Learning from the Crisis

Reflections two years on from the start of the COVID-19 pandemic

Evaluation of Fulfilling Lives:
Supporting people experiencing
multiple disadvantage

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Acknowledgements

This report is a follow-up to our <u>initial rapid assessment of the challenges and opportunities presented by the COVID-19 pandemic</u> that was published in July 2020. It draws on evidence and experiences from the Fulfilling Lives programme to assess the impacts of the pandemic on support for people experiencing multiple disadvantage and considers what can be learnt to inform public service systems.

Since 2014, the Fulfilling Lives programme has supported over 4,000 people experiencing multiple forms of disadvantage, including homelessness, alcohol and substance misuse, re-offending, mental ill health and domestic violence.

The report will be of interest to those involved in funding, designing and delivering services and support to people affected by multiple disadvantage. This includes:

— Service managers, commissioners and policymakers working in health and social care, homelessness/housing services, the criminal justice system and drug and alcohol services.

— Fulfilling Lives partnerships, Making Every Adult Matter (MEAM) approach areas and Changing Futures areas.

— System change programme funders, including the Department of Levelling Up, Housing and Communities and The National Lottery Community Fund.

Key messages

The COVID-19 crisis led to some major changes in the way services and support are provided to people experiencing multiple disadvantage. The immediate and ongoing response to the global crisis demonstrated that different ways of working could be put in place to ensure a quicker, more flexible response to the needs of this group. In this follow-up to our initial report, we consider the longer-term impacts of changes adopted as a result of the pandemic and the mechanisms by which positive change has been achieved.

What changed and what was the impact?

Everyone In – the emergency initiative to ensure people sleeping rough were safely accommodated to protect them from the risks of COVID-19[1] – demonstrates that, with the necessary funding, political will and sense of urgency, people experiencing rough sleeping can be accommodated. Data on Fulfilling Lives beneficiaries indicates a reduction in rough sleeping over the course of the pandemic; however, it is difficult to disentangle the impact of the pandemic from the impact of the programme, which was drawing to a close in many areas at the time. Emergency accommodation did not work for everyone, and people continued to sleep rough during the pandemic.

The positive experience does appear to have motivated a more coordinated and longer-term response to homelessness in Fulfilling Lives areas, with multi-agency groups that came together to work on Everyone In maintaining these new relationships to support people. However, the reduction in rough sleeping among Fulfilling Lives beneficiaries does not appear to have been converted to large numbers of people moving on into more settled accommodation in the longer term. Challenges remain in supporting people into appropriate and affordable permanent accommodation.

The pandemic prompted an increase in substance misuse harm-reduction strategies, including greater flexibility in the administration of opioid substitution therapy (OST). Partnerships and people with lived experience indicate that this has resulted in greater engagement, with people feeling

trusted and empowered. However, services in some areas are gradually reverting to pre-COVID practices. Given the reported benefits of greater flexibility, further research is needed to determine the impact and safety of changes in practice.

Levels of need, risk and self-reliance of people supported by the Fulfilling Lives programme showed little change during the pandemic in 2020 compared to the previous year. Any changes appear to be a continuation of broader trends. Partnerships tell us anecdotally that, while some people have thrived, others have really struggled with isolation and lack of in-person contact. However, it could be seen as a positive reflection on the support provided that there has not been an overall worsening of beneficiary outcomes during an extremely difficult time.

Many services, including substance misuse, criminal justice and mental health, moved to using remote means of contact and support. For some this offers a more appealing and easier way to engage. However, remote access does not work for all. It is imperative that flexibility and choice are offered to people experiencing multiple disadvantage to ensure their continued engagement with support. Blended and flexible approaches combining online, in-person and outreach support have been welcomed, and it is important that these continue. Yet there is concern among Fulfilling Lives partnerships that growth in demand for both substance misuse and mental health services generally will mean that people experiencing multiple disadvantage cannot get the tailored help they need.

What helped to create change?

The initial stages of the COVID-19 pandemic in March 2020 in particular required an urgent and coordinated response. This meant organisations across the statutory and voluntary sectors had to work together to curb the spread of the virus and support vulnerable people. Processes for distributing funding and providing support had to be sped up, instigating greater flexibility in local systems and ways of working. There was a shift in perceptions of risk, with the danger of COVID exceeding other factors – this allowed for more innovative approaches to be tried.

Multi-agency groups have been crucial in responding to the challenges of the pandemic in a coordinated and rapid way. Many of the groups set up to coordinate the initial crisis response have continued to play a role in supporting people affected by multiple disadvantage. Cross-sector collaboration has also been aided by improved information sharing. The voluntary sector was called upon to support and coordinate the public health response to the crisis and as a result, new relationships have been formed (and existing relationships strengthened) between the statutory and voluntary sectors that will support future collaboration.

Fulfilling Lives partnerships see the pandemic as having raised awareness of multiple disadvantage and changing peoples' perspectives. This has helped to get more people engaged in improving the system of services and support. The key role played by the voluntary and community sector in providing emergency support and expert advice and guidance has helped to raise their profile. Partnerships report increased demand for their training and new relationships as a result.

Context

The COVID-19 crisis led to major changes in the way services and support are provided for people experiencing multiple disadvantage. In response to the public health risks posed by the virus, the UK went into a lockdown on 23rd March 2020 that lasted for three months in most areas. Following a summer of eased restrictions, a further two lockdowns were imposed between November 2020 and March 2021.[2] Lockdowns meant strict limits on face-to-face contact, which had a significant impact on the way support services could operate.

Changes were necessary, and as a result there was rapid movement on issues that Fulfilling Lives partnerships had been working towards for some time. The immediate and ongoing response to the COVID-19 pandemic demonstrated that different ways of working could be put in place to ensure a quicker, more flexible response to the needs of people experiencing multiple disadvantage. However, it is also clear that this was a challenging time for both service providers and the users of those services. The crisis therefore provides a unique opportunity to learn from some of the changes that might not otherwise have been implemented.

In early July 2020, the Fulfilling Lives national evaluation published a report[3] gathering information on the immediate changes to support and services in response to the pandemic that partnerships had implemented, contributed to or observed. It was a rapid and fairly light-touch piece of work. There was a plethora of other reports at the time (including from MEAM[4] and the National Expert Citizens Group[5]), all identifying positive changes brought about by the crisis and opportunities to embed these in future practice. In this follow-up study we draw on wider evidence, including longitudinal data on people supported by the programme, to consider the impacts of changes instigated as a result of the pandemic. We also examine the extent to which these changes have been adopted more widely and the mechanisms by which positive change has been achieved, or if there has been a return to pre-pandemic practice.

Homelessness and housing support

The emergency response and impact

The 'Everyone In' initiative provided emergency accommodation to people who were sleeping rough or in accommodation where it was difficult to self-isolate (such as shelters).[6] Hotels and other ensuite accommodation, suddenly empty because of the pandemic, were used to ensure that people experiencing homelessness were protected from catching and spreading COVID-19. By the end of November 2020, more than 33,000 people had been helped to find accommodation under the Everyone In scheme.[7] This rapid, national and coordinated response to housing large numbers of people, many of whom had not previously been able to access support, is seen by Fulfilling Lives partnerships as a major achievement. **Everyone In demonstrates that, with the necessary funding, political will and sense of urgency, rough sleepers can be accommodated.** However, it also highlights the gap in appropriate accommodation, which was only met on this occasion by the availability of empty hotels.

Other evidence also demonstrates wider successes of the emergency response; in England and Wales, approximately 50,000 deaths involving COVID-19 had been registered by 26th June 2020, and only 16 of these were identified as people who were homeless.[8] It has been estimated that preventative measures might have avoided around 21,000 infections and over 250 deaths in the homeless population in the first two months of the pandemic in England alone.[9]

Hotel accommodation was used in many of these cases, and so the quality of the environment was high (often with private facilities), with the staff being used to providing a customer-focused experience for residents. In some cases this had a positive impact on people's wellbeing and raised awareness of the importance of accommodation quality in engaging rough sleepers. Support, including in some cases food and activities, was provided to those in emergency accommodation, with different services able to visit large numbers of people in one place to, for example, undertake health checks.[10] In Fulfilling Lives areas, partnerships argue that the networks they have helped establish over the last seven years supported the rapid deployment

Rough sleeping reduced among people on the Fulfilling Lives programme during the pandemic

of essential services to hotels. For example, already having a network of GPs who work with and understand the needs of people experiencing multiple disadvantage made the process of providing GP support to people in hotels easier.

Data on Fulfilling Lives beneficiaries indicates a reduction in rough sleeping over the course of the pandemic. Across all people being supported by the programme, there was a reduction in both the time people spent rough sleeping and the proportion of people who slept rough between the first and second quarter of 2020 (Everyone In began at the end of the first quarter on 26th March). There was also a large increase in people staying in temporary accommodation at the same time. This reflects the large movement of people into emergency accommodation that was taking place at the time (see Figures 1 to 6 on pages 11–13 and Table 2 on page 58).

There can be a seasonal dimension to rough sleeping, so Figures 1 and 2 on page 11 compare rough sleeping levels between the same quarters in 2019 and 2020. Here we also see substantial reductions in *time* spent rough sleeping in 2020 compared to 2019 (Figure 1), although the differences are less stark when it comes to the proportion of *people* rough sleeping (Figure 2). However, as Figures 3 and 4 suggest, these reductions may be part of an overall downward trend in rough sleeping among Fulfilling Lives beneficiaries that was evident even before the pandemic.

Comparing rough sleeping levels for a consistent group of people over time, we also see statistically significant reductions in the proportion of time spent rough sleeping in 2020 compared to 2019 (see Table 4, pages 59–61). New beneficiaries joining the programme from April 2020 onwards were less likely to be rough sleeping compared to those who joined in the previous year (see Table 1, page 57). This may be in part due to the pandemic but might also be linked to there being more women joining the programme during this year. **Overall, it is difficult to disentangle the impact of the programme from the effects of the pandemic.** This is further complicated by the fact the Fulfilling Lives programme was beginning to draw to a close in several areas when the pandemic started.

Figure 1: Average percent of nights per quarter spent rough sleeping – comparison between 2019 and 2020

n = 396 - 1,078

Percent

- 2019
- 2020

Jan–Mar   Apr–Jun   Jul–Sep   Oct–Dec
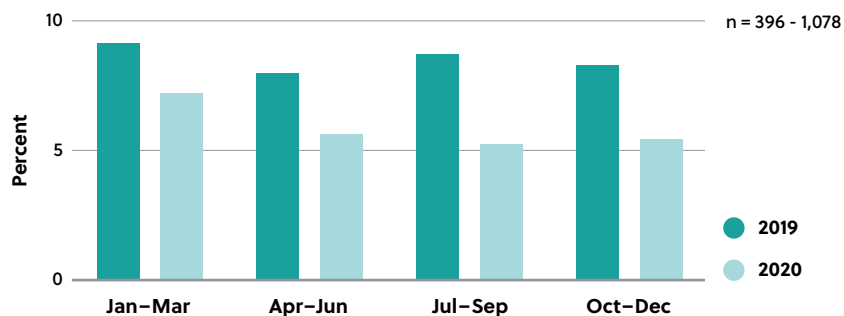
Figure 2: Percentage of people rough sleeping – comparison between 2019 and 2020

n = 396 - 1,078

Percent

- 2019
- 2020

Jan–Mar   Apr–Jun   Jul–Sep   Oct–Dec
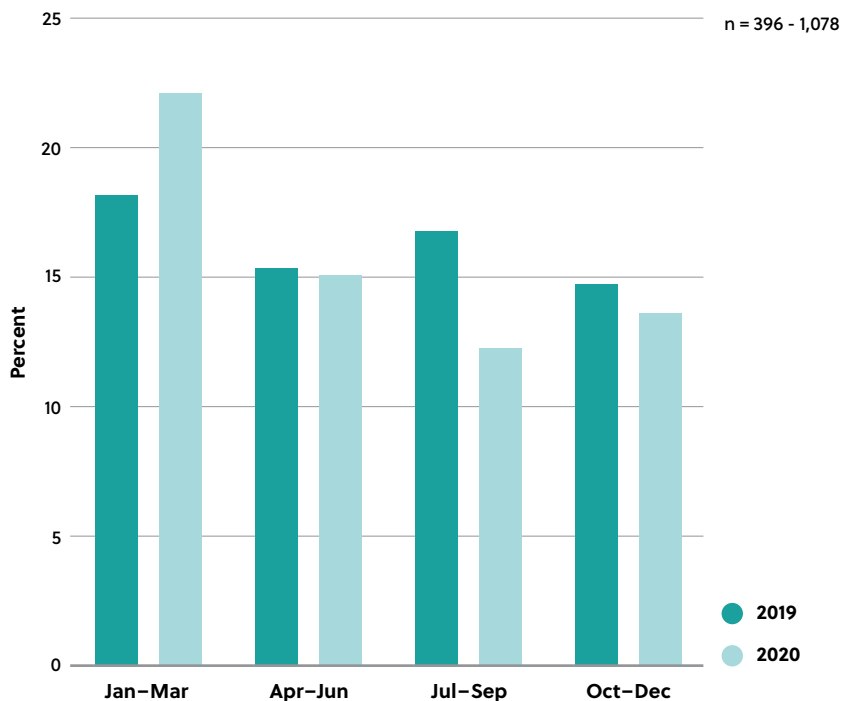
Figure 3: Average percent of nights per quarter spent rough sleeping

n = 396 - 1,078

Everyone In begins
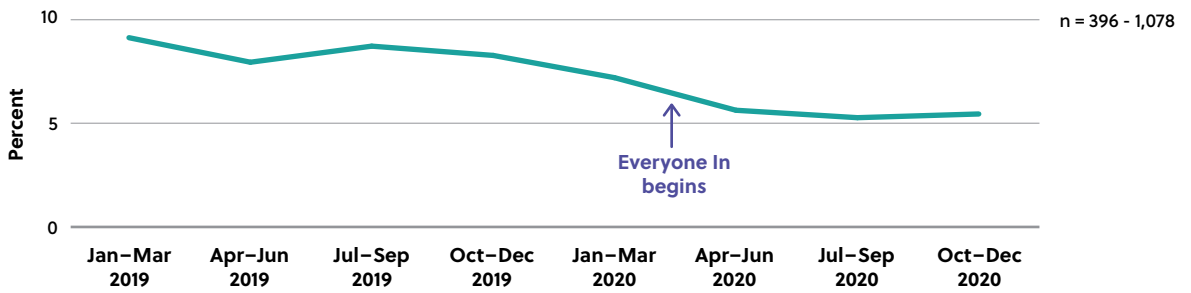
Figure 4: Percentage of people rough sleeping

n = 396 - 1,078

Everyone In begins
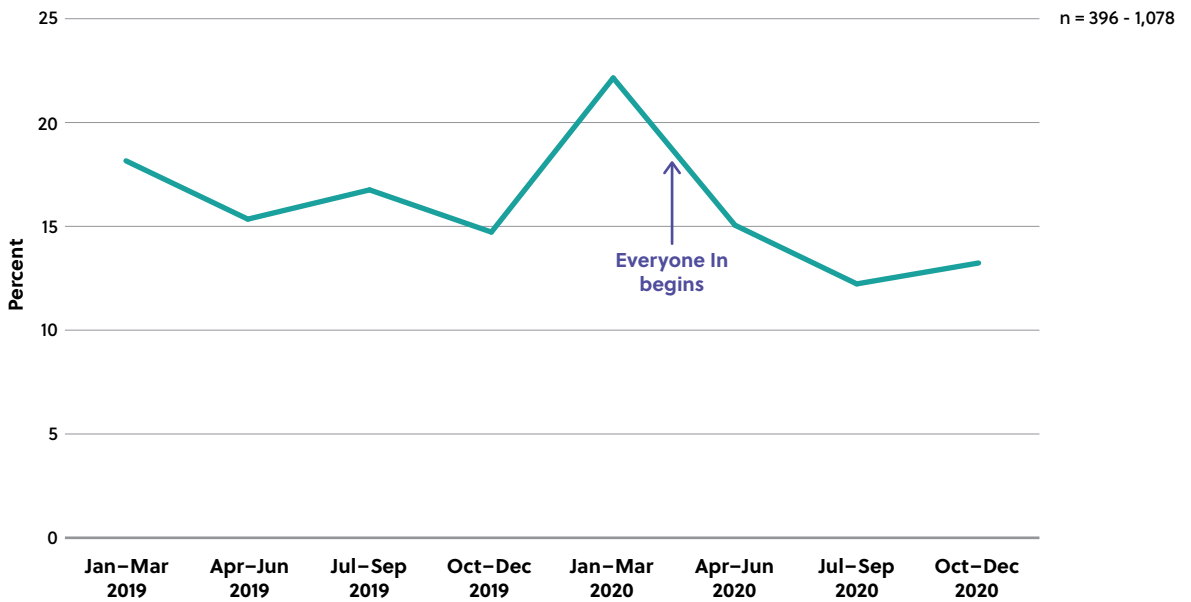
Figure 5: Average percent of nights per quarter spent in temporary accommodation – comparison between 2019 and 2020

n = 396 - 1,078

Percent

15

10

5

0

Jan–Mar   Apr–Jun   Jul–Sep   Oct–Dec
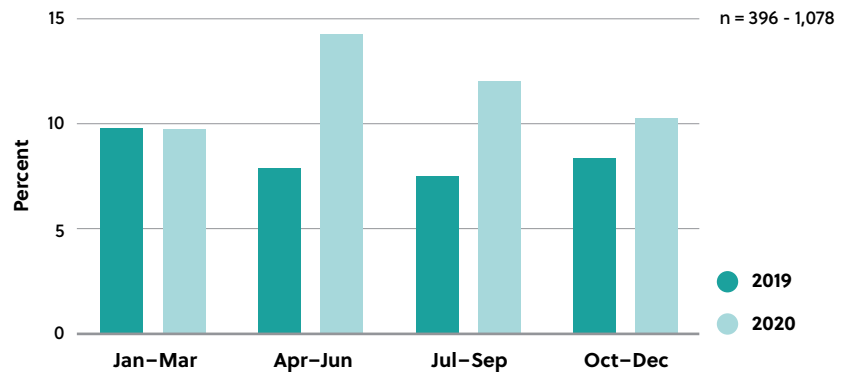
● 2019
● 2020

Figure 6: Percentage of people in temporary accommodation – comparison between 2019 and 2020

n = 396 - 1,078

Percent

25

20

15

10

5

0

Jan–Mar   Apr–Jun   Jul–Sep   Oct–Dec

● 2019
● 2020
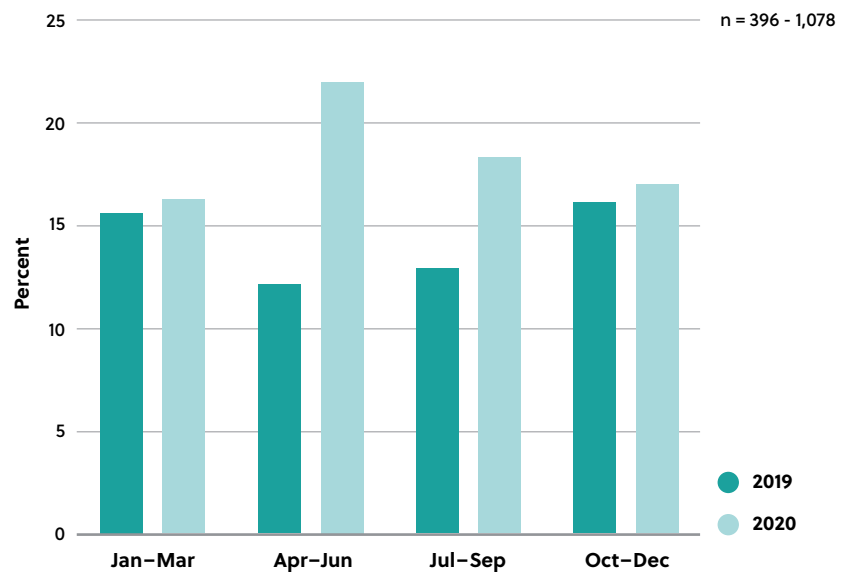
What is clear is that, **despite the success of Everyone In, some people still spent at least some time rough sleeping during the pandemic.** New beneficiaries who were rough sleeping continued to join Fulfilling Lives in 2020. National evidence also supports this, with a continued flow of rough sleepers onto the streets over the summer and autumn of 2020.[11] Everyone In did not work for everyone – some people refused offers of hotel accommodation and others were evicted, while some temporary and emergency accommodation proved unsuitable. Opportunity Nottingham reported that a quarter of guests were excluded from hotels, often due to substance misuse, and that Everyone In was less successful for guests with higher support needs.[12]

There was a ban on bailiff-enforced evictions, introduced during the initial emergency, which lasted until May 2021. This allowed Fulfilling Lives staff to work through issues rather than see beneficiaries punished with eviction. However, some partnerships reported that evictions were continuing despite being discouraged.[13] And Fulfilling Lives beneficiaries were no less likely to be evicted in the second to fourth quarters of 2020 compared to the first (see Tables 6 to 8 on pages 65–67).

Longer-term effects

In May 2020, local authorities were asked to develop plans to move people on from emergency accommodation. In some Fulfilling Lives areas, rapid rehousing continued beyond the emergency crisis period, with local authorities working flexibly to source appropriate accommodation in a way that had not occurred prior to the pandemic. Some councils took steps to resettle all those who had been sheltered as part of Everyone In.

The positive experience of Everyone In appears to have motivated a more coordinated, longer-term response to homelessness in Fulfilling Lives areas. Multi-agency groups that formed to implement the initiative provided a space for stakeholders to come together in a way that they had not previously. These groups have in some cases continued, either as a homelessness-specific group or a wider team, to work together to support people experiencing multiple disadvantage – see the Opportunity Nottingham case study on page 33.
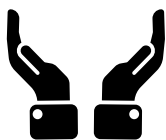
Local agencies better recognise the value of wraparound support

The provision of wraparound support for people in emergency accommodation is reported by partnerships to have prompted a recognition by local agencies of the importance of preparing and supporting people to make the transition into more settled accommodation. As we set out in our recent report, More than a Roof,[14] simply providing accommodation is not enough to ensure people remain housed.

However, data on Fulfilling Lives beneficiaries suggests **the reduction in rough sleeping has not been converted into large numbers of people moving on into more settled accommodation in the longer term.** As Figures 1 to 4 illustrate, lower levels of rough sleeping continued into quarters 3 and 4 of 2020. Looking at everyone on the Fulfilling Lives programme, we see a small increase in the proportion of people spending time in their own private rented tenancies throughout most of 2020 compared to 2019 (Figure 7), although this was evident before the start of Everyone In. However, there is no similar change in the proportion of people in social housing tenancies (Figure 8). When we look at a consistent group of people over time (see Table 4 on page 59) we only see a significant increase in time spent in social housing tenancies, and only in quarter 2 of 2020 compared to 2019. Long-term accommodation options have not improved and Fulfilling Lives areas still face the problem of a shortage of appropriate and affordable housing for beneficiaries, with particular challenges in appropriately accommodating women.

Partnership staff are also concerned about the impact of the ending of the eviction ban. Some people have fallen even further into rent arrears during the pandemic, and there is a general concern that this will lead to evictions that have been delayed during the pandemic, leading to a large number of people requiring homelessness support at the same time.

Figure 7: Percentage of people in their own private rented tenancy – comparison between 2019 and 2020
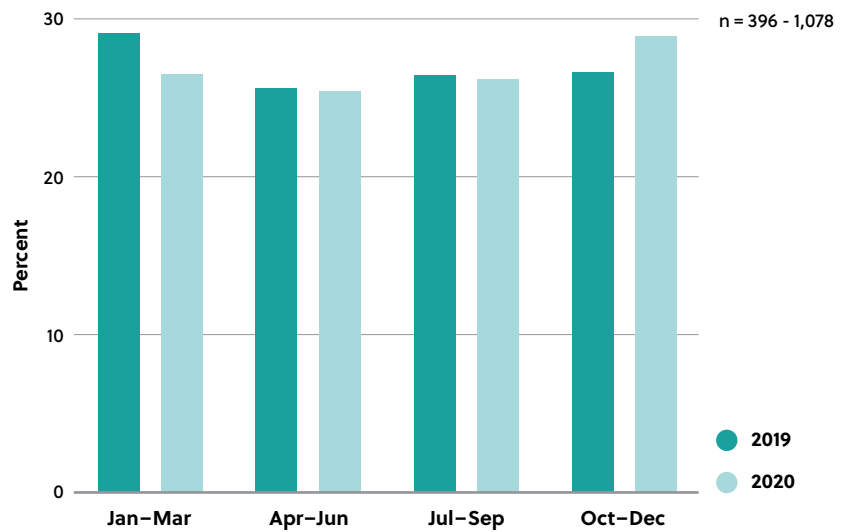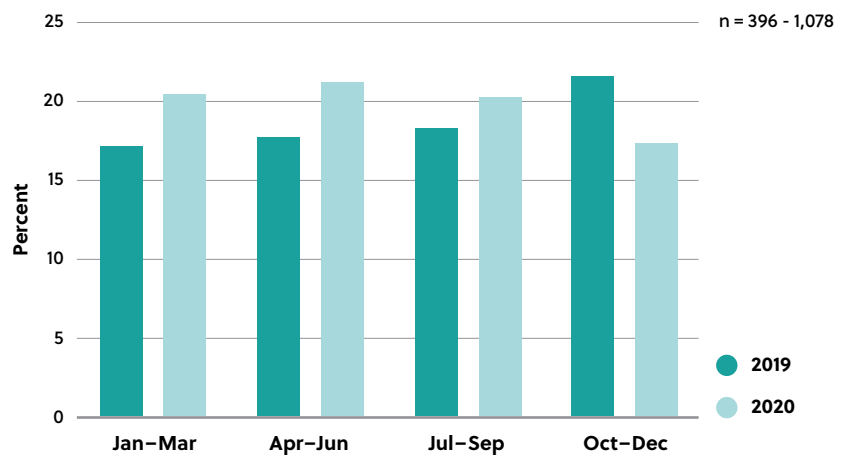
n = 396 - 1,078

Figure 8: Percentage of people in their own social housing tenancy – comparison between 2019 and 2020

n = 396 - 1,078

Alcohol and substance misuse

The emergency response and impact

The COVID-19 pandemic prompted an increase in harm-reduction strategies, particularly to protect homeless people, who were identified as exceptionally vulnerable to the virus. Usual perceptions of risk were challenged by the crisis and new ways of working had to be rapidly developed. This resulted in approaches that would otherwise have been viewed as too high risk – see the example of a home detox programme on page 18.

A major change was greater flexibility in access to opioid substitution therapy (OST).[15] Speed of assessment and prescribing substantially improved, with prescriptions issued for longer time periods and supervised consumption was often no longer required. This is said by partnerships to have resulted in greater engagement in treatment, with people experiencing multiple disadvantage reporting that they felt trusted and empowered as a result.

Prescribing opiate substitutions in larger doses to avoid the need for daily supervised consumption creates a potential overdose risk. Official drug-related death data shows an increase in 2020 compared to 2019 (including an increase in deaths involving methadone), but this reflects a general year-on-year increase over the past eight years.[16] Furthermore, delays in death registrations may mean that many of the 2020 registered deaths will likely have occurred before the pandemic, so this data cannot be used to accurately assess changes over time (the figures for 2021 may offer more insight when they become available). Anecdotally, Fulfilling Lives partnership staff reported they had not seen a noticeable increase in drug-related deaths in their local area, but data is not yet available to fully understand the impact of the changes in prescribing on drug-related deaths. **Given the benefits reported by people experiencing multiple disadvantage, further detailed research is necessary to determine the impact and safety of changes in prescribing practice.**

Home detox approach in Birmingham

Prior to the pandemic, drug and alcohol services in Birmingham thought that home detox would not work for people experiencing multiple disadvantage. Most of those moderately or very dependent on alcohol were admitted for inpatient medical detox. Lockdown changed this overnight. Change, Grow, Live, a drug and alcohol service and member of the Birmingham Fulfilling Lives partnership's wider network, quickly developed a new home detox service. The service involves an initial telephone assessment by a nurse within days of referral. A personalised plan is put in place. Appropriate medication is sent to a local pharmacy and individuals are provided with a blood pressure machine. Participants are called at least twice a day to monitor their progress. The results are said to be 'impressive', and the organisation plans to continue to offer this option. For people experiencing multiple disadvantage, the familiar surroundings of their own home can be important and better outcomes have resulted.

> We cannot go back now. COVID-19 forced us to be flexible, to adapt and try something new. We've demonstrated it works and aim now to keep it as one of our treatment options.

Read more about the service here.

Given the significant overlap of people who are homeless and have substance misuse issues,[17] it is unsurprising that alcohol and drug misuse was evident in emergency hotel accommodation, and in some cases led to eviction.[18] Public Health England released guidance early in the pandemic on supporting people with drug and alcohol dependence in emergency accommodation. This gave support services the flexibility to purchase alcohol for those who are dependent to reduce the risk of harm from alcohol withdrawal.[19] Clinicians reporting on the implementation of this strategy across London indicated that it allowed professionals to engage with people about their alcohol intake and provide education and advice.[20] The reduced opportunity to obtain income coupled with higher prices of street drugs led to a reduction in known drug use amongst some.[21]

As face-to-face support was not possible, email and telephone contact were used by drug and alcohol services instead. In some cases this meant more frequent contact, which beneficiaries experienced as more personalised.[22] However, for others, particularly those unable to use digital technologies, this meant a reduction in support. Data on Fulfilling Lives beneficiaries does not indicate major changes in engagement with drug and alcohol services. While there was a significant reduction in the proportion of people who had contact with drug and alcohol services in the third quarter of 2020 compared to the same period the previous year (from 53 per cent to 46 per cent), there were no significant differences in the previous quarter or in the average number of interactions with services (see Table 5 on pages 62–63).

Longer-term effects

The extent to which flexibility in substance misuse treatment has been maintained varies across Fulfilling Lives areas. In some areas, services are said to be gradually reverting to pre-COVID practice; in other areas there is hope that flexibility will be maintained and influence the way future drug and alcohol support services are commissioned – see the box on page 20 for an example from one Fulfilling Lives area.

A growth in demand for services generally could mean people experiencing multiple disadvantage fail to get the tailored help needed. In many places, remote appointments continue alongside a return to face-to-face support. Some beneficiaries have engaged more fully as a result – not having to travel to appointments can be more convenient. For others the lack of support has had a detrimental impact on their recovery. The lack of significant change in contacts with drug and alcohol services continues throughout 2020. In contrast, national drug support charities reported an increase in people accessing treatment services in 2020.[23] Fulfilling Lives staff state that already-stretched services are struggling to meet this additional demand in their local areas, with one reporting that agencies have not provided access to group therapies and waiting times for appointments have increased.[24] There is some concern among partnerships that the ability to deliver more appointments remotely and at a lower cost will mean these continue to be used in situations where in-person contact is more appropriate. Women, and those experiencing domestic violence in particular, are considered especially at risk of losing contact with services without personalised support.

Longer-term changes to drug and alcohol services in Islington and Camden

In Islington and Camden, government funding was used to provide two new drug and alcohol services for rough sleepers and those in emergency accommodation, one in each borough, starting in summer 2021. Fulfilling Lives Islington and Camden (FLIC) staff were involved in developing the services, and their experiences of working with this client group helped to shape the offer.

Learning from the early stages of the COVID-19 pandemic was incorporated into the new services. The more flexible and positive risk-taking approach to substance misuse support that was needed in the initial crisis period provided useful evidence as to how alcohol and drug services might be better delivered for rough sleepers. Some clients thrived with less structured prescribing/supervised consumption regimes, and it was clear that people needed to be risk assessed on an individual basis. The new services take a more flexible, outreach and person-centred approach. A doctor supports the outreach work, and assessments and tests can be done in locations more convenient for the client rather than insisting on building-based appointments. There is also a women-specific worker developing gender-informed approaches.

The two projects had their funding extended for a further 12 months and will run to late 2022. In the meantime, drug and alcohol services are currently being recommissioned across Camden, with approaches that worked during the pandemic being incorporated into services in the long term, particularly flexibility in scripting and appointments. The increased attention given to the need for gender-informed approaches during the pandemic has also led to a specialist women's worker being incorporated into the service in an attempt to engage more women and build their trust.

Having drug and alcohol services provided by both voluntary sector providers and the local NHS Trust is said by stakeholders to offer a more balanced approach to risk than might be possible in areas where NHS Trusts are the sole provider. Homelessness services and public health worked together closely in Camden during the pandemic, and stakeholders suggest that this helped strengthen relationships, encouraging a collaborative approach to service commissioning.

Criminal justice system

The emergency response and impact

In line with other sectors, **probation services moved to telephone contact and outreach appointments, which normally involved doorstep visits. This was an easier way of engaging with probation for many,** as it meant conversations happened in a less formal setting and removed the need to travel to a probation office.[25] Flexibility was encouraged where possible across the criminal justice system – HM Courts and Tribunals held remote hearings and provided guidance for supporting people through this process.[26] In some Fulfilling Lives areas it was also reported that there was leniency around recall. In prisons, some low-risk offenders were released to allow additional space for social distancing measures,[27] demonstrating a more considered approach to the risks posed.

Fulfilling Lives staff reflecting on the initial crisis period were most concerned about those in prison.[28] People were isolated in their cells, visits from external workers were limited, and communication between prisons and community services was more difficult.

Longer-term effects

Flexibility from probation services has largely continued despite the return to face-to-face working and Fulfilling Lives staff have welcomed this. Some Fulfilling Lives partnerships report that the remote contact from the crisis period has developed into a more 'blended' approach. Office appointments are only used when absolutely necessary, as phone appointments have proven to be more efficient for check-ins. Some Fulfilling Lives staff say that these are a better way of engaging many beneficiaries. One area reported that home visits have continued in some cases, illustrating an ongoing effort by probation services to connect with clients in the community.

There is evidence of ongoing cross-sector collaboration around prevention that started in the crisis period in many Fulfilling Lives areas. For example, in Blackpool a multi-agency meeting was established to address anti-social behaviour in and around temporary accommodation during Everybody In. This provided extra intelligence about people experiencing multiple disadvantage and led to improved coordination between services. This group has continued to meet after the initial crisis period (along with other multi-agency groups established at the same time).

However, there are also concerns that some of the negative impacts of changes in response to the early stages of the pandemic have also continued, with support in prisons remaining limited. As with other sectors, the move to reducing face-to-face contact has not suited all clients.

> **There was very quickly a realisation that, when we had to, things could be done to support this very vulnerable client group that for years people had been saying were not possible**
>
> **Fulfilling Lives staff member**

Mental health and wellbeing

The emergency response and impact

Services experimented with alternative forms of engagement, and, in line with other sectors, mental health support moved to remote delivery during the initial crisis period. While research from Mind shows that some people engage better this way, the charity also stresses that remote delivery does not work for everyone, including women experiencing domestic violence, young people and those who were seen for the first time virtually without the opportunity for building rapport face-to-face initially.[29] Whilst some beneficiaries already in receipt of mental health support were able to access therapeutic and supportive activities, such as socially distanced outdoor walks,[30] it was also reported that crisis teams were not as responsive as needed.[31]

There has been widespread concern about the impact of the pandemic and lockdowns on people's mental health. National data shows that marginalised groups (including those from disadvantaged backgrounds and/or with substance misuse needs) and those with pre-existing mental health needs were affected more by mental ill health during the pandemic, especially during the first lockdown.[32]

Perhaps surprisingly, Fulfilling Lives beneficiaries' overall levels of need[33] and self-reliance[34] across a range of issues, such as accommodation, health, substance misuse and risk of self-harm, were not substantially different during 2020 compared to the previous year. This is the case when we look at a consistent group of beneficiaries (see Table 4) or at all people on the programme at any one time (Table 3 and Figures 9–11 below). Reports from partnership staff tell us that, while some people thrived on the additional flexibilities and opportunities that the pandemic bought, others really struggled with the isolation and lack of in-person contact. It may be that these two extremes simply cancel each other out in the overall trends. There was a small increase in the overall level of self-reliance in 2020 compared to 2019 (see Figure 10), but this appears to be more a continuation of a trend that was evident before the pandemic and lockdowns, as Figure 11 illustrates. It could be seen as a positive that, overall, there has not been an increase in beneficiary need or a reduction in self-reliance during such a difficult time.

Figure 9: Levels of beneficiary need and risk – comparison between 2019 and 2020

As measured by the NDT assessment, see page 55

n = 396 - 1,078
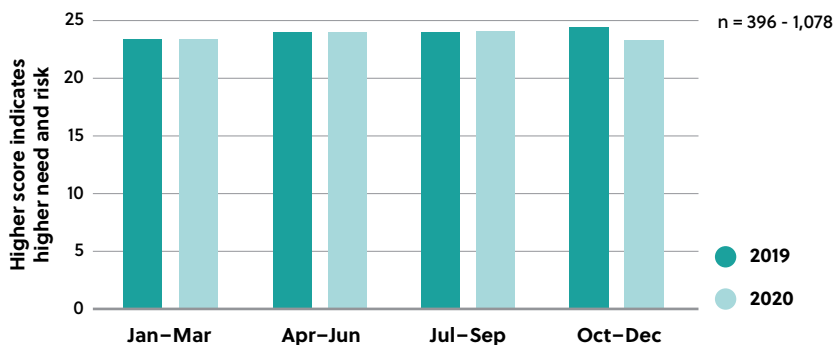
2019
2020

Figure 10: Levels of beneficiary self reliance – comparison between 2019 and 2020

As measured by the Homelessness Outcomes Star™, see page 55

n = 396 - 1,078

2019
2020
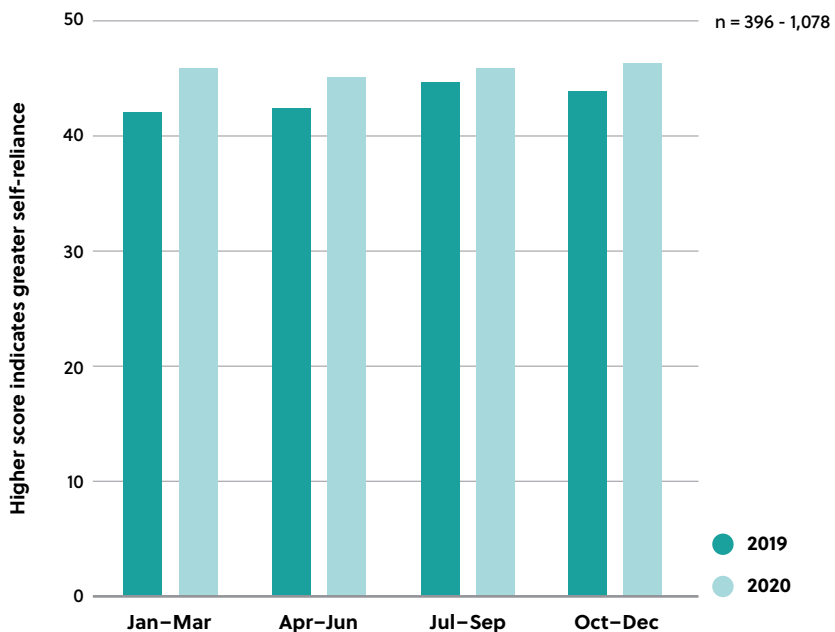
Figure 11: Levels of beneficiary self reliance – change over time

n = 396 - 1,078
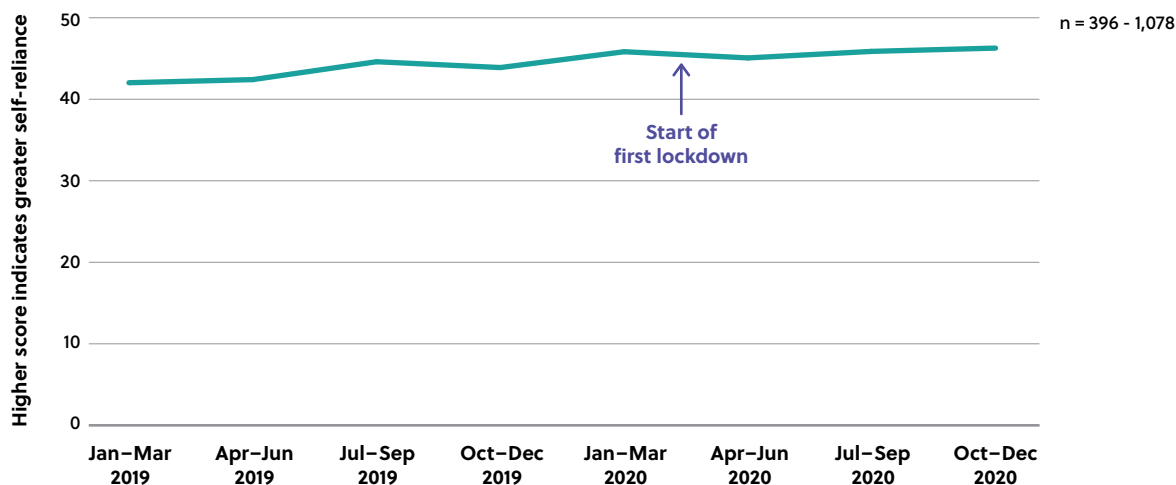
Longer-term effects

Remote engagement has continued in many cases, although face-to-face contact has resumed, and (as with probation services) it is hoped that this offers a more flexible service that beneficiaries can engage with in a way that suits them. Several partnerships report that this has been a positive change that will likely remain in place.

One of the biggest longer-term impacts reported has been the increased awareness nationally of mental health and a greater sense of urgency in addressing the mental health and emotional well-being of people facing multiple disadvantage. There is also increased recognition of the importance of health and wellbeing support for staff working with people experiencing multiple disadvantage. Fulfilling Lives projects continue to provide online resources and training sessions for local organisations and agencies geared towards staff wellbeing, including reflective practice, with some reporting an increase in interest in Psychologically Informed Environment (PIE) training.

Flexible services mean people can engage in a way that works for them

As our work into mental health support for people experiencing multiple disadvantage shows,[35] mental health services were, in many cases, not meeting the needs of this group prior to the pandemic. **Where demand is greater than services can handle, people experiencing multiple disadvantage can be deprioritised as 'too difficult to work with'.** As with substance misuse support, there is a concern across Fulfilling Lives areas that there will be an increase in demand for mental health services following the pandemic that already-stretched services will struggle to meet. Alongside this there is concern nationally that the pandemic has exacerbated existing challenges for mental health services, with more people than ever awaiting treatment or falling below thresholds for support that could benefit them. Difficulties are further compounded by staff shortages and absences due to illness in statutory services (as well as other sectors). Some Fulfilling Lives partnerships report longer response times from mental health services, longer waiting times and limited offers of support where groups have been unable to continue in person.[36]

For Fulfilling Lives beneficiaries, there was a significant reduction in the proportion accessing counselling or psychotherapy services in the second and third quarters of 2020 compared to the same period in 2019. The proportion dropped from 9 per cent in quarter 2 2019 (already low, given the levels of need) to 5 per cent in quarter 2 2020 (see Table 5 on pages 62–63). This may just reflect a reduction in need over time but, given the increased demand for mental health services, it likely represents even greater challenges in accessing mental health support for this group.

What helped to create change

Partnerships have highlighted key mechanisms that they believe helped to identify systems blockages and, crucially, ensure activity was taken to address these swiftly as part of the response to the pandemic. Many of these mechanisms provide important groundwork for creating lasting change.

A sense of urgency

The initial stages of the COVID-19 pandemic in March 2020 in particular required an immediate and coordinated response. In implementing Everyone In and other initiatives, there was a real sense of urgency. As a result, **decisions were taken quickly and the usual bureaucracy was removed** to speed things up. Longstanding systems blockages were clearly exposed when there was pressure to act quickly.[37] Reducing the spread and impact of COVID-19 infections was the highest priority, outweighing other risks and concerns, such as the risks around unsupervised consumption of OST. This **reassessment of risk allowed some more innovative approaches to be tried**, such as home detox and greater flexibility in OST prescribing. COVID-19 responses showed that things can be done when there are fewer administrative barriers to overcome.[38]

Financial resources provided to support a rapid response

The crisis response was financially well supported by central government. The additional funding available brought together different organisations who may have previously been working in siloes. Further, funding was rapidly distributed and often offered on a grants-based system rather than the usual competitive tendering process, encouraging a collaborative response – see the VOICES case study on page 40.

Multi-agency working and collaboration

Cross-sector collaboration and multi-agency groups have been crucial in responding to the challenges of the pandemic in a coordinated and rapid way. There was evidence of improved cross-sector working across all Fulfilling Lives partnership areas in the initial crisis period. Multi-agency meetings moved online and attendance improved as this removed the need to travel, which can be a barrier for busy professionals. Additionally, many of these groups have continued in one way or another. When questioned about the longer-term systemic changes that may occur as a result of COVID-19, increased collaboration between key stakeholders was by far the most common answer given by Fulfilling Lives partnerships.

The need for collaboration to respond to the needs of communities during the pandemic also required closer alignment between national and local government. Public health in particular gained a much higher profile nationally and heavily relied on local NHS trusts and health partners to cascade national changes at a local level.

Improved information sharing

Lack of information sharing is often a barrier to greater collaborative working. During the crisis period, **information needed to be shared quickly,** and this exposed the significant challenges when attempting to do this across different agencies. Greater flexibility was required and information sharing between the different agencies and organisations supporting people improved as a result. Inspiring Change Manchester (the local Fulfilling Lives partnership) reported an increased interest in and take up of GM-Think,[39] the multi-agency database for sharing information for those working with people with experience of multiple disadvantage across Greater Manchester.

Enhanced understanding of multiple disadvantage

Social and health inequalities have been highlighted during the pandemic

Fulfilling Lives staff report that **the pandemic led to an increased awareness of multiple disadvantage and the vulnerability of this group rather than a focus on perceived problematic behaviours.** Particular areas of increased awareness include loneliness and social isolation, the relationship between multiple disadvantage and social inequality, and the fact that people will engage with support services if barriers are removed. This improved understanding has helped to bring more people into the response to support people experiencing multiple disadvantage (for example, the Collaboration Network in Stoke on Trent grew substantially – see the VOICES case study on page 40). Fulfilling Lives partnerships have been undertaking training locally to support organisations to better work with people with experience of multiple disadvantage in a trauma-informed way and report increased demand for this training.

Greater visibility and leadership from the public health sector nationally is also thought to have led to **a greater recognition of health inequalities.** Health inequalities, particularly for those experiencing multiple disadvantage, and the association of poor health and poverty, were highlighted during the pandemic.[40] This helped build a health-focused response to the needs of this group across all sectors, which was felt to be particularly impactful for housing and treatment services, as adding a health perspective to housing needs enabled a better response.

An indicator of how well people experiencing multiple disadvantage are supported by the system is the extent to which they are refused or excluded from services. Taking into account characteristics such as age and ethnicity, we found that people were significantly less likely to be excluded from services after the start of the first lockdown compared to the first three months of 2020 (see Table 6 on page 65). There was also a significant reduction in refusals during April to June 2020 compared to January to March of the same year. This would fit with other evidence indicating a change in perceptions of people experiencing multiple disadvantage with a move towards services being less likely to view people as too high risk and problematic to work with. However, when we also take levels of beneficiary need and self-reliance into account, the link between exclusions and refusals and the initial lockdown period disappears – individual levels of need are a better indicator of whether someone will be excluded or refused a service (see Tables 7 and 8 on pages 66–67).

Increased visibility of the voluntary sector and what they can do

The community and voluntary sector played a vital role in supporting communities and individuals during the first national lockdown. There is evidence in some areas of established charities, volunteers, local statutory agencies and smaller community groups working together and engaging new private sector and corporate organisations. Many felt that this enhanced the visibility of the sector, and some Fulfilling Lives partnerships found that this has given them the opportunity to raise awareness of their work and build new relationships.[41] Further, new relationships have been built between third-sector providers and commissioners, and it is hoped that these will lead to better consultation and collaboration in future.

Concluding remarks

The COVID-19 pandemic precipitated a national emergency response on a scale few of us have seen in our lifetime. There was an unprecedented focus on the needs of people facing the most severe forms of disadvantage, including rough sleepers. Local and national efforts to support people, including Everyone In, show what can be achieved with political will, resources and collaboration with a common purpose. Many of the examples given in this report illustrate that taking positive risks and taking new approaches can lead to improvements in outcomes and valuable learning. This open and flexible attitude is something that has characterised the Fulfilling Lives programme throughout.

The move to online and other remote ways of engaging with people has shown that this can be effective, and much has been learnt about how to make remote support work. This should certainly become part of the suite of options that are available. But the critical point here is that beneficiaries must have the choice and control to engage with services in a way that works for them. There is concern across Fulfilling Lives partnerships that remote contact should not become the default option.

It is encouraging to see examples where new ways of working, relationships and structures have persisted beyond the initial crisis stages of the pandemic. But in many cases, there are also signs that things are reverting back to pre-pandemic practice. Clearly, COVID-19 has had a devastating effect on individuals, communities and organisations, but it has also acted as a 'positive disruptor' in some instances. And though it is not possible to wholly replicate the conditions of the crisis to create change, we hope that this report helps to highlight some of the attitudes and actions that can help to generate new perspectives.

Case studies

Case study 1: Nottingham City Wraparound Multi-Disciplinary Team

What is the Wraparound Multi-Disciplinary Team?

During the Everyone In initiative, stakeholders from across Nottingham came together to form a multi-agency group to coordinate a city-wide response to support those experiencing multiple disadvantage and rough sleeping. Representatives came from healthcare, housing, homelessness support and other services supporting people experiencing multiple disadvantage and were primarily frontline workers. It began as a pragmatic response to the huge challenges involved, but stakeholders soon recognised the value of such a partnership and wanted to capitalise on the wider benefits.

The multi-agency group evolved into the Multi-Disciplinary Team (MDT). The MDT forms part of the integrated care plan (ICP) for the City and is facilitated by the Fulfilling Lives partnership Opportunity Nottingham. Its primary aim is to bring stakeholders together to ensure holistic and coordinated support for those experiencing multiple disadvantage during the pandemic.

> "There were some people who were just so complex, where their issues were so complex, that no single organisation was going to be able to respond to that... there was this realisation that, if we had everybody in the same place, talking about an individual, we move things on really quickly.
>
> **Public health stakeholder**

What was the impact of the pandemic?

The pandemic provided group members with a clear, shared ambition – to get people sleeping rough off the street. The urgency of the situation also meant that the usual constraints on who provided what services and how were lifted.

> We had a common goal and something that everybody could commit to. It was almost like all the bureaucracy was gone because this was what everyone in the world was doing… So, it wasn't bickering arguments about contracts or 'we can't offer our service outside of these hours'; all those layers of bureaucracy were just gone, and it allowed us to work together in a way that we hadn't before.
>
> **Homelessness stakeholder**

The coming together of different sectors created a shift in understanding of the challenges faced by those working in the housing sector in particular. This includes the restrictions of legislation within which they must work. As a result, requests of housing from other partners are more realistic within the boundaries of what can currently be done.

The multi-agency response to Everyone In and the MDT have led to improved outcomes for those experiencing multiple disadvantage. Fifty-four per cent of people supported through Everyone In locally are reported to have moved to more permanent accommodation,[42] including some of those who previously experienced rough sleeping for decades. MDT members suggest the team is particularly valuable where services feel as though they are 'stuck' and making limited progress with someone. The MDT provides the opportunity for the system to work together to overcome barriers collectively. This might include accessing funding from other parts of the system to address needs.

> This guy, his flat is in an absolute state, but I don't think the service that's supporting him has the funds to arrange for a blitz clean of this property. I was thinking that what we might be able to do is to organise that through the MDT.
>
> **Opportunity Nottingham staff member**

Overall, Everyone In and the MDT has resulted in the realisation that things can be done differently for people experiencing multiple disadvantage, and importantly, having seen the impact of their work, members are keen that this new way of working should not be lost.

Learning from the experience

— **The benefits of multi-agency working need to be seen and valued by all involved to ensure genuine buy-in.** The pandemic enabled some of this to happen, but developing the membership still took time. Regular check-ins (which can be easier to do remotely) are necessary to ensure members see value in attending.

— **Stakeholders on a multi-agency team need to represent the full range of needs typically experienced by rough sleepers.** This includes housing, health, social care, probation and substance misuse. The pandemic encouraged these agencies to work together for a common cause, and there is a commitment to continue this.

— **Personal relationships are key.** New working relationships have been formed through Everyone In and the MDT and existing relationships strengthened. Individuals now know each other better and can reach out to discuss an issue or ask for support.

— **Multi-agency team members do not always need to be the most senior people representing their sector, but they do need access to information systems and knowledge of navigating their field.** The main requirement is information on the person who is being referred, their needs and how the system as a whole can best meet them. During the pandemic, sharing information fast was paramount, and this should continue to be integrated into multi-agency working.

— **Groups need a remit that is distinct from others.** There is also a rough sleepers' task group in Nottingham, so there is the potential for crossover. Work is ongoing to ensure different groups have complementary roles.

— **Multiple disadvantage needs to be recognised as a system-wide issue.** Some group members recognised a risk in having a specialist team is that multiple disadvantage is perceived as an issue for them only. Seeing people experiencing multiple disadvantage as vulnerable humans in need of support rather than people with problem behaviours, as highlighted during the pandemic, has helped with this.

Looking to the future

The multi-agency approach to tackling multiple disadvantage, amplified by the COVID-19 pandemic, has enabled stakeholders to identify individuals at risk and implement pre-crisis support before they hit rock bottom. By collating intelligence from across agencies, it is easier to see problems coming. The hope is that the MDT will continue to develop and expand its preventative role.

The MDT has also enabled gaps in the system to be identified. This learning can help to inform wider strategic planning and future commissioning decisions. Learning from Everyone In and the MDT is already informing plans for the rough sleeping initiative. This approach to joint working also holds wider possibilities for future work across the city, including the possibility of collaborating on bids together. While Opportunity Nottingham will close in 2022, it is hoped that the MDT will have a role to play within the city alongside the start of the Changing Futures programme.[43]

Find out more

For further information, please visit Opportunity Nottingham's website.

Case study 2:
Fulfilling Lives Islington and Camden's Remote 'Team Around Me'

What is Team Around Me?

Multi-agency meetings can be confusing for clients and they may come away feeling that their voice has not been heard and that little will be done with their input. The Team Around Me (TAM) template focuses on addressing blockages in the system of support, ensuring that services attending take away actions and helps professionals to jointly address issues and share responsibility.

TAM is a model for holding case conferences or multi-agency meetings for people experiencing multiple disadvantage. It was developed in February 2020 by Fulfilling Lives in Islington and Camden (FLIC) and Pause Islington to help professionals structure meetings more effectively and include clients in the process. At this time, TAM was being piloted across Islington and Camden with the aim of rolling out the model more widely.

What was the impact of the pandemic?

Lockdowns and social distancing restrictions meant that face-to-face meetings were not possible. As a result, TAM multi-agency meetings moved online to allow them to continue. Beneficiaries joined meetings remotely alongside their navigators. Where there was an adequate wireless internet signal, this was done outside to maximise safety. Service professionals also joined meetings remotely, while training provision was moved online.

TAM meetings would not have been possible during the pandemic without this change to remote working. FLIC and Pause Islington were keen to push the model forwards during the COVID crisis, recognising it was important

that new practices such as TAM did not lose momentum, particularly at a time when people needed support more than ever. The TAM model had been well received prior to the pandemic and participants recognised that it was working.

Since moving online, there has been greater engagement from beneficiaries. Navigators believe that this is because of the reduced time and effort needed for them to attend.

> It's so much easier, a lot of our team have found, to get people to Team Around Me. We've seen increased engagement, just because you can go to someone's house, with your laptop or with your phone, and join the meeting.
>
> **Fulfilling Lives staff member**

Beneficiaries are also said to have found the experience more comfortable; it can be daunting being in a room with lots of different professionals, especially for the first time.

Professionals also found it easier to attend online meetings rather than travelling to a location in person. In addition, the TAM model training has seen increased stakeholder attendance since moving online.

Learning from the experience

— **It is important for navigators to build relationships in person and support people to join online meetings.** The dynamics of virtual meetings are different to those held face-to-face. Relationships cannot be built quite as easily online as they are in person.

> I like in-person interactions and I like the small conversations and things that aren't captured online, that there isn't space for, I think are really important in relationships with clients.
>
> **Fulfilling Lives staff member**

- **Reliable technology is essential.** It is vital beneficiaries have the resources to access their multi-agency meetings, and so many were provided with mobile phones and credit, where necessary.

- **Location is still important.** Internet signals are not always reliable, and if sensitive information is being shared, being in a public space can be problematic. Also, the need for navigators to physically meet with a beneficiary means that they will still require additional time to travel for meetings.

Looking to the future

Whilst many beneficiaries have taken to the online format, it does not work for everyone. FLIC firmly believe that individual preference should guide whether or not an online TAM meeting is used. The hope is that it will always at least be offered as an option.

However, there is a possible conflict if professionals prefer to attend online meetings but some beneficiaries prefer to meet in-person. It also remains to be seen whether a hybrid model, where some people attend a meeting in person while others join by video link, is workable – this may present further challenges.

Find out more

For further information, please visit <u>Fulfilling Lives in Islington and Camden's webpage</u>.

Case study 3:
VOICES,
the Collaborative Network
and Commissioning 2.0

Voices of Independence, Change and Empowerment in Stoke-on-Trent (VOICES) is the Fulfilling Lives partnership for Stoke-on-Trent.

What are the Collaborative Network and Commissioning 2.0?

The Collaborative Network was formed in Stoke-on-Trent in 2019 as a group of voluntary sector partners who recognised the need for collaboration to enable a more holistic approach to working with people who services were not currently engaging with – particularly families. Fourteen organisations made up the original group. In response to the pandemic, this grew to over 40 organisations and over 100 individual members who came together to better respond to the pandemic. VOICES were a key part of the network from the start.

The Collaborative Network has been interested in improving commissioning processes since its formation. Traditional competitive tendering processes have often resulted in the same people delivering services in the same way without innovation or the opportunity to try different ideas. Interest in this topic has grown since the pandemic demonstrated that services could be funded differently. 'Commissioning 2.0' is the name of work, instigated by the network, to propose a new approach to commissioning that builds on the learning from the crisis.

> " [It's about] commissioning the solution to the problem rather than commissioning a contract to deliver certain services.
>
> Collaborative Network member

What was the impact of the pandemic?

The COVID crisis demanded a fast response to issues as they emerged, so commissioning and funding processes had to be sped up and traditional competitive tendering of services was largely replaced by grants-based funding. Organisations were able to apply for money to address a specific need, and special arrangements could be made where a unique provider could be contracted outside of the competitive tendering process.

> **That [grant-based process] worked really, it was very responsive, there weren't all the big caveats around procurement processes, a competitive tender. It was much more 'put in a grant request and we'll see what we can do' or 'the food bank is quite obviously the right person to be taking [food] parcels, let's fund the food bank to do that rather than put it out to tender'.**
>
> **Collaborative Network member**

COVID risks often outweighed other concerns and meant a greater need for speed and flexibility. As a result, new ways of working had to be trialled, both in how support services were commissioned and how services operated.

> **The rule book was torn up a bit, wasn't it? Nobody was going to get blamed for taking a risk, I think, at that point. So, as long as they've put some controls in place and done some due diligence, I think everything was fine.**
>
> **Collaborative Network member**

This flexibility allowed the voluntary sector to work out the best way to respond to a need as a group; organisations were able to design and coproduce solutions to issues as they emerged and could apply for funding for this solution.

> **It stopped being a high-performance equals conformance to the specification model and started being what's actually needed on the ground. How can we deploy our resources most effectively, efficiently, to get the outcome we want?**
>
> **Collaborative Network member**

For members of the Collaborative Network, this showed that procurement and commissioning could be done differently to the benefit of organisations and individuals in need of support. At the same time, the crisis response also brought together senior figures from the statutory sector, voluntary sector and local authority. This meant that conversations about changing commissioning for the better could be had with the people who could influence the system.

The response to the pandemic also highlighted the valuable contribution of the voluntary sector to the community. They could mobilise groups and communities quickly through existing networks and relationships. The Collaborative Network had struggled to fully engage senior staff from the local authority or the health sector prior to the pandemic, but since March 2020 these relationships have grown stronger and opened the door for ongoing collaboration. The pandemic was a public health crisis, but the health sector could not cover the response alone.

> **I think we've all worked closer together through COVID and got to know people on a more personal level. That's meant we could have some of these conversations, where previously we wouldn't have necessarily known the right people to go to, or, if we knew who they were, they'd have been those high up people on a pedestal that we wouldn't have been able to get a meeting with.**
>
> **Collaborative Network member**

Learning from the experience

— **Developing personal relationships is key.** Network members reported that being able to meet and work with senior statutory professionals and learn more about each other's role and remit has forged the way for better working relationships and more open and honest conversations about changing systems, such as commissioning, that have so far been difficult to get going.

— **Work with the willing.** Working collaboratively through the pandemic has helped identify 'the willing' – those who expressed a desire to do things differently. Limited time, energy and resources should be focused on working with these people.

— **Focus on quick wins to build momentum.** Whilst changing commissioning systems is a long-term aim, Collaborative Network members recognised that 'quick wins' were essential for keeping the momentum behind their work. The limited grant-based funding that is still in circulation is being used to pilot different ways of developing and coproducing solutions to demonstrate that doing this differently is not the risk that some think it might be.

Looking to the future

There is some frustration that commissioning processes have gradually reverted to pre-pandemic practice, and the flexibility and positive risk-taking that the pandemic demanded have not been maintained. Local authority commissioning and procurement procedures are deeply embedded in traditional systems. Changing these procedures will be a long-term endeavour and require senior commitment to challenging the status quo.

> **It will depend on the bravery of the people at the top to promote change, because they will get pushback when they go back to their commissioners and say, 'What do you think of this?' They will say, 'The procurement regulation is this, and we can't do it because of that.'**
>
> **Collaborative Network member**

However, there is optimism that having the opportunity to do things differently has helped push forward the agenda for changing commissioning. COVID has provided that opportunity and moved the debate on faster than might otherwise have been the case.

Find out more

For further information, please visit VOICES' website.

Useful resources and further information

Case studies

Case Study: Home Detox – A flexible response to Covid-19 proves home detoxes work. *Birmingham Changing Futures Together No Wrong Door Network (2020)*

Reports

Covid-19: Impact on People who have Experienced Multiple Disadvantages. *Opportunity Nottingham and Nottingham Trent University (2020)*

Keeping Everyone In: Rough sleepers and the Coronavirus emergency in Nottingham. *Opportunity Nottingham and Nottingham Trent University (2021)*

Opportunity Nottingham and the impact of COVID-19 in 2021: A follow up study. *Opportunity Nottingham and The University of Nottingham*

Responses to Housing and Homelessness during COVID-19. *Fulfilling Lives South East Partnership (2021)*

The Impact of COVID-19 on Clients and Client-Facing Teams: Initial Findings. *Fulfilling Lives South East Partnership (2020)*

Blogs and articles

Announcing the launch of Change for Good. *Golden Key Bristol (2020)*

COVID-19 and Access to Primary Care Services for Patients with "No Fixed Abode". *VOICES (Stoke-on-Trent) (2021)*

Covid-19: Cracks in the system – Part II. *Fulfilling Lives South East Partnership (2021)*

Joint Working: The Power of Collaboration. *Fulfilling Lives South East Partnership (2021)*

Learning from Covid-19 and our manifesto for people with complex needs. *Golden Key Bristol (2020)*

Team Around Me: A collaborative approach. *Fulfilling Lives Islington and Camden (2020)*

References and notes

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21. MHCLG (2020) <u>Effects of the pandemic on the Housing First Pilots and service users</u> ICF Consulting Services, Heriot Watt University, Homeless Link, BPSR and IER

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39. Golden Key (2020) *Learning from Covid-19: A Manifesto for People with Complex Needs*

40. For more information on GM-Think see the <u>webpage</u>

41. Golden Key (2020) *Learning from Covid-19*

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43. Statistic taken from <u>Keeping Everyone In</u>, a short film released by Opportunity Nottingham in June 2021

44. See <u>Changing futures webpage</u> for further information

Method notes
and data tables

Research questions

This study aimed to answer the following research questions:

— What changes have been made to the way services are configured and delivered as a result of the pandemic?

— What has been the impact of the pandemic and the associated changes to services on people receiving support from Fulfilling Lives? What was the immediate impact, and to what extent have positive impacts been sustained?

— To what extent have positive changes to services been adopted on a permanent basis or more widely?

— What was it about the COVID-19 crisis that contributed to changes to usual working practice, policy and procedure? How could learning from the crisis be used to inform and accelerate the pace of systems change in future?

Desk review of evidence

We reviewed local evaluation reports and case studies provided by Fulfilling Lives partnerships on the response to COVID-19 since summer 2020. We used this material to identify the different changes in service delivery that partnership staff and their beneficiaries have experienced in response to the crisis and the impact of these. The evidence also provided useful context on the impact of COVID-19 on beneficiaries.

We also undertook a light-touch review of wider evidence, national datasets and policy changes in response to the COVID-19 pandemic to understand the changes that occurred on a national scale, particularly around the Everyone In initiative. This was limited to grey literature, as few academic papers using data from that period were likely to be available. Key reports, data and policy documents were gathered over time from government and voluntary sector publication subscription services by monitoring and searching for updates that mentioned COVID-19 and either multiple disadvantage or any of the four key needs covered under the programme definition (mental ill health, homelessness, substance misuse and reoffending).

Partnership questionnaire

A short online questionnaire was administered to Fulfilling Lives partnerships. This comprised open response questions and mirrored the format for a similar survey undertaken to inform our initial report on the impact of the pandemic published in July 2020. The questionnaire summarised some of the changes reported in that earlier study and asked of them four questions:

— Have any of these changes been adopted on a more permanent basis in your area or has provision reverted to what it was before the COVID-19 pandemic?

— If changes have been adopted on a more permanent basis, what do you think has enabled this?

— What, if any, other changes to support have you observed since summer 2020?

— What has been the impact of changes observed on people experiencing multiple disadvantage in your area?

There were also questions on cross-sectoral impacts of the pandemic, for example, on helping to drive systems change.

The questionnaire was completed by partnerships between May and June 2021. We received responses from 7 of the remaining 11 partnerships (a single response was sought from each); 4 of these chose to provide a response in an alternative format (Word document, telephone interview or recent report covering the same topics).

Responses were analysed qualitatively using Excel to code and group key themes by sector (housing, mental health, etc.).

Qualitative interviews

From the desk research and questionnaire responses we identified five examples of practice to explore in further detail. We carried out in-depth qualitative interviews with 18 stakeholders including frontline workers (2), senior partnership staff (6), local authority service managers (3), commissioners (2) and senior voluntary sector staff (5). Interviews were semi-structured and a topic guide was used to ensure key topics were covered. Interviews were carried out from July to November 2021 and were conducted by telephone or video call according to interviewee preference. Interviews were audio recorded with participants' permission and transcribed in full. These interviews were used to develop individual cases and were also coded to the overarching themes identified from the questionnaire.

Limitations of qualitative research

While the qualitative research provides valuable insights into partnership experiences of the pandemic, the results are not necessarily generalisable to other parts of the country. As outlined above, not all Fulfilling Lives partnerships contributed to the research, and the levels of engagement varied between partnerships, with some able to provide more detail than others. The sample of stakeholder interviews undertaken was relatively small. Due to the lack of detailed research available on the impact of the COVID-19 pandemic, particularly beyond the initial crisis period, qualitative data gained from interviewees was to some extent anecdotal. This was particularly the case with regard to changes to services and local systems. More time is needed for evidence to be gathered and analysed, and the longevity of changes to be assessed.

Analysis of quantitative data

Analysis of quantitative data on Fulfilling Lives beneficiaries was undertaken to help understand:

— changes to beneficiaries' wellbeing, need, risk and self-reliance before and during the pandemic

— changes in types of accommodation and levels of homeless and rough sleeping before and during the pandemic

— changes in levels and type of service use before and during the pandemic

— changes in levels of evictions, service refusals and exclusions before and during the pandemic.

About the quantitative data

A common data framework (CDF) was developed at the start of the Fulfilling Lives programme to ensure consistent data is collected by all 12 partnership areas. The CDF includes:

— demographic information on beneficiaries and their dates of engagement with the programme

— proportion of time spent in different types of accommodation each quarter

— use of a range of statutory and other support services

— six monthly assessments of need and risk (New Directions Team assessment) and self-reliance (Homelessness Outcomes Star™)

Data is collected on time spent in the following types of accommodation:

— rough sleeping

— staying temporarily with friends or family (sofa surfing)

— temporary accommodation, such as hostels, night shelters, B&Bs or refuges

— supported accommodation

— beneficiaries' own tenancy (social housing)

— beneficiaries' own tenancy (private rented)

— shared property

— prison

— other type of accommodation

A broader category of homelessness was created by aggregating rough sleeping, temporary accommodation and staying with friends and family.

The New Direction Team assessment, or NDT assessment, is a tool for assessing beneficiary need, risk and involvement with other services. It is completed by the support worker and covers ten areas. Each item in the assessment is rated on a five-point scale, with zero being the lowest possible score and four being the highest. Risk to others and risk from others are double weighted with a high score of eight. The highest possible NDT score is 48 and the lowest is zero. Low scores denote lower needs (so low NDT assessment scores are good). For more information see www.meam.org.uk/wp-content/uploads/2010/05/NDT-Assessment-process-summary-April-2008.pdf

The Homelessness Outcomes Star is a tool for supporting and measuring change in people with multiple needs and is completed by beneficiaries with support from key workers. People agree on a score from 1–10 in each of ten areas. A total score is also calculated, with an increase in the score indicating progress towards self-reliance (so high scores are good). For more information see www.outcomesstar.org.uk/homelessness

Only beneficiaries who consent to their data being collected by partnerships and shared with the national evaluation team are included in our analysis. Partnerships submit CDF data to us on a quarterly basis. The analysis carried out for this study is based on data collected during the pandemic (quarter 2 2020 onwards) and the previous 12 months. Data collection for the Fulfilling Lives programme ended after quarter 1 2021.

Limitations of quantitative analysis

Collecting information from people experiencing multiple disadvantage can be challenging. Data sets are not always complete and base numbers for different analyses vary. There are limits to what we can infer about the wider group of Fulfilling Lives beneficiaries based on the data available; for example, those who consent to sharing their data may be more engaged with the programme than those who do not. This particular analysis is further limited by the fact the programme was drawing to a close by this stage, with several partnerships no longer directly supporting people and recruitment of new beneficiaries becoming limited. As a result, the profile of beneficiaries was potentially skewed more towards people who had already benefitted from involvement with the programme for some time. Further, the profile of beneficiaries who joined the programme after quarter 2 2020 was different in some respects compared with those who joined during the previous year. Beneficiaries joining after the start of the pandemic had, on average, lower levels of need and risk (as measured by the NDT assessment) and rough sleeping. This may or may not have been as a result of the pandemic and associated measures. Beneficiaries joining after quarter 2 2020 were also more likely to be female (see Table 1 below for details).

We have used regression analysis to explore the extent to which the initial quarters of the lockdown and pandemic in 2020 are associated with changing levels of evictions, refusals and exclusions from services, controlling for characteristics of beneficiaries and length of time on the programme. However, these regression models should not be used as evidence of causal relationships or of the direction of influence. For example, problems with substance misuse may lead to homelessness as well as the reverse. Further, there are likely to be unobserved factors (such as the extent that the beneficiary has access to informal support networks), that influence both the explanatory variables and the outcome.

Summary statistics

Table 1: Comparison of characteristics of Fulfilling Lives beneficiaries joining from Q2 2020 onwards with those who joined between Q2 2019 and Q1 2020.

	2019 Q2 until 2020 Q1	2020 Q2 until 2021 Q1	P-value
Age (years)	39.59	39.11	0.72
Outcomes Star score	37.84	41.96	0.16
NDT assessment score*	27.87	25.65	0.06
% of time rough sleeping**	20.20	10.18	0.02
Proportion rough sleeping **	0.33	0.21	0.04
Proportion non-white British	0.17	0.22	0.30
Proportion female **	0.35	0.48	0.04
Number of new beneficiaries	**287**	**107**	

Asterisks indicate level of significance: * 10% and ** 5%.

Change over time

Table 2: Changes in proportion of beneficiaries and time spent in key types of accommodation over time

Results relate to all beneficiaries on the programme (and who provided data) in each quarter.

	2019				2020			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
No. of beneficiaries	1,078	977	780	715	603	464	422	396
Mean % of time spent rough sleeping (SD)	9.13 (24.73)	7.94 (23.20)	8.72 (24.43)	8.27 (23.98)	7.19 (20.60)	5.61 (18.62)	5.25 (18.10)	5.43 (17.93)
% people rough sleeping (SD)	18.15 (38.57)	15.36 (36.08)	16.76 (37.38)	14.74 (35.48)	22.12 (41.54)	15.08 (35.83)	12.26 (32.84)	13.62 (34.36)
Mean % of time spent in temporary accommodation (SD)	9.84 (26.83)	7.92 (24.63)	7.54 (23.90)	8.38 (23.41)	9.77 (26.42)	14.37 (31.62)	12.08 (29.49)	10.30 (27.43)
% of people in temporary accommodation (SD)	15.55 (32.26)	12.07 (32.60)	12.85 (33.49)	16.04 (36.72)	16.19 (36.87)	21.91 (41.42)	18.26 (38.68)	16.92 (37.55)
Mean % of time spent in own tenancy – social housing (SD)	24.65 (41.64)	22.33 (40.01)	22.32 (40.19)	22.88 (40.00)	21.22 (39.22)	23.43 (41.25)	21.17 (38.86)	23.69 (40.74)
% of people in own tenancy – social housing (SD)	29.03 (45.52)	25.54 (43.63)	26.36 (44.09)	26.58 (44.21)	26.43 (44.14)	25.38 (43.57)	26.16 (44.01)	28.83 (45.37)
Mean % of time spent in own tenancy – private rented (SD)	14.88 (34.78)	15.35 (35.03)	15.53 (34.99)	18.00 (36.93)	16.97 (35.75)	18.14 (37.24)	16.59 (35.14)	13.40 (32.46)
% of people in own tenancy – private rented (SD)	17.08 (37.66)	17.62 (38.12)	18.18 (38.60)	21.48 (41.10)	20.34 (40.29)	21.11 (40.86)	20.16 (40.18)	17.23 (37.82)

Note: 'Mean % of time spent' refers to the mean amount of time spent in each accommodation type each quarter, averaged across all beneficiaries who provided valid data. SD is Standard Deviation.

Table 3: Changes in need and risk (NDT assessment) and self-reliance (Outcomes Star) over time

Results relate to all beneficiaries on the programme (and who provided data) in each quarter.

	2019				2020			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Mean NDT score	23.47	24.09	24.02	24.45	23.43	24.08	24.11	23.37
Mean Outcomes Star score	41.98	42.37	44.57	43.85	45.81	45.04	45.85	46.26

Table 4: Comparison of accommodation, need and risk (NDT) and self-reliance (Outcomes Star) of a common group of beneficiaries between the same quarter but in different years

QUARTER 2	2019		2020		
	No. of beneficiaries	Mean	No. of beneficiaries	Mean	P-value
NDT scores	228	23.11	220	22.90	0.80
Outcomes Star scores	247	43.64	223	45.86	0.20
% of time spent in temporary accommodation	362	9.62	356	11.42	0.39
% of time spent at family or friend	371	11.71	356	13.53	0.40
% of time spent rough sleeping**	360	10.13	357	4.81	0.00
% of time spent in supported accommodation**	363	19.72	356	13.70	0.02
% of time spent in own tenancy (social housing) **	366	19.95	357	28.18	0.01
% of time spent in own tenancy (private)	359	13.89	357	17.07	0.22
% of time spent in shared property*	362	1.97	357	0.56	0.07
% of time spent in prison	358	4.57	357	4.89	0.82
% of time spent in other	355	5.80	355	3.88	0.19

Table 4 continued

QUARTER 3	2019		2020		
	No. of beneficiaries	Mean	No. of beneficiaries	Mean	P-value
NDT scores	241	23.12	215	22.75	0.67
Outcomes Star scores	248	44.90	207	47.31	0.18
% of time spent in temporary accommodation	367	9.22	360	10.50	0.53
% of time spent at family or friend	366	13.23	360	11.43	0.38
% of time spent rough sleeping**	370	9.83	360	5.40	0.01
% of time spent in supported accommodation**	369	15.40	360	15.32	0.97
% of time spent in own tenancy (social housing) **	370	20.50	360	24.41	0.19
% of time spent in own tenancy (private)	368	14.14	360	15.80	0.51
% of time spent in shared property*	368	1.34	360	1.26	0.92
% of time spent in prison	367	4.72	360	5.64	0.52
% of time spent in other	367	5.00	359	4.48	0.71
QUARTER 4	2019		2020		
	No. of beneficiaries	Mean	No. of beneficiaries	Mean	P-value
NDT scores	229	23.21	229	22.59	0.46
Outcomes Star scores	223	45.27	237	46.58	0.45
% of time spent in temporary accommodation	374	9.68	343	9.55	0.95
% of time spent at family or friend	371	12.18	343	11.89	0.89
% of time spent rough sleeping*	372	8.64	342	5.57	0.06
% of time spent in supported accommodation	374	13.03	345	16.48	0.16
% of time spent in own tenancy (social housing)	367	24.72	343	27.29	0.41

Table 4 continued

QUARTER 4	2019		2020		
	No. of beneficiaries	Mean	No. of beneficiaries	Mean	P-value
% of time spent in own tenancy (private)	366	15.99	342	12.24	0.13
% of time spent in shared property	366	1.92	343	1.55	0.70
% of time spent in prison	367	4.96	344	5.43	0.75
% of time spent in other	363	4.51	341	4.89	0.78
QUARTER 1	2020		2021		
	No. of beneficiaries	Mean	No. of beneficiaries	Mean	P-value
NDT scores	181	21.46	168	20.54	0.36
Outcomes Star scores	179	47.70	154	48.94	0.54
% of time spent in temporary accommodation	288	11.39	272	11.09	0.90
% of time spent at family or friend	287	14.71	271	11.64	0.22
% of time spent rough sleeping**	304	5.30	272	2.10	0.01
% of time spent in supported accommodation	288	14.55	271	19.22	0.12
% of time spent in own tenancy (social housing) *	288	24.47	271	31.25	0.06
% of time spent in own tenancy (private)	288	9.66	272	9.58	0.97
% of time spent in shared property	288	1.64	272	1.03	0.50
% of time spent in prison	288	4.72	272	6.03	0.44
% of time spent in other	285	6.26	268	4.38	0.28

Asterisks indicate the level of significance: * 10% and ** 5%.

Note: 'Mean % of time spent' refers to the mean amount of time spent in each accommodation type, averaged across all beneficiaries who reported valid data.

Table 5: Comparison of service use for consistent groups of people between quarters in 2019 and the corresponding quarter in 2020

	Total number of beneficiaries		Mean number of interactions		P-value	% of beneficiaries with at least 1 interaction		P-value
QUARTER 2	2019	2020	2019	2020		2019	2020	
Arrests	333	314	0.29	0.28	0.88	0.20	0.16	0.20
Presentations at A&E	316	312	0.64	0.42	0.31	0.24	0.19	0.14
Outpatient attendances	320	313	0.54	0.23	0.02*	0.17	0.11	0.04*
Contacts with community mental health teams	320	315	0.38	0.29	0.41	0.12	0.09	0.27
Counselling or psychotherapy services	349	314	0.40	0.27	0.40	0.09	0.05	0.05*
Mental health outpatient attendances	305	300	0.13	0.12	0.79	0.05	0.06	0.82
Contacts with drug and alcohol services	331	319	2.63	2.19	0.22	0.50	0.45	0.23
	Total number of beneficiaries		Mean number of interactions		P-value	% of beneficiaries with at least 1 interaction		P-value
QUARTER 3	2019	2020	2019	2020		2019	2020	
Arrests	329	300	0.28	0.26	0.72	0.19	0.19	0.88
Presentations at A&E	314	285	0.64	0.32	0.14	0.25	0.16	0.01**
Outpatient attendances	321	305	0.33	0.18	0.17	0.12	0.10	0.29
Contacts with community mental health teams	328	308	0.36	0.39	0.78	0.10	0.10	0.90
Counselling or psychotherapy services	346	307	0.53	0.41	0.53	0.10	0.06	0.08*
Mental health outpatient attendances	311	289	0.09	0.16	0.17	0.05	0.06	0.69
Contacts with drug and alcohol services	327	308	2.52	2.18	0.25	0.53	0.46	0.07*

Table 5 continued

	Total number of beneficiaries		Mean number of interactions		P-value	% of beneficiaries with at least 1 interaction		P-value
QUARTER 4	2019	2020	2019	2020		2019	2020	
Arrests	305	258	0.21	0.18	0.61	0.15	0.13	0.44
Presentations at A&E	302	254	0.68	0.47	0.07*	0.38	0.22	0.00**
Outpatient attendances	307	250	0.46	0.29	0.10	0.18	0.13	0.08*
Contacts with community mental health teams	311	252	0.41	0.31	0.36	0.12	0.12	0.89
Counselling or psychotherapy services	312	253	0.50	0.21	0.24	0.07	0.07	1.00
Mental health outpatient attendances	300	238	0.33	0.12	0.13	0.09	0.05	0.05**
Contacts with drug and alcohol services	321	262	2.91	2.32	0.10	0.56	0.51	0.23
	Total number of beneficiaries		Mean number of interactions		P-value	% of beneficiaries with at least 1 interaction		P-value
QUARTER 1	2020	2021	2020	2021		2020	2021	
Arrests	252	191	0.23	0.14	0.07*	0.19	0.12	0.04**
Presentations at A&E	253	188	0.35	0.37	0.84	0.18	0.17	0.75
Outpatient attendances	254	192	0.39	0.34	0.69	0.14	0.13	0.73
Contacts with community mental health teams	255	193	0.49	0.73	0.37	0.16	0.17	0.89
Counselling or psychotherapy services	255	193	0.36	0.47	0.58	0.07	0.10	0.21
Mental health outpatient attendances	250	185	0.14	0.28	0.15	0.08	0.07	0.82
Contacts with drug and alcohol services	258	193	2.46	2.28	0.69	0.48	0.45	0.48

Asterisks indicate level of significance: * 10% and ** 5%. Calculated using paired-sample t-test for continuous variables.

Regression analysis

Multivariate probit regression was used to explore which variables predict whether or not a beneficiary was:

— evicted from accommodation

— excluded from a service

— refused a service

The following predictor variables are included in these regressions:

— beneficiary characteristics at baseline, including age, sex, ethnicity

— the length of time a beneficiary spent engaging in the programme

— four dummy variables representing a quarter of the year, where quarter 1 of 2020 is the omitted category, so the coefficients on the other variables are relative to the omitted quarter

— NDT assessment scores (Table 7) and Homelessness Outcomes Star scores (Table 8) are also included separately in each table.

The results in Table 6 show that older beneficiaries and those who had been with the programme for longer were less likely to experience any of the outcomes. They also show that beneficiaries were less likely to be excluded from a service in Q2, Q3 and Q4 of 2020 compared to the baseline quarter of Q1 2020. However, these associations disappear when the NDT and Outcome Star scores are included (Table 7 and 8). Overall, we know that the NDT and Outcome Star scores are correlated with the other explanatory variables, and it seems that they dominate the association with the outcomes considered here.

Table 6: Probit model of selected outcomes

	Evicted from accommodation	Excluded from a service	Refused a service
	Association coefficients for each variable and, in parentheses, the respective standard error		
Age	-0.009*	-0.012*	-0.013**
	(0.005)	(0.006)	(0.006)
Non-white British	-0.132	-0.058	0.025
	(0.124)	(0.155)	(0.149)
Female	0.023	-0.057	-0.012
	(0.092)	(0.118)	(0.120)
Time on the programme	-0.015**	-0.014*	-0.002
	(0.006)	(0.008)	(0.008)
Q2 2020	0.018	-0.299*	-0.369**
	(0.124)	(0.158)	(0.188)
Q3 2020	-0.074	-0.356**	0.139
	(0.131)	(0.169)	(0.159)
Q4 2020	-0.078	-0.458**	0.060
	(0.140)	(0.181)	(0.167)
Q1 2021	0.052	-0.279	-0.195
	(0.146)	(0.172)	(0.190)
Constant	-0.742***	-0.583*	-0.983***
	(0.230)	(0.306)	(0.315)
Total number of beneficiaries	**1,575**	**1,224**	**1,231**

Asterisks indicate level of significance: * 10%, ** 5% and *** 1%.

Table 7: Probit models of selected outcomes with the NDT assessment score

	Evicted from accommodation	Excluded from a service	Refused a service
	Association coefficients for each variable and, in parentheses, the respective standard error		
Age	-0.002	-0.013	-0.001
	(0.007)	(0.009)	(0.008)
Non-white British	0.092	0.014	-0.011
	(0.155)	(0.203)	(0.191)
Female	-0.013	-0.212	0.017
	(0.123)	(0.163)	(0.156)
Time on the programme	-0.008	-0.015	0.001
	(0.008)	(0.010)	(0.009)
NDT scores	0.038***	0.037***	0.030***
	(0.007)	(0.009)	(0.009)
Q2 2020	0.064	-0.016	-0.090
	(0.163)	(0.210)	(0.235)
Q3 2020	0.051	-0.279	0.232
	(0.171)	(0.239)	(0.218)
Q4 2020	-0.325	-0.464*	0.211
	(0.198)	(0.255)	(0.218)
Q1 2021	-0.044	-0.051	-0.049
	(0.209)	(0.240)	(0.264)
Constant	-2.072***	-1.529***	-2.287***
	(0.377)	(0.491)	(0.495)
Total number of beneficiaries	922	711	717

Asterisks indicate level of significance: * 10%, ** 5% and *** 1%.

Table 8: Probit models of selected outcomes with Outcomes Star score

	Evicted from accommodation	Excluded from a service	Refused a service
	Association coefficients for each variable and, in parentheses, the respective standard error		
Age	0.005	-0.008	-0.012
	(0.007)	(0.009)	(0.009)
Non-white British	-0.053	-0.310	-0.142
	(0.166)	(0.229)	(0.201)
Female	0.176	0.087	-0.017
	(0.128)	(0.162)	(0.159)
Time on the programme	-0.002	-0.003	0.003
	(0.008)	(0.010)	(0.010)
Outcomes Star scores	-0.016***	-0.020***	-0.011**
	(0.004)	(0.005)	(0.005)
Q2 2020	0.023	-0.168	-0.081
	(0.166)	(0.211)	(0.228)
Q3 2020	-0.004	-0.299	0.159
	(0.175)	(0.230)	(0.219)
Q4 2020	-0.398*	-0.554**	0.182
	(0.219)	(0.269)	(0.225)
Q1 2021	-0.151	-0.222	-0.112
	(0.221)	(0.245)	(0.261)
Constant	-0.858**	-0.130	-0.613
	(0.355)	(0.477)	(0.465)
Total number of beneficiaries	**905**	**696**	**703**

Asterisks indicate level of significance: * 10%, ** 5% and *** 1%.