

Opportunity Nottingham and the impact of COVID-19 in 2021: A follow up study.

Authors: Grant Everitt (Opportunity Nottingham)

Sofia Hyde, Grace Dixon, Jade O'Sullivan, Sara Marriott, Lily Atkinson,
Abigail Larmer (University of Nottingham)

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About Opportunity Nottingham

Opportunity Nottingham is part of the National Fulfilling Lives Programme and is funded by the National Lottery Community Fund until 2022. Opportunity Nottingham exists to improve the lives of people experiencing multiple disadvantage in Nottingham.

Beneficiaries of Opportunity Nottingham need to be experiencing at least three out of the following five sources of disadvantage: **homelessness, offending, substance misuse, domestic abuse** and **mental ill health**.

Once a Beneficiary joins Opportunity Nottingham, a Personal Development Coordinator will provide a very high level of support. This support is tailored to the Beneficiary and what they want to achieve and involves working with specialist services and partner agencies. Meetings take place in an environment the Beneficiary feels comfortable in, which could include a local café or their home. We are also able to meet in more formal settings if required, such as a prison or hospital ward. Opportunity Nottingham also offers other interventions for some Beneficiaries. These include Housing First, psychological support, peer mentors, accessing education, employment, and training. Opportunity Nottingham also encourages Beneficiaries to get involved with the project as Expert Citizens as we value the voice of lived experience.

Opportunity Nottingham is also concerned with system change. That is services too often focus on single sources of disadvantage and do not work in interconnected ways, whereas people experiencing multiple disadvantage need a joined up approach.

Introduction and Methodology: What is in this report and how was it compiled?

In May 2020 Opportunity Nottingham produced a report about the impact the COVID-19 pandemic was having on its Beneficiaries and staff¹.

This new (2021) report is a follow-up study to the one conducted in 2020, looking at the impact of the second and third lockdowns of the COVID-19 pandemic on Opportunity Nottingham Beneficiaries, staff, and service delivery, one year after the original study. At the time of the 2020 report the COVID-19 pandemic had only just begun. Many changes had occurred suddenly to both people's lives and how services could work, borne out of the immediate crisis of the first wave of COVID-19. Some of these changes had been damaging to both Opportunity Nottingham Beneficiaries and staff, particularly relating to the isolation COVID-19 caused. However, there were also some unexpected positives, for instance services operating a more flexible approach regarding access, making it easier for Beneficiaries to engage. This report is looking reflectively, one year on from the original study. How is the COVID-19 pandemic having a longer term impact? Have the changes observed in 2020 continued or have things gone back to how they were pre-pandemic?

The information was gathered by University of Nottingham Psychology students during March and April 2021 using structured interviews with 12 Opportunity Nottingham staff members.

The main conclusions from the 2020 report are outlined in the box on page 5.

This 2021 report broadly follows the same structure to the 2020 report in that the two main themes considered were:

1. Health and wellbeing of Beneficiaries and staff
2. System and service changes and how this impacts accessibility and engagement.

The questions were based on the original questions laid out in the 2020 report, with some differences to reflect changes and allow for the fact that some staff interviewed for the 2021 study had arrived since the original study was conducted. This was considered significant – how did the views of the newer staff compare with those who had been present since the start of the pandemic in March 2020.

Interviews were conducted during March 2021 with twelve staff members from Opportunity Nottingham occupying the following roles:

Main Delivery Team

Personal Development Coordinators (generally referred to as PDCs)

¹ COVID-19: A report based on evidence from Opportunity Nottingham, front facing staff, Beneficiaries and Expert Citizens May 2020

Provide support to small caseload (usually between 8 to 10 people) - focussing on building trust and helping navigate the system of services

Housing First Workers

Similar to PDC in terms of role but provide support to Opportunity Nottingham Beneficiaries living in our Housing First properties.

Social Workers

Provide support as described above but have an enhanced role in relation to relevant legal duties including Care Act, homelessness law and welfare rights

Assertive Outreach Worker

Similar to PDC but with brief to reach underrepresented groups particularly ethnic minorities

Administrators

Support the Main Delivery Team with administrative tasks and also telephone answering also take new referrals to the service

Lived Experience Team (LET)

Employment Training and Education Worker

Takes referrals from PDCs to support Beneficiaries with tasks orientated to toward employment e.g. CV writing, or education courses or meaningful occupation and life skills such as cookery

Beneficiary Ambassadors

Support Expert Citizens and facilitate their involvement in Opportunity Nottingham – moving toward co-production and other projects where a lived experience view is being sought Expert Citizens are Beneficiaries who have reached a good level of recovery and want to get involved more in guiding Opportunity Nottingham

Team Leaders

Three Team leader manage the above staff. Two manage the Main Delivery Team and one manages the Lived Experience Team

Main conclusion from Opportunity Nottingham: Impact of COVID-19 study 2020

- Whilst struggling to some extent many Beneficiaries are broadly coping with the COVID-19 restrictions. In part this appears to be due to past work that Opportunity Nottingham staff have done with Beneficiaries and building their resilience - in some cases maybe more than we realised. Additionally, those in stable accommodation, such as Housing First, appeared to be most likely be coping. Being able to cope with the COVID-19 restrictions and less use of traditional face to face appointments also relies on having access to a phone as a minimum, but also where possible digital technology and WIFI. This is also more likely where a Beneficiary has stable housing.
- Some staff mentioned examples of Beneficiaries feeling less different to their neighbours than they usually do, so more a part of the community – this could perhaps be called “same-boatism”. There are though, a significant minority who are struggling and at increased risk - some seriously so. Also, for some Beneficiaries, some of the factors that cause stress and anxiety particularly those that may come from former street community associates were also reduced by the COVID-19 restrictions.
- System Change. We heard lots of examples of services operating more flexibly -changing and reducing “the rules”. Partly this has been about removing face to face appointment requirements in some circumstances and increased use of telephone contact. Exclusion for missing face to face appointments will of course not occur if there is not an appointment which a Beneficiary may miss. This could be due to not being able to get there or it is causing too much stress and anxiety. Changes though have gone beyond flexing processes and there were reports that could be described as “culture change” amongst staff. Being more responsive with a “can do” approach, as well as being more willing to work collaboratively, pulling together a multi-agency response to achieve an outcome for a Beneficiary.

From: COVID-19: A report based on evidence from Opportunity Nottingham, front facing staff, Beneficiaries and Expert Citizens May 2020 Grant Everitt, Karan Kaur (Opportunity Nottingham) Graham Bowpitt (Nottingham Trent University).



Opportunity Nottingham and the impact of COVID-19 2021: Summary of main findings:

Healthcare

Staff highlighted that there had been little change in how healthcare has been accessed since the first study. Appointments have continued to be predominantly delivered by telephone, much more than was the case pre pandemic, with a few necessary face-to-face appointments. This was seen as a positive due to it becoming easier for Beneficiaries to attend, however it lacked the interaction which most Beneficiaries require to open up. It has created feelings of loneliness in some. Other individuals also stopped attending their hospital appointments because of the fear of catching COVID-19. However, there seems to be little change in how healthcare has been accessed throughout the pandemic.

Domestic Abuse

Despite the increased risk of domestic abuse, there has been little to no measures put in place to combat this. Individuals are extremely vulnerable on account of staying at home for prolonged periods of time. This is very similar to the beginning of the pandemic and there appears to have been no change in the way domestic abuse has been handled.

Criminal Justice

Staff pointed to homelessness prevention, the street outreach programme, and the allocation of extra support to those who would have been discharged to no fixed abode,² as the major changes to resettlement and release plans since the first lockdown. There was a feeling that these programmes could have been in place before the pandemic. PDCs felt that phone appointments made it easier for Beneficiaries to engage with Criminal Justice Services (CJS) although this was not shared by all staff. Overall, the systems currently in place seem to function better than they did at the time of the last report.

Treatment Pathways and Comorbidities

The answers to this question are to some extent similar to those in the 2020 report. There were though, differences concerning Beneficiaries' access to technology and an increase in negative reports from workers about services, whereas in the 2020 report the consensus seemed to be that services were working more responsively to help people overcome the restrictions caused by the pandemic.

² <https://www.gov.uk/government/news/public-safety-boost-with-more-secure-accommodation-for-prison-leavers>

Workers thought that access to mental health services has always been challenging for people experiencing multiple disadvantage, not just since the lockdown started. Having said that lockdown has presented additional challenges and mental health crisis teams have not been as responsive as needed and backlogs which led to increased wait times.

Substance misuse agencies have been failing to provide access to group therapies and opiate substitutes, as well as also having severely increased wait times. Phone appointments have been increasingly used for both types of service, which have mixed results – some say this is helpful and some say it is not.

Accommodation

It seems individuals in shared accommodation e.g., hostels and hotels, have faced the most difficulty over the course of the pandemic in comparison to Beneficiaries with personal tenancies, due to rules which some see almost as a deprivation of liberty. Finding accommodation has always been a challenge and it still is. Whilst long-term housing solutions remain largely unchanged, due to increased urgency, it is easier to find temporary/ emergency accommodation solutions. However, the negative effects of easing response urgency and the ending of the Everyone In³ scheme will be revealed after the pandemic. Consistent with reports early in the pandemic, several Beneficiaries have faced warnings or eviction due to antisocial behaviour and refusal to follow COVID-19 safety measures, this was often in relation to self-isolation restrictions.

Service Change and Adaption

The consensus on service change and adaptation has mostly (though not completely) been positive – with most staff stating there has been a progressively heightened effort towards flexibility when working to support Beneficiaries, as well as when liaising with other services. The Everyone In scheme, implemented to house rough sleepers in hostels and hotels, has been identified as particularly positive in showing how services have adapted their accessibility and support for beneficiaries due to COVID-19. Similarly, the ‘Everyone In’ campaign has further developed the working relationship between Opportunity Nottingham and other services – making everything ‘more in sync’, with a “more multi-agency feel”.

Difficulties have though been highlighted impacting the ease of forming relationships with Beneficiaries due to COVID-19. Similarly, new staff have found it hard with the lack of opportunity to properly introduce themselves to their co-workers. New staff indicate that, without this introduction to the office and other staff, it meant it was harder to learn how things ran around the office. Multiple system changes have been identified as beneficial if they were made permanent. This includes simple changes like maintaining flexibility in the continued use of phone call appointments, but also the increased access to housing, through the Everyone In scheme and follow up initiatives to provide longer term accommodation, such as the Nottingham Private Rented Assistance Scheme (NPRAS). In terms of in-office system changes, staff mention continued remote working as potentially beneficial, as well as the Opportunity Nottingham social workers in house to remain after restrictions end.

³ Everyone In was the name given to the initiative to accommodate rough sleepers in hotels at the start of the COVID-19 pandemic. There were also a follow up housing initiative called Next Steps. <https://commonslibrary.parliament.uk/research-briefings/cbp-9057/>

Mental Wellbeing

Over the course of the pandemic, it seems there has been fluctuations in Beneficiary's mental wellbeing. This seems to have been very selective and specific to each individual. Some have coped well during the pandemic and little difference in their mental health has been noted compared to pre-pandemic. In other cases, many have felt increasingly isolated – this has often been in those who have previously struggled mentally, even before the pandemic. Some have struggled more with depressive symptoms and have grown more dependent over time, whilst others have adapted well and become more independent. Overall, it seems there is a real range in the mental wellbeing of Beneficiaries during this time.

The mental wellbeing within the staff has also shown great differences. Those who have still been able to head into the office, seem to be doing the best mentally, with little change noted. However, some staff have seen their mental health fluctuate more dramatically, due to being overwhelmed with the workload and anxious about the current situation. The wellbeing support offered to Opportunity Nottingham staff by their management and by Framework⁴ as host employer, continued across the pandemic have been generally beneficial, and some staff note how this shows the care Opportunity Nottingham puts into looking after their staff. Many have, however, missed the social interactions within work and have found working from home quite isolating.

Looking Forward

The movement to online working has adapted the staff's working style for the better in terms of technology however, it has increased the workload significantly. Although new staff found it a little harder to interact with other members of staff, the easing of lockdown has allowed staff to meet both other staff and Beneficiaries which has established solid relationships. Overall, staff do seem fairly comfortable with the current work environment and wish to continue a split between work and home which they can confidently do when vaccinated.



⁴ Opportunity Nottingham is a partnership of organisation but most staff are employed by Framework <https://www.frameworkha.org/>

1. Healthcare

Does the care your Beneficiaries have received from primary healthcare/hospitals/statutory and voluntary services differ from the care they received at the start of the pandemic? Do you think these differences are for the better?

Access to healthcare did not differ significantly to the first covid-19 study. That is most Beneficiaries communicated with doctors via phone calls, with appointments in person when necessary, such as physiotherapy or mental health appointments.

However, with appointments over the phone some Beneficiaries did not feel comfortable opening up and this can be frustrating in some cases, although it is dependent on the individual. Some Beneficiaries are not using the doctors as much as before and some individuals have been neglecting their mental health aside due to the risk of covid-19 and avoiding visiting hospitals etc.

 *“COVID put her off even when her mental health was deteriorating, she felt nervous about catching COVID, felt like the hospital was only for those with COVID, felt like she couldn’t get the help she needed.”*

With Beneficiaries accessing healthcare via the phone or missing appointments they have not been able to access healthcare to the extent as they did before COVID-19. This appears to be a continuing theme of the pandemic, with evidence in both studies.

Overall, the feedback from the interviewees implied that there had been little change in the care Beneficiaries received at the start of the pandemic and now. The only change was that appointments went from face-to-face to over the phone, this provided some issues as some Beneficiaries felt more isolated therefore, decreasing their engagement with the healthcare services.

 *“They don’t feel like they’re connecting properly over the phone so again they seem to be using it less and less.”*

Some interviewees expressed that having the appointments over the phone was better for Beneficiaries as it was easier for them to attend but it lacked interaction which affected Beneficiary’s ability to open up.



2. Domestic Violence

Are you concerned that some Beneficiaries may be at an increased risk of domestic abuse? If so, what measures have been put in place to combat these risks?

With Beneficiaries spending extra time at home due to the pandemic there has been an increased risk of domestic violence, one interviewee expressed that there had been an increase of “200% more referrals” due to the increased risk of domestic abuse.

The Beneficiaries tend to stay with their partners and are not able to escape however there have been little to no measures put in place to combat the risks.



“Don’t seem to be any measures put in place to combat the risk of domestic violence.”

An interviewee expressed how a woman who was placed in temporary accommodation to escape her abusive boyfriend. Unfortunately, when she contracted COVID-19 however, she was unable to stay there and returned to living with him, therefore placing her back within an environment in which she was trying to be removed from.



“She was forced to live with her boyfriend who has been very abusive in the past and the only reason she was in a hostel was to be removed from him. Because of COVID, it has directly put her back into the situation she was in before.”

Hostels and hotels have evicted individuals who might have been exposed to COVID-19 leaving Beneficiaries with no choice of returning back to the previous hostile environment.



“They kicked her out of the hotel.”

However, evidence was able to be provided which proved that the individual did not have COVID-19 and she was able to return to the hotel. Without the assistance of workers from Opportunity Nottingham the Beneficiary would have been in an extremely vulnerable position.



“Got evidence to give to the hotel and they allowed her back in.”

Although this highlights that there have been similar accounts to the beginning of the pandemic, there has been no direct measures put in place to combat the risk of domestic abuse throughout the entirety of the pandemic.



3. Criminal Justice System (CJS)

**How are your Beneficiaries engaging with the CJS currently during the COVID-19 pandemic?
E.g. offences and cooperating with probation, CRC, etc.**

The answers here have not changed much since the first report at the end of the first lockdown. Once again, there were mixed reports about the impact of phone and online support for Beneficiaries. Four staff members we spoke to (three of whom were PDCs) - mentioned that their Beneficiaries found it easier to engage with the CJS due to an increase in phone appointments, while two mentioned that there had been no change since the last report. A further two suggested Beneficiaries found it much harder to engage – those who were not engaging before were still not engaging and some had slipped under the radar.

The comments here differ from those in the 2020 report. Overall, systems seem to work better now – nobody in this round of interviews mentioned a lack of acceptable housing for Beneficiaries and only one staff member mentioned a breach. Telephone appointments are also seen in a much more

positive light, which may be because they have become the norm and people have become used to operating in this way.

An additional question was asked of the staff who had been at Opportunity Nottingham since the first lockdown:

Have you noticed a change in resettlement and release plans since the initial stages of the pandemic? If so, what changes were made and what was their impact?

Two workers brought up three key areas where change had occurred:

Firstly, the government scheme to provide extra approved premises places and support for people coming to of prison⁵ has directly benefited Opportunity Nottingham Beneficiaries:

 *"[The] aim is to make sure when someone is released, they're not just automatically on the street."*

 *"They've had a homeless prevention taskforce set up ... That has helped a lot of people who've become homeless upon release. They're putting people in flats, initially for two weeks and it can be extended if the person is showing progress in finding their own accommodation – that's a very good thing that's come directly from COVID."*

 *"If these individuals were released onto the streets, the extra provision has been put in place."*

 *"... he's been released from prison to no fixed abode has been allocated support to put them somewhere to keep him off the street .It paid for a hotel whilst we waited for Housing First. Without this scheme he would have been no fixed abode and probably back in prison."*

Secondly, street outreach and Everyone In:

 *"The street outreach programme ... get these individuals off the street and into housing (i.e., short-term in B&B or a hotel)."*

 *"And then you've got the COVID response team directly under what Emmanuel House and what Street Outreach are doing directly in hotels... They're positives because those people would have never got that opportunity..."*

Thirdly, though not necessarily COVID-19 related, the navigators working with housing aid were having a positive impact housing aid:

 *"[We've] now got a prison resettlement navigator that works within housing aid..."*

⁵ <https://www.gov.uk/government/news/public-safety-boost-with-more-secure-accommodation-for-prison-leavers>

However other staff felt some of the benefits to from the pandemic in relation to housing homeless people had now been lost:

“At the beginning of it we had a lot of meetings with housing aid, and they promised there were going to be changes I am not sure these have been maintained.”

“...unfortunately, it took a pandemic to get to that point, and the day that they lifted the restrictions they put them all back into the street.”

“You get reports online about people being made homeless ... it’s not because they’re mass kicking them out, it’s because funding’s ended and there’s nothing that can be done about it. All the schemes have been directly linked to COVID.”



4. Treatment Pathways and Comorbidities

Can you tell us about the current accessibility of mental health and substance misuse agencies?

There was a general consensus about the ability of Beneficiaries to access mental health services. Three staff members mentioned that nothing has changed since before the pandemic, with two mentioning that access has always been poor.

“Access to mental health services has always been overall quite poor ... Usually there’s quite a difficulty in getting people who have substance misuse issues access to mental health services... there is a tendency in secondary mental health services to view people’s issues as solely down to their drug use...”

“As far as mental health services, nothing’s really changed.”

“Not really any change, [long waiting times have] always been the case.”

“Mental health [services are] always difficult to get access to ... there are always waiting lists.”

Further, staff members go on to suggest specific areas in which mental health services seem to be failing – namely backlogs and unresponsive Crisis teams.

“...it’s almost come to a standstill regarding people getting on to mental health services ... people are crying out for it. We’re hoping that will pick up again now, but now they’re saying they’ve got a backlog so now it might take even longer.”

 *"In mental health, the big problem is the backlog ... Bigger gaps between appointments..."*

 *"I tried referring some [Beneficiaries] that were in crisis – sometimes this is difficult, as [crisis teams] are not taking on any more people/difficulties."*

 *"Crisis team is still going – but this isn't great."*

Another major issue staff mentioned in mental health and substance misuse services was access to technology, citing this as a barrier to accessing services and receiving adequate support.

 *"A lot of the group work that will have been happening previously is either relegated to online – Zoom calls like this – and not everyone who is engaging with drug and alcohol services are going to have access to internet or a tablet or a phone or a laptop to be able to engage with that sort of thing..."*

 *"Harder to connect with talking therapy ... can't do skype as many don't have the facilities for it."*

 *"Would normally be groups held in the social club for psychosocial support ... this changed to online which has made it inaccessible for some people."*

 *"Services have gone online ... which is more accessible and flexible BUT ONLY if they have the right equipment. ... Some only have £10 phones; the digital divide causes issues ... [some Beneficiaries have] not got the technology to access services."*

Staff mentioned that mental health services seem harder to access than substance misuse agencies. While some workers complained that there are three main areas where substance misuse agencies fall down – group therapy, wait times and access to opiate substitutes – two suggested that the services are easier to access now.

 *"For substance misuse services there are few appointments and long appointment wait times..."*

 *"... it is a lot worse in pandemic. It took 6 weeks plus for an assessment."*

 *"They basically ceased all face-to-face appointments, but the problem was that there was a lot of people that, say, didn't have methadone scripts and the only way for them to get scripted usually was ... to get a face-to-face appointment ... so there's this very quick kind of, 'well, what are we supposed to do? How are these people supposed to access the service?' which wasn't ideal."*

This could be due to an increase in phone appointments. Three comments suggested phone appointments made services less accessible, but four others said the opposite.

 *“They offer phone consultations rather than face-to-face; the problem with that is that less people are actually getting proper assessments because ... you can’t use body language. A lot of our guys speak with their hands and ... you can’t pick that up over the phone.”*

 *“Substance misuse a bit harder, lots [of Beneficiaries] used to like drop ins but it’s all phone support now, some Beneficiaries are struggling with just phone contact.”*

 *“... have been operating a service over the phone – but this doesn’t feel very real for Beneficiaries, so it’s less effective.”*

 *“Substance misuse agencies are easy to access due to over the phone assessments.”*

 *“It’s easier to access services as there are phone appointments - you don’t need to plan a day around it.”*

 *“It works for women, as it is more flexible and you can do it on video or over to the phone, so you don’t have to turn up and be at a certain place (which is helpful with childcare etc).”*

In many ways, the things reported here are like those in the 2020 report. Almost everyone interviewed mentioned that the measures imposed because of the COVID-19 pandemic over the second and third lockdowns had an impact on the accessibility of mental health and substance misuse services – as everyone in the previous report also mentioned the impact that the COVID-19 lockdown 1 restrictions had on accessibility. Overall, in both reports, more information was provided about substance misuse agencies, and mental health services were deemed harder to access by most respondents. A large percentage of respondents from the 2020 and 2021 reports mention telephone contact and appointments and results seem to be mixed in both, with some workers suggesting this was a change for the better and others that it was for the worse. The biggest differences are twofold:

- 1) That the majority of Beneficiaries seemed to be finding online support helpful during and after the first lockdown but now Beneficiaries’ fundamental lack of access to the appropriate technology means it is not seen as particularly helpful
- 2) That previously there was an apparent consensus that the system that had been put in place for accessing mental health and substance misuse services was as good as - if not better than - before, whereas now the feeling is that it is – at the very least – flawed.



5. Accommodation

How have individuals in different housing situations (homeless, supported accommodation, hotels, and private housing) experienced service adaptations and the impact of COVID-19 differently?

Although most individuals placed in temporary accommodation still reside in hostels, with the additional hotel space stemming from Everyone In, it seems the aim to eradicate homelessness during the pandemic has had some success, at least in the short term. However, a number of staff, particularly those who work directly with Beneficiaries, were concerned about the restrictive nature of COVID-19 rules and measures exercised in shared accommodation. Consistent with reports early in the pandemic, several individuals had faced warnings and evictions for resisting or refusing to follow these regulations. Views on the adequacy of intervention in this accommodation was mixed, with some staff members suggesting Beneficiaries had access to support but others suggesting it was limited, which might heighten the negative effects of the pandemic.

 *“Struggled with invasion of privacy in hostels, temperature check, isolating for symptoms.”*

 *“Hostels – difficult because hostels yield liberty, don’t have to be there all the time but still have the shelter and support it offers. But now people can’t escape – which has impacted a lot of Beneficiaries.”*

 *“Some hostels are able to provide adequate support for Beneficiaries.”*

Although support for rough sleepers has increased and a large number have moved into temporary accommodation, for those individuals who remain homeless, their lives remain largely unchanged as the result of the pandemic. It was suggested that this group of individuals are very much their own community, without access to news updates and little insight into the outside world, beyond their own circumstances.

 *“Homeless don’t have a culture or insight on what’s going on, they don’t see a lot of external news, very much focused on their own community and their own problems.”*

In contrast, for individuals with personal tenancies, the impact of COVID-19 rules has been more flexible. However, it was again mentioned that some individuals refused to self-isolate, suggesting this problem is service wide and not limited to those living in temporary accommodation. Moreover, some staff expressed concerns that individuals living alone have been more heavily impacted mentally, feeling isolated due to lack of face-to-face contact.

 *“Struggled- in own properties, isolating.”*

 *“I think for people living in private, rented accommodation it’s been a lot more isolating... Whereas if you’re in a private, rented accommodation and you’re someone who’s, say, clinically vulnerable, you just never go outside.”*

Whilst the urgency to remove individuals from the streets has resulted in many positive outcomes, concerns were raised about this process coming to an end. With the gradual easing of lockdown restrictions, the future use of hotels for temporary accommodation and the options for individuals currently residing in them remains uncertain. Overall, all Beneficiaries, no matter which housing situation they are in, have been forced to adapt to reduced face-to-face contact with support workers and increased use of phone communication.

Has the process of finding accommodation changed throughout the pandemic? Has COVID-19 increased/decreased the likelihood of finding adequate housing?

Most staff members, regardless of their role suggested finding adequate housing has always been a challenge and it still is. Whilst the likelihood of finding temporary/ emergency accommodation has increased due to heightened urgency, this response is only provisional and the negative effects of relaxing this will be seen after the pandemic. In addition to this, whilst individuals with multiple disadvantages have always been harder to house, due to restrictions imposed by housing organisations, additional consideration must be made for individuals with health problems due to the potential risks in shared accommodation. In contrast, long-term housing solutions remain largely unchanged. One staff member suggested the biggest challenge to securing long-term accommodation is rent advances requested by landlords for tenants on universal credit. This is an unrealistic expectation for the service; yet negotiating is hopeless since other individuals are willing to pay the advance. However, there is hope moving forward, with discussions underway to improve the process of finding long-term solutions, and the provision of tenancies through the City council over the next few years.



“Constant challenge.”



“Since the beginning of it, landlords are now asking people on universal credit to provide three month’s rent in advance rather than just the month like they did before, because demand has shot up – so that’s had a massive impact on us finding people private tenancies.”

Have there been any instances of Beneficiaries having issues with their housing situation? What were the reasons for this?

For the most part, issues with housing were the result of a Beneficiary’s antisocial behaviour or refusal to follow COVID-19 regulations imposed in their accommodation. Often this involved Beneficiaries refusing to self-isolate when another resident presented with symptoms, as they couldn’t understand why this was relevant to them. Concerns were also expressed for individuals with substance misuse problems, as restrictions on unnecessary travel meant they couldn’t leave to acquire drugs. Although one staff member spoke of a Beneficiary who was evicted from a hotel for ignoring staff warnings to collect a prescription. Other examples of exclusions from hotels for this reason were given; however, alternative accommodation was usually found elsewhere. One positive instance was mentioned however, where a Beneficiary was due to be evicted, but the new rules imposed as the result of the pandemic meant this eviction was postponed. The Beneficiary has since improved their behaviour, made amends with the landlord and the eviction has been stopped.



“Someone was put up in a hotel and had an ambulance for a fever and a cough. That night she needed to go out to get a prescription, but hotel staff said that she couldn’t leave. She went anyway and was evicted.”

 *“Quite a few Beneficiaries have been in hospitals and then come out and either don’t want to go into a B&B or are too high risk. Trying to work with services to find suitable accommodation for these Beneficiaries is very difficult.”*

 *“Antisocial or something to do with smoking.”*

 *“Many will have addiction struggles with drugs/alcohol and tend not to stay in one place for too long, trying to manage that within a hostel can be really difficult.”*



6. System Change

How have services adapted their accessibility and support since the beginning of the pandemic?

A key theme evident in responses to this question emphasised increased flexibility in the accessibility and support for Beneficiaries since the beginning of the pandemic, creating a more efficient and effective work ethic. In particular, the Everyone In housing scheme was mentioned.

 *“There is more to place [rough sleepers] in housing situations now...this has been very positive.”*

 *“[The housing scheme (Everyone In)] has made it easier for services like ours, as people who we may not have been able to access to, or who didn’t want to take part in the service, with them all in one place (i.e.. Hostel), it can help a variety of services to go in and help them.”*

 *“Phone call appointments are a lot easier – the less Beneficiaries have to do, then the more likely they are to engage.”*

 *“A lot less missed appointments.”*

However, the lack of human-contact and increase in phone-call appointments have posed difficulties in terms of forming relationships and technical issues. Despite providing phones to Beneficiaries who do not already have access to one, technological issues are still present as the lack of skills some Beneficiaries have using such technology still limits their use and accessibility.

 *There is “definitely an issue with digital divide as services assume everyone has the correct technology...COVID has made this difficult.”*

 *"A lot of Beneficiaries are not internet savvy."*

 *"Some services harder to reach and with chaotic Beneficiaries, it doesn't work" ...
"some services are closed or delayed."*

The working relationship between Opportunity Nottingham and other services?

Systems are more in sync, with a more multi-agency feel. This has increased the effectiveness of working within and across services.

 *"A lot more communication between services and feels more like a multi-agency service."*

 *"Since the 'Everybody In' campaign where services got brought together, there has been more things brought in to help people."*

 *"Services are more in harmony as they understand each are in the same boat."*

However, the impact of COVID-19 on working relationships is largely dependent on which staff you ask. Some staff say COVID-19 has not had much of an impact on their work. Things have largely remained the same for coordinators and social workers in some respects, as communication via phone and email were major parts of the process before the pandemic anyway.

 *"It depends on what staff you ask...there is lots of communication via phone and email now, but this was the case beforehand too."*

 *"For me, it hasn't really changed... it is the same with probation, same with the police, same with housing aid, we can just phone somebody and get things done. It's what we do."*

New staff would have liked to meet others properly to gain a quicker understanding on how things ran in Opportunity Nottingham, in particular the use of services and who the main points of contact were in each service. Although this posed a barrier, it didn't seem to be significant in limiting their work.

 *"Would have liked to have introduced myself to everyone but this was not possible – so it was longer to understand use of service and who everyone is."*

 *"If I could have gone in and met, made connections with certain services, things would be different...never met so there is some barrier."*

Are there any system changes you think should be made permanent?

Staff hope to see a continuation of the flexibility of work which has been observed since the pandemic. They liken this to the voluntary sector – which has an ‘all in it together’ approach’. Phone-call appointments have been specifically identified as beneficial to continue the flexibility once restrictions are over, however, it should be choice based as this preference and advantage is not present for all Beneficiaries.



“Keep phones but choice based as it does not benefit everybody.”



“The voluntary sector all do fantastic work, brill at working together, all have the same approach and no one left behind.”



“The pandemic showed services can work together to get things done such as getting people who are rough sleeping off the street. Highlighted the fact that it is possible.”

Remote working has been beneficial for some staff also – and a preference to remain remote unless necessary to be in the office is evident. Time management has improved significantly with the lack of commuting, and less waiting around to get in contact with people as everyone is available via phone calls.



“Working from home and organising time is a lot easier – no commuting. I have time to do everything and it’s a lot more straightforward.”



“Change to continue working from home, only to be in the office when required. It makes everyone’s life easier.”

Staff feel having social workers “in house” as part of the team, has been particularly beneficial and would like to see this continue. They propose a specialist worker in post in other services such as hostels as well would be advantageous.



“Have a social worker placed in house so staff can bounce ideas or have discussions around whether they feel someone warrants some social care involvement... this has been a big change which has been a positive one.”



“Having those specialist workers in post in services like ours has been a real advantage ... going forward with other services, such as hostels, I think if they could have specialist workers places in them services as well, it would definitely be a big help.”

Finally, staff highlight a desire to keep the additional housing support running stemming from Everyone In and follow up, after restrictions end. However, this is seen as potentially unrealistic due to their knowledge of a future cut in funding once restrictions end:



“If it carried on, it would be awesome, that’s a really good scheme, but once again, when COVID restrictions get lifted, the funding will go as well.”

7. Mental Wellbeing

Have you noticed a change in dependence in your Beneficiaries over the course of the pandemic?

Overall, the data suggesting dependence may have changed due to the pandemic, was mixed. Some were found to be much more dependent, whereas others seemed to be coping better than usual. Some staff have seen a large increase in dependence, often due to Beneficiary's mental wellbeing deteriorating. This has often been difficult for staff to manage. However, in other cases, Beneficiaries have been much more independent, and are able to do many more things alone (i.e., setting up appointments).

Staff spoke of the range in dependency seen in their Beneficiaries:

 *"There have been different levels of dependency. Some have become unbelievably dependent, wanting help every day and topping their phone up all the time. On the other hand, some only seek contact once a month and are fine – it's very varied."*

 *"Some have [become more dependent] and some have not. We can only work with the ones that contact their services. There has been an increase in them calling into the services though."*

Some staff have seen an increase in the number of depressive symptoms, leading to greater dependency. One of these has been an increase in suicide threats:

 *"There have been regular calls from people feeling really low and thinking of ending their lives, for some of our staff. Suicidal threats and low moods has probably had the greatest impact on the staff."*

Whilst others, have found little change in dependency, or an improvement, where Beneficiaries have become more independent:

 *"They've just gained independence, go shopping on their own, and they'll just be in contact to say, 'I've called these' whereas before it would be asking me to contact these services. It is quite positive."*

 *"Others are very capable but will ask for support. Due to the awareness of working from home situation, they are less inclined to ask [the staff] for support, and so will do things themselves."*

Has the mental wellbeing of your Beneficiaries changed over the course of the pandemic? Have they been feeling isolated/ unsupported?

The mental wellbeing of the Beneficiaries seems to have fluctuated across the pandemic, with some individuals struggling more than others. Some staff noted no great differences from before

or during the pandemic. Others have noted how Beneficiaries have felt increasingly isolated across the pandemic due to limited face-to-face time with their peers or networks. Generally, those who have struggled mentally before the pandemic seem to have had greater difficulty during the pandemic. Beneficiaries who were originally in a good place mentally, seem to have been impacted less by the pandemic.

Many staff spoke about the Beneficiaries feeling increasingly isolated:

 *“Some do feel isolated, yes. For example, one Beneficiary has been in hostels for years and is now in a flat in Bestwood, so now feels isolated. He’s been taken away from his friends, and he recently tested positive, which had a massive impact.”*

 *“Yes, for sure- I’ve spoken to people who do feel very isolated, they feel forgotten. They don’t have the network which they had before.”*

Across the staff, it was a varied response when looking at the mental wellbeing of Beneficiaries:

 *“I’ve not had any feedback about it being worse.”*

 *“All of the Beneficiaries we’ve worked with have struggled with their mental health – it has definitely been a struggle for them, definitely. It seems to be an individual thing, and the ones who have always struggled, continue to struggle.”*

 *“Beneficiaries have struggled, and any existing problems have been amplified.”*

How has your mental wellbeing changed since the initial stages of the pandemic? Have any support measures been put in place to support you as a staff member?

The mental wellbeing of the staff has also fluctuated across the pandemic. Some are doing better now, than at the beginning of the pandemic. The typical measures in place for maintaining wellbeing have been a significant help for many of the staff, such as the reflective practice and sessions with their supervisor. Some have found working from home more challenging, whilst others have preferred the more relaxed environment of their home. However, working from home seemed to be quite isolating for some, with many staff missing the social interactions of the workplace. Those who have had a mix of working between the office and home seem to have noticed a more minimal effect on their mental health.

The staff offered various views into how they have been coping with their workload during the pandemic, with some not seeing any changes in their mental health:

 *“I’ve been totally fine, as I’ve been at work every day – my day-to-day working environment hasn’t changed.”*

 *“Yes, [I’m doing] a lot better now than in March. I have adapted to the way things are and am happier with it now.”*

Others have found their mental wellbeing has decreased across the pandemic:



"Yes, my mental health has changed – it has definitely been more challenging and more stressful."



"I've been up and down; every day does feel like Groundhog Day though! There are definitely good and bad days overall."



"You can feel isolated at times, as I am the only one doing the role. Most staff are in a big group... If I was on my own it would definitely be harder."

Overall, the support offered by Opportunity Nottingham has been very beneficial:



"The managers have been amazing and so helpful – we have regular check-ins and they are always available. We used to have reflective practice sessions, and we do these on zoom."



"The usual support measures, supervisions and reflective practice are in place for the staff. There are always people in the office you can talk to."



"We have mental health support already and we can always go talk to someone if you need it and we can even have counselling if need be – there are always things out there for support!"

Overall, these findings do not show a great change from the previous report's results. Previously, it was seen that many Beneficiaries had a lower rating of mental health due to the pandemic, and this seems to be true here too. Similar feelings of isolation and low mood have been found in both reports. But for some Beneficiaries, mental health has improved slightly over the course of the pandemic, and some Beneficiaries have become increasingly independent.

In terms of the Opportunity Nottingham staff, the concerns raised at the beginning of the pandemic have continued, if not to a lesser degree. For example, the lack of interaction with other colleagues is still apparent and is still something the staff miss at present. At the point of this report, there is a more positive feeling from the staff however, as the situation changes, and they can prepare to head back into the office soon.



8. Looking Forward

Have you noticed any adaptations in your personal working style/approach and/or that of other Opportunity Nottingham staff as the pandemic continues?

A common theme from PDCs (in particular) was that working from home meant they completed their work faster. For some this was for positive reasons...

 *"It was easier to organise my time."*

 *"It has helped everyone with the technology ... has aided accessibility, and more people have been able to access services."*

While others found it was a natural consequence of an increased workload...

 *"It has become quicker, through necessity. If you have a big workload and get through it and then you had a rod for your back as level of expectation is increased, and this level may not always be reached as you are not a machine."*

Staff members felt the need to reach out more to Beneficiaries.

 *"To express more empathy/sympathy and concern."*

The increase in workload was noted by several members of staff as well as those in more leadership roles. Everyone is aware of the increased workload and are trying to mitigate it as...

 *"This type of job is emotionally demanding as it is."*

One member of staff described the current working situation as *"working from home and living at work"*. But *"forcing self to not check work emails"* and to just *"get out of the house"* helped with this.

This was mentioned by newer staff who began their roles in the pandemic. It was not mentioned by long-standing staff, although it was brought up in the original report suggesting these members of staff have adapted fully to working at home now.

One staff member who usually helps Beneficiaries to learn how to cook was able to produce a cookbook made easily accessible to local hostels at a relatively low cost.

 *"I made it very clear and simple by listing all the ingredients needed as well as the equipment required."*

This is an adaptation that reflects the continuation of positive changes that began in the beginning of the pandemic.

How did you manage to settle in and make connections with other staff/Beneficiaries? What tips/strategies did you use to achieve this?

This was a question asked specifically to the newer members of staff that had started their current role in the middle of the pandemic. Most of these members of staff were able to go into the office for the first few weeks to familiarise themselves with their roles and their work colleagues which made settling in easier. There were one or two exceptions where this was not possible due to shielding.

Now staff are more able to go into the office, partly for rota duty, they do feel more connected to their colleagues. Masks do though make it harder to get to know people.



"However, everyone is in the same boat which makes it easier."

For all the staff members that it applied to, the process of meeting Beneficiaries was fairly straight forward.



"I am here to help you, and nothing is stupid."

There were no struggles mentioned associated with meeting Beneficiaries as new staff's caseloads were slowly built up.

What is the consensus of vaccine opinions and the potential ending of restrictions later in the year for Beneficiaries?

If the Beneficiary's opinions on vaccines had been discussed, then the majority of them seemed happy to have the vaccines.



"This was surprising considering their attitudes towards other things."

Any concerns were easily alleviated after discussions and some staff found that because their friends had already received the vaccine, the Beneficiaries were more open to having the vaccine.



"I think people are quite looking forward to restrictions being lifted but I don't think my lot care too much because it hasn't impacted them too badly."

Very few Beneficiaries believe in the vaccine conspiracy and are refusing to get it. The Beneficiaries that are refusing are doing so *"due to a lack of trust in the system that has built up for years"*.

Have you had the vaccine? Do you feel more comfortable meeting with Beneficiaries now and has this allowed you to better meet their needs?

All the staff that were interviewed reported that they had all had at least their first vaccine. They were all aware that the other staff members were all being vaccinated.

For some of the staff, this did not change anything in their daily work activities as they were seeing their Beneficiaries throughout the pandemic. For the staff that had not been attending in-person meet-ups with their Beneficiaries, they now feel able to do so, because of the extra level of protection they have.

All staff did feel more confident with meeting their Beneficiaries and the vaccine provides more options in choice of meeting place. Meeting in person is very important for some Beneficiaries as they are unwilling to speak in-depth on the phone. Many Beneficiaries live in small flats where social distancing is virtually impossible, however with the vaccine and PPE, some staff feel comfortable talking inside in the future as *“meeting outside is tough”*.

Staff do continue to maintain social distancing and wear PPE that is provided to them as some Beneficiaries refuse to do so. However, it appears as though the Beneficiaries are understanding of the staff’s choice to do this.



“I won’t let them use my phone and if they touch a pen, I’ll say they can keep it because I don’t want it. It’s just simple and they understand.”

How do you feel about heading back into the office? Positive and/or negative?

Most staff want to head back into the office part time. A full-time office might feel *“crowded”* and zoom meetings are *“easier”*. A constant presence of others may be distracting.



“We can reflect on situations differently, we can offload differently, it’s a different atmosphere. If I’ve just had a violent incident or I’ve been threatened or whatever I can just come back and scream and shout or whatever.”

Having to start travelling to get to work again would be a struggle for some whether it is the early start or having to use public transport which some are not comfortable using yet.

The option to go into the office sometimes is definitely a positive from all the staff interviewed.



“From a selfish point of view, would be glad to have some staff back in and feel a bit more normal and have them around from day-to-day.”

Staff seem to be very aware of the future time spent in the office *“our office will probably get smaller, because they don’t need as many people in all the time”* but staff *“don’t want or need to be in the office all day”*.





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