Making a Fresh Start

An independent evaluation of Elmore's embedded homelessness and complex needs project.

Report commissioned and service delivered by:

Elmore Community Services

Service funded by:

Oxfordshire County Council

Service evaluated by:

Imogen Blood & Associates

Elmore Homelessness Prevention Pilot Evaluation

Report by Imogen Blood & Shelly Dulson

March 2023

Foreword

Everyone at Elmore is thrilled to read this independent evaluation by top social researchers at Imogen Blood & Associates, a leading agency with an impressive track record that includes an investigation of the feasibility of a housing-led response to Oxfordshire's homelessness.

Just as that feasibility study led to action (the formation of the Oxfordshire Homelessness Alliance, of which Elmore is a founding member), so this evaluation will lead to action to prevent homelessness and support individuals in informal, person-centred, creative ways which deliver better outcomes.

Elmore commissioned and largely funded this evaluation because we believe in effective, evidence-based support to people experiencing multiple disadvantage. We believe in Elmore working closely with partners and providers within the pathway to focus on the person, not their problems.

We are eager to take forward the learnings of this evaluation about the critical success factors of the pilot including a smaller caseload to allow for more time-intensive tasks, flexibility of approach, and adopting a strengths-based approach to engage with people who often feel let down by services in general. Being embedded within the hostel service, so that Elmore can work alongside Homeless Oxfordshire colleagues, has been essential, but so too has the freedom to leave the building and support people when they move on or are evicted.

We are committed to ending homelessness in Oxfordshire and this evaluation and the services that it studied has contributed to that goal.

Tom Hayes

Chief Executive of Elmore Community Services

Contents

Summary of findings and recommendations

As part of a pilot by Elmore Community Service, the charity's multiple needs caseworkers were based at O'Hanlon House (OHH) (Homeless Oxfordshire's 56 bed hostel in Oxford City Centre) between August 2021 and January 2023, and for a shorter period within Oxford City Council's Anti-Social Behaviour Investigation Team.

The pilot has provided an opportunity to test:

- What added value the Elmore approach to supporting people with complex needs can bring to a hostel setting, and to a lesser extent, to the council's anti-social behaviour investigation team, and within that, to define and raise awareness about Elmore's approach.
- Whether and how externally employed multiple needs caseworkers can be embedded within OHH.
- How Elmore support can supplement that which is already offered within the existing homelessness pathway, and whether and how this can improve outcomes for people with multiple and complex needs, with a particular focus on:
    1. Improving engagement with services.
    2. Improving self-management of harmful behaviours.
    3. Reducing harm related to substance use.
    4. Progress towards and retention of stable and suitable housing.
    5. Increasing mental wellbeing and hope for the future.

The pilot has been impacted by challenges with staff recruitment and retention at Elmore and Homeless Oxfordshire.

This has meant:

- A change in management at OHH following the set-up of the pilot.
- Delays in Elmore recruiting to the 12-month pilot posts.
- Three of the five staff recruited by Elmore leaving their posts.

These challenges have been mitigated to some extent by:

- Elmore being able to recruit or second two highly experienced and dedicated workers for the OHH pilot, who already possessed a good understanding of the Elmore way of working, the hostel environment, and wider services.
- The way in which the Team Leaders who took up post within OHH after the pilot had started embraced the opportunity of the embedded workers.

The independent evaluation has found evidence of successful engagement and good quality support being delivered by Elmore to a total of 18 individuals, which aligns well with the original expectation that each of the three workers would hold a non-time-limited case load of around 6 individuals. Within this, we have been able to identify at least half a dozen cases which could be described as real success stories. Our impact evaluation draws heavily from this small number of case studies, which contain valuable insights and evidence of impact in relation to all of the key outcomes agreed at the outset and listed above.

Elmore has been able to organise the handover of a number of clients from the pilot to their wider floating support services, and that others are now receiving support from other services – within move-on housing, residential rehabilitation, or a care home.

We would expect outcomes for people with multiple and complex needs experiencing homelessness to be mixed and precarious. We also know that these are often dependent on wider services, particularly access

to suitable move-on housing. A Public Health England review of evidence on adults with complex needs concluded:

> *"What is clear is that no one single intervention on its own will reduce or prevent homelessness. A system wide, integrated approach is needed to ensure that there a range of linked services available to meet the needs of those with highly complex needs. A home is one of the key things required to support this group* (Public Health England, 2018)*".*

Evaluators were therefore keen to take account of this evidence to ensure results were considered in context.

Critical success factors of the pilot have included:

- Having a small caseload (around 6, compared to a typical 10-12 for a hostel keyworker) meant that Elmore workers could support time-intensive tasks, like spending a day in court with someone, or helping a person to decorate their new flat.
- Flexibility to take a more informal, person-centred, and creative approach.
- Being skilled at building relationships quickly with people who have low levels of trust.
- A strengths-based approach, based around interests, activities, personal goals has enabled Elmore to engage with those whom other services have struggled to engage, and to advocate for them to access services.
- Being embedded in the hostel service, but also having the freedom to leave the building and to keep working with an individual when they move on or are evicted.
- Being able to support those experiencing a range of mental health and behavioural issues without being formally labelled as a 'mental health worker', especially where people do not recognise they have a problem or want to accept help for it.
- Being included within OHH team communications and meetings; the ability for hostel staff to share information with Elmore was an essential foundation for joint case management of residents by OHH and Elmore.
- The value of Elmore workers knowing the pathway, understanding the needs of the client group and, in one case, having previously worked at OHH.

Learning and recommendations

The evaluation has highlighted a number of areas of development for Elmore and/or recommendations for future pilots or replication of this embedded model:

- Formally embed training and reflective practice
- Communicate outcomes and ensure there is formal induction so that objectives, roles, and responsibilities are clearly understood.

Should Elmore or others decide to re-commission the embedded worker pilot, the following considerations should be considered:

Themes for replication

- Taking a relational and therapeutic approach (caring and psychologically informed, where clients feel someone cares and is willing to help)
    - relational in terms of trust building – engaging clients who have traditionally been non engagers in the OHH setting.
- More time available to embedded workers and small caseloads.
- Greater flexibility to continue care and support beyond the hostel.
- Seamless transitions/ continuity of support tailored to the individual by definition of the closer relationship with the client (i.e., knowing more about the client and their character as a person). This is in addition to the flexibility of what workers can do with their time, which are not target based (e.g., taking time to engage in activities to build confidence and trust).

- Assisting move on as an extra layer of support to resettlement staff (i.e., providing soft landing and reducing pressure on existing resources).
- Harm reduction via therapeutic approach.
- Personal qualities of Elmore workers (i.e., links to Elmore's ethos of 'conditional positive regard').
- Reduced pressure on existing resources (e.g., OHH staff, partner, and wider services).
- Knowledge transfer between Elmore and OHH workers and management staff.
- Referrals should be allowed to be responsive to needs on the ground.

Operational considerations

- Review and develop data monitoring.
- Induction, training, and knowledge exchange.
- Better understanding at the planning stage of operating context, and how embedded workers might complement existing roles.
- Personalisation/ activities budget.

System learning

In the Theory of Change workshop at the outset of the pilot, partners identified a number of key questions for reflective learning at a system level:

What is the learning from the pilot about:

1. The right length of time for delivering support to individuals in this way (or whether this needs to be non-time-limited/ viewed more flexibly)?

The average length of support provided by Elmore was 19 weeks, however, the lack of time limits and the flexibility in relation to this seem to have been critical to success.

2. The optimum caseload size for effective support with this cohort?

Caseloads of around 6 enabled the right intensity of support to be delivered once the pilot was established. However, it took time at the start of the pilot to build this caseload up, especially given staff turnover and the lead-in time to build a relationship with clients who had not previously engaged. Elmore workers responded to this by offering group activities within the hostel. One worker felt that it would have been good to have the flexibility to work in a much more ad hoc way across OHH clients rather than being limited to a more formal, referrals and fixed caseload approach.

3. What is the learning about what supports/ gets in the way of the effective delivery of this model (in wider organisations and systems)?

The evaluation of the pilot highlights the barriers faced by people experiencing multiple disadvantages within the homeless pathway and wider service systems. The embedded worker model has been demonstrated to have the potential to mitigate some of these barriers and challenges by providing an additional layer of support which is flexible, non-time-limited and highly relational. Access to suitable settled move-on housing and mental health services (especially where there is a 'dual diagnosis') continue to impede sustainable outcomes for this group; however, access to drug and alcohol treatment (via Turning Point) and, while people are resident at OHH, to primary health care (via Luther Street) were widely reported as a positive.

4. Which elements of system change resulting from the pilot (e.g., learning, partnerships, the 'ripple effect' of more trauma-informed ways of working, etc.) might be sustained beyond the pilot, and where are the structural limits of this (i.e., without ongoing funding)?

The evaluators found some examples of a potential 'ripple effect' from the pilot into the practice and decision-making of partner agencies and other services. However, although these strengths-based insights may have changed the perceptions and perhaps thus influenced practice and decision-making in relation to these individuals at this time, there are barriers to the sustainability of this impact, including:

- High staff turnover.
- Staffing levels at OHH making it difficult for staff to go off site with residents.
- Lack of staff time/ amount of administration and also a working culture that means O'Hanlon staff tend to spend a lot of time in the office rather than spending more relaxed time speaking to, eating with, and doing activities with residents.
- Rules and risk assessments required to balance the safety of the building and its 56 residents which restricts on a more person-centred approach.
- Lack of longer-term housing, care, and support options for those who need them, especially where substance use and lifestyle make mainstream services for older and/or disabled people inaccessible or inappropriate.

1 Introduction

1.1 About the pilot

Working in partnership with Oxford City Council (OCC) and Homeless Oxfordshire, the objectives of the Elmore Homelessness Prevention Pilot were to improve health and housing outcomes for a small caseload of individuals experiencing or at risk of homelessness.

The pilot was grant funded by Oxfordshire County Council's Contain Outbreak Management Funding (COMF). The pilot initially funded Elmore to provide two FTE roles for embedded complex needs case workers in Homelessness Oxfordshire's hostel, O'Hanlon House (OHH) and one FTE role dedicated to homelessness prevention working with Oxford City Council.

1.1.1 O'Hanlon House

OHH is located in central Oxford and has 56 rooms, providing accommodation and support to men and women experiencing homelessness. The hostel is run by Homeless Oxfordshire, with support commissioned by Oxford City Council, and by Oxfordshire County Council on behalf of each of the districts, as part of the countywide Adult Homeless Pathway. The intention is for people to move-on within 9 months, and Homeless Oxfordshire offers a number of move-on projects, as do other providers. Residents have a keyworker who aims to meet with them once a week, and they receive support to find move-on accommodation from a Resettlement Worker. Staff are on-site 24-7 and there is a high proportion of residents with multiple and complex needs.

Figure 1 Image of OHH, courtesy of Homeless Oxfordshire

There was at least one Elmore worker embedded at OHH during the period from July 2021 to January 2023. Due to staff turnover and different contract start dates, there was just one worker in post for the first and last few months of the project. At the height of the project, from March to August 2022, there were three Elmore workers, each working part-time at the hostel. This was organised so that there was an Elmore presence Monday to Friday and some days where Elmore workers could meet to plan, handover and organise off-site group activities together.

1.1.2 Oxford City Council Anti-social behaviour Investigation Team

The team investigates complaints of anti-social behaviour, keeping an open mind about who is complainant, victim, perpetrator, since these can often change or be blurred. Officers interviewed for the evaluation explain that they listen out for support needs and vulnerabilities in all parties.

An Elmore worker was embedded in the team and, at the outset, officers from the team worked with Elmore to develop referral processes and information sharing agreements. Although at least two cases which had been picked up by Elmore were described to us by the OCC team, this part of the pilot was disrupted by long-term sickness.

There had at the outset also been a plan for an Elmore worker to provide embedded support to the OCC Accommodation and Sustainment Team; however, we understand this was not pursued.

1.2 About the evaluation

Imogen Blood & Associates were appointed as independent evaluators. The evaluation of the pilot was jointly funded between Elmore (88% of funding), and Homeless Oxfordshire (12% of funding).

During the early stages of the evaluation, IBA facilitated the pilot partners (Elmore, Homeless Oxfordshire and Oxford City Council) to develop a Theory of Change (which is appended). Five intended outcomes were identified and used to structure this report:

1. Improve engagement with services.
2. Improve self-management of harmful behaviours.
3. Reduce harm related to substance use.
4. Progress towards and retention of stable and suitable housing.
5. Increased mental wellbeing and hope for the future.

The evaluation has been informed by the following activities:

- Elmore: exit interviews with 3 x embedded workers; several meetings with managers and staff to reflect on progress at different stages of the pilot; 1 day spent shadowing one of the workers and meeting wider Elmore and OHH colleagues.
- Document and data analysis: case studies, supervision and case notes, anonymised client case records.
- Clients: met three clients while shadowing worker; short questionnaires completed by 9 clients at the start and by 2 at the end of their support from Elmore; client case studies developed by triangulating data from different sources. Our approach is discussed in more detail below.
- Homeless Oxfordshire: qualitative interviews with 2 x Team Leaders, 1 x Resettlement Worker and feedback from 2 staff members via an online survey.
- Oxford City Council: interview with 2 officers from Anti-social behaviour investigation team.
- Initial workshop with Elmore, Homeless Oxfordshire, and OCC to develop Theory of Change in July 2021 and a further session to review this in July 2022.
- External partners: interviews with Connection Support and St Mungos; other external contacts did not respond, despite chasing.

1.2.1 Lived experience voice

One of the evaluators spent a day shadowing an Elmore worker and met three of their clients with them. It was not possible or appropriate to conduct a formal evaluation interview during these meetings – one individual had been assaulted the night before and was quite distressed, another was met in the shop where he volunteers and the third was completing a sign-up for a move-on tenancy. However, we had the

opportunity to observe these individuals' relationships with the worker and ask some questions about the support they had received from Elmore.

We attempted alternative ways to hear client feedback via an opening and closing questionnaire, however, in the main, our sources were collected via supervision notes, client case studies, interviews with frontline professionals connected to the pilot and analysis of an unedited podcast in which Elmore workers talked in detail about their experience of working in the pilot.

2 Clients referred and supported

Elmore received 27 referrals to the pilot, of which 18 were accepted, with the first case opened in early August 2021. Of the 10 remaining referrals:

- 4 were declined due to an Elmore worker's role coming to an end before the referral process started.
- 3 clients did not engage with the referral process.
- 1 client went into HM Prison Service (HMPS), and
- 1 person had moved out of OHH before the referral process started.

This referral data relates only to the OHH embedded workers, though we received positive feedback about the service from the OCC Antisocial Behaviour Team who also fed into the project.

Caseloads were kept deliberately low (around 6 cases per worker) to enable intensive support.

Homeless Oxfordshire residents with two or more complex needs who are based in OHH, or Community Accommodation were eligible. Referrals came through Homeless Oxfordshire who identified clients who had either been in OHH for a significant period, who had experienced repeat homelessness, who tended not to engage well generally or with planning towards move-on. From Oxford City Council's perspective, people were referred whose support needs meant that they 'need more time than realistically I can give' (OCC ASB Officer).

The following themes emerged when reflecting with referrers and with Elmore workers about the types of people who were referred:

- People who – in the words of one of the Elmore workers - **'***do not quite fit with other services***'** – e.g., one client has a learning disability but does not currently have a social worker and history of substance abuse, homelessness, aggressive behaviour means that supported living services for people with learning disabilities will not accept him.

- People who appear to have mental health/ autistic spectrum/ behavioural/ cognitive issues which have not been diagnosed or accepted as problematic by the individual, e.g., hoarding behaviours, agoraphobia, etc. This was also raised by the OCC Anti-social behaviour team, who explained that some people who complain about neighbour nuisance are discovered to have autistic spectrum disorders with hypersensitivity to noise, or paranoia resulting from mental ill-health.

- People who do not want the move-on options available from OHH and would ideally like to remain within the hostel setting; or whose complex needs and behaviours mean that move-on providers will not accept them.

The following service outcomes were recorded against the 18 clients who were supported by Elmore:

Destination/ service outcome	Number of clients
Moved into move-on accommodation (support not required)	2
Moved to care home	1
Moved to residential rehabilitation service	2
Disengaged (from support/ left OHH)	2
Case closed when worker left/ pilot ended	8
Referred to Elmore generic floating support	3
Total	**18**

The mean time spent with clients was approximately 19 weeks.

3 Evolution of the approach: building relationships

"There has been lots of flexibility on both sides, to try new things, adapt the way it works."

(Team Leader, OHH)

In this section, we describe the implementation of the pilot – how the workers settled into the services in which they were embedded and how they built relationships both with colleagues and clients.

3.1 Roles and relationships with colleagues

3.1.1 O'Hanlon House

Elmore had drafted a Client Pathway document in July 2022, setting out the purpose of the pilot and the planned referral processes and information sharing arrangements. Supporting homelessness prevention and successful move-on had been the primary objective. However, this met some initial resistance when it transpired that move-on support was already being provided at OHH by Homeless Oxfordshire resettlement officers and could lead to duplication or confusion. Instead, Elmore was steered to focusing on meaningful activity and community integration. It was agreed that the Elmore workers would focus on engaging those whom Homeless Oxfordshire staff were struggling to engage, and try to facilitate meaningful activity, within and outside of the building. Elmore chose to respond to this challenge by treating it as an opportunity to test an organic holistic approach.

Staff turnover, recruitment, and retention challenges at both Elmore and Homeless Oxfordshire meant that it took longer for roles, relationships, and ways of working to bed in. Organisational change at Homeless Oxfordshire was felt to have contributed to confusion around the roles and objectives of the embedded workers. There was a change in management at OHH following the set-up of the pilot, though fortunately, the new Team Leaders embraced the opportunity of the embedded workers and were very supportive of the pilot.

The first Elmore worker that took up post within the pilot left the service, and it took some time to recruit both for a replacement and for the second post. Eventually three workers were embedded in OHH – two working three days a week and one working two days a week. This meant that Elmore workers began and ended their 12-month contracts at different times.

These challenges are a common feature of homelessness and housing support services nationally, reflecting short-term and insufficiently funded contracts, pay and the costs of living, and the challenging nature of the work (Local Gov, 2023). Fortunately, Elmore was able to recruit or second two highly experienced and dedicated workers for the OHH pilot, who already possessed a good understanding of the Elmore way of working, the hostel environment, and wider services in Oxfordshire. Certainly, for those unfamiliar with hostel settings – and even for those with previous experience – OHH can be a challenging environment. As the photograph in the previous section shows, the building layout is similar to a prison wing and could be designed in a more 'psychologically informed' way. '. Team Leaders explained:

"OHH is not the place for everyone… the loudness, the unpredictability of it – the echoey building – can be quite frightening, intimidating".

It is a delicate balancing act to find workers who could fit into this environment, were known, and trusted by staff both at Homeless Oxfordshire and at other homelessness agencies, yet who could bring the 'fresh perspective' which was widely felt by professional interviewees to be a critical success factor for the pilot.

By being embedded at OHH, Elmore workers were able to identify support gaps in terms of staff capacity and in the nature and style of support on offer. As one of the Elmore workers commented, their "*master stroke*" was to use this organic relational approach to encourage positive engagement which complimented rather than duplicated the support already on offer at OHH since OHH staff were already working at capacity and with a high staff turnover.

OHH staff and team leaders we interviewed explained that their roles focus on balancing the needs and risks of all of the 56 residents in the hostel; sometimes they have to give out warnings in relation to behaviours which can then make it more difficult to build positive relationships with individuals. Their focus is on organising move-on, managing risk, and ensuring that service charges are paid.

Despite a disrupted start to the pilot, when we interviewed OHH Team Leaders nine months after the first referral, we heard that information sharing, communication, and team working between Elmore staff and the OHH team were well established.

"We have a daily client issues/ handover email and [Elmore workers] receive and can input onto that and onto client files. While they are here, they are part of our team and we all work together and share information".

We heard that Elmore workers and OHH keyworkers would speak regularly about shared clients – generally speaking, OHH workers would deal with correspondence, referrals, and administration, whilst Elmore would focus on engagement and supporting the individual outside of the hostel. This might include attending appointments, property viewings or Court hearings, going out for coffee, for a walk or to access leisure, culture, and community facilities.

3.1.2 Oxford City Council Anti-Social Behaviour Investigation Team

As noted above, the embedded worker role in the OCC team was not developed to its full potential due to staff sickness. However, officers from the team interviewed for the evaluation explained that they worked with the Elmore worker at the outset to develop a referral form between OCC and Elmore which worked for both organisations. They explained that information sharing agreements were set up so that information about risks relating to individuals could be passed on to Elmore.

Overall, the embedded model was felt to work well and those interviewed welcomed having an Elmore worker within their team to whom they could refer people who needed more support than they could offer.

3.2 Engaging clients

Elmore found the most effective way of engaging clients positively at OHH was having a physical presence in the building while maintaining a distinct identity from OHH support staff who were responsible for the running and management of the building and maintained a more disciplinary role.

Elmore promoted a relational and therapeutic approach in which clients were offered support by open invitation and given the time to decide when and how to engage with Elmore. This included a simple knock at the door of clients' rooms with an invitation to engage 'if they wanted to' and taking the time to gently remind them and respectfully wait until clients wanted to take up the offer. By having an innocuous presence in the building, they gradually built rapport with clients over a period of a few weeks.

In addition to building rapport directly with clients, Elmore workers worked holistically to understand what clients wanted to achieve. To encourage uptake, they made use of the communal space in OHH. They set up art sessions, encouraged games of table tennis, all of which were open to other OHH residents, but mainly offered direct opportunities to engage with clients.

A number of activities both in OHH and in the community played a role in developing rapport and building trust. In addition to table tennis and art sessions, activities included frisbee in the park, museum visits, walks in the park, going out for something to eat, a visit to a community allotment, reading on the riverbank. In this way Elmore workers were able to be responsive and not target driven, for example:

"I spent quite a bit of time looking for a person who would often 'go AWOL' and unfortunately get himself arrested a lot, for doing silly things… not major crimes but he was in and out of court a lot so I spent quite a lot of time looking for this guy but it did achieve something… I ended up playing frisbee with [him] and going out to the park… and he stayed there with me… he did go out and buy some cans but this was a lot later in the day than he would normally have done…little things like that".

(Elmore worker)

"[my Elmore colleague] spent hours with a particular client playing table tennis, who was really distrustful of all the staff, the management, the system, anybody in any position of authority… and [Elmore colleague] just played table tennis with him because that's what he liked to do and built up that relationship…"

(Elmore worker)

The relational and therapeutic approach also promoted learning on the ground for Elmore workers in terms of better understanding what clients really want and need:

"we had to think on our feet a lot… OHH is in the middle of Oxford… with some people you would ask 'would you like to go out for a coffee?' and they would say like 'why would I want to do that?!' and they weren't being rude, it's to assume that people would want to go to a posh coffee shop and drink a soya latte when they've got so much else going on and their lives, that's an alien concept and I had to adjust to that. Somebody who I had that with, we were walking past Burger King and he said: 'well for the price of a coffee, I could have a Whopper and chips…so why don't we do that because I'm hungry?' and I thought that's a brilliant idea so we did that, and it ended up being a really good interaction because he was really hungry and he went from kind of being fidgety and agitated and once the food got inside of him, he calmed right down and started opening up and talking about his relationship with his girlfriend and that's one example of how we had to lose some of our assumptions about how support works to look at new avenues"

(Elmore worker)

4 Impact on clients

Overall, people were positive about the support they had received from Elmore, and we found some evidence of progress towards the outcomes identified in the Theory of Change.

4.1 Client expectations and experiences of Elmore support

At the outset and at closing, clients were asked whether they thought Elmore would be able to help them get a successful outcome. Of the nine (approx. half of those supported) who responded to this question at opening, four understandably said they did not know yet. We attempted to ask this question at the end of support, however only a handful responded. We have therefore used supplementary information linked to client IDs to identify results.

Where clients voiced opinions about Elmore at the outset, these were positive, for example:

> *"Elmore have been very kind and professional so far, so I do think my situation, with Elmore in my life, will improve"* (Client 001 at start).
>
> *"Yes I know they will try to help and support me"* (Client 002 at start).
>
> "*Yes, I hope so. You seem like a helpful organisation*" (Client 009 at start).

The two clients who completed an exit questionnaire at the end of their support from Elmore were also positive about this:

> *"[name of Elmore support worker] did a lot to support me"* [Client 003 at close]
>
> *"Elmore have tried their best; Cherwell District Council have caused me problems"* [Client 005 at close]

We know that Elmore has been able to organise the handover of a number of clients from the pilot to their wider floating support services, and that others are now receiving support from other services – within move-on housing, residential rehabilitation, or a care home.

However, it has been challenging to piece together evidence of outcomes for many of the 18 clients who were referred to the pilot project. Issues included:

- Clients leaving OHH and disengaging with the support (e.g., Clinical supervision notes taken towards the end the pilot identified that client 001 had disengaged and left OHH in the summer, and the client record was then closed).
- Lack of clarity over when the support ended (and hence when client questionnaires should be completed), with some clients being handed over to other Elmore projects.
- Client recording at Elmore: evaluators pieced together client journeys from a selection of anonymised case supervision notes, using client IDs; where we interviewed workers from OHH, or other agencies it was sometimes but not always possible to match their reports with the client IDs.

We have, however, been able to identify half a dozen cases which could be described as real success stories. Our impact evaluation draws heavily from this relatively small number of cases, and it is important that these results are considered in this context.

The remainder of this section discusses examples from these case studies under each of the outcomes identified in the Theory of Change workshop at the start of the pilots, i.e.:

1. Improve engagement with services.
2. Improve self-management of harmful behaviours/ Increased mental wellbeing and hope for the future.
3. Reduce harm related to substance use.
4. Progress towards and retention of stable and suitable housing.

4.2 Improved engagement with services

One hypothesis at the start of the pilot was that Elmore is well-placed to (re-) build the trust which members of this multiply excluded group have in other agencies. Trust had, for example, emerged as a prominent theme within an earlier evaluation carried out for Elmore by the University of Huddersfield (Wager, et al., 2021).

The evidence gathered for our evaluation suggests a mixed and complex picture. A number of clients of the Homelessness Prevention pilot already reported relatively high levels of trust in other agencies at the *outset* of their input from Elmore. For example, one client "Dave" (006), when asked 'How much do you think the following services have your best interests at heart?' gave scores of 8 to health professionals and Turning Point, a maximum of 10 to OHH. Elmore was neutral (Don't know yet), and trust in the Police was very low. This seems to challenge the theory that Elmore would act as an intermediary, brokering trust in these other agencies.

When the evaluators met "Dave" some months later, he explained that Turning Point had been a constant source of support in relation to his drug use, but that apart from this he had always avoided services as much as possible. His Elmore support worker reported in case notes that at one stage there were a lot of professionals involved in his case, but none were actually taking any responsibility. "Dave" – who has a learning disability but has not been allocated a social worker - explained to us that he was not directly involved with any of them, he would only speak to his Elmore worker (as well as Turning Point) and they liaised with other professionals on his behalf. We witnessed the Elmore worker persistently trying to get him registered with a GP following an assault the evening before we met him. The worker explained Dave was often in need of medical attention when they met, and they would go together to a walk-in centre or A&E for treatment of a broken wrist, nose or foot.

Dave and his worker described how the worker had recently supported him at a court hearing, describing to the judge the support he was receiving in the community. A couple of days previously, they had spent an afternoon together responding to letters he had received regarding various debts. It was evident that the Elmore worker played a key role joining everything up for him and preventing him from falling through the cracks between systems; he explained to me that 'even the nagging [from the Elmore worker] was good!'

The Team Leaders at OHH explained how valuable it had been to have:

… *"somebody that's able to take people out to appointments and support them when they're there, their needs, whether that's going to the job centre, whether it's going to hospital, it's a huge difference for us, huge. It's really difficult for us because we only have three staff on shift on a daily basis and for us to allow one of our staff members to attend a hospital with a client."*

We did not find evidence of trust in other services beginning at a low point and increasing as a result of Elmore support, which would suggest an impact which might be sustainable (though the lack of follow-up questionnaires has made this almost impossible to track). However, the examples highlighted above suggest that, for at least some of the clients supported in the OHH pilot, Elmore has managed to enable and advocate for access to services and, to some extent, coordinate these services. Their success in so doing inevitably hinges on wider services having the capacity to respond in a timely and appropriate way to the needs of those experiencing multiple disadvantage. Following national trends, mental health and adult social care services were reported by all whom we interviewed to be particularly difficult to access.

4.3 Improved self-management of harmful behaviours/ Increased mental wellbeing/ hope for the future

There were a number of examples in the evaluation data of Elmore supporting the improved self-management of behaviours. For example, staff at OHH told us that Elmore had provided intensive emotional support to a resident who was making regular threats or attempts at suicide.

Elmore were also able to help people to find enjoyable activities which in turn helped them to better manage their emotions. For example:

> *"We had this meeting with the resettlement worker, and he'd [the client] be hugely resistant to anything, he'd be absolutely resistant to a lot of these attempts and these meetings would happen every week or two and they didn't seem to achieve anything. Then afterwards, we'd say well 'shall we have a game [of table tennis]?' and it was the perfect counterpoint to destress… eventually he came round to accepting the resettlement route and now he's got his own place so…"*
>
> (Elmore worker)

In the case of Dave discussed previously, the Elmore worker had (at the suggestion of one of the OHH Team Leaders) made some simple cards to help the man identify and express his emotions.

Staff working alongside the embedded workers – both in OHH and at OCC – particularly valued their ability to support people with undiagnosed or unrecognised mental health problems, especially where these included behaviours, such as hoarding, agoraphobia or paranoia. They attributed Elmore's success in this to them being 'kinder', 'more subtle' or 'gentler' than other services. For example, OHH Team Leaders felt that '[Elmore's] level of mental health knowledge is probably higher, and their approach is much kinder than ours would probably be'.

The Anti-Social Behaviour Investigation Team described a woman they had referred to the embedded Elmore worker, since their neighbour was complaining of banging on the wall. The Elmore worker 'helped to calm her down' – she had moved to another area and was applying to do further studies, which had had a significant impact on the neighbour's quality of life'. The officer explained:

"Suggesting that you might refer someone to the mental health team can create stigma and cause resistance. Instead, with the Elmore embedded worker, we can take a much gentler and less problematising approach. We have someone who has a wealth of knowledge – who might be able to help you with this – this is a much gentler way in, particularly when someone is embedded in the team."

OHH staff described how one of the Elmore workers had been supporting "Ed" [Client 002], who uses drugs and can be "extremely difficult". His behaviour has led him to get into fights and he had been abusive to staff. He really loves music and the Elmore worker had engaged with him through music, helping him access a laptop and use this to make music. OHH Team Leaders felt that this relationship had helped to "bring out the nice guy":

"[He] can just see it from a different perspective now, like his behaviour is much calmer, but that's I think because [Elmore worker] has spent the time to sort of explain things to him and just give him the support he needs while living in this very difficult environment. I think otherwise, without this support, he might have lost his accommodation."

Ed eventually went into rehabilitation to try and tackle his drug use. A case study written up by his Elmore worker noted:

"He is able to talk openly about his life and relationships and ask for guidance and feedback. There is some evidence that he is managing his emotions better. For example, he has been verbally abusive to many OHH staff and others involved in trying to help him, but is always polite and receptive to me… He succeeded in

staying with the residential detox for two weeks and acknowledges the benefit he derived from it. His drug use remains problematic but says it is at a lower level than before entering detox"

(Elmore worker case study)

4.4 Reduced/ less harmful substance use

It can be extremely challenging to evidence the effectiveness of any single intervention in sustainably reducing substance use. It is not possible to disentangle the impact of Elmore's support from that provided by Turning Point, or from factors relating to individual's own motivation and circumstances. We also know that large hostels can be challenging environments given the presence of other users. This was evident in one of the Elmore case notes: "*Potential concern that [Client 008] is being sold crack in the evenings at OHH when he is intoxicated by alcohol and unable to make this decision with capacity."*

Despite this, we found evidence of reduced or less harmful substance use by some of those receiving Elmore support. Two clients (including "Ed" introduced in the previous section) moved from OHH to residential rehabilitation with the support of the embedded workers.

Another client "Josh" (not his real name) wrote to his Elmore worker, to update them on how they were doing. The note illustrates self-reported improvement to their mental health:

> *"Thank you for everything while I was in Oxford my life was such a mess. Thanks to you… I'm doing well here getting better in my head"* ("Josh" Client 005).

A case study about Josh's journey with Elmore was written up by his Elmore worker, and illustrates the positive impacts of close and relational support:

"We liaised closely with probation and the alcohol services for the preparation of the pre-sentence report. All were in agreement that the best solution was for Josh to go through the rehab process, which was very much what Josh wanted, so the report recommended a community sentence incorporating rehab…When we went to court were all very nervous as so much was at stake – if Josh went to prison he might never get the chance to go to rehab again, and his suicidal behaviour could get worse. When he was given a community sentence, conditional on him going to rehab, we were all so relieved. Two days later we said goodbye as he got in a taxi and headed off to his new start. I have kept in touch followed his progress, and he is doing well and has now nearly completed rehab."

(Elmore worker case study)

The case notes report other small but significant gains, such as the client who went out to play frisbee with the Elmore workers and, *"although he did still buy some cans of alcohol, he did so much later than he would normally do".*

(Elmore worker)

4.5 Progress towards/ retention of stable and suitable housing

Despite the shift in focus away from this outcome during the early stages of pilot implementation, we found a number of different examples in which the embedded worker had been able to support individuals to make progress in relation to housing stability. In many of these cases, Elmore's input supplemented that of the OHH Resettlement Worker and others working in homelessness services by providing an additional layer of support to those who might otherwise be at risk of dropping out of the pathway. We found examples of the Elmore workers:

- **Helping to prevent eviction from OHH.**

Staff at OHH felt that support from Elmore had enabled clients who would otherwise be at risk of eviction due to challenging behaviour to remain within the service. We presented the example of Ed in section 4.2 above: in this case, Elmore supported Ed to better manage his emotions and substance use through playing music and building the motivation to apply for a place at rehab.

Enablers: being on site within the hostel and working closely with OHH staff to monitor changes in mood and behaviour; being able to build a truly person-centred relationship over time.

- **Continuing to support someone post-eviction from OHH.**

"Dave" (introduced in previous sections) was evicted from OHH, on account of behaviour when intoxicated. The Elmore worker – who had built an excellent relationship with him by this point, was able to continue supporting him while he was rough sleeping, alongside the St Mungo's outreach service. However, Elmore were able to continue accompanying him to appointments and meeting for coffee and leisure activities. Through this they supported him to appeal his eviction at OHH, where he was accepted back, but eventually evicted again. St Mungo's took the lead in advocating for him to be placed in Temporary Accommodation by the district to which he has a local connection; however, Elmore continues to meet him regularly in the Oxfordshire district where he is staying. Dave is still at high risk of rough sleeping, however, in the words of the OHH Team Leaders, without Elmore, **"***he could have quite easily gone off the radar*".

Enablers: flexibility to continue working with people outside the hostel, post-eviction and in another Oxfordshire district; building a relationship over time and being able to work intensively with individuals; good relationships with other providers.

- **Advocating for/ supporting move-on.**

Staff at OHH are under pressure to move clients on to suitable housing and support, ideally within 9 months, though they explained that many have been staying at the hostel for much longer, given the complexity of their needs and/or their preference to stay at OHH until their preferred housing option becomes available. Whilst it is the role of the OHH Resettlement Workers to find move on options for residents, we heard that some individuals require additional support either to accept or be accepted into move-on places.

One member of the OHH team told us how helpful Elmore were in terms of helping to move clients on, of which one had become quite "*entrenched*" (OHH staff member). Elmore managed to move this individual on successfully though with considerable work on the part of Elmore and OHH staff to persuade the individual to take up a proposed offer, which if not taken would have resulted in homelessness since the individual had been given notice of eviction by OHH should he refuse this offer.

The evaluator was on site on the day of the move and observed Elmore nudging the client, checking he was preparing to leave the hostel and arranging to meet him at the sign-up for the move-on tenancy, held in offices on the outskirts of the city. It is possible that this would have gone ahead successfully without Elmore, however, there is a risk that those with additional needs or anxieties might abandon at this point or in the early days of the new tenancy. There was a lot of paperwork to digest within the meeting, each page needed to be signed and this appeared to increase the client's anxiety.

The new keyworker attached to the move-on property will visit once a week in the early weeks and then probably just check in by phone once a week unless more is needed. Elmore was able to offer additional support during this transition; although the client would not consent to information sharing with any other agencies, he did agree that the new key worker could share information with Elmore.

Another move-on provider explained how the Elmore workers embedded at OHH had helped to advocate for a client who might otherwise have been rejected from their move-on provision and enable them to find the right tenancy for him and to smooth the transition into that scheme. The move-on provider explained that when the referral came across from OHH:

"He'd been evicted from a 24-hour provision and we're dispersed housing and it's 9-5 Monday to Friday service and there was a thing about this person had been evicted due to an assault on another person in there. When [Elmore worker] contacted me, it was quite good because he gave a different perspective because he'd read, he'd looked at the cameras from different angles and told me that this person was trying to get away from somebody. And … hearing his side of it, and I used to work with him because he worked for [our organisation] for quite a number of years, so I know that if he's telling me something, it's legit… and [the Elmore worker] was really good in the transition from O'Hanlon and working with us to move him in and doing it in small steps, where I think that person if we'd have just said, 'you're moving in there' and he'd not got that support it would have been a lot, I think this person would have gone in to meltdown".

(Interview with move-on accommodation and support provider)

A professional working with another homelessness provider in Oxford similarly valued the *'fresh eyes, fresh approach'* that Elmore had been able to bring to a case of a long-term rough sleeper they were both supporting. They explained that the client had been attending the library with Elmore in an attempt to improve his literacy and that it had been '*helpful to be able to speak about these things when advocating for them to move on*' to challenge assumptions and demonstrate what is possible. They had, for example been able to make a referral to Community Connectors to continue this work on resettlement. Normally a referral for a person with multiple and complex needs of this kind would be rejected on the grounds of risk, but the worker felt that the fact Elmore had already tried this successfully gave the Community Connectors "*the confidence to take that risk*" (though at the time of our follow-up, this had not happened due to accommodation crises).

This example illustrates the importance of suitable, settled accommodation being available for people to move into. Whilst we would expect outcomes for people with multiple and complex needs experiencing homelessness to be mixed and precarious, it is important to note how much these depend on access to wider services, particularly suitable move-on housing. A Public Health England review of evidence on adults with complex needs concluded:

> *"What is clear is that no one single intervention on its own will reduce or prevent homelessness. A system wide, integrated approach is needed to ensure that there a range of linked services available to meet the needs of those with highly complex needs. A home is one of the key things required to support this group* (Public Health England, 2018)*".*

Enablers: being able to build trusting relationships with clients (who others view as 'difficult' or 'too high risk' whilst also having sufficient credibility with other agencies that their assessments are respected.

- **Tenancy sustainment.**

We present a case study to illustrate Elmore's support to move-on and sustain a tenancy:

Bob had lived in supported housing for a very long time. He has a tendency to hoard belongings, which has led to problems in previous tenancies. He was offered a social tenancy but was wary of moving on to his own accommodation. The Elmore worker supported Bob to help prepare him for this move. This was only possible because she spent time getting to know him on his own terms – visiting various projects where he volunteers, going for walks, helping with practical things like filling in benefit forms over coffee.

The Elmore worker worked with Bob to go through his possessions before the move, helping him to appreciate that he didn't necessarily need all the things he had, that they might clutter his new place and that to have a clean slate when he moved into his flat could be a positive thing. She went out with him to choose paints and helped him decorate his new flat, in the hope that this would give him a sense of pride and ownership in it. Tracey also used her own car to move Bob into his flat when the time came.

Hostel staff are not able to provide this same level of individual input to assist clients with move on due to time constraints – they are rarely able to leave the hostel building and cannot continue working with a person once they move out. Hostel managers felt that without Elmore's input, it would have taken Bob a lot longer to be ready to move on.

When the evaluator went out to meet with Bob, he was about six months into the tenancy and said he felt settled. However, he is still under an introductory tenancy and the Elmore worker feels there are real risks to tenancy sustainment, given ongoing hoarding and the risk that practicalities can easily drift. Bob explained to me that the Elmore worker helps him 'keep on top of everything'. This became immediately obvious as he mentioned at the end of the meeting that he hadn't attended his last Universal Credit/ Job Centre Plus appointment – the Elmore worker immediately started trying to help him follow up on this, 'otherwise he will lose his benefits!'

Enablers: being able to stick with the individual as they move out into the community and persist after time-limited commissioned floating support offers have come to an end; having the time and flexibility to respond to 'whatever's on top' for the person (e.g., benefits).

5 Impact on partners and staff

"Elmore are like a tailor who helps us to tailor the support and make its joins seamless."

(OCC Professional)

As we saw in the previous section, Elmore enjoy a great deal of respect from partners, they are noted as being team players and great communicators on the ground and appreciated for their tenacity and persistence:

"Have a lot of respect for Elmore – they have been doing a lot of heavy lifting for many years. Their willingness to work with the most difficult people and stay with them, persisting, tracking, finding imaginative ways to check in with and work with people, being accessible."

(OCC Professional)

Homeless Oxfordshire staff hold Elmore's approach in high regard, commenting on how their personal qualities in addition to low case load capacity and flexibility meant that Elmore workers could provide outreach with a "*level of care and kindness*" focussed on "*getting to know the real person".*

OHH staff commented on how well the relationships with clients were formed. How trust was formed quickly and how the approach took a fresh perspective to individuals and their histories. Elmore had their own risk assessment and support plans, fewer time constraints than OHH staff, and could leave the building, which meant that some activities could include other residents who were not clients. In part this

owed to the difference in caseloads for resettlement staff compared to Elmore workers, 10-12 compared to 5-6 clients respectively.

One of the effects of ending the pilot was an understanding that more resource time would go into picking up with the clients who Elmore workers could have taken on if the service was re-commissioned. Resettlement staff commented on how resources were already stretched and how it was "*nice to have the extra people who understand what it is like*" (OHH staff member), staff resources at OHH were also pressurised due to high staff turnover.

Access to mental health treatment was cited as real barrier for OHH staff, especially when clients also used alcohol and/or drugs, with the complication around obtaining diagnosis and maintaining engagement in treatment services. OHH staff were grateful that Elmore workers understood issues around dual diagnosis and related issues around treatment. Improvement to one client's mental health was seen anecdotally by OHH staff. Notably, the informal nature of mental health support offered by Elmore was perceived to be just as powerful as more formal or clinical support and, crucially could be accessed instantly and by those who did not recognise they had a mental health-related problem.

Continuity of care when someone leaves OHH was also perceived to be key to improving mental health outcomes in the situation where access to community health teams is limited, especially where barriers exist on account of dual diagnosis:

"For psychosis and disruptive issues as well… someone who was evicted and then came back, I know that [the Elmore worker] kept working with him…stayed working with him… they [Elmore] are aware of mental health than more specific mental health workers which sometimes can be better because people can be quite distrustful of doctors, psychiatrists, psychologists. You can get just as much effect from a non-clinical person, often more than you can with a doctor… Elmore had one to ones with clients where they may share more with Elmore workers than us [OHH staff] maybe, obviously if it was very serious it would have to be shared but…"

(OHH staff interview)

Issues around loneliness and isolation when faced with move on were also reduced by the continuity of Elmore's support:

"isolation is a massive issue that is not really talked about so much, and loneliness I suppose, it's not accepted in society to say you are lonely but it is acceptable to say you're depressed so people who are saying they are depressed are actually quite lonely and isolated… that's one of the reasons why people don't want to leave here because they do have their peers around them and staff to speak to really"

(OHH staff interview)

OCC partners also commented on how time and a relational approach added real value the **quality** of the support offer:

"I know that person needs more time than realistically I can give…. the Elmore embedded worker, we can take a much gentler and less problematising approach….Both of the people I referred needed quite a bit of guiding to services – they needed an independent friendship really."

(OCC Professional)

Elmore's wider remit allowed a great deal of flexibility to work with clients beyond OHH in addition to advocacy work and strength-based support. This included supporting clients to attend GP appointments, accompanying one client to a court hearing, physically helping a client to prepare and move into a new property and continuing to support them when they had moved, advocated for a those who faced eviction or had been evicted from OHH by maintaining contact and processing an appeal or advocating to find new accommodation. External professionals interviewed commented that this additional layer of support from Elmore should be able to continue in the community alongside commissioned floating support.

Elmore's wider portfolio of support services meant that clients and family members of clients could be referred to other Elmore services and Elmore could continue working with them.

In one case, emergency response from either CJS or NHS services was averted through Elmore's provision of relational and flexible support:

"a client phoned up OHH and said, 'I'm in field and I'm going to kill myself now' and because I knew that client really well, I was able to take the phone, speak to him, talk him down, we did end up with [a colleague] driving out to pick him up once we'd got the situation under control, and stabilised. That's something that staff at OHH would love to have been able to do but they just don't have the resources to go driving our across the countryside to go and pick someone up who is in that frame of mind, so we were able to do that...it didn't happen all the time but it was really good to have the flexibility to be able to respond to it you know".

(Elmore worker)

The approach is poignant in the current context whereby mental health services, housing and adult social care are stretched to capacity:

"Some of the clients should really have been in an inpatient unit or possibly even sectioned, but because it is a supported environment, and pressures on MH services are so great, that MH services, I think, were unwilling to admit them, so that was difficult. But then again anyone who has spent time on a MH health ward knows they are not nice places to be either so it could be that they are better off there [at OHH] where it was a different environment…."

(Elmore worker)

"a noticeable minority who have extremely complex needs and MH problems and to be honest, I think there is a gap in MH housing or in MH provision out there…there were people who had been in OHH for a long time, months or even years who really needed MH care, who really needed… I'm not saying psychiatric hospital, but who needed to be in a setting which provided dedicated 24/7 MH care. But those facilities either don't exist or are oversubscribed so to a certain extent…"

(Elmore worker)

Overall, the evolution of the approach in response to initial challenges presented extremely positive results. Clients were offered an alternative and supplementary support offer by Elmore, which put them firmly at the centre of their own decisions. Elmore supported clients by assisting them in improving their health and wellbeing, developing highly personal ways to better manage their emotions and behaviours, and accompanying them in their day-to-day activities. The benefits to existing homelessness services included advocacy to re-accommodate evicted clients quickly, prevention work to avoid homelessness, and continuity of care to increase the likelihood of tenancy sustainment. Benefits to wider services include the potential to reduce pressure or flow into criminal justice and health services, including emergency responses, therefore potentially improving the efficiency of statutory services.

6 Implementation learning and recommendations

6.1 Organisational learning for Elmore

The evaluation has highlighted a number of areas of development for Elmore and/or recommendations for future pilots/ replication of this embedded model.

- **Formally embed training and reflective practice**

Whilst it was recognised by all stakeholders that part of Elmore's success in engaging the cohort at OHH derives from the very fact they are not clinically trained, nevertheless the Elmore embedded workers were providing support to people with a range of complex and often undiagnosed needs. Individual workers' experience of working with this client group varied considerably and not all had received foundation training, e.g., in relation to working with drug users and with resistance. Although Elmore provided regular case management supervision to the pilot workers, they could have benefitted from psychologically informed clinical supervision and reflective practice, e.g., to discuss clients' behaviours and strategies for supporting them, in addition to opportunities to reflect on the emotional impact of the work for them personally.

- **Communicate outcomes and ensure there is formal induction so that objectives, roles and responsibilities are clearly understood**.

Having the flexibility to be person-led and to develop the roles and relationships at OHH organically was a critical success factor; nevertheless, the pilot would have benefitted from a greater focus on communicating, reviewing and measuring intended outcomes. IBA worked with Elmore and its partners to develop a theory of change at the start of the evaluation and revisited this in the later stages, however, we identified that outcomes from the theory of change exercise had not been shared with the frontline team. Shared with frontline workers or the OHH Team Leaders who came in post later down the line. The Elmore Team Leader who was line managing the embedded workers had not been present at the original workshop.

We identified some confusion about roles and responsibilities on the ground. One Elmore worker reflected: "*you need some sense of the direction in which you are trying to head, even if there is real flexibility in how you get there.*"

Greater focus on induction and embedding the role (once known) more formally may have provided clearer direction. A focus on outcomes would help Elmore measure its success by definition of achieving them or working towards them. Appropriate internal processes to record this at operational levels is also required.

6.2 Replication learning

Should Elmore or others decide to re-commission the embedded worker pilot, the following considerations should be considered.

6.2.1 Themes for replication

The evaluation identified a number of key positive themes which might usefully inform future models:

- **Taking a relational and therapeutic approach** (caring and psychologically informed, where clients feel someone cares and is willing to help)
    - relational in terms of **trust building** – engaging clients who have traditionally been non engagers in the OHH setting.
- More **time** available to embedded workers and **small caseloads.**
- Greater **flexibility** to continue care and support beyond the hostel.
- **Seamless transitions/ continuity of support** tailored to the individual by definition of the closer relationship with the client (i.e., knowing more about the client and their character as a person). This is in addition to the flexibility of what workers can do with their time which are not target based (e.g., taking time to engage in activities to build confidence and trust).
- **Assisting move on** as an extra layer of support to resettlement staff (i.e., providing soft landing and reducing pressure on existing resources).
- **Harm reduction** via therapeutic approach.
- personal qualities of Elmore workers (i.e., links to Elmore's ethos of 'conditional positive regard').
- **Reduced pressure** on existing resources (e.g., OHH staff, partner, and wider services).

- **Knowledge transfer** between Elmore and key OHH workers and management staff.
- **Referrals** should be allowed to be more responsive to needs on the ground.

6.2.2 Operational considerations

- **Review and develop data monitoring**

While Elmore workers provided some detailed case studies, the evaluation would have benefitted from the capture of basic monitoring data by Elmore for all clients, e.g., on referrals, demographics, needs/ goals and progress against project outcomes.

- **Induction, training and knowledge exchange**

OHH staff told us that some shared learning had occurred by recognising the value of an informal approach in addition to the flexibility Elmore offered compared to rigid and formal practice. Evaluators feel this is key learning for development in terms of formalising the approach such that success can be measured while maintaining aspects of informality in the client facing role which promotes trust and professional relationships as well as continuity of care owing to flexibility.

- **Better understanding at the planning stage of operating context, and how embedded workers might complement existing roles.**

'Homelessness Prevention' was the title of the pilot and supporting people into settled tenancies or suitable long-term accommodation had been identified as a primary objective at the outset. Yet it became apparent once the pilot had got under way that specialist Resettlement Officers at OHH were already providing support in this area and that Elmore should instead focus on trying to engage people and take them out into the community. This suggests that more research, discussion and planning about the respective roles of Elmore and Homeless Oxfordshire staff and boundaries between these would have been beneficial, albeit allowing space for this to evolve and be reviewed.

- **Personalisation/ activities budget.**

Elmore workers have been able to claim for travel and subsistence, including buying food and drink for their clients; however, there has not been a budget for activities or other sundry expenses. Examples of this included funds to buy more arts and crafts materials or to pay for a worker's car to be deep cleaned after moving a client's belongings to their new home.

6.2.3 System level learning

In the Theory of Change workshop at the outset of the pilot, partners identified a number of key questions for reflective learning at a system level:

What is the learning from the pilot about:

1. The right length of time for delivering support to individuals in this way (or whether this need to be non-time-limited/ viewed more flexibly)?

The average length of support provided by Elmore was 19 weeks, however, the lack of time limits and the flexibility in relation to this seem to have been critical to success.

2. The optimum caseload size for effective support with this cohort?

Caseloads of around 6 enabled the right intensity of support to be delivered once the pilot was established. However, it took time at the start of the pilot to build this caseload up, especially give staff turnover and the lead-in time to build a relationship with clients who had not previously engaged. Elmore workers responded to this by offering group activities within the hostel and one worker felt that it would have been good to have the flexibility to work in a much more ad hoc way across OHH clients rather than being limited to a more formal, referrals and fixed caseload approach.

3. What is the learning about what supports/ gets in the way of the effective delivery of this model (in wider organisations and systems)?

The evaluation of the pilot highlights the barriers faced by people experiencing multiple disadvantages within the homeless pathway and wider service systems. The embedded worker model has been demonstrated to have the potential to mitigate some of these barriers and challenges by providing an additional layer of support which is flexible, non-time-limited and highly relational. Access to suitable settled move-on housing and mental health services (especially where there is a 'dual diagnosis') continue to impede sustainable outcomes for this group; however, access to drug and alcohol treatment (via Turning Point) and, while people are resident at OHH, to primary health care (via Luther Street) were widely reported as a positive.

4. Which elements of system change resulting from the pilot (e.g., learning, partnerships, the 'ripple effect' of more trauma-informed ways of working, etc) might be sustained beyond the pilot, and where are the structural limits of this (i.e., without ongoing funding)?

The evaluators found some examples of a potential 'ripple effect' from the pilot into the practice and decision-making of partner agencies and other services. For example, as a result of Elmore's intervention, team leaders at OHH described seeing 'a different side' or 'the nice guy' in two individuals whose behaviour within the hostel setting has been challenging. A manager of move-on accommodation explained that Elmore were able to give a 'different perspective' on an incident involving a person who had been referred for move-on accommodation. Without this insight, the person might have been deemed too high risk to be offered a move-on place.

However, although these strengths-based insights may have changed the perceptions and perhaps thus influenced practice and decision-making in relation to these individuals at this time, there are barriers to the sustainability of this impact. Interviewees working for Homeless Oxfordshire and for other homelessness services in the city highlighted:

- High staff turnover.
- Staffing levels at OHH making it difficult for staff to go off site with residents.
- Lack of staff time/ amount of administration and also a working culture that means O'Hanlon staff tend to spend a lot of time in the office rather than spending more relaxed time speaking to, eating with, and doing activities with residents.
- Rules and risk assessments required to balance the safety of the building and its 56 residents and the restrictions that places on a more person-centred approach.
- Lack of longer-term housing, care, and support options for those who need them, especially where substance use and lifestyle make mainstream services for older and/or disabled people inaccessible or inappropriate.

Appendix: Theory of Change for Homelessness Prevention Partnership Project/ Embedded Worker Pilot, July 2021

The Theory of Change considers both individual (client) level and system level outcomes. It is based on the rationale that Elmore can provide better outcomes for people with multiple and complex needs and/or personality disorders, this being beneficial both to individuals and to the wider system through improved resource efficiency, culture change, practice and joint working.

Client level Outcomes	Assumptions	Activities & Resources	Impact measures	Benefits to system
1. Improved engagement with services	(Other) services have capacity (e.g., mental health), Eligibility criteria are met; Services are willing & able to work in a sufficiently flexible, trauma-informed way to be accessible and build trust; Client mistrust/ apathy can be overcome.	Networks & relationships across relevant systems, Referrals into other services, Support planning/ reviews involving other services, Regular communication with partners; Building shared understanding of needs, roles, values and goals; Opportunities for shadowing, joint creative problem-solving, Senior buy-in to 'unblock'???	Service usage prior to and post-engagement, Outcomes from engagement; Client's experience of and attitude to services changes, with increased trust reported; Changed attitudes/ perceptions of client(s) by other services; Changes to other services' offer/ approach	Shift from emergency response to prevention: Reduction in missed appointments, Reduction in staff time/ stress 'fire-fighting'
2. Improved self-management of harmful behaviours	Clients are sufficiently motivated and able to improve self-management, given PD/ mental health/ cognitive/ physical health.	Setting goals clients want to work on, 'Doing with not for' Psychologically-informed practice Positive validation	Clients report feeling listened to and supported in a person-centred way, Self-reported and case record of improvement, Clients report feeling more in control of their behaviour	Reduction in ASB/ crime (if relevant), Reduction in police/ A&E/ ambulance use

3.	**Reduced/ less harmful substance use**	Clients are sufficiently motivated to reduce harmful substance use, Prescriptions/ detox can be accessed at the right time (where needed)	Lack of judgement/ unconditional regard, Open conversations with clients about risk and blocks to change, Understanding past journey/ function of substance use, Motivational approach, Joined-up working	Self-reported and case record of improvement, Take up and adherence to scripts, detox, drug testing, etc (if applicable), Improved response to (re)lapses	Reduction in substance-related crime/ ASB, Reduction in substance-related health service use
4.	**Progress towards/ retention of stable and suitable housing**	Suitable short- and longer-term housing is available, with the right support, Barriers to suitable housing can be reduced/ removed within the pilot timescales, Clients with CN/PD can cope in hostel settings with additional support, Clients want stable/ independent housing	Supporting clients to set realistic housing goals; Accurate knowledge of housing law, policy, options, processes; Early move-on planning/ applications, plans to remove exclusions, etc Assessing and securing ongoing support for move-on (Elmore?); Senior buy-in from OCC to unblock??	Tenancy is sustained (where already in place) Incidences of evictions/ managed moves from supported housing Nights spent sleeping rough Client has a realistic plan for short- and longer-term housing and relevant actions have been taken towards it, Suitable move-on achieved.	Tenancy sustainment Reduced incidences of rough sleeping Evictions from supported housing prevented/ managed
5.	**Increased mental wellbeing/ hope for the future**	That effective, person-centred support can improve mental wellbeing, even where other difficulties are encountered	Having time, space, flexibility, skills to build relationships; Working in a strengths-based, trauma-informed way; Managing client expectations, Offering positive validation/ unconditional positive regard, Supporting clients to set and work towards/ achieve their own goals: what matters most to them.	Self-reported and case record of improvement e.g., taking pride in appearance / home Self-reported wellbeing (e.g., through SWEMWB Scale) Clients report on the changes that have been most significant for them as a result of support Client progress in setting/ achieving own goals. Reduced need for support	Reduced/ more appropriate/ cost effective (mental) health service usage. Reduced need for support from formal services

References

Local Gov, 2023. *Solving the homelessness sector's workforce crisis.* [Online]
Available at: https://www.localgov.co.uk/Solving-the-homelessness-sectors-workforce-crisis-/

Public Health England, 2018. *p.7, Adults with complex needs (with a particular focus on street begging and street sleeping).* [Online]
Available at:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/680010/evidence_review_adults_with_complex_needs.pdf

Wager, N., Wagner, K., University of Huddersfield & Elmore Community Services, 2021. *Trust Mind Map on p.38 of New Beginnings: Supporting Adult Survivors of Child Sexual Exploitation.* [Online]
Available at:
https://static1.squarespace.com/static/60914896017ac31a59bebf4b/t/6166cc61827fb21743116d21/1634126948413/New+Beginnings+Evaluation+Report+2021.pdf

Elmore
Community Services

elmorecommunityservices.org.uk

Elmore Community Services are a registered Charity (1090616)