

Flipped, turned upside down

How COVID-19
improved services for
people experiencing
multiple disadvantage



Introduction

Who we are

The National Expert Citizens' Group (NECG) is the lived experience representative group for people using services in the National Lottery Community Fund's Fulfilling Lives programme. Fulfilling Lives aims to create system change to improve services for people who have experienced multiple disadvantage (two or more of; homelessness, substance/alcohol dependency, mental health issues and contact with the criminal justice system).

The NECG aims to ensure lived experience shapes system change and creates services that are; co-produced, accessible and designed for people who have experienced multiple disadvantage.

The NECG is facilitated and organised by Revolving Doors Agency, a national charity that exists to change systems and improve services for people facing multiple disadvantage and stuck in the revolving door of crisis and crime.

All quotes in this document are verbatim from NECG members.



Methodology

Since the 'stay at home' lockdown began in March 2020, people experiencing severe disadvantage, and often unmet needs, saw radical changes in the way services were delivered. This includes healthcare, housing, and justice. This caused significant upheaval, requiring services to completely re-think the way they provide support. For many, this was a distressing time, a situation which no one has experienced in recent history.

Not all responses from services were successful. At the same time, the NECG members started to describe positive changes in the way some services were adapting. We wanted to better understand what these changes were, and whether they could lead to long-term positive adaptations, or systems change.

Throughout June 2020 the NECG held three regional meetings and one national event, all of which focused on the following questions:

Question one

Since (Covid-19) lockdown started, have you noticed any changes to services that have improved access to support for those experiencing multiple disadvantage?

Question two

From those observations, do you have any recommendations for how services continue that good practice?

NECG members explored these questions with lived experience groups in their local areas. They represented the local views at NECG regional meetings. The national meeting brought all members together to agree on the most significant emerging themes, and as a result they agreed recommendations for change.

The NECG found "so much positivity in an adverse situation". They saw this as a real opportunity for positive change, to turn services upside down and reimagine them.

Did COVID-19 lead to improved services?

The NECG found that certain services had become more accessible for people experiencing Severe disadvantage, and in doing so, they had innovated in ways that were previously thought impossible or at least unlikely. The main findings are summarised below.

Services became more accessible

Increased flexibility, choice of how to engage and use of technology.



Fast tracking, simpler referral process, collaboration and cutting red tape.



More outreach and services being proactive and creative.



This resulted in several innovations

Prescribing services: faster access and longer prescriptions.



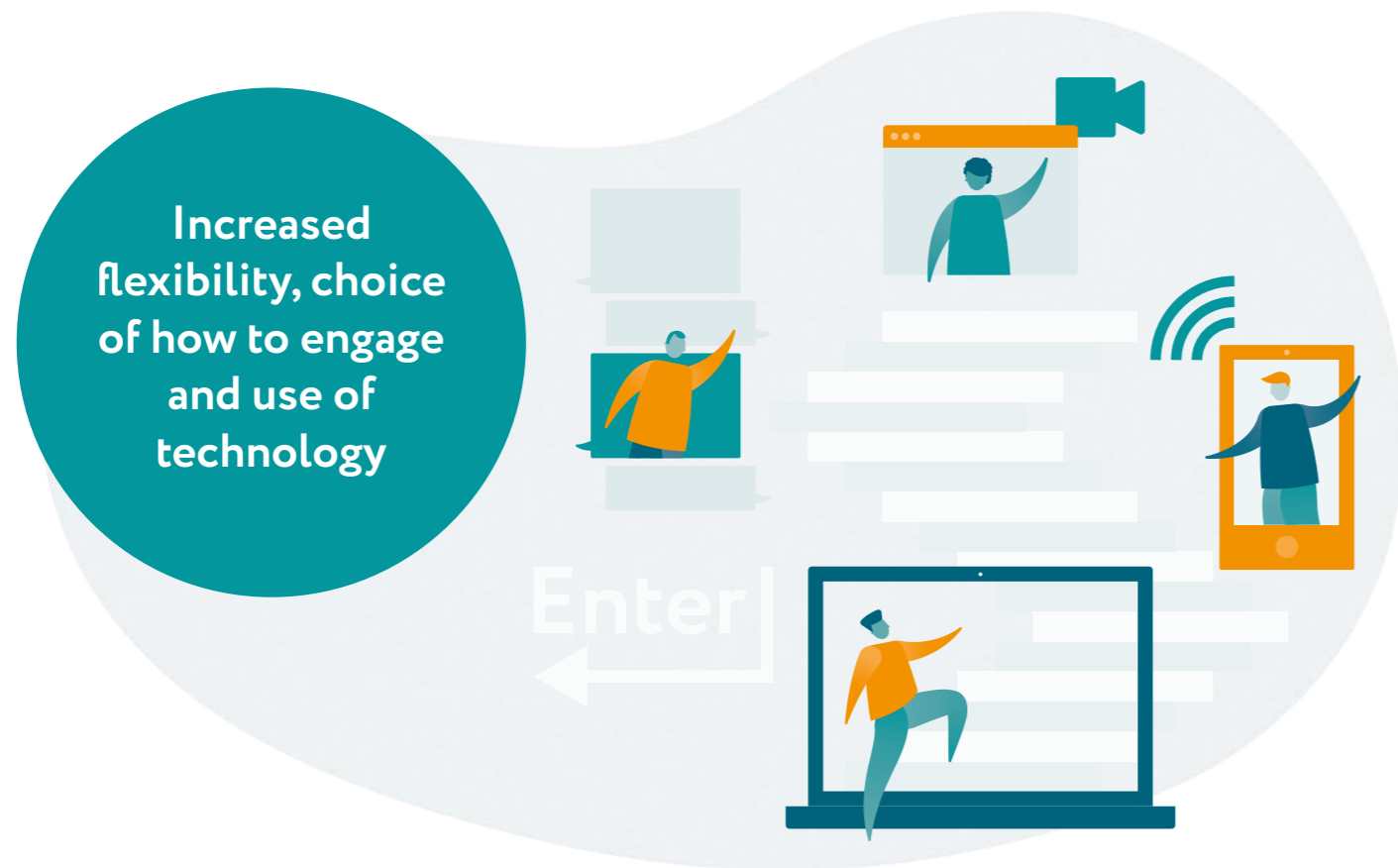
Residential rehabilitation: barriers were removed to enable access.



Probation services: outreach visits and more regular contact.



How services became more accessible



The myth of non-engagement

“Whole myth of non-engagement is dispelled if they take a different approach.”

People who have experienced multiple disadvantage have often been defined as ‘hard to reach’ or labelled that they ‘don’t engage’. The NECG see this as a ‘myth’. They saw that the lockdown caused by COVID-19 also brought with it a choice about how you engage that previously did not exist.

“Those traditionally described as hard to reach have been engaged.”

Previously, it was felt, that people had to engage with the service on the service’s terms; at the office, set appointment times, always in person, via referrals and bureaucratic processes. This creates anxiety. One NECG member described missing an appointment as “terrifying”.

“There was complacency from services and pressure on the person to engage.”

We have found that some services have become more flexible and enabled people to engage with them more easily. NECG members described the changes in a number of ways:

“You have to fit in with how we work – this has changed.”

“Covid has found out services, shown strict protocols don’t work and how adaptable services can be, and adaptable through technology.”

“Found out how rigid they were before – services realising how creative, adaptable they can be, outreach, in reach – variety – we are more creative than we give ourselves credit for.”

“Never is, and never will be about one size fits all.”

The NECG explained how accessing traditional, and more rigid, services can be difficult. People felt that the circumstance surrounding COVID-19 and the lockdown meant that there was, all of a sudden, less stigma and a better understanding of why it can be difficult to attend formal appointments. Although the reasons why people couldn’t attend were varied, it forced services to think differently, and perhaps more about personal circumstances.

The usefulness of technology

There was some evidence to suggest that phone and video calls enabled more support to be provided, freeing people from the difficulties of “trekking” to offices. People appreciated the regularity, and increased frequency, of phone calls saying it was now easier to engage with services.

“It’s difficult getting to services when you’ve got kids in tow”

“Visiting places, such as police stations, can invoke trauma”

The NECG were clear that increased flexibility and choice in how to engage had improved the interaction between people and services.

“There’s more flexibility with services. It’s levelled the playing field, it doesn’t feel like you are talking to authority.”

“It’s like being treated on a personal level, it’s not like they have a check list, you can just have a normal conversation that makes me feel better. It’s the same with getting access to counselling. You can just have a rant! I’m finding that seems to be working in my situation.”

“It’s just that human aspect, rather than being treated as a statistic I’m being treated as a whole person.”

The anxiety and fear of visiting services

Anxiety was consistently mentioned as a barrier to visiting services. Waiting areas within services, and the journey to them, were described as potentially dangerous. There is a real risk of meeting people you want to avoid – dealers, people you used to use with, perpetrators of domestic violence and people who might exploit you. These reasons, combined with underlying anxiety, can make attending appointments extremely difficult. The dangers associated with attending appointments were expressed more strongly by women.

Out of necessity, different approaches have been taken. Services have responded by becoming more flexible, offering choice, options and using technology creatively. People have been able to access support from their home.

“Hard to attend lots of physical appointments in a day. Sometimes you don’t feel like leaving the house”.

“Sometimes if you’re anxious you don’t feel like going to appointments”.

“Services should find out what people prefer – phone or face to face. People will engage, they just need the right format.”

Choice is key. People wanted the ability to choose what interaction suited them, and the new delivery models under COVID-19 restrictions often gave them that choice. Whilst some wanted phone support, there are limitations to support provided by phone or video calls and valid concerns that this will not always enable contact with the most vulnerable. Some wanted more face-to-face support, but only when they felt able and prepared to engage in that way.

“Flexibility needs to come into play, it being person centred, telephone works for some but will not work for others, that transpires for all services. It can’t be led by a stringent tick boxing approach. Decisions need to be based on a person by person basis.”

“The regular contact is stopping me from triggering. The counsellor rings once a week, that is a massive help. I can text if I’m not feeling up to it, there’s no pressure, it just eases the pressure in your recovery”

“Drugs workers now phone up for catch ups, wouldn’t have happened before.”

“Normally you go in, rush off, they are so busy. Drugs team asking if I want help with the kids. More personal, more humane.”

“It used to take 6 weeks to schedule appointment, zoom has changed that”

“Phone and zoom work for my anxiety, a lot easier”

“Zoom has been really positive in making it more regular contact, as well as phone calls”

“Some people prefer engagement over the phone”

“Love it [video meetings], get to see everyone’s faces”

Numerous services have been proactive in providing the hardware – smart phones, tablets, laptops – to enable engagement. This is vital, as otherwise people might experience digital exclusion because of a lack of access to technology. However, NECG members were clear that the use of technology had to be balanced with outreach approaches, because some people were street homeless with no access to technology, others were better able to work with groups and needed that connection to engage with services.

“Giving phones out is a small cost to enable people to engage with a service.”

“Zoom meetings are really good for some people, those settled in flats, but what about people on streets, those who are really vulnerable?”

“NA Zoom meetings, really helpful but sooner they were face to face. I find it really difficult to share on a zoom meeting.”

Fast tracking, simpler referral process, collaboration and cutting red tape



"Removal of bureaucracy has been fantastic; we need to transition to keep that."

The removal of red tape was consistently mentioned as a positive change making it easier and quicker to access services. Referral processes appear to have been made simpler and are often completed over the phone. Examples were given of quicker access to methadone prescriptions, GP appointments, drug rehab and mental health services.

"No complicated process, they just call me" - referring to a mental health service.

"Getting people on scripts for first time - over the phone!"

"Hoops you have to jump through have been removed."

"How are people getting housed in a pandemic when they couldn't be before?"

"Massive drive to cut red tape for housing when hotels close. Isn't a lot of time so red tape has to be cut."

The reduction of bureaucracy appears to have been supported by increased collaboration between services. Multi-agency approaches were said to be more difficult when dependent on face to face office appointments that required everyone to be there in person, but video meetings allowed people to meet more easily and more frequently.

"NHS have stepped up with mental health. Started ringing people...Services are stepping up and talking to each other."

"Peer led mental health service are providing wellbeing day for NHS staff, appreciating each other, it's bridging that gap. Come on, let's work together!"

Multi-agency collaboration was said to work best when coordinated by a lead worker (or navigator) directed and guided by the person receiving support. This was described as a "team around me" approach.

More outreach and services being proactive and creative

A consistent observation was that services, their staff, appeared to have more time to offer support. In addition to the regular phone contact mentioned above, services developed proactive outreach approaches and more creative ways to interact. NECG members said this has resulted in a more humane and personal approach that was greatly valued.

"Had two calls from the mental health team, hadn't spoken to me in a year!"

"Outreach approach is working."

"Services are now coming to people."

Outreach into hotels, that had been repurposed as temporary accommodation for the homeless, began to offer 'wrap around support'. This was sighted by NECG members as a positive development. Housing officers were visiting hotels to support people complete applications and linking them in with other services. Nurses have been visiting hotels to ensure easy access to primary healthcare.

Examples were given of substance use services implementing outreach approaches including home deliveries of 'support packs' which included medication and health information.

"More outreach from drugs services. Needle exchanges can be dangerous places, people you want to avoid are there."

Creative ways of working discussed included doorstep visits, going for walks with workers, provision of smart phones or laptops to help people stay in touch, sending people art supplies, and pharmacies pro-actively supporting access to domestic violence services.



Examples of innovation

Prescribing services: Faster access and longer prescriptions

At every regional NECG meeting, members talked positively about changes in approaches by opioid substitute treatment prescribing services (especially regarding methadone). There has been a more positive approach to risk. Many prescribing services have moved from daily prescriptions, consumed at the pharmacist, to 'take away' weekly, fortnightly, or even monthly prescriptions.

"Supervised consumption is horrible for everyone."

Services were described as becoming more "speedy and flexible". Red tape was said to have been removed and home deliveries were being provided. An example was given, from London, of several women accessing scripts for the first time with the whole referral process completed over the phone.

The benefits of longer prescriptions were described by NECG members as: reduced stigma, responsibility, trust, and enhanced recovery. Trust and responsibility were strongly linked to promoting and driving individual recovery.

"People are feeling less stigmatized and have more responsibility."

"Responsibility and getting empowerment back are key to recovery. It's about dignity."

"Give trust it comes back 10-fold, it's saving lives."

The risks of longer prescriptions were said to be being well managed by services providing extra support, regular phone calls, provision of naloxone, lock boxes, advice, and education. A phone buddy system for people collecting scripts (Blackpool) was said to have been crucial in people considering rehab as an option.

"There was a fear of overdose, selling it, but people are loving the trust and loving their recovery."

"Where there are concerns workers are supporting people to manage the risks."



Residential rehabilitation: Barriers removed to enable access

NECG members described how residential rehabilitation had become easier to access in some places. In Blackpool a service enabled quicker access by removing criteria that people must complete a course before a referral could be accepted. This got people into the service that otherwise would have been refused entry.

"Best thing for me in Blackpool, managed to get people into rehab and they haven't had to go on courses for 6 weeks, without red tape, we've fast tracked."

"I never got into rehab because I could never complete the courses. We got people into rehab who were really chaotic, we wouldn't have done that before."

Although this example was largely located to one area, it showed how the easing of referral criteria could radically improve outcomes for people in the revolving door – or those that were previously deemed 'too hard to reach'.

Recommendations

Probation Services: Outreach visits and more regular contact

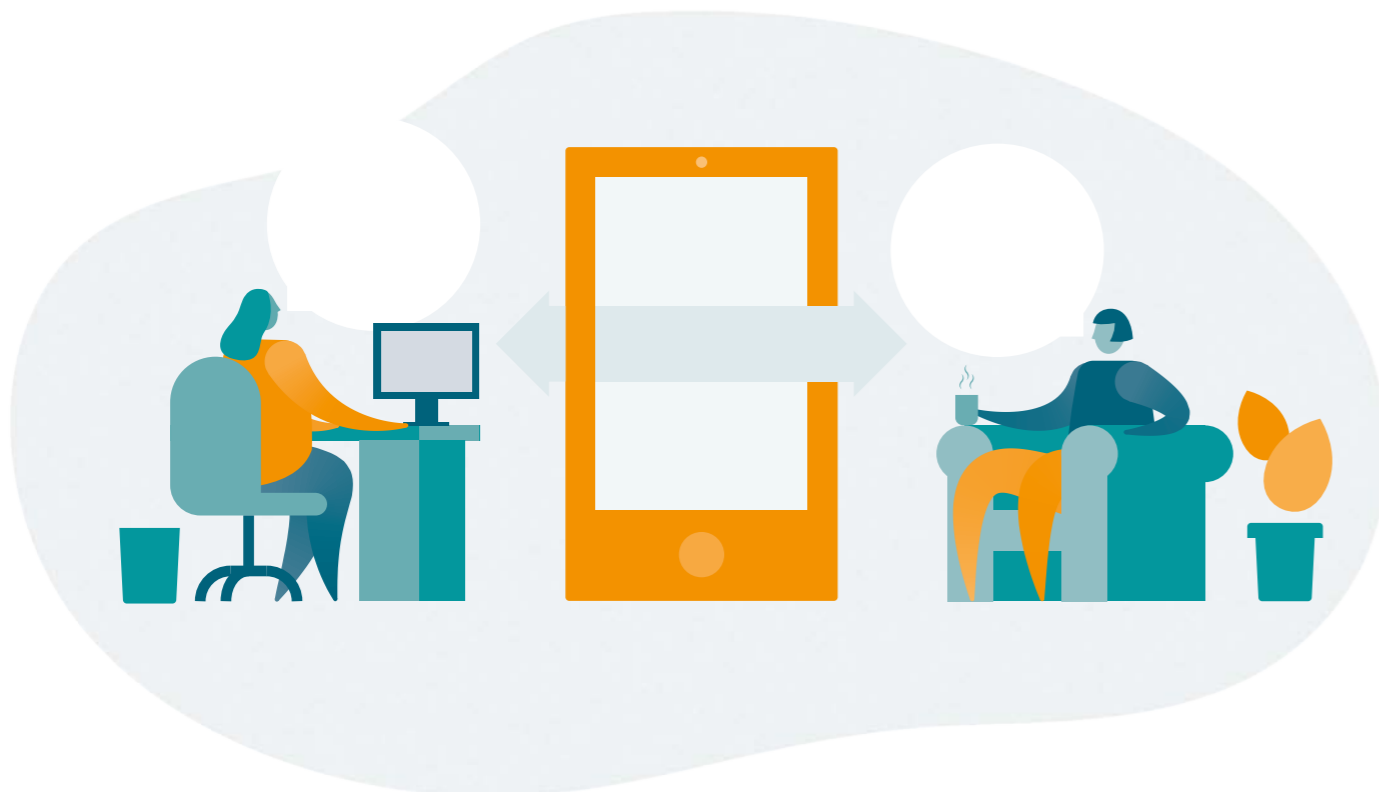
The more proactive telephone contact and outreach ('door-step') visits practiced during lockdown by probation staff were generally positively received. This was a step-change, allowing people to comply with their community order, or licence conditions, without needing to travel into a probation office.

NECG members regularly heard people say that the probation office was a "horrible" place to visit, with many stating how the environment could feel threatening, or made people feel anxious. For others, the ability to converse with a probation officer in a less formal setting seemed to put both them and the probation officer at ease and was beneficial to their relationship. For many this felt like a better way to engage with probation services.

"It's so different from going to a horrible probation office. It's taken out stigma and anxiety."

"Probation have stepped up, they used to decide between once a week or monthly, everybody is seeing everybody once a week. Coming out to houses, so much easier."

"[probation outreach visits were] Professional but more personable. I feel I'm more relaxed, and I feel they are more relaxed."



The NECG want to collaborate with partners throughout the system – government, commissioners, and services – to discuss the themes raised in this report and enable long term system change.

It's a massive piece of work to make this a reality.

NECG members agreed the following recommendations for change as a result of their work:



Co-production:

people with lived experience of multiple disadvantage are involved, locally and nationally, in discussions to fully understand the changes made during lockdown and be partners in the design of future services and strategies. This document can be used a starting point for discussion.



Flexibility and choice:

services acknowledge that people can and will engage if listened to, their situation is understood, and they are offered a choice in how to engage. This should incorporate face to face options, phone calls, an outreach option and technology. This approach should be embedded into service design, culture, and staff training.



Fast tracking:

key stakeholders in the system need to examine how the removal of red tape, simpler referral processes, and better multi-agency collaboration has been possible and ensure it becomes adapted as standard practice.



Trust & responsibility in treatment:

the changes in prescribing services, from daily consumption to longer prescriptions, have been applauded. The impact of this approach needs to be fully evaluated and the learning used to shape future services.

Opportunity for change

This is a real opportunity for change. However, at the national meeting on June 25th 2020 we asked NECG members "what is the risk of slipping back?". The NECG believe this is a very real risk as we exit lockdown and return to old ways of working. We sustain the positive ways of working that have been developed, and do that purposefully, otherwise the opportunity will be lost.



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