Enabling Assessment Service London

# Helping Homeless Projects work with Complex Needs

Barney Wells – Social Worker

Nicola Bygrave – Occupational Therapist

Tara O'Neill - Psychologist

# Enabling Assessment Service London

- C.I.C. - Began operation in 2012.
- Mental Health Professionals at that time within statutory services.

- Why:

  - Services being decommissioned.

  - Difficulty maintaining responsiveness and flexibility.

  - Need and recognition by homeless providers.

# Easl - Activities

- Since it's launch Easl has focused on three, sometimes overlapping, tasks:

- i) “Enabling Assessments”.
- ii) Consultation, Advice and Supervision.
- iii) Structured Training

# Assessment Goals.

May include

- Person's understanding of own situation and their role in it.
- Services understanding of that person.
- To provide evidence to enable that person to access other services.

- April 2012 and February 2014 over 250 people have been assessed by Easl with the assessment written up in focussed report form.

# Structured Training

- AMHP training course and AMHP refresher training – involvement with “Saving Lives”.
- Training to individual staff teams.
- Fortnightly “Mental Health Training and Discussion Forum” for Church Winter Shelters.
- Ad hoc Training sessions.
- OT Students on placement in hostels and Borough wide Training Workshops in Hammersmith and Fulham…

# Consultation, Advice and Supervision.

- Provision of advice, support and a sense of “containment” to unqualified staff.
- Both structured and unstructured.
- Links to “Psychologically Informed Environments”.
- Including when focus is on assessments.

# Working Arrangements

- Church Winter Shelters – funded by London Catalyst.
- No Second Night Out –funded by them.
- No One Living on the Streets – funded by them.
- Thames Reach – Street Rescue – Initial pilot then funded by HTF.
- Hammersmith and Fulham….

# Hammersmith and Fulham

Local commissioners had previously identified need for:

- Mental health input for the street outreach team working with rough sleepers;
- Specialist in-reach support for hostels working with homeless people with complex needs.

# Hammersmith and Fulham

- 2012/13 Funding equivalent to one post made available to Thames Reach – then running outreach service locally.
- Discussion with Easl resulted in pilot starting in June 2012
  - assessment and other input to street outreach time and development of model for input into hostels (and subsequently floating support).

# Hostels

- Provision for “homeless adults” – not the “mental health pathway”.
- 200 Bed spaces in 5 different projects.
- 12 – 30 bed.
- Assessment and Longer term (up to 2 years).
- Several have core and cluster model.

- Different organisations – Different levels and patterns of staffing.

# In Action

- Regular meetings with hostel team (2 – 4 weekly) CPN, SW or OT.
- Availability to offer non-urgent email and telephone advice.
- Liaison with statutory services – including 1 day week with MH assessment service.
- Psychologist led case conferences.
- Training.
- Some assessment role where not possible to link in to existing statutory services.

# Goals

For hostel staff:

- To feel more contained.
- More able to reflect.
- More aware of what interventions might help.
- More able to access appropriate support.

# Goals

For system:

- To understand and acknowledge complexity of need. That these change.
- To understand and acknowledge extent and value of hostel staff's relationship and knowledge of people in their projects.

# Outcomes

As indicated in H and F's own evaluation after 9 months:

(there had been other initiatives – peer mentoring and "health and homelessness")

# Outcomes

- Increased staff confidence.
- Reduced evictions.
- Improved Mental Health & Substance Misuse Outcomes.
- Improved Risk Management Strategies
- Reduced Inappropriate Referrals to Statutory MH Services
- Improved Communication with Statutory Services

# Reduced Evictions

| Unplanned moves | 2011/12 | 1/4/12-31/12/12 |
|---|---|---|
| **Eviction** | 29 | 14 |
| **Custody** | 34 | 16 |
| **Abandoned** | 4 | 6 |
| **Long-term hospital** | 4 | 0 |
| **TOTAL** | **71** | **36** |

# Improved Mental Health & Substance Misuse Outcomes

| Outcome Domain | 2011-12 | 1/4/12-31/12/12 |
|---|---|---|
| **Being healthy** | **positive achievement rate** | **positive achievement rate** |
| Managing physical health | 86.1% | 98.4% |
| Managing mental health | 65.7% | 72.1% |
| Managing substance misuse | 85% | 86.8% |

# Developments

- Funding extended to end of current financial year.
- Proposed continuation for two further years.
- Aspiration to provide similar input across mental health projects and to other areas in tri-borough.

# Developments

- Floating support teams.
- Ex-offenders project.
- Mindfulness and DBT.
- Training workshops.

 - Different Frameworks to Better Understand and Respond More Effectively to Complex needs.

 - Demystifying Personality Disorder.

- Occupational Therapy.
- Psychology.

# Hostel Supervisions

- OT approach
- Focus on daily living skills
- Meaningful occupation
- Develop interests
- Use of personalised budgets
- Creating positive experiences
- Enhance work already being done

# OT assessments

- Functional Assessments – direct recommendations for team.
- Supporting documents to help with social services referral – highlighting areas of need to ensure alternative accommodation was found .e.g in the case of severe cognitive impairment

# Identifying the need for OT

- Lack of grading of activities
- Frequent failure to engage with pre planned activities.
- Lack of structure and occupational deprivation.
- Staffing and space to accommodate an OT student.

# Mental Health and Wellbeing Group

- Weekly for all homeless service users, with day centre mental health worker.
- Educational, supportive creative and fun.
- Focus on different mental health issues raised by the group.
- Enables informal assessment, helpful for those who don’t engage well in interview format.
- Provides support for those unable to access statutory services e.g. feeling suicidal on account of rough sleeping

# Case Study and Discussions

- Please read the supplied case study.
- Discussion can potentially begin with exploration of issues raised by that scenario.

# Other discussion points

- Benefits replicable through different models?
- Challenge of achieving balance between specialist provision and access to mainstream services?
- Advantages (disadvantages?) of multi-disciplinary approach?