Catching People Who Fall Through The Net

Elmore's Work With Rough Sleepers in Oxford (2004)

Evaluation commissioned by

Elmore Community Services

SHELTER

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CATCHING PEOPLE WHO FALL THROUGH THE NET

The Elmore Team's work with rough sleepers in Oxford

Shelter

elmore team

KEY FEATURES

⋯⋯⇥ The Elmore team works with the most vulnerable
and marginalised rough sleepers in society. Many of
their service users don't successfully engage with
other services

⋯⋯⇥ To work successfully the Elmore team operate an
un-assertive approach to outreach and a flexible
holistic approach to support.

⋯⋯⇥ Much of the need for the Elmore team's work arises
because their service users are described as having an
untreatable personality disorder and so cannot access
mental health services.

⋯⋯⇥ An increasing proportion of the Elmore
team's service users are receiving ASBOs
that they have little prospect of complying
with: a welfare response to their needs
is now being replaced with a criminal
justice response.

elmore
team

INTRODUCTION

The Elmore Team in Oxford provide support to very vulnerable people who have been described as living on the margins of society[1] . The Elmore team's service users have multiple needs and often demonstrate challenging behaviour. Many are tagged with the rather controversial term of "personality disorder". They provide tremendous challenges for mainstream agencies charged with their social care and often this is a challenge that proves too great. This means engagement with mainstream support agencies such as those funded by Supporting People, or conventional health services breaks down.

By contrast, the Elmore team successfully engages with people falling through this net, but to do so their work uses methods that are not currently in favour. This is sadly putting the projects future in jeopardy. Firstly, Elmore works on an outreach basis that is not assertive. This un-assertive approach works for the Elmore teams service users. It has though been discouraged in relation to mainstream work with rough sleepers, as it is considered to not do enough to encourage people to leave the streets. Secondly, most support services are part of a fragmented system. They offer support to an individual according to the particular type of location they are in. Elmore provide support no matter what the location and so can provide the holistic and flexible service needed for successful working with people with multiple and complex needs.

THE ELMORE TEAM'S WORK

The Elmore Team works with service users who have multiple and complex needs. Whereas most agencies work with service users on the basis that they have just one principal need, Elmore's service users have on average just under five separate needs and in some cases it can be as many as six or seven. The table below illustrates this:

Need (As assessed by Elmore Team)	No of Elmore Team service users assessed as having this need	Percentage of Elmore Team Service users assessed as having this need
Mental Health	135	84
Vulnerable	113	70
Accommodation	113	70
Alcohol	85	53
Offending	74	46
Financial Difficulty	68	42
Self harm	64	40
Physical Health	61	38
Drugs	60	37
Learning Difficulty	27	17

(Total for year 04/05, Source: Elmore Team Annual Report)

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[1] Dewhurst L., and Bevan P., 2001. inhabiting the margins, London: National Homeless Alliance.

There are, however, further considerations taken into account before a person becomes an Elmore client. Reasons for becoming an Elmore client will include one or more of the following:

⋯⃗ Being very chaotic to the extent that conventional services cannot cope.

⋯⃗ Not fitting the referral criteria of other services.

⋯⃗ Being barred from them.

⋯⃗ Distrust of statutory services/refusal to engage with them.

The Elmore team is then working with people who are not successfully engaging with other agencies. Impressively, their track record in doing this is very good. To establish to what extent this was the case, Shelter provided an Innovation and Good Practice Fund grant to Elmore for the purpose of tracking the progress of a cross section of service users over a one year period commencing October 2004. In all seventeen service users were tracked in this way[2]. The table below shows the outcomes Elmore achieved for these service users. It should be said that given the service user group Elmore are working with, success isn't always straightforward and in some cases harm minimisation is the strategy the team adopt. Even so the table shows the significant progress that was made by the team, with an average of almost four positive outcomes per service user.

Outcome	No of service users
Found accommodation	8
Improved accommodation prospects	7
Improved physical and mental wellbeing	6
Accessed GP	3
Other health improvement	4
Tenancy sustainment	3
Facilitated multi agency response	4
Drug and/or alcohol harm minimisation/reduction	3
Reduced domestic violence	1
Improved money management	1
Increased income	2
Helped with gambling addiction	1
Reduced criminality/anti social behaviour	5
Meaningful occupation	1
Helped access work/education	2
Food/essentials/provision	2
Built relationship/emotional support	8
Total outcomes	**64**
Total service users	**17**

[2] Elmore Team and Everitt, 2006, Beyond the Margins available on the Elmore Team website: www.elmoreteam.org.uk

Hugh

Hugh is in his late thirties. He has suffered from systematic bullying and abuse for much of his life. Hugh had a multiplicity of problems: offending, mental health, drug use and vulnerability. His condition was causing great concern to a number of agencies. One of the symptoms of his condition is violent loss of temper and as a result of this behaviour occurring he has repeatedly been excluded not only from private rented housing but nearly all of the city's hostels too.

Hugh is now successfully sustaining a hostel place and is part way through a college course in IT. Work carried out by Elmore enabled this to happen, but it was not a simple A to B process

Hugh's past had left him in a situation where he'd had numerous negative experiences with mainstream agencies. He felt angry with them as though he had been cheated. Whether justified or not, this was the situation we faced. It was unrealistic to expect this to change overnight so initial meetings with Hugh were principally to build up rapport and trust; there was no specific agenda at this stage, the emphasis was on building a relationship. This is a more realistic view of his situation. Whilst acknowledging that Hugh was homeless at this stage we also acknowledged that housing was going to be a long-term goal. Given Hugh's mental state and his past experience to do anything too quickly would have been counter-productive. Whilst we took this view we took steps to help ensure his safety, providing him with some basic help and monitoring his health. Importantly the meetings enabled Hugh to have an opportunity to reflect on his negative housing experiences. No other agency was able to do this and gradually the subject of the meetings changed to become more focussed on his future housing aspirations and how he might sustain a tenancy. Vital to achieving this change was our willingness to accompany him to potential accommodation.

Once Hugh was placed in a hostel, we continued to support him, but also worked with the staff team there, to ensure the problems that led to his previous exclusion did not recur. Being able to continue working with Hugh during this transition from homeless to housed was crucial. If Elmore had to "pass the case on" to the hostel's staff, Hugh could well have ended up back on the street. Continued working with him had two benefits. It enabled the trust and rapport to continue, but also the liaison between the hostel staff and Elmore enabled understanding to be passed on and potential issues nipped in the bud.

Once we had gained Hugh's trust, Elmore's role in acting as a link between Hugh and mainstream agencies away from the housing sphere agencies was also vital. An example of this was the work we did with statutory agencies to assist him in adhering to his probation conditions, something in the past he had been unable to do. A further example was accompanying him to the college interview for the course he was interested in.

Overarching much of this was that to make progress Hugh required a multi-agency approach and we were able to do this, for instance by planning and facilitating case conferences. This role is not easy, coordinating busy agencies as well as retaining the trust of a disaffected client, required the team to have credibility and trust with both client and agencies.

> Initial meetings with Hugh were principally to build up rapport and trust: there was no specific agenda at this stage, housing was going to be a long term goal.

WHY IS THE ELMORE MODEL SUCCESSFUL?

There are two key elements to the Elmore model of working that enables successful working.

Un-assertive outreach

The Elmore Team's approach to outreach work is one that emphasises the Worker – Client relationship. With a particular focus on time invested at the beginning to engage and build up trust. The view being that long term this enables more outcomes to be achieved. The Elmore Team also concentrate on a Client-led/person centred approach. In this respect the client's wishes are respected and if accommodation is not possible or practical initially then harm minimisation measures are taken. These include continual monitoring of physical and mental well-being, advice on safer drug using, networking with GP's who specialise with homeless people, attention to practical details, i.e. food, clothing, condoms, clean needles and importantly minimising the effects of anti social behaviour.

In relation to rough sleeper policy this type of operation is considered less successful than the assertive or persistent approach, that has been adopted by Street Outreach Teams and which seeks to move the rough sleepers quickly from the street[3]. On the other hand, although the assertive approach works for some rough sleepers, and numbers have been reduced in some areas, there is a danger that it will simply displace others. Rough sleepers will be "designed out". Indeed research conducted for the ODPM themselves, warns of the danger of this happening[4]. In Oxford at least, an examination of the Elmore Team's service users leads to the conclusion that such displacement has occurred, and this highlights the need for the continued existence of the Team, and importantly, their less assertive method of operation.

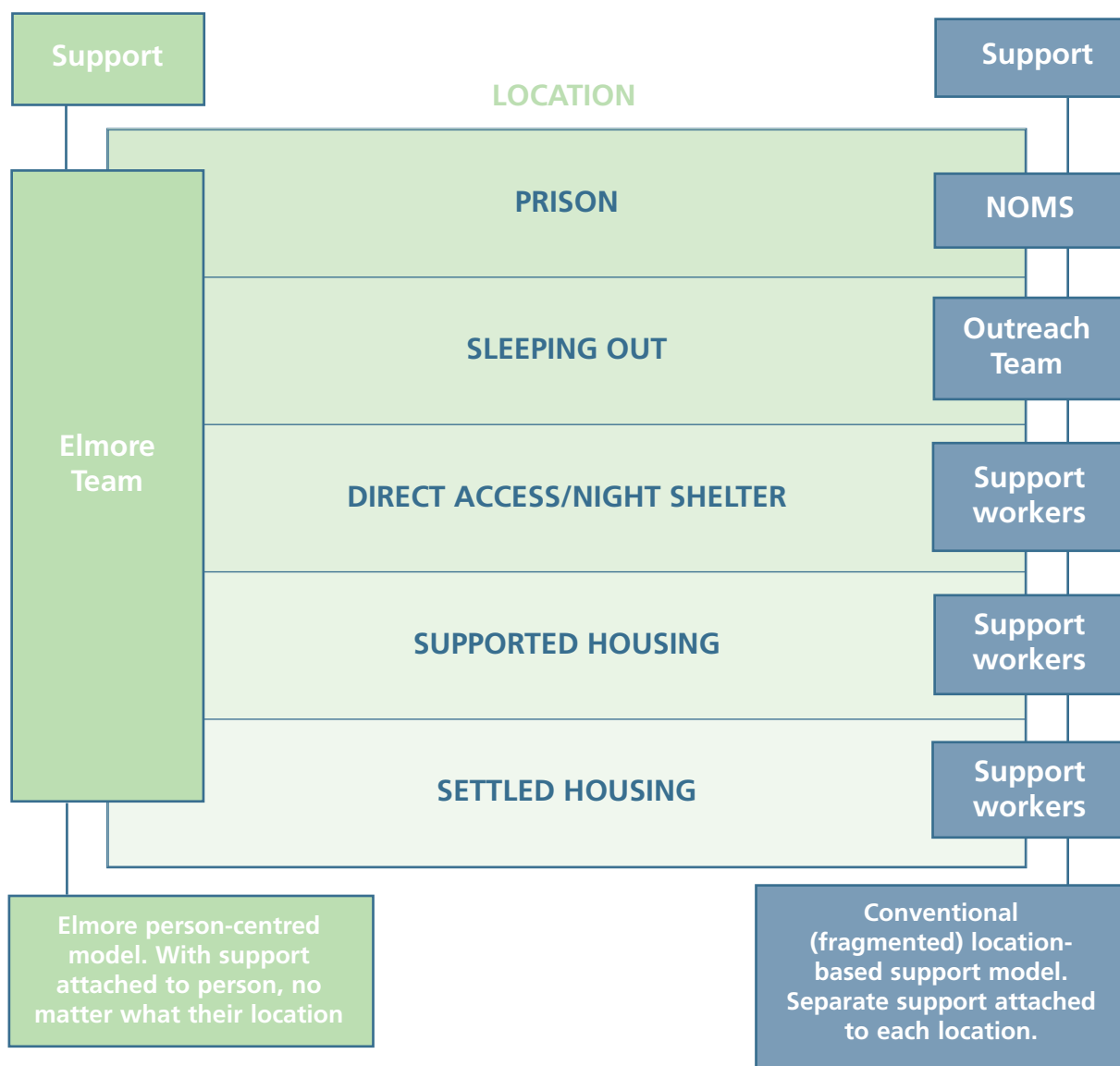## A flexible and holistic approach to support

The second key distinctive element of Elmore's working model is the way they are able to work with a person in different locations: different kinds of housing, sleeping out or in prison or hospital. By contrast conventional support services tend to be attached to a particular location: prison based services, street outreach for rough sleepers and support attached to various specific accommodation projects. This is fragmented because the individual is required to engage with different services. At best support changes when a person's location changes. At worst support is lost altogether.

Additionally, much of conventional support is dependent on the individual progressing: from chaotic and homeless to un-chaotic and settled. Support maybe withdrawn if insufficient progress is made. The consequence for the person of not progressing, is that they can become excluded, unsupported and return to homelessness. By contrast, following on from their harm minimisation approach, the Elmore team accept that in some cases it is almost inevitable that their service users will have lapses. That they will, in some cases regress, as well as progress. Key though, is that Elmore can stick with them, to minimise the damage of a lapse and be ready when the individual is ready to take steps towards progress again.

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[3] Randall,G., and Brown,S., 2002, Helping rough sleepers off the streets, London, Office of the Deputy Prime Minister.

[4] Ibid. Page 19.

Working with people regardless of their location

Support	**LOCATION**	**Support**
	PRISON	**NOMS**
Elmore Team	**SLEEPING OUT**	**Outreach Team**
	DIRECT ACCESS/NIGHT SHELTER	**Support workers**
	SUPPORTED HOUSING	**Support workers**
	SETTLED HOUSING	**Support workers**

Elmore person-centred model. With support attached to person, no matter what their location

Conventional (fragmented) location-based support model. Separate support attached to each location.

PERSONALITY DISORDERS AND ANTI SOCIAL BEHAVIOUR ORDERS

Much of Elmore's work is with people with personality disorder, who are often considered untreatable and so fall outside of the scope of mental health provision. Often such people become homeless, ill or break the law. It has to be questioned whether current social policy is working well for people with personality disorders. An increasing proportion of the Elmore Team's service users are receiving ASBOs. A huge aspect of this is that some of Elmore's service users clearly do not understand the implications of the ASBOs they receive and an increasing number are being criminalised. Some have little prospect of making sufficient change to their behaviour even though Elmore do help achieve some modifications in some instances. In short, a welfare response, although inadequate, is being replaced with a criminal justice response. The appropriateness of this has to be questioned.

MIXED FUNDING THE KEY TO SUCCESS

Having a balanced mixture of funding sources helps Elmore's successful flexible working model. Should this funding balance be threatened e.g. a major source of funding is lost Elmore's success may be threatened. On the other hand local area agreements and greater integration of funding, if this were to happen, could benefit a multi-dimensional service for people with complex needs, such as Elmore.

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The full report of the Shelter-funded study can be downloaded free of charge at:
www.elmoreteam.org.uk

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