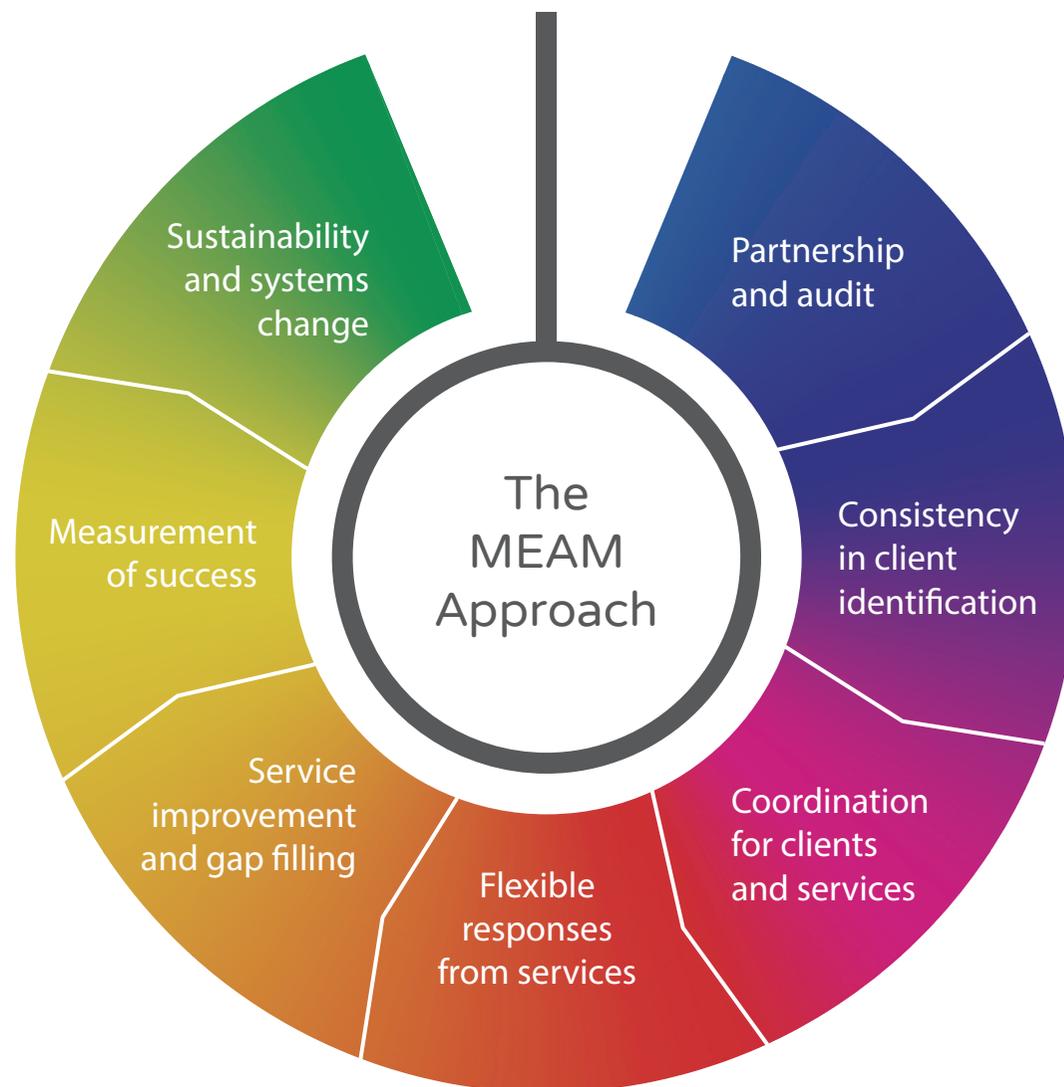


Introducing the MEAM Approach

People with multiple needs face a combination of problems including homelessness, substance misuse, contact with the criminal justice system and mental ill health. They fall through the gaps between services and systems, making it harder for them to address their problems and lead fulfilling lives.

The MEAM Approach helps local areas design and deliver better coordinated services for people with multiple needs. It's currently being used by partnerships of statutory and voluntary agencies in 15 local areas across England. MEAM Approach areas consider seven principles, which they adapt to local needs and circumstances. MEAM provides hands-on support to the local partnerships as part of this process.



Getting started

The work starts with **partnership and audit** – getting the right providers from different sectors, commissioners and people with lived experience around the table to agree a shared understanding of the problem and a vision for the whole area.

Areas then make sure there is a **consistent** approach to identifying who to work with, designing referral processes that allow agencies to jointly agree the caseload.

“ We’ve got community safety, the police. We’ve got health. We’ve got some alcohol nurses from the local hospital... we’ve got the ambulance service involved, housing providers, local landlords. We’ve got mental health involved as well as substance misuse. We wanted the right people around the table and we wanted their services to benefit from being around the table.”

Service design

Most areas invest in some form of ‘hands on’ **coordination**, providing a single, trusted point of contact for people. These practitioners need the right set of skills, a remit to move across organisational boundaries, and the time to work in a way that suits each individual.

Local agencies need to provide **flexibility** – a managerial mandate for the coordinator and a commitment to doing things differently. They achieve this by meeting regularly at ‘operational’ and ‘strategic’ groups.

Areas then explore any **gaps** that remain in service provision.

“ I think [the coordinator] needs to be able to listen, that’s the most important thing, and also to be able to work with different organisations, and across boundaries so that they can access GP surgeries and to do that sort of thing. I would say that she is the perfect person to do the job. She is bubbly, she makes me feel like I matter, and that is something that is very special. And that’s a gift.”

Sustainability

If new ways of working are going to last, areas need to **measure** the impact they are having.

They can then work to create **systems change** so that services work better for people with multiple needs in the future. We help areas to make the case for longer-term change and investment, often using pooled budgets.

“ We have recommissioned the drug and alcohol system over the last couple of years... It has enabled us to... say... we not only want you to be thinking about drug and alcohol issues of an individual, we want you to think about the wider case management. And you need to be integrating much more, and working differently.”