

## Initial findings of the impact of lockdown during COVID-19 for the people supported by Fulfilling Lives Lambeth Southwark and Lewisham

This paper presents our initial findings of how the system has responded during COVID-19 and the experiences and impact of this on the people we support in Fulfilling Lives LSL. We present the findings around the programmes three system change themes of access, transitions, and system behaviour. Our aim is to learn from the significant system disruption of COVID-19 and identify where changes in practice provides an opportunity to learn with the potential to be taken forward in the long-term. These initial findings are based on discussions with people we directly support all who face multiple levels of disadvantage and have a combination of multiple needs (mental health, substance dependency, experiences or of risk of homelessness and may have offending histories) and team members; moving forward we intend to capture more evidence to look at whether these experiences have been shared by those facing multiple disadvantage beyond the people supported directly by Fulfilling Lives LSL.

### 1. Resilience

In the adversity, trauma, loss and grief of COVID-19, we have seen profound resilience through the initial stages. The people we support demonstrated a very quick acceptance to the situation and overall a calm reaction to the changing service provision around them. Quite often people we support have a resilience that those who have not experienced trauma do not have. There was a stark difference in the way the majority of people we supported compared to how some team members were able to adapt to the

*"I used to be on tag, so I got used to the restrictions."*

*"To be honest life not really changed that much for me – I'm still out and about – I'm staying safe though – I'm probably the least quarantined out of anyone – but it's not like I'm breaking the law or anything – I'm looking after my grandad at the moment and he's in a wheelchair so I've got to go out to do things for him"*

restricting nature of lockdown. Team members noted that in some ways, people we support already experienced isolation, limited access to services, difficulty in getting essential items before social distancing and other measures came into play and that often, people we support are and were coping better with the situation than we are! For example, one male has been placed out of borough where he has no connections or contacts. He is reported to have been "taking it in his stride" and has not been seen to be anxious. He is said to be "just getting on with things." Equally the sector has demonstrated sector-wide resilience for many years due to austerity cuts and its continued commitment to the people supported was evident in its quick response to the emerging crisis management of the pandemic.

COVID-19 has exposed the inequalities in society. Those who have experienced limited access to resources due to restrictions in services or economic choice, have provided an insight to those who have more privilege. It has provided us the insight to be curious, open and learn from the experiences of others which creates and builds resilience and understanding together across our communities. COVID-19 brought a togetherness of the struggles across the communities at the peak of lockdown. It is important to capture and build on the strengthening of shared experiences as well as the togetherness to make the long-term systemic difference.

## 1 Access

### 1.1 Changes to those accessing drug treatment

A priority identified through the learning of the programme is the difficulty to access treatment particularly for women who face multiple levels of disadvantage. Despite the well-intentioned services, system design has been for the majority and often that is a male dominated environment which has created barriers of access to treatment for women in some of our boroughs.

Drug treatment services have mainly shifted to telephone-based support and appointments and have suspended support and recovery groups. Those who already take home their medication are now given a longer take-home supply and those who are on supervised consumption have moved to unsupervised and get a longer take-home supply. Prescriptions are sent to the local pharmacy.

As a result of the statutory drug services' new approach to working during COVID-19, people we support, and their link workers have reported the following positive experiences:

- Experienced less stigma through not physically attending services, as there can be fear of judgement when attending services and in face-to-face conversations
- Easier and safer for women to access services due to the new assessment/remote working
- Trusting the person to self-manage their medications - there are early indicators that this has enabled greater ownership for the person we support to manage their medication, not requiring as much control from drug services
- It has been easier to re-engage with treatment due to streamlining of services

Since the COVID-19 crisis began, 4 women in Lambeth are scripted who were not previously scripted, known as "hard to reach" and one woman has been re-scripted.

Overall the women who have experienced telephone assessments for OST found the process to be more accessible than the previous queuing system; two females we support fed back that they both much preferred the telephone assessment followed by seeing the doctor because they didn't have to 'spend hours hanging around'. We know from previous surveys and discussions with the females we support that being a male dominated environment, restricted access and queues have all contributed to being a significant barrier.

*"Got a nice telly – lots of DVDs and music – night staff ordered us a Nintendo to play super Nintendo – spending money on things for entertainment instead of me spending my money on drugs its good"*

*"I love the wellbeing pack: I love the puzzle, pencils, receipts, tips and the exercise. It nice to know that people are thinking about you, it's the thought that counts"*

*"There are less problems, I get to speak to the person I need to talk to quicker, before I would have to keep calling, waiting until I heard back from them".*

Female talking about drug services

Team members believe that the motivation for some people we support to go on OST comes partly because the change in situation has prompted some to want to change their lifestyle

and some have faced difficulty in how they would normally earn their money during the quarantine.

Trust and the use of a harm minimisation approach have enabled a safer way of working and a responsiveness to more open conversations. People we support have been given the trust to manage longer scripts and team members report that this has, overall, been met with a positive response by the people we support. Services have been proactive in reaching out to people we support and there appears to be regular communication between services and with those who are at risk of overdosing, ensuring contact with drug services is maintained. This includes advising and reminding them of potential harm from overdosing. Naloxone has been provided to people we support on a script and support on how to use it has been prioritised. Lock boxes are being provided, where needed, for people we support to take home and store medication.

There is initial evidence that some of these changes introduced in response to COVID-19 are enabling people we support who are often regarded as “hard to reach” access drug services where they may have struggled to get or maintain a script in the past. The situation with COVID-19 has highlighted that drug services flexible and trusting approach has had a positive impact on those facing a greater level of disadvantage and have different types of needs access to drug services.

*'Detox fell through due to COVID-19– the option is not open, and I was so close to going detox and then this happen it happen so quickly. I was getting ready to go detox then at the last minute everything changed. But I can turn around and say that it has enabled me to look at my health and I have been able to cut back on alcohol. I have turned it in to an opportunity to try to not drink anymore. I will keep on going until the services are back open, I may stop drinking completely and may not need to go back to detox.'*

One of the most negative changes in London was the loss of detox options, due to the detox hospital being used for overflow of hospital patients. The quote from somebody we support on the left demonstrates how the withdrawal of this option has impacted people we support.

## 1.2 Access for domestic violence support

*""Waiting on seeing to when services are going to reopen makes me feel a bit lost, it like boiling a kettle and waiting for it boil and then it stops boiling. I will say it is frustrating and in the same hand I feel powerless - there nothing I can do to change it. It's not up to me when services are going to open and there nothing, I can do to change the situation."*

COVID-19 affected all levels of service provision and those hidden were at greater risk. COVID-19 responded significantly well to those that were very visibly in need of support, which required an immediate coordinated response such as the hotel provision to those sleeping on the streets. Those much more hidden such as those vulnerable groups in care homes, supported living and those in their own homes suffering as victim of domestic violence required a different

response. The traditional safety nets had been removed with a greater risk of the level of coercion and control being experienced. For example, team members were having conversations over the phone whilst the perpetrator of violence was in the home, rather than

meeting the people we support separately outside in coffee shops as we usually would. Fulfilling Lives LSL recognises that at the present time there is a heightened risk for women who experience domestic violence as they may continue to be isolated from their safety net and spend more time with the person who is violent towards them in isolation. Initially, it had been a challenge to formulate our responses to safeguard the people we support. COVID-19 has cut across so many different system barriers that working collaboratively allowed us to learn from others drawing on guidance produced by other Fulfilling Lives programme.

## **2 Transitions**

Fulfilling Lives focuses on transitions as the system is very much set up as a pathway with lots of different relationships having to be formed. We focus on not only the physical transitions through different services within the system but also seek to understand the psychological transitions, which can be particularly challenging bearing in mind the effects that trauma can have on the way people trust and form attachments. The ability to transition our service easily to a remote service provision reflected the flexibility of our approach and the relationships that have been formed between our team members and the people we support.

Due to the circumstances around COVID-19, there have been 3 instances where people we support have experienced a physical transition with their housing, the processes around this have been different and led to better outcomes than they may have in other circumstances.

Two people we support were discharged from hospital and into supported accommodation (a care home and a hospital overflow service). Link Workers feel that in other circumstances, they would have been discharged more quickly into the community. Without the time taken for the planning, multi-agency coordination and careful consideration of the best type of accommodation for the long term due to COVID-19, this could have quickly led to an increased risk of homelessness.

Fulfilling Lives is designed to work with a flexible approach and mitigate risks whilst capturing the learning. One woman who was formerly homeless stayed in a hotel (paid for by Fulfilling Lives LSL) whilst the Vulnerable Adults Pathway (VAP) arranged a bed space in a hostel. The VAP were more flexible than they had been in other circumstances and did not require written consent from her or a CHAIN number to accept her referral. She has successfully sustained her place at the project so far. There is potential to continue with this flexibility and proactive approach to supporting people facing multiple disadvantages into housing beyond COVID-19.

Consideration of an individual's situation, presenting needs and historical context to provide a personalised long-term housing offer, will mean fewer transitions and greater stability for the individual and for the housing system. This approach is particularly important in the context of a person who has faced multiple levels of disadvantage; blanket offers of housing have often proved they do not work with the people we support. A collaborative response to emergency provision enabling easier access should also be in place so those who end up onto the streets are picked up by services more quickly to reduce the trauma associated with the experience of homelessness.

*"It feels like they're being more flexible. I feel that I am being listened too, they are more involved and keeping in touch with me more than before. They should carry on like this, when this is over, they should pull their finger out".*

### 3 System behaviour

#### 3.1 Communication between services

Fulfilling Lives LSL is designed to work with people who are often "falling through the gaps" then labelled with "being hard to reach". Virtual and remote working has enabled a greater level of contact between professionals who are co-ordinating with and contacting each other more.

Link Workers have felt that contact with services has improved and there have been more positive conversations, leading to a feeling that our team members are more included in the joint care of the people we support.

Overall, there is a feeling amongst Link Workers that services are working more effectively together and as such, more ongoing joined-up-work. They have said that other services have been more contactable via the telephone and have more time to talk – a view which has been echoed by the people we support. Similarly, GP assessments via telephone have been reported as being effective and supportive.

Fulfilling Lives LSL managed the risk in response to COVID-19 by focusing on how the situation poses a risk to the person, as opposed to a more traditional process of assessing how the person presents a risk; we saw evidence of this approach across services too. A fresh collaborative approach became evident with a willingness to support a positive risk management process. A good example of this is in response to a maintenance issue experienced by one woman that we support. Before COVID-19 there had been difficulties with organising essential maintenance work at her flat due to services labelling her as 'high risk'. During the lockdown period, there was a further need for maintenance work to help keep her safe. While this may have posed a problem in the past, increased communication and escalations of shared concern between services, with the heightened awareness of the most vulnerable in society during this time, allowed there to be shared understanding of the need to respond and get the work done, despite the challenges posed by COVID-19.

Fulfilling Lives LSL is funded by The National Lottery Community Fund and is therefore not a traditionally commissioned service. We are aware that communication and crisis management often takes place amongst and within pathways of commissioned services, which may leave blind spots when bringing together a collective and coordinated approach across communities. We have responded to this by creating a series of simple guidance documents and resources to support responses to COVID-19 for several settings that have been shared across the lead organisations and the wider system. Internally, we have influenced and shaped the organisation's guidance with key themes from the programme, for example principles of coproduction. Externally, these guidance documents have been targeted at smaller organisations who may not have the resources to dedicate to this themselves internally and may not be part of the communications happening to provide guidance and support via traditional commissioning routes. However, we have had feedback from commissioned services across the sector and the wider system including health and colleagues in education. The volume of website hits has increased significantly since COVID-19. Resources can be found and are continually updated at <https://fulfillingliveslsl.london/covid-19>

### **3.2 Responding to those traditionally described as 'hard to reach'**

During this time of uncertainty, Fulfilling Lives LSL have found that those who have been traditionally described as 'hard to reach' have been engaged by services through more proactive and flexible ways of working, as has been described throughout this report. This provides evidence for the effectiveness of a more personalised and flexible response to supporting people facing multiple disadvantages.

## **5 What next?**

COVID-19 has disrupted the system significantly providing the opportunity to try things differently, collaborate and build resilience together, showing signs of promise for the future that could lead to new practice and systemic changes. We believe there is an opportunity to further pursue these changes through the identified system change priorities.

We will continue to evidence the impact of COVID-19 and the resulting changes on those facing multiple disadvantages through working with people we support and our networks across the boroughs to identify how the system responds and behaves to COVID-19 and what could be sustainable in the long-term to break down barriers.

COVID-19 brought a togetherness of the struggles across the communities at the peak of lockdown. It is important to capture and build on the strengthening of shared experiences as well as the feeling of community to make long-term systemic difference. We will continue to capture the experiences and share with others to create and build resilience and understanding together across our communities.

COVID-19 has exposed the inequalities which exist in society and our communities, highlighting the structural inequalities that exist within the systems. We note the disproportionate risk that COVID-19 poses to people that face socio economic disadvantages, condensed living, and urban environments, those who face increased health disadvantages, isolation and within BAME communities. We will continue to explore the inequalities experienced by the people we support in terms of the pandemic and capture any wider structural discrimination within society that leads to different experiences of the system and barriers to accessing services.

Fulfilling Lives Lambeth, Southwark and Lewisham is a unique resource designed to influence the existing systems and while COVID-19 has brought challenges, it has also highlighted resilience, creativity, and collaboration in individuals and in the system. We will remain curious and continue to share our learning during COVID-19 to strengthen support for people facing multiple disadvantages and advocating for the system to respond to their changing needs.