Solutions from the Frontline

Recommendations for decision-makers on supporting people with multiple needs

Making Every Adult Matter Coalition
Clinks, Homeless Link and Mind
Making Every Adult Matter

Making Every Adult Matter (MEAM) is a coalition of Clinks, Homeless Link and Mind, formed to improve policy and services for people facing multiple needs. Together the charities represent over 1,300 frontline organisations and have an interest in the criminal justice, substance misuse, homelessness and mental health sectors.

LankellyChase Foundation

The LankellyChase Foundation works to bring about change that will transform the quality of life of people who face severe and multiple disadvantage. It focuses on the persistent clustering of social harms such as homelessness, substance misuse, mental and physical illness, extreme poverty, and violence and abuse. LankellyChase also wants to drive systems change in order to radically reshape the services designed to reduce these harms.

The Voices from the Frontline programme is led by the Making Every Adult Matter coalition and generously supported by the LankellyChase Foundation.
About this report

This report sets out how policy makers, local authorities, commissioners and frontline services can respond to the challenges faced by people experiencing multiple and complex needs. The policy solutions it proposes have been developed directly with people experiencing multiple needs and those who support them.

It marks the midway point of Voices from the Frontline, a two-year project working directly with people experiencing multiple needs and the practitioners who support them every day. Through it, we aim to ensure their knowledge, expertise and lived experience are able to inform the development of policy and practice.

In previous publications, we have explored the issues that people with multiple needs and the frontline staff who support them experience. This report builds on these findings and focuses on the solutions to these issues.

We supported people to facilitate conversations across the country in March and April 2015, involving 50 people who either have experience of multiple needs or are practitioners supporting those who do. They discussed solutions to tackle some of the problems they face and helped us to make recommendations to achieve change.

We have made great efforts to accurately represent the views and experiences of everyone who took part in the project. Of course, it is not possible to reflect every contribution that was made fully, and to read this report is no substitute for engaging directly in this conversation – as we encourage you to do.
Recommendations

Throughout this report, we make nine recommendations based on the ideas and experiences shared by people with experience of multiple needs, and the staff that support them.

The recommendations are addressed to the new Government formed in May 2015 and national policy-makers, to local policy-makers and commissioners of services, and to frontline practitioners.

However, successful action on these issues requires all of these groups to work together, and for that reason the recommendations should not be seen in isolation.

Listen to frontline voices and tackle stigma

Nationally:
Ministers should identify a structured way to listen to the voices of people with multiple needs and the frontline staff who support them, to ensure that decisions properly reflect their experiences and meet their needs.

Locally:
Public bodies and services should review their training for all practitioners coming into contact with people with multiple needs so that they are able to understand their experiences.

At the frontline:
Services should extend work and volunteering opportunities for people with experience of multiple needs, for instance peer mentoring, and create opportunities for progression within their organisations.
Deliver flexible and more joined-up services

*Nationally:* Government should ensure that funding structures prioritise recovery and rehabilitation and allow local areas to develop a flexible response. As part of this, it should consider a new national focus on multiple needs.

*Lokally:* Commissioners should be accountable for ensuring local areas have joined-up services, and identify where people with multiple needs fall through the gaps.

*At the frontline:* Services should involve staff and people with multiple needs in designing programmes and the environments where they are delivered. They should give practitioners the freedom to build rewarding relationships with those they work with.

Support people towards independence

*Nationally:* The Department for Work and Pensions should ensure Jobcentre Plus and Work Programme providers can provide appropriate, flexible and personalised support to help people with multiple needs move towards independence.

*Lokally:* Local authorities should consider how to improve their work with the private rented sector to increase access to people with multiple needs to good-quality accommodation.

*At the frontline:* Services should increase provision of specialist support on benefits and accommodation issues to people with multiple needs.
Introduction

Our approach

We believe that people with experience of multiple needs and frontline staff should be at the heart of policy discussions that affect them. People with multiple needs are experts by experience, and through their daily lives and contact with services, they know what does and doesn’t work to support them. Equally, the staff who support them every day have knowledge and insights that often go unrecognised.

During March and April 2015 we encouraged people at services across the country to start conversations about what more the Government could do to support people with multiple needs.

We created and disseminated a workshop toolkit and accompanying facilitation guide, which local services used to guide their discussions. We also provided direct support to several areas by facilitating workshops.

What do we mean by multiple needs?

People facing multiple needs and exclusion are in every community in Britain and it is estimated that 58,000 people face problems of homelessness, substance misuse and offending in any one year. Within this group, a majority will have experienced mental health problems. Women are under-represented in these figures, but despite this face significant and distinct challenges which need to be met. Similarly, people from black, Asian
and minority ethnic communities experience a range of social inequalities which contribute to their experience of multiple needs.

People experiencing multiple needs often have ineffective contact with services, as in most cases services are designed to deal with one problem at a time and to support people with single, severe conditions. This can mean that people experiencing multiple needs are more likely to access emergency, rather than planned services, such as going to accident and emergency rather than the local GP. Accessing services in this way is costly: estimates suggest that costs for the 58,000 individuals nationally are between £1.1 billion and £2.1 billion per year.

People experiencing multiple needs are likely to live in poverty and experience stigma, discrimination, isolation and loneliness. This group tend to be known to everyone, but often are served by no one as they are perceived to be ‘hard to reach’ or ‘not my responsibility.’ This can make services seem unhelpful and uncaring to someone experiencing multiple needs who is seeking help.

This figure is based on a combination of findings from the 2014 evaluation of MEAM pilot areas and Hard Edges. For full analysis see Individuals with multiple needs – the case for a national focus (MEAM, 2015), p. 7 meam.org.uk/publications

Voices from the Frontline launch event in Westminster, November 2014 (photo: Mike Kear)
The policy context

There is now a growing political consensus around the need for a new approach to supporting people with multiple needs. One of the key aims of Voices from the Frontline is to help more people to engage with and shape this developing debate.

The Government used the 2014 Autumn Statement to announce its intention to “develop and extend the principles of the Troubled Families programme to other groups of people with complex needs in the next spending review.” This would be achieved by identifying the total cost of providing support to this group to inform work on integrated funding, commissioning, delivery and accountability regimes.

The March 2015 Budget built on these pledges and announced that the Government was exploring how to improve support for “troubled individuals struggling with homelessness, addiction and mental health problems including through social investment.”

As part of this, the Government committed to explore options to integrate spending around vulnerable groups of people in order to improve cost effectiveness. Specifically, this included “supporting individuals struggling with homelessness, addiction and mental health problems”, and continuing to join-up services for people experiencing health and social care needs.

In the conversations that took place for this project, we encouraged people to think about their views on this debate, and develop their own views on what the Government should consider as part of any new national focus on multiple needs.

The findings in this report, and the recommendations we make, will inform MEAM’s policy work over the coming year.

The Troubled Families Programme was launched in 2011 and is aimed at supporting vulnerable or complex families. It encourages local authorities to work with families to join up local services, appointing a single key worker to work intensively with each family.

For more background, see Support for Families, Department for Communities and Local Government, 2015) bit.ly/troubledfamilies

In response to these policy announcements, MEAM and the Gulbenkian Foundation recently published a briefing paper that details how a new national focus for individuals experiencing multiple needs could operate.

Download the paper at: meam.org.uk/publications/
The solutions

Over the course of our conversations, people talked about what would make a difference to their lives and the services they use and work in. People felt that change was required in three main areas, and that decision-makers should:

- listen to frontline voices and tackle stigma
- deliver flexible and more joined-up services
- support people toward independent living

Over the following pages, we set out the specific ideas that people discussed, and make recommendations for action nationally, locally and at the frontline.

Participants in our policy workshop, held in Nottingham in March 2015, who helped shape the findings of this report (photo: Kate Lowe)
Part one

Listen to frontline voices and tackle stigma

Policy workshop in Nottingham, March 2015
(photo: Kate Lowe)
People experiencing multiple needs feel that their issues and experiences are not well-understood. This both contributes to and is heightened by the stigma they often face, which can lead to social exclusion, isolation and low self-esteem. Often people blame themselves for the problems they are experiencing and feel they are unable to get help.

They feel there is a lack of understanding among decision makers and some frontline services about the experiences people with multiple needs are likely to have. This lack of understanding can lead to fear, and a gap between the perception of the lives, behaviour and attitudes of people with multiple needs and what these are in reality.

Together, we discussed opportunities for people experiencing multiple needs to work, volunteer and share their views with decision-makers, in order to reduce the stigma they experience and improve the support that's available.

**Nationally**

**A lack of understanding**

People identified a lack understanding of multiple needs on the part of national politicians and policymakers, and felt they had ‘no voice’ on the issues that affect them. Many wanted to see decision-makers listen and respond better to the views of people with multiple needs and those who work with them.

*Policy makers should come and talk to people, to understand their lives. They often have a perception of people who are homeless but this doesn't necessarily match with reality.*

However, some who had participated in visits by MPs and local officials to services felt that little had changed as a result, and said a deeper commitment to listening – and responding to what they hear – is needed.

*How can we influence politicians and government with some structured thing in order to change the stigma and the culture that we've got around complex needs so therefore job centres and mental health nurses and everyone else will start treating us a bit differently? And not just a one off – it needs to be constant.*
Suggestions of how to make this happen ranged from a national service user involvement group that would offer advice to Ministers, to more local structures that provided regular advice to local authority commissioners. As part of this, people felt policymakers should explain what their own challenges and constraints are, so that people can make a meaningful contribution.

When MPs visit the services, do they explain what they’d have to do in order to make a change? Do they explain the process from the start – say you need more money for this, do they say ‘well I need this’.

In doing this, politicians and other policymakers need to ensure that the language they use is clear and accessible, as people may not be familiar with terms or ideas that they are accustomed to using.

If there’s a meeting with commissioners and they’re dropping acronyms left right and centre, we’re encouraged to say ‘sorry, I don’t know what you’re talking about, if you want my opinion I need to understand what you’re talking about.’ That needs to be spread out on a bigger scale to how politicians talk to services.
As well as this, though, policymakers also need to understand the worst things that can and do happen to people, by spending time listening to and working with people with first-hand experience. Without this perspective, they will struggle to address the challenges and stigma that they face.

*I think they have to step out of their comfort zone and start doing things that feel uncomfortable. They have to. It's going to feel uncomfortable for them to do this because it's all new and different, but they've got to feel uncomfortable.*

*We recommend that:*

*Ministers should identify a structured way to listen to the voices of people with multiple needs and the frontline staff who support them, to ensure that policies properly reflect their experiences and meet their needs*  

**Locally**

**Stigma around multiple needs**

People experiencing multiple needs are likely to face stigma – and this can mean they are discriminated against or receive different treatment from services.

*One person I’m working with is admitted to hospital due to drink related illnesses [and] there is a distinct impression within that hospital that he’s not worth the time, and they have no desire to keep him in a bed or a seat for more than 10 seconds longer than they have to, and then he’s gone. They see a drink problem as self-imposed... it’s an illness – a lot of people don’t appreciate that.*

Some people described encountering professionals who seemed uncaring, rude or patronising. Better training of staff, for instance healthcare professionals or receptionists, could help them respond better when they encounter people with multiple needs. Part of this is about understanding the underlying causes of problems like drug or alcohol misuse.

*There’s a reason why people drink alcohol and use drugs and there’s always a core problem and it could have come from childhood trauma, [...] you have to get to that reason to finally stop using alcohol and drugs.*
Helping all professionals who work with people experiencing multiple needs to understand these factors would encourage them to “treat people as people – not people with a problem”. This might include providing ‘trauma-informed care’, which takes these issues into account.

“I didn’t choose to wake up on a morning, right, and think ‘I’m going to fuck me whole life up here’. I’m going to continue doing this until I’m dead. I did not make a conscious decision to do that… you don’t wake up on a morning right, ‘I’m gonna be a heroin addict, I’m gonna be a crack head, I’m gonna become an alcoholic’. You don’t do it. Anyone in their right mind wouldn’t do it just like millions of people in their right mind don’t do it.”

We recommend that:
Public bodies and services should ensure that appropriate training is in place for all practitioners who come into contact with people experiencing multiple needs

At the frontline

The importance of peer support

As well as support from well-trained professionals, people felt there was sometimes no substitute for personal experience – the support and understanding of those who have been there.

Many people said how much they value peer support, as they found it easier to trust someone who understands what they have been through. Peer support is where people with personal experience of multiple needs work with clients, either as volunteers or in a paid capacity.

“Those people that are in, or still around the madness, if they’ve got someone who’s been there, seen it, done it, I’ve even used with them, they can trust them, d’you know what I mean? That element of ‘right, what are they out for here?’ is taken away, the person can relax and tell an honest story because I know myself, when I was in there, I was bullshitting…”

One example of peer support is peer mentoring, which many felt had a positive impact on individuals whilst they were engaged with services. In order for their contribution to be valued and for
their views to inform the delivery of services, it is important that services provide professional opportunities for people to develop and receive recognition for their work.

[One area] has people with lived experience actually working in full time employment, but they’re in the lowest positions out of the whole organisation.

There also could be a role for peer mentors and other representatives outside of services. One suggestion was that local officials should spend time shadowing people with experience of multiple needs, “so they get to see first-hand what is happening, what help is out there and if the help is fit for purpose.”

We recommend that Services should extend work and volunteering opportunities for people with experience of multiple needs, for instance as peer mentors, and create opportunities for progression within their organisations
Part two

Deliver flexible and more joined-up services

Policy workshop in Nottingham, March 2015
(photo: Kate Lowe)
People with multiple needs want to be placed at the centre of their own support. However, people felt that their needs and aspirations were not always seen as a priority, and that services’ ability to provide support can be limited by the way they are designed and commissioned.

People also felt that targets or conditions attached to funding meant that practitioners weren’t able to focus on the individual and decide what was best for them.

... if the services are being funded by criminal justice to do say DRRs [Drug Rehabilitation Requirements] things like that, they’ve got targets to meet, so the actual individual has got no say at all because they’re there on the basis of ‘you’re here because you need to be here.’ We’re here to get our wages because we’ve been told by the government, courts, prisons, whatever to do what we need to do and actually your needs come second to what we’re setting out to do...

We talked about ways of finding more co-ordinated and consistent ways to work together across different services and sectors, and what this may mean for the implementation of a new national focus on multiple needs.

**Nationally**

**Inflexible support**

When first asking for help, people felt that services should be able to exercise greater flexibility in helping them to secure the right kind of support.

*If I went into a service and I was frank and honest about my problems and because for some reason I can’t get that service, I think that that service should still have a duty of care to help me get into the right service […] Then I could maybe be a bit more frank in that discussion because then I know I’ll get help regardless, no matter what I say, I’ll still get the support that I need as long as it’s out there.*

This means understanding people’s individual circumstances and working towards person-centred outcomes, rather than setting out that results must be achieved within a set period of time.
It’s impossible to put a timeline on somebody’s recovery. Everybody’s individual – it could take me two years, it could take him eight years.

People discussed how the growing use of Payment by Results – where service providers are paid a specific sum for achieving a specific outcome – can make taking this kind of approach difficult. Some suggested that for services to be truly person-centred, they should be set up to measure how far people have progressed and not just whether they have achieved a set goal or not.

Instead of having Payment by Results or by outcomes, you look at distance travelled. So the current Troubled Families programme, there’s a payment to whoever’s running the service if someone’s back at school. Instead of those absolutes, you look at someone’s outcomes star, and see if they’ve moved from a 2 to a 4.

In attempting to achieve consistency across services for people with multiple needs, some participants believed that leadership from national Government was required.

Well I’m pretty sure it has to happen nationally because otherwise you have little pockets of things going right and little pockets of things going wrong and the information doesn’t seem to get shared, or it’s not a big enough programme to see if it’s working or not.

We recommend that:
Government should ensure that funding structures prioritise recovery and rehabilitation and allow local areas to develop a flexible response. As part of this, it should consider a new national focus on multiple needs.

Locally
Lack of joint working

People emphasised the need for better joint working between different sectors. This would prevent people from being “bounced backwards and forwards” between services without anyone taking full responsibility for their welfare.
We have to have two people. If this person has got mental health and alcohol issues, to me those two teams should be working together. Not going off to [location] to see one and into [different location] to see another one because you know you're going to get a little bit of help over there. It just doesn't work. I'd like those two services to come together.

One of the ways people suggested this could be achieved was through a central point of contact, responsible for linking all of the different services together on behalf of the person concerned. One person spoke of how using the MEAM Approach developed by Making Every Adult Matter has fulfilled this role in their local area, and the benefits it has brought.

Sharing risk and decision making is always better than just one service trying to go it alone and people are getting access to services because they don't feel isolated any longer. So when we get someone into a service where people used to be dumped before and everyone used to run and think “you’re it!”, now everyone else stays around the person, so besides the fact that the person’s got a better outcome because they’ve got lots of people supporting them.

We recommend that:
Commissioners should be accountable for ensuring local areas have joined-up services, and identify where people with multiple needs fall through the gaps.

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The MEAM Approach

The service described above uses the MEAM Approach, which supports local areas across England to design and deliver better coordinated services, improve outcomes and reduce costs. It provides a practical seven-stage guide, which areas adapt to local circumstances.

An independent evaluation of the pilot that informed the MEAM Approach showed improved outcomes for individuals’ housing situation, engagement with the Criminal Justice System drug and alcohol use and mental health, as well as a 26.4% reduction in service use costs over two years.

To find out more, visit:
www.themeamapproach.org.uk
At the frontline

Design of services

Several people discussed how improving the design of services could make them more effective. For instance, an approach that takes into account the psychological needs of people using a service, including the physical space in which it is delivered. People felt that adopting this approach could help people to feel more relaxed and engaged when using services.

In my area we’ve got this thing – I don’t know if you’ve heard of it – PIE, Psychologically Informed Environments... so the receptionist isn’t like a gatekeeper, they’re made to feel welcome, they’re spoken to like a human being. We’ve spent ages so you can bring dogs in, because everyone’s got a dog with them. And the buildings as well, so when I used to go and get my script, it was through a locked door, Perspex, someone who didn’t want to look at you, into a little room, given a blue piece of paper, ‘on your way’. So we’re saying it should be more open, not posters on the wall with a skull and crossbones, ‘heroin will kill you.’

Offering a more open environment can also help people to feel as though a service has been set up to help, rather than contain or condemn their behaviour. As well as potential therapeutic benefits, people saw designing services together as a way to break down the barriers that can sometimes exist between those who use the service and those who work there.

It’s not like saying ‘we’re going to build this service, there’s a lot of people around the table saying it’s going to be psychologically informed from our point of view.” It’s about the people who access it, it grows organically. The people who use it, it becomes their kind of space. You need to take some ownership of the place where you go and work in partnership with people that are helping them. It’s a real core level thing. Otherwise, it’s always going to be us and them.

People also felt that the relationship between those who use services and practitioners could be improved by allowing frontline staff greater freedoms to make independent decisions.

My manger’s brilliant, he gives me free rein. If I say we’re going to the seaside, he trusts me to run my diary and do the things I think are right.

For some background on Psychologically Informed Environments, see Psychologically Informed Services for Homeless People (Department for Communities and Local Government, 2012) bit.ly/piegoodpractice
Significantly, people believed this freedom should be used to focus on ‘softer’ outcomes such as improved confidence, which in turn support goals such as recovery from drug and alcohol problems or desistance from crime. This involves focusing less on contractual outcomes and dedicating more time to building relationships through enjoyable activities and support people in the everyday aspects of life.

*It’s not just about doing stuff to get housed… we do nice stuff, everyday normal stuff. Go and look round the shops.*

*Human stuff.*

*Yes! We mess around. Because that’s what you do – you need to mess around! It’s about being normal.*

*We recommend that:*  
**Services should involve staff and people with multiple needs in designing programmes and the environments where they are delivered. They should give practitioners the freedom to build rewarding relationships with those they work with.**
Part three

Support people towards independence

Solutions workshop in Bristol, March 2015
(photo: Stephen Lewis)
People saw work and accommodation as key to independence. Moving towards employment, or the right support when out of employment, can be particularly difficult for people experiencing multiple needs. However, at the moment people felt much of the support offered by Jobcentre Plus and Work Programme providers is not helping to combat this.

What’s more, having a safe, secure home (both financially and environmentally) was seen as vital – but people felt more needs to be done by Government, local authorities and private landlords to prevent individuals with multiple needs ending up in inappropriate, poor-quality housing.

We discussed ways in which the support offered could be better tailored to people’s needs, and how those providing it could develop a better understanding of what those needs are.

**Nationally**

**Inappropriate support around work**

The first issue faced by many seeking to move towards work is simply accessing welfare and employment support. Participants’ concerns echoed many of those outlined in Government-commissioned reviews, namely that the Work Capability Assessment didn’t accurately relate to or understand their condition.

*I’ve had to appeal my medical three times and won each time. So the system is wrong, but I suffer.*

Difficulties in accessing support also arise following transition points, such as release from prison or the loss of employment. In some instances there had been delays, which caused further difficulties for participants at times when they most needed support.

Many people felt that Jobcentre Plus and Work Programme providers did not fully understand what multiple needs are or how to support people experiencing them. They called for better training for Jobcentre Plus staff and Work Programme providers so that they understand the reality of people’s lives.

Our first report, Evidence from the Frontline, found that changes to welfare had a large impact on people with multiple needs:

- 88% of services surveyed reported that welfare changes had a negative effect on their clients’ overall wellbeing
- 88% of services reported a negative impact on people’s finances and 82% on access to appropriate housing
- 79% of services reported that sanctions affected over half of their service users, and were viewed as having the most negative impact of all the welfare changes

Read the report at: [meam.org.uk/publications](http://meam.org.uk/publications)
I think the Jobcentre just doesn’t get it right, with what people are able to do in their situation. I just think they have no idea of how much or how little you can do

One suggested solution was that there could be specific members of staff within Jobcentre Plus – similar to Disability Employment Advisors or specific condition champions – with specialist training regarding multiple needs that others could go to for support.

In Manchester they used to have drug champions in the job centres. If you were having trouble with the person you were signing on with, you’d say ‘I want to talk to my drug champion’. Someone with awareness of the issues you’re going through.

Once awarded a benefit, people felt the support they received (which was often mandated) didn’t take into account the effect of their needs on their ability to engage in support.
If you’re sending someone on something like that [Work-related activity], like a job club or something, who struggles sitting in a room with people holding conversations, it’s totally detrimental.

This was illustrated by one person’s experience of gaining a meaningful volunteer position with a local homeless shelter, then being removed from this role and mandated to stack shelves in a shop instead. This caused his mental health problems to deteriorate, leaving him struggling to attend and at the risk of sanction.

People felt that opportunities such as working in shops are not always appropriate or productive for people with multiple needs. Jobcentre Plus and Work Programme providers need to offer person-centred support that works more closely with the individual, understanding what support, training or education they may need.

I don’t think there’s recognition that the opportunities need to be tailored for the person and, you know, you need to feel like this is something that you’re going for because it’s meeting other needs other than just turning up and being told what to do for 37 hours a week and being off the books.

Allowing people to undertake volunteering on a more full time basis was also suggested, specifically within organisations working with people experiencing multiple needs.

Benefit agencies should be supporting people who choose to volunteer especially within this sector… their experience is vital to promote and support others through recovery. Volunteers are restricted on the hours that they can work between 1 and 16, this needs changing.

As we explored in our last report, the cumulative impact that different changes to the welfare system is having on people with multiple needs is a cause for serious concern. This means that having the right support in place is all the more important.

We recommend that:
The Department for Work and Pensions should ensure Jobcentre Plus and Work Programme providers can provide appropriate, flexible and personalised support to help people with multiple needs move towards independence.
Locally

Difficulty accessing housing

When moving on from services, difficulty in gaining appropriate housing was also a key concern. Transitions between prison and release, homelessness and accommodation, and different parts of the welfare system can be difficult and frustrating to manage.

In particular, people suggested that there was little provision of suitable, sustainable accommodation for those leaving prison, leaving people turning to homeless shelters and hostels as a short-term solution. As one person explained, “getting released from prison, some people get lost along the way”.

The difficulty with having a lack of options when it comes to accommodation is that it can often mean people are placed in poor quality housing which can be detrimental to their health and situation.

You can’t rent a house for £280 per month, yet they’re saying to homeless people who are addicted with mental health problems go and live somewhere shit in the shittiest possible area because that’s all the money we’re going to be able to give you, so that repeats the cycle again, and you access services forever and ever and ever.

People felt that local policy needs to encourage and support landlords willing to rent to individuals with multiple needs. It was suggested this could include more loan deposit schemes, and “an insurance policy that covers landlords who take on individuals that have multiple and complex needs to cover all fees if they were evicted, misused the property or caused disruption”.

Many participants felt that local government had a bigger role to play in this, with checks needing to be made on whether housing is of a suitable standard.

We need to be careful about the government working with landlords who are willing to house vulnerable people – because some landlords are willing to house them, in absolute shitheaps.

What was clear is that having clean, safe and suitable accommodation is important for people with multiple needs to allow them to live their lives.
If you’re in a nice place, you feel better – it’s going to have a knock on effect.

We recommend that:
Local authorities should consider how to improve their work with the private rented sector to increase access to people with multiple needs to good-quality accommodation.

At the frontline
Advice and representation

People found that when supported by either a specialist benefits adviser or a support worker in their discussions with Jobcentre Plus, they were able to manage the process better, and felt as though they were receiving the right support.

What has really helped in [my area] is having a specialist member of staff dedicated to giving benefits advice. This has helped residents get the support they need.

Support workers have a greater understanding of the difficulties someone may face and can be vital in explaining these to Jobcentre Plus staff. One person commented that “taking another person, you’re a lot more likely to get through it because you’re represented”.

We recommend that:
Services should increase provision of specialist support on benefits and accommodation issues to people with multiple needs.
Next steps

The policy solutions in this report are the beginning of an ongoing conversation between policymakers, people with experience of multiple needs, and frontline staff. They demonstrate that there is a huge resource of experience and wisdom that policymakers cannot afford to ignore, and that they can and should do more to engage new voices in this debate.

The conversations we’ve described in this report highlight three things that decision-makers should do:

• Listen to frontline voices and tackle stigma to ensure people’s needs are understood

• Deliver flexible and more joined-up services that prioritise individuals’ recovery and rehabilitation

• Support people toward independence with effective help around employment and accommodation

Over the coming year, Making Every Adult Matter will continue to work with individuals and local services to help them respond to the rapidly changing policy landscape, and share their experience with the policymakers who will need to act on these issues.
People are going to change because they’ve got the support and they’re believed in. And they’re given the support and the compassion and the belief that they can do it. And people believe in them and are there for them and fight for them, and show that they believe. That’s what’s going to help people change.

Voices from the Frontline launch event in Westminster, November 2014
(photo: Mike Kear)
Acknowledgments

We want to thank all of the people who have taken part in Voices from the Frontline, who gave the time to share their experience and knowledge.

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- Opportunity Nottingham, Nottingham
- Oxford Homeless Pathways, Oxford
- Second Step, Bristol
- St Mungo's Broadway, London

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Find out more

Find out more about Voices from the Frontline on the Making Every Adult Matter website:

www.meam.org.uk/voices

If you’d like to find out more about getting involved in the project, contact:

voices@meam.org.uk
This report sets out how policy makers, local authorities, commissioners and frontline services can respond to the challenges faced by people experiencing multiple and complex needs.

The policy solutions it proposes have been developed directly with people experiencing multiple needs and those who support them.