

An evaluation of Elmore's Complex Needs and Mental Health Floating Support Services

Including a cost-effectiveness analysis

Report
commissioned by



Services commissioned through
and in partnership with



An evaluation of Elmore's Complex Needs and Mental Health Floating Support Services, including a cost-effectiveness analysis

Financial Years: **2016/17 – 2020/21**
Complex Needs (CN) and Mental Health (MH) Floating Support

Dr Claire Timlin and **Dr Tony Hancy**

February 2022

Foreword

“This evaluation has been produced to better understand the clients who work with Elmore’s complex needs and mental health floating support services, delivered as part of the Oxfordshire Mental Health Partnership, and to highlight Elmore’s impact on their lives. There are many essential contributors who we would like to acknowledge.

Thanks to:

- Elmore’s Chief Executive Tom Hayes for entrusting this work to us. We hope we have done it justice. Also, for providing data and insight and for setting up introductions with other experts that contributed to this work.
- An Elmore caseworker Maron Ehata for providing access to videos of interviews with a client case who is studied in Section 7: Human impact of Elmore’s intervention. The interview with Maron has led to a much greater appreciation of the changes the client/Elmore worker relationship can affect.
- The Elmore client, case studied in Section 7: Human impact of Elmore’s intervention, who openly and honestly shared their story.
- Imogen Blood and Sarah Chalmers-Page of Imogen Blood & Associates for discussions about the cost-effectiveness analysis, especially about the development of the no intervention scenarios.
- Elmore’s complex needs and mental health floating support Service Manager Charlotte Dawson for answering endless questions about Elmore’s client work, team ethos and systems, and for encouraging everyone to be better, always.
- Elmore’s complex needs and mental health floating support Team Manager Adrian Childs for answering database-related questions which enabled integration of the old and new data systems run by Elmore. Without this data merger a 5-year study could not have been reliably performed.

This evaluation has highlighted that Elmore’s complex needs and mental health floating support services are serving a diverse client base that would otherwise fall between the gaps of mainstream services. Elmore’s ethos of unconditional positive regard paves the way for clients to put their lives on a different trajectory as summed up by a client in their own words:

“With Elmore, when I first got involved with them, I could actually speak in the open and that was a big help. They learned [about me] over time. I was feeling very much on my own most of the time until I met [my Elmore support worker].”

It is hopefully a given that society should provide for those in need, most of whom are disadvantaged and disenfranchised. The human impact of finding secure accommodation, improving mental health and physical health, finding work, and facilitating fulfilling relationships should be reasons enough to intervene. However, there is a moral responsibility to use limited public funds optimally and to assess the cost implications of such interventions. Therefore, a cost-effectiveness analysis has been designed and implemented. The findings for financial years 2016/17 to 2020/21 are that Elmore’s interventions contributed to an estimated saving to the public purse of £1.9M or £368k per year.”

Dr Claire Timlin and Dr Tony Hancy

Evaluators of the complex needs and mental health floating support services



Foreword

“This new evaluation and cost-effectiveness analysis shows that Elmore’s services have contributed to an estimated saving to the public purse of £1.9m or £368,000 on average per year, as well as making important changes in the lives of service users. By helping to save such a large sum of money, Elmore has strengthened mental health service provision by enabling these funds to be spent on supporting more people in the ways that they respond to and can benefit from. I want to thank the evaluators Dr Claire Timlin and Dr Tony Hancy for their dedication and expert support and echo their thanks to Charlotte Dawson, who has provided exceptional leadership of these services and the evaluation.

It can be challenging to evaluate the difference that Elmore—and service providers which have some similarity to us—can make to service users. Elmore has been looking for new ways to shine a light on changes which can feel intangible, fuzzy, and unexpected. Data has a role to play, and this evaluation have enabled Elmore to create new and better ways to collect, store, and analyse numbers. Elmore’s amazing caseworkers support service users to say, in their own words, what has changed for them, and this evaluation is immeasurably strengthened by the story of a service user. The findings of this evaluation have directly influenced Elmore’s strategy for 2022 to 2025, ‘Holding the Hope’, and the charity has committed to further monitoring, evaluation, and learning in the years ahead.

This report shines a light on the backgrounds and needs of Elmore’s service users as well as a cost-effectiveness analysis of Elmore’s service delivery in the period covered by the financial years 2016/17 to 2020/21. As Elmore’s complex needs and mental health floating support services began in October 2015 as part of the then-new Oxfordshire Mental Health Partnership (OMHP), this evaluation provides insights into the impact of our service delivery for the vast majority part of the lifetime of the OMHP—certainly all of the financial years in their entirety that cover the lifetime of the Partnership. What the report shows is the importance of a complex needs and mental health floating support service within that Partnership, and the large role which Elmore plays in the success of the OMHP. I want to thank everyone who has helped to make the OMHP a success, including Elmore’s frontline caseworkers.

This evaluation is dedicated to Dr Steve Pearce, an Elmore trustee for a very long time indeed and an expert on the diagnosis and treatment of personality disorder. Steve has immeasurably improved Elmore’s floating support services and we are indebted to him.”



Tom Hayes
Chief Executive of Elmore Community Services

The impact of Elmore’s Complex Needs and Mental Health services

£1.9m
saved from the
public purse

on average
£368k
saved per year



Data taken from evaluation on Elmore’s Complex Needs & Mental Health Floating Support services between 1 April 2016 and 31 March 2021



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1 Supporting Statements

“I am thankful for this report because it provides an opportunity to hear of the valuable services provided by Elmore to its clients. Oxford Health has a high regard for the Oxfordshire Mental Health Partnership and the role that Elmore plays in providing high quality care and support to our vulnerable residents. People with complex needs have a particular set of requirements and we recognise the value of the partnership in finding creative and effective ways of working with our clients to improve outcomes. We welcome the focus on this group of patients and support opportunities to invest in services and the partnership going forwards. I would like to thank the commitment and efforts of all the staff and volunteers in Elmore who have made this work possible.”

Dr Nick Broughton,

Chief Executive of Oxford Health NHS Foundation Trust



“Oxford University Hospitals NHS Foundation Trust is one of the UK’s largest teaching hospitals and, in common with other NHS trusts, demand on our services is increasing. The creative role and positive contributions of Elmore Community Services over the last five years has significantly strengthened the resilience and ability of the Trust to support the mental health and complex needs of local people. During the pandemic, when the third sector and the NHS have been put under enormous pressure, Elmore and the Trust have continued to work closely in the interests of the wider health and social care system and the people who depend on it. We are also pleased to work alongside Elmore in the provision of the High Intensity User Project, which involves Elmore providing support in the community to people who frequently make use of emergency services and the Emergency Department at the John Radcliffe Hospital, particularly during COVID-19. The Trust is proud to have played its role alongside Oxfordshire’s leading third-sector complex needs provider in saving the public purse an estimated £1.9m over the last five years and strengthening the delivery of mental health and complex needs floating support services within the Oxfordshire Mental Health Partnership.”

Dr Bruno Holthof,

Chief Executive of Oxford University Hospitals (OUH) NHS Foundation Trust



“Four years ago, I was shown the minutes of a meeting from the 1980s, found at the Littlemore Hospital, from a group of people who were thinking about what could be done to help people with Complex Needs who were not being supported by services at that time. From that meeting Elmore was founded.

It is sad in some ways that there are still people with complex needs who are vulnerable and find it hard to access formal services, but it is tremendous that Elmore still exists, supporting this group and widening their remit to look after other vulnerable groups. The report shows significantly that women use their services more than men and there are some ethnic groups which will use Elmore more than they do other formal services.

Elmore has engaged in integration with other third sector partners and Oxford Health to become part of an outcomes-based partnership supporting those with mental health and other needs and looking carefully at how they can monitor improvements for their clients due to their interventions.

Interestingly, they have tried to monitor the cost savings to the health and care system due to their interventions. This type of work—using trained workers who support people’s mental and physical health as well as connecting them to other services such as housing, benefits, work, and addictions—is often of greater importance to the people they interact with than formal medical services with which many people find it hard to engage.

I congratulate Elmore on their excellent work in this field and thorough report.”

Dr David Chapman,

Clinical Chair of Oxfordshire Clinical Commissioning Group



“Oxfordshire County Council is a strong partner of the community and voluntary sector. This new evaluation shows the positive impact that Elmore and local statutory and third-sector service providers make to the lives of Oxfordshire residents. Elmore has been able to save the public purse £1.9m over five years because of a collaborative style and dedication to the care of clients. Working closely with Oxfordshire County Council, Elmore is supporting people with mental ill health, complex needs, involvement in domestic abuse, and homelessness. Together we are improving the lives of many local people.”

Councillor Liz Leffman,

Leader of Oxfordshire County Council



“As Chair of the Oxfordshire Mental Health Partnership, I know just how important complex needs support is as a mix of services and how much Elmore’s individualised client-led work is needed. In this evaluation, the Partnership’s enhancement of mental health and complex needs support has been evidenced again. So has the significant value of Elmore caseworkers supporting the needs and aspirations of clients on an individual basis. It doesn’t just save the public purse a significant sum, it also provides a diverse client group with a range of complex needs with a ‘one size fits all’ approach that makes a real difference to them. As one of Elmore’s founding staff members and first Directors, I am proud of the work they continue to do and of their close relationship to Restore, the charity I now lead.”

Lesley Dewhurst,

Chief Executive of Restore and Chair of the Oxfordshire Mental Health Partnership



“Healthwatch Oxfordshire is Oxfordshire’s independent health and social care watchdog, collecting opinions and experiences to inform and influence the running of local services. Elmore’s evaluation provides new insights into the nature and extent of complex needs and mental health in the county and, therefore, creates a valuable supplement to a review of Oxfordshire Mental Health Partnership services (including the mental health and complex needs floating support evaluated in Elmore’s new report) completed by Healthwatch Oxfordshire in September 2020. Both reports demonstrated the positive impact of Elmore’s frontline mental health caseworkers on people’s lives and Elmore’s new report further shows a saving to the public purse of £1.9m over five years. Both Elmore’s and Healthwatch Oxfordshire’s reports acknowledge the powerful interaction between the third-sector and the NHS, and it is this which enables employees across the Partnership to provide outstanding care despite working with constrained resources.”

Rosalind Pearce,

Executive Director of Healthwatch Oxfordshire



“Working with partners such as Elmore Community Services supports us in addressing the causes and effects of criminality, thereby having a direct and positive impact in the communities we serve. Elmore persistently, non-judgementally, and flexibly seeks to engage local people and this type of assertive outreach enables us to work collaboratively to come up with solutions for the greater good. This evaluation demonstrates that impact, including saving an estimated £1.9m to the public purse over the last five years.”

Matthew Barber,

Police and Crime Commissioner for the Thames Valley



“The moral, human and financial case for supporting mental health is irrefutable. The mental health charity, Elmore supports people with long-term mental health conditions in lots of ways, including in the workplace. All of us – employers, employees, employee representative, can work together to support each other and work to create equality between mental and physical health, and mental health physical First Aid. Yet again we have a brilliant example of the third-sector working closely with the NHS and the wider statutory sector, supporting people’s needs effectively and making sure every penny of public money is spent well. Now more than ever we have to face the future with empathy and courage and ensure we support each other and provide support to those who need it most. Collaboration and partnership in pursuit of a single goal, improving mental health outcomes as the mental health partnership in Oxfordshire will be critically important.”

Simon Blake OBE,

Chief Executive of Mental Health First Aid (MHFA) England



“Elmore has a unique ability to flexibly engage with clients that other agencies struggle to connect with as this new evaluation helpfully shows. The service is able to address the issues identified by local people as being their individual presenting needs and support them to make changes allowing them to do things for themselves. The trusting working relationships formed between caseworkers and clients help to improve working relationships with other services and provide transferable skills that can be implemented in other personal relationships. By acting as a caring, flexible, creative, and highly trained organisation, Elmore has been able to save the public purse £1.9m over five years and ensure that public money is spent in the most efficient ways.”

Gill Attwood,

Service Lead of Complex Needs Service and Training, and Vocational Initiatives in PD at Oxford Health NHS Foundation Trust



“The Tavistock and Portman is happy to lend our support and endorsement of the important work being offered by Elmore Community Services in Oxfordshire, their recent independent evaluation by the Centre for Mental Health provides solid evidence of their psycho-social contribution to the lives of many disenfranchised people whose health and wellbeing has been adversely affected through years of austerity, the trauma of a pandemic and the health inequalities often experienced alongside homeless, domestic abuse and lack of opportunity. We note the popularity and ambition of so-called integrated care, not always understood or realised but, in this case, Elmore truly appreciate the need to bring together different aspects of lived experience and provide flexible, dynamic care in the community to sustain lives and futures.”

Tim Kent,

Director of Adult and Forensic Services at the Tavistock and Portman NHS Foundation Trust



“Oxfordshire Community and Voluntary Action (OCVA) champions and empowers the local third-sector to ensure that people remain connected to services and support. Elmore’s evaluation shows that local organisations can significantly improve the lives of people, especially when they work in partnership and prioritise putting people first, meeting them where they start (physically and emotionally) and supporting them creatively with what they need. This evaluation demonstrates how Elmore and the sector has shown tremendous commitment and resilience, working flexibly and innovatively, helping to save the public purse £1.9m over five years. I’m pleased to have led OCVA’s facilitation of staff and trustee events for Elmore as the Charity develops its new strategy and, having seen first-hand the commitment and passion of the team, I’m looking forward to seeing yet more partnership working and excellent service delivery.”

Laura Price,

Chief Executive of Oxfordshire Community and Voluntary Association



“Oxfordshire has a strong community and voluntary sector and the health and social care services delivered by the third-sector are particularly impressive. Elmore’s evaluation provides new insights into the nature and extent of complex needs and mental health across Oxfordshire. The evaluation also gives us new insight into the nature and extent of partnership working across the NHS and the third-sector. The report shows that a person-centred, flexible, and creative approach can help to change lives and save the public purse significant sums. As it indicates, a saving of £1.9m over five years has been achieved because of Elmore’s community-based support. I look forward to seeing the mental health and complex needs third-sector provision strengthen in the coming years.”

Marjorie Glasgow BEM,

Lord-Lieutenant of Oxfordshire



“Thames Valley Violence Reduction Unit works to reduce the number of people affected by serious violence across the twelve local policing areas of the Thames Valley. The creative role of Elmore Community Services strengthens the capacity of partners in the criminal justice sector to address the causes and effects of serious violence. Across the country people with complex needs can often fall through the gaps of existing services. Here in Oxfordshire, Elmore persistently, non-judgementally, and flexibly seeks to engage local people, so that the underlying reasons for their behaviours can be treated. This type of assertive outreach enables Elmore to work alongside partners to develop solutions to individual and societal problems. This evaluation demonstrates that positive impact, including saving an estimated £1.9m to the public purse over the last five years.”

Detective Superintendent Stan Gilmour,

Director of Thames Valley Violence Reduction Unit



When I was Leader of Oxfordshire County Council, I worked with Elmore Community Service to deliver services in a partnership model. During the time there was considerable pressure on finances which meant both the Council and Elmore had to develop different ways of delivering the services. Over the 5-year period, 2013-18, it was estimated that the public purse saved around £1.9 million or £368,000 pa owing to Elmore's service delivery. This partnership relationship not only saved money but more importantly delivered a better, more efficient service to clients.

Ian Hudspeth OBE,

Leader of Oxfordshire County Council (2012-2021) and Chairman of the Community Wellbeing Board for the Local Government Association (2019-2021)



“In our West Oxfordshire experience, Elmore Community Services are good at outreach services for the difficult to engage people, the people that fall outside the statutory services. We have always found them helpful, supportive and professional and very supportive of people.”

Councillor Michele Mead,

Leader of West Oxfordshire District Council



“South Oxfordshire has a strong third-sector and I want to pay tribute to the frontline mental health and complex needs workers who support local people. Organisations such as Elmore Community Services help us to achieve our goal of improving community wellbeing through supporting those with complex needs who might otherwise slip through the gaps in existing services.”

Councillor David Rouane,

Leader of South Oxfordshire District Council



“As we emerge from the pandemic towards the ‘new normal’, maintaining and improving population mental health and well-being has never been more important. Working together across the system in partnership with NHS and local authority colleagues, organisations like Elmore provide help to the most vulnerable among us when and where that help is needed. Their expertise and reputation are trusted by users and commissioners alike.”

Councillor Andrew McHugh,

Lead Member for Health and Wellbeing on Cherwell District Council



“Oxford has a diverse and flourishing voluntary and community sector which tackles social and environmental issues, and I am proud of Oxford City Council’s role in strengthening this sector. Elmore Community Services is a longstanding and widely admired provider of services, and this evaluation demonstrates the importance of the Charity’s mental health and complex needs floating support. Working closely with other organisations, particularly Oxford City Council’s housing team, Elmore has been able to support local citizens creatively and tenaciously and, through its model of assertive outreach, save the public purse £1.9m over five years. This is to be commended and I strongly hope to see the further development of the local third-sector’s role in supporting people.”

Paul Wilding,

Rough Sleeping and Single Homeless Manager at Oxford City Council



“A2Dominion works closely with Elmore to support people with complex needs and mental ill health in Oxfordshire. As this new evaluation shows, Elmore is more likely to refer clients to A2Dominion and, together, we are committed to meeting the needs identified by local people. We value Elmore’s ability to flexibly engage with clients, support people to make changes, and work constructively with our employees. The report clearly shows that this kind of close working is an asset to local services and people’s lives as it has helped to save the public purse £1.9 million over five years. Alongside Elmore, A2Dominion are proud founding members of the Oxfordshire Homelessness Alliance, and this marks a welcome deepening of our relationship.”

Anne Waterhouse,

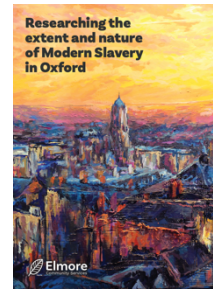
Interim Chief Executive Officer of A2Dominion Group



2 Elmore's Research and Evaluations

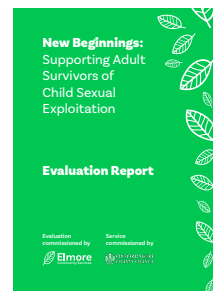
Researching the extent and nature of Modern Slavery in Oxford (2022)

This ground-breaking research has used a case-based methodology to identify that there may have been between 319 and 442 'possible' or 'very likely' cases of modern slavery in Oxford City from 2016 to 2020. This is considerably higher than the number of cases recorded by Thames Valley Police and is leading to the development of an action plan by the Oxfordshire Anti-Slavery Network, which Elmore co-chairs. A podcast series about this ground-breaking research, including conversations with the UK's Independent Anti-Slavery Commissioner, can be listened to [here](#).



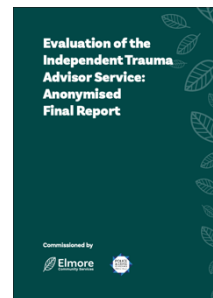
Evaluating Elmore's New Beginnings for Adult Survivors of Child Sexual Exploitation (CSE) Service (2021)

Elmore has supported adult survivors of child sexual exploitation (CSE) since 2016, following Operation Bullfinch which uncovered 300 people who had potentially been victims of CSE in Oxfordshire from 1999 to 2014. An independent evaluation and a 360-degree reflection on the service's operation and impact (including during the COVID-19 pandemic) was concluded in 2021. A podcast about the New Beginnings evaluation can be listened to [here](#).



Evaluating Elmore's Modern-Day Slavery and Exploitation Service (2016-2017)

Elmore innovated and provided an Independent Trauma Advisory Service to victims of modern-day slavery and various forms of exploitation in Oxfordshire. The service looked at the overall needs of the victim, whether this was with finances, housing, benefits, or emotional support, and attended police raids, so that victims received support straightaway whilst the police focused on criminal investigation.



Running from 2014-2016/17, this service was evaluated by Dr Nadia Wager and Angel Wager in 2016-2017 to determine benefits, identify factors which facilitated and inhibited work with clients, and highlight areas of good practice.

An estimate of the extent of modern-day slavery and cost-benefit analysis of the service accompanies the evaluation.

Holding The Hope: Conversations about supporting people with Complex Needs and Personality Disorder

Elmore has launched a series of podcast conversations alongside this evaluation of our mental health and complex needs floating support services. The conversations provide new insights into the nature and extent of complex needs, mental health, and personality disorder in the county. They also explore this evaluation and Elmore's model of supporting people, and feature Elmore Service Managers, Gill Attwood (Service Lead for Complex Needs Service and Training and Vocational Initiatives in PD at Oxford Health NHS Foundation Trust) and other experts. The series can be listened to [here](#).



3 Summary and key findings

3.1 Elmore Community Services

Elmore Community Services was founded in 1989 to support over 100 Oxford citizens who were deemed “difficult to place”, living on the margins of society, and in need of support. The founding principle of the Charity is to provide support to clients with a wide range of complex needs, many of whom are falling between the gaps of existing services and innovate creative solutions.

More than three decades on, Elmore has expanded its client base and the range of services it offers, continues to find innovative ways to build trust, increase clients’ engagement with relevant agencies and deliver life-changing support tailored to the people who depend on it. Since 1989, Elmore has helped to improve the lives of nearly 2,300 people in Oxford and surrounding areas.

Elmore’s clients have multiple support needs such as mental health issues, homelessness and rough sleeping, substance misuse, offending, physical disability, self-harm, learning difficulties, domestic abuse, sex working, or experience of abuse and neglect. A motivated team, with wide ranging expertise, is required to provide individual support to each client. Clients may have very chaotic lives and be distrustful of statutory agencies. Elmore is essential in building the trust required to engage, and maintain that engagement, with other agencies that can provide clients much needed support.

Elmore’s core services include complex needs and mental health floating support services delivered as part of the Oxfordshire Mental Health Partnership (OMHP). Over the period covered by this evaluation—the financial years 2016/17 to 2020/21—43% of Elmore’s clients were supported by the complex needs floating support service and 28% by the mental health floating support service. Both services offer individually tailored support to clients over a timescale that is client-led.

3.1.1 Complex needs floating support service

The complex needs floating support service is an evolution of the Elmore team set up in 1989 and began service delivery in October 2015. The service works with people who struggle to access existing service provision, with the aims of enabling them to stabilise their lives and facilitating access to services. It is funded through the Oxfordshire Mental Health Partnership and provides both practical and emotional support to help people to gain self-confidence and independence.

3.1.2 Mental health floating support service

In 2010 Elmore began to work with people throughout Oxfordshire and set up a county-wide mental health floating support service, working with people whose needs were less complex and who otherwise might not be supported through Elmore’s complex needs service. The floating support service began in October 2015 and provides practical and emotional support to help clients to manage their mental health. It is also funded through the Oxfordshire Mental Health Partnership and is closely linked with local mental health teams (including NHS teams) to help people work towards recovery.

3.1.3 Elmore’s Team

Elmore’s strength lies in its expert, cohesive staff. These empathic, knowledgeable individuals are embedded within an open and supportive team. Elmore’s client work is underpinned by strong values and, as such, great importance is placed on recruiting people with congruent values.

The interview process involves tasks which support people in reflecting on their practice and values, ensuring that candidates are appointed who are experienced in working with people in complex situations, but can fit more seamlessly into the team’s longstanding ethos.

Knowledge transfer occurs frequently and easily between team members—Elmore has developed a culture where the needs of the clients and staff are prioritised. The team works to preserve the

culture that no question is too small or too naïve to be put to the group and relevant help swiftly follows.

Elmore's clients often have issues building trust, especially with those in authority. Elmore's ethos of non-judgemental, unconditional positive regard enables clients, in time, to trust their workers and engage with help and advice. This facilitates referrals to the most effective and appropriate services at a time in a client's journey when they are best placed to engage and maintain contact.

3.2 Client needs

Clients supported by Elmore's complex needs and mental health floating support services come to the Charity with a wide range of mental health diagnoses and difficulties and physical health issues. The most common mental health diagnoses are depression, personality disorder, and anxiety disorder, and the most common mental health difficulties include feeling depressed, feeling anxious, and having suicidal thoughts.

3.3 Sources of referral to Elmore

Referrals to Elmore's complex needs and mental health floating support services come from a wide range of sources. Most come from the potential clients themselves, followed by referrals from a local authority and community mental health services. 73% of these referrals were accepted. Of the referrals that were rejected, 39% were because the potential client either did not wish to proceed or did not engage with Elmore. 33% were because the service was not considered appropriate. Of clients for whom gender is recorded as male or female, 58% of referrals are female and 42% are male.

3.4 Client summary

Over the period covered by the financial years 2016/17 to 2020/21, Elmore's complex needs floating support service has supported, on average, a total of 179 clients a year and 120 clients at any one time. The total number of clients supported over this 5-year period is 384, with 409 referrals, 275 cases opened, and 285 cases closed.

In this period, Elmore's mental health floating support service has supported an average total of 127 clients a year and 89 clients at any one time. The total number of clients supported over this 5-year period is 252, with 214 referrals, 160 cases opened, and 179 cases closed.

In total, the complex needs and mental health floating support services in the period covered by the evaluation have supported an average total of 306 clients a year and 209 clients at any one time. The total number of clients supported over this 5-year period is 636, with 623 referrals, 435 cases opened, and 464 cases closed.

The duration of cases for both services can vary significantly. This is due to the client-led nature of the care provided, as opposed to a "one style fits all" programme which may be seen in other services. Most clients worked with Elmore for 1.5 years or less, but a small proportion were open for as long as 5 years.

The age range of adult clients is large, with the oldest clients in their seventies. Marginally more complex needs and mental health floating support clients identify as female, at 58%, than male at 42%.

The majority of clients live in Oxford but support is provided across Oxfordshire, and in particular in Banbury, Abingdon, Witney.

3.5 Outcomes

Elmore links clients up to the most appropriate agencies at a time that is right for them. Recently Elmore would be more likely to refer clients to “A2 Dominion” and “Oxford City Council - Housing” (both housing) and “Restore”, a mental health charity and partner in the OMHP.

The biggest reason for closing a case and Elmore ceasing to work with a client is that there is “Support in place”. 43% of complex needs floating support cases and 58% of mental health floating support cases are closed for this reason. The second biggest reason is “No longer engaging”, which accounts for 29% and 16% of complex needs and mental health floating support clients respectively. 6% of clients, on average, are transferred from either service to another Elmore service. In recent years, Elmore has provided new services to meet client need and this has enabled clients to continue to work alongside Elmore, a Charity which they may have built trust in, and still be supported by the most appropriate service for them.

Wherever possible and necessary, Elmore’s two services enable clients to move away from unsafe, short-term and/or informal accommodation towards more independent, less chaotic residences. Over the course of support from Elmore’s two services, the proportion of clients who are homeless, living with friends or family or in temporary accommodation decreases from 40% at referral to 15% at closure. Complex needs and mental health floating support caseworkers work to support these clients into more stable and formal accommodation, such as supported tenancies, supported housing and, in rare cases, their own homes. These categories increase from 61% at referral to 85% at closure.

3.6 Human impact

Interviews with Elmore support workers shine a light on stories about clients’ journeys and help to explain Elmore’s impact in ways that go beyond what quantitative data can capture. Many of Elmore’s clients are initially in crisis. They have a deep-rooted distrust in the police, local authorities, and other agencies. Many are not eligible to access mainstream services, partly because their past and present behaviour is deemed to make them “unsuitable”. It is routinely the role of Elmore to understand each client and their needs deeply, more so than anyone has ever taken the time to do before. This investment of time and focus on the person provides insight into the needs that drive behaviour and in particular behaviour that creates barriers to positive change and hampers access to other services.

3.7 Quantitative cost-effectiveness evaluation

There is a responsibility to use limited public funds optimally and assessment of the cost-effectiveness of publicly funded complex needs and mental health interventions is a key way of maximising impact and providing accountability. Therefore, a quantitative cost-effectiveness analysis has been conducted for both complex needs and mental health floating support services delivered as part of the OMHP for the period bookended by the financial years 2016/17 and 2020/21. The results showed that Elmore’s intervention provided an estimated cost saving to the public purse of £1.9M over five years, or an average of £368k a year. This amounts to an average cost saving per client per year of over £2k, although the cost saving for particularly complex clients can be significantly higher. Both Elmore itself, and the services to which clients are referred, have jointly contributed to this cost saving.

3.8 Recommendations

Through this analysis opportunities for fuller recording of data have been identified. Improvements have been made when they have been discovered, but a more extensive review of data requirements will be needed. This is set to begin in early 2022. Some recommendations for that review include:

-
- Keeping existing measures of mental health (Mental Health Recovery Star), or employing an alternative, and ensuring completion of this for each client near case closure as well as at the beginning of their time with Elmore.
 - Employing service utilisation questionnaires during a client's journey. It is well known that people struggling with mental health issues and presenting with other needs are generally high intensity users of mainstream services such as GPs, A&E, and emergency services. The costs associated with these visits are well-known and can be costly.

Such data would help Elmore and partners to understand how a client is progressing but could also be fed into future cost-effectiveness evaluations by the Charity. Such considerations need to be balanced with the wants and needs of clients, so that the information utilised can enhance Elmore's support, not detract from it. Thought should be given to what software could be used to collect this information most easily, in a way that minimises human error, and would be interoperable with existing data storage and analysis systems.

4 Evaluation scope

The analysis evaluates Elmore’s complex needs and mental health floating support services. The cost-effectiveness estimates and client numbers presented use data for the period covered by the financial years 2016/17 to 2020/21. As Elmore’s complex needs and mental health floating support services came into existence in October 2015 as part of the Oxfordshire Mental Health Partnership (OMHP), this evaluation and cost-effective analysis is for service delivery in every one of the completed financial years during the lifetime of the OMHP. Owing to a change of data systems in 2019, some of the other analysis (needs, plugins etc) use a representative sample of more recent data.

This evaluation seeks to:

1. Analyse referral and assessment pathways to understand how a person requiring support becomes an Elmore client in the complex needs or mental health floating support services.
2. Understand the types of clients supported by these services, recognising that the client base has such a diverse range of needs. This will include:
 - a. demographic data
 - b. analysis of range of needs
 - c. the numbers of clients and duration of cases
3. Understand the most common client-agency “plug-ins” or referrals on to other services.
4. Assess the main outcomes and impact of these services by:
 - a. providing qualitative examples of their impact on the lives of Elmore clients
 - b. providing a quantitative cost-effectiveness analysis to estimate the costs of providing the services and the cost savings accruing to society by using the Elmore model
5. Provide recommendations to improve data collection and integrity.

In addition, automated tools will be provided to aid future evaluations of these services and other Elmore services, and they can be auto updated to include the most recent data.

5 Elmore's services and clients

5.1 Complex needs and mental health floating support services

Elmore delivers complex needs and mental health floating support services as part of the OMHP. In financial years 2016/17 to 2020/21, 43% of Elmore's clients were supported by the complex needs floating support service and 28% were supported by the mental health floating support service. Both services offer individually tailored support to clients, over a timescale that is right for that person.

Among Elmore's additional services, New Beginnings supports people who have experienced childhood sexual exploitation by offering practical and emotional support; Tenancy Sustainment supports vulnerable Oxford City Council residents to maintain their tenancies and stay in their homes; the Primary Care Project links people to the right support for social, emotional, and practical needs; and the High Intensity User (HIU) Project supports people to access community-based support rather than present to an A&E or emergency services. These and the other services that Elmore provides are designed to stop people from 'falling through the gaps'.

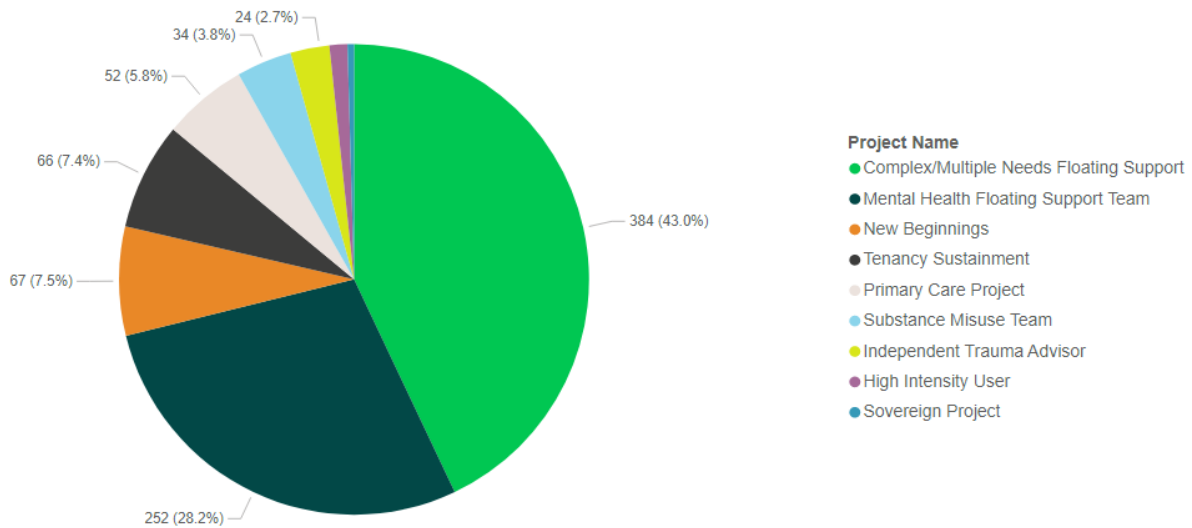


Figure 1: Clients supported by Elmore in financial years 2016/17 to 2020/21 by service.

Clients supported by the complex needs and mental health floating support services have a diverse range of needs, ages, and backgrounds. This section provides a picture of the people who are supported and highlights any significant differences between the cohorts of clients the two services.

5.2 Needs

5.2.1 Complex needs floating support service

The most common needs of complex needs floating support clients are mental health difficulties and mental health diagnoses, with 99% of clients assessed as having one or more mental health difficulties and 83% having one or more diagnoses. Physical health problems are very common (76%), and the majority (75%) use medication of some kind. 39% have a history of offending and misuse of drugs is more common than misuse of alcohol (34% vs 23%), see Figure 2. It is most common for a complex needs client to have five needs, with some having as many as seven (the mean is 4.5 needs per client). In summary, clients accepted to the service have a large range of multiple needs, with the most prevalent needs involving mental and physical health.

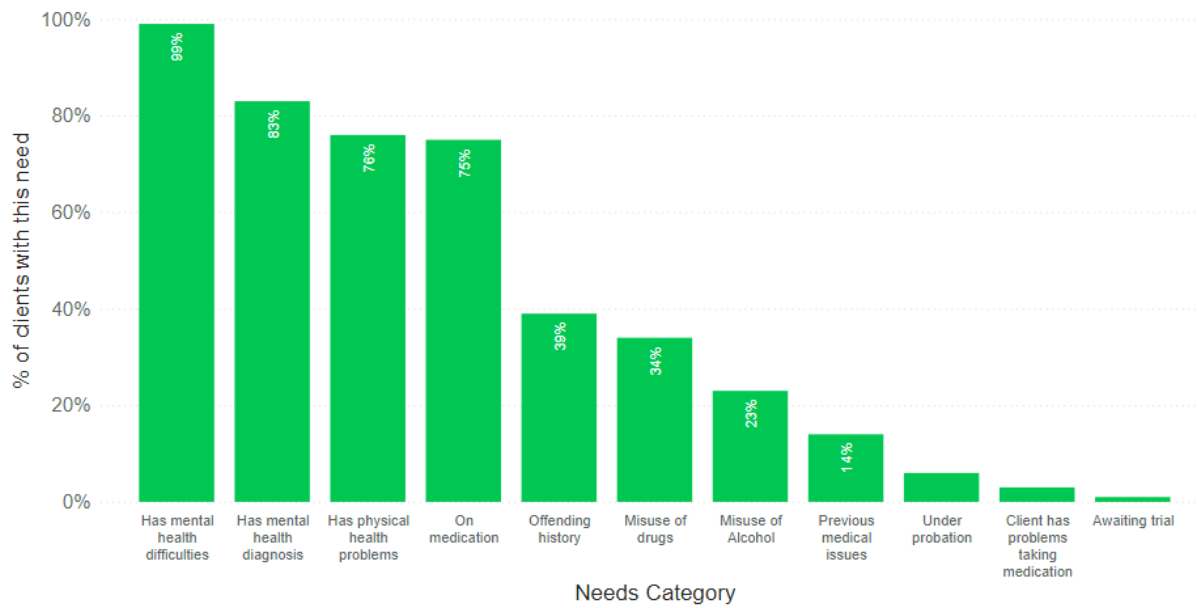


Figure 2: Percentage of complex needs floating support service clients assessed to have needs in each category.

5.2.1.1 Mental health needs

Clients working with the complex needs floating support come to Elmore with a wide range of mental health diagnoses (Figure 3) and difficulties (Figure 4). The most common mental health diagnoses are depression, personality disorder, and anxiety disorder. The most common mental health difficulties include feeling depressed or anxious.



Figure 3: Mental health diagnoses in complex needs floating support clients.

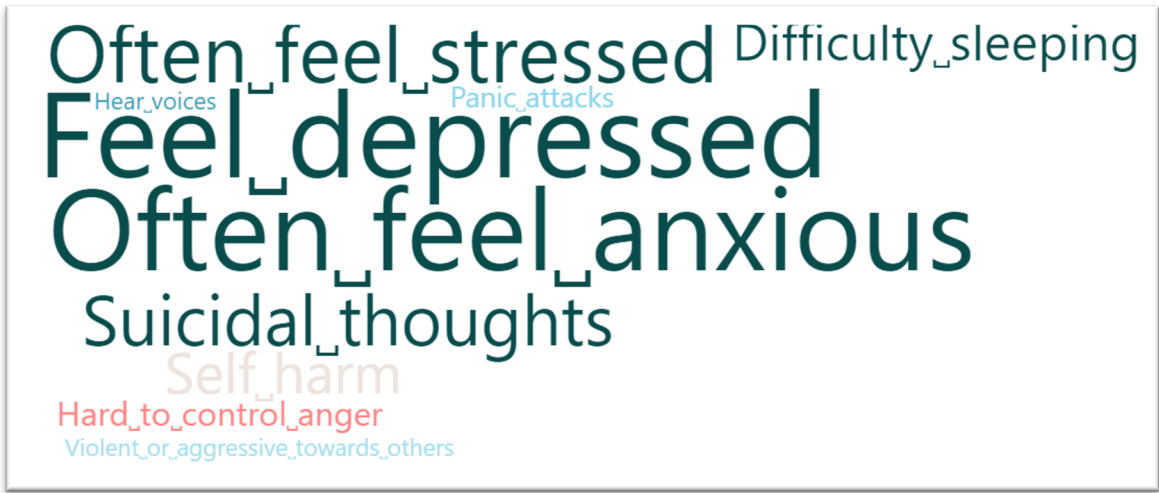


Figure 4: Mental health difficulties in complex needs floating support clients.

Clients mostly have more than one mental health diagnosis and difficulty. It is most common for a complex needs floating support client to have two mental health diagnoses (mean = 1.84) and 3% have as many as five. Only 16% had no mental health diagnosis at the time of assessment. It is most common for complex needs floating support clients to suffer with five mental health difficulties (mean = 3.81) and 2% have as many as 9 or 10. Only 1% had no documented mental health difficulties at the time of assessment.

Some mental health diagnoses are known to occur at different rates in males and females. Personality disorder, for example, is diagnosed at higher rates in females than males (Skodol & Bender, 2003). The reasons for this are not certain but thought to be biological and/or sociocultural. Analysis of mental health diagnoses in Elmore’s complex needs floating support clients show that a higher percentage of females than males are diagnosed with personality disorder and post-traumatic stress disorder (Figure 5). The only diagnosis that occurs in significantly higher rates in males is schizophrenia. In this sample data, some diagnoses, such as ADHD, were found only in females but these are rarer diagnoses and have low statistics.

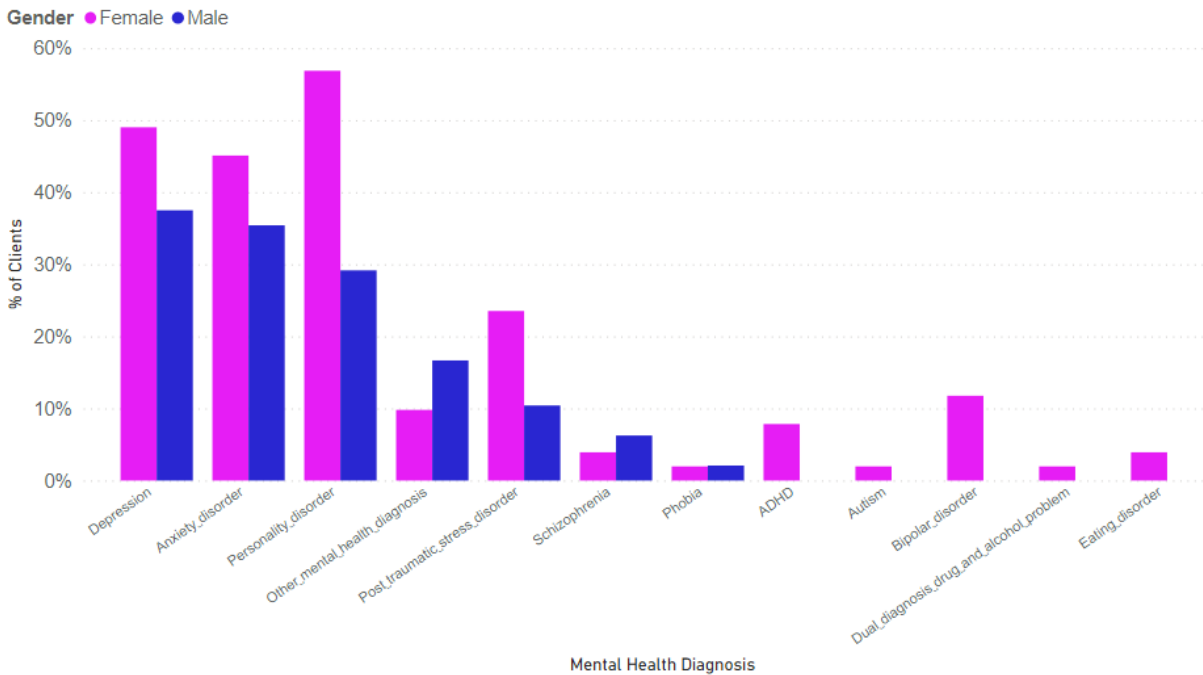


Figure 5: Percentage of clients with each mental health diagnosis by gender - complex needs floating support service

5.2.1.2 Physical health needs

The majority of complex needs floating support clients struggle with one or more physical health problems. The most common problems concern bones, joints, and muscles. Other problems include breathing problems, stomach pain, dental problems, and diabetes (Figure 6). It is most common for complex needs floating support clients to have one physical health problem, with a mean of 1.34. Chronic health problems mean that clients are often high intensity users of services such as GPs.



Figure 6: Physical health problems in complex needs floating support clients.

5.2.2 Mental health floating support service

The most common needs of mental health floating support clients are mental health difficulties and mental health diagnoses, with 100% of clients assessed as having one or more mental health difficulties and 94% have one or more diagnoses (Figure 7). Physical health issues are very common (74%) and the majority of mental health floating support clients (86%) use medication of some kind. Misuse of alcohol is marginally more common than misuse of drugs (20% vs 17%) and 23% of mental health floating support clients had a history of offending. It is most common for a mental health floating support client to have four needs, with some having as many as seven (the mean is 4.3 needs per client). In summary, clients accepted to the mental health floating support service have a large range of multiple needs, with the most prevalent needs involving mental health and use of medication.

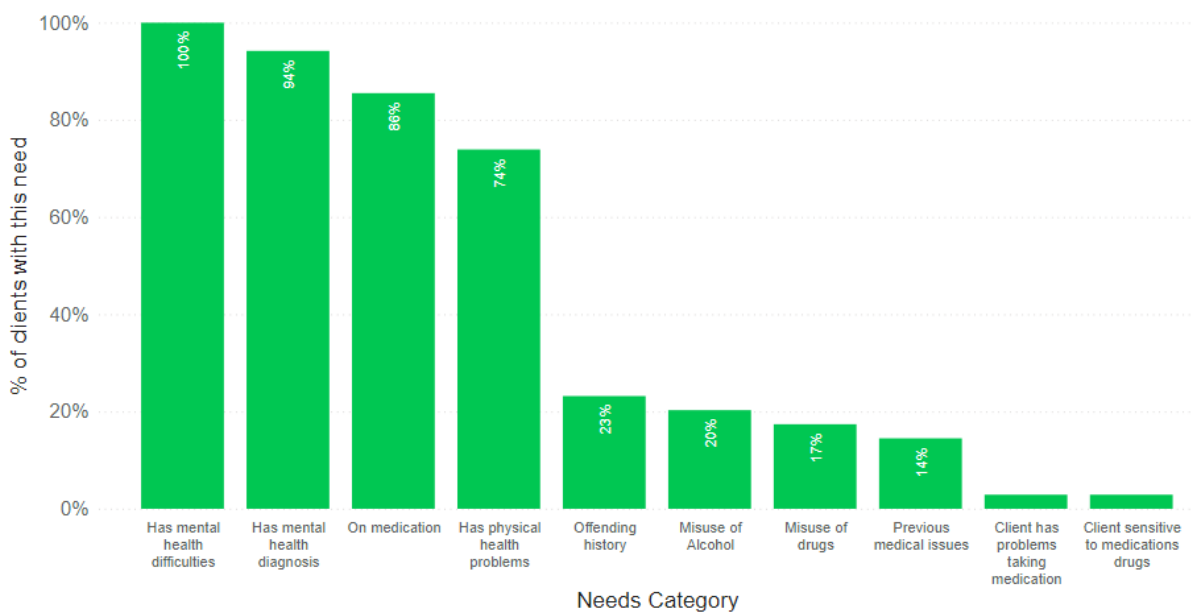


Figure 7: Percentage of mental health floating support service clients assessed to have needs in each category.

5.2.2.1 Mental health needs

Clients supported by the mental health floating support service come to Elmore with a wide range of mental health diagnoses (Figure 8) and difficulties (Figure 9). The most common mental health diagnoses are depression and anxiety disorder; the most common mental health difficulties include feeling depressed or anxious and having suicidal thoughts.

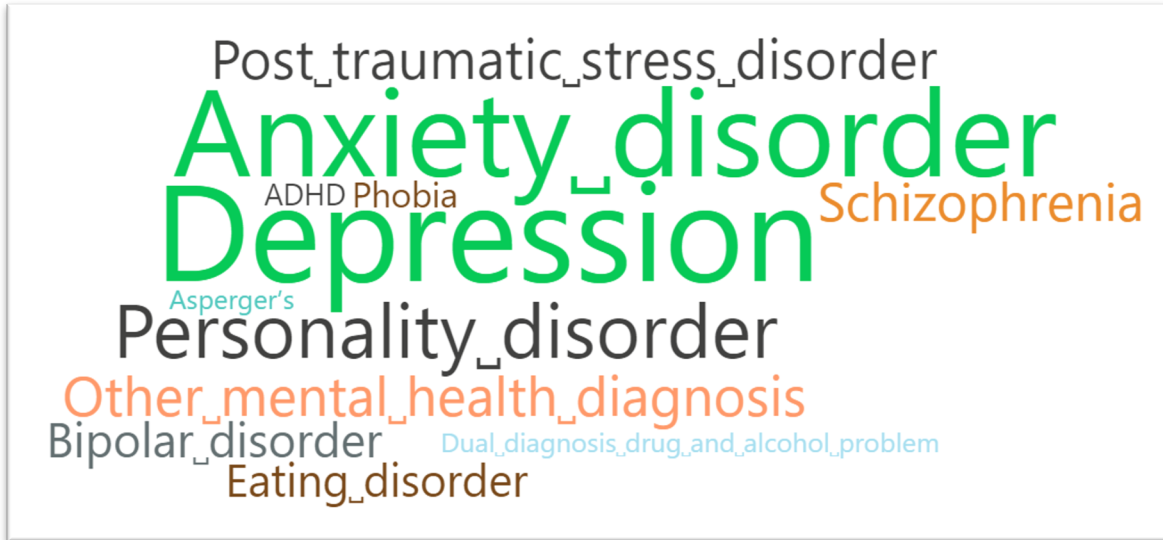


Figure 8: Mental health diagnoses in mental health floating support clients.

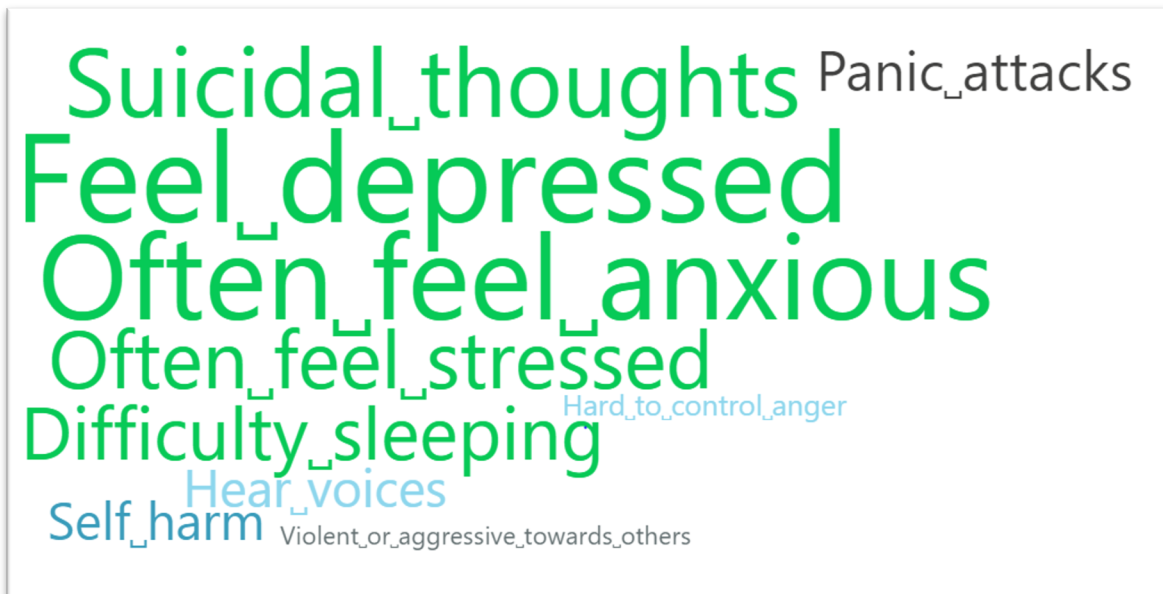


Figure 9: Mental health difficulties in mental health floating support clients.

Mental health floating support clients mostly have more than one mental health diagnosis and difficulty. It is most common for a mental health floating support client to have two mental health diagnoses (mean = 2.35) and 5% have as many as five. Only 6% had no mental health diagnosis at the time of assessment. It is most common for mental health clients to suffer with 5 mental health difficulties (mean = 3.88), and 5% have as many as 8 or 9. 100% of clients had at least one documented mental health difficulty at the time of their assessment by Elmore.

5.2.2.2 Physical health needs

The majority of mental health floating support clients suffer one or more physical health problems. The most common problems concern bones, joints, and muscles. Other problems include

breathing problems, stomach pain, and others (Figure 10). Chronic health problems such as these mean that clients are often high intensity users of services such as GPs.

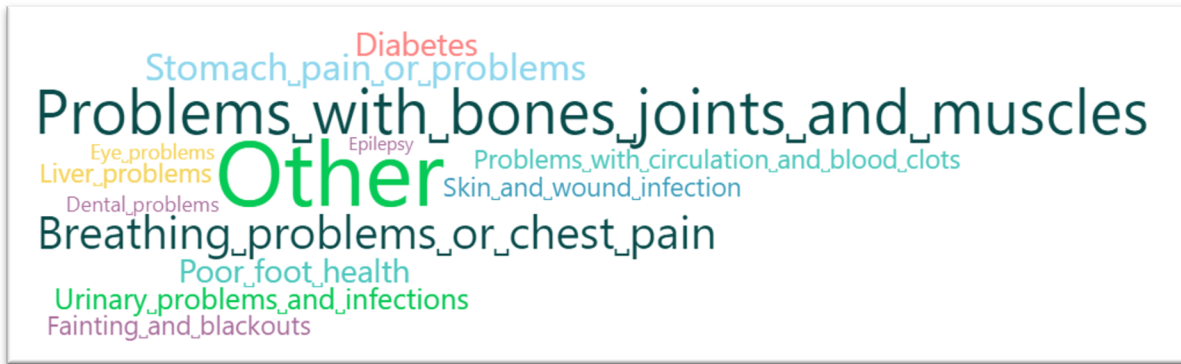


Figure 10: Physical health problems in mental health floating support clients.

Analysis of mental health diagnoses in mental health floating support clients show that a higher percentage of females are diagnosed with personality disorder, post-traumatic stress disorder, and eating disorders (Figure 11). The only diagnosis that occurs in significantly higher rates in males is schizophrenia. In this sample data, some diagnoses such as ADHD were found only in females and others only in males, such as Asperger’s, but these are rarer diagnoses and exist in low statistics.

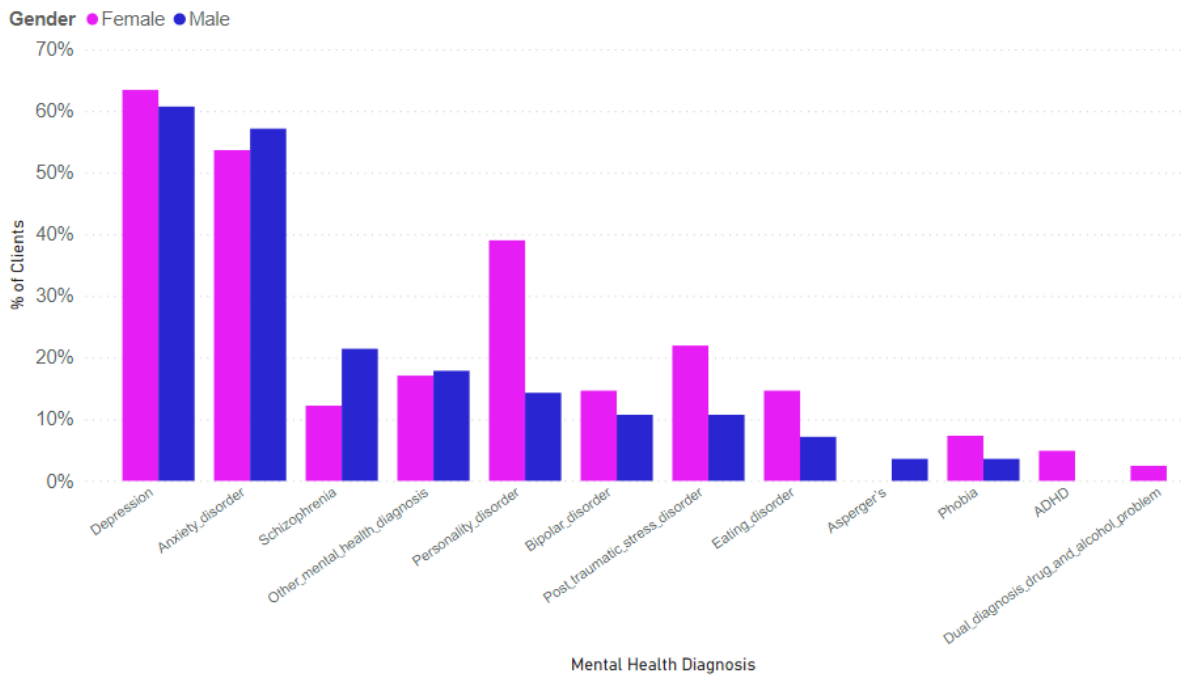


Figure 11: Percentage of clients with each mental health diagnosis by gender - mental health floating support service

5.2.3 Complex needs vs mental health comparison

There is a lot of overlap between Elmore’s complex needs and mental health floating support services as they provide support to clients with a wide range of multiple needs. On average, mental health floating support clients have slightly fewer needs than complex needs floating support clients, but they are more likely to have a mental health diagnosis. Elmore’s complex needs floating support clients have a higher rate of offending than mental health floating support clients.

5.3 Client referrals, open cases, and case duration

5.3.1 Complex needs floating support service

5.3.1.1 Referral sources

Referrals to Elmore’s complex needs floating support service come from a wide range of sources (Figure 12). Most are self-referred, with the next most common referrals coming from a Local Authority and community mental health services. In recent years, just over 70% of these referrals are accepted. Of clients for whom gender is recorded as male or female, 58% of referrals are female and 42% are male. For comparison, Oxford residents recorded in the last census in the age range 16 to 70 (scaled by ages supported by Elmore) were 50.3%:49.7% males to females (Population By Gender and Age, 2011).



Figure 12: Referral sources – complex needs floating support service

Figure 13 shows the percentage of accepted referrals to the complex needs floating support service from each referral source. Referrals from the Police, a housing association, a local authority - housing /homelessness department and Oxford City Council in particular have a 100% acceptance rate. However, there are low statistics in these categories. There are high acceptance rates to the complex needs floating support service from community substance misuse services and day centre. Self-referrals are accepted 64% of the time. The lowest acceptance rates come from community mental health services, Local Authority – Children Services and Floating Support.

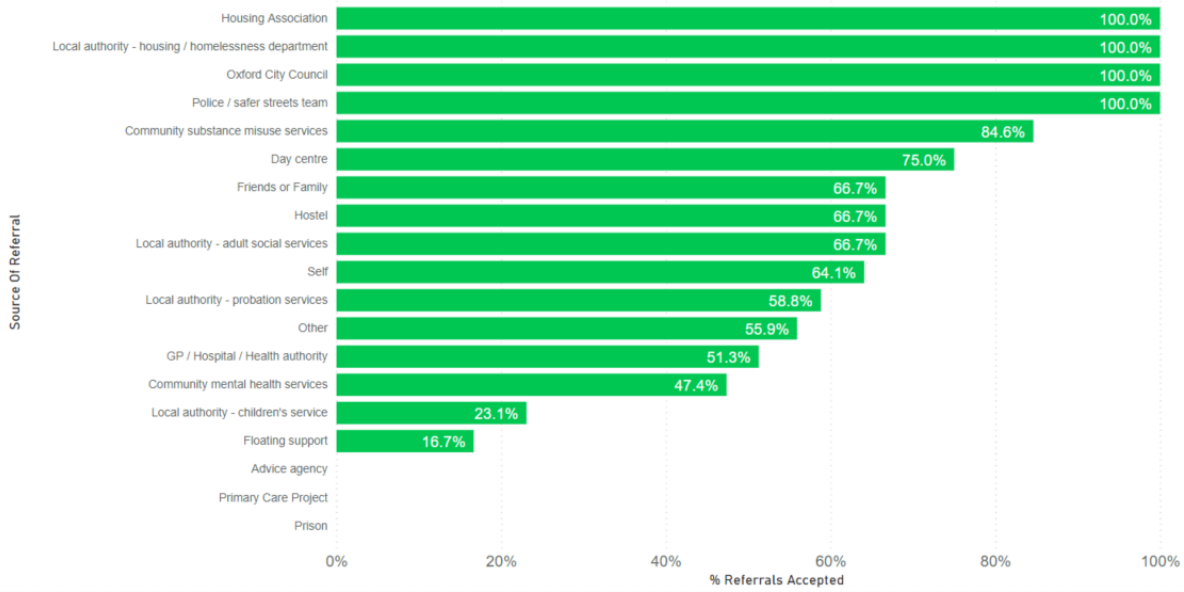


Figure 13: Percentage of referrals accepted by referral source - complex needs floating support service

Figure 14 shows the reasons recorded for rejection of referrals to Elmore’s complex needs floating support service. 45% were because the potential client did not wish to proceed or did not engage with Elmore. 26% were because the service was not considered appropriate.

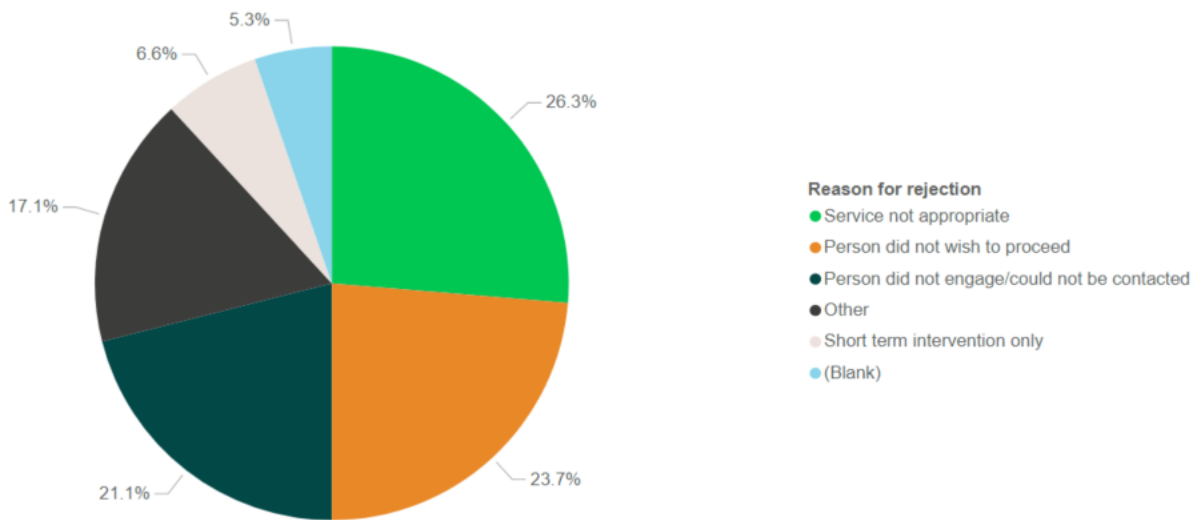


Figure 14: Reasons for rejection of referral - complex needs floating support service.

5.3.1.2 Client numbers

In the period covered by the financial years 2016/17 to 2020/21, Elmore’s complex needs floating support service has supported, on average, 179 clients a year and 120 clients at any one time. The yearly figures are given in Figure 15. The total number of clients supported by this service over this 5-year period is 384, with 409 referrals, 275 cases opened, and 285 cases closed. The yearly figures are presented in Figure 16.

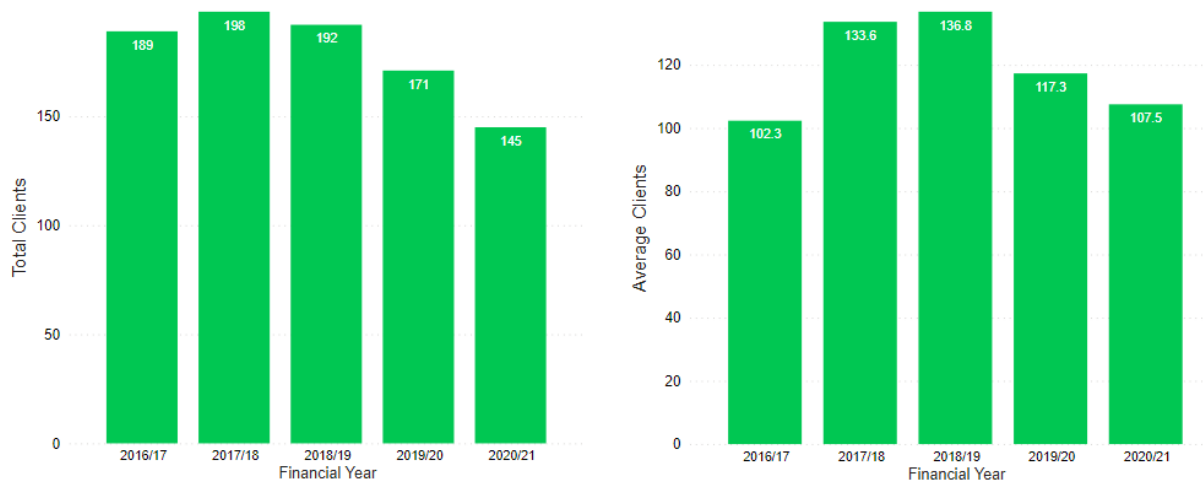


Figure 15: Total and average yearly clients - Complex needs floating support service

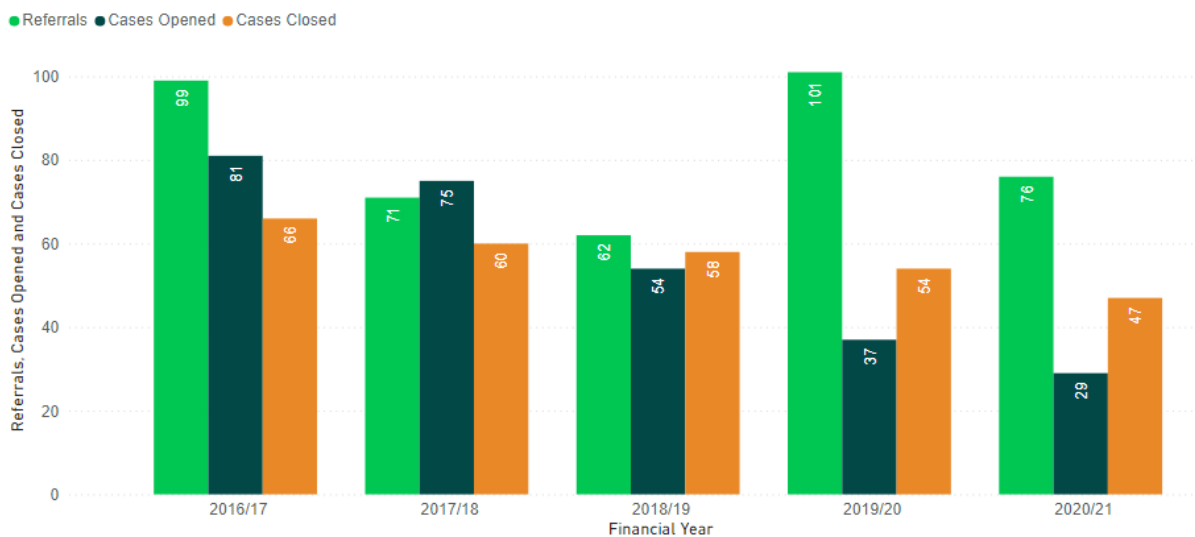


Figure 16: Referrals, opened, and closed cases by financial year - Complex needs floating support service

The average duration of complex needs floating support cases (closed between the 1st of April 2016 and 31st of March 2021) is 20.6 months with 65% of cases closed within 2 years and 83% closed within 3 years (see Figure 17). A very small proportion (2%) of cases were open for over 5 years. There is a large variation in the duration of complex needs floating support cases, which demonstrates how highly individualised each client’s support requirements tend to be. Instead of providing a “one-size-fits-all” approach, Elmore’s complex needs floating support cases are closed when it is considered appropriate for meeting that client’s needs.

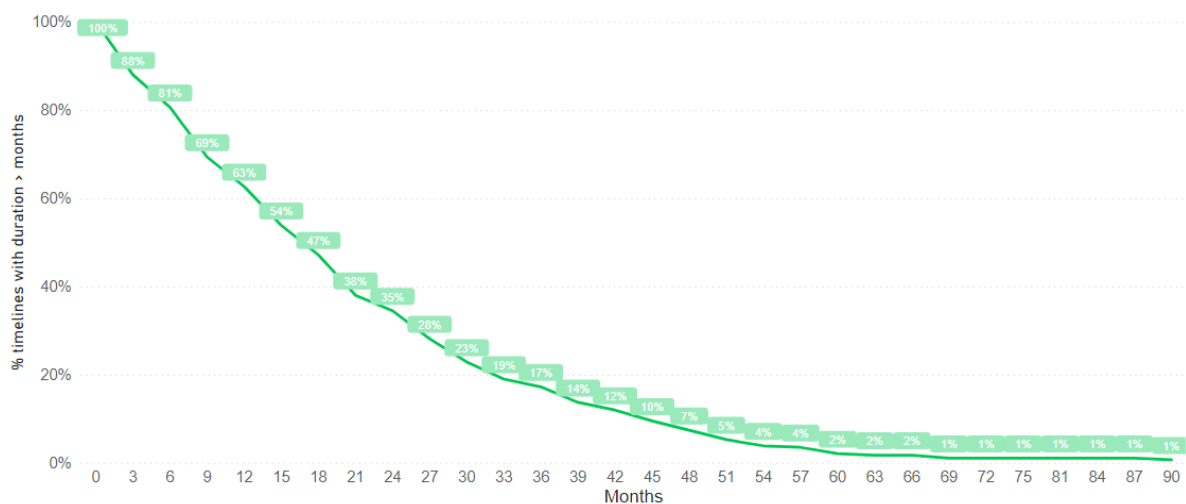


Figure 17: Duration of complex needs floating support cases

5.3.2 Mental health floating support service

5.3.2.1 Referral sources

Referrals to Elmore’s mental health floating support service can come from a wide range of sources (Figure 18). Most are self-referred or come from community mental health services. In recent years, 77% of these referrals have been accepted. Of clients for whom gender is recorded as male or female, 56% of referrals are female and 44% are male.



Figure 18: Referral sources - mental health floating support service

Figure 19 shows the percentage of accepted referrals to the mental health floating support service from each referral source. Referrals from local authority - probation services and community substance misuse services have a 100% acceptance rate. However, there are low statistics in these categories. There are high acceptance rates from local authority - children’s services, health services, and community mental health services. Self-referrals are accepted 65% of the time. The lowest acceptance rates come from local authority - adult social services and housing associations.

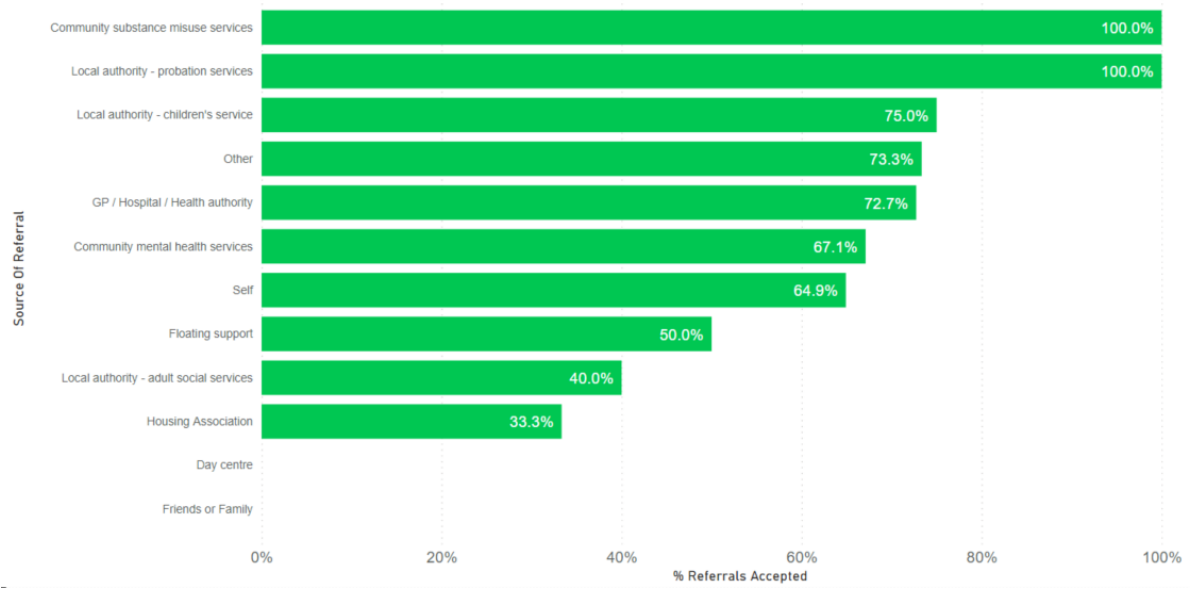


Figure 19: Percentage of referrals accepted by referral source - mental health floating support service

Figure 20 shows the reasons recorded for rejection of referrals to Elmore’s mental health floating support service. 47% were because the service was not considered appropriate. 26% were because the potential client either did not wish to proceed or did not engage with Elmore.

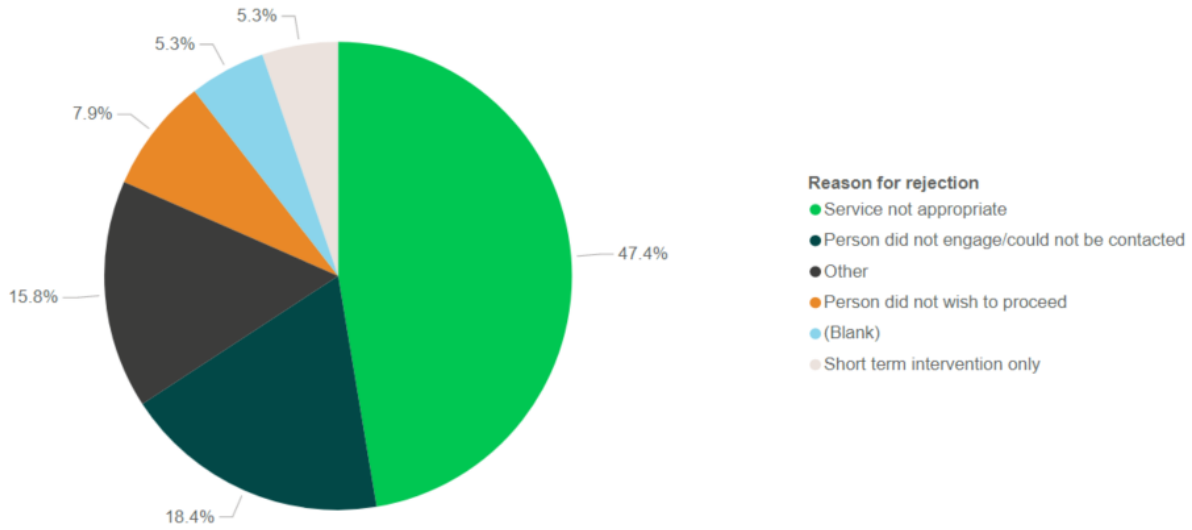


Figure 20: Reasons for rejection of referral - mental health floating support service

5.3.2.2 Client numbers

In the period covered by the financial years 2016/17 to 2020/21, Elmore’s mental health floating support service has supported an average of 127 clients a year and 89 clients at any one time. The yearly figures are given in Figure 21. The total number of clients supported in this 5-year period is 252, with 214 referrals, 160 cases opened, and 179 cases closed. The yearly figures are presented in Figure 22.



Figure 21: Total and average yearly clients - Mental health floating support service

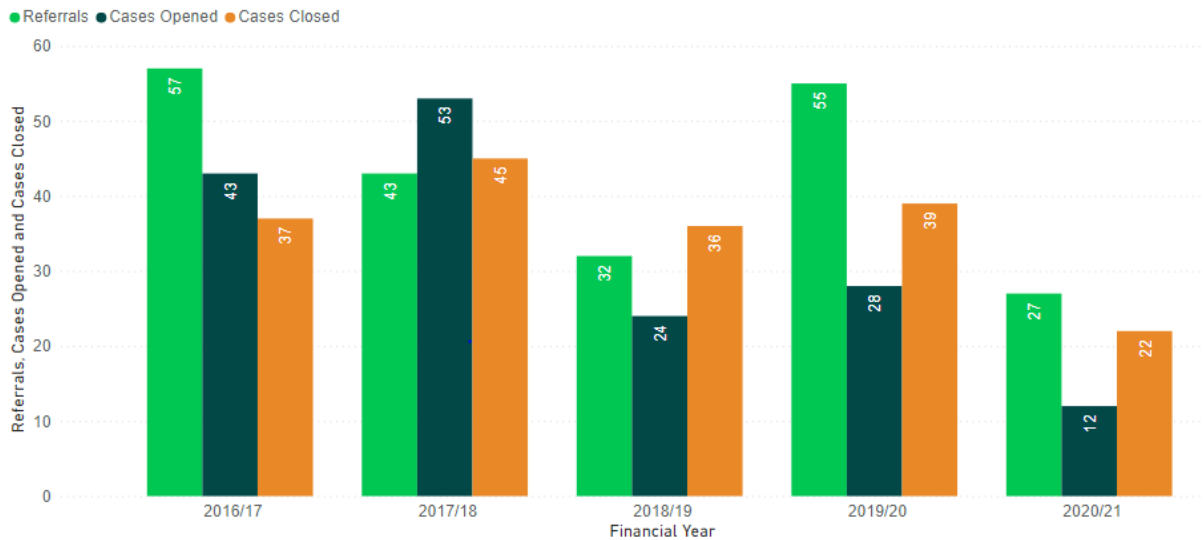


Figure 22: Referrals, opened and closed cases by financial year - Mental health floating support service

The average duration of mental health floating support cases (that were closed between 1st of April 2016 and 31st of March 2021) is 24.8 months with 61% of cases closed within 2 years and 78% closed within 3 years (see Figure 23). A small proportion (3%) of cases were open for over 5 years. There is a large variation in the duration of mental health cases, which demonstrates how highly individualised each client’s support needs are. Rather than providing a “one-size-fits-all” approach, Elmore’s mental health floating support cases are closed when it is deemed appropriate to meet the needs of a client.

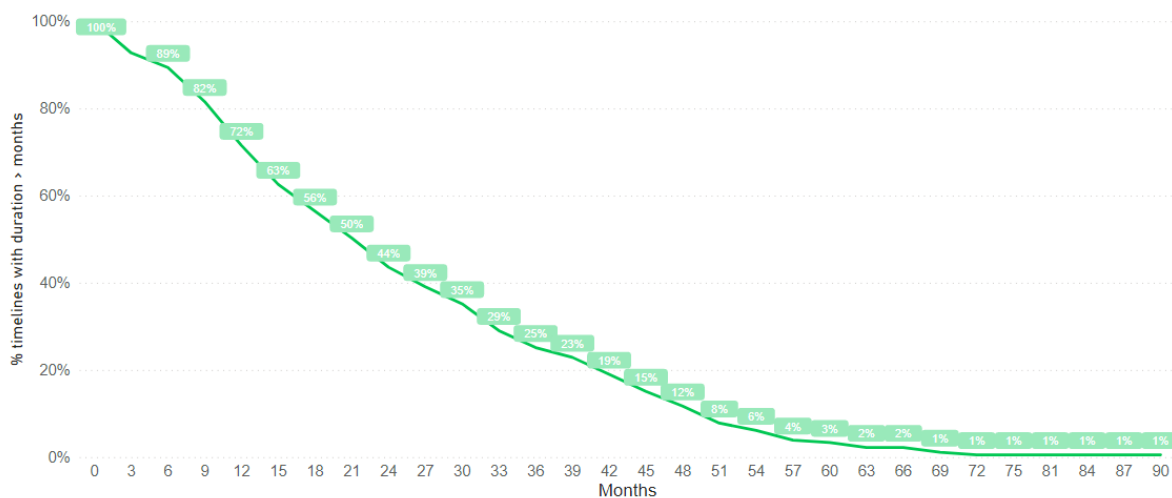


Figure 23: Duration of mental health floating support cases

5.3.3 Client numbers summary

In total, in the period covered by financial years 2016/17 to 2020/21, the complex needs and mental health floating support services have supported an average total of 306 clients a year and 209 clients at any one time. The total number of clients supported over this 5-year period is 636, with 623 referrals, 435 cases opened, and 464 cases closed.

Elmore understands the importance of quality and consistency of care, so has recently required that a worker performing a client’s assessment has space on their client caseload to become their worker, if they are accepted by the client. This avoids the need for clients to retell their difficult stories and helps to build trust as early as possible.

5.4 Elmore client demographics

5.4.1 Age

Both services support clients across a wide spectrum of ages. The youngest clients are young adults and the oldest are in their seventies. The average ages are 41 and 44 for complex needs and mental health floating support clients respectively. The numbers of clients in each age group are shown in Figure 24. All Elmore services are designed to provide individually tailored support to people who fall between the gaps of other services. Therefore, it is not surprising that people of all ages are both referred and accepted as complex need and mental health floating support clients.

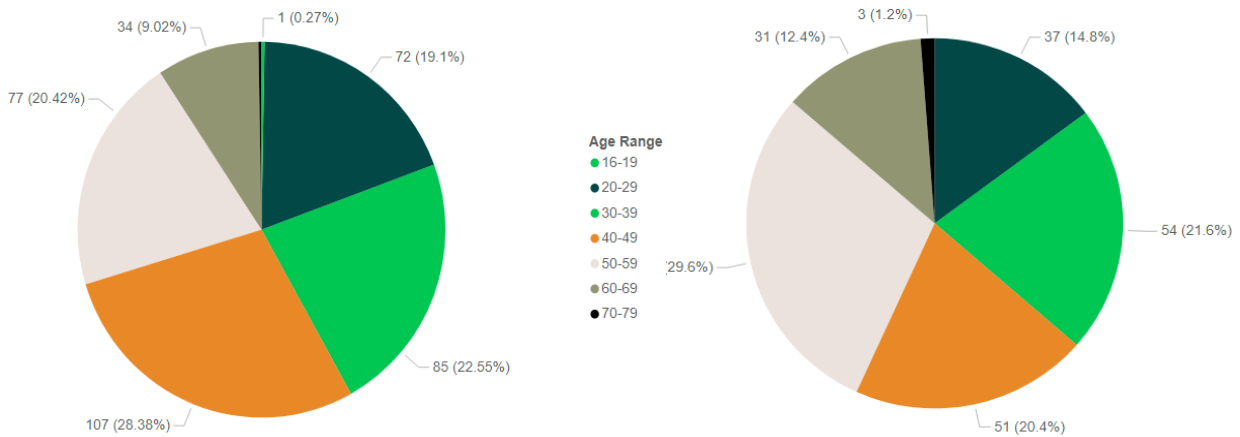


Figure 24: Clients in each age range for complex needs (left) and mental health (right) floating support services

5.4.2 Gender

Both services support slightly more people identifying as female than male. On average the ratios are 56%:44% for the complex needs floating support service and 59%:41% for the mental health floating support service.

It is not certain why the services support 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 among females, particularly for personality disorder (Skodol & Bender, 2003). A larger proportion of female clients in both services have experienced domestic abuse and/or sexual violence than male clients, and this is also the case in the general population (Crisis, 2017). Therefore, female clients using the complex needs and mental health floating support services are more likely to require support for past or present domestic abuse and/or sexual violence than males.

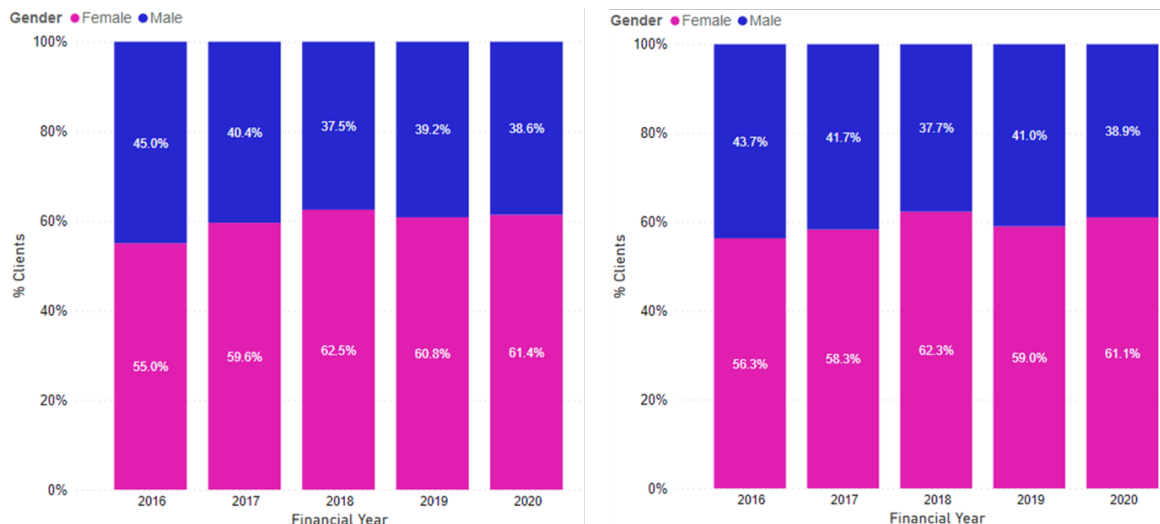


Figure 25: Percentage of clients identifying as male or female by financial year, for complex needs (left) and mental health (right) floating support services

5.4.3 Client location

Elmore was established as a city-wide service. In recent years it has expanded in terms of the range of the services that it offers and the geography that it supports people within. Since 2010, Elmore’s complex needs and mental health services have served Oxfordshire. While the majority of clients live in Oxford, support is provided in Banbury, Abingdon, Witney and other areas (

Figure 26). Elmore has a wide catchment area to provide support for people in need who cannot be catered for more locally.

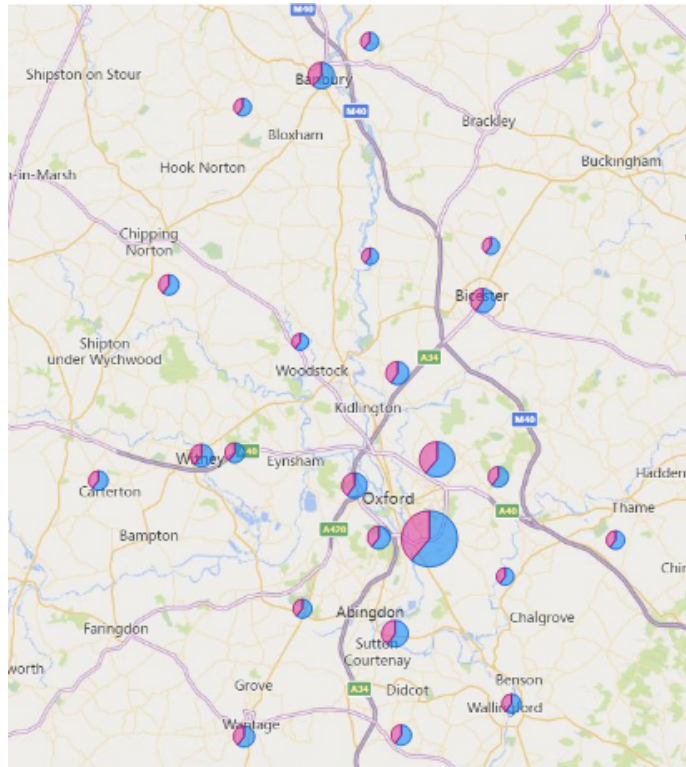


Figure 26: Client location map, blue: complex needs service and pink: mental health service

5.4.4 Ethnicity

Of the clients who shared their ethnicity, the vast majority are white British (85% for complex needs floating support clients and 80% for mental health floating support clients). Figure 27 and Figure 28 show the percentages for each ethnicity for complex needs and mental health floating support clients respectively.

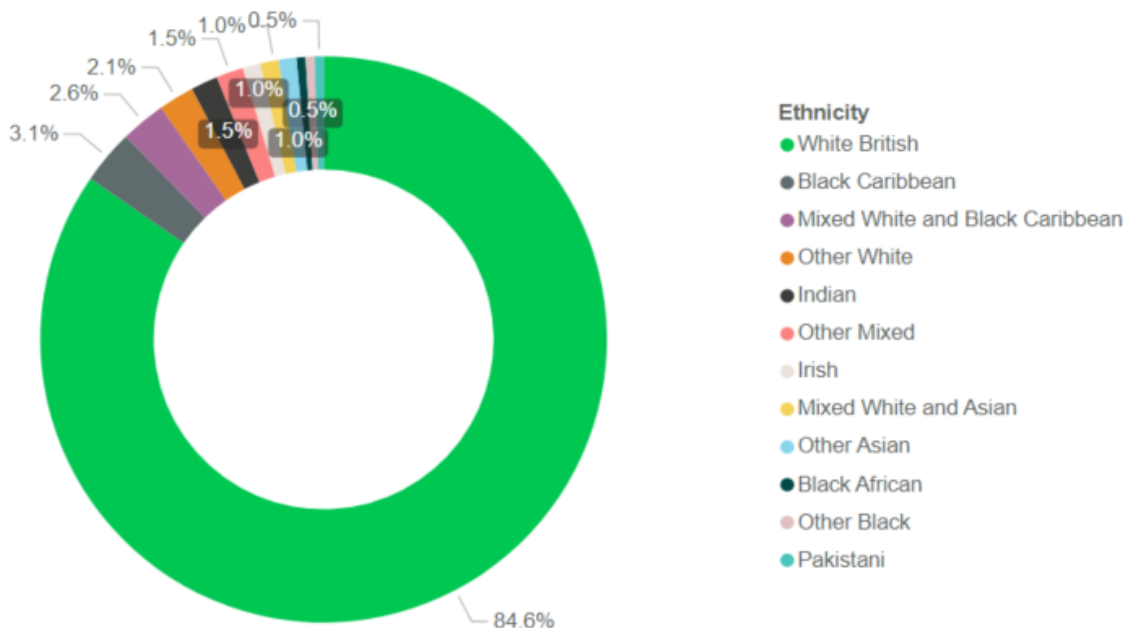


Figure 27: Ethnicity mix for complex needs floating support clients who disclosed ethnicity

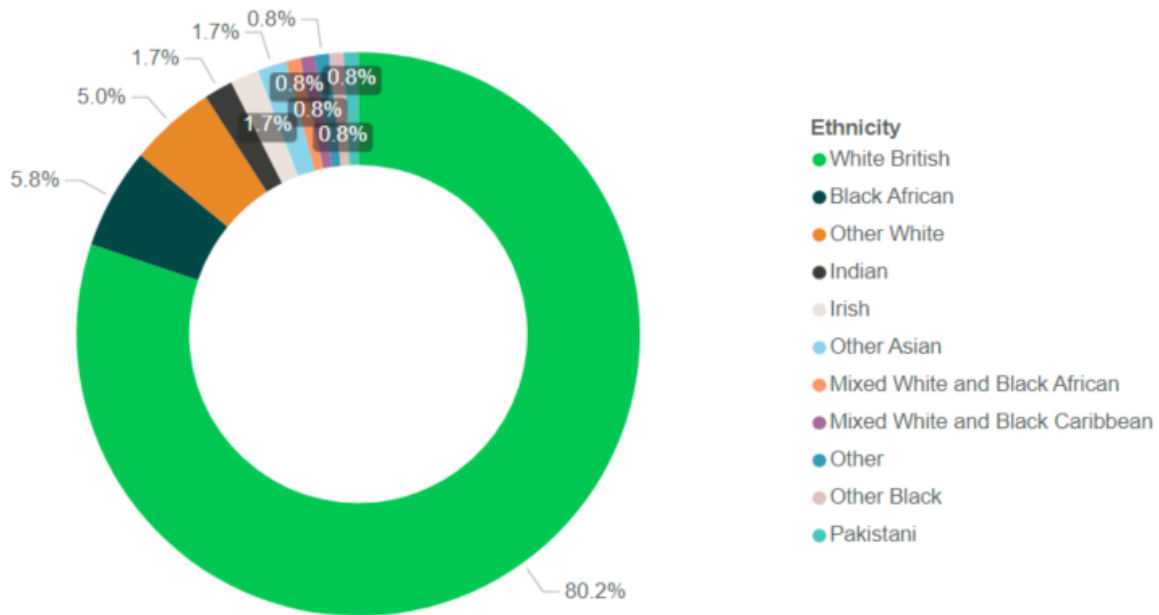


Figure 28: Ethnicity mix for mental health floating support clients who disclosed ethnicity

To see how the ethnic diversity of Elmore’s complex needs and mental health floating support service provision compares with the ethnic diversity of the community that the Charity serves, this evaluation compares demographic data for Oxford City (using data from the last census) with demographic data for Elmore’s Oxford-based clients. Elmore has a disproportionately larger number of White British, but fewer Other White, than the city itself, with the total White percentages being very similar (76% census and 79 % Elmore). There are higher percentages of Black African and Caribbean in Elmore’s complex needs and mental health floating support client group, perhaps because this ethnic group has increased in size in Oxford since the last available census in 2011 or because it is more likely to require support.

Table 1: Ethnicity mix comparison

Ethnicity	Census %	Elmore Oxford %	Difference
White British	63.6%	76.0%	-12.4%
Other White	12.4%	2.7%	9.6%
Pakistani	3.2%	1.4%	1.8%
Black African	2.9%	4.8%	-1.9%
Indian	2.9%	2.1%	0.9%
Other Asian	2.8%	2.7%	0.0%
Chinese	2.3%	0.0%	2.3%
Irish	1.6%	0.7%	0.9%
Mixed White and Asian	1.3%	0.0%	1.3%
Black Caribbean	1.2%	3.4%	-2.2%
Bangladeshi	1.2%	0.0%	1.2%
Mixed White and Black Caribbean	1.1%	2.7%	-1.6%
Other Mixed	1.1%	2.1%	-1.0%
Other ethnic group	0.7%	0.0%	0.7%
Arab	0.6%	0.0%	0.6%
Mixed White and Black African	0.5%	0.7%	-0.2%
Other Black	0.5%	0.7%	-0.2%
Gypsy/Irish Traveller	0.1%	0.0%	0.1%

6.2 Accommodation

Stable accommodation is important for Elmore’s clients. Other needs (such as mental health, work, and relationships) are most effectively addressed once a client has established a stable base and feels secure. Maslow’s Hierarchy of Needs (Maslow, 1943) explains that physiological and safety needs form the basis for further growth, and this understanding is acknowledged and implemented by support models such as housing first (Housing First England, 2010 -present).

Elmore’s complex needs and mental health floating support clients mostly live in supported tenancies, which include with a housing association, a local authority tenancy, and similar accommodation. Some clients are homeless or in temporary accommodation and a significant minority are living with friends or family (Figure 31 and Figure 32.)

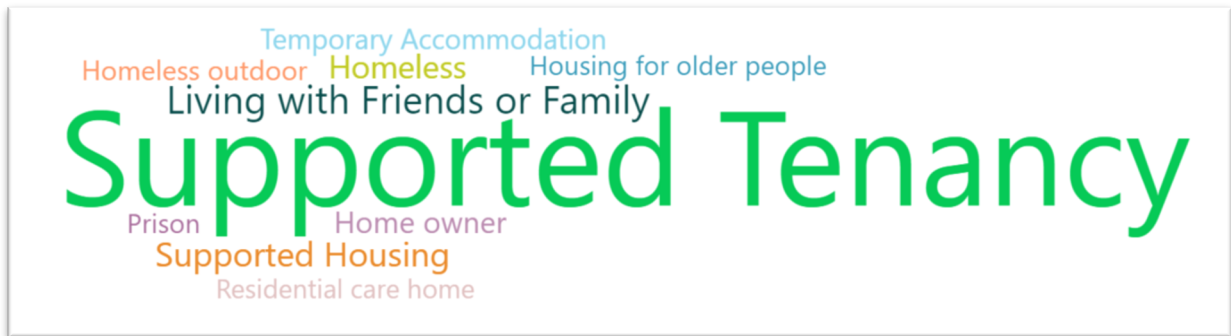


Figure 31: Word count of complex needs floating support clients’ housing categories, recorded from ¼/2016 to 31/1/2021. The size of the word is proportional to the total time spent in this housing category.



Figure 32: Word count of mental health floating support clients’ housing categories, recorded from ¼/2016 to 31/1/2021. The size of the word is proportional to the total time spent in this housing category.

A majority of clients (67% for complex needs floating support and 83% for mental health floating support) have one recorded place for accommodation. These are most commonly people who already have a supported tenancy, in some cases the client is not struggling to keep this tenancy and has other needs that require support whereas in other cases Elmore will work to help maintain this tenancy.

Of the clients who move, most move once, but a small proportion have more than three addresses recorded. Figure 33 and Figure 34 show the percentage of client cases versus number of addresses for complex needs and mental health floating support services respectively. The mean is 1.5 for complex needs floating support clients and 1.2 for mental health floating support clients.

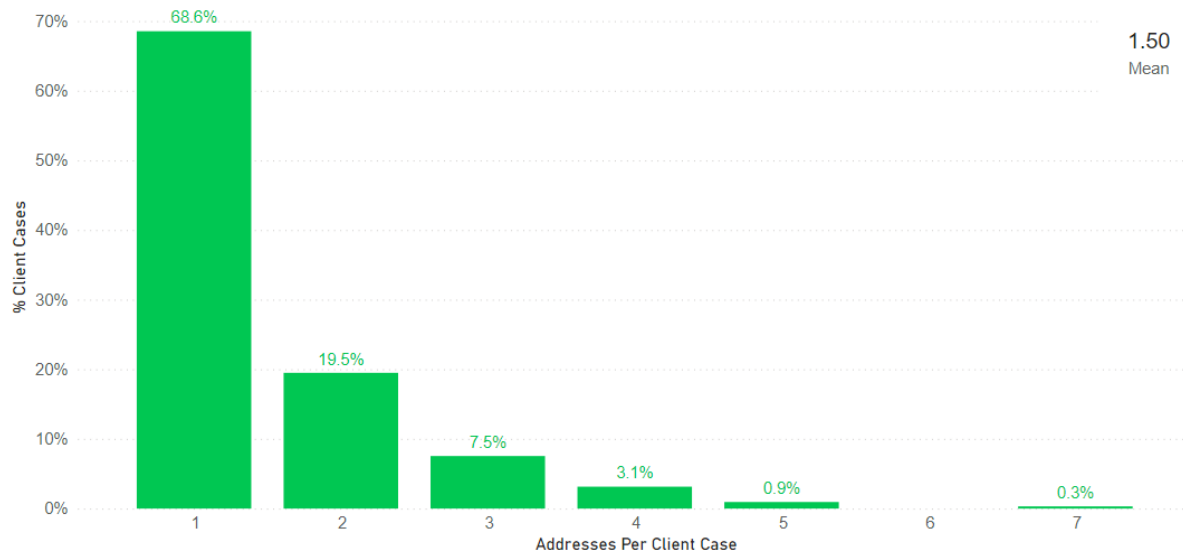


Figure 33: Distribution of addresses per client case for clients included in the sample – complex needs floating support service.

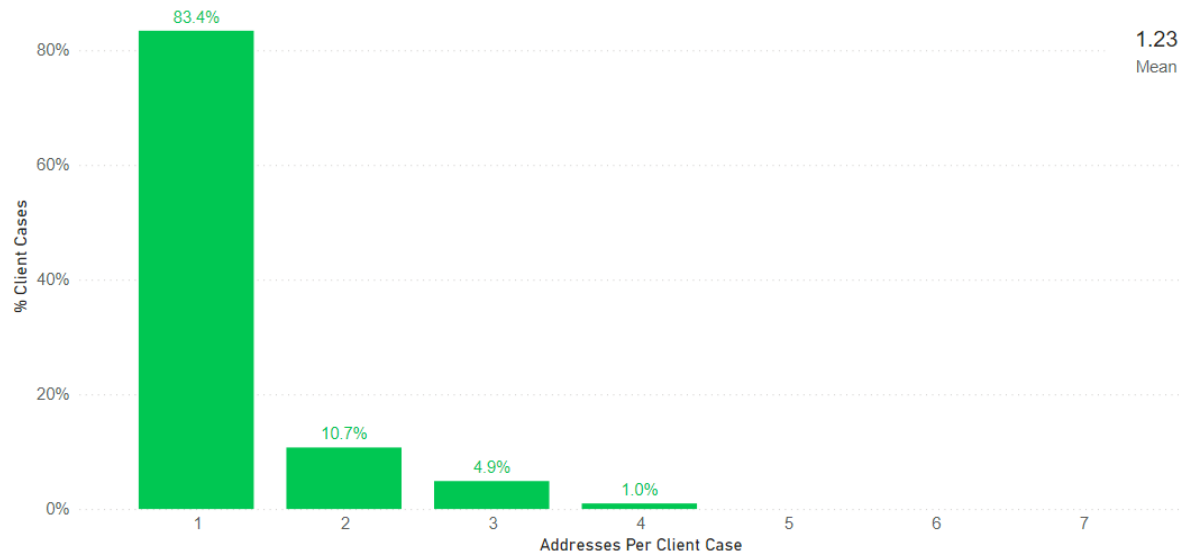


Figure 34: Distribution of addresses per client case for clients included in the sample – mental health floating support service.

Figure 35 is important for understanding Elmore’s impact in moving clients away from unsafe, short-term and/or informal accommodation towards more independent, less chaotic residences. The x-axis is scaled such that -1 represents the referral date, 0 represents the case start date, and 1 represents case closure. It can clearly be seen that over the course of a client’s time with Elmore, the proportion who are homeless, living with friends or family or living in temporary accommodation decreases from 40% at the time of referral to 15% at the time of closure. Elmore helps to move these clients into more stable and formal accommodation, such as supported tenancies, supported housing and, in rare cases, their own homes. These categories increase from 61% at the time of referral to 85% at the time of closure. These figures are for clients that have moved at least once during their time with Elmore.

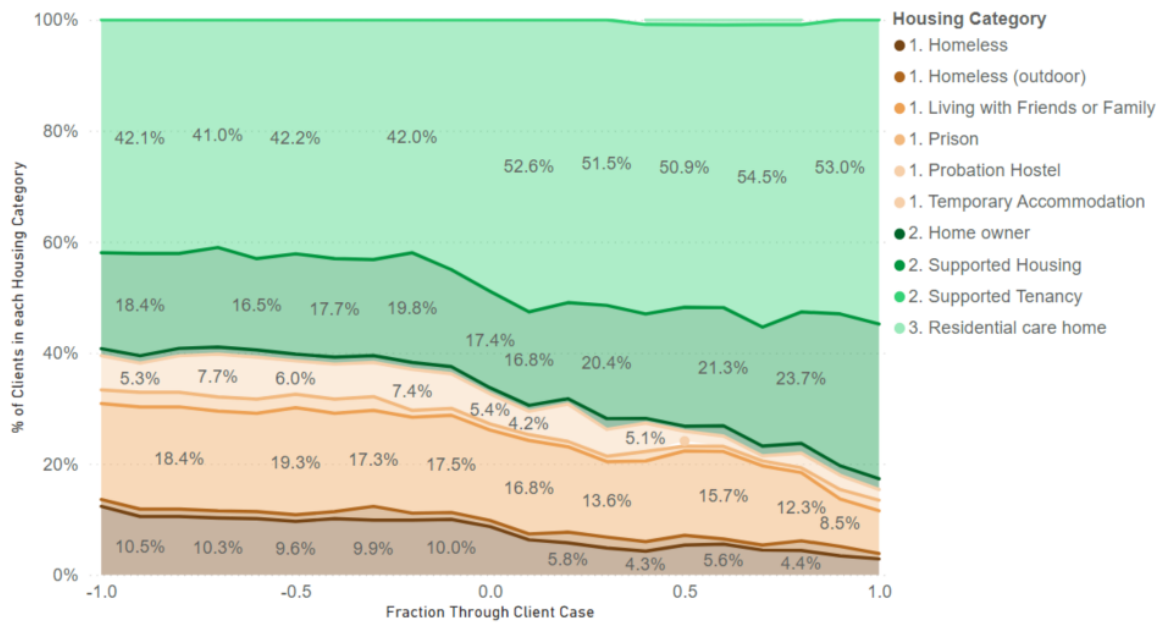


Figure 35: Changes in accommodation category versus % through client case for complex needs and mental health floating support clients combined. This is for clients who have moved at least once during their support.

6.3 Mental Health Recovery Star

Elmore started using the Mental Health Recovery Star (MHRS) questionnaire (Mental Health Recovery Star) at the end of 2017 for some clients. Elmore will make it a requirement in early 2022 to perform questionnaires for all complex needs and mental health floating support clients shortly after the start of a client’s case and prior to their closure, in order to better assess the difference that Elmore makes. Only a handful of cases with more than one measurement of mental health recovery are available for this evaluation; therefore, the dataset is incomplete to use in the quantitative cost-effectiveness estimate. However, there are some pertinent results which we give to show how informative this metric can be.

Figure 36 gives examples of two clients’ MHRS scores. The first shows an overall improvement, the second shows an overall decline in most categories. What is important is this measure tracks a client’s recovery in a holistic way by encompassing ten areas of a client’s life.

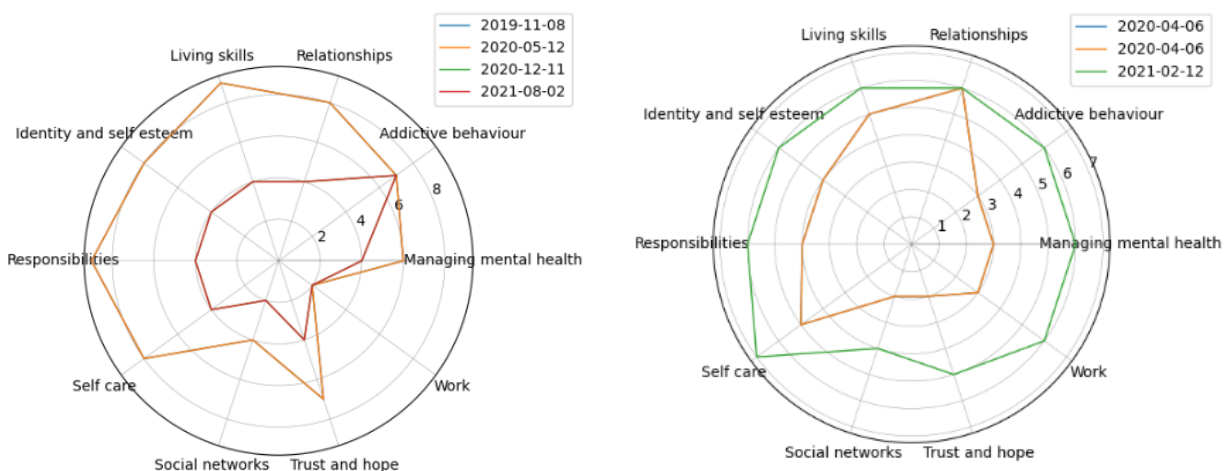


Figure 36: Example of two clients’ mental health recovery scores. Left shows overall improvement, right shows overall decline in most categories. If the line corresponding to a date is not visible, then the score was the same as the following contour for all categories.

MHRS scores for clients' first and last questionnaires are given in Figure 37 and Figure 38 respectively, for each category. Figure 39 shows the change in these scores from first to last MHRS. For clients in the complex needs floating support service who completed two or more MHRS, 33% had a positive change in overall score, 22% had a negative change in overall score, and the rest was neutral. The mean change in the total score was 1.06. For clients in the mental health floating support service who completed two or more MHRS, 13% recorded a positive change in the overall score, 47% had a negative change in the overall score, and the rest was neutral. The mean change in the total score was -3.8. The largest drops in scores occurred for mental health floating support clients in the categories of self-esteem and self-care.

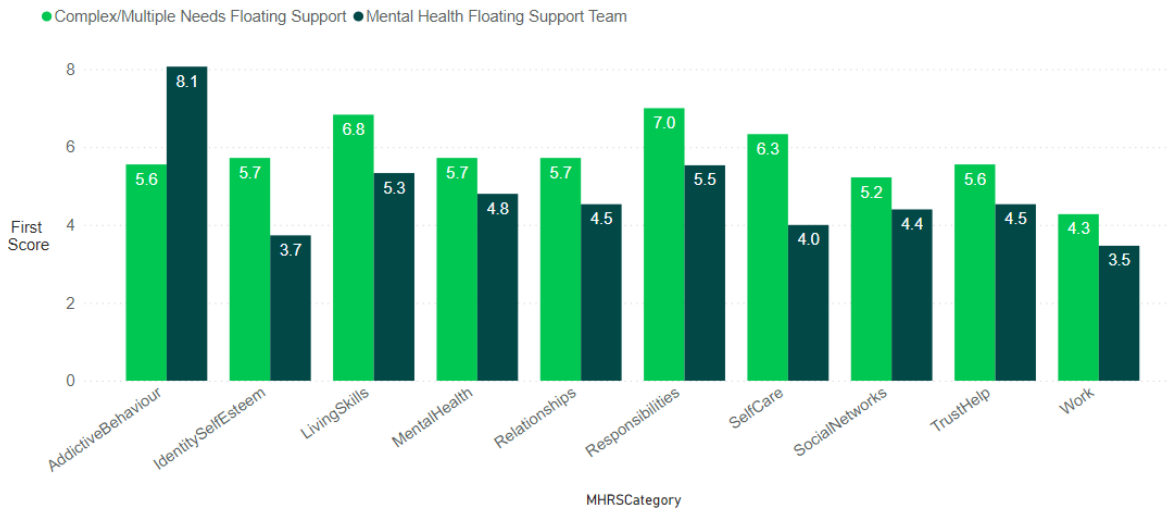


Figure 37: Mean first mental health recovery scores by category.

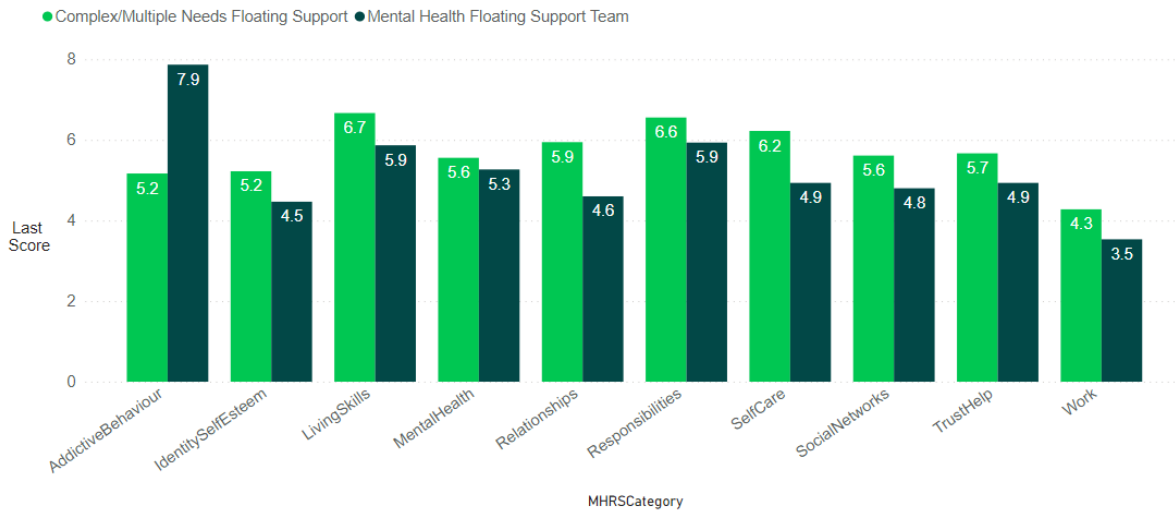


Figure 38: Mean latest mental health recovery scores by category.

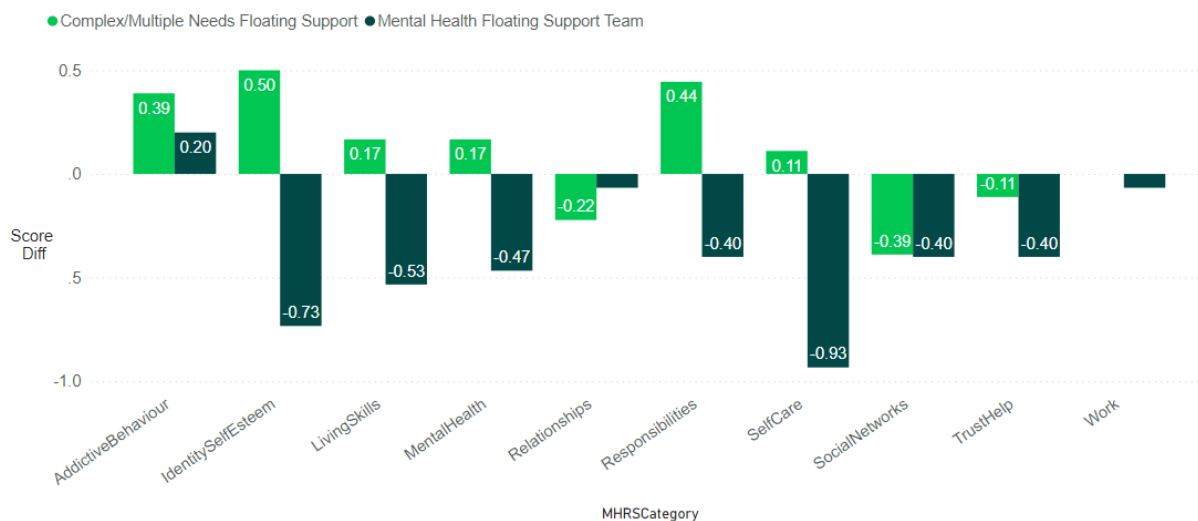


Figure 39: Mean first minus latest mental health recovery scores by category.

It is unclear if the sample is biased as the clients were asked to complete the questionnaire again because there were concerns about their progress. Many of the latest questionnaires were taken in a time of uncertainty and fear caused by the COVID-19 pandemic, so more data would be needed to better understand if clients were experiencing a worsening of their difficulties. With this in mind, it is recommended that Elmore offers an entry and an exit MHR (or alternative measure) for clients, so that this kind of data analysis can be extended in the future to the entire client cohort.

6.4 Case closure reasons

Elmore’s client cases are highly individual and hence can be closed for several different reasons. The largest reason for closure category is “support in place”, and 43% of complex needs floating support cases and 58% of mental health floating support cases are closed because of this. The next largest category is that the client is “No longer engaging”, which accounts for 29% and 16% of complex needs and mental health floating support clients respectively. 6 % of clients, on average, are transferred from the complex needs and mental health floating support services to another Elmore service. In recent years, Elmore has expanded its offering to include more services dedicated to clients’ specific needs. This expansion has enabled clients to receive continuity of care while being supported by the most appropriate service to meet their needs.

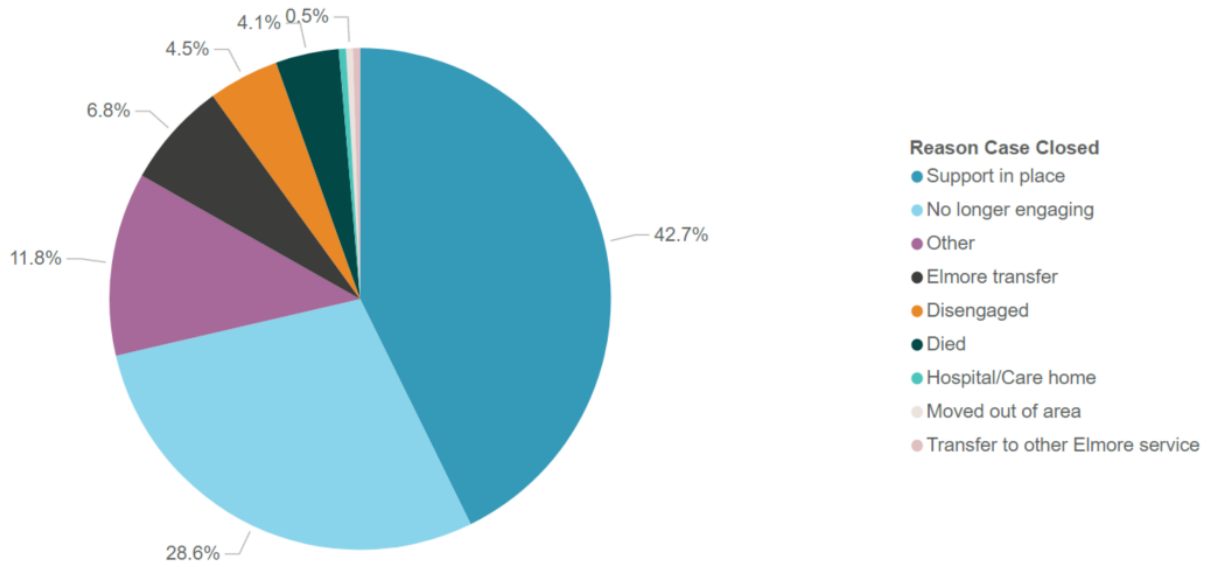


Figure 40: Percentage of cases closed by reason for closure for financial years 2016/17 to 2020/21 - complex needs floating support service.

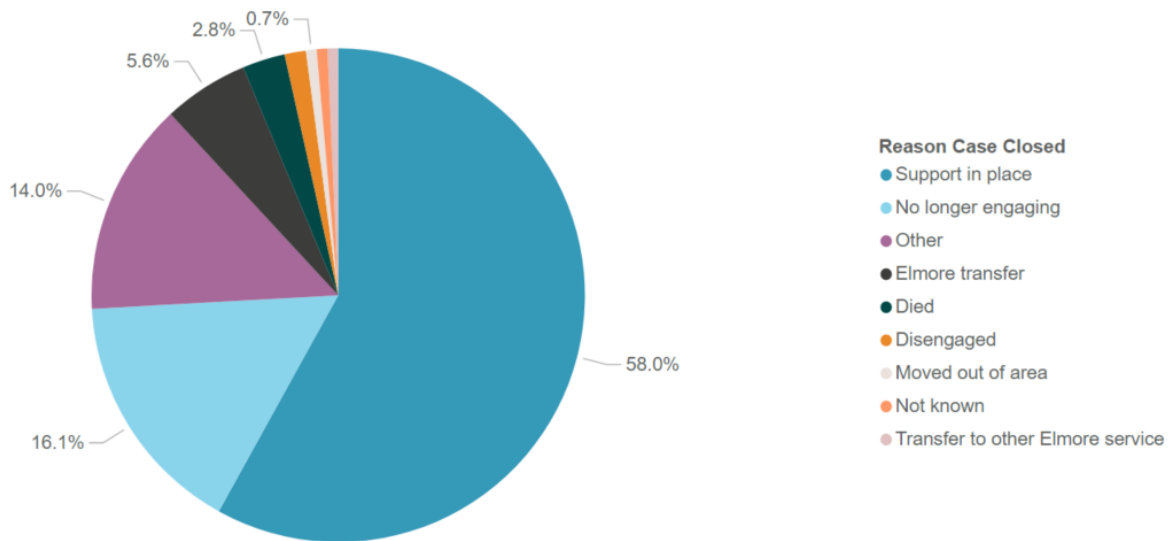


Figure 41: Percentage of cases closed by reason for closure for financial years 2016/17 to 2020/21 - mental health floating support service.

7 Human impact of Elmore's intervention

Interviews with Elmore support workers shine a light on stories about clients' journeys and help to explain Elmore's impact in ways that go beyond what quantitative data can capture. Many of Elmore's clients are initially in crisis. They have a deep-rooted distrust in the police, local authorities, and other agencies. Many are not eligible to access mainstream services, partly because their past and present behaviour is deemed to make them "unsuitable". It is routinely the role of Elmore to understand each client and their needs deeply, more so than anyone has ever taken the time to do before. This investment of time and focus on the person provides insight into the needs that drive behaviour and in particular behaviour that creates barriers to positive change and hampers access to other services.

An Elmore caseworker reflected on a client with a lifetime of being misunderstood and punished both emotionally and physically from a young age for "unwanted" behaviour. The quotations below are the client's, given in their own words.

"They sat down for their meetings and then my father said, 'They don't understand you, and this is the best thing for you,' and I was sent to boarding school."

Measures arranged to alter the client's behaviour were punitive and physically abusive, leaving the client feeling terrified about authority from childhood.

"I had a stutter until thirteen, [I] couldn't get me words out for fear..."

They grew up believing, and experiencing, that no-one cared about them or was able to see their pain.

"Nobody was interested in me. I was just shoved away to forget about me. Well, when you do that to people you find out people turn out like me..."

In adulthood these experiences manifested as intense paranoia. They were so deeply distrusting of others, that they struggled to extend empathy to them. Their chronic assumption was that everyone was out to get them and so they were immediately defensive, or more often aggressive, with others.

"[Before] I would've just got stuck in - to hell with the consequences."

Prior to Elmore working with this client, the police were requested to attend all meetings with support agencies as they were deemed to pose a risk to the safety of others. The client believed this led to the development of preconceptions about their character which led to a breakdown of trust before any conversations had even begun.

"When other people don't know you and they see a lot of police officers around you in a room, they come to one conclusion only."

How can Elmore affect change with someone who has this experience? Elmore caseworkers have the skill and, due to the flexibility of support, the one-on-one focus to perform an impartial assessment of the client to fully understand what drives behaviour. In this specific case, the client built trust in the Elmore caseworker after years of trusting no-one.

“With Elmore, when I first got involved with them, I could actually speak in the open and that was a big help. They learned [about me] over time.

I was feeling very much on my own most of the time until I met [my Elmore support worker].”

The Elmore caseworker was able to open doors that had been closed to the client due to their past behaviour. By advocating for the client, the caseworker enabled other agencies to trust the client and give them access to the help that they so badly needed, for instance housing support.

“I can actually sit back now and see it, and think, why couldn't I have done something a bit different, but at the time I couldn't see that. That held me back a lot - where people didn't understand the issues I was having, or just didn't seem to care.”

Through years of personalised support, this client was able to see that not all people were “other” and to understand when they caused offence, and why, and apologise for their often knee-jerk actions.

[I now know that] my behaviour hasn't always been acceptable to other people. I don't feel anger towards anyone anymore, all those days are gone. [My Elmore support worker] has helped me with my anger.”

“I thought [what I was doing] was for the right reasons, but when anger comes in everything goes out the window. That, in the past couple years, is something that [Elmore] has taught me; to sit down and think about what I'm doing for a second and then make a judgement call.”

This transformation in the way this person sees the world is due to the skill, care, and intense focus of Elmore and its complex needs and mental health floating support case working team.

“I'm enjoying my life for the first time.”

Whilst there is not a stereotypical Elmore client, these themes run through many clients' stories.

8 Quantitative cost-effectiveness analysis

8.1 Summary

There is a responsibility to use limited public funds optimally and assessment of the cost-effectiveness of publicly funded complex needs and mental health interventions is a key way of maximising impact and providing accountability. Therefore, a quantitative cost-effectiveness analysis has been conducted for both complex needs and mental health floating support services delivered as part of the OMHP for the period bookended by the financial years 2016/17 and 2020/21.

The address history of clients during their journey with Elmore is used as a proxy for costs to society in line with the method employed in other studies (Partridge, 2014), (Department for Communities and Local Government, 2012), (MEAM, 2009).

It is hopefully a given that society should provide for those in need, most of whom are disadvantaged and disenfranchised. The human impact of finding secure accommodation, improving mental health and physical health, finding work, and facilitating fulfilling relationships should prove argument enough to intervene. However, there is still a moral responsibility to use limited public funds optimally and assess the cost implications of such interventions (Pleace & Culhane, 2016).

8.2 Methodology

The full methodology for the cost-effectiveness analysis is detailed in Section 10 Appendix: Cost-effectiveness methodology. A summary is provided here.

The per client costs, associated with their housing situation, are summed over all clients in the sample and scaled to provide an estimate for all clients in the complex needs and mental health floating support services, for all five financial years covered by this cost-effectiveness analysis.

The results are presented in terms of cost difference (Equation 1) and cost difference minus expenditure (Equation 2).

$$\text{Cost difference} = \text{mean cost no intervention} - \text{cost}$$

Equation 1

where “mean cost no intervention” is the mean of the upper and lower bound no intervention scenarios per client, summed for all clients and “cost” is the per client cost, based on each client’s accommodation history, summed for all clients.

$$\text{Cost difference minus expenditure} = \text{cost difference} - \text{Elmore expenditure}$$

Equation 2

Where “cost difference” is given in Equation 1 and “Elmore expenditure” is Elmore’s combined expenditure on the complex needs and mental health floating support services.

8.3 Cost-effectiveness analysis findings

8.3.1 Total Costs

The calculated “mean cost no intervention”, “cost” and “cost difference”, explained in Equation 1 are given in Table 2, for each financial year and both complex needs and mental health floating support services.

Table 2: Estimated costs of non-intervention and Elmore intervention by financial year and service.

Project Name	FY	No Intervention	Cost	Cost Difference
☐ Complex/Multiple Needs Floating Support	2016	£2,891,618	£2,263,732	£627,886
	2017	£3,247,832	£2,559,400	£688,432
	2018	£3,223,016	£2,560,986	£662,030
	2019	£2,766,746	£2,206,478	£560,268
	2020	£2,650,508	£2,097,604	£552,904
	Total	£14,779,720	£11,688,200	£3,091,520
☐ Mental Health Floating Support Team	2016	£1,488,008	£1,231,923	£256,085
	2017	£1,520,403	£1,251,959	£268,443
	2018	£1,488,421	£1,247,223	£241,198
	2019	£1,266,782	£1,088,750	£178,032
	2020	£1,230,027	£1,032,511	£197,516
	Total	£6,993,640	£5,852,365	£1,141,275
Total		£21,773,360	£17,540,565	£4,232,795

In the five-year period covered by this evaluation, the intervention of Elmore’s complex needs and mental health floating support services has produced an estimated cost difference of over £4.2M, with complex needs and mental health floating support services contributing £3.1M and £1.1M respectively. This figure can be contrasted with the combined cost of providing the services of £2.3M. This results in the cost saving to the public purse (cost difference minus expenditure) of £1.9M or £368k per year on average. This figure amounts to an average saving per client per year of over £2k. Both Elmore itself, and the services to which clients are referred, have jointly contributed to this cost saving.

If the upper bound scenario is used, the cost difference over these five years is estimated to be £7.5M, producing a cost saving of £5.2M over this timeframe or about £1M a year. If the lower bound scenario is used, the cost difference over these five years is estimated to be £978k, producing a cost deficit of £1.3M over five years or about -£264k per year.

8.3.2 Cost difference minus expenditure per client

The cost difference minus expenditure per client has been calculated for complex needs and mental health floating support services combined. The estimated average cost saving per client per year is £2,078. The upper bound estimated average cost saving per client per year is £5,674 and the lower bound cost deficit is £1,519. The cost difference minus expenditure per client, by financial year, is shown in Figure 42.

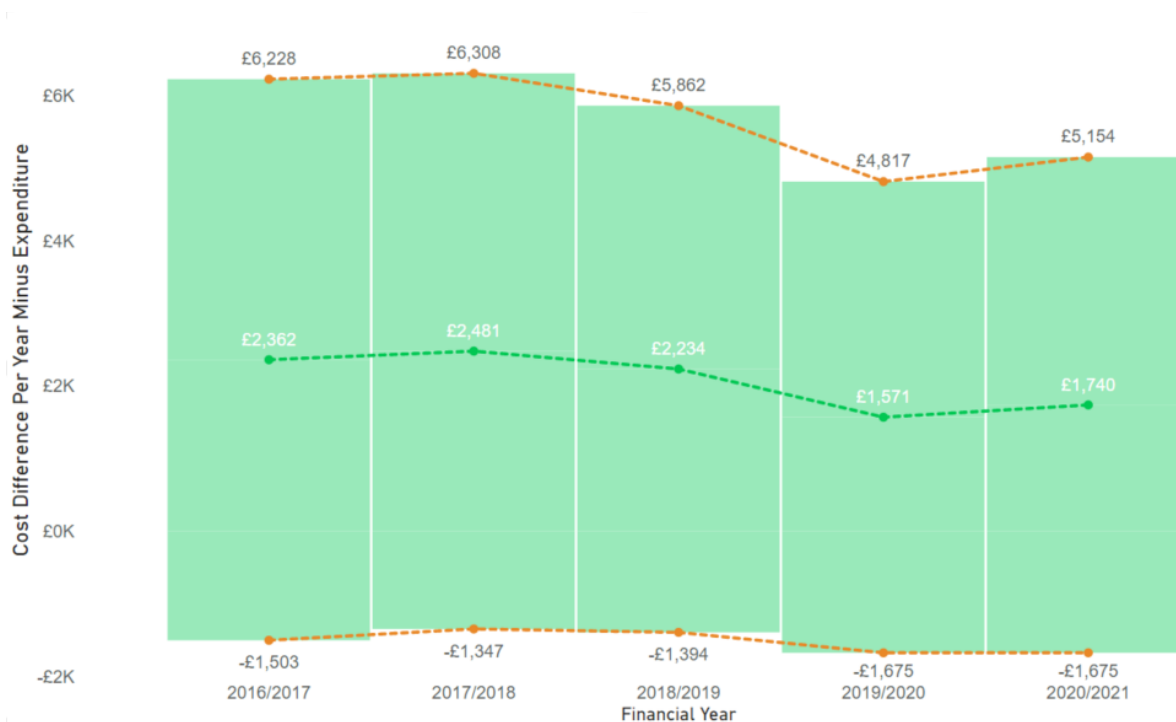


Figure 42: Cost difference minus expenditure per client.

8.4 Discussion of cost-effectiveness analysis

The costs estimates are based on the assumptions detailed in this section and clearly it is not possible to include every factor that could impact on costs. It will be possible to account for additional factors and improve future analysis.

The cost calculations stop when a case is closed due to the uncertainty involved in extrapolating Elmore's impact beyond the case closure date. It is hoped and expected that the support provided by Elmore, along with referrals made to relevant services, will have a positive impact on the lives of most clients in the years following their closure by the Charity. The calculated cost savings can be considered to be an underestimate in this regard.

Costs based on using accommodation status alone may miss some client-specific nuances which can be accounted for in future analyses, provided the relevant data has been recorded. It is, therefore, recommended that Elmore records some additional data that could produce a more holistic picture of the impact of its services.

9 Conclusions and Recommendations

Elmore's complex needs and mental health floating support services are serving a diverse client base that would otherwise fall between the gaps of mainstream services. Elmore's ethos of unconditional positive regard paves the way for clients to put their lives on a different trajectory as summed up by a client in their own words:

“With Elmore, when I first got involved with them, I could actually speak in the open and that was a big help. They learned [about me] over time.

I was feeling very much on my own most of the time until I met [my Elmore support worker].”

It has been shown that Elmore's interventions in the five years covered by this evaluation produced an estimated cost saving to the public purse of £1.9M or £368k per year. This amounts to an average cost saving per client per year of over £2k. Both Elmore itself, and the services to which clients are referred, have jointly contributed to this cost saving.

Through this analysis opportunities for fuller recording of data have been identified. Information about these opportunities has already been used to improve the integrity of Elmore's data systems to provide a more complete record for future analysis. Examples include making important data fields mandatory and reducing the possibility for user input error. Such improvements have been made as and when they have been discovered, but a more extensive review of data requirements will be needed. This is set to begin in early 2022. Some recommendations for that review include:

- Keeping existing measures of mental health (Mental Health Recovery Star), or employing an alternative, and ensuring completion of this for each client near case closure as well as at the beginning of their time with Elmore.
- Employing service utilisation questionnaires during a client's journey. It is well known that people struggling with mental health issues and presenting with other needs are generally high intensity users of mainstream services such as GPs, A&E, and emergency services. The costs associated with these visits are well-known and can be costly.

Such considerations need to be balanced with the wants and needs of clients, so that the information utilised can enhance Elmore's support, not detract from it. Thought should be given to what software could be used to collect this information most easily, in a way that minimises human error, and would be interoperable with existing data storage and analysis systems.

10 Appendix: Cost-effectiveness methodology

10.1 Data quality and inclusion criteria

The quality of client address data is strong and, therefore, this has been used in the cost-effectiveness calculation. Some criteria were applied to this data to ensure clients with missing information were excluded.

Exclusion criteria:

1. An address was present, but the housing situation was flagged as “Other” or blank, as the relevant client could not be accurately associated with a cost.
2. The address recorded referred to an acute stay in hospital, as the costs associated with each housing situation include, as much as is possible, service utilisation.
3. There were large periods of time where an address was not recorded for that client.

Assumptions

4. If there is a small gap in time between recorded addresses for a specific client, it is assumed that accommodation runs to the start of the next recorded accommodation.

This filtering of the address data provided a high-quality sample of clients’ address history.

The percentage of clients’ data meeting these criteria, for each year and each service, is given in Table 3, and on average 64% and 74% of clients were included in the sample for complex needs and mental health floating support services respectively. The costs were subsequently scaled to produce an estimate of cost for all complex needs and mental health floating support clients.

Table 3: Percentage of clients’ address data used by service and financial year.

Financial Year	Project Name	% Data Used
2016/2017	Complex/Multiple Needs Floating Support	60%
2016/2017	Mental Health Floating Support Team	74%
2017/2018	Complex/Multiple Needs Floating Support	64%
2017/2018	Mental Health Floating Support Team	73%
2018/2019	Complex/Multiple Needs Floating Support	62%
2018/2019	Mental Health Floating Support Team	71%
2019/2020	Complex/Multiple Needs Floating Support	64%
2019/2020	Mental Health Floating Support Team	78%
2020/2021	Complex/Multiple Needs Floating Support	68%
2020/2021	Mental Health Floating Support Team	72%

10.2 Costs per housing category

Each address recorded by Elmore has an associated “housing situation” field. Similar housing situations have been grouped into housing categories as shown in Table 4. Yearly cost estimates have been assigned to each of these housing categories by using reliable values from the relevant literature, detailed in Section 10.2.1 Sources of costs.

Table 4: Housing category and situation.

Housing Category	Housing Situation
Housing for older people	Housing for older people
Residential care home	Residential care home
Prison	Prison
Homeless (outdoor)	Sleeping Rough
Homeless	Sofa surfing
Probation Hostel	Probation Hostel
Supported Housing	One Foot Forward
Supported Housing	Oxford Homeless Pathways
Supported Housing	Simon House
Supported Housing	Supported housing
Supported Housing	Two Saints
Temporary Accommodation	Bed and breakfast
Temporary Accommodation	Council Temporary
Temporary Accommodation	Direct access hostel
Temporary Accommodation	Other temporary accommodation
Temporary Accommodation	Short life housing
Living with Friends or Family	Family
Living with Friends or Family	Living with family
Living with Friends or Family	Living with friends
Supported Tenancy	Council Tenancy
Supported Tenancy	HA tenancy
Supported Tenancy	Housing Association
Supported Tenancy	LA general need tenancy
Supported Tenancy	Private Rental
Supported Tenancy	Private sector tenancy
Home owner	Home owner
Home owner	Own House

Table 5 details the average cost to the public purse associated with each housing category for all five financial years included in this analysis. All costs have been inflation-adjusted to the relevant financial year using Office of National Statistics (ONS) figures (ONS, 2020). Where multiple reliable sources of costs were for a housing category, a weighted average of the values was taken.

Table 5: Mean costs associated with each housing category for each financial year included in this analysis, sources given in Section 10.2.1: Sources of costs.

Housing Category	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021
Hospital	£140,005.07	£143,715.21	£146,769.15	£149,288.69	£150,483.00
Housing for older people	£46,518.57	£47,751.31	£48,766.02	£49,603.17	£50,000.00
Residential care home	£46,518.57	£47,751.31	£48,766.02	£49,603.17	£50,000.00
Prison	£40,016.54	£41,076.98	£41,949.86	£42,670.00	£43,011.36
Homeless	£31,452.79	£32,286.29	£32,972.37	£33,538.40	£33,806.70
Homeless (outdoor)	£31,452.79	£32,286.29	£32,972.37	£33,538.40	£33,806.70
Probation Hostel	£29,226.00	£30,000.49	£30,638.00	£31,163.95	£31,413.26
Supported Housing	£22,646.00	£23,246.12	£23,740.10	£24,147.64	£24,340.82
Mobile home / caravan	£15,000.00	£15,397.50	£15,724.70	£15,994.64	£16,122.59
Temporary Accommodation	£15,000.00	£15,397.50	£15,724.70	£15,994.64	£16,122.59
Living with Friends or Family	£12,500.00	£12,831.25	£13,103.91	£13,328.86	£13,435.50
Supported Tenancy	£10,036.44	£10,302.41	£10,521.33	£10,701.95	£10,787.56
Home owner	-£832.68	-£854.75	-£872.91	-£887.89	-£895.00

As a general rule, clients who live more independently cost the public purse less on average. This does not mean that every homeless person costs society more than every council tenant, but the average homeless person costs more than the average council tenant. Figure 43 shows the average costs to society associated with the housing categories on the stepwise progression from homelessness to home ownership.

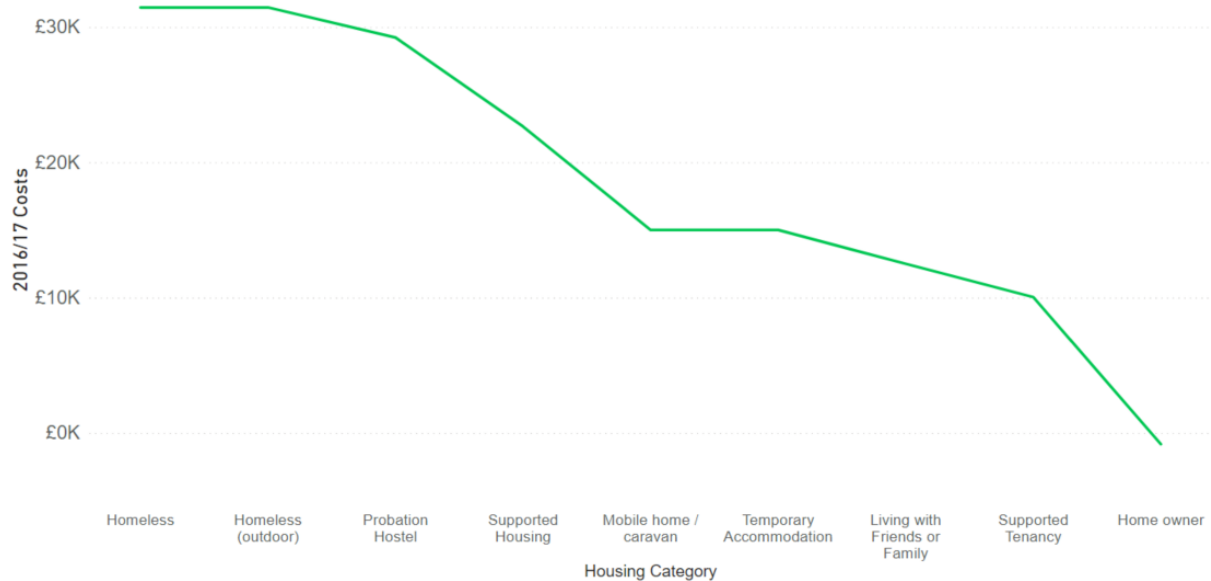


Figure 43: Average costs, per person per year, associated with each housing category.

10.2.1 Sources of costs

All costs are per person, per year.

Homeless costs:

£24,000 - £30,000 (Department for Communities and Local Government, 2012).

£34,518 (Pleace & Culhane, 2016)

Approved probation hostel:

£ 30,000 The average cost of a bed (p/a) at a probation hostel (2017/18) (Probation Hostel, 2017/18).

Supported Housing:

£25,252 (Pleace & Culhane, 2016)

£25,000 'One Foot Forward' provides 20 places for young adults, usually ex-offenders, at a cost of £500,000 p.a. to Oxford City and Oxfordshire County Councils. Now Closed.

£8,306 (Two Saints Hostel, 2019/20)

Temporary Accommodation:

£15,000 Weighted mean based on average housing benefit values in Oxford in 2016/17 (Government, 2016/17) and the cost of supported housing.

Living with friends or family:

£12,500 This is challenging to cost as sometimes this can be a long-term stable arrangement, with small costs to society, but often it is an informal/temporary arrangement that is more akin to sofa surfing. An average cost has been assigned that is the mean of the categories above and below.

Supported Tenancy:

£10,036.44 Based on average housing benefit values in Oxford in 2016/17 (Government, 2016/17)

Homeowner:

-£895 Oxford average Council Tax per dwelling (2021/22) £1,688. Average based on two-person occupancy. (Oxford County Council, 2021/22).

Oxfordshire council tax spending estimates (2021/22) 53% on adult and children's social care (Oxfordshire County Council, 2021/22).

Cost therefore given as a per person estimate of net contribution from Council Tax precept to social welfare spending.

Hospital (excluded in cost analysis):

£150,483 Based on average costs of overnight admission related to social factors, without interventions, is priced at £412. (NHS, 2021/22).

Prison costs:

£42,670 Cost per prisoner based on overall resource expenditure for all UK prisons (2019/20) (Ministry of Justice).

10.3 Cost-effectiveness calculation method

Figure 44 shows an example of a cost-calculation for an individual client. The graph x-axis starts at a client's time of referral and continues onto their point of case closure, scaled so that the start date of the client's case is at 0.

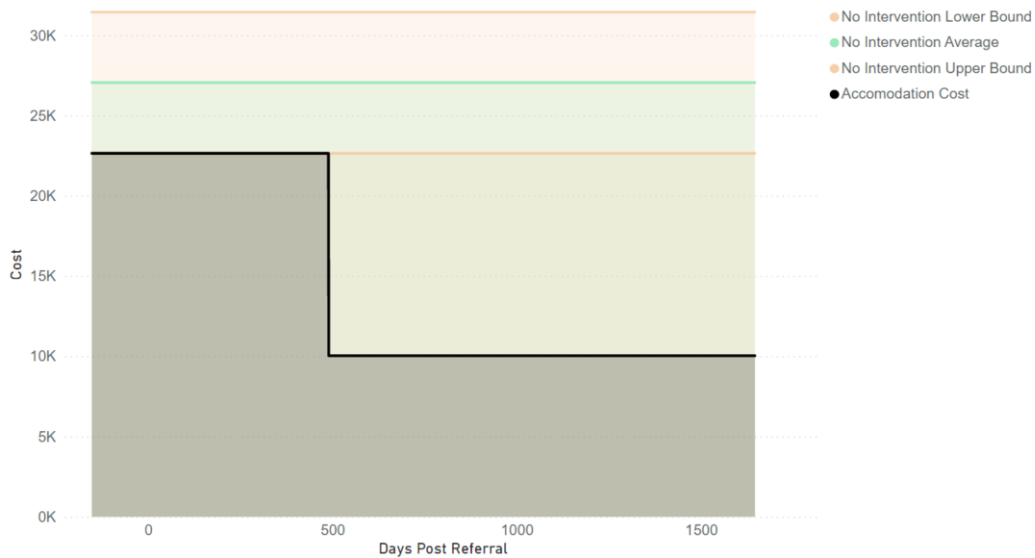


Figure 44: Example of cost-effectiveness calculation for a simple client.

10.3.1 Estimated cost per client:

The area under the black line represents the “cost per client” which equals the cost per day associated with each accommodation, multiplied by the time (in days) the client spent at that address, summed over all addresses for that client.

10.3.2 Estimated cost per client with no Elmore intervention:

10.3.2.1 Two scenarios:

It is hard to know the counterfactual or no intervention scenario for Elmore's clients. From interviews with Elmore employees, it is clear that many clients consider maintaining their standard of living (in terms of accommodation, work, mental health etc) as a goal in itself. Clients often come to Elmore in crisis, when they are at risk of falling further into chaos, and in such cases, Elmore works to try to prevent this from happening. With this in mind, two no intervention scenarios have been modelled:

1. **Lower bound scenario:** Clients remain in the same housing category that they were in when referred to Elmore. The cost per client of this lower bound no intervention scenario is the area under the bottom orange line in Figure 44.
2. **Upper bound scenario:** Clients slip to a less favourable housing category. For example, those in supported housing become homeless or homeowners move to a supported tenancy. The cost per client of this upper bound no intervention scenario is the area under the top orange line in Figure 44.

It is assumed that most complex needs and mental health floating support clients would lie between these two outcomes without support by Elmore (or a similar service). In reality, some clients would improve their housing situation without support from Elmore or a similar service, but, conversely, some would end up in a much worse situation.

10.3.2.2 Mean cost no Elmore intervention:

The mean estimate of cost of no intervention has been calculated as non-weighted mean of the costs of the upper and lower bound scenarios. This is represented by the area under the green line in Figure 44.

11 References

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