trained practitioner, was highly valued by staff during this time. Reflective practice sessions take place once a month with staff given the opportunity to explore their feelings in relation to their roles and search for solutions to common problems

- ▶ Staff and volunteers were encouraged to participate in various online meet-ups, including group meditations, quizzes, virtual coffee breaks, WhatsApp groups. Staff and volunteers expressed that this helped to break the 'routine' of social isolation, keeping in touch with peers during an emotionally challenging time.

### Moving forward

Adopting the principles of PIEs has helped staff to adapt to the challenges presented by the covid 19 response measures. The use of reflective practice, giving space for staff to explore their emotions and personal feelings, has helped staff to draw through their personal strengths and resilience during this time. Building PIE within services should also factor in the role and personal welfare of staff as this will support in creating the right environments for people to thrive.

## Overall summary and moving forward

The covid 19 response measures have presented significant challenges to organisations and services that support people facing multiple disadvantage, not to mention the people themselves. As these response measures are gradually lifted, it is important that learning is taken from this period to help people transition out of this time. Developing learning from our project, there are areas that could and should be explored that will support people to make this transition. This includes:

- ▶ The use of personalised budgets and flexible funds can help people to make transitions between accommodation by purchasing basic necessities (such as food, furniture etc.) and items that help people to stay connected to their support networks – such as phones, tablets and internet connection
- ▶ Greater use of ‘virtual support’ (online resources and telephone support) can help people to stay connected to existing support (mental health support, addiction and treatment) where they are facing transition out of the existing covid 19 response measures (such as leaving emergency accommodation)
- ▶ Developing PIE approaches, including the use of reflective practice, can help staff to deal with challenges posed by this transition. As staff begin to return to working in the community and have to support people to transition out of this period, their personal well-being will remain crucial in offering person-centred support to people during this time

## Appendix A

### Questions for ICM Members

Chances are you will probably talk to people about these when you have your check-ins so may not be any need for these specific questions – but it just helps to understand where things have been going well for people, what has been challenging and hopes for the future.

- What has been working well for you at the moment?
- What have you found a lot easier during this time?
- What have you found challenging?
- What have you learnt about yourself during this time? (inner strengths and abilities you have found)
- What things could we be doing that can make this time easier for yourself?
- Once this is all over, what do you hope will change that might help you move forward?

Feel free to adapt depending upon situation/member you are supporting.

## Appendix B

# ICM Survey

The impacts of covid-19 safety measures for ICM Members and Staff.

We are trying to take some learning from this period where covid-19 safety measures are in place. It has been a challenging time and we have all been affected by the current situation but we want to understand what we have been doing to support people during this time, what good practices we've developed (and so should keep) and what impact covid-19 may have had on people we are supporting (for better or worse).

## Section A – Day-to-day support

1. How have we tried to keep connected with ICM Members during the covid-19 response measures (social distancing)? *(things that we've done away from the norm)*

2. How have you overcome any challenges you have faced in doing this?  
*eg. People not being contactable*

3. How have ICM Members been supported to get access to basic provisions (if needed) such as food, money, toiletries etc.

Food and toiletries through food parcel referrals. Money the usual way.

4. How have we been helping ICM Members to occupy their time during the covid19 response measures?

## Section B – Health and Well-being

5. What potential changes have we seen in individuals' personal well-being as a result of the covid 19 response measures? (these can be for better or worse)

6. What changes have we seen in how ICM Members access Mental Health Support? (for this we are talking about community-based mental health support)

7. What changes have we seen in how people are accessing drug and alcohol treatment services?

8. For people who were taking medication (including OST's) have there been any challenges in accessing them, and if so, how have we helped people overcome them?

## Section C – Safeguarding

9. In general, how have the covid 19 response measures affected people's personal safety?

10. Has it increased or decreased (or both) people's personal risk of harm?

11. How have we attempted to support people through this and reduce any potential harm people may come to as a result of the covid 19 response measures?

## Section D – Accommodation

How have we attempted to support people in emergency or temporary accommodation d

