



Elmore Community Services:

The New Beginnings Podcast

Podcast duration: 38 minutes

Host: Ben Anderson, Sound Rebel

In conversation with:

Dr Nadia Wager (Acting Director of the None in Three Research Centre, for the Global Prevention of Gender-based Violence at the University of Huddersfield) and Charlotte Dawson (Service Manager at Elmore Community Services)

Podcast Episode Transcript

Ben Anderson: Hello and welcome to New Beginnings, the podcast from Elmore Community Services about new beginnings, the service, which supports adult survivors of childhood sexual exploitation across Oxfordshire. My name is Ben Anderson and I'm here to facilitate the conversation today as I'm joined by two experts in this field.

Dr. Nadia Wager is the acting director of the None in Three Research Centre, for the Global Prevention of Gender-based Violence at the University of Huddersfield. And Charlotte Dawson has been a service manager at Elmore Community Services since 2017 and leads the delivery of mental health and complex needs services as part of Elmore's floating support team.

Charlotte, Nadia, thank you ever so much for joining me today.

Dr. Nadia Wager: Nice to be with you, thank you.

Charlotte Dawson: Nice to be here.

Ben Anderson: We're here today to talk about New Beginnings, the service as a whole. But also, about the evaluation reports, which was published in July 2021. Nadia, it was yourself and Dr. Khai Wager who wrote the report. Is there any relation there?

Dr. Nadia Wager: Khai is actually my son and he's a philosopher by training but very kindly worked with me. He's worked with me in the past, but maybe not on anything quite as serious and emotive as this project was.

Ben Anderson: Could you tell us about the evaluation report, where it came from? Why has it happened? Just a bit of background on the report itself.

Dr. Nadia Wager: So, we, sort of, set to work on it in January, getting ethical approval first, designing how we would do things and actually began in earnest, really, February to April collecting data. So, the report consists of a deep dive into case files. So anonymised case files but trying to explore who the clients are in terms of their needs and their experiences and what they get out of the service and also looking for what the service was delivering for them.

And we also did interviews with a number of service users, themselves, the clients of New Beginnings, people that referred in, so different services that referred into the service, the commissioners and also the service providers, as well as people like Charl who, sort of, lead the service. So, to try and get this, sort of, all-round understanding.

So, we'd class it as really, sort of, a bit of a process and outcome evaluation using what we'd call a 360-degree process of looking from everybody's point of view of what the service is like.

Ben Anderson: And the outcomes were very positive from the evaluation?

Dr. Nadia Wager: Yeah. The outcomes were amazing really. From the input from the- the two service providers that gave us input, it was just astounding and really heart-warming to see the outcomes.

Some of the things are quite small wins, to other people they wouldn't be seen as anything dramatic, but some of the things were things like being able to, sort of, trust somebody else to actually form a friendship for the first time in their lives. Feeling that you've got closure over something.

Feeling enabled to seek justice, whether or not you get justice. And also, as one person said, staying alive so that my daughter still has her mum. That's really powerful stuff.

Ben Anderson: Absolutely. I mean, Charlotte, I think this is probably a good time to talk about New Beginnings as a whole, then. If someone's never heard of the New Beginnings Service, can you tell us what it is and what it does and who it helps?

Charlotte Dawson: Yeah, of course. So, I started running the New Beginnings about four years ago and I ran it for a year and then stepped away from it slightly. But it's the Elmore service that, in some ways, I'm the proudest of because the people that we work with here have experienced such adversity in their lives, have really been failed by so many services at such a young age when we should be protecting people in our society.

So, we provide floating support for adult survivors of childhood sexual exploitation, like you said, so this service was set up on the back of, kind of, Kingfisher and Bulfinch, and after the big CSE cases that happened in Oxford several years ago. And basically, they were very easy, [__ 0:04:08] criteria to get into the service.

You have to be somebody who has experienced this, kind of, exploitation and you have to need support with something in your life. So, we're very open. We're very open in here. We'll meet here, we'll talk to- and then basically we have this, kind of, two-pronged approach really. So, we are helping people with very practical things like sorting their benefits and going through child protection processes with them, helping them learn how to cook a meal, whatever it happens to be that is the practical need that they have.

But the real therapeutic work for me is always the work that goes alongside that. So, while those things are happening, our workers who are incredibly skilled and just amazing at what they do, are also setting up a working relationship with these clients which is, maybe the most trustworthy and honest relationship they've ever had in their lives.

So, workers go in, they're honest, they're reliable, they're boundaried, they don't overstep the mark, they're very clear. You know, "We are not your friend, but we are here for you, and we will support you and we care about you, and you can trust us. If we say we will do something and we can't do it, we'll tell you. If we say we'll be at a place, we'll be there. We will always be honest with you about what's happening. We won't tell you everything's okay and sugar-coat everything if it's not. And, equally, if you ask us if we think something is right and we don't think it is, we're going to be absolutely authentic."

So, while we're helping people, kind of, maintain their basic safety needs and so on, we are also there just being this reliable force and for a lot of the people you work with, they've just never had that person. And that in itself is absolutely life-changing to know that there is somebody who is real and authentic and who will work with you and walk alongside you.

So, we don't do things for clients. We know our clients are really capable. They've got, you know, to being adults, a lot of them have children, they have houses they run, all sorts of things. So, we're not trying to do things that people can already do, but we are just trying to give people belief in themselves, and hope has always been the thing with this project, hasn't it, Nadia?

Dr. Nadia Wager: It is, yeah.

Charlotte Dawson: It's the thing we've discussed from day one of me getting involved with the project and speaking to you. We want people to have hope and to get that you really need to have someone

alongside you. You need to know that you are not alone in the world, and you are not trying to do it on your own.

(Music)

Ben Anderson: The blend of practical and emotional support that you offer them, is that what makes New Beginnings, kind of, uniquely Elmore? Is it a uniquely Elmore service?

Charlotte Dawson: Yes, I think so. I mean, that's something that we are very strong on. We're very... I mean our values- as well as being, kind of, authentic around being tenacious, so if we know somebody is out there and needs help, and there's someone who is known to us, we will continue trying to help them until it's just not possible for us or until they're okay and they've got support in place. So, we work very well with people who don't engage for example.

And we'll try and find creative ways to engage with people, you know, if people are younger, we'll try and do, I don't know, meet them somewhere nice and interesting that they want to go, you know, if there's a cafe they'd really like to try or there's some people we meet in art galleries and things like that because that's the kind of, thing they want to do.

So, we try and make it attractive to them as well. But, yeah, I think we're really skilled on this, lots of services are very, very skilled at providing practical support and going and saying, "Right, you've got six sessions, we'll sort your benefits. We'll sort your housing."

But, yes, it's the relationship stuff that I think is so different because the long-term nature of our work means that we can do that relationship work, whereas short term services, although they may still have a therapeutic relationship going on there, it's not going to be as long-term. I think it's unlikely to change people's lives to quite such the same extent.

Ben Anderson: Nadia, as part of the evaluation report, you said the 360. So, you looked at absolutely everything. When it comes to the clients who use this service, is there a typical profile? Are there similarities between people, their backgrounds, or is everyone who comes to New Beginnings completely unique and with a unique set of circumstances?

Dr. Nadia Wager: I think everyone's unique, but I do feel that there was a huge variety of traumas and vulnerabilities in people's previous life and ongoing. And if you think about perpetrators of CSE, they purposely target people that are particularly vulnerable, that have already been rejected by others, have experienced trauma in some way, that have a need that needs to be fulfilled.

And I think adolescence is a time particularly where they get targeted for CSE, where there's a real need for feeling loved and belonging. And often that's what the perpetrator's given. So, they're really exploiting the whole thing about trust, love, and intimacy. That's what they're destroying really. All of that.

But many of the clients, not everybody, but many of the clients have come from chaotic backgrounds. So, parents who've got mental health issues, they've been in care themselves. Their own children may have been taken into care, which is not

unusual if you've been in care yourself. So, they've got histories of neglect, abuse, early bereavement, complex bereavement, where they've, sort of, found a parent that's died.

The traumas are ongoing. This was what was very shocking, I think particularly for my son, was, you weren't just- we were talking about people who are now adults, but had experienced CSE, but many of them were still being exploited in other ways. Often living with partners who were still violent, many were street homeless or sofa-surfing, so had got quite chaotic lives, but often to do with the traumas that they'd had in the past. A real lack of social support around them.

So even people that hadn't come from chaotic backgrounds, they're unable to reach out to others because you're having to mask what has happened to you and not being able to share for being stigmatised and judged. There was this sense of being very, very isolated. So that's where I think Elmore comes in and build a sense of hope when you've had this level of chaos in one's life, this sense of hopelessness and powerlessness that must come from that is just all encompassing.

I can't think of the word, it's just so immersed- You're so immersed in it and to give people moments where they feel pride in themselves and have a sense of hope is just amazing. And that's what Elmore does for them.

Charlotte Dawson: One of our core values as well, it's about acceptance of people. Unconditional positive regard and we don't tolerate everybody's behaviours and we don't tolerate what people do necessarily, but that doesn't take away from how we respect the person. So,

you come to us, yes, your life might be very difficult, yes, you might have done things that are risky or dangerous or ill-advised or criminal as a result of that, but we don't come to you and say, "You've got a criminal history. Therefore, we can't work with you."

We look at someone and we understand why they've done what they've done. And we don't judge them on that, and we help them see how they can move forward from that and how they can- Yeah, like you said, get hope, Nadia. But I think it very much comes from our very accepting viewpoints of people, because we're also talking about people who have been failed by society, but then have been rejected by society because of what's happened to them as a result.

If you remember from, kind of, like, the Rotherham CSE cases, and initially the social workers there were talking about the children being prostitutes.

And so, the children were very much judged. Although they were children who were being abused and exploited, they were judged. Society was judging them. They were seen as, you know, as perpetrators to an extent of this criminal activity. And yet they were children and that was not their fault. So, people get labelled very, very easily by society.

So, to come with this non-judgmental approach, like, we don't care if you've been to prison, we don't care if this happened to you. That's okay. You are still okay. You know, I'm okay, you're okay, we can work together.

Ben Anderson: Sorry, Charlotte, just to- you may have already said this, are people referred to Elmore or is it self-referrals?

Charlotte Dawson: It's both. So basically, Nadia will probably know better than me actually, where they've all come from, but we've had a lot of referrals from the police. So, we've worked very, very closely with the police on a number of trials, which has been absolutely amazing. And I can talk more about that in a bit if you like, but yes, we get quite a lot of self-referrals. Quite a lot of referrals from social care, children's social care, from the Kingfisher team who were overseeing children's exploitation. Quite often, people come to us as their time finishes there.

So, they're very young still. Yeah, a variety. And people can just phone us up and say, "I need some help. And this is who I am, and can you take a referral from me and find out about me," and we will very much try and gather the minimum amount of information that keeps us all safe before we go and see somebody.

So, you know, we don't need to have your national insurance number and your driving licence number, and we try to make it as straightforward as possible for people to refer into our service, both with professionals and for individuals who want to refer themselves in.

(Music)

Ben Anderson: So, a new client has come to you, either self-referred or referred by another organisation. I think you said that, you know, these are people who've been failed by society. They've experienced deep trauma, chaotic lives. Where do you even start with

somebody who has been surrounded by chaos to try and bring that stability?

What's the first thing that you do as the New Beginning service to try and start building that trust with people?

Charlotte Dawson: Just getting to know someone, just, you know, getting in touch with someone, setting an assessment date. If they can't make that date, if they don't show up, setting another date, keeping going, make it somewhere they want to go, they feel comfortable talking to you, make it a time they can make.

So, if they've got kids, you know, you don't set it after school times, you set it within school times. If they want it to be away from where they live, because they don't want people to know; that's fine. And then we go along, and we are, like I was saying before, authentic. You're just meeting another authentic human being in a cafe or somewhere to have a chat about what's going on for you and what you might need.

So, we've got certain areas that we talk about. But it's very much about what does that person want to change in their lives and what will help them do that? So, it's not, "Oh, well, you know, your next-door neighbour thinks that you ought to go to bed by 11 o'clock at night because you've got kids," whatever it is, it's, "What do you need help to change your life? What is it that is important to you?"

People choose to come and work at Elmore, come and work with Elmore. They don't have to work with us. And we don't take clients onto this team who have been told by social services, for example, they have to be here. That's not who we are. We're not part of enforcement. We are very much a voluntary service, so

there's no need for us to say, "Well, this is what other people say you've got to do. That's what you've got to work towards."
People don't do that.

And it's not necessarily what's in people's best interest and it's certainly not what they want to do. So, it's very much a bespoke, individualised service based around what people need. And I think just with that in mind and knowing that we're not social services, actually, we're not statutory services and that we are listening to people, and we are hearing what they're saying, but we are also, like I was saying before, putting those boundaries in place.

So, you know, we're not your mate. We're not going to pop around and pluck your eyebrows on a Friday night. We've got real boundaries as to what we do, we're professionals. It's just building on that stuff and that's what makes it, I think.

Ben Anderson: Nadia, I'd like to ask you this from the, kind of, point of view of having done the evaluation report. Objectively, did you spot any barriers to people working with Elmore? Charlotte, I'd like to ask you this question as well, in terms of on the ground first-hand experience, but looking objectively at it, what barriers are in place for people who have been failed by society, as we've said, have these chaotic backgrounds, who want and need help from Elmore Community Services?

What barriers are there that would potentially stop them from receiving that help?

Dr. Nadia Wager: Yeah. I think one of the biggest ones is this inability to trust, often trusting the wrong people too easily, but the inability to

trust and the time it takes, but that's where Elmore, our persistent- and keep going. And I think through their efforts to be authentic and honest in their relationships, actually do build trust so that they can overcome that barrier.

I think one of the other ones that's often experienced, particularly in engaging with other services is the level of anger and the threshold for feeling defensively angry. The chaotic lives, the way these young people have been treated and they're not all young at the point that they're accessing the service but means that actually we can deal with sad clients.

Many places can deal with sad clients, but they can't deal with people who are going to have an angry outburst, who are very expressive and can't contain their emotions. Whereas, again, Elmore, the workers there certainly manage to do that. Having children, so as Charlotte's just mentioned, children can be quite a barrier in terms of, if you've got young children at home, they're not wanting to actually explore some of the issues that you might want to be talking about in front of children.

So that can be quite problematic. People having children, although at the same time, children can actually be the motivator. People actually want some hope for the future, particularly for their children's futures, so that can motivate them to come in. So, it seems a two-way thing, but as Charlotte said, it's all about thinking about timing when you're going to do things. People that have actually engaged in substance misuse as a way of a coping strategy for dealing with what's going on can also be a barrier.

It means that, you know, you're not able to work as effectively with somebody. And so many agencies actually refuse to work with somebody while they're misusing. But the reality is it's recognising it's a coping strategy. And then just sort of, as Charlotte said, be non-judgmental about it, just moving on, rescheduling if you're unable to do things at that point in time.

Many of these young people would have also had quite bad experiences with other authorities, particularly the police in the early days. Although the experience has now been much more positive, but there's a real sense of this back to the distrust because of previous experiences.

The other part was the homelessness, quite a number of the clients were street homeless, which means that you've not got a home to go and visit them to. It's about finding them, keeping appointments becomes quite hard. And, again, for other services, they're very intolerant because the way they have to run, they can't tolerate people just repeatedly not turning up, whereas Elmore have really taken that on board and just recognised this as something to work with and to help people become more organised in their lives.

Ben Anderson: Charlotte is there anything, you know, you are there, you're leading the service, anything else to add in terms of barriers?

Charlotte Dawson: Just one thing, really. So, I mean, Nadia has already touched on this, so Nadia has given a really comprehensive answer there. Thanks Nadia. But in terms of the police, we did a bit of work with the police around barriers.

So, I spoke at a conference about CSE a few years ago and we spoke to our clients first, before we went there and said, like, "What would you like the police to know?" It wasn't possible for the clients to come with us just because of timings. It was very early in the morning, but they gave us, sort of, feedback. Like, you know, when the police come and see you, often, they do things like, they buy your coffee, they bring you cigarettes. They do things like this.

And we feel like we're in the exploitation cycle all over again. So, we just felt like, "Oh, they want something out to me. So, they bought me a packet of cigarettes, so..." And that was really eye opening to me actually, because I always- I'm conscious we behave like that sometimes, but I think we're seen differently. There was also feedback from them about, you know, "I don't want to see my video evidence in my own home. I don't want to be sitting on my own sofa, where I sit every night, watching it where I normally am in my home, where I feel safe. Things need to be away from my home."

And also, "I don't necessarily want the police at my door. I want to know what's happening, I want to be given notice, when the police come to my door, my neighbours assume I'm in trouble. I don't need that. I don't want them to be thinking that." So, there's some really useful things around that actually as well. Which have come out of this project. And as I was saying earlier, like, we've worked amazingly well with the police and the police have worked amazingly well with us. And through the whole of the [Oxford 0:20:44] trials, we were basically, kind of, joint working.

We had joint support plans for people and, you know, things like the police would pick somebody up from the airport or the bus station, settle them in their hotel, we'd pop over and have

dinner with them, go for a walk, just make sure they were okay. The police picked them up in the morning to go to court, after court, they dropped them back and then we'd go over and have a coffee.

And it was just a really amazingly cohesive and brilliant way of working. And because of that, because our clients can see how we're working with the police and how much, you know, we trust the police and they're trusting us that really gives them a bit of an inroads really, to start trusting them as well.

And also, because the police were just amazing, so they also worked in very similar ways. Started building up relationships slowly, knew that these things might not last, you know, people might back out, people might change their minds. So yeah, that was a really brilliant outcome from this work.

(Music)

Ben Anderson: Okay. We've talked about barriers. Let's make it more positive. Let's talk about facilitators. What are the facilitators of working effectively with New Beginnings' clients? Nadia, from your point of view, first of all?

Dr. Nadia Wager: Yeah. It's all back to those authentic relationships, that building trust. I think one of the things some of the clients said was about not having to disclose what's happened to you. There's no expectation of having to disclose that has really, really helped for them because this whole thing that feels quite, sort of,

traumatic. I think it's the fact that they're seen as able- as Charlotte said at the beginning, these are very able adults.

And they're treated like able adults and not everything's done for them. It might be giving people help to do things for themselves, things that they might feel overwhelmed by because of their circumstances at the time. But you're not taking it away from them.

So, I think it's about building people's efficacy that really helps them in doing that. Creating environments where people don't feel a sense of shame, which is quite common when you are confronted with other services or can feel as though that's how you're made to feel. I think one of the things that we picked up from our interviews was this, sort of, sense of what we called formal informality, where, you know, people would dress right for going out, you know, you're not dressing for the office to go and meet your clients.

You're going to go and meet them as another individual so that not making people feel disempowered or belittled by you presenting yourself in a very superior way. So, the meeting in cafes, again, it doesn't feel quite as formal and away from the home, as Charlotte said, people want to be away from their home.

But it means that you're just building up this trust and being treated as a human being rather than just a client that's got a history of CSE and that's really, really important. It's learning about people's other likes and other interests they've got. So, I think one of the key facilitators for me was around this relationship.

And the fact that there is the perseverance and the consistency with which things are done, but it's that just keeping going, you

know, not questioning people, why they didn't turn up, you know, or reprimanding them for not engaging. It was just about being available still and constantly being welcoming.

Ben Anderson: Is that frustrating for you, Charlotte? When you have been working with someone for a while and suddenly you don't see them or is it just something that happens, and you understand it?

Charlotte Dawson: I mean, yes, probably all of those things, actually, it is a bit frustrating if you feel like you're getting somewhere and you've got to a point where, you know, for example, somebody's going to go through a domestic abuse process, but they just don't want to get to that point, so they won't speak to us for a while because they're not quite ready.

So, in some ways it is a bit frustrating because you think, "We're just there. We're almost there. Come on, let's just stick with it." But at the same time, of course, we understand that it's, you know, normal. It's normal for all of us, isn't it, to not necessarily want to engage with things when they get too hard or when life gets really busy, you just want to crawl back under your duvet or, you know, until Christmas has gone or whatever it is that's just too big.

I mean, it's normal for everybody, but I guess if your life is less complex, you might be able to manage it more easily. So, we do understand it and we are tenacious. We hang around for, you know, as long as we can or as long as we think it's appropriate. Yeah. Does that answer your question?

Ben Anderson: Absolutely. How long do you work with clients? Obviously, building trust is something that takes a really long time.

Charlotte Dawson: So, a really long time. I mean, these clients, it's not unusual for them to have been working with us for three or four years at this point. Some clients have come actually from other services. So, working with us for longer than that because they were working with, say, a complex needs service.

And when this service started, it suited their needs better. So, if they were willing, they moved over to this service instead. It's very rare that we work with somebody for less than a couple of years on this project because, yes, you're right; it just does take that time.

Ben Anderson: When does your involvement end? When do you say, "Right, thank you for coming to us, delighted to have worked with you, you don't need us anymore." When does that happen?

Charlotte Dawson: So that's different for everybody because everybody's version of, "I'm okay and I can do it," is very different. And like we said before, sometimes people stop for a while and then come back and that might, you know, we all do our psychological growth in different stages, don't we, and at different times. It doesn't all come at once, but generally it's when people have got support in place to manage their lives in a way that they feel okay with, at that time, and so they no longer want us to be involved.

So it might be that people have, you know, managed to get other community support or we've linked them in with therapy

that's working for them. So, it's very much led by them. I mean, we don't have a "Right, you've ticked these boxes, off you go, well done. You've graduated from Elmore."

And also, then when we stop working with people, they know it's coming. It's not, "We've given you 12 sessions, right, next session is number 12 and we'll see you." You know, we're talking about it for a while. We're talking about- I mean, I suppose we're always talking about it from the beginning. You know, "We are not with you forever, but while we are with you, what do we want to achieve? What do you want to achieve? How can I help you with that?"

But you're always, kind of, working towards that point where they will be okay without you. And that's what you want as well, isn't it? You want it to be redundant, effectively.

Ben Anderson: Quite, I mean, Nadia, looking at it again, objectively through the report, that, kind of, end of the process, the reason I ask about it is because the work that you do, as you said earlier on, sometimes this could be the first real trusting relationship that somebody's ever had.

And so even though you sign-post it and say, you know, "This is coming to an end and we're not going to be here forever," it must feel quite difficult for the clients to not have that person, that team in their life anymore?

Dr. Nadia Wager: I think one of the key things- sorry, I shouldn't have jumped in Charlotte, really, was that not creating dependency. That was very, very key to not creating dependency on you as the caseworker, as two caseworkers often, with a particular client.

So, you're not always just one person, but also the fact that you're a conduit for making connections with other services.

And also, for giving, I think some of the wonderful stuff was doing like the art and craft classes and building people into other activities that give them joy, sense of pride. So that becomes quite key. One of the other key things, really, is about the moving forward from any form of trauma, such as child sexual exploitation, is this not a linear process? And often people will do well for a while and there can be other hiccups, other stresses or traumas come into their life, or there's other reminders.

It might be going through the court case or the offender coming up for a parole hearing. It can be another trigger for another downward spiral. I think the wonderful thing about the New Beginnings service is the fact that the client might have chosen to, sort of, close their case for a while and to have flown the nest, so to speak, but they know that they can come back again should they need to, and I think knowing that you can just come back in and access support at the point you need it, is just so vital because in many other places you couldn't do that.

You're back at the waiting list, at square one. And you could be waiting two, three years for something. Whereas, actually, the need is very much immediate, and it's needed at that point. So, I think with the Elmore clients what we did see is, there was closing of cases and then the reopening of cases.

So, some people did go off and that's just to be expected. That's not to say that the service hasn't worked because we're not expecting people just to take off and everything's going to be great.

Yeah, I think that's been the important thing for me. It's not about ending and saying goodbye, that's it forever, it's recognising that people might need to come back again. And that's nobody's failing.

(Music)

Ben Anderson: So, we've spoken a lot about the service and the clients and the impact that you have on clients. Charlotte, I'd like to ask about you and the caseworkers at Elmore. You're being asked to do an awful lot of things, you know, in terms of your- for the practical support, you offer the emotional support, perseverance, consistency; these are all things that take an awful lot of effort and, kind of, inner personal strength, I suppose, to deal with.

How does it work for you and the caseworkers? Are you looked-after as part of this too? Obviously, you must be coming into contact with people who've had some terrible experiences and you can't just close the door on it and leave it at work, can you?

Charlotte Dawson: Well, we try, but it is really difficult. And, you know, this is what leads to people's burnout, isn't it? Hearing people's stories over and over and over. I mean, initially, we start by being really careful who we recruit. So, the Elmore workers, they're really skilled, they're amazing human beings, you know, they are really, really special people.

And then we put in as much training and support as people need. So, all sorts of stuff, really. So, I mean, the training that we do is excellent. And people, wherever they're feeling like they

haven't quite got their skills or they're struggling with something they don't know about something, we will support them to get the training for that.

But also, we've got a really supportive team. So, within the Elmore team, if you've got a question about pretty much anything, somebody will know, you know, people know the right people to talk to in benefits, the right people to talk to in housing, they just know how to access this stuff, which is really helpful, but they're also really, really supportive teams.

So, if you walk in and say, "I've had a really rubbish, really difficult morning," somebody will make you a cup of tea, get you a bar of chocolate, sit down and let you talk through it. Just debrief on everything that's needed. And we also have systems that work with that. So, you know, we have beginning of day and end of day meetings, so you can leave things at the end of the day.

And we have one-to-ones. So, we have clinical one-to-ones and group one-to-ones and developmental one-to-ones. So, we have a really good support system, I hope. That isn't to say that this still doesn't take its toll on people because it's bound to, from time to time. Because also, I mean, as much as we are as resilient as we can be, we've all got our other stuff going on at home as well, haven't we?

So, you know, some days you're just really exhausted, or you've got other stuff going on or you're worried about someone. So, we do try really hard to look after our workers. I hope they feel like they're looked after. That's really important to me.

Ben Anderson:

Did you see that when compiling the report, Nadia?

Dr. Nadia Wager: Yeah, I think this was- this became quite a key area, really. As Charl said, one of the key things that came out is the staff felt very looked-after, they felt safe. I mean, because we're talking about environments where there's potential, not for it just to be psychologically stressful and demanding, but also there's the physical risks to people going out about in the community. Pre-COVID world when you are outside.

But the fact that, you know, some of the clients are still enmeshed in some exploitative relationships with people that, you know, it means that the workers could be confronted with that, but there was this whole sense of all the policies and practices in place mean people felt very safe.

But, talking to the referrers, there was this real sense of, "This is really hard work. This is really hard, emotionally demanding work." And what they were saying was things like how they felt supported by the Elmore team as well. They weren't recognised- they were recognising it wasn't just the clients being supported through this, but when they were having difficulty people from Elmore would also support them in dealing with this.

But I think it is recognising it is an incredibly stressful and emotionally demanding job. You are hearing stuff- I think it's beyond burnout. I would say that the potential for vicarious traumatisation, which you can't undo and to suddenly find that that's somewhere that you live, that you like, that you've felt safe in, it can completely challenge that.

So, although you might carry on as normal and cope, may not be burned out, the fact is you're changed, your understanding of your world has changed maybe in ways that you'd rather they hadn't. I think Charlotte's right, just the team to do what they

do are just phenomenal, absolutely phenomenal to keep doing and to keep that level of positivity and compassion for one another in doing what they do.

(Music)

Ben Anderson: Charlotte, whenever anyone in any job is told they're having an evaluation report, you can't help but get a little bit scared at those words, can you? Evaluation and report put together. But I suppose for you working there, on the ground, what has this report given to you? Has it, kind of, given reassurance that you're doing the right things? Has it given any directions to look at for the future? What was your, kind of, take away from it as someone who's working within Elmore?

Charlotte Dawson: I mean, so my takeaway is really around, kind of, the way that services are being squeezed constantly. And we're all being asked to do more for less and, you know, quicker and all the rest of it; was a real reassurance that what we're doing with the work, taking time, it being a process, it not being quick, and that the way we're working, making clients feel really accepted and, you know, trusted and everything else, that what we're doing is the right thing was my real take away.

I was really delighted to know that and it's what I thought in my heart, and it felt like the right thing to do, but to have somebody look at it from externally as well and say, "No, this is what the right process is and keep doing that right process."

And there's some things you can do to enhance that process, but the basic values that we're applying here and the basic process we're applying here is right.

Ben Anderson: Nadia, over to you for final thoughts.

Dr. Nadia Wager: Yeah. Well, for me it was a roller-coaster of a journey doing the evaluation but really, sort of, heart-warming just to see the impact on the clients.

And the level of high regard that the team are held in from people outside. Both with the clients themselves, but also, sort of, people that refer into the service. So, talking to a police officer who just said, his whole way of thinking about this whole concept and the client group has completely changed by working with Elmore.

You know, he couldn't thank them enough. So, for me, that was really, really key. I don't know how to put it; my sadness comes from knowing that it's the fighting for the money to keep going. And I know Elmore have been very lucky in securing some more money for the New Beginnings service, but just seeing the fact that services are squeezed and there's this sense that you should be- the input of clients should be in and out far quicker.

This client group of just been rejected and marginalised constantly throughout their lives. And I think the important role is having somebody and a service that's there that would just be there supporting and constant-

And it means it can't be one of those short-term services. And I've seen this in lots of work that I do, particularly around work with survivors and victims of different serious crimes that services pop up and disappear again because they can't sustain the funding. Where, actually, to do really good, significant

change, they need, sort of, longer term funding and to build relationships.

My fear at the moment is many, sort of, smaller organisations, they're fighting with one another for small pockets of money to keep going, but they're offering all very different services and they're often specialised services where many services will do just one thing, sort of, substance misuse or offering therapy.

The thing that Elmore does is it holds those clients, you know, with the positive regard and the building trust, all things humanness that keeps somebody going. That's not just a short-term thing. You need that to just be sustained in the longer term and to have job security for the staff that are working in those areas.

Otherwise, you're going to lose talented, skilled people. So, they're my final thoughts really on this, was really issues around funding and bringing people together, services together to fight for funding together rather than having to fight between themselves.

Ben Anderson: I'd like to thank you both so much for your time today. Before we go, Nadia, if someone wants to read your report- in fact, Charlotte, instead of an evaluation report, I think I'm going to call it a glowing review from now on.

If someone would like to read the report, where can they find it?

Dr. Nadia Wager: They can find it on Elmore's website. It's there nicely. I've also got it on my Huddersfield Pure website. If you type my name

into Google, you will get access to it, but it's there in its best form on the Elmore website.

Ben Anderson: So that's Elmorecommunityservices.org.uk. Charlotte Dawson from Elmore and Dr. Nadia Wager, thank you ever so much for your time today. It's been a pleasure to meet you.

Dr. Nadia Wager: And you too, thank you.

Charlotte Dawson: Thank you.