



## Our response to the House of Lords Public Service Committee's inquiry on the impact of Covid-19

**Have services become better, worse, or remained the same at identifying and meeting your needs over the last 12 months? What has the role of the voluntary sector been in supporting you over the last 12 months?**

- Many people were already facing multiple problems accessing the services required prior to Covid-19. During the first lockdown, we hoped that there would be more flexibility in accessing services, and there were some positive signs. For example, people were put on methadone script more easily, and they were promised that there would be a plan in place to reduce their script. People accessing mental health support were told they could get in touch with their support workers via text, arrange counselling on the phone or by video, or use a range of wellbeing apps. **However, it is clear to us, we have been overpromised and underserved.**
- **People facing severe and multiple disadvantage are worse off than they were 12 months ago.**
- We heard from the NECG members who are recovering from drug use, that they have not been able to get in touch with their support workers or pharmacists. **We heard that people try tried ringing services, leaving voicemails, emailing, and texting them on several occasions, but nobody ever replied.** One woman told us that it was easier to go out and buy heroine than to get a prescription for methadone – this puts people at great risk of relapse.
- We heard concerns about reducing the methadone prescriptions. One member told us that they were prescribed 70ml of methadone at the beginning of the lockdown with a plan to reduce it by 5ml every week, but by the end of year, they were up to 90ml. **The primary reason for an increased script was the lack of support available, all individuals were offered was a half an hour call every month, and their support worker changed twice, and they were being pushed from pillar to post.**
- **We have heard from people with mental health problems and drug and alcohol problems that the waiting times for relevant support services have severely increased in the last 12 months.** Again, we heard from people with mental health problems who have been waiting for phone calls, calling services and getting no answer, leaving voicemails with no answer and calling GPs and getting no referrals. Detox services are equally blocked – the waiting lists for services have always been long, but things have gotten worse. Waiting times have doubled or tripled in the last year. **People have been relapsing, trying to reengage with services, and not getting any response.**
- Restrictions on face-to-face support is still in place for many services. **People want to see their support workers face to face, but the services are not ready to facilitate this.** One member told us *“if you are lucky, you have 20 minutes of counselling on the phone”*. **Phone and video calls are not meeting the need.**
- There are also signs that people's needs have increased in the last 12 months. For example, we heard from members that **people are drinking a lot more, because of boredom. People are genuinely concerned that they are swapping one addiction with another, but services are too slow to pick up signs.**



- For some, the last 12 months has been a sign of turbulence, and the only meaningful support available to individuals is either through mutual aid networks or local charities. **It is clear to us that voluntary and charitable organisations are once again filling the gaps in provision for people facing severe and multiple disadvantage.** One member told us that he was put on a script at the beginning of the lockdown, but the services refused to reduce the level of the script despite many requests. Over the course of the last summer, they engaged with a mutual aid group and secured a detox place in August. Upon returning to the community, they notified the drug and alcohol service that they are now clean, but this has impacted on their eligibility for mental health support (which was arranged through a referral from drug and alcohol service). In November, they had a major surgery, and got infected with Covid-19 in the hospital. They were released homeless onto the street, and all they were offered was the phone number of the local homeless shelter on a post-it note. They did not pick up on the hostel offer, because they felt that this would lead them back onto drugs, and the only option available to them was sofa-surfing. Eventually, and only through the help of a voluntary organisation (Crisis) they were able to secure a safe accommodation.

### Has your experience of accessing digital services changed over the last 12 months?

- We heard from the NECG members that services now assume that everyone has now moved online, and that people are skilled enough to access digital services. Digital alternatives (face to face support or doing things digitally with some support) are becoming increasingly difficult to find.
- **However, many people facing multiple disadvantage are still digitally excluded.** While many charitable organisations have taken steps to get the right equipment to people, not all of them had the funds to facilitate this. Certain groups (for example people with no recourse to public funds who are sleeping rough) faced additional barriers in getting hold of mobile devices. People who were given mobile devices, tablets, or computers, had very little support on how to set them up. Access to internet continued to a barrier. We heard from members that the only way to fill out a Universal Credit application is to camp outside the local McDonalds to use free Wi-Fi. Even when the technology and Wi-Fi is there, many people lack the digital skills to access services. Often there is little or no support for people to learn how to use computers/tablets, or fill out online forms (e.g., for Universal Credit).
- The experience of those who had the resources and skills to use digital services was broadly positive. We heard from members that they enjoyed using a range of apps (such as meditation and mindfulness apps), watching videos on YouTube and accessing support and discussion groups on social media. Many also liked to be able to join the mutual aid group meetings online from the comfort of their own homes.
- However, **many of the health and wellbeing apps people were signposted to were commercial and required users to pay for the service.** Many people found it difficult to pay for these, especially if they lost their entitlement to Personal Independence Payments.
- As a lot of the activity moved online, many people facing multiple disadvantage (and accessing multiple services/support groups) found themselves in front of their screens for 4-5 hours a day. **For people who have mental ill-health, learning disabilities and neurodiverse conditions, spending extended periods of time in front of a screen has been extremely difficult.**



## In the last 12 months, have you felt more, or less involved in deciding how services should meet your needs?

- Over the past two years, the NECG has taken significant steps to use lived experience insight and collaborate with decision makers with the aim of improving systems and services. Many of the National Lottery Community Fund Fulfilling Lives programme areas now employ people with lived experience as peer support workers and work closely with them to design and commission services. However, NECG members feel that there are still deep systemic and operational issues in embedding the views and experiences of people with lived experience in the design, delivery and commissioning of services. The NECG members feel that the lack of lived experience insight has been a key problem for several years, and no progress has been made to resolve this in the last twelve months.
- We have heard from members that **there is still a deep divide between professionals and people with lived experience of severe and multiple disadvantage**, that usually manifests in a ‘us’ versus ‘them’ culture. People with lived experience are actively discouraged from sharing their views, and those who challenge decisions are reminded that they do not have ‘expertise’ in operational delivery. We heard from members that professionals assume “they know what is best” for people facing multiple disadvantage and do not consider individual preferences or life circumstances.
- We are also concerned that the views of underrepresented groups, such as people from Black, Asian and minority ethnic backgrounds, people who identify as LGBTQ and people who have no recourse to public funds, are even more marginalised during this time.

## What changes would you like to see made to the services that you use and need over the next 12 months?

- It is vital that the government’s new Changing futures programme considers the learning from across Fulfilling Lives programmes, particularly with regards to areas highlighted in the [NECG strategy](#) which has been coproduced by people with lived experience of severe and multiple disadvantage.
- Future services should be co-designed, co-commissioned, co-delivered and co-evaluated with people with lived experience of severe and multiple disadvantage.
- Services should be accessible and inclusive, understanding and responding to the needs and the full diversity of the communities they serve. Local areas should consider how to create better links between services and the community, for example by improving accessibility by reducing bureaucratic processes and intrusive and negatively framed assessments, and better engaging with people from underserved communities (including Black, Asian and ethnic minority communities and individuals who identify as LGBTQ).
- Young adults (18–25-year-olds) and women facing severe and multiple disadvantage present to the system in different ways. It is important that the new programme considers the evidence on how these previously overlooked groups can be supported through the new Changing Futures programme.
- Services should adopt personalised, trauma-responsive and psychologically informed approaches to ensure that the support is tailored to individuals’ needs, expectations and strengths, rather than ‘shoehorning’ people into services. As a minimum, services should consider asking individuals what they want, and how they can serve them.



## About Us

- **The National Expert Citizens Group (NECG)** is a representative group whose members have lived experience of using Fulfilling Lives services. The NECG uses its insight to collaborate with decision makers with the aim of improving systems and services.
- **The Fulfilling Lives** programme supports people who are experiencing multiple disadvantage in 12 areas across England. Its aim is to improve the support available for people who experience multiple disadvantage. Multiple disadvantage is defined by Fulfilling Lives as people who experience two or more of the following: homelessness, a record of current or historical offending, substance misuse, and mental ill health.
- **Revolving Doors Agency** coordinates, facilitates and administers the NECG forums, equipping its members with the skills and opportunities to affect systems change.