

# Challenges and opportunities

Evidence from Fulfilling Lives partnerships on the response to the COVID-19 pandemic

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This report draws together the experiences and perspectives of staff, volunteers and beneficiaries of The National Lottery Community Fund's Fulfilling Lives programme on the changes they have helped implement or observed in response to the COVID-19 pandemic. Since 2014 the programme has supported nearly 4,000 people with experience of multiple forms of disadvantage, including homelessness, alcohol and substance misuse, reoffending, mental ill-health, domestic violence and physical and learning disabilities.

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For more information about the Fulfilling Lives programme visit [www.tnlcommunityfund.org.uk/funding/strategic-investments/multiple-needs](http://www.tnlcommunityfund.org.uk/funding/strategic-investments/multiple-needs)

For more information about the evaluation of Fulfilling Lives, including partnership-level evaluations, please visit [www.fulfillinglivesevaluation.org](http://www.fulfillinglivesevaluation.org)

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## Key messages

The COVID-19 pandemic has created **opportunities as well as challenges** in relation to supporting people facing multiple disadvantage.

We have attempted in this report to rapidly draw together key experiences from Fulfilling Lives areas on the impact of the pandemic. A range of **promising approaches and developments** have been identified. Further data gathering, evaluation and reflection is needed to strengthen the evidence base on these. We plan to follow-up on this report later in the year with a more detailed and reflective piece on the impact of the pandemic. Fulfilling Lives partnerships, their staff, volunteers and beneficiaries collectively have a wealth of expertise. It is important that post-lockdown planning makes use of this and is co-produced with people with lived experience of multiple disadvantage.

The pandemic has engendered a **sense of urgency and rapid responses to need**. Service providers have shown **greater flexibility and creative solutions** have been developed to overcome challenges.

Where strong collaborations were already in place, this has proved invaluable in swiftly coordinating responses. There is evidence that **cross-sector collaboration has also improved**, with voluntary-sector organisations playing an important role.

It is to be hoped that the increase in flexible and collaborative ways of working can be continued post-lockdown as there are clear benefits for people experiencing multiple disadvantage. Indeed, experts by experience have expressed concern that some of the positive practice that has accompanied the pandemic will stop.

While many services are under intense pressure, and it can be difficult to get through to some, there is also a sense that **frontline support staff have more time for beneficiaries**. As a result, they are more focused on individuals' wellbeing and needs (rather than completing administrative requirements) and people feel more looked after. Partnerships have made use of **trauma-informed approaches**, and it would be helpful to explore ways to extend and embed such methods.

Greater use has been made of remote methods of communication, such as phone and online platforms. In addition, as service provider offices have closed, support has been taken to people in their homes or emergency accommodation. Not having to travel to appointments has benefitted many people enormously. Short phone calls have meant some people receive contact more frequently than previously. However, **the impact of digital exclusion is intensified**. While remote communication methods are not a replacement for face-to-face help, **offering a wider range of ways to engage with support provides crucial choice and control** for people and is essential for ensuring more tailored and personalised services.

**Large numbers of people have been rapidly accommodated**. In some, but not all cases, emergency accommodation has included onsite support with issues such as mental and physical health and substance misuse. Regular meals and wellbeing support (such as activity packs) have also been provided. This additional support and the removal of conditions for people to be housed, means **many people who have been street homeless or in hostel accommodation have been housed** and are benefitting from

the stability and security this can provide. There are clear lessons here for traditional homeless support pathways.

Despite new opportunities and examples of positive practice presented in this report, it is important to recognise that for many people experiencing multiple disadvantage, the pandemic and lockdown have been particularly difficult and **inequalities have been exacerbated**. Usual services and support are no longer available or are harder to access, mental health problems have worsened and people have experienced relapses in their recovery journeys.

Not all accommodation is appropriate or comes with the essential support from trained staff. Not everyone is housed; some people have been evicted, some have been released from prison or hospital with no fixed abode and others have left allocated accommodation. **It is important that those who remain homeless or otherwise outside the system of support are not overlooked.**

**Greater flexibility in access to opioid substitution therapy (OST)** has been welcomed by beneficiaries across partnership areas. Speed of assessment and prescribing has been substantially improved. Prescriptions are issued for longer time periods and supervised consumption is often no longer required. This is said to have resulted in greater engagement in treatment and beneficiaries report feeling trusted and empowered. It would be useful to consider how this flexibility could be extended.

**Women are particularly vulnerable** and there has been a well-publicised increase in reports of domestic violence. The speed with which people were housed and high demand for accommodation means many women are housed alongside men or without gender-specific support. It is important that plans for transition are gender-informed.

Frontline staff, already doing a difficult job, now face the added pressures of COVID-19 risks and the challenges of social distancing and isolation. Some partnerships have continued to provide mindfulness and **reflective practice sessions online for staff**. These have received positive feedback. We suggest that organisations supporting people experiencing multiple disadvantage consider adopting a similar approach if they do not already provide reflective practice sessions for their staff. Fulfilling Lives partnerships have provided a variety of resources to support this (see appendix on page 21).

# Introduction

The COVID-19 pandemic and associated measures to control its transmission have created challenges and opportunities for partnerships supporting people facing multiple disadvantage. In particular, the pandemic has created movement on issues that partnerships have been working towards for some time, such as taking more collaborative and person-centred approaches.

Programme staff, volunteers, beneficiaries and experts by experience have highlighted a number of positive changes that have been implemented in recent weeks and months. Beneficiaries in particular also expressed concern that the most helpful of these may not continue beyond lockdown and that things will return to the way they were previously. It's important that the learning from the pandemic is captured and used to inform more positive models of working in the future as we begin to transition out of lockdown.

This report is the result of a short-term piece of work to capture experiences and perspectives during the pandemic – see page 20 for more details on our method. We aim to answer three key questions:

- What changes to support and services for people experiencing multiple disadvantage have Fulfilling Lives partnerships implemented, contributed to or observed in relation to their beneficiaries?
- Which of these changes appears to have had a positive impact on their beneficiaries?
- Which changes should continue, and which not, after the pandemic?

We found a number of common themes across partnerships and different stakeholder groups. However, it is also clear that experiences have not always been consistent across the country, with some partnerships reporting polar opposite experiences of statutory agencies compared to other partnerships. There are also examples of approaches varying between neighbouring local authority areas.

The research has been undertaken rapidly in order to gather insights and inform transition planning as soon as possible. The findings are based on qualitative experiences and perceptions; some reported impacts are based on anecdotal evidence. The report focuses on capturing what has happened and the immediate impact. We plan to follow this report with a more in-depth study later in the year, incorporating quantitative data on beneficiary wellbeing and service use, national statistics and other evidence where available, and giving greater consideration to what it is about the nature of the pandemic response that resulted in some of the positive changes and flexibilities observed.

This report is particularly aimed at statutory service providers and policy-makers, both locally and nationally, whose work affects people experiencing multiple disadvantage. This encompasses the criminal justice system, local authorities and healthcare commissioners and providers. Our aim is to inform debate, planning and practice post-lockdown. The report will also be of interest to Fulfilling Lives partnerships and other organisations seeking to influence systemic changes to the way support for people experiencing multiple disadvantage is designed and delivered.

# What's changed?

## Cross-cutting changes

The pandemic has engendered **a sense of urgency and rapid responses**. Partnerships referred to reductions in red-tape and swift decision-making. Referral processes have been simplified and assessments are happening more quickly. This means beneficiaries get the support they need much sooner.

Related to this, there appears to be much **greater flexibility and creative solutions** are being developed to overcome challenges. Staff have worked outside their normal contractual obligations to help fill gaps in services. There is a sense of staff having the freedom to be more proactive and rely on their own judgement. Perceptions of risk have changed, with the risk of spreading COVID-19 now eclipsing some other concerns.

This can allow more tailored and individual support, rather than people having to conform to rigid service processes. As a result, beneficiaries report **feeling more 'looked after'**. There are a number of factors that appear to contribute to this, including more frequent one-to-one contact, staff having more time and being able to focus more on individuals away from the distractions of the office and without the need to spend time travelling. Experts also perceived a lessening of power imbalances between beneficiaries and service staff.

There has been a **greater focus on supporting people's wellbeing** by providing food, essential household items, activity packs and items to stave off boredom, including TVs and internet access. This type of support was not a priority before lockdown.

Partnerships report that staff have continued to use and improve on their **trauma-informed practice**. This was often in the form of checking in frequently with people. Emotional support at this time was felt to be particularly important as well as finding opportunities for 'everyday' conversation.

Dr Ray Middleton from Fulfilling Lives Newcastle and Gateshead has written a series of blogs on taking a trauma-informed approach to the pandemic. This includes recognising that for ourselves and others the pandemic is a traumatic event. To date the blog page has had over 1,000 different visitors. Read the first blog here: <http://www.fulfillinglives-ng.org.uk/blog/tips-taking-trauma-informed-approach-coronavirus/>

Across partnership areas there is **evidence of improved cross-sector working** to address the challenges of the COVID-19 pandemic. Where strong collaboration was already in place, this has proved helpful in coordinating responses across sectors and organisations. Multi-agency meetings have continued online; now attendance in person and associated travel is not required, it is easier for people to participate. One partnership in particular provided evidence of strengthened partnerships and suggested there was greater openness and willingness to explore joint solutions and pool resources. Areas also highlighted that there has been more flexibility around information sharing – this can be a barrier to greater joint working. That is not to underplay the hard work that has gone into making collaboration work and good joint-working is not universal.

**Inspiring Change Manchester's** GM-Think platform for multi-agency information sharing has helped to join up and coordinate agencies supporting people. A new section on the system was created to record any vulnerabilities relating to COVID-19. As well as helping diverse organisations understand an individual's support needs, it has promoted joint working as it is immediately clear which services are working with someone. For more information see: <https://inspiringchangemanchester.shelter.org.uk/gm-think>

**Community and voluntary groups** have come to the fore and played an essential role in providing welfare support, such as food parcels. There is evidence of established charities, volunteers, local statutory agencies and smaller community groups all pulling together. This includes engagement from new private sector and corporate organisations in some areas, such as restaurants donating food. Volunteers with lived experience of multiple disadvantage have contributed too, being well placed to reach people with shared experiences.

In common with most other aspects of life in lockdown, **greater use has been made of alternative, remote methods of communication** to support people facing multiple disadvantage. This offers benefits for many people. It removes the stress, time and cost involved in travelling to appointments. This is particularly useful if someone has multiple appointments each day. Online or telephone communication provides more of a neutral space than meeting at a clinical or administrative building. Quick and light touch communication means it can happen more frequently too. Use of alternative forms of communication is said to have contributed to greater engagement and compliance with services.

Phone and online communications do not work for everyone or in all circumstances. Fulfilling Lives partnerships have **helped to address digital exclusion**, providing beneficiaries with basic equipment, such as android phones, as well as hands-on support from workers to get online, create accounts and log-ins. However, managing equipment and purchasing credit is difficult for some. Therefore, it is important that face-to-face contact continues to be provided, where needed, in line with social-distancing rules.

We have also gathered examples of how the pandemic has helped to **prompt conversations** and raise awareness among statutory service providers and commissioners about the needs of people affected by multiple disadvantage, some of the service barriers and the work of Fulfilling Lives. Closer working between Fulfilling Lives staff, including navigators, and other agencies, provides the opportunity to share the Fulfilling Lives way of working with other services and raise awareness of some of the issues partnerships have been campaigning for over recent years.

## Homelessness and accommodation support

### Positive impacts

One of the biggest and most visible achievements of the pandemic has been the **rapid emergency housing of large numbers of people**. Partnerships have seen people who have been street homeless for years now in accommodation and people in dormitory-style night shelters moved to more appropriate accommodation. Helping to get large numbers of

people with complex needs housed is a major achievement and is having a positive impact for many.

There has been a greater take-up of accommodation than previously. There are likely to be a number of reasons for this, but it is important to recognise that the **emergency accommodation offer is different to traditional homeless housing pathways**. People have no conditions to meet before being housed, and in many cases the accommodation itself is much more appealing; self-contained hotel accommodation offers greater levels of privacy and security than hostels and meals have also been provided. In many ways, this model is much closer to the Housing First model and illustrates some important lessons about how to support greater numbers of homeless people affected by multiple disadvantage to take-up accommodation.

Staff from **Opportunity Nottingham** have been providing support to rough sleepers with complex needs housed in a city centre hotel. Residents have access to physical health care, substance misuse treatment and support with resettlement into move-on accommodation. The initiative has been highlighted locally as an example of how different agencies can work together to house and provide support for a group of people who had previously been excluded.

In many areas **support services have been provided alongside emergency accommodation** to help people facing multiple disadvantage. A wide range of service providers and organisations have visited emergency accommodation to bring key services to people. Healthcare teams have provided physical health assessments and treatment. Help with substance misuse and mental health has also been provided. Housing officers have visited people in temporary accommodation to help them to complete applications. And outreach support from Fulfilling Lives partnerships and people with lived experience has continued. In one area, a telephone buddying system has been provided for those housed temporarily in dispersed accommodation.

There is evidence from some partnerships of **accommodation provider policies being more flexible and inclusive**, with room inspections paused and eviction policies relaxed.

Partnerships also described **greater flexibility from local authorities** in what they recognised as priority need for housing, increased tolerance and reduction in evictions. There is in some areas a greater awareness of why people may struggle with housing and a more positive outlook on people facing multiple disadvantage. Restrictions on those with no recourse to public funds have been lifted in relation to housing.

## Negative impacts and ongoing challenges

The significant achievement of the rapid emergency housing of homeless people notwithstanding, it is important to recognise that **not everyone is housed**. Some people have chosen not to enter emergency accommodation, others have been evicted and other people are being released from prison or hospital to no fixed abode. Fulfilling Lives partnerships continue to visit and check on those who are not in accommodation. It is important not to overlook this group. They are particularly vulnerable as many of the usual community-based services, such as day centres, are closed. Those who are still rough sleeping or sofa-surfing can find it difficult to access basic provisions such as food and showers.

The necessary speed with which people were initially housed means **allocation of accommodation was not always based on needs** and the mix of residents not considered. For example, a lack of a gender-informed approach means some vulnerable women are housed alongside men without the usual level of support. This creates fear among women who have experienced abuse in the past. There are also concerns that housing vulnerable women with men may increase the risk of violence, exploitation and abuse.

There are **concerns about safety** for some. Housing large numbers of vulnerable people, many of whom have substance misuse problems, in the same place may mean they become a target for exploitation by pimps and drug dealers.

In the early days of the pandemic in particular, some beneficiaries' awareness and understanding of the crisis was poor due to factors such as language barriers, social isolation and limited access to media. This led to heightened anxiety about the threat of COVID-19 among some beneficiaries. Some also had difficulty in understanding and following public health guidelines.

**Not all accommodation is appropriate.** Intense pressures on accommodation options due to high demand means people may be placed in accommodation with no or little support, without basic amenities (such as bed, cooker, fridge) or far from their usual support networks and services. People who were due to be re-housed pre-lockdown now find themselves stuck – one partnership highlighted examples of people suffering distress due to being stuck in unsafe or unsuitable accommodation.

Staff in temporary and emergency accommodation are **not always trained to support people facing multiple disadvantage**. Quality and level of support appears to vary depending on the area and accommodation. Lower staffing levels in some temporary accommodation leaves clients vulnerable to exploitation and abuse. Training is required on understanding behaviours and how best to engage with people.

With no visitors allowed in emergency and temporary accommodation **people find themselves bored, lonely and restless**. The provision of TV, internet and other activities is not universal. The risk of people leaving isolation and taking drugs is increased.

**Inflexible rules and draconian sanctions** remain in place in some accommodation. For example, some beneficiaries have been evicted for venturing outside, irrespective of what the reason might be.

One partnership highlighted that some beneficiaries are confused and concerned about potentially being indebted as a result of being housed.

As a result of these factors, some people did not want to stay in emergency accommodation. One partnership area reported an increase in 'cuckooing' where vulnerable people invite others into their home, often with drugs, and then find them taking over and exploiting them. Coupled with pressures on staff and budgets, there is a danger of positive perspectives being eroded and a **lack of understanding and empathy** in relation to behaviour. One partnership expressed a fear that should a second lockdown be necessary in the future some hotels will not provide their facilities again due to the challenges of managing beneficiaries.

# Alcohol and substance misuse

## Positive impacts

One of the biggest changes, highlighted by all Fulfilling Lives partnerships, is a welcome increase in flexibility of support with substance misuse in particular.

### **Access to opioid substitution therapy (OST) prescriptions has improved.**

Assessment and prescribing has been significantly speeded up, now taking a matter of days rather than weeks. Speed of response can be critical to success – having to wait weeks before starting treatment can mean initial motivation drops. More assessments by phone have been carried out and one area highlighted better use being made of previous assessment paperwork, reducing the need for beneficiaries to repeat themselves. Both beneficiaries and support workers have benefitted from this improved efficiency of response. Other pre-conditions for treatment, such as attending a set number of support group sessions, have also been dropped. These conditions were often unrealistic for some people affected by multiple disadvantage. Partnerships provided examples of people receiving treatment who had not previously.

**OST scripts are also being issued for longer periods of time**, for example, weekly or fortnightly rather than daily pick-ups. Partnerships report this has worked well for many. Related to this, **consumption is often no longer supervised**. This has been universally welcomed by beneficiaries. Experts described the pre-lockdown experience of visiting pharmacies for supervised consumption as 'horrible' and stigmatising. Having **scripts collected and delivered by support services** (including by Fulfilling Lives volunteers) is also said to have worked well. This particularly helps beneficiaries who have limited access to transport and/or funds for use public transport. These changes mean beneficiaries have greater autonomy and flexibility to manage their own medication. We received multiple reports of people feeling empowered and trusted as a result.

**Fulfilling Lives South East** agreed a joint protocol with local drug and alcohol services, homeless healthcare GPs and pharmacies to allow their worker to collect a client's methadone prescription and deliver it to him on a weekly basis. This involved visiting him twice, to obtain written consent then to deliver the medication. The client is extremely vulnerable and was shielding in temporary accommodation after early discharge from hospital. The substance misuse service did not have the resources to provide this service.

**Proactive harm reduction measures have continued or even been stepped up.** This includes delivering needles and needle boxes to beneficiaries in emergency accommodation, supplying lock-boxes for home medication storage, provision of the overdose reversal drug Naloxone and accompanying training, and assertive outreach.

**Greater use is being made of support by phone and online.** In some areas this has meant people receive contact weekly, rather than more infrequent appointments at services. Beneficiaries report that these sessions feel more focused on their needs and meaningful support rather than merely testing and form-filling. There is a perception that drug workers now have more time for them. Some feel more comfortable with virtual forms of support and feel able to talk more openly. It can also be better for women who can feel unsafe sharing waiting areas with men.

Similarly, many have found engagement with online recovery support (such as online Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) meetings) helpful. People can attend from the comfort of their own home and social anxiety is reduced for some.

However, **face-to-face contact remains important** for those facing multiple disadvantage. Without personal contact it can be difficult to assess the welfare of an individual. Socially distanced visits and outreach to emergency accommodation is enabling beneficiaries who would normally struggle to access appointments to engage with support.

The results of these changes are said to be fewer missed pick-ups, fewer people dropping out of treatment and greater engagement with support services. Greater choice in how people access support is said in some areas to have resulted in higher attendance at support sessions. Some areas highlighted examples of beneficiaries stabilising or reducing drug use since lockdown, being more open to treatment and accessing treatment for the first time. Some of these impacts may also be due to disruptions in the illicit drug market in some areas.

Staff and experts by experience in some partnership areas perceive there has been no increase in drug overdoses and drug-related deaths during the lockdown period. However, we are unable to verify this and it is not the case across all areas. It will be useful to review data on this as it becomes available, although the full picture may not be known for some time due to the time lag in the availability of authoritative statistics. At least one of the partnerships has had regularly discussions about drug related death cases throughout lockdown and a more complex and rapidly changing picture is emerging.

## Negative impacts and ongoing challenges

While the longer scripts have been helpful for some, **not everyone manages additional substitute medication well**. Reduced supervision does increase risks, for example, where two people are living together, both with scripts. Partnerships provided reports of some people struggling and selling excess medication, leading to a surge in prescription medication on the streets. Fulfilling Lives partnerships can provide valuable information about the circumstances of the people they support and the extent to which they are likely to be able to cope with longer-term scripts.

The increased anxiety and isolation of lockdown appears to have triggered some people to relapse back into drinking and using drugs.

Drug and alcohol services are clearly under pressure. **Lower staffing levels** have sometimes meant early discharges from rehab, people unable to access rehab as planned, difficulties getting in touch with workers and lower levels of some services, such as assertive outreach, which can affect people's ability to engage with treatment. As high risk issues, such as class-A drug use, have been prioritised, some partnerships believe there has been a reduction in alcohol support.

## Criminal justice system

We received much less information on the criminal justice system than on some of the other sectors considered, possibly related to the fact several partnerships flagged the probation service as harder to engage with. Observed changes and impacts appear to be much less

consistent across Fulfilling Lives areas, with some partnerships having polar opposite experiences.

## Positive impacts

In common with other sectors, probation is making greater use of alternate, more flexible ways to engage with people. **Home visits** are taking place. Greater use is also being made of phone calls. This is welcomed by beneficiaries as it removes the pressure to cover the cost of travel or difficulties due to underlying health conditions. As people no longer need to attend probation meetings on site they are less likely to breach licence conditions. There was a perception from some beneficiaries that probation staff have more time for them and experts by experience said the service felt more co-produced.

As face-to-face contact with probation has reduced, it appears **probation services are working more closely with colleagues from the voluntary sector**, including Fulfilling Lives partnerships, to understand the needs and progress of those they support. It is hoped that this will lead to lasting relationships between the sectors.

A few partnerships perceived greater leniency from the criminal justice system during the pandemic. This includes a perceived reduced desire to re-call people to prison for non-attendance.

In one area we received reports for people being released from custody quicker. Another partnership indicated that the prison release process had been tightened to ensure that people leaving prison have specific accommodation to go to. People are also given a mobile phone on release; given the increased importance of mobile connectivity, this would seem a helpful step to enable people to connect to key services.

## Negative impacts and ongoing challenges

While many changes to the way probation service operates have been positive for beneficiaries, several partnerships highlighted **poor initial communication** about this. For those not engaging with probation before the pandemic, the changes to telephone appointments may have made little difference.

Similarly, some beneficiaries were confused about the procedures for court appearances: should they wear a mask, can they be accompanied by their support worker?

Several partnerships highlighted that **prison release experiences have generally been poor**. This includes several reports of people being released to no fixed abode. As described in the section on homelessness, this is particularly problematic at the moment.

**Lack of visits to prisons** is not only difficult for those inside, but makes it difficult for workers to check on people's welfare and prepare for release, for example, by undertaking social care assessments. Instead, these steps must wait until discharge.

In contrast to some other partnerships, one felt that probation was now quicker to breach people and return them to prison than normal. Another partnership had observed an increase in the use of short-term sentences – an approach, they argued, that is proven not to work.<sup>1</sup>

And while greater leniency from police and probation may benefit some people, staff from one partnership highlighted a concern about anti-social behaviour and perceived this to have increased while policing focus is on more serious crime and COVID-19 related offences. People affected by multiple disadvantage are often at greater risk of being a victim of crime and anti-social behaviour.<sup>2</sup>

## Mental health

### Positive impacts

A few partnerships provided examples of **mental health care being provided alongside other support**, including physical health and addiction support, with outreach to where people are housed. This has helped to ensure people are seen and get the support they need. Issues are being picked up which may have been missed previously.

A few also highlighted examples of **additional capacity and new services** to help address the increased demand for mental health support. This includes a Hotline for prompt support, expanded duty capacity and skills mix on recovery team and reorganisation of psychiatric liaison teams from across the area to maximise capacity. One partnership reported that GPs are being more proactive in relation to mental health.

As in other sectors, the need for flexibility and adaptation in service delivery has provided greater variety and choice in how they engage. Services are offering **alternative forms of engagement**, including structured counselling (Cognitive Behavioural Therapy (CBT)) and emotional support by phone, online wellbeing groups and home visits from a consultant psychiatrist. One partnership now conducts psychological assessments and testing by phone and has moved their support group online. They had never done either before and were sceptical about how effective they would be. Staff at the partnership report that both approaches have worked well. Remote forms of support can be helpful for people who do not feel comfortable going to groups (for example, due to agoraphobia). Increased frequency of contact is also generally well received.

Greater choice and the use of phone and digital appointments can help to **put patients in control of their care**. For example, one beneficiary reported how their community psychiatric nurse now calls in advance to check their availability for their depot injection. Some perceived an increase in engagement with mental health support as people are now more in need of conversation.

The **wider range of therapeutic and supportive activities** available has also been appreciated. This includes partnerships sending out letters and cards, socially distanced walks in parks, provision of e-readers and art materials.

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<sup>1</sup> For example, see Mews, A. Hillier, J. McHugh, M. and Coxon, C. (2015) *The impact of short custodial sentences, community orders and suspended sentence orders on re-offending*. Ministry of Justice [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/399389/impact-of-short-custodial-sentences-on-reoffending.PDF](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/399389/impact-of-short-custodial-sentences-on-reoffending.PDF)

<sup>2</sup> For example, see Sanders, B. & Albanese, F. (2016) *“It’s no life at all”: Rough sleepers’ experiences of violence and abuse on the streets of England and Wales*. London: Crisis. <https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/types-of-homelessness/its-no-life-at-all-2016/>

As with substance misuse treatments, mental health prescriptions have been issued for longer periods. While some beneficiaries appreciate this, prescribing in larger volumes also comes with risks, including overdose or people selling them on (see negative impacts below).

Several partnerships highlighted how resilient many of their beneficiaries have been during the pandemic. Where the link to support is weakened some beneficiaries are said to have discovered or **rediscovered personal strength and resources** and have begun to develop ways to better cope with their own wellbeing.

Staff wellbeing is also important. Some partnerships highlighted that frontline staff in particular were already doing a difficult job but now have the added pressures of COVID-19 risks and the challenges all of us face in relation to social distancing. Some partnerships have continued to provide **mindfulness and reflective practice sessions online for staff**, which have received positive feedback.

**West Yorkshire Finding Independence (WY-FI)** have produced a 'how to' guide on independent reflective practice. It was designed to support the increasing numbers of the staff team working remotely. It provides a step by step guide on how to continue reflective professional development remotely. Download the guide and accompanying log here: <https://wy-fi.org.uk/2020/03/26/independent-reflective-practice-a-how-to-guide/>

## Negative impacts and ongoing challenges

Like the wider population, the mental health of many Fulfilling Lives beneficiaries has been adversely affected by the pandemic. Some are **struggling to cope with lockdown** – feeling more isolated and vulnerable than usual, experiencing panic attacks and a worsening of conditions, including paranoid delusions and schizophrenic beliefs. The threat of and constant discussion of COVID-19 has increased people's levels of anxiety.

While some gave examples of additional capacity, partnerships also highlighted how mental health support was stretched with evidence of **increasing demand and new referrals** as well as an increase in the complexity of need. Some of this additional demand is being picked up by voluntary and community organisations, including without accompanying funding.

Several partnerships reported finding it **harder than ever to contact or access mental health support** on behalf of beneficiaries, other than through A&E. Many services are closed and communication about available options has been limited. One partnership perceived that secondary mental health teams seem keen to discharge clients.

Again, **online and phone support has its limitations**. It can be harder to observe body language and interactions in group sessions. There is a concern that some issues may be hidden by lack of face-to-face contact. While some find it easier to open-up by phone, others find it much more difficult. For some, voices on the phone can feel detached and unreal; this is not helpful for those with experience of psychosis. Doorstep catch-ups and video calls preferable here. The digital divide also places some at greater disadvantage when online and mobile phones are the main ways for receiving support.

Prescribing mental health medication for longer periods can raise the risk levels for those at risk of suicide.

# Support for women experiencing multiple disadvantage

## Positive impacts

The lockdown and the particular risks to women appear to have **heightened public awareness of domestic abuse**.

The offer of emergency housing is said to have helped some women to leave abusive relationships, reduce street sex working or spend time away from perpetrators if in separate accommodation at point of lockdown. One partnership provide the example of a woman in this situation using the time to re-engage with specialist domestic abuse support and make contact with others in similar positions through social media.

**Additional resources**, such as hotlines for quick access to support, have been put in place in some areas. Some partnerships have been involved in providing women with regular well-being packs, including activities for mindfulness and self-care. These have been much appreciated.

Some partnerships have also lent their expertise by **providing guidance** on working with women affected by domestic abuse to those supporting people in emergency accommodation – see boxed example below.

Staff in hotels and other emergency accommodation may have little training or experience of dealing with domestic violence. **Fulfilling Lives Islington and Camden (FLIC)**, working in collaboration with St Mungo's, Standing Together and Homeless Link, rapidly produced guidance on supporting people affected by domestic violence. It sets out best practice, including how to work with someone safely on the street, and what to do if the perpetrator is still on the scene. The guidance has been positively received. <https://www.shp.org.uk/news/a-guide-to-domestic-abuse-and-sexual-violence-during-covid-19-outbreak>

The move to more digital and phone support and services has **improved access for some women**. They no longer need to leave the house and travel to services, organise childcare, sit in waiting areas with men and are less likely to feel stigma as a result.

## Negative impacts and ongoing challenges

**Women experiencing multiple disadvantage remain particularly vulnerable** at this time. Large numbers of vulnerable women in one place places them at risk of sexual exploitation. As highlighted in the section on homelessness, in accommodation with little support, the risk is further increased. Due to fewer opportunities for earning money,<sup>3</sup> partnerships identified that women may be more likely to undertake risk-taking behaviour to meet basic needs; there is concern that some may resort to 'survival sex'.

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<sup>3</sup> See the open letter to the Government from Fulfilling Lives Newcastle and Gateshead <http://www.fulfillinglives-ng.org.uk/blog/open-letter-government/>

We also received reports of **increases in domestic abuse and sexual violence**, particularly where women are having to self-isolate with perpetrators. There appears to be some confusion around the circumstances under which women are allowed to leave.

**There is a lack of emergency and temporary accommodation** for women. As a result, women are still being placed in B&BS and hotels alongside men. Once again, this can create fear amongst women who previously experienced domestic and other forms of abuse and places women at risk of violence and abuse. Where women only accommodation has been provided, associated women-specific support is not always available.

We heard that **local domestic violence services have stopped seeing women in person or doing outreach and** referrals to refuges being paused. While remote support has some advantages, as outlined above, supporting people with difficult and traumatic issues, such as a child's adoption, can be very challenging to do by phone. Some women have disengaged from support as a result.

Anecdotally, both staff and clients in one area reported higher levels of personal harassment out on the street during lockdown and felt less safe.

## Other sectors

Impacts in other sectors highlighted by partnerships mainly related to the positive impacts from **increases in benefit entitlements and greater flexibility from Jobcentre Plus / Department for Work and Pensions (DWP)**. Beneficiaries no longer need to attend the job centre in person. Notwithstanding the difficulty in contacting the Universal Credit helpline (one beneficiary spent five hours on hold!), online and phone interactions are reported to have increased engagement and reduced stigma. One partnership reported how a worker was invited to join a conference call with a beneficiary and Personal Independence Payment (PIP) assessor – something that was not previously an option. Flexibility around making online claims and a reduction in conditionality have also been valued. In practical terms, increases in rates (for Universal Credit and Local Housing Allowance), suspension of loan repayments and faster payments have also been helpful.

Several partnerships shared how they have been working well with DWP colleagues, for example to encourage referrals. These are relationships that were largely developing in advance of the pandemic.

A few partnerships also mentioned the benefits of the involvement of health-care providers (local hospital, GP practices) in **multi-agency outreach** to emergency accommodation, resulting in some beneficiaries seeing a clinician for the first time in a long time. As with other services, access to GPs by phone is easier for some, but does mean accompanying support and advocacy from a worker is often not possible.

VOICES (the Fulfilling Lives partnership for Stoke on Trent) have produced guidance on how the Coronavirus Act 2020 has affected the Care Act 2014 duties. Some duties, including the duty to assess and meet unmet eligible needs are suspended under the Act in certain circumstances. The guidance includes advice for how practitioners can ensure their clients get the care and support they need. Read the guidance here: <https://www.voicesofstoke.org.uk/2020/04/23/coronavirus-covid-19-and-changes-to-the-care-act-2014-a-briefing-for-homelessness-providers-and-practitioners/>

# What needs to change in the future?

In the first part of this report we summarised evidence, examples and perspectives from Fulfilling Lives partnerships on the changes and flexibilities that have been put in place in response to the COVID-19 pandemic. In this section we outline those changes and ways of working which look most promising and recommend next steps to ensure transition and future services benefit from the learning from the pandemic.

New ways to engage with and receive support have been welcomed. Online and phone support are not a replacement for face-to-face engagement, as they do not work for all or in all circumstances. However, they provide an additional option to consider for those who may benefit the most, **offering greater choice and control**. Similarly, greater flexibility and discretion on behalf of service providers has enabled people to receive support more quickly. We recommend that a wide range of ways to communicate and work with people continues to be offered to facilitate more tailored and personalised services. It is important that remote contact does not replace face-to-face support.

Bringing a range of support to people who need it, rather than expecting people to visit multiple services, appears to have helped with engagement; reach has extended to some people who were previously not getting help. **It is important that ways to integrate services further and provide more out-reach and in-reach continue to be explored**, for example, providing help with mental and physical health alongside housing support. Some partnerships hope that the joint-working during the pandemic will pave the way for greater integration of services in future.

Several partnerships reflected that one of the reasons they have been able to continue to support people through virtual or socially-distanced methods is that staff and volunteers had already developed positive, trusting relations with beneficiaries. We have highlighted the importance of this in previous evaluation reports.<sup>4</sup> Experts also emphasised the value of more person-centred support, facilitated by staff having more time for them and focusing on their wellbeing rather than administrative requirements. Services should to be commissioned and designed to **allow time for trusting relationships to be developed** with people.

Some approaches, in particular the more flexible and person-centred provision of OST prescriptions, appear to have substantial benefits for people experiencing multiple disadvantage. The threat of COVID-19 has shifted perspectives on relative risk, in many cases in favour of beneficiaries, giving greater trust and autonomy. Some beneficiaries fear that, once the pandemic threat is over, there will be a return to former and, from their perspective, less helpful, practice. In our planned follow-up study, it will be important to explore the impact such changes in practice and **how shifts in perceptions of risk could be maintained**.

**Further data gathering, evaluation and reflection** is needed to strengthen the evidence base around some of the changes described in this report. This should include the experiences of beneficiaries. Peer researchers can play a valuable role here in gathering this evidence.

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<sup>4</sup> Lamb, H et al (2019). *What makes a difference? Evaluation of Fulfilling Lives, Briefing 3*. CFE Research <https://www.fulfillinglivesevaluation.org/what-makes-a-difference-new-briefing-published/>

The **Blackpool Fulfilling Lives** Lived Experience Team have supported the local HealthWatch in carrying out a survey of homeless people housed in temporary accommodation at the start of the pandemic to make sure that their needs were being met. The survey focused on finding out their physical and mental health and support needs. The project has continued to consult with people as they have moved into dispersed housing or back onto the streets.

While partnerships are generally understanding of oversights by statutory bodies as a result of the speed of the initial response to lockdown, transition out of lockdown needs to be more considered. Beneficiaries and experts by experience have crucial insights and contributions to make to this process. **Post-lockdown planning should be co-produced with people with lived experience** to make best use of this resource.

COVID-19 has created opportunities for organisations to think about how they operate. **Fulfilling Lives Lambeth, Southwark and Lewisham** have used this to emphasise the importance of co-production. They have provided tablets to enable beneficiaries to take part in online focus groups and share their experiences. They have also produced guidance to promote the principles and values of co-production.

The voluntary sector has played a crucial role in working alongside and supporting statutory services, thereby contributing to strong cross-sector collaboration. Partnerships hope that this will lead to continued positive working relationships. However, one partnership highlighted that the voluntary sector had initially been excluded from transition planning discussions. **Fulfilling Lives partners and other voluntary sector providers have valuable insights**, extensive expertise and play a key role in supporting people experiencing multiple disadvantage. **It is important that they be involved in developing post-lockdown plans.**

## About this research

This research was conducted during June 2020 in order to capture experiences during the lockdown and ensure these could be shared rapidly to inform transition planning.

The research involved the following activities:

- Rapid review of documents and online outputs produced by partnerships in relation to the COVID-19 pandemic and associated lockdown. This includes research reports, blogs and guidance documents.
- Observation of group discussions on partnership responses to the pandemic between programme leads and between evaluation and learning leads from the partnerships.
- Online questionnaire, completed by all 11 Fulfilling Lives partnerships, gathering immediate observations of changes across the different sectors they work with and the impact on beneficiaries.
- Follow-up depth interviews with the programme leads from four of the partnerships.
- Observation of four online discussions between members of the National Expert Citizens' Group (made up of people with lived experience of multiple disadvantage and beneficiaries from the Fulfilling Lives partnerships). These meetings focused on collating changes to services that have improved access for people experiencing multiple disadvantage.

## About Fulfilling Lives

The National Lottery Community Fund is investing £112 million over 8 years (2014 to 2022) in local partnerships in 12 areas across England, helping people with multiple needs access more joined-up services tailored to their needs. The programme aims to change lives, change systems and involve beneficiaries. The programme is not a preventative programme, but instead aims to better support those with entrenched needs who are not otherwise engaging with services. The programme uses co-production to put people with lived experience in the lead and builds on their assets to end the revolving door of disjointed care for adults. The programme also has a strong focus on systems change, so that these new ways of working can become sustainable.

# Appendix: Resources produced by Fulfilling Lives partnerships

## Blogs – beneficiary experiences

[SJ's COVID-19 diary – A client's perspective on confinement](#) (March 2020)

[SJ's COVID-19 diary: a client's perspective, one month into confinement](#) (April 2020)

[Life in confinement as experienced by our clients: Marisa's story](#) (May 2020)

[The Journey to Becoming a Peer Mentor \(even with COVID-19 in the way\)](#) (May 2020)

[Life in confinement as experienced by our clients: Christopher's story](#) (May 2020)

[Living in a hostel through the Coronavirus Pandemic - David's Story](#) (no date)

[WY-FI beneficiary cooks their way through lockdown](#) (May 2020)

[JA's COVID-19 diary: a little about a lot](#) (June 2020)

## Blogs – staff experiences

[Starting a new role during a global pandemic](#) (April 2020)

[Supporting beneficiaries through Covid-19 - Stuart's Story](#) (no date)

[A day in the life of a System Broker \(in quarantine\)](#) (May 2020)

[Back to Earth: Red Dwarf, homework, and coronavirus](#) (April 2020)

[Starting a new job in COVID-19 times](#) (June 2020)

## Blogs – responding to the crisis

[Tips to taking a trauma-informed approach to coronavirus part 1](#) (March 2020)

[Tips to taking a trauma-informed approach to coronavirus part 2](#) (April 2020)

[Online group reflective practice sessions during Covid-19](#) (May 2020)

[Fulfilling Lives finds new ways to support people affected by Covid-19](#) (April 2020)

[System Change & Covid-19](#) (no date)

[COVID-19 – 'Meaningful use of time' during lockdown](#) (May 2020)

[Living in lockdown: tips on managing your mental wellbeing](#) (May 2020)

[Art and Wellbeing: Creative Engagement during Lockdown](#) (May 2020)

[Boris said to "Stay At Home" but Domestic Abuse doesn't lead to Domestic Bliss \(June 2020\)](#)

## Guidance

[A guide to domestic abuse and sexual violence during COVID-19 outbreak](#)

[Coronavirus \(COVID-19\) and changes to the Care Act 2014 – A briefing for homelessness providers and practitioners](#)

[COVID-19: Ending the Interim Accommodation Duty and Mental Capacity](#)

[Independent Reflective Practice \(guide and log\)](#)

[Fulfilling Lives Lambeth Southwark and Lewisham](#) have produced a wide range of guidance documents on topics from social distancing to supporting people who are dependent on substances during COVID-19.

## Reports

[Coronavirus and its impact on benefits for people experiencing multiple disadvantages \(VOICES\)](#)

[Covid 19: Impact on People who have Experienced Multiple Disadvantages](#) (Opportunity Nottingham)

[Initial findings of the impact of lockdown during COVID-19](#) (Fulfilling Lives Lambeth Southwark and Lewisham)

[Initial impact of COVID19 on clients and client facing teams](#) (South East Partnership)

[Supporting people facing multiple disadvantage through the covid 19 crisis](#) (Inspiring Change Manchester)

[WY-FI COVID-19 Survey of Beneficiaries, Network Members and Staff](#)

## Podcasts

[Coved 19 impacting our Experts by Experience](#)

[Supporting vulnerable people during Covid 19 lockdown](#)

## Video

[Services Supporting Multiple Disadvantaged Adults during Lockdown](#)

## Webinars

[Trauma and psychologically informed approaches to Covid-19](#) Online learning module from Workforce Development Lead Dr Ray Middleton for Aneemo

[Trauma informed practice during coronavirus](#) Webinar by Workforce Development Lead Dr Ray Middleton for Feantsa

[Homelessness and multiple disadvantage - Understanding factors that may affect decision making during the Covid-19 crisis \(Homeless Link\)](#). Bruno Ornelas from VOICES speaking