



## Elmore Community Services:

### Holding the Hope Podcast

**Podcast duration:** 30 minutes

**Host:** Ben Anderson, Sound Rebel

**In conversation with:** Charlotte Dawson and Adrian Childs, Service Managers at Elmore Community Services.

### Podcast Episode Transcript

Ben: Hello and welcome to this podcast from Elmore Community Services. Elmore are an Oxfordshire mental health complex needs, domestic abuse and homelessness charity, and the people they support will often have multiple, separate needs.

Elmore supports people in several ways, including through their Mental Health and Complex Needs Floating Support Services, which they provide through the award-winning Oxfordshire Mental Health Partnership.

A report has just been published by Elmore which shows the needs of Elmore's clients, but also highlights that these 2 services have saved the public purse £1.9m over 5 years.

My name is Ben Anderson and to talk about the service and the report, I am joined by Elmore Service Manager, Charlotte Dawson and Elmore Team Manager, Adrian Childs.

Char, let's start off talking about the report. What are the main things that have come out of it for you?

Charlotte Dawson: It's about early intervention really, isn't it? We all know there have been so many studies that show that early intervention saves money from the public purse. It's basic economics.

You help someone get £10 worth of food on a Friday evening; they're not going to steal over the weekend to get food. They're not going to end up in Court. They're not going to end up incurring all the costs that that costs. It's just basic economics. And this is what we do, we try and support people with needs as they turn up. We try and support people with emergency needs. You know, life throws all sorts of stuff at the people we support.

Ben: Okay. Let's talk about them, the Floating Support client group. For someone who is coming across Elmore for the first time, who do you support at Elmore?

Charlotte Dawson: We support people with complex needs, that's our core work. And we have ever since we were established in 1986. So people with complex needs are the people who traditionally would have a number of different needs.

These needs individually might not actually be considered to be high enough to meet the thresholds for lots of different services. So they may be recreationally using drugs or they may have mental health needs. They may have needs connected to their housing. But they might not actually trigger any individual service.

Whereas Elmore works with all of these needs. So we work with a group of people who might have, for example, mental

health, homeless issues, benefits issues, financial issues, domestic abuse, child protection issues.

The people we work with have not typically had the most straightforward life. They typically have experienced personality disorder. They have often had trauma histories or neglect histories.

They are people who, not always, but often, just don't trust services, because actually they've seen so many different services and they haven't really got to where they need to be. Or they've been let down by services, and that's just led to them not trusting people.

Ben: This sounds like a really silly thing to say, but complex needs are incredibly complex. The number of different needs that you spoke about there, it's a vast, vast array of people with different backgrounds, different things that they are dealing with and struggling with.

Aid, what are the most common mental and physical health diagnoses and difficulties of these Floating Support clients? Are there common ones? Is every single person different?

Adrian Childs: Definitely. Every single person is different. We do tend to see similar kinds of problems come up. We work with a lot of people who might have depression, anxiety, social isolation, agoraphobia, these kind of things. As well as people with more personality-type difficulties, like Char was saying about.

So this might well be people who struggle to form positive relationships, where others struggle to manage strong emotions, struggle to deal with the challenges that life can

throw up generally. So, as you say, there is no typical client, that's the nature of the work in that sense. But yes, we do tend to see similar kinds of patterns, at least in the mental health type needs.

In terms of the physical health needs, again, it's very, very varied. We support people with a range of needs. Some related to potentially substance-type use. Other ones might be to do with diabetes. But no, a range of physical health needs as well. Again, it varies completely on the individual, so there are probably less common denominators in the physical health needs than we see in the mental health needs.

Ben: I'm probably skipping ahead a little bit here, but in terms of the kind of common threads that you see running through, do you see...? What's happening in the world around us, for example. We've all been locked up at home for the last two years. But it's kind of a general feeling of societal anxiety at the moment. Does that impact the number of people that you see coming through with issues such as anxiety and depression?

Charlotte Dawson: I think COVID definitely. I'm not so sure about the bigger society things. But I also think that most of the people we see on the Complex Needs and Mental Health Floating Support teams are people who have got lifelong issues. These things actually started really early for them. And for most of the people we work with, these things started when they were children. They're not situational. They're long-term. A long-term inability to be able to cope with things that life throws at people, because they haven't learnt that resilience. And worse

than that, they've been impacted so badly that that's resulted in personality disorders.

Ben: And what you mean is early trauma in their life?

Charlotte Dawson: Early trauma or neglect. I mean it's not just about someone who's experienced the big traumas. It's also about the people whose emotional needs just weren't met as a child, forever and ever.

And there is all this stuff around constant validation. If your emotional needs as a child while you're growing up, while you're a teenager, during those really key developmental stages, are constantly invalidated, then you also grow up without having a firm sense of self, a firm sense of how you can manage your emotions, how you can ground yourself when bad things happen. It just isn't there.

Ben: And I suppose you're also working with people who might not be able to pinpoint something. Is that what you mean? There are obvious traumatic moments that happen in life. But there are also impacts of behaviour, for example, in relationships that they might not necessarily understand what has happened to them when they come to you. Is that right?

Charlotte Dawson: Yes, that is right. So people we work with under New Beginnings, we were talking about that a few weeks ago, Ben.

Ben: Yes.

Charlotte Dawson: People may not have seen that they were groomed. People may think that that guy, “He is my boyfriend,” with any relationship. People don’t always see that bad things have happened to them.

Ben: Okay. Can you tell me then about the Elmore model a little bit more, and how it differs to the statutory sector? What the Elmore model can do that the statutory sector model can’t do?

Charlotte Dawson: So this is the thing I’m really proud of actually, and this is the reason I work at Elmore, and this is the reason why the Elmore values are so strong. We can turn our hands to pretty much anything. We’ve got a really skilled team. They’re really interested in learning new things.

If a new way of working comes out, we embrace that, we crack on, we learn about it. But basically, there are very few support needs that we find that we can’t work with. So all of those needs we were talking about earlier, and many more.

If somebody is referred to our Floating Support Service, none of those reasons are a reason for the person not to receive the service. Nobody is too complex.

There have been maybe two occasions in the time that I’ve been working at Elmore where we’ve said that somebody is too dangerous to work with. And that’s been over nearly fifteen years now. It’s just not something that we do. We

manage to work with people very safely, even when they are very chaotic.

We have very, very skilled staff members who can turn their hands to helping support people through a whole range of practical issues. You know, benefits, domestic abuse, the Court system, prison, we've got those skills there.

But the real skill in what Elmore does is not that practical work, although the practical work is really, really, really important to help someone. What the really important work is is the relationship building that goes alongside that.

So we build a relationship with the person. This might be the first relationship that person has ever had which is authentic and trustworthy and reliable. And those are really our core Elmore values. When we work with someone, we provide them with that kind of stability.

And we're not talking about being available for someone on the end of the phone all the time. We're talking about meeting them every week, every two weeks, whatever it is they need, and doing some emotional work with them. But just being that presence.

Somebody who treats you with positive regard, who believes in you, who understands that actually, yes, the things that you do, they don't define you, they are not you. You are the person inside. And that's the real therapeutic work that happens. That's the stuff where people learn that, actually, there is something different. And people can be reliable and people can be trusted. And you can be in a place of psychological safety, which for a lot of the people we work with, before we work with them, they never had that.

Ben: I know that when we were talking about the New Beginnings service, you said there is not a typical amount of time that you will work with someone. But Aid, in terms of the Complex Needs Service, is it the same kind of principles, where you're building relationships with people, but setting boundaries within those relationships?

I remember, Charlotte, you were also saying in that conversation that you don't want to rush anyone out of the New Beginnings Service, but also, at some point it has got to come to an end.

Aid, is that the same thing with the Complex Needs Service? Or because the needs are so complex and so varied, are you working with people for a longer amount of time?

Adrian Childs: It does vary a lot, Ben, given the kind of people we work with and the range of different needs they have. For some people, it might mean a short-term piece of work is actually what they need to get them back on track. So it might only be less than six months, say. For other people though, it can take a lot longer. Some people can be open for many years in some cases.

I mean the essence of the model is always working towards empowerment. Always working towards the point where people don't need the support anymore. So it's always focusing on, "What can we do to help the person to help themselves? How can we get them to a point where they won't need our support anymore?" But, as I said, that can vary quite dramatically, depending on the individual, depending on what's going on with them.



We do have some people who have been open quite a length of time and are still very complex with lots of different things going on, which they still need support with. But as I said, at the other end of the spectrum, you can have people who are just a short-term focused piece of work on something specific.

And that might be what they need at that point in time and then actually they are okay to move on, either to a different service or away from services completely. But no, it is bespoke and does depend on the individual and how they come to us. And what they need as well. It's a very person-centred model in that sense.

I think part of the beauty of the Elmore model is flexibility. So while we have people with all of these different needs, a lot of other agencies will only work with one particular type of issue. You might have a team which only works with alcohol users or a team which only works with people with a certain type of mental health issue.

And of course, in human nature, people aren't just a diagnosis, they aren't just an individual problem. There is always a [ \_\_\_ 0:11:32] of all of these different things going on. And we have the luxury, in some ways, of being able to work with the person across all of these different things going on.

But again, only as they want us to as well. And this is why it's very client-led and very client-directed. It's never that we tell them what support we're going to offer, it's always having the conversation with them.

Ben:

And speaking about that, Aid, let's say somebody comes to you with a whole variety of different needs. Obviously, they all feed into each other in many ways, but there are separate

things to look at and help them with. They might be homeless. They might also be abusing alcohol and they might have a mental health problem. Is it something that you have to tackle one at a time? What do you do with someone who's got a series of different individual complex needs, but that all feed into the whole?

Adrian Childs: It's the same with anyone really, it always starts with the conversation. It starts with that initial point of contact. So assessment, effectively, for most of our people. But it's to find out, in their own words, exactly what is going on for them. What their situation is. What their world is. And what they want the support around.

So the kind of situation you described just there, there is a lot going on there, but it might be that none of those are particularly important to the individual. It might be that the thing they most want to do is potentially get their dog registered with a vet. Or it might be that actually they want to try and restart contact with a child who they had removed when they were younger.

So in terms of the clients we work with, it's always about looking at them, what they want us to be supporting them with. And then by doing that and helping them fulfil these needs of their own, then that starts to build up this relationship and it starts to build up this rapport.

I mean in some cases it might be, as you would expect really, if someone is homeless, you would imagine that they probably have quite a pressing desire to sort out housing. But again, we don't assume this. It's based on what the individual tells us what support they're asking for.

But generally speaking, in terms of basic hierarchy of needs. You would always want to be trying to get someone stably housed. You would always want to be making sure someone has enough food, enough access to utilities, these kind of things. They are the core things you would like to get in place for someone. But again, it's completely dependent on them and what they want us to be focusing on. And again, that kind of flexibility of the support as well, is something which helps foster a positive relationship as well.

Ben: So in terms of achieving outcomes then, is that very much determined by the client? Or is that something that you guys will step in and suggest things to work towards, in terms of an outcome to be achieved? How does that work?

Charlotte Dawson: That's what Aid said really. It's about what's important for the client. There are two reasons for that. A, it's the right thing to do. And b, if it's somebody's own goal, they're going to want to work towards it. And you know, we all have control over our own lives, don't we? To a lesser or greater extent. And that's what we're trying to help people with here.

I mean people may come to us and say, "Okay, I'm working alongside Child Protection services. This is what they said I've got to do. Can you help me figure out these things?" And so they may be goals which have been set by other people, for different reasons, and we will try and support somebody with that.

And that's about trying to support somebody to both understand that and work towards it, and to understand the importance of how their behaviour impacts on other people

and so on. But no, clients will choose their own goals. A client doesn't have to work with Elmore, it's always optional.

Ben: I know that you create incredibly close relationships with every one of your clients. With boundaries in place, but, like you said before Char, this could be the first kind of meaningful, trusting relationship that these people have had in their lives.

Is there ever an instance where you might disagree? Where someone might come to you and say, "These are the outcomes that I'd like to achieve," and you think, "That's not the right thing to be thinking about or focusing on."? And if you ever have had that feeling, can you say that? Can you bring that to them and make suggestions?

Charlotte Dawson: Of course we can make suggestions, but if that's just our opinion... I mean I might think that actually one of my clients should focus on stopping drinking alcohol before they focus on trying to get a dog, but actually that's not their priority, so that wouldn't be what I would do.

Going back to what I was saying about worker's relationships being authentic, absolutely people can say what their opinion is and explain this and talk to somebody about it. But being authentic and having an opinion isn't the same as forcing what you think somebody should do on them. We all have very different priorities in life. We all have very different ways of living our lives and that's okay.

Adrian Childs: Yes, as Charlotte said, part of the model at Elmore is that we don't have as many KPIs, if you will, or specific kind of

outcomes which we're needing to achieve, which a lot of other services have. They are completely set by the clients, in terms of what they want to achieve. So in terms of your question, there is not very much which we wouldn't support people with, and, as Char was saying, it's completely up to them. I mean this is the essence of the person-centred support. So within the rounds of ethics and legalities, we all normally try our hand at most things, if that is what the client wants us to get involved with.

And again, it's about forming this relationship. It's a professional relationship, so about being transparent, about being honest, about saying and doing what you say you will do. All these kind of things. And this is what starts to form this good basis for the person to work with as well. So again, it's this whole model of working with people to try and get them to a place they want to be in.

Charlotte Dawson: And for quite a lot of the people we work with as well, they have been told throughout their lives, "This is what you should do. This is where you should go. This is what you need to achieve." Because a lot of people have had engagement with statutory services and obviously statutory services have a different view and have different responsibilities, so people have gone through a lot of that as well.

I mean yes, obviously, we won't support anybody with anything illegal or unethical or something which will impact on another person. But we have turned our hands to a lot of stuff, haven't we Aid?

Adrian Childs: Yes. (Laughter)

Charlotte Dawson: (Laughter) I'm trying to think of some of the most interesting things and I can't. I mean there is somebody who is trying to get a dog at the moment. That is a pretty cool thing to be doing. We've got various people who are going out with people on gardening projects and things like that. There are always creative things to be done with the people we work with and that's really lovely.

Ben: So no two days are the same, Aid?

Adrian Childs: No, no, definitely not. Again, I've been at Elmore for a very long time and one of the reasons is the variation in the job and, as Char says, it can be very varied from day to day, from potentially supporting someone in a Court setting in the morning to then taking them to a leisure centre in the afternoon.

Or going with somebody else and helping them complete a benefits claim, to somebody else, helping them find volunteering type work. So again, it really is very varied really. You never quite know what you're going to get each day.

Ben: You've both been with Elmore for a really long time. Have you seen the job change in the time that you've been with Elmore? Are the values that the organisation was established with there today? Has it changed or has it just been built upon?

Charlotte Dawson: I don't think the values have changed. Certainly not the values of the core work that we do in the Floating Support teams. But the job has changed a lot, hasn't it Aid? The intensity of the work has got greater I think as well, especially during the pandemic. But even before that, the case work is really heavy.

Adrian Childs: Yes, I think there are societal pressures as well, which have increased over the last few years, and various things outside of our field of control. Things like benefits as well, where we're finding, particularly these days, with a lot of the benefits being online and going solely online, a lot of our clients might not be the most IT-literate. They might not be IT-literate at all. Or they may well not have their own computer. They might well not have a smartphone. But a lot of these things these days, they rely on this and assume it as well, which, again, doesn't always work for the people we work with.

And again, we've seen other services potentially becoming more restricted in the numbers of people they work with or more stringent about the criteria for acceptance, in part due to the economic climate we live in as well. But we are finding that it's potentially harder for our clients to access services they might have been able to access possibly slightly more easily a decade or so ago. Which, again, when you're already working with people with a high level of need and a complexity of need, when these kind of access points and doors into other services start closing, it doesn't make the job any easier.

Ben: It doesn't make the job any easier, but it sounds like the job's getting a lot harder?

Charlotte Dawson: Yes, I think so.

Adrian Childs: Yes, yes.

Ben: And how is that impacting you both as individuals? If you don't mind me asking. Because obviously, you're working with people with complex needs. You're seeing some really challenging, potentially upsetting situations. How is that impacting you and the team at Elmore?

Charlotte Dawson: Well I mean in terms of the team, for me, I don't see clients very often, but it can be very distressing when you do. Because I generally get called in to the most urgent or most serious things. But for the team, the people who are working front-line, are really seeing this day in, day out.

And maybe 10 years ago or so, you'd have a caseload which had a few less complex cases and then the rest of your caseload might be more complex. And as times goes on people just have a complex caseload. And that is really, really heavy for people, especially as at the moment, people are doing a lot of this work from their home. It's hard-going. It's hard-going.

I think people have really struggled with resilience during COVID, all of the time. Yes, it's difficult. I mean you can imagine, can't you, the compassion fatigue that sets in from hearing difficult stories over and over and over. And we try to have a really decent support plan at Elmore, a really decent way of supporting people, but-



Ben: The staff, you mean?

Charlotte Dawson: Yes, supporting the staff. But it doesn't quite feel like there is anything we could do that's quite enough at the moment.

Ben: Would you agree, Aid?

Adrian Childs: Yes. I think the last two years have been difficult for clients, but definitely difficult for front-line workers as well, as Char says. And a lot of people have been working from home. So while we're seeing clients of course, we're seeing them in the community, face to face as we have done, but there is very limited office working at the moment, so a lot of people are working solely from home.

And it is difficult in terms of separating work and home life when you're speaking to people who might be highly distressed and possibly telling you things which are quite difficult to hear and then you're in your bedroom at the same time.

Whereas of course previously, you would have been in an office. You would have had colleagues around you. You have the separation from you end your day, you walk out of the office, you physically walk out of your office. And then get home, drive home, and again it gives that head space.

Whereas a lot of people at the moment... And again, not just Elmore, this is many different services as well. But you might be having these kind of conversations with very distressed

people and then actually going downstairs and having to go straight into childcare, or having to go straight into your home life responsibilities. That blurring between the work and the home I think has been difficult for a lot of people, myself included. So yes, that's definitely something which we've seen and, again is, I would say, a direct impact of the pandemic.

And I think returning to the office in some guise will help. I think it's the peer support, effectively, and having people around. Again, making that distinction more apparent, like I was saying, between the home and life. I think that's all starting to have some impact on the wellbeing of staff. So I think when we can start getting back to that kind of working model...

Again, it's the kind of conversations you have, when it's not necessarily a very difficult conversation where you feel that you do need to phone somebody up, because people are doing that at the moment, but it's the conversations where normally you'll maybe just speak to the person next to you, but you wouldn't necessarily phone up your manager to talk it through.

And it's all of these little conversations, they're water cooler conversations, if you will, where people get this support, which I think will be much more beneficial when we do start getting people back in. Again, that's difficult at the moment with restrictions and limited numbers of people in the office. So as they start to ease, then that should help in that regard, I would imagine, yes.

Charlotte Dawson: We have seen it a little bit. So last week I had a couple of days in the office and so did a couple of other managers. And one manager had a lot of difficult phone calls to deal with that

day, but just having people around them they said was really helpful. And it's just knowing that somebody is there actually sometimes, and that they can hear your conversation, they are keeping an eye out for you, and there will probably be a cup of tea turn up on your desk in a minute.

Ben: And it's little things like that, isn't it? That actually are really, really important at the right time. We will come back to the Complex Needs Evaluation, believe it or not in a minute, but I just want to stick with you guys for a bit longer.

Char, you earlier were talking about why you love working at Elmore. And Aid, I'd like to ask you, what do you love about what you do? Because obviously you have a huge impact on society, on the clients that you work with. Looking at this from an outside perspective, Elmore is completely unique, in terms of the support that it offers, and especially when it looks at things like the Complex Needs Service. What is it that you love about it and that keeps you going in every day, Aid?

Adrian Childs: For me personally, again, similar to Char, it's very much in line with my own personal values as well. I'm a social worker by training and I think Elmore's model is about as pure social work model as you will get, in essence. So again, it's about literally working with people, not working with a diagnosis, not working with a specific problem. This is what I was speaking about before.

And then whatever services can be siloed and working in a very kind of limited, almost blinkered way, we have this flexibility to just work with the individual and have these conversations with people about who they are, how have they

got there, what's important to them. And then support them and empower them to try and achieve those goals as much as possible. I mean that's what appeals to me and that's what I love about it, in that sense, is that everybody is different.

And, again, having the scope to just work with the individual and not be quite so tied down to any kind of particular need at all, I think is what makes us unique. Quite often these things will overlap as well. So quite often some kind of substance use might well impact on mental health as well. And vice versa as well.

But it might well be that someone can't access mental health services because they're using substances. But equally, it might well be that they can't necessarily get to substance use services because of their poor mental health as well. And you can find people who then slip through the cracks effectively, people who don't usually then get into other services because, effectively, they're not ticking the boxes or they're not the right kind of person the service is made for. Which again, just always seems to miss the point, and it misses the individual of course as well.

Whereas here, we are very good at focusing on the individual, focusing on the actual person and putting less of a weight in some ways about any particular label, any particular diagnosis, anything like that. It's just about working with the people and that very much appeals to me as a social worker, but as a human as well.

Ben:

There is so much that you can do. There is so much that should be done. Obviously, you guys are based in Oxford and working with people there. I mean if you could take one thing

from the Complex Needs Service that you've witnessed first-hand that works for your clients, and you could take that one thing and drop it into organisations in every county in the UK, what would be the one thing that you would love to see other people doing more? What's the one thing that you would love people to learn from your approach at Elmore?

Charlotte Dawson: Creativity I think. Oh no, there are too many. Creativity, empathy, a real understanding that people don't just go through their lives self-sabotaging because they think that's a clever thing to do. But people have become people as a result of their lives and as a result of what's happened to them. I would like everybody to meet people where they are and to have unconditional positive regard for everybody. And I think that would make a huge amount of difference to the way that people are treated.

Adrian Childs: I think for me, it's flexibility really. I think if you know you're working with people who are very complex, who have a lot of different things going on, who maybe don't necessarily trust professionals particularly. And we know they're chaotic. We know they maybe aren't going to turn up when necessarily you ask them to.

Again, the bit about flexibility as well. So instead of just closing the person, or discharging them when they haven't made three appointments, at a time when they never confirmed they would make it. They might not have a phone, and they might not be able to read as well.

Maybe you look at it slightly more inquisitively and actually look at what's going on here. Maybe try and come up with

ways of actually trying to encourage that person to attend or enable them to attend. Or maybe give them windows of appointments, rather than, “This is the 10-minute slot you’ve got and if you’re a minute late then we’re not going to see you.” Again, it just gives a bit more humanity to it all as well. I think that’s what I would say. The flexibility and the actual trying to make it work for the individual, and not necessarily just looking to discharge the duty or pass the person on as soon as possible.

Ben: Tick a box?

Adrian Childs: Exactly, yes. Not just discharge as soon as you’ve done the bare minimum. That’s what I would take forward.

Ben: Well Adrian Childs, Team Manager, and Charlotte Dawson, Service Manager, at Elmore Community Services, it’s been a pleasure to talk to you and thank you ever so much for your time.

Charlotte Dawson: Thanks Ben.

Adrian Childs: Thanks Ben.