Rise & Shine

An evaluation of Elmore's contribution to the Rise & Shine Partnership.

Report commissioned and service co-delivered by:

Elmore
Community Services

Service funded by:

OXFORDSHIRE COUNTY COUNCIL

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Evaluation of Elmore's Contribution to the Rise & Shine Partnership

Financial Years: 2021-22
Service: Rise & Shine

Dr Claire Timlin, March 2023

Foreword

Named Rise & Shine because of the suggestion of a client, the service was set up to support people throughout a time of extremely challenging circumstances which started with the COVID-19 pandemic and continues with the cost-of-living crisis. This report brings a welcome and timely focus on the impact of the service and the importance of preventative and early intervention support, particularly for older people.

Elmore's contribution to the service, delivered in close partnership with Connection Support, has been unique in important respects.

Individuals do not need a formal mental health diagnosis to be accepted, which enables them to receive report promptly, averting a decline in mental health and increase in needs.

By supporting the people aged over 65, Elmore has been filling a gap in service provision as there are no other mental health floating support services for this age group in Oxfordshire. Indeed, 25% of the people supported by Elmore through this service are aged over 60 and 7% are over 65. It has been interesting to see demand from people in their seventies and eighties.

Clients are supported to improve mental wellbeing and enable recovery, build confidence, and improve self-esteem, and provide support around housing, money, benefits, and debt, and this report shows that support is tailored to individual client needs. The intervention of Elmore's Rise & Shine workers has improved the mental health of clients significantly.

For clients who have more than one SWEMWBS score to compare, there is a quantitative improvement in mean scores from the start of a case to its conclusion, from 15.2 to 20.3. To put this in context, only 1.5% of the population have a SWEMWBS score of 15.2 or less, whilst 19.8% would be expected to have a score of 20.3 or less.

This report is a testament to the excellent service delivery and leadership of the team, as well as our partnership with Connection Support. Ending in April 2023, the Rise & Shine partnership has achieved much, and Elmore is excited to be continuing to support older adults and their mental health.

Tom Hayes

Chief Executive of Elmore Community Services

Contents

1   Evaluation scope and headlines

The report evaluates Elmore's contribution to the Rise & Shine project commissioned by Oxfordshire County Council and delivered by Elmore Community Services and Connection Support.

This evaluation seeks to:

1. Understand the types of clients supported by Elmore through this service including:
    a. demographic data
    b. analysis of range of needs
    c. the numbers of clients and duration of cases

2. Assess the main outcomes and impact of Elmore's contribution by:
    a. providing qualitative examples of their impact on the lives of clients
    b. analysing available SWEMWBS data to understand more about the mental health and wellbeing of clients supported by Elmore and assess progress if/where possible.

Elmore's contribution to Rise & Shine has been distinctive in four ways:

1. Elmore's contribution to Rise & Shine has resulted in clients being supported throughout a time of challenging external circumstances which started with the COVID-19 pandemic and continues with the cost-of-living crisis.

2. Individuals do not need a formal mental health diagnosis to be accepted, which enables them to receive report promptly, averting a decline in mental health and increase in needs.

3. By supporting the people aged over 65, Elmore has been filling a gap in service provision as there are no other mental health floating support services for this age group in Oxfordshire. Indeed, 25% of the people supported by Elmore through this service are aged over 60 and 7% are over 65.

4. Clients are supported to improve mental wellbeing and enable recovery, build confidence, and improve self-esteem, and provide support around housing, money, benefits, and debt, and this report shows that support is tailored to individual client needs. The intervention of Elmore's Rise & Shine workers has improved the mental health of clients significantly.

    a. For clients who have more than one SWEMWBS score to compare, there is a quantitative improvement in mean scores from the start of a case to its conclusion, from 15.2 to 20.3.
    b. To put this in context, only 1.5% of the population have a SWEMWBS score of 15.2 or less, whilst 19.8% would be expected to have a score of 20.3 or less.

5. As part of this evaluation, Elmore has improved its data systems by ensuring assessment information gets entered digitally into a Salesforce form, rather than via an uploaded pdf. Managers of the service have redesigned forms and fields to ensure the most relevant pieces of data are inputted into the most relevant forms.

1.1   Elmore Community Services

Elmore is a Thames Valley provider of mental health, complex needs, domestic abuse (perpetrators and victims-survivors), high intensity need, and personality disorder services. Founded in 1989 with the mission

of supporting citizens deemed "difficult to place" because they were living on the margins of society, Elmore uses a creative, flexible approach to innovate solutions.

Clients will have multiple support needs which may involve mental ill health, personality disorder, rough sleeping, tenancy insecurity, homelessness, substance, and alcohol misuse, eating disorders, self-harm, offending, physical disability, learning difficulties, modern slavery, domestic abuse, sexual violence, sex working, or experience of abuse, victimisation, and neglect.

Elmore's strength lies in its expert, cohesive staff. Empathic, knowledgeable individuals are recruited and embedded within open and supportive teams. Client support will be underpinned by strong values and great importance is placed on the recruitment of people with congruent values and practice.

The team exchanges knowledge frequently and easily. Elmore has a culture which prioritises the needs of the clients and staff over individual egos, and the team preserves the culture that no question is too small or naïve to be put to the group. Relevant help swiftly follows.

Clients have chaotic lives and distrust statutory agencies. Elmore has an essential role, building trust, creating and maintaining engagement, supporting people to meet their needs. Elmore's ethos of non-judgemental, unconditional positive regard enables clients to trust and engage with help and advice.

1.2   Rise & Shine

Rise & Shine was set up in January 2021 to support people whose mental health had been negatively affected by COVID-19. This service was funded by Oxfordshire County Council and jointly delivered by Elmore Community Services and Connection Support, both founding members of the Oxfordshire Mental Health Partnership (OMHP), the Oxfordshire Homelessness Alliance (OHA), and the Family Solutions Plus (FSP) Mental Health service.

Although the service does not support people based on a mental health cluster number, it was set up to support people with less complex mental health issues. As such the only service is the only one in Oxfordshire to be offering mental health floating support to clusters 0-3.

The service is available to anyone aged 18+ in Oxfordshire whose mental health has been negatively impacted by COVID-19. Elmore's Rise & Shine workers support clients across a range of ages (Figure 1). The youngest are adults in their mid-twenties, the oldest are adults in their 80s. The largest age group is 40-49 (28%), followed by 30-39 (21%) and 20-29 (16 %). The average age is 45.2 years.

By supporting the people aged over 65, Elmore is filling a gap in service provision for this age group in Oxfordshire. Indeed, 7% of the people supported by Elmore through this service are aged over 65.

Anyone aged up to 65 in Oxfordshire, registered with a GP, and having severe and enduring mental health needs is eligible for support on the mental health and complex needs floating support services delivered as part of the Oxfordshire Mental Health Partnership.

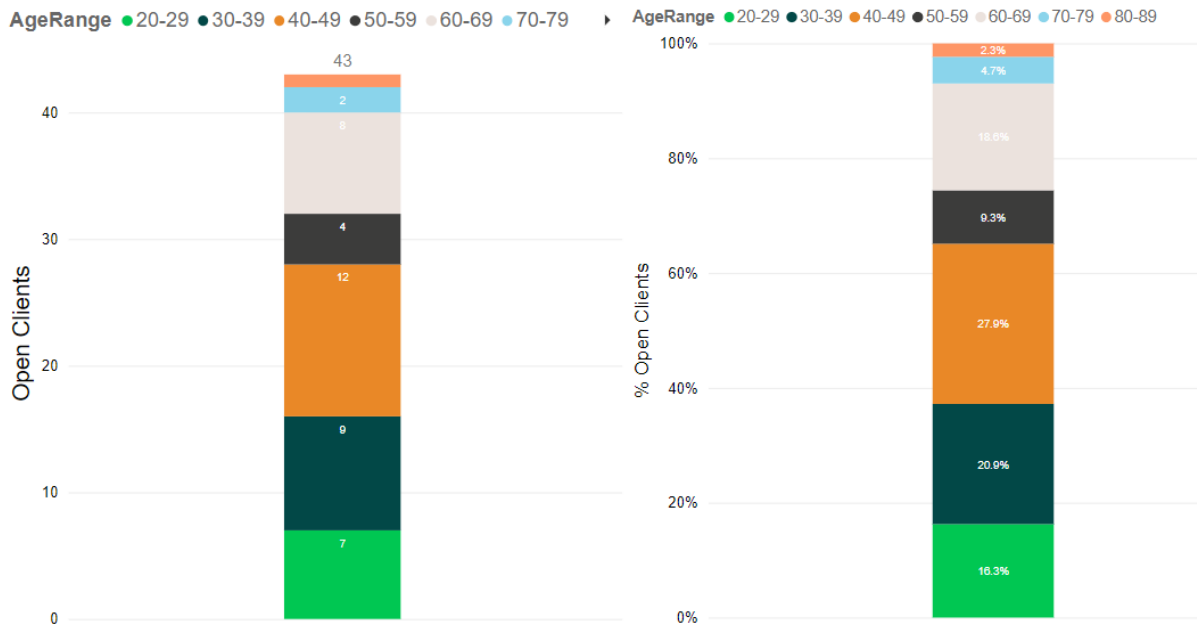It has been interesting to see demand from people in their seventies and eighties.

Figure 1 Clients in each age range for Rise & Shine. Number of clients (left) and percentage (right).
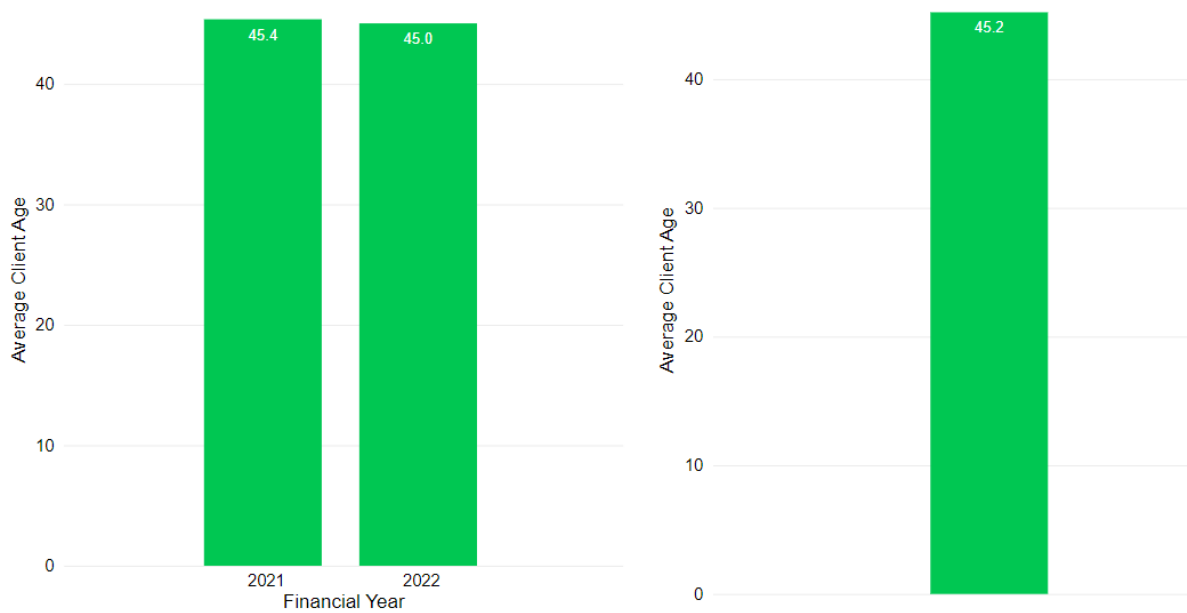

Figure 2 Average age of Rise & Shine clients by year (left) and all years (right).

Rise & Shine provides clients with brief intervention for a period of up to six months. Clients can be allocated a support worker from either organisation. The average duration of Rise & Shine closed cases is 4.8 months with intervention ending in 33% of cases by 3 months and 74% by 6 months (Figure 3). The longest case was 8.9 months. Sometimes this was because a client would put their intervention on hold (for example, finding new employment so could not engage as before) and this meant that they were open for longer while still receiving six months of active support. Sometimes there was a need to complete an outstanding piece of work (for example, completing a PIP assessment or supporting a court case that had been rescheduled).
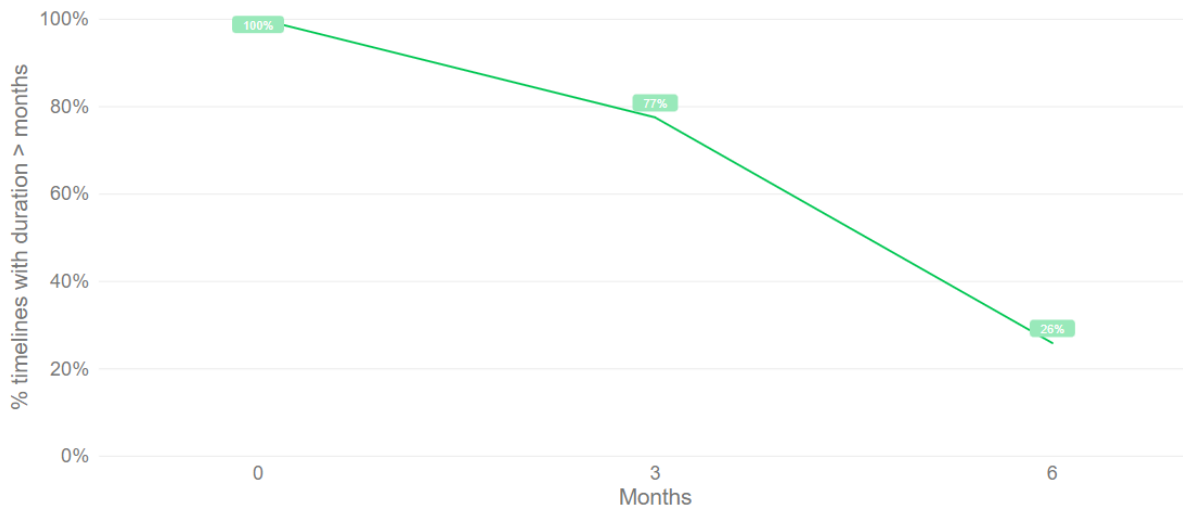
Figure 3 Duration of Rise & Shine closed cases: % of closed timelines with a duration greater than the month on the x-axis.

Elmore's Rise & Shine workers support a larger proportion of females than males (60% v 40%). Since Rise & Shine started, Elmore has supported 21 females, 15 males, and 8 clients with undisclosed gender (Figure 4). It is not certain why the service supports more female clients than male clients. Reasons may include the evidenced propensity of females to seek help and the increased rates of mental health diagnoses amoung females, particularly for personality disorder (1).
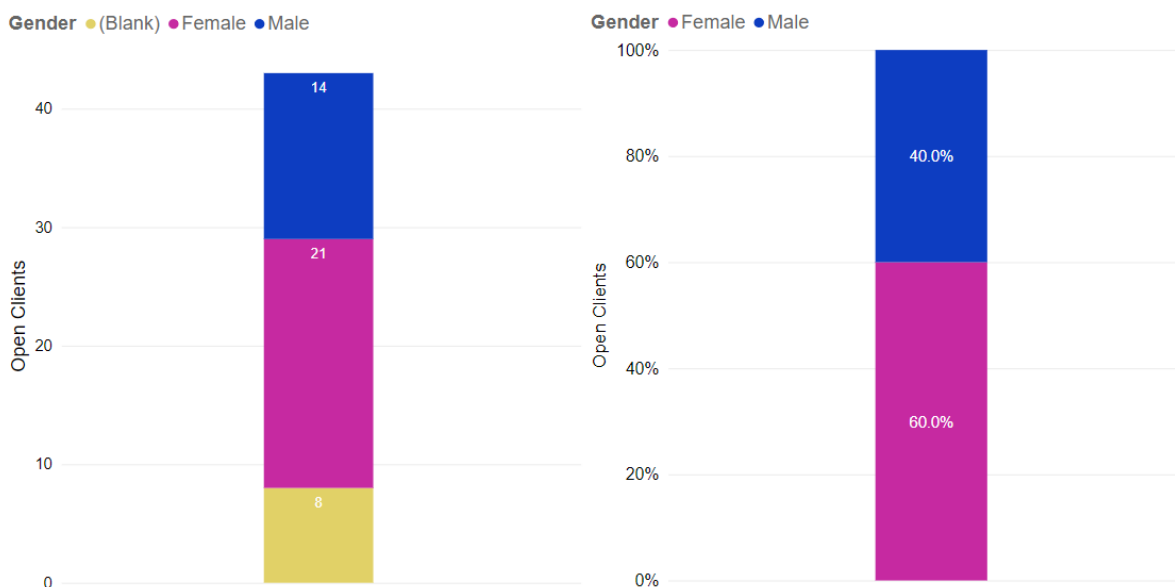

Figure 4 Number and percentage of clients identifying as male or female by financial year for Elmore's Rise & Shine workers.

Rise & Shine supports clients in Oxfordshire (Figure 5). The majority of Rise & Shine clients supported by Elmore are based in Oxford (50%), mainly in the OX4 and OX3 post districts. After Oxford, Witney (14%) and Abingdon (11%) are the next most common locations (Figure 6). The furthest away clients come from is Banbury to the North, Didcot to the South, Carterton and Faringdon to the west and south-west, and Walligford to the south east.
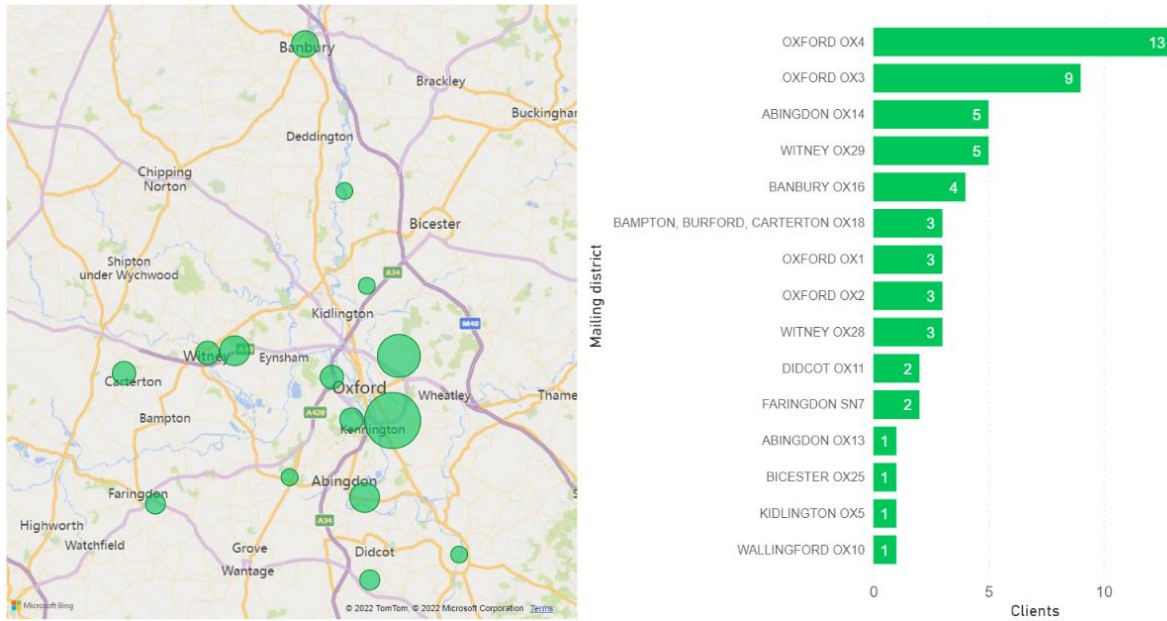
Figure 5 Client location map for Rise & Shine service. The larger the bubble, the more clients reside at that postcode.
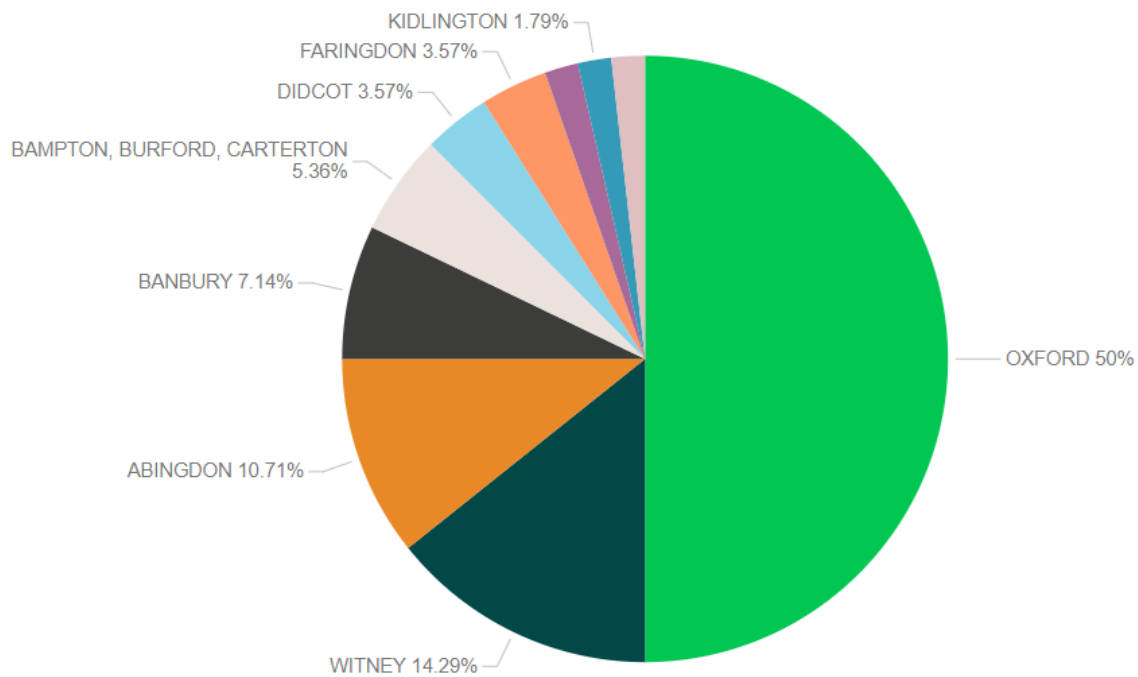

Figure 6 Percentage of Rise & Shine clients in each post district.

Of the clients who disclosed ethnicity, the majority (74%) are White British and another 3% are Other White (Table 1). Compared to the 2011 Census data for Oxfordshire, the most notable difference is that 12% of Elmore's Rise & Shine clients are Mixed White and Black Caribbean, which is 10.6% higher than the Census. The percentage of clients who identify as White is the same proportion of the Elmore cohort as the Census data.

Ethnicity	2011 Census Oxford %	Elmore Clients %	Difference ▲
Mixed White and Black Caribbean	1.1%	11.8%	-10.6%
White British	63.6%	73.5%	-9.9%
Irish	1.6%	5.9%	-4.3%
Other Black	0.5%	2.9%	-2.5%
Black African	2.9%	2.9%	-0.0%
Gypsy/Irish Traveller	0.1%		0.1%
Mixed White and Black African	0.5%		0.5%
Arab	0.6%		0.6%
Other ethnic group	0.7%		0.7%
Other Mixed	1.1%		1.1%
Bangladeshi	1.2%		1.2%
Black Caribbean	1.2%		1.2%
Mixed White and Asian	1.3%		1.3%
Chinese	2.3%		2.3%
Other Asian	2.8%		2.8%
Indian	2.9%		2.9%
Pakistani	3.2%		3.2%
Other White	12.4%	2.9%	9.4%

The support Elmore provides to clients supported by Rise & Shine includes:

- Improving mental wellbeing and enabling recovery
- Building client confidence and improving self-esteem
- Providing support around housing, money, benefits, or debt
- Providing support and tools to enable clients to build links within your community to prevent isolation and loneliness
- Acting as an advocate to ensure clients' voices are heard
- Providing information and assistance to enable clients to be a part of their local communities, including employment, education, volunteering, and training opportunities
- Working with clients to help them learn or improve practical life skills
- Supporting clients to make positive, healthy choices about lifestyle such as exercise, healthy eating, stopping smoking and to attend physical health appointments
- Supporting clients at court hearings, assessments, and tribunals

Since Rise & Shine began, there have been 209 referrals. Of these, a total of 80 have been declined and 25 are currently awaiting assessment by either Elmore or Connection Support. 10 are on a waiting list. 94 clients have been supported, 68 of which have already been closed.

Since Rise & Shine began, the total number referrals allocated to or investigated by Elmore was 81, with 43 cases opened, and 31 cases closed (Figure 7). This number of open cases equates to 8% of Elmore clients in financial years 2021/22 and 2022/23. Since February 2022, Elmore was supporting an average of 18 clients at any time. The client numbers v time are in Figure 8.
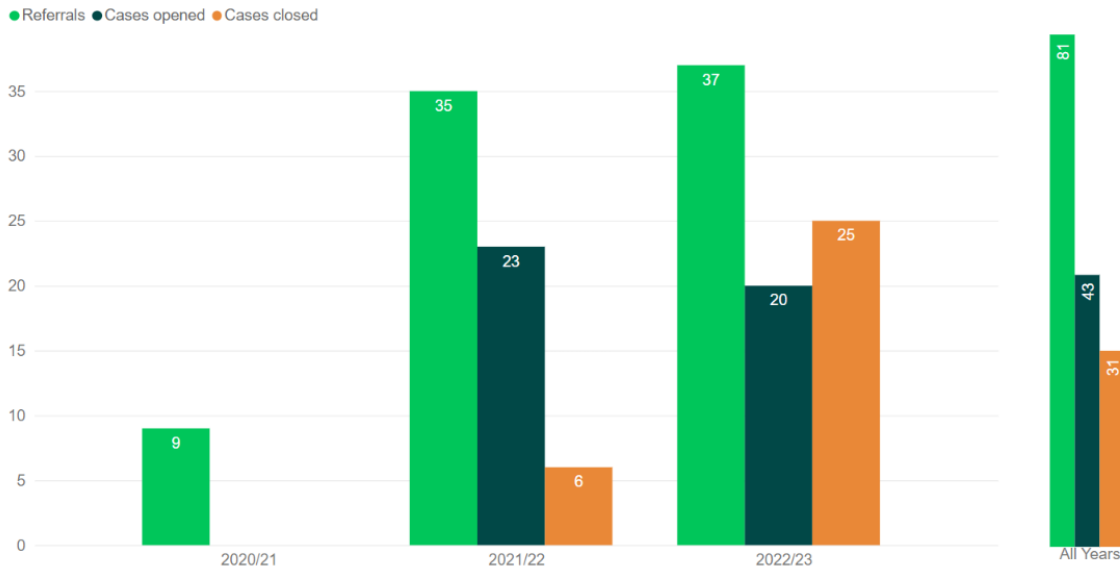
Figure 7 Referrals, cases opened and closed by Elmore's Rise & Shine workers.
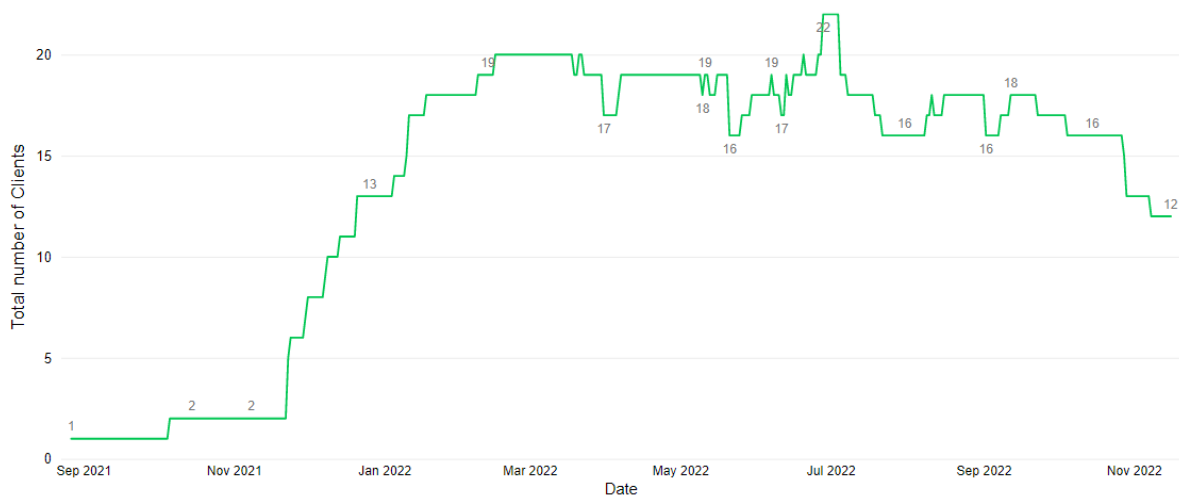

Figure 8 Client numbers v time – Rise & Shine service.

Referrals to the Rise & Shine service which were allocated to or investigated by Elmore, come from a range of sources (Figure 9). The largest referral source is self-referred (25 out of 81) using Elmore's website. Since this self-refer button was removed because of insufficient capacity (although the option to self-refer remains), the referral rate has fallen. Were this service to have been staffed sufficiently (staffing reduced from 2FTE to 1.4FTE in September 2022), it is clear this self-refer online button was an effective way of reaching people and empowering them to get support. The next most common referrals came from AMHT and Family Solutions Plus.
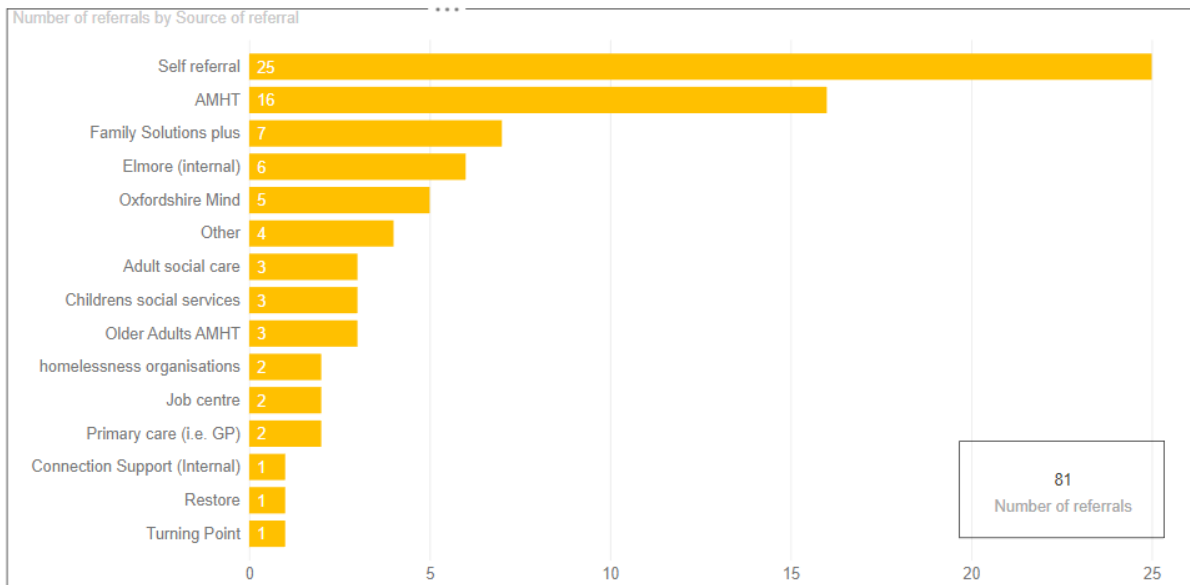
Figure 9 Number of referrals by referral source – Elmore's Rise & Shine workers.

Figure 10 shows the referral sources for referrals accepted by Elmore. Most were self-referred with other significant proportions coming from AMHT, community mental health services, Primary Care Project, the Oxfordshire Mental Health Partnership, and the local authority.

Figure 10 Referral sources – Rise & Shine service

1.3 Client needs

Figure 11 shows how the main presenting need for all referrals to Rise & Shine has evolved with time. Social inclusion needs were highest in Q4 of 21/22 and Q1 of 22/23. This did not correlate with the time of the national lockdowns as may have been expected. It is possible that social inclusion has become more of a need once lockdowns ended, but clients did not feel able to get back to normal life and felt excluded. Mental health issues are consistently the highest, or joint highest, presenting need across all quarters.
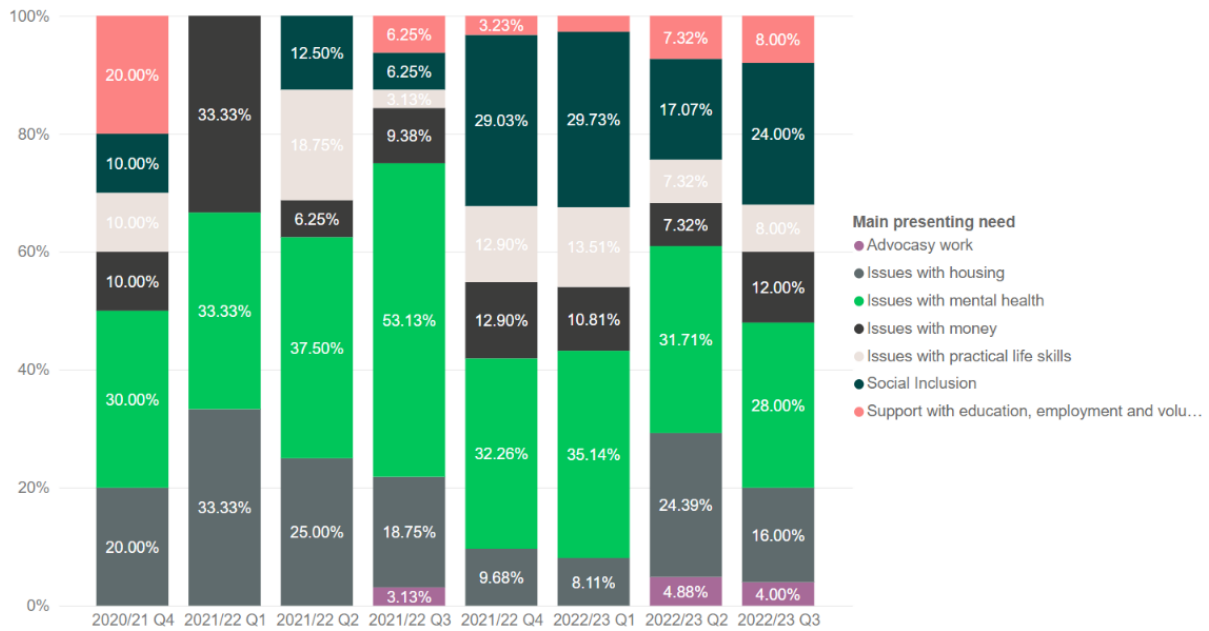
Figure 11 The main presenting need for all Rise & Shine referrals by the quarter in which they were referred.

1.3.1 Impact of COVID-19

The impact of COVID-19 has been recorded for the majority of Elmore's Rise & Shine clients.

In total, 38% said the impact was major or severe, 23 % said it was moderate and 40% said it was minor or none. This data is presented as a function of referral date in Figure 12.

The more recently clients were assessed, the more severe the impact of COVID-19, with 73% of clients reporting a severe or major impact of COVID-19 in the most recent quarter. It is unsurprising that the knock-on effects of the cost-of-living crisis (to which COVID-19 has contributed), ongoing long-COVID and mental health issues arising from fear and isolation are only increasing with time.

Elmore workers report increased levels of isolation caused by lockdowns exacerbating existing mental health issues, particularly anxiety; difficulties around most services moving to an online model for a period of time leading to people not getting the support they needed due to changes in service provision; difficulties arising from the avoidance of GP/health services which has made physical health issues worse; and a financial impact on an already financially insecure client group.
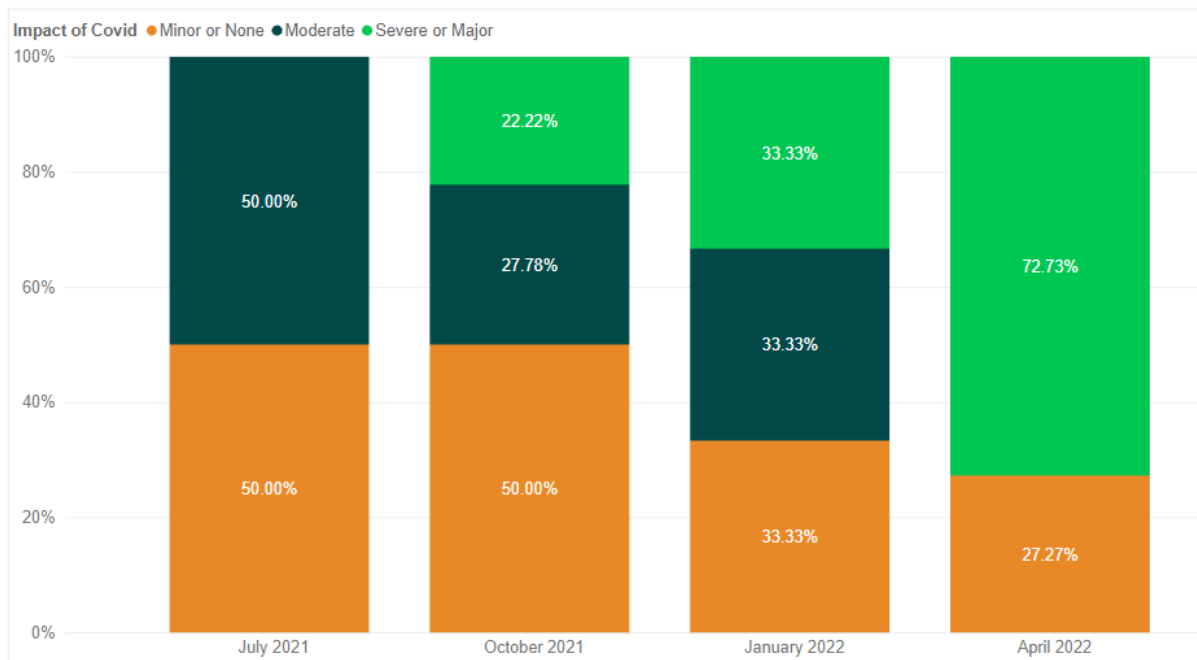
Figure 12 Percentage impact of COVID for quarters starting with the month on the x-axis.

1.3.2   Mental health diagnoses

77% of Rise & Shine clients have a mental health diagnosis. Some clients have as many as 5 mental health diagnoses, with the mean value being 1.52.

The most common mental health diagnosis for Rise & Shine clients is depression, with a half of clients having this diagnosis, closely followed by anxiety disorder (41%). Other diagnoses include personality disorder, PTSD, ADHD, Bipolar disorder, OCD, Phobias, Asperger's, Autism, Paranoia and Schizophrenia (Figure 13 and Figure 14). The service was originally set up for people with less complex needs but, in reality, Elmore has been working with a lot of complexity.
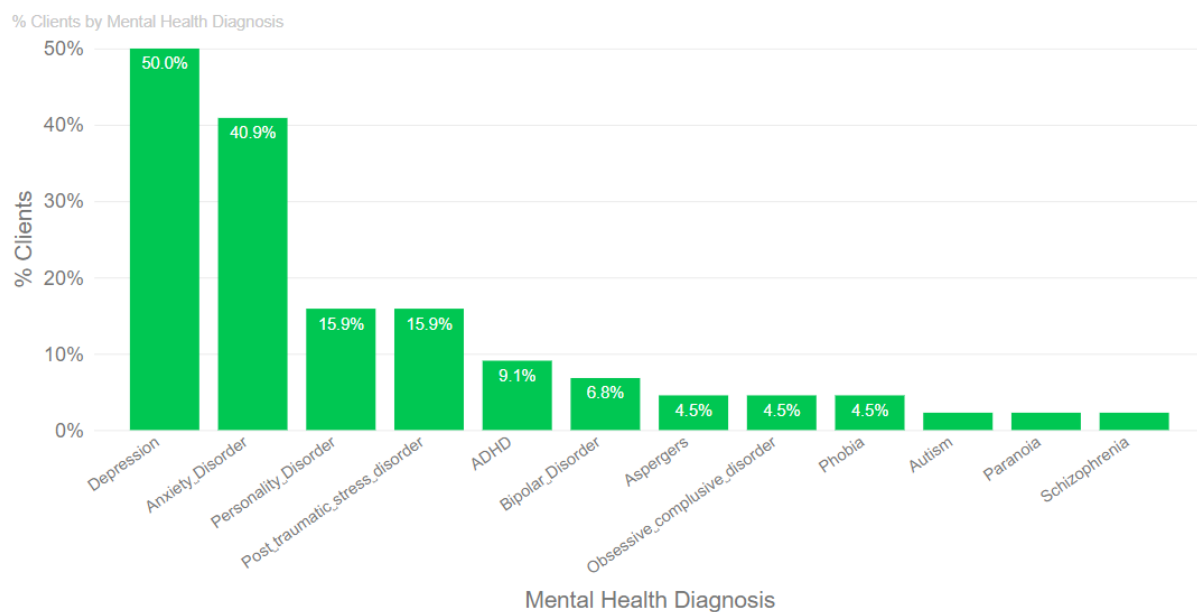

Figure 13 Percentage of Rise & Shine clients by mental health diagnosis.

Figure 14 Mental health diagnoses in Rise & Shine clients.

1.3.2.1   Other needs

Elmore's Rise & Shine clients have a range of other needs. 85% have issues with eating or sleeping, 59% with housing, money, or debt and 52% with their occupation. 76% of clients have issues with physical health and 65% smoke or misuse substances or alcohol.

The main reasons for referral to Rise & Shine are issues with mental health and mental illness, with isolation and housing money issues also featuring highly (Figure 15).

Figure 15 Reasons for referral for Rise & Shine clients.

Elmore's Rise & Shine workers record sub-reasons for referral. When combined with the main reason, it is clear the service is supporting clients with a wide range of needs (Figure 16 and Figure 17). The top reason is mental health (38% of clients) closely followed by issues with money, benefits, and debt (30%) and isolation (28%). Some clients require support with practical life skills and housing.
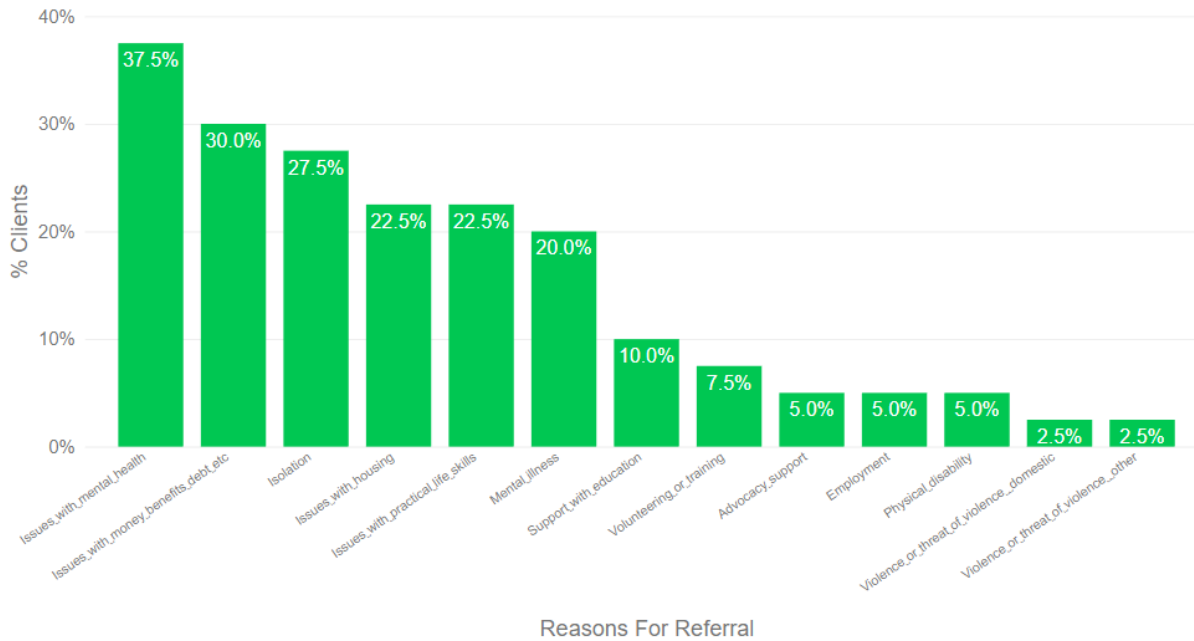
Figure 16 Percentage of clients by reason for referral.

Figure 17 Main and sub reasons for referral for Rise & Shine clients.

2   Rise & Shine client outcomes

2.1   Client Contacts

The number of actions, which are communications made with or on behalf of clients, is shown in Figure 18. In total, nearly 2000 actions were performed during the running of Rise & Shine, this equates to about 46 actions per client, 10 of which were one-to-one meetings with the client (in person or via video). When Rise & Shine was in steady state (December 21 to August 22), nearly 170 actions a month were performed, 38 of which were one-to-one client meetings. Phone calls were the most common action, at 28% of all actions, one-to-one meetings were the next most common at 21%. Text and email are also common communication types, constituting 18 % and 16 % of actions respectively (Figure 19).
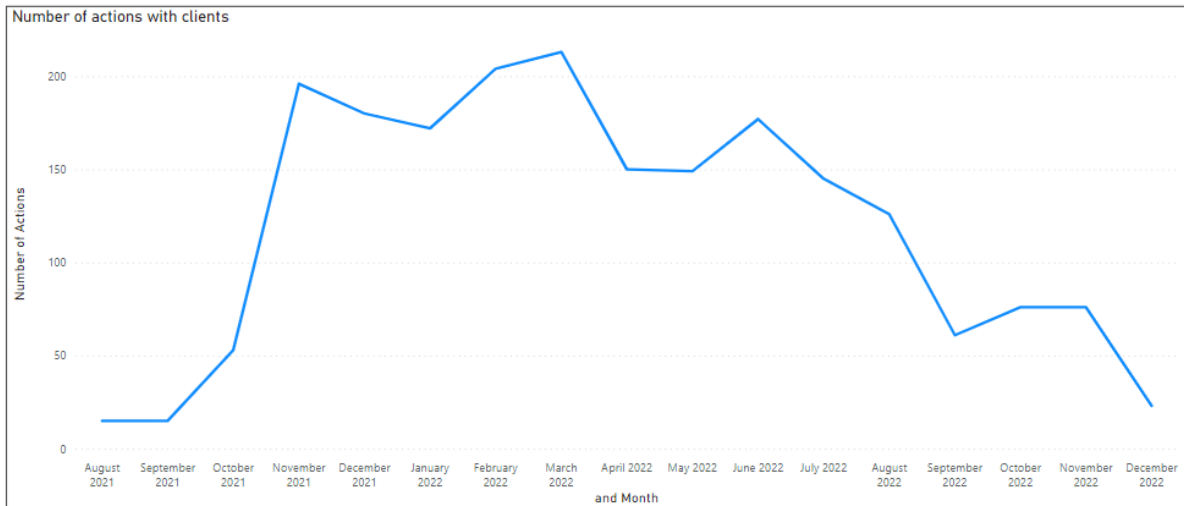
Figure 18 The total number of actions with, or on behalf of, clients by month.
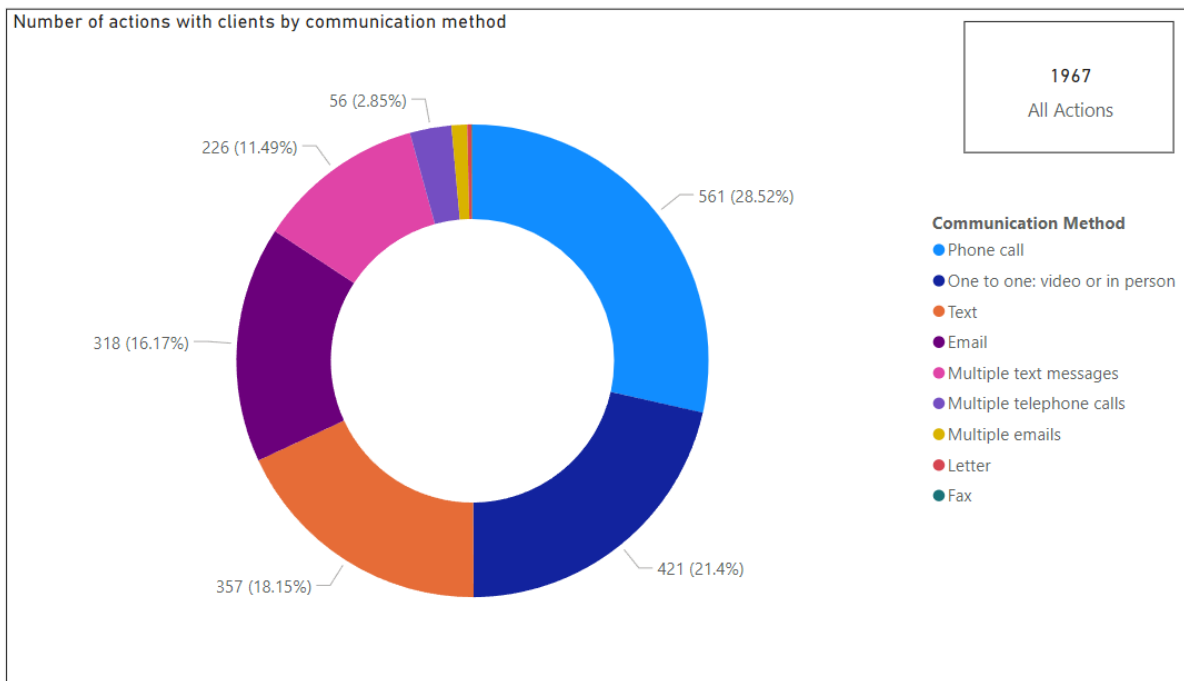

Figure 19 The percentage of actions in each communication method category.

The percentage of actions in each category, for the five main methods of communication (phone call, one-to-one, text, email and multiple texts), by month, is shown in Figure 20. Apart from the first and most recent months, the percentage of phone calls and total texts is relatively stable. As the service ramped up, and clients were opened, the one-to-one meetings increased, with a corresponding decrease in email.
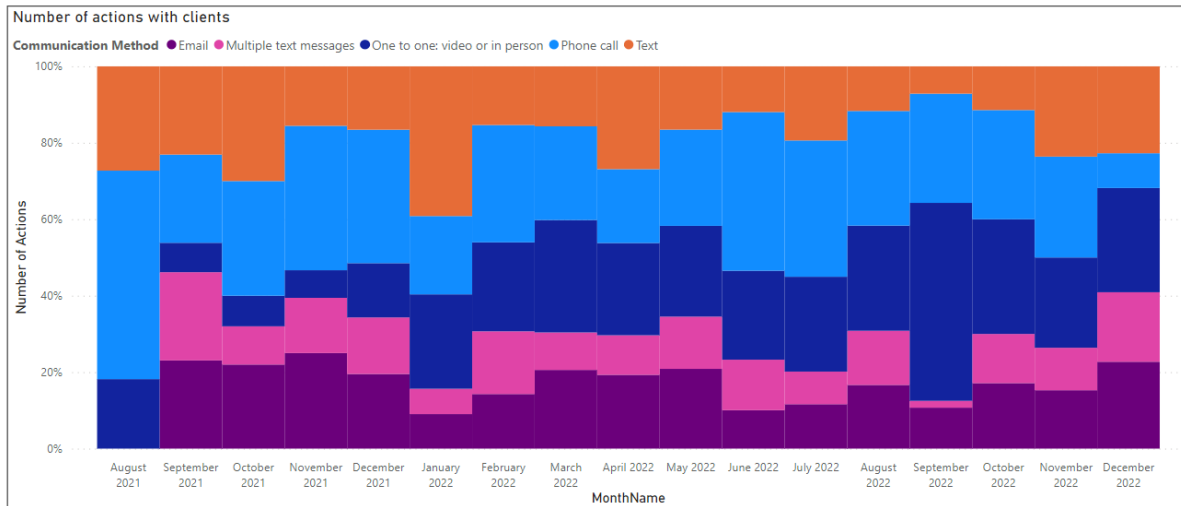
Figure 20 The percentage of actions in each communication method category, for the four main communication types, by month.

2.2 Interventions and Signpostings

From January 2022, information was attached to each action concerning the type of intervention received, during that communication. If clients were signposted to other organisations this was also flagged. This is important information in quantifying the impact that the Rise & Shine Service has had on the lives of clients in the daily interactions with their support worker.

2.2.1 Interventions

Since January 2022, were a total of 1167 interventions, an average of 26 per client, were recorded (Figure 21). During the months of December 21 to August 22 inclusive, the monthly mean interventions was 118.
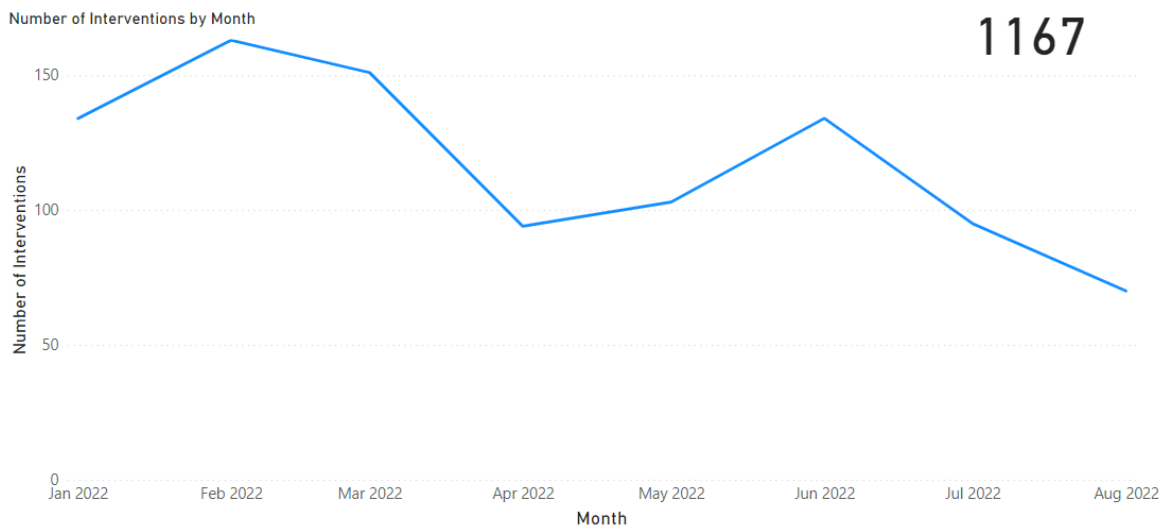

Figure 21 The number of interventions recorded since January 2022 by month.

Mental health and recovery work was the category with the largest percentage of interventions by far (34%). Following this was housing (12 %), money (10%) and advocacy (9%) (Figure 22).

Interventions
- Mental Health & Recovery work
- Support with housing-related issues
- Support with money issues (Benefits/debt)
- Advocacy support
- Social inclusion/reducing isolation work
- Support to engage with employment, education or ...
- Other
- Support relating to children & family
- Support with practical life skills
- Support with physical health issues & healthy lifestyle
- Support relating to domestic abuse
- Support with legal issues
- Support with bereavement
- Drug and Alcohol support
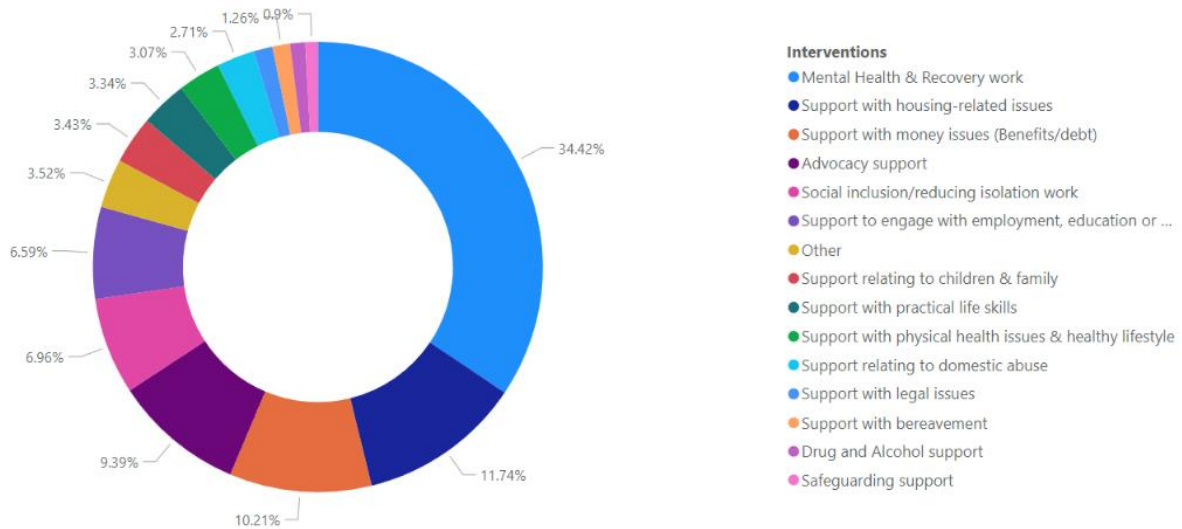- Safeguarding support

Figure 22 The percentage of interventions in each category since January 2022.

2.2.2   Signpostings

Since January 2022, were a total of 213 signpostings and average of 5 per client (Figure 23). During the months of December 21 to August 22 inclusive, the monthly mean signpostings was 18.

Signposting to other organisations that can support clients and facilitating the initial connections is especially important in brief intervention, so clients can continue receiving the support they need.
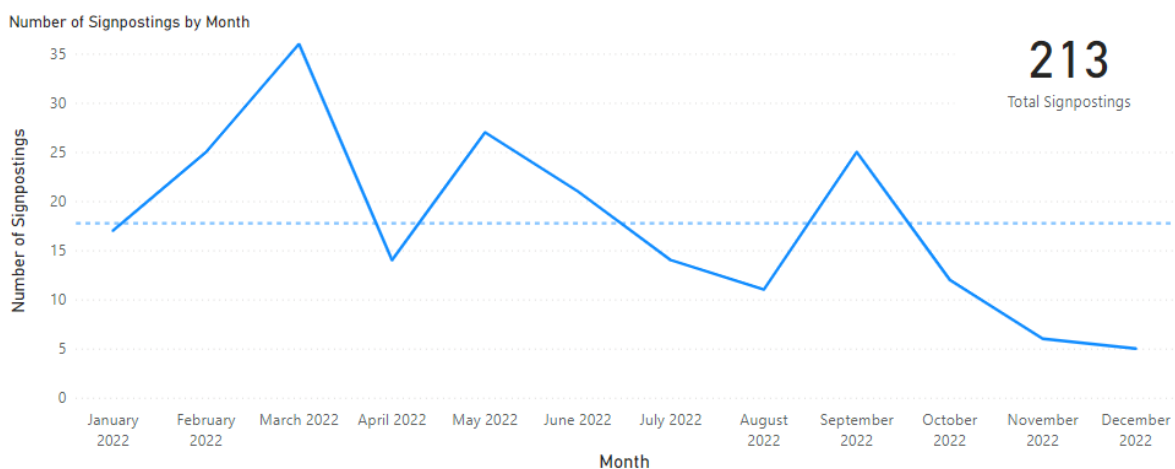

Figure 23 The number of signpostings recorded since January 2022 by month.

Mental health support services was the category with the largest percentage of signpostings by far (32%). Following this was benefits/financial support services (16%) and education/employment/ training / volunteering (14%) (Figure 24).
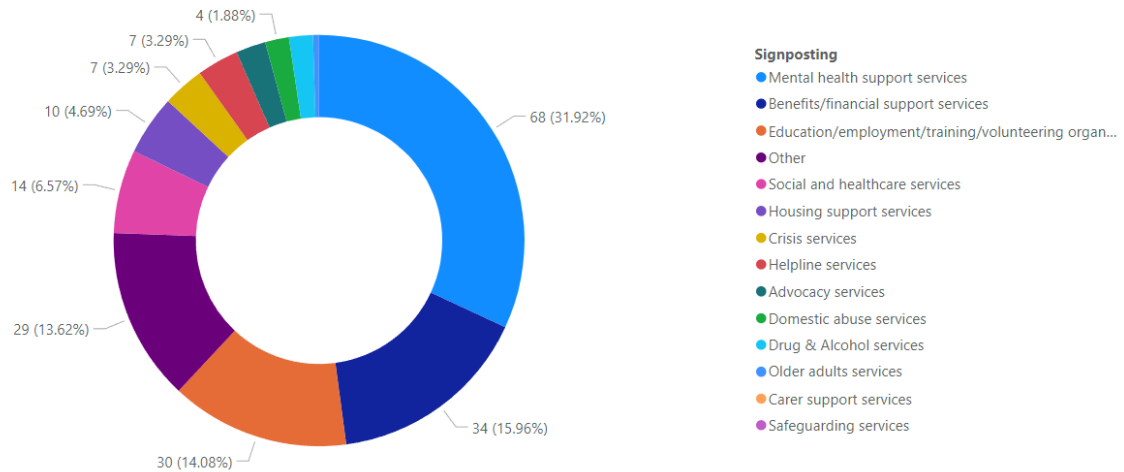
Signposting
- Mental health support services
- Benefits/financial support services
- Education/employment/training/volunteering organ...
- Other
- Social and healthcare services
- Housing support services
- Crisis services
- Helpline services
- Advocacy services
- Domestic abuse services
- Drug & Alcohol services
- Older adults services
- Carer support services
- Safeguarding services

Figure 24 The percentage of signpostings in each category since January 2022

2.3   The Warwick-Edinburgh Mental Wellbeing Scales

Elmore's Rise & Shine workers assess clients' mental health needs using a shortened version of the Warwick-Edinburgh Mental Wellbeing Scales (SWEMWBS). SWEMWBS scores have been shown to give good agreement with half WEMWBS scores (2), especially in the score region that most Elmore clients occupy. As SWEMWBS are shorter to complete, this makes them a sensible choice.

The SWEMWBS mental health wellbeing questionnaire covers 7 areas: dealing with problems, feeling closer to others, feeling relaxed, feeling useful, making up one's own mind, optimism, and thinking clearly. Each question is scored from 1 to 5, depending on how frequently someone feels like they are achieving in each category. Hence the minimum total score is 7 and the maximum is 35. Higher scores are indicative of higher positive mental wellbeing (3)

The mean first SWEMWBS score for Elmore's Rise & Shine clients was 16.6, 16.5 for female clients and 17.0 for male clients (Figure 25). This is below the national mean of 23.61 (4), such that only 3.7% of the general population are expected to have a score this low. The min first SWEMWBS score was 9, which is only 2 higher than the minimum possible score of 7. The highest first SWEMWBS score was 23, which is just below the national mean and well below the maximum of 35.
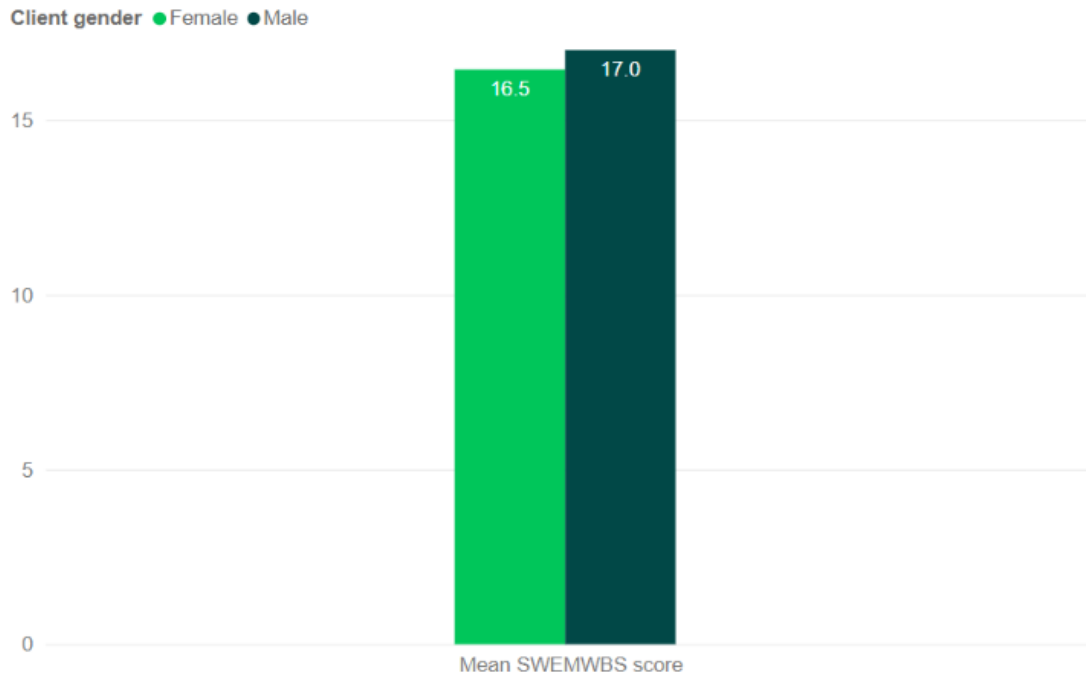
Figure 25 Mean SWEMWBS score for Rise & Shine clients split by client gender.

Figure 26 shows the percentage of clients giving each SWEMWBS response by category. The most common responses to questions are "rarely" and "some of the time". It was rare for clients to answer "often" or "all of the time", the highest scoring responses (4 and 5 per question respectively). Figure 20 shows the mean SWEMWBS score for each category. The highest scores are seen in the ability to make up one's mind, thinking clearly and optimism. The lowest score is feeling useful.
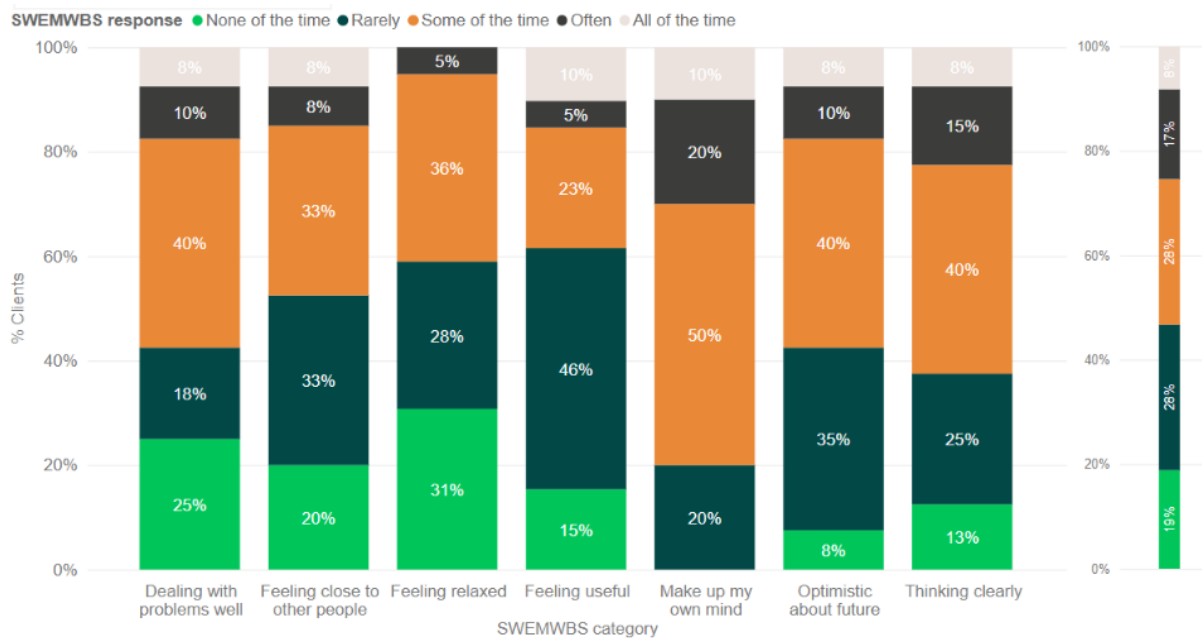

Figure 26 The percentage of clients giving each SWEMWBS response by category.
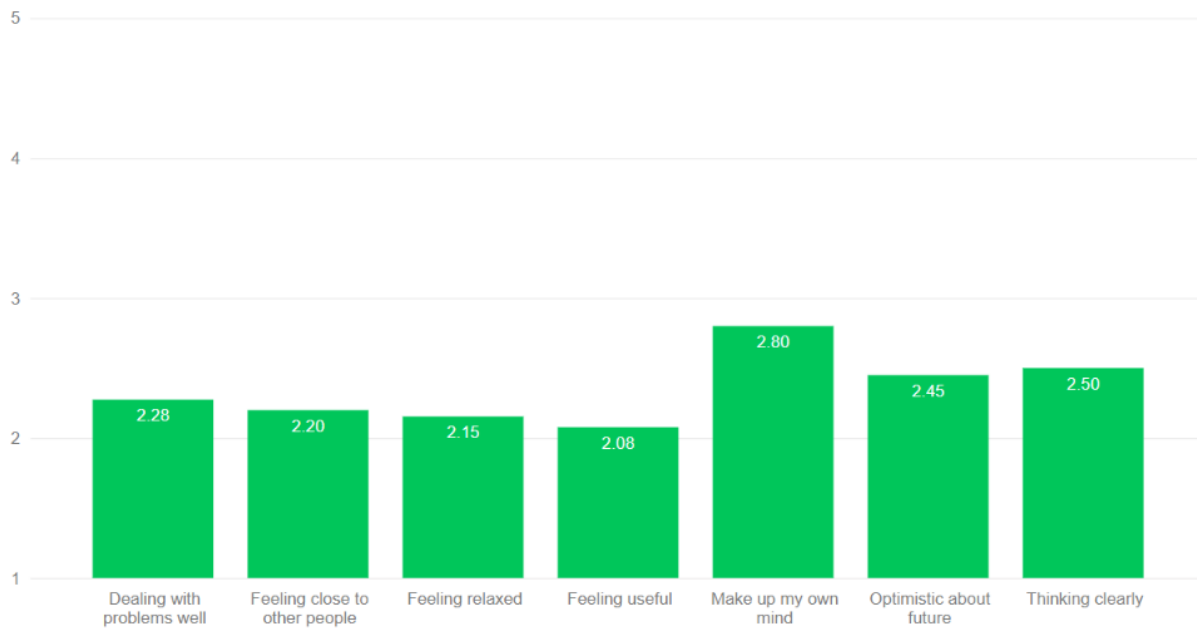
Figure 27 The mean SWEMWBS score for each category for Elmore's rise & shine clients.

2.3.1 First and last SWEMWBS score comparison

A sample of Elmore's Rise & Shine clients had more than one SWEMWBS score calculated during their support with Elmore. The first one is usually conducted a little before the case starts and the last one on, or just after, the case end date. For these clients, their first and last SWEMWBS were compared. A marked improvement in SWEMWBS scores, in all categories, was measured between the mean of their first questionnaire and the mean of their last one. The mean SWEMWBS score for these clients was 15.2 for their first measurement and 20.3 for their second. The minimum went from 9 to 15 and the maximum went from 18 to 25 (Figure 28).

The overal percentage increase was 39.9%, with feeling close to people and feeling relaxed having the largest percentage increases (both 50%) - as the service was set up to support with people affected by the pandemic feeling close to others again, this is a useful insight. The lowest percentage increase was in making up one's own mind, which was the highest category to begin with. Figure 21 shows the improvement in scores from first to last SWEMWBS, for clients who have two or more scores.
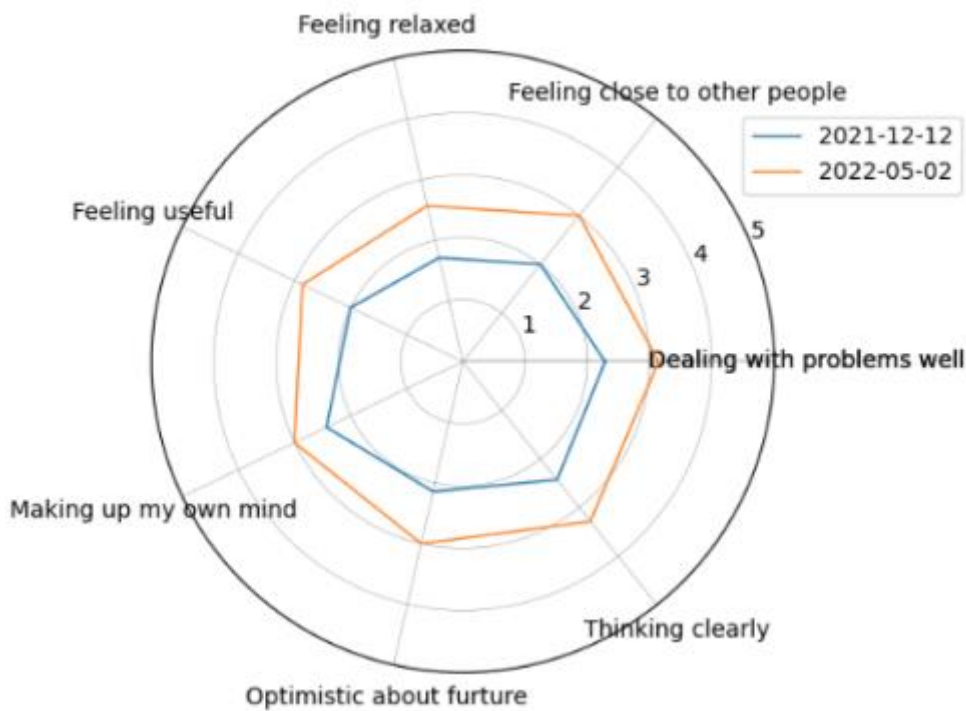
Figure 28 Radar plot showing the change in SWEMWBS scores between first and last score, for Elmore's Rise & Shine clients that had 2 or more SWEMWBS. The inner start is the first scores, and the outer is the last. The dates are the mean first and last score dates.

2.4   Reasons for case closure

Elmore's Rise & Shine workers have a good record of successfully closing cases, with only 14% being closed due to lack of engagement. Clients can be referred to other Elmore services or partner services. The largest reason for closure is "support in place" (23%). The next largest is "moved out of area", the next categories are "Elmore transfer", "Transfer to other OMHP partner" with only 14 % disengaged (Figure 29).
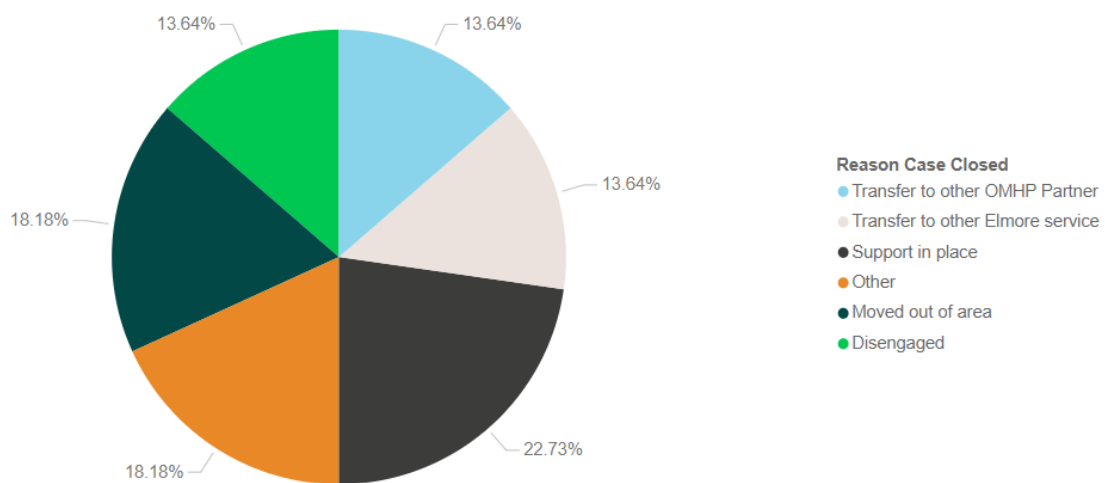

Figure 29 Percentage of cases closed by reason for closure– Rise & Shine service.

3 Human impact of Rise & Shine service

Elmore has been developing new ways to understand and evaluate the change that it makes. Data has an important role to play, and Elmore has created new and better ways to collect, store, and analyse numbers. Elmore has also sought to get a truer picture of impact by collecting and sharing case studies, written by caseworkers, and stories, told by clients using a Storytelling methodology in which caseworkers have been trained.

A case study has been selected to highlight the mix of approaches and show the diversity of needs and caseworker support. The case study has been very slightly changed and anonymised to protect the identity of the client.

3.1.1 Case Study: David

David was referred to Rise & Shine by a Children's Social Worker. He is a carer for an autistic family member who had just moved into a residential property before accessing Elmore's support. David had difficult leaving his home and social anxiety, triggered by problematic neighbours, and his initial goals centred on building up confidence to visit the local shops, possibly doing some exercise, and volunteering in the hopes of gaining a job in the future.

Elmore has worked effectively with David with weekly appointments. Although David would cancel his first weekly appointments for various reasons, after prompting, he felt comfortable saying that anxiety about leaving the house had prompted the cancellations. David and Elmore workers agreed to hold their appointments over Zoom, and this helped to develop a good relationship which each other. After a few weeks of online anxiety management and psychoeducation, David was ready to meet staff in-person.

David has been supported to access Talking Therapy and complete the self-referral and Elmore has supported David with emotional support around anxiety and stress caused by his caring role. David was encouraged to get an autism assessment, something he had wanted to do for a while but not felt able to do alone. Elmore also supported David to write a CV to apply for jobs and move to a new property away from problematic neighbours.

David has become more resilient to setbacks and more confident in leaving his house and contacting other services and professionals. Initial plans to do slow, graded exposure became less necessary as David completed psychoeducation around anxiety. Although, sometimes, he still needs staff to meet him at his home if he is having an anxious day, on several occasions he has left his house alone and walked 10 minutes to meet Elmore workers.

Elmore continues to support David to manage anxiety around moving into his new home, support with the move, and buy and sell household items. David has described his Elmore worker as "The best! Extremely helpful, good listener, approachable, reliable, have helped me out lots."

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<div align="right">Dr Claire Timlin</div>

5 References

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