

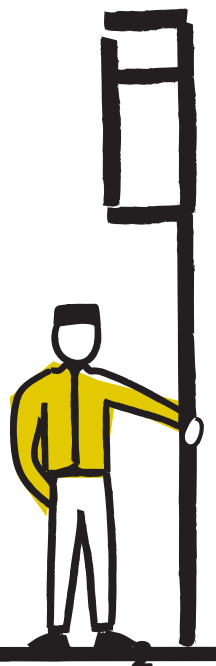
Impact and Learning Evaluation Report

October 2018

Holy Cross Centre Trust

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Part One: Introduction

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Foreword

This is the first of HCCT's bi-annual reports aimed at better understanding how we are doing and where we can do better. In being the first, it casts its net wide, reviewing our entire learning program and practice and the impact this has on the broad experience of clients. It has already played a role in informing our work - office discussions on these findings have created the kind of productive conflict we value, leading to different areas of focus and nuanced working for all of us.

We hope this broad picture also allows external readers insight into how we work as an organisation. We think we are innovative, interesting, and have much to share with both the social care sector and the wider field of social intervention. As such, this is our attempt at capturing what we do and opening it up for others to explore.

These two do not always sit easily - when evaluation is public, the incentive to paint a picture of success is always present. We do not hide from this: we face it head on and make ourselves transparent. We include data that challenges our approach and areas where our theory and our work might fall short, and

we also ask for external feedback and questioning on all of our work. We hope the critical lens of external eyes can further refine what we do, so please get in contact with questions, feedback, and alternative interpretations - we welcome dialogue about anything that might enhance our learning:

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We hope this report provides insight into what we do, provokes thought about the nature of social care, and gets you as interested and curious about our work as us.

Executive Summary

- In the desire to fix people, the social care sector often focuses on clients' problems in order to solve them. This has several implications. It means staff often miss the complexity of clients' lives; it encourages clients to focus on their problems as a key part of their identity; it encourages the passivity of clients; it leaves staff exhausted by solutions that do not work; and it creates a set of services that keep clients socially isolated from everyone else.
- To move beyond this, HCCT has created a learning program to develop emotionally intelligent, learning-oriented staff able to work with the complexity of clients lives and deliver a truly person-centered service. This includes:
 - A rigorous recruitment process
 - A program of experiential learning which makes use of a set of values and principles to guide and boundary this learning
 - A high level of reflection, both formally (in meetings and supervisions) and informally (in a mutually reinforced workplace culture)
 - A graduate training program
 - The City and Guilds Level 3 in Health and Social Care
- In order to understand whether this is working, we have undertaken an extensive evaluation of staff and client experience, using a combination of quantitative and qualitative research methods.

Findings

Key Statistics:

- 87% of clients agree or strongly agree that they are managing their mental health better since using the service.
- 91% of clients agree or strongly agree that they have a good relationship with their key worker.
- 70% of clients agree or strongly agree that the service has helped them achieve what they want to achieve.
- 87% of clients are satisfied or very satisfied with the service.

Analysis

- We found that the vast majority of clients had achieved **outcomes that were diverse and unpredictable**. The nature of **focusing on the relationship** first and the outcome second was instrumental in allowing these outcomes to emerge.
- In building these relationships, staff spoke of having to learn '**acceptance**' of clients, so seeing beyond problem-based narratives and finding value in them as they are. This was picked up on by almost all clients, and correlated with how they changed the way they saw themselves and were therefore able to take advantage of opportunity – several attributed this directly to the service.
- Staff were able to balance flexibility with **firm boundaries**, enabling a transparent, focused, but highly person-centered approach to the work that clients valued.
- Staff had developed considerable **emotional intelligence**, and this was noticed and appreciated by clients. It enabled calm responses to difficult scenarios, enabled staff to challenge clients' perspectives and open them up to different opportunities, and helped clients themselves become more emotionally intelligent.
- Staff developed a **comfort with the unknown** through the workplace culture. This enabled them to avoid assumptions and anxieties about the 'right' answer in a field in which such an answer does not exist. As such, they felt they made better decisions, and clients also referred to their sensibility and decision-making capacities.
- The comfort with not knowing created a **culture of accountability** in which staff were continually pushing themselves and each other to think differently and work better. The values of the organization formed the basis of much of these challenges.
- The support and mentoring given by the line manager was deemed integral for helping staff put values into practice in a nuanced, contextual way, particularly given their freshness to the field. However, a few staff felt over-reliant on this

support. Further research will explore whether this reliance shifts as they move from trainee to fully-fledged Pod Leader.

- The **openness to complexity** enabled staff to be more creative with the work and better respond to the realities of the clients' lives, supporting clients to take advantage of the diversity of opportunity rather than focusing on a single outcome.
- The freedom given to staff to explore their roles was both appreciated and challenging, allowing them to bring themselves to the work but sometimes lacking the solidity of other work places. Whilst all spoke very positively of their jobs, further research will be needed to assess how they are managing the demands of the work and workload compared to the rest of the sector.
- Some clients had notions of expertise and hard solutions that meant they struggled to understand the learning-first approach of the service. However, the vast majority saw the flexibility this offered as a key benefit.

Conclusion

- Overall, we have been encouraged by the findings – the learning program seems to be having a positive impact, with a very high satisfaction rate, a great range of outcomes, and professional, productive, person-centered relationships that work with the strengths of clients.
- The findings have also opened up a range of questions and directions for further research, including on the impact of volunteers, the role of values and reliance on line managers, and how to capture client change. It also points to the need for better capturing of outcomes and outputs. We have already begun to address this and hope to include it in our next report.

Who We Are & What We Do

The Holy Cross Centre Trust (HCCT) is a small, secular, and dynamic organisation, doggedly determined to support socially excluded members of society. Since 1988 we have been doing just that. Our work with those experiencing mental ill-health, homelessness, asylum problems, and drug and alcohol addiction has helped them to live independent, meaningful and fulfilling lives as part of their local community.

Floating Support

Our largest service is our floating support service. This is a paid-for service that gives clients anything from two to forty hours a month of one-to-one support from our staff and volunteers. The use of this time is agreed with the client, their designated key worker, and - where relevant - the care co-ordinator for that client (a statutory role for clients in need of support under the Care Act). In previous years, this was often traditional social care support such as shopping, cooking or cleaning. However, since 2015 we have been trying to expand this, and we

now aim to help people engage with the mainstream community and partake in meaningful change. This is done through developing an open, positive, and authentic relationship with staff and volunteers at HCCT and using that as a springboard for movement.

Each client is assigned to a pod, consisting of a 'Pod Leader' - one of our graduates - and a set of volunteers, placement students and operational staff. Their care will be delivered within that pod, and will include one-to-one visits with either staff or volunteers alongside at least one monthly meeting and regular phone calls with that Pod Leader. Clients with many hours may have several different workers, whereas clients with fewer hours tend to only have one.

6-8 Session Service

This is a free, short-term service commissioned by London Borough of Camden for any adult resident of Camden to seek one-to-one support. They will be assigned one key worker - always a member of staff - and will work with that person to achieve an

objective. This could be something like exploring community activities, support with benefits, linking in with other services, or anything else they decide is valuable. If something comes up during the time that means those priorities change, then staff are able to adapt. The formal elements every client undertakes are an initial assessment, consisting of a set of questions to understand someone's context, and a well-being survey (WEMWBS). They will also be introduced to WRAP, a set of questions aimed at helping people understand themselves, their health, and their support networks.

Recovery Service

The Recovery Service has been running for four years as a space for those who have had regular contact with statutory mental health teams to come and socialise, engage in activities (music, art, trips, games, quizzes), and enjoy a lunch together. It is run four times a week by a roster of operational staff members and volunteers. Over the past year we have stopped taking referrals to this service as we move towards a broader vision of a

well-being centre. This includes blended packages for attendees, combining session activities with one-to-one support, and opening up the space for a range of community events in order to bring together people traditionally seen under labels like 'mental health' and 'mainstream.' This includes public yoga sessions, walking groups, wellbeing days and SOUP community events (a quarterly event whereby we invite local organisations to come in and pitch for money raised by the entrance fee - the winner is voted for by attendees, who also get dinner and entertainment).

SPaRC (St. Pancras Refugee Centre)

This is an advice and social service for local refugees. It is run twice a week with a free meal. Any refugee or immigrant is welcome, and the advice service can support with a range of practical and legal support. It does not form a part of this report as it has different aims and approaches to the other programs. However, it will play a larger role in our next round of reporting.

The Problem with Problems in Social Care

In our 30 years of operation, we have noticed a set of patterns in social care that limit the potential of the clients, staff, and sector as a whole.

This central issue is the way in which clients can be perceived as 'problems' to be solved. This is not intentional, but an inevitable result of the way the sector is set up: a group of 'problem' people are identified - based on mental health, addiction, homelessness or many other issues - and model solutions are designed to fix that particular problem. These can be distributed to those who 'fit' the problem. In cases where clients match exactly those parameters, the service can work very well. Humans being humans, however, this is rarely the case - and this has several significant implications:

- The complexity of social intervention ensures gains and successes are contingent on multiple, interconnected, and often unknown variables¹. Perhaps someone put on a program of social prescription is terrified of leaving their area; perhaps an alcoholic on a recovery program suffers a bereavement; perhaps someone managing depression will not attend their CBT because they just do not find it works for them. Such circumstances - the stuff of life - are hard to manage when services are set up with a single problem and a single outcome in mind.
- The person's problem becomes the prime facet of their identity: it is now valuable for them to fixate on what is wrong with them in order to receive

¹ Knight, A.D., Lowe, T., Brossard, M. & Wilson, J. (2018) A Whole New World: Funding and Commissioning in Complexity. Available online at: <http://wordpress.collaboratei.com/wp-content/uploads/A-Whole-New-World-Funding-Commissioning-in-Complexity.pdf>

support. To suggest that they have capacities beyond this might limit the attention services give them - they thus become attached to this 'problem-identity,' which is reinforced by the service itself. Their sense of self can become more and more dominated by what is 'wrong' with them.

- In seeing clients as a problem to be solved, clients become passive recipients of a program. They are not there to change themselves, but to be changed. As such, sustainable, meaningful change remains elusive.
- Staff become experts in and accountable for the model and its interaction with the client rather than in the much richer complexity of the client themselves. This leaves the staff member with the wrong knowledge to work effectively. When the model fails - often due to the myriad and unpredictable factors outside of its parameters - staff become disappointed, demoralised and exhausted.
- Services are created that cater only for the 'problem' people, creating a ghettoisation of these services away from the mainstream. Even when doing mainstream activities, they are done in a community of people-like-them - that is, their commonality is their 'problem.' Already socially isolated people become further removed from the rest of us.

The overall result of these is a social care sector much like the one we see today: staff departing in droves, clients disappointed and disempowered, and money continually spent on small-fix solutions that make little difference to the wider social picture.

The problem that needs solving here is the focus on 'problems.'

At HCCT, we aim to develop our staff to look beyond the problem. To be truly person-centred, we aim to work with our clients as people - as the same as us rather than something 'other.' This means working with the diversity and complexity of people in our community. It means recognising our commonalities rather than only our differences, drawing on strengths rather than weaknesses, and recognising clients as experts in their own lives. We aim to be held accountable not to an externally imposed set of goals based on a particular model, but to the multiplicity of characters, capacities, and perspectives of our client-base. We do not want to do change to our clients, but work with them so that they feel able to make change themselves.

In order to do this, we need to make sure our workforce can be emotionally intelligent, comfortable with complexity, and continually learning and reflecting based on the realities of their clients' lives. In 2015 we started to develop a learning program to achieve just this.



Part Two:

How We Learn

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Recruitment

To deliver the service we want at HCCT, we need to make sure we recruit the right people. It is emotionally demanding work that, according to our way of working, requires deep reflection, transparency, excellent communication, and a capacity to engage humanistically with a huge variety of people. People who need social care or mental health support are often attached to problem identities, can present highly emotional narratives, are incredibly diverse, and - most importantly - are just as funny, interesting, and complicated as anyone else. We need to have staff able to work and support our clients as people.

We largely recruit from outside of the field of social care. We specifically target graduates as our Pod Leaders as we are looking for people bright, willing to learn, and ready to start a career in social care. Their lack of expertise is a deliberate decision: it means they engage in the role with a learning mentality from the start, being more open to the complexity of the field that we engage with. Whilst the operational staff do not get the same training as Pod Leaders, they are nonetheless embedded in the work so go through a similar recruitment processes.

They come from a range of fields - law, finance, and education at present - and need to be just as attuned with our values as Pod Leaders.

The length of the process is important - performing in one or even two interviews over a short period of time is relatively easy, but it is much harder to do so over prolonged contact and in various different contexts. By the final interview, the guard has started to drop and we start to see who that person really is. Lone working is the norm in much social care, so it is absolutely imperative we can trust them to do work with professional commitment. Just as importantly, by the end of this process they have an idea of who we really are. This might be the next three, five, or fifteen years of a person's life: as such, the recruitment is as rigorous and lengthy as other professional graduate schemes in order that we can select the people right for us, and they can select the organisation right for them. The detail of this process and the thought behind it is detailed in the table below:

Recruitment stage	Purpose	Link to work
CV and short application letter	For HCCT to select based on: Basic competencies (attention to detail, presentation and tone) Values Motivation	Competency in written tasks (communication with Care Co-ordinators, partner organisations, health professionals etc) Alignment with organisational values
Open Evening: Applicants invited to an evening at the Hub to find out more about what we do. Presentation given by CEO and staff - modelling vulnerabilities and reflective practices. Staff dynamic on display.	For HCCT to select based on: Basic social competencies (punctuality, politeness etc) For HCCT to model reflection and vulnerability, setting the tone for what we expect of applicants. For applicants to become more familiar with: What the organisation does Where the organisation is headed The values of the organisation The social dynamic of the organisation For applicants to self-select based on values	Punctuality vital in a schedule that is often busy. Learning through modelling is a vital part of the work. Alignment with values fundamental for efficiency of operations and sustaining reflective culture.
Essay task: A 2,000 word essay that is both pragmatic and theory based (for example: 'The term "reflective practice" is often used in the social care sector. What does this mean to you?').	For HCCT to select based on: Capacity to communicate ideas and opinions Willingness to reflect on both self and values Capacity to link pragmatic action with theory Capacity to work to deadline For HCCT to demonstrate that we are looking for something more than the stereotypical care worker.	Communication with partners, care co-ordinators, and other health organisations is a fundamental part of the role. Willingness to reflect is fundamental to our way of working Capacity to 'change the lightbulb' (think practically) whilst also considering deeper principles and theory (from Freirean learning to questions of identity and power) is a hallmark of our practice.
Selection Day: 7 hours of observed group activities, presentations, and discussions.	For HCCT to select based on: All of the above Capacity to engage with others (for example, to de-select those who are clearly trying to impress staff at the expense of other applicants) Capacity to reflect and learn from feedback Capacity to be vulnerable Capacity to have a lightness or sense of humour when it comes to challenge	All of the above Support workers and operational staff have to constantly consider the audience. The work is not about impressing one person or trying to claim to be 'the best' - it is about being considerate of multiple purposes, intentions and desires, and genuinely caring about others. Where staff cannot be vulnerable, learning gets blocked - a willingness to recognise the not-known or mistakes central to our learning culture and successful work. Capacity to maintain lightness and sense of humour essential to coping with emotionally demanding work
Presentation based on the competencies of the job, attended by staff and clients	For HCCT to select on: Capacity to engage clients Capacity to communicate Capacity to manage pressured environment Technical capacity where relevant for the role Capacity to apply effort	Treating client interests as important as professional interests is vital. Engaging clients humanely and equally is vital. Communicating complex issues to different audiences is vital.

Recruitment stage	Purpose	Link to work
Informal talk with the CEO	<p>For HCCT to select based on: Applicants ability to change pace and tone Applicants 'fit' with the work</p> <p>For applicants to encounter the organisation in a different way, and to better enable a sense of who they are to come through.</p>	<p>Changing of pace central to the work - dynamic, diverse, and constantly engaging different people in different contexts.</p> <p>The job is demanding, emotionally engaging, and sometimes draining - performance will quickly get found out.</p>
Final Interview	<p>For HCCT to select based on: All of the above</p> <p>By this point, both applicant and organisation should have a good sense of what each other are about. This is the chance for them to use that knowledge to ask questions, answer any concerns, and combine all previous experience to come to a decision.</p>	All of the above

The Learning Program

The recruitment program ensures we have the right potential for an excellent social care work force. The learning program has been developed to work with that potential, guiding, challenging and supporting it into a place where people become more and more capable of managing the complexity and diversity of humanistic social care. These are the processes we hope develop our staff into the people who can best support our clients' own change.

We take an approach that combines experiential learning with a high-level of structured and consistent support in group reflection and one-to-one supervision. Staff are supported by the learning framework into discovering what works for them, meaning their learning flows with the way that they themselves make sense of and engage with the values, processes, and mechanisms in place. This process is emotionally demanding and purposefully exposing - in this, we hope the learning fits around each staff member and cements the learning-first frame of mind necessary for good social care. The different aspects of this program are detailed below.

a) Experiential Learning

We believe that for learning to make meaningful difference to the way we think and behave, it has to be experiential. This stance has a strong theoretical backing based in two quite different fields. In education, we draw on theorists such as John Dewey² and Paulo Freire³ in the way we understand real learning as that which emerges in lived experience. Depositing information is redundant unless the learner has a space in which to use, reflect, and re-consider that information in their own context. This is both a more powerful source of learning, and a more equal space for learning to occur - learning that is not fixed but always being looked at anew, reconsidered, and re-made for the realities of the world of the individuals and groups using it. This is not learning that assumes expertise, but learning that listens.

Secondly, our focus on experiential learning is based in our understanding of complexity in working with people⁴. Social intervention exists in a realm

²Dewey, J. (1916). *Democracy and Education: An introduction to the philosophy of education*. London: Macmillan

³Freire, P. (1972). *Pedagogy of the Oppressed*. New York: Herder and Herder

⁴Knight, A.D., Lowe, T., Brossard, M. & Wilson, J. (2018) *A Whole New World: Funding and Commissioning in Complexity*. Available online at: <http://wordpress.collaboratei.com/wp-content/uploads/A-Whole-New-World-Funding-Commissioning-in-Complexity.pdf>

in which the seemingly smallest of variables can make a tremendous difference, and in which the multitude of interactions between such variables is unpredictable and almost infinite. What works for one person, or ten people, will not work for hundreds more. This forces those working in this arena to engage humility, flexibility, and an approach that takes context as fundamental: every person, situation, and range of options is different, and the 'right' answer is often unknown. We need to be able to work with this difference. As such, learning must be ongoing in every interaction - we must be consistently present to the realities of the people we work with to give ourselves the best chance of supporting them.

In order to achieve this learning, we develop sets of processes. These include the tools, principles and perspectives in the graduate program, the structured reflections, and the wider culture we actively create. These do not result in a series of 'knowns' but instead aim to ensure a consistent questioning, evaluating, reflecting and learning from circumstances as they are. This ensures consistency not in what we do with each person but how we do with each person: approach them from a position of learning, avoid making assumptions that misread their situation, and shape our approach based on their unique situation.

b) Values and Principles

In dealing with the infinite difference of humans, systems of rules and regulations can obstruct authentic reciprocity, flexibility, and care. As such, a big part of our practice - and all staff learning - are the values, principles, and language we use to ground the work. They act as reflective tethers, core processes and ways of approaching the work that ensure we are doing it in the way we want to do it, but allowing space for this to look different in every context and with each person. These are mutually reinforced in supervisions and in office culture, and they are designed to ensure the flexibility of experiential learning always runs tightly alongside our core ways of working.

The language we use in our values is not standard sector language. Technical language can be disempowering and alienating for those not versed in it - it is a marker of the imbalance between expert and recipient. This language matters - it becomes

the way people define themselves, understand their work, and see the world. As such, we aim to use relatively everyday language that anyone would be comfortable using.

Below are a selection of some of the key concepts and values that our staff get to grips with at HCCT.

Learning, Doing, Belonging: These three are at the core of everything we do. As such, they are larger, overarching values rather than used specifically in practice. **Learning** summarises our entire approach to the work. We believe everyone - staff and clients alike - is engaged in a constant process of learning. Staff are constantly learning from their experiences with clients, and vice versa - it is not a case of knowledge being transferred only in one direction, as such an approach forms a relationship of inequality. Good social care rests on workers being willing and capable of learning from the complex reality of their clients as well as clients learning from that relationship. The learning frame of mind means we are open to our clients rather than fitting them into our pre-conceived notions.

Doing refers to the active role our clients play - not as passive recipients, but as doers themselves. We recognise our clients for what they can do rather than framing them by their problems. This doing is vital for change - we only learn and discover our capacity to feel and behave differently through the act of doing. We aim to be the scaffolding for our clients 'doing', providing the space for them to explore the activities and experiences that might be stepping stones to new ways of being.

Doing also refers to our approach to pragmatism - where we can do something we will. Many clients have told us how this often is not the case in the services they interact with (whether social care, housing, or otherwise) due to rules, bureaucracy, or tightly-defined practice. We want to support people to take advantage of opportunity in all its diversity - if that means changing a lightbulb, attending a choir, or stopping by an unexpected art show, we do what we can to let it happen. Our aim is to enable a community of doers.

We do not expect this doing to always feel good - working through discomfort, difficulty, and the sometimes painful process of realising what

doesn't work is a vital component of growth. This kind of change is most possible in the context of a community that values you for who you are, as you are, rather than a sense of what you could or should be. At HCCT, we aim to create a real sense of **belonging**: people feeling genuinely valued as they are so that they can better and more sustainably engage with learning, discovery, and change.

Mainstreaming: This has often been seen as getting groups of 'problem' people together to do mainstream activities. However, if such people need to enter mainstream society through a backdoor just for 'people like them,' it can be an actively othering experience (as one client reported to us after such an activity at a gym, 'I may as well have had "mental health" tattooed on my forehead'). This is especially true in mental health - research has found that many illness-specific groups reinforce a sense that only people like us can understand us⁵. For HCCT, mainstreaming is about genuine acceptance of difference within a community, rather than creating a community of difference apart from the mainstream.

Working with Difference: Working in Camden, our client base reflects one of the most culturally, economically and socially diverse areas of the UK. The diversity of clients can be challenging - we work with several people who have been denied access to other services because of their behaviours. A focus on the client's problem means their difference is something to be avoided or to be ashamed of. In contrast, we do our utmost to recognise all of a person in all of their difference. This allows for genuinely person-to-person working, and tries to ensure that when working with us people feel that they, along with all of their strengths, flaws, and fragilities, are truly valued. Working with difference means being able to relate to every single person we work with as a whole human deserving of authentic reciprocity.

Relationship First, Outcome Second: At HCCT, the aim is to build a relationship first in the knowledge that the outcome will naturally follow. As such, we start from the person-up - begin where they are in order to offer genuinely relational support to

help them on their way to where they would like to go. We believe this has several advantages. Firstly, it truly individualises support, making us a more open and accessible service. If one person wants support into a job, we will support with that; another may feel a significant achievement in getting out of the house once a week; another may need support in trying to think differently about accessing support for drug abuse after a series of relapses. We are able to be receptive to all these goals and give them time, space, and equal value. Secondly, it minimises the sense of failure and damage to self-worth if goals are not achieved. It might be disappointing to miss these goals, but within the context of a broader relationship they weigh less heavy: the value of the person is within the relationship and not based purely on achievement. The relationship is the scaffolding to allow for these ebbs and flows, and clients maintain their value and sense of belonging with us regardless. Finally, and most importantly, we believe such relationships actually lead to more sustainable change and better outcomes for clients.

Acceptance: In order to truly value people for who they are, we need to accept them. We sometimes talk about this as seeing people as 'perfect' - they do not need to change. This does not contradict the fact that people often join our service in the search for change. Acceptance allows for both ourselves and for clients to see and come to terms with things as they are, and from there make decisions. It can relieve the often intense pressure on staff and clients to make things different, and instead work with what is really there. It allows for the fact that we all have bad days, meaning a difficult session or visit does not threaten the relationship. The space this opens up then enables clients to better take advantage of opportunity when it arrives. We see acceptance as the springboard for meaningful change.

Authenticity: This is how we describe the genuine nature of our relationships with each other and with clients. There is no expectation that someone should be someone they are not, staff and clients alike. By being ourselves, we allow for much more human interactions. We use tools, assessments, and professionalism as a means of enhancing the relational element of the service, truly getting to

⁵Van der Kolk, B. (2014) *The Body Keeps the Score: Brain, Mind and Body in the Healing of Trauma*. London: Penguin

know people and from there supporting them as best we can. Authenticity ensures we bring ourselves to the role, allowing for genuine interaction, transparency, and quality of relationships.

Emotional Intelligence: Being aware of emotion is fundamental to good practice. Social care can involve many situations in which the natural reaction is one of anxiety, fear, frustration, or panic. Being aware of these is central to not acting on them opening up more space to make strategic decisions - it gives us options beyond our initial instincts. Emotional intelligence is also central to be responsive to client emotion. This does not mean getting drawn into those emotions, but being able to meet them with calmness and compassion. It may also involve opening up these feelings with clients to help them develop the emotional awareness to make better decisions for themselves.

Lowering the tide: This is a concept that makes clear the limitations of the 'I' we present to each other - an 'I' often formed around the task-at-hand. If the task is to fix a problem, we often present a picture of surety and power; if the task is to receive help, we often present our neediness and incapacity. In both cases, the larger potential of people is neglected. Considering what lies beneath the surface allows for a more curious approach - asking, 'what else is here?' rather than getting drawn into problem-narrative - and therefore enables for the uncovering of the strengths and capacities of a person. It also encourages staff to do the same, ensuring they do not hide behind their professionalism but recognise the common humanity between them and their client. By 'lowering the tide' of both our own and other people's humanity we uncover the depth of what lies beneath and better discover the value and commonality in each other.

Sameness not difference: Once the tide has been lowered, that commonality is on display. Many people, particularly those who have been in mental health services for some time, have spent a long time being 'patients,' being sick, and being in a different category of 'person' to the rest of the community. It is easy to unconsciously see clients as somehow qualitatively different from the rest of us. By trying to focus on sameness not difference, we hope to - at least to an extent - avoid some of that inclination. Someone may have an illness but this does not, of

course, mean you do not have much in common. We all feel anxieties; we all laugh; we all have people we like and people we do not; we all want to belong. By focussing on that sameness, we hope to avoid the 'othering' that creates problem-identity in the first place.

c) Reflection

In order to make sense of staff experiences, reflection is vital. Long recognised as vital to good practice in nursing, teaching and social work, it is the process of taking stock, considering alternative approaches, and solidifying learning. At HCCT, we have established two particular ways of embedding this: structured reflections and the broader reflective culture.

Structured Reflections

i) Supervision with the line manager:

a weekly hour-long meeting in which employees bring their reflections, concerns and questions to their line manager. This is led by the worker, with two mandatory elements: a client run-through, and a section focussing on personal issues (eg. issues outside of work that might affect work, the stress of workload, relationships within work etc.) The line manager aims to challenge, guide, and provide space for self-learning to occur.

ii) Bi-weekly group reflection: A space in which groups of staff and their line-manager come together to reflect on how they have been feeling in and about work. The idea is that workers are given specific time to really reflect on their responses to the work and to hear how others' reflections might shift or rub against their perceptions. The line-manager takes a back seat, occasionally guiding or focussing, but is largely there to see staff in a different way, particularly in terms of their emotional responses to the work. This can then be picked up on during one-to-one supervisions and inform their own approach to leadership. It also encourages transparency and helps maintain the overall purpose of the reflections - there is a risk that such reflections fall into catharsis rather than productivity if their purpose is not clear and what is said is not heard by management. Concerns about work are consistently raised, but in a context in which managers listen. The open culture of the office means staff have a lot of time outside of

these reflections in which they discuss their work and feelings without the presence of a line manager.

iii) Tri-weekly business meetings: A meeting in which all staff come together to ask questions, express concerns, and develop resolutions as a whole team. The focus is on how we can improve organisationally, whether through procedures, quality control, best practice, or projects for further development. Time is also given to 'Open Culture,' a reflection on how well the team has been working together and communicating.

Reflective Culture

Aside from the structured reflection, consistent effort is put into developing a reflective culture in everyday practice - opening up questions, concerns, feelings and insecurities about the work is normalised. Inevitably, this culture shifts and changes as people move through the organisation, but it has some founding principles and consistencies. These include:

- Dedication to supporting reflection: giving consistent time to listen and engage with others' questions, concerns and reflections on their work.
- Open reflection about own concerns: being able to bring anxieties, concerns, questions and vulnerabilities to the office for discussion and examination with others.
- Productive conflict: the encouraging of disagreement and concerted effort in pushing back or challenging the perspective of others.
- Mistakes are welcome: failure, slip-ups, and mistakes are seen as learning opportunities for everyone, and are not something to hide from.

The aim of these is threefold. Firstly, to ensure workers are reflective about what they do, how they do it, and how this relates to the values of HCCT. Secondly, to build accountability into working practice, ensuring staff are constantly in the process of considering how their actions affect their clients and what they could be doing to do a better job. Thirdly, to normalise emotions and feelings so that we bring them out in the open and explore them

rather than unconsciously taking them into the client work. This means our office is often a talkative and active space - but 90% of that talk and action is work oriented, challenging, thought-provoking and ultimately meaningful for the client-work. This is encouraged by line managers, but exists extensively even when they are not present.

d) City and Guilds Social Care Level 3

Being focussed most deeply on the client work, the graduate pod leaders also get a set of specific training when they join - the City and Guilds Level 3 in Social Care and the Graduate Program.

This qualification introduces graduates to the legislative requirements and industry best-practice in social care work⁶. The City and Guilds and the experiential learning make excellent partners - they provide a mirror onto each other in which the City and Guilds knowledge can be contextualised and firmed up, whilst the experiential knowledge can be made sense of and reflected back through the hard knowledge of the City and Guilds. This qualification also ensures graduates are equipped to share the baseline knowledge and perspectives of the people they will be working alongside: social workers, care co-ordinators, and other mental health and social care professionals.

The qualification covers:

- Promoting effective communication for and about individuals
- Promoting, monitoring, and maintaining health, safety and security in the working environment
- Reflecting on and developing your practice
- Promoting choice, well-being, and the protection of all individuals

Doing this qualification three months into practice is a deliberate choice. We think to do the qualification without the experience would be less productive - as soon as someone starts the work, the assumed solidity of such knowledge can obscure the

⁶ <https://www.cityandguilds.com/qualifications-and-apprenticeships/health-and-social-care/care/4222-health-and-social-care#tab=information&acc=general-info>

complexity of the different real-life situations being encountered. This can undermine learning and limit response to what is actually being presented. We hope that doing it in this way brings the learning to life, merges it with the realities of practice, and cements it further than the classroom alone.

part of the training at different times. There are consolidation sessions every 4 sessions to review and reflect on how the learning so far has interacted with the work. The aim is to provide concepts, tools, and ways of thinking to support the work, as well as to use these tools to reflect on the work in process. In 2017/18, the structure was as follows:

e) Graduate Program

This takes place two days a week over two months alongside a small amount of client work. It consists of a set of 'lessons' or 'workshops' that can be given depending on the group and their experiences - they may require more emphasis on one or another

Session	Content	Learning goals
Culture and Values	<ul style="list-style-type: none"> • The current social care and mental health context, including the HCCT perspective on problem identity, the ghettoisation of those with mental illness, and what we mean by 'mainstreaming.' • The cycle of change (Prochaska and DiClemente⁷) and its relevance to the work (when people come to us, their engagement and outcomes will depend on the much wider context of their histories and lives). • Outcomes as a byproduct of relationship - exploration of the notion of complexity in human lives and the problematic nature of assuming causation in social care; the role relationships can play in supporting change, movement, and taking advantage of possibility. • The role and importance of reflection. 	<ul style="list-style-type: none"> • Scene-setting: providing learners with the context of their work. • Supporting the formation of the group: new learners and colleagues will be forming their group dynamic. This stage aims to model that into being a space of reflection, challenge, and emotional honesty. • Laying foundations of practice: making apparent that due to the complexity of the work and human interactions, the work is about fitting the clients rather than getting clients to fit the work; that for this to occur, self-reflection is central; that for this to be fruitful, we are all responsible for our own and each other's reflection and learning.
Referral and Assessment	<ul style="list-style-type: none"> • Learning, discussing, and reflecting on the referral and assessment process (role-play, undertaking the questionnaires and forms themselves). • This occurs as new employees are beginning their own initial meetings with clients. 	<ul style="list-style-type: none"> • To achieve genuinely asset/strength-based assessment - based not on simple form-filling and identifying problems but on capacities, strengths, interests, and authentically getting to know a person. • To help graduates normalise what might otherwise be seen as histories of failures by being open and comfortable with conversations about illness and setbacks. • To set a neutral tone - a response to clients that places no judgement on what they do or have done, thus allowing them the space to explore and express different elements of themselves.

⁷ Prochaska, J.O. & DiClemente, C.C. (1983). 'Stages and processes of self-change of smoking: toward an integrative model of change.' Journal of Consultant Clinical Psychology: 51(3) pp. 390-5

Session	Content	Learning goals
HCCT Approach to Emotion	<ul style="list-style-type: none"> • Various different perspectives on emotion and feelings and their impact on the work. • Exploration of different mental models, including Freud and the subconscious and Feldman-Barrett's (2016) 4 basic emotions and their mapping onto belief and culture. • Sustained reflection on the role of emotion in the work and the impact of these different models. 	<ul style="list-style-type: none"> • Consideration of how feelings underlie much of human action and behaviour, and the importance of awareness of these emotions in order to make better decisions (Wright 2018). • The development of a workforce that is able, to an extent, to move beyond purely reactive decisions. • The development of a workforce that understands and operationalises self-reflection as fundamental to the work.
Lowering the Tide	<ul style="list-style-type: none"> • Examination of a concept taken from conflict management in South Africa - that what we present in any situation is only a small part of who we are, and that our job is to 'lower the tide' to reveal the broader aspects of both our own and someone else identity to find the space for change and growth. • Reflection of the implications of this to the work. 	<ul style="list-style-type: none"> • To reflect on how problem-identity can occur. • To give graduates confidence that there is more than just the narrative people often present. This enables more possibility for change.
Cognitive Behaviour	<ul style="list-style-type: none"> • Examination of the theory and techniques of Cognitive Behavioural Therapy. • Reflection of how beliefs within the group affect their behaviours. • Discussion of how this might be approached with clients. 	<ul style="list-style-type: none"> • To give graduates framework for understanding and challenging beliefs of clients. • To equip graduates with tools to reflect on their own beliefs and the way these interact and limit their thinking about the client work. • To provide further tools for self-reflection and self challenge.
Group Dynamic	<ul style="list-style-type: none"> • An analysis of how groups impact the way we think, work, and interact. • An analysis of how and why the organisation operates as it does. • Forming, storming, norming, performing, ending: a theory of how groups form, including the exploratory nature of initial interactions, the development of group norms, the performance and monitoring of these norms, and how these groups can fracture, break or end. This is then applied to the graduate group and the organisation more generally. • Examining the way group biases affect both day-to-day and broader social decision making and interactions. • A reflection on the inevitability of group biases and how to work alongside this. 	<ul style="list-style-type: none"> • To develop a workforce aware, reflective and active in the consideration of organisational norms and values. • To ensure a workforce that doesn't become 'siloed' into different factions. • To support in the creation of an open and productive workplace culture.
Tools for Thinking	<ul style="list-style-type: none"> • A look at various different thinking tools⁸ for better reflection and analysis of options. 	<ul style="list-style-type: none"> • To support employees in thinking rationally about decision making and in moving beyond emotionally driven decisions. • To give employees the tools to do this with clients.

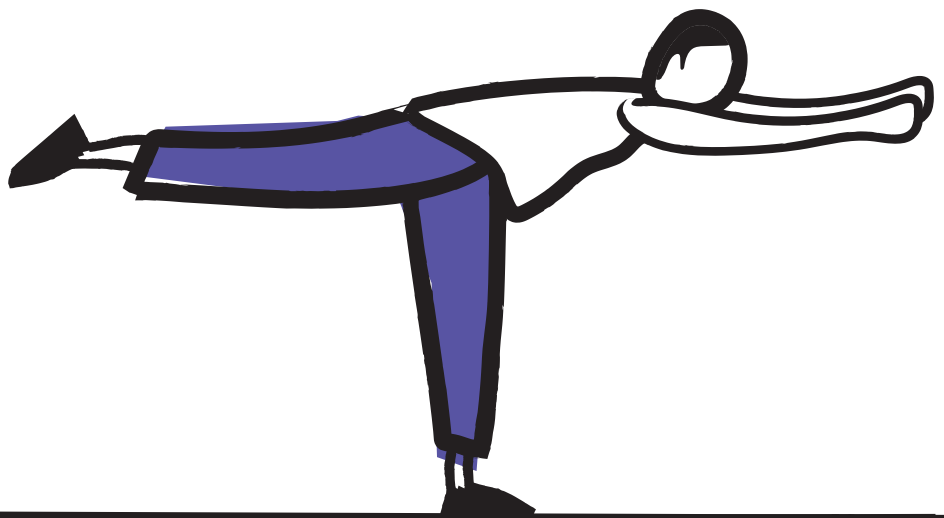
⁸ For example, deBono, E. (1990) Lateral Thinking: A Textbook of Creativity. London:Penguin.

Learning Program Summary

We are continually developing a set of learning processes and structures that we hope enable our staff to work with our clients as people first, seeing their strengths and capacities rather than getting stuck on their problems. To do this in a complex field in which concrete answers are few and far between, we have put particular emphasis on the processes of learning, reflecting, and continual development. We have developed a framework of core values, themes, and tools around which staff do their experiential exploring. We are not aiming for everyone to have the same learning experience - we are aiming for each person to explore and learn so that they develop themselves to work flexibly and accountably with clients. The structures in place are there to keep them tethered to that person-centered accountability.

We think this creates a workforce able to relate to people as people; a workforce competent and humble in the complexity of our clients' lives; a workforce that holds themselves accountable to the processes that ensure person-centred social care. We believe our learning program is a big step towards creating the workforce we want, and we believe the workforce we develop will be capable of delivering the kind of social care that produces the best outcomes for our clients, enabling them to take advantage of opportunities for change.

But are we right? Does it enable staff to work in a truly person-centred way? Does it enable them to truly work with difference? Does it hold them to account to the clients themselves rather than any externally imposed models?



Part Three: Evaluation

- 18. Research Focus
- 19. Methods
- 20. Findings
- 23. Analysis



Research Focus

Having presented our learning program and its rationale, we now put this learning program to the test. Between June and August 2018, we conducted a combination of qualitative and quantitative research with clients and staff to understand and explore the extent to which we are meeting our ambitions.

Based on our aims and the learning program in place, there are three key areas we wish to explore in this evaluation:

1) How are clients benefitting (or not) from our approach?

Most importantly, we need to make sure that the approach is supporting our clients. Everything else is redundant if our clients are not better able to engage with the world and take advantage of opportunities for meaningful change.

2) To what extent are workers becoming equipped to truly work with difference?

This question asks whether the learning we have in place is successful in developing staff that can

engage all people wanting support with dignity and common humanity. Are they able to connect with a person rather than a problem? Are they able to respond to the diversity and reality of our clients? How do clients respond to this approach? Do they feel accepted for who they are?

3) To what extent are workers holding themselves and each other to account?

We also need to examine the extent to which the structures in place enable the professional demands of the job. Are staff appropriately reflective? Are they maintaining professional standards in the face of challenging circumstances? To what extent are they challenging themselves to provide a better service? How do clients perceive the professionalism of their key workers and the service?

Methods

Interviews

To answer these questions, a range of methods were used. Qualitative, semi-structured interviews were undertaken over the course of two months with eight members of staff (all full-time staff apart from the CEO and the Research Lead). We also undertook qualitative, semi-structured interviews with sixteen clients using a combination of random and purposive samples⁹. Two floating support clients were randomly selected from each pod, with the exception of our largest pod from which four names were selected. Where clients were unable to take part, different names from those pods were randomly selected. Due to time limits, two floating support clients were selected on the basis of availability. Eight 6-8 session service clients were randomly selected. As 6-8 session clients proved particularly hard to contact, names were continually randomly selected until the sample was completed. The predominantly random sample ensures what is presented is not to ensure a 'best-pick' set of case studies.

The random sample meant that in two cases clients had limited communicative abilities. We have included these, as their input and general sense of the service was still communicable, and our aim was to capture the broader picture of the service as well as more in-depth perspectives.

The sample is representative of our social care service, with eight females and eight males, ages ranging from 29 to 64, and a mixture of ethnicities.

Questionnaires and Surveys

Quantitative and qualitative data was taken from feedback forms that were distributed to all clients who had been with us for three months or longer or were ending the 6-8 session service. 25 of these were returned from floating support (50% of clients), but only 4 from 6-8 session clients.

Due to the small sample for this service, we decided to only use qualitative data from those 6-8 session feedback forms.

Data is also presented from the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS). This is based on 56 surveys (with 28 clients) answered between April 1st and October 1st. This survey is delivered at the beginning and end of as many 6-8 Session Service sessions as possible. We have started delivering this more consistently with Floating Support clients as well – we do not yet have a full data set, so we will be presenting this in later reports.

Interpretation

We have done our utmost to increase objectivity by randomly selecting the sample and being transparent about our findings. We have no comparative data and the analysis is done internally, meaning that there will be subjective interpretation. The author is also a staff member actively undertaking the learning program itself. Whilst this helps provide an ethnographic insight into the program, it also brings with it more risk of bias. We hope our transparency about this enables you to approach it better informed. We have tried to ensure it captures both an honest picture of our work and tells a story of where we are that is useful for individuals and organisations interested in our approach

Whilst valuable feedback came through all interviews, interviews with 6-8 session clients were sometimes much shorter as they viewed the service as more transactional, providing support at a specific time for a specific need. For clarity and focus, we decided to use data from the 6-8 session service only if it was related to our specific research questions – around client outcomes, working with difference, and accountability. When we have a larger data set we will be able to provide separate analyses of each service.

⁹We aimed for a sample of at least twenty randomly selected clients. However, the nature of working in the field of mental health meant that fluctuating wellness, hospital admissions, re-scheduling and missed appointments were common. Many clients were anxious about interviews, and even if they agreed to interview, many would later cancel. Having a stranger ask questions about your health, wellbeing and care can feel intrusive, and we respected this.

This evaluation has itself been a significant learning point. As with all such projects, the inevitable stuff of life disrupted our initial planning, and we have already begun building on what we have here for the next evaluative report (due in April 2019) and further outputs and outcomes reporting.

All the data has been anonymised - names and other identifying details of all interviewees and staff has been variably altered so that they cannot be identified.

Findings

Three sets of data are presented in the findings. Firstly, we present quantitative data about our work, to give a brief overview of how we are doing. We then present client comments from feedback forms, to give voice to clients without our interpretation and

analysis. Finally, the largest part of the evaluation report consists of the analysis of all of these alongside the extensive data from the interviews to make sense of what we have found and attempt to answer the research questions.

Evaluation in Numbers: Floating Support



87% of clients agree or strongly agree that they are managing their mental health better since using the service.

91% of clients agree or strongly agree that they have a good relationship with their key worker.

70% of clients agree or strongly agree that service has helped them achieve what they want to achieve.

87% of clients are satisfied or very satisfied with the service.

6-8 Session Service

Warwick Edinburgh Mental Wellbeing Scale (WEMWBS)

- * **78% clients who completed both beginning and end surveys over the last 6 months improved their wellbeing scores**
- * **Average of 6.2 point improvement**
- * **Median of 4 point improvement**

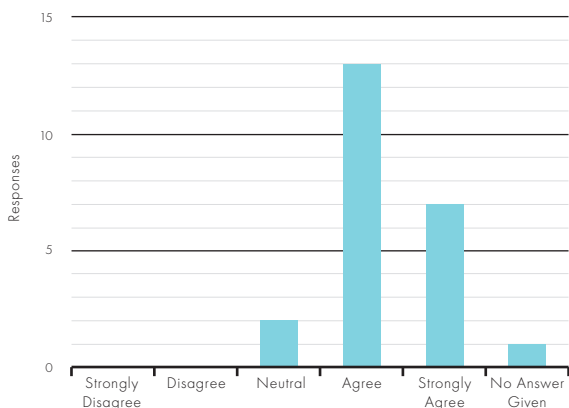
82% of clients agree or strongly agree that they have control over what they are doing in the service.

74% of clients agree or strongly agree that they have more opportunities since starting the service.

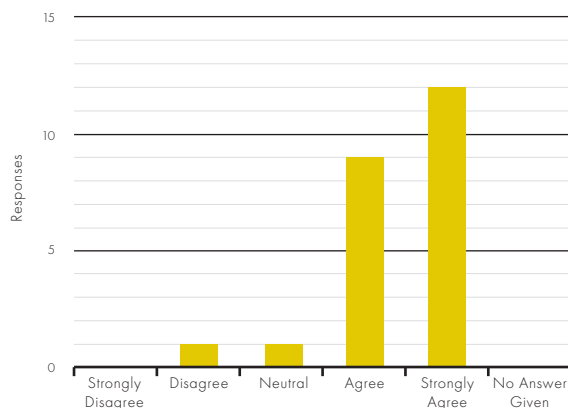
70% of clients agree or strongly agree that they are more independent since using the service.

83% of clients would recommend the service to a friend if they needed it.

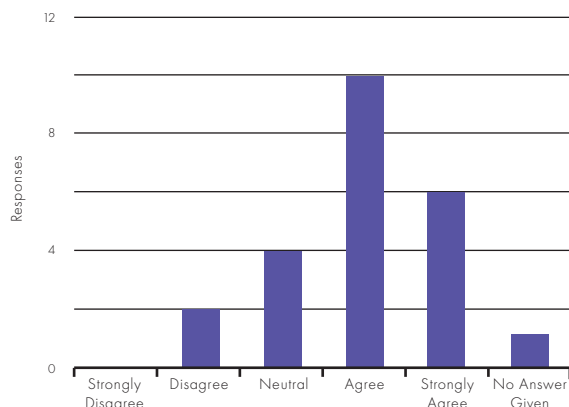
I am managing my mental health better:



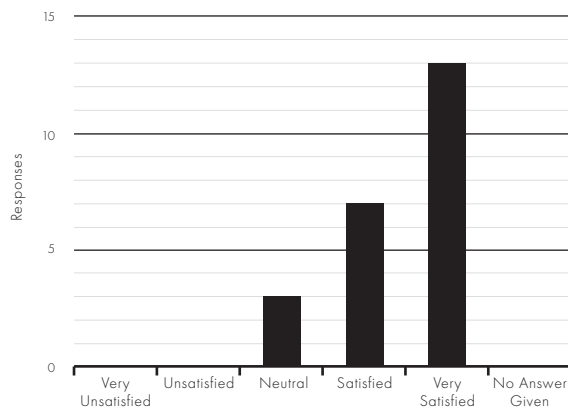
I have a good relationship with my key worker:



The service has helped me achieve the things I want to achieve:



Overall, how satisfied are you with the service?



These statistics will be examined in the context of our work in the thematic analysis.

Direct client quotes from feedback surveys

a) Positive Feedback

Everything is wonderfully flexible if and when I need to make changes. It's all been wonderfully therapeutic and positive for me, and I'm most appreciative of this.

I'm very happy to have a kind, understanding support worker who encourages me to do things I wouldn't have done myself.

Without the service I would have probably relapsed with depression and anxiety becoming too much.

There has been a reduction in my anxiety and stress levels, and a growing sense of self confidence. It's been slow and gentle, but it's definitely happened.

I feel like that I can talk to my key worker in a totally open way, and that if we come to disagreements, it wouldn't be detrimental to our relationship.

a) Positive Feedback continued...

It's helped me in a lot of ways. My support worker makes calls with me and helps me in a practical way. I'm getting things done in the flat, and going out. It's really helpful with things like bills.

Openness, flexibility, enriching conversations I'm more adaptable to negative and positive change.

I never go on the underground but I went to a show with my volunteer and this wouldn't have been possible before the service. I had to go on the tube and I managed it.

On the whole it's helped in a number of ways: socially, managing my problem with agoraphobia (even if I still have it), it's a great assistance in lots of ways. It helps improve the quality of my life. Without it, my life would be a bloody nightmare. I can't go out much so my worker brings the world to me which is great.

The relationship with my key worker has been essential in recovering from the trauma that I've been through.

b) Constructive Feedback

I've found that some people I've worked with felt a bit too 'young'. They hadn't had the life experience that other workers and my key workers have had. Although I can see that young people are usually more positive and less jaded, which can sometimes rub off on you. In the end it's down to the individual and I've connected well with most workers. It's always worth giving it a go and meet with the worker anyway.

Sometimes I feel the young students might not understand me as well as older volunteers. At the moment I have Barry who's older and it's working really well.

A lot of it is really down to me (how I feel in general how I'm doing in general, how I connect with workers). Some of the first questions I felt weren't related to the service (i.e. can I manage my mental health better): this is very much dependent on how I feel at any given time - I struggle sometimes and at other times I feel a bit more positive.

[Satisfaction with the service] depends on who is at the Hub and who is doing my visit. It would depend on who is there with me and if I am comfortable talking to them or not.

Analysis

What follows is a thematic analysis based on what emerged from the feedback forms, interviews, and wider data. There are 3 key themes:

Outcomes and relationships: Client outcomes and the ways in which relationships – and the way staff learn to build them – support their attainment.

Emotional intelligence: How this aspect of staff learning enables change.

Learning in the Unknown: how the organisational understanding of complexity feeds into staff learning and client experience.

This is drawn back to the research questions in the conclusion.

1. Outcomes and Relationships

Ultimately, the staff at HCCT have a singular purpose - to bring about outcomes for clients. In social care and mental health, the achievement of particular outcomes often becomes the defining feature. This leads to thinking from desired outcome backwards, creating programs and a sector that is supply-led, searching for a particular need or problem rather than working with the capacities of people. This limits the impact of any program of care or support¹⁰. HCCT focuses on the relationship first in an attempt to allow a diverse range of more sustainable outcomes to emerge based on the capacities rather than the problems of clients. We now examine this approach.

Relationship First, Outcomes Second

The value of sitting with setbacks, of building the relationship, and then of outcomes following this process was present in client interviews in a range of different ways. Three client experiences demonstrate this diversity.

‘Cara’ recounted how her visits are usually similar – she and her key worker go shopping together and have a chat. However, as someone who hadn’t

left the house in three years, this was a significant outcome - ‘just getting out’ was what mattered to her. It also became apparent that further significant outcomes emerged. Through these visits she had come to get to know the staff at her local shop and was even informed when some of them were leaving so she could say goodbye. The impact of these small, community interactions have recently been found to be significant for wellbeing and belonging¹¹. On another occasion, she and her key worker had chanced upon a poster for a writing course - they talked about it, visited together, and Cara is now on her third course at the same community centre. These outcomes were not planned, but emerged through the relationship and played a vital role in Cara’s sense of wellbeing.

There are also clients for whom the outcomes may seem more nuanced. ‘Anita,’ felt like her house was a ‘prison.’ She’d been out with her key worker several times - no small feat given Anita’s consistent and strong anxieties about engaging with the world. Her key worker suggested in an interview that he was anxious about what outcomes they would achieve - however, Anita felt quite differently: ‘If I hadn’t met you guys I’d have been sitting here not doing anything, just feeling more trapped.’ They had gone out several times to several different places, from coffee shops to animal rescue centres, and from Anita’s perspective those interactions helped her understand herself - ‘[key worker] has drawn things out of me.’ This meant she ‘opened up’ quicker than ever before when linked with a therapeutic service: she believes this is a direct result of her time with her key worker. Through being able to build a relationship without aiming specifically for an outcome, outcomes emerged naturally.

Another example demonstrated similar outcomes emerging from a relationship that was stable throughout setbacks. ‘Sean’ had been working with his key worker for about a year, during which he had relapsed into alcohol use several times. Each time, his key worker had continued working with him

¹⁰ Hudson, B., Dearey, M., Glendinning, C. (2005) A New Vision for Social Care: Scoping Service Users Views. York: University of York. Available online at <https://www.york.ac.uk/inst/spru/pubs/pdf/newvision.pdf>

¹¹ Sandstrom and Dunn (2014) ‘Is Efficiency Overrated?’ Social Psychological and Personality Science. May 2014

and continued to open up the conversation about this. At one point, Sean did not want to go and visit a new psychologist as his friends had told him she was a 'bitch':

'You know, he felt like what's the point of talking to her? And I just really tried to open it up with him, you know, 'we might as well, let's go and have a chat with her and if she's not interested, if she does shout at you or tell you off or these things that you're saying she's gonna do then so be it, you're expecting them so you'll be prepared which might just surprise you.' And when we went she did surprise him, and he even said, 'oh Lucy it's not true what everyone says about you...' And the different thing was that he was able to have an adult-to-adult conversation with her, and that enabled a bit more hope, a bit more optimism, and 'oh actually yeah there is someone who's gonna treat me like an adult and actually cares about me who's in quite a powerful authoritative role in my life.' Um, I just feel, like our role there was just to facilitate the conversation a little bit. And even just, you know, asking a few questions on his behalf, or reminding 'oh Sean, before you came in you said you wanted to speak to Lucy about X, Y, Z' and just allowing that to happen a little bit more organically.' (Pod Leader)

By being there for Sean, even at times when outcomes were fading, the key worker was able to play a vital role in Sean getting the most out of the psycho-therapy. He was able to draw on things that had happened in that time to enable Sean to better engage in the recovery process and, through the trust that had developed in that relationship, challenged Sean to engage in an 'adult-to-adult' conversation with a therapist that might not have been otherwise possible. In interviews, Sean suggested that this key worker had 'been huge in my life,' and that, alongside other professionals, had helped him be 'more positive,' and 'talkative, friendly, negotiable.' Sean's route was far from straightforward, but change was happening, and this time he was supported to take advantage of it.

These three case studies demonstrate the complexity of outcome capture - different outcomes with different focuses and different processes of getting

there. These are hard to compare: what they have in common is that outcomes emerged from the relationship. Throughout interviews and feedback forms, many other outcomes were unpredictable but instrumental to change that clients appreciated:

- being able to walk the dog alone after 4 years of either being indoors or being accompanied;
- going on the tube after decades of avoiding it;
- being able to clean parts of a house after years of hoarding;
- being able to stop feeling the need to 'please' people so much and start taking control of their care;
- being able to sit and talk in a coffee shop despite being 'petrified,' after years of feeling 'trapped' indoors;
- being able to attend Narcotics Anonymous;
- moving house to a different part of the country after years of chronic anxiety;
- being able to go on regular solo coach trips after years of not leaving London;
- staying out of the hospital or Crisis House for the longest period of time in the last decade;
- confidence;
- optimism and positivity;
- friendship.

All of these outcomes, and many more, were directly attributed to the service and the key workers by clients.

Another broader outcome was almost constantly referred to by clients - that of socialising and 'engagement with the world.' Everyone interviewed was socially isolated so it makes sense that simply having someone to talk to was valued. This is not an outcome that is easy to measure, but was very meaningful to many.

Our data identified three individuals who feel the service had not been helpful in achieving what they would like - one of these suggested this was due to the nature of their illness rather than the service itself. However, 91% of feedback forms reported positive relationships with key workers and 70% reported that they had achieved what they wished through

the service. The interviews supported these numbers. Our research into our outcomes was thus relatively pleasing - it gave us a sense that we were building strong relationships and that, from this, significant and varied outcomes were emerging.

Trusting in the Relationship

How are these outcomes achieved through a relationship? One element of this was in the trust staff had that outcomes would emerge. Staff found that this takes time to be embodied. Not being entirely outcome focussed can mean they have to sit with 'not doing.' This term referred to the times when there might not be a clear goal or when outcomes being aimed for seemed very distant. However, through experience, they came to realise that this process was important:

'Because it's not about the end result you have permission to sit with the presence and for that to be the job and for that to not feel like you're not doing anything. I think when I started, I thought I'm just sitting here with someone, what am I actually doing? But then the being present becomes the doing.' (Pod Leader)

Rationalising the times where relationship-first meant 'not doing' was a struggle all staff admitted to. Terms such as 'faith' were used, as people doubted the value of some work some of the time. However, in almost every case value was eventually found, and the rationale became embodied:

'By being there you can allow that those down times or failures aren't the be all and end all, they aren't really the evidence of anything, and helping someone to push through that a little bit, sort of challenging him, asking him how he feels about that... Just trying to put out non-judgemental or neutral sort of possibilities helps to keep it open, and it feels like it's not closed, it's not a yes-no pass-fail kind of binary.' (Pod Leader)

Learning to sit with and rationalise the 'discomfort' of not 'doing' and having 'faith' in the relational element of the work was a key point of learning for many staff, and an inevitable and necessary part of the relationship-first approach. It supported the normalising and neutralising of those times when things might go wrong, enabling more resilience to the difficult times. Based on client outcomes and the

strength of staff-client relationships, it is learning that seems to be working.

Acceptance

Another element in change-through-relationships came in the way many staff learnt that all people are 'okay' - there is nothing 'wrong' with anyone. There were two elements of this - acceptance of all people as 'perfect,' and acceptance of feelings as they are:

'A kind of 'you're perfect for who you are'... that's one that's had a really big impact, the way we approach feelings, the way we try and relate to people, so lowering the tide, the acceptance of everyone.' (Pod Leader)

Accepting everyone as 'perfect' can be understood in a social context that often puts labels on our clients. This was reflected in the interviews: many clients reported negative self-identity, feeling like a 'nutter' or a 'junkie,' repeatedly listing their problems, fixating on their vulnerabilities, or believing that there was something 'wrong' with them. To counter this, our staff spoke of 'mainstreaming' (see Values on page 12) their clients authentically:

'Just to feel like they're being treated like a person, to not have some separate treatment.' (Pod Leader)

Staff felt they were learning to accept clients as clients, moving beyond their diagnosis or problem, and instead seeing their strength as whole people. This is not a denial of their illness or significant life issues, but more of a starting space for change and commonality:

'Just because someone does have a serious health condition you can't be like, "that's it, the health condition is the reason behind everything." Some of it is the normal anxiety, or resentment, or disappointment that we all feel as well.' (Pod Leader)

Besides looking beyond labels, this quote also illustrates the ways in which staff normalised and accepted feelings. Many talked about learning that all feelings are 'okay' - we do not need to be scared of them or rush to change them. Part of the 'HCCT approach to emotion' training was learning that people can struggle with the work if they get

stuck on feelings. Emotions can often define our experience of the world, but by thinking of them as ‘just feelings’ - a term several staff used - we can see more of what is going on.

The impact of this proved particularly important for learning to see beyond highly emotional client narratives:

Pod Leader: (I) hopefully come across as unfazed and quite level so not drawn into the narrative quite as much. So yeah I do feel I've got better at that, hopefully being a person that's quite consistent and level.

When clients tell stories of abuse, illness, or anxiety, it is instinctual to get drawn in and to empathise on an emotional level. This, however, can cause problems - there was a sense that it caused heightened emotion for staff and decreased the capacity to see the ‘bigger picture’ (an issue discussed extensively in psychological literature¹²). Several staff referenced the value of ‘lowering the tide’ (see page 13) to manage this, suggesting that it enabled them to:

‘see each other for more who we are rather than how we appear on the surface. And that helps us to see people's strengths and kind of see their value.’ (Pod Leader)

Learning the recognition and acceptance of feelings allowed staff to move beyond presented narratives and strong emotions to uncover the strengths and capacities of a person.

The effect of this on clients was quite clear. There was a strong sense that their key workers genuinely valued them and saw their strengths. When asked what they thought their key workers thought of them, all but two of the long-term clients gave positive responses, for example:

‘Successful, very successful’

‘Independent, yeah, probably try and cope on my own, always, don't want to put on anyone. Definitely. And he always says I'm strong.’

‘I think she might say I've come along way since she first met me.’

‘I suppose mostly he thinks I'm a nice guy.’

‘I think he likes me, genuinely likes me.’

(Floating Support Clients)

This sense of being thought well of came through across interviews. In the context of the negative self-identity often grappled with, the way they feel their key worker views them becomes more profound - it offers a different and more positive perspective on their situation. This correlated with the fact that feeling more ‘positive’ about their lives was referenced by three clients on feedback forms and four clients in interviews without being probed for.

This self-acceptance and self-value was also seen as a key instigator of change. The capacity of clients to take advantage of change was extensively reported, and in some cases directly linked to the way that they had come to see themselves as different than they had previously:

Client: You asked me what the difference is with Alice [key worker]. The difference is wanting to change your life and just letting your life happen to you. Does that make sense?

Interviewer: So with Alice - you want to change?

Client: Yeah, she makes you feel that you're worthy of changing it. (Floating-support client)

Through our accepting approach, the sense of self-worth could be bolstered, and this helped people take more control over their lives. This is not change being done to someone: 83% agreed and no-one disagreed that they had control over what they did in the service and in all interviews people referenced the joint decision-making capacities. The key workers provide ‘scaffolding’ through acceptance. The change then comes from the client.

Whilst the interviews and qualitative data from feedback questionnaires pointed to substantial change, the quantitative data was less clear: 52% of clients suggested that they were more open to change since using the service, 39% were neutral, and 9% disagreed. This could point to a few things. The high level of neutrals might point to problems with the nature of the question - being ‘open to

¹² Bloom, J. (2016). *Against Empathy: The Case for Rational Compassion*. New York: Harper Collins.

change' is vocabulary used within HCCT but not necessarily with clients, so may be something of an abstract concept to respond to. It could also point to the patience involved in change itself - it is a long-term process that can take months or years to embed and is often subtle. Over the next six months, we will explore how we can better capture and understand this capacity for change and thus how we can enhance our contribution towards it.

Another interesting finding was acceptance as an outcome in itself. When discussing their lives, three clients talked about how they had been able to come to terms with their situation by accepting it:

'Um, now, I just accept that sometimes things are bad, I get unwell, sometimes I feel really anxious, sometimes I feel depressed, I know I'm gonna come out of it with support. I can work through it. That's made a big difference, it really has. In fact, I have not been in the Crisis House for nearly 2 years. So that is really a big step for me.'
(Floating support client)

This is no small thing. Anxiety around illness - the shame, the loss, the sense it will never leave - can be as challenging and damaging as illness itself. As this client points out, coming to terms with it is a huge step, a point backed up by contemporary psychological research¹³. We cannot claim to be the reason she accepted her condition, but as something we talk about and model, we would hope that we contribute towards this in many of our clients.

A final advantage to clients was in staff capacity to accept more challenging or difficult behaviours:

'Somebody doesn't have to want to change, that they are okay just as they are and that that is okay, there isn't anything that's wrong about them... everybody has bad days.'
(Operations Staff)

By having an understanding that 'everyone has bad days,' staff can normalise clients being particularly emotional, upset, or stubborn - there is less judgement and it is easier to work with and move past. During the research period, there were several incidents with clients (several of whom had been banned from other mental health support settings

due to their behaviours) in which emotional outbursts and behaviours could have caused significant issues. In all of these cases, they were worked through and support carried on as normal. Several interviewees referred to services who would not work with them at their worst and one suggested that, in contrast, her HCCT key worker 'takes it in her stride.' Others referenced the 'patience' and 'understanding' of their key workers. Acceptance is not only a catalyst to change but ensures a consistent, understanding relationship, even for those who have been seen as challenging elsewhere. Outcomes can only emerge from a relationship that allows people to be themselves.

Building Professionalism

Whilst the work is relationship focussed, it is still a professional service - the balance between the personal and the professional is nuanced but important, and is strongly tied to outcomes. The relationship has a purpose, and transparency and honesty about this is necessary for setting expectation. Several members of staff said learning this was integral to delivering a better service and getting more done. The core facet of this was relating on a human level whilst maintaining professionalism:

'Things come up in personal conversation that I'm happy to share, but it's not about me, it's not relating it back to me, it's about me being there to facilitate someone else's change... I think it's just more about combatting that 'otherness.' I find there's a line for me about roles, the client professional role is going to be softened if I can lower my tide as it were, and just find those familiarities or similarities between someone. So it's a balance between softening that enough to feel freer in the work, it's not about bringing myself to it in that way, it's just about seeing someone as a whole picture.' (Pod Leader)

The personal elements shared included things that make people laugh, familiarity as people who are sisters, friends, or pet owners, and familiarity of feelings - whilst staff were aware that they could not relate to a diagnoses, they could relate to the emotions around these diagnoses such as fear,

¹³ Ford, BQ., Lam, P., John, O.P., & Mauss, IB. (2017) 'The Psychological Health Benefits of Accepting Negative Emotions and Thoughts: Laboratory, Diary, and Longitudinal Evidence' in Journal of Personality and Social Psychology. July 2017: 10.1037/pspp0000157.

anxiety, and stress. This helped to keep from making clients feel 'othered' – it was about finding the sameness rather than the difference.

However, staff simultaneously kept these relationships 'boundaried.' Examples of this were given in reference to technical points around firmness with timing and setting honest expectations - there was a learning transition from staying for longer on a visit and attempting to achieve lofty goals into a more realistic space where timings were kept and honesty about limitations was proffered in order to make expectations clear. There was also careful thinking about what they would disclose to clients:

'This is what came up in supervision: how much of my own life and details of that do I share with clients, in striking that balance in terms of how much detail is appropriate for a client? And it's different from client to client.' (Operations Staff)

This demonstrates the nuance here - with some clients, disclosing information about your home town or relationship status would not be an issue, whereas with others it might be. Through experience, reflection and supervision, the staff were learning to navigate this balance subtly and contextually.

Many clients appreciated the clarity of boundaries and the professionalism of the staff:

'What I admire with [key worker] is honesty because at least he said that he could do what he could manage, unlike a lot of [other services], they said 'yeah, we can do this, yeah we can do that' and then actually they don't and so they mess you about.' (6-8 week client)

'She sets the limits... You know she's here to do certain things. She can if she feels it's necessary go back to the office [to discuss something] and she will always tell me if she wants to go back to the management or something. Because I don't like to feel that things are written down about me or talked about me behind my back.'
(Floating support client)

For clients, these boundaries were never referenced negatively and were appreciated for their honesty, even (and sometimes especially) where they stated that HCCT would do less. There was also an

appreciation that, whilst boundaried, staff were still flexible to client needs - all kinds of examples were given in which staff changed their approach in order to support a client differently, from playing with the schedule of visits to make time for particular activities or in having one-off visits alongside a companion in order to explore a particular issue. Furthermore, there was a sense of genuine human connection to the key worker - one client wrote that she most valued the 'chat and a laugh' workers provided, several interviewees referenced the 'personal' approach workers take, and many spoke about how much they 'like' their key workers. As one interviewee put it:

'It's professional, very professional but done with a difference, not so that you feel like you're on a conveyor belt.' (Floating support client)

This seems to be the approach we are aiming for, one that makes transparent the boundaries of service without losing the human connection of an authentic relationship.

At slight odds with this, two interviewees referred to their key workers as a 'befriender' or 'paid friend.' This could be a desire to not see themselves as needing support, or it could reflect the inevitable blurriness of that boundary when key workers genuinely care about their clients. It is something that, through continual evaluation and reflection, we will go on to monitor and re-consider.

Another challenging element of these boundaries was in a client who was particularly upset at his key worker withholding the contact details of his new care worker (from an external agency). This was at the specific request of that care worker. We aim for transparency and openness, but we are also professionals, working alongside other professionals. We feel that this approach was justified, but this case demonstrates the sometimes precarious balance between our person-centered working and the limitations of the sector in which we work.

Three clients also commented on the age difference between themselves and volunteers (who can start with us at eighteen). They had a sense that they might better get along with - and trust in the professionalism of - older, more experienced people:

'She's not that old and I suppose she might have thought she's got a huge responsibility on her now' (Floating support client)

'The other workers they're young, they're about twenties, it's really hard to get along with them' (Floating support client)

Finally, there was also anxiety about being moved on from the relationship with a graduate pod leader. Several suggested they would not be able to cope without their key worker, and did not want to work with a volunteer. Several pointed out that they did not like changes in their volunteers. Even here, though, value was found - these same clients also referred to liking the 'diversity' of people and support they had given, from setting up phone contracts to developing useful structures around weekly tasks. Furthermore, one person unsure about their volunteer at the time of interview later developed a much stronger relationship with that person (a pattern we see regularly). There are interesting questions here about the value of working through a relationship with someone you might not initially like - this could be a potential source of resilience. Our approach to volunteers will be covered in more detail in the next report, with questions focussed on volunteer training, client thinking around volunteers, and the value of difficult relationships.

Summary

In this section, we have established the high number and diversity of outcomes and the roles relationships have played in them. Learning acceptance allows staff to see strengths of clients and enhance their self-worth, which can in turn lead to openness to change (further analysis will be done on this in future reports). It enables staff to work with clients even where behaviours are problematic and they have been removed from other services, and acceptance can also be modelled as a means of coming to terms with and managing ill health. At the same time, learning the professional balance ensures transparency, something that enables clients to understand and respect the limits of the relationship whilst retaining the flexibility to their needs. Staff learning of these factors creates relationships of acceptance and professionalism, of flexibility and boundaries. This relationships form the basis for those outcomes to emerge.

In the next two sections, we look further into this. What are the other factors of staff learning that enable these productive relationships? What else do clients seem to value and benefit from in the work?

2. Emotional Intelligence

Both clients and staff referenced several facets of the work that were linked to the development of emotional intelligence. These can be categorised into three elements: staff members' self-learning; the challenging of perspectives; and modelling emotional intelligence. In this section we examine how these contributed to the relationship and concurrent client outcomes.

Learning the Self

Throughout the interviews, staff repeatedly alluded to their realisation of how their feelings and responses towards the work was a product of their own history,

beliefs, and dispositions. This included the impact of being scientifically inclined, having personal experience with mental health, different family environments, and much more. Several talked about how they were now a 'different person' in their self-understanding and their response to emotional situations.

A particularly consistent part of this was learning about what 'pushed my buttons' - the process of understanding what set of circumstances, events, traits, or interactions stimulated particular emotions. Most importantly, this learning enabled them to 'not act the feelings out':



So if I'm feeling particularly irritated by something else then it might be a case of 'right, you're feeling like this, so there might be things that come up in this visit that, like, add to this feeling but it's just a feeling. It kind of separates it out, it acknowledges it as a separate thing, it's not a part of you, it's just a feeling that's there. And it has definitely helped to then not take that out on anyone else. (Pod Leader)

When people say things that provoke an emotional response I think I've learnt a lot about myself in terms of what feelings does that bring up for me, and then I guess trying to, like trying to control those and get on top of those. (Pod Leader)

These examples were repeated in different forms - that awareness of feelings and what is likely to trigger them allows distance from them in the moment, meaning responses to clients and to work is calmer, more reasonable, and less driven by pure emotion. On a question about mindset before visits, some staff members said they actively check-in on their own feelings in order to achieve this. This was phrased as a 'stepping back' from the emotion to see things from a broader perspective and make better decisions about the work.

We would expect to see this impact on clients in a few ways. Firstly, better decision making should ultimately allow for more positive outcomes to emerge - something we have seen above. Secondly, it should allow space for clients to be okay with being emotional - their behaviours should not bring them any sense of shame, and staff should come across as calm and consistent. Two clients referenced other services in which this had not been the case:

'I was really violent, feeling violent and angry, and he had a go at me, and when he left it was good because after that I stopped. So that's a good sign. But the way he did it I don't like him (laughs) Aggressive. And I have a bad memory of him but he's done a good job.'
(Floating Support Client)

Here, the danger of the emotional response is apparent. Even though the client recognises the necessity of the intervention, the 'way he did it' - aggressively - damaged the relationship. HCCT staff

were regularly in situations which were emotionally challenging but not a single client referenced any such response. Indeed, many feedback forms put emphasis on the value of being able to 'talk about anything,' and five interviewees referenced the 'calm' of their key worker without it being probed for. There was a real sense in which conversation was very open and clients felt like they could be themselves - as one put it, 'I'm not inhibited in any way.' This impact could be in response to a whole range of different elements of our approach, but could not occur if staff were meeting clients with emotionally loaded responses.

Challenging Perspectives

This emotionally intelligent response also seemed to make space for potentially difficult conversations or challenges to occur. Many staff talked about learning to 'sit with discomfort:' that is, be okay with not being okay. This was often linked to the productive use of conflict, with staff coming to an awareness that it can be a useful way of 'establishing boundaries' or working out what and why someone is feeling something. It is usual for people to want to avoid any unpleasant feelings, but staff were learning that growth can often come through that unpleasantness. As such, it was actively utilised:

'I try to engage with it [conflict] more rather than shy away from it. Kind of re-defined what it means and acknowledged how uncomfortable I am with it. So, I guess just having the openness to think about it and try to experiment with conflict, with clients and colleagues, is something that's changed for me.' (Pod Leader)

To be clear, staff were not actively picking fights with clients. Instead, they were working at sitting through discomfort that came up in order to learn from it. Through this, and through a better understanding of their own emotions, staff felt better able to challenge clients.

The impact of this on clients could be seen in a range of different ways:

'I feel like that I can talk to my key worker in a totally open way, and that if we come to disagreements, it wouldn't be detrimental to our relationship.'

'It was uncomfortable at first... I never used to get out of Euston, he was always saying lets go and have a meal, at Soho or something, or go and have a kebab somewhere or something like that, know what I mean? And I'd always say nah, I don't wanna do that, I don't wanna do that. I was thinking about drugs all the time you know.'

'It's also challenged me on certain belief systems and I've found that helpful: sometimes I'm judgemental about myself and hearing I'm being harsh with myself is helpful.'
(Floating Support Clients)

In not getting stuck in the emotion of conflict or disagreement, we can see three possibilities opening up: disagreeing without it affecting the relationship; continual challenge to support someone into change (in the second case, the client later chose to relocate and come off drugs); and, summing both of these up, seeing the world differently. To challenge someone is to offer the opportunity for a different perspective, and these perspectives can be more hopeful and promising:

'I've learnt that I'm safe in the world.'

'Because I always used to try and please in the past. I always used to think I should do what's expected of me... and in this service I don't have to do that (...) I've learnt to be more independent and not be so hard on myself. Yeah, definitely.'

'It's just helping me understand more, and helping me see the future more clearly.'

'I get a different perspective on things, learning new skills on adaptability.'
(Floating Support Clients)

Being able to challenge people is central to supporting change. In all of these cases, the work was to help someone see something differently, whether themselves or the outside world. In enabling staff to be able to sit through potentially difficult conversations and to disagree or push back with clients, emotional awareness helped open up new ways for clients to perceive themselves or the world.

Modelling Emotional Intelligence

Staff also stated that the organisational approach to emotion allowed for the 'modelling' of emotional awareness: by accepting emotions and not placing judgement on them, staff felt that this could then be taken on by clients. An example was given by an operational staff member working in the Recovery Service in the week after a regular client had passed away:

Emma was yelling at different people, then they were all yelling at me as well, um, I was like 'I got you yelling at me cus of this, I got these people yelling at me cus of this, and now I don't even know what to do, what do you think I should do?' And then Emma and everyone went, 'oh well, maybe everyone should take a deep breath, actually maybe it's because Emma's upset, which is natural, everyone else is probably upset and I guess we're probably banging heads, we're just having a bit of a bad day and that's okay,' um, and Emma went 'yeah sorry, I am just having a bad day and I'm just a bit upset but when I am I get like that,' so it was quite nice to hear that.
(Operational Staff)

This vignette offers an example of the potential of this modelling - it can create a culture in which emotions become something that clients and staff do not have to get stuck on, which are normalised, and so can be reflected on and moved past. Several clients referenced this examination of feeling:

'He knows me so well that when I've cancelled visits it's normally because I'm stressing about something, he doesn't push me to have a visit, you know, he talks to me, 'is there something wrong?' And then I will talk. So he always encourages me to say how I'm feeling, that's the great thing.'

'Me and [key worker] have been food shopping, stuff like that, and he will get my opinion on why it's scaring me... he has opened me up a bit more.'

I might feel ambivalent about a lot of things but with contact with the service I can process how I feel and see things with more clarity.
(Floating Support Clients)



This opening up is the first step of emotional intelligence - the self-awareness necessary to develop more options, to step-back from emotion and see things slightly differently. This is not dissimilar to Cognitive Behavioural Therapy (and the therapeutic nature of these relationships was noted by several clients), but achieved relationally in the community - it is embedded in normal behaviours through the relationship. This kind of emotional intelligence has proved to be highly beneficial for wellbeing and recovery¹⁴.

Summary

In focussing on emotional intelligence, staff learning brings a multitude of benefits. Staff learn to check their emotions, so are able to respond to clients with more calmness and consistency, avoiding the kinds of emotional responses that could otherwise isolate them. They are also able to sit with their own discomfort, allowing for more productive challenging of clients that can lead to significant change. They also model their emotional intelligence, which gives clients a means of understanding their reactions and having more choice in how they respond, something highly valued by them. The development of emotional intelligence in staff, then, allows for stable, productive relationships and meaningful outcomes.

In the next section, we move onto examine HCCT's approach to complexity and how this feeds into the staff development and the client work.

3. Learning in the unknown

In response to a question about their biggest learning curve, many staff responded along similar lines:

'Truly learning to sit with feeling uncomfortable and to accept not having the answer... You do just have to be authentic, be present, and from doing those things you buy yourself some time and space to think more deeply about it, to make more informed, intelligent decisions.' (Pod Leader)

'I think that nuance is something I never would have been aware of this time of year ago... there's not an answer, it's not black and white... we are very rule-less and that it is all about context and individual people and nuance and I think that's really important... [for] trying to sort of get some

deeper understanding of that and actually really understand a person... rather than slapping on a fix all approach.' (Operations Staff)

'Not trying to come up with the right, perfect, fully formed answer... not trying to be like, 'right, I know exactly what I need to do here and I need to pursue that sort of goal'... [I was] a little bit more scared of getting it wrong, which can sort of cloud your judgement and make you less willing to take a risk, to challenge something or to call something out... if you're scared of doing the wrong thing... then its just gonna stop you from working authentically, stop you from being present, and stop you from ultimately doing the right thing.' (Pod Leader)

¹⁴ Carmeli, A. Yitzhak-Halevy, M. & Weisberg, J. (2009) "The relationship between emotional intelligence and psychological wellbeing", Journal of Managerial Psychology, 24 (1) pp.66-78

Staff spoke in detail about coming to terms with not knowing, letting go of the concept of 'right' answers and the need to be an 'expert.' Instead, they had to learn to explore each situation for its intricacies and nuance before making decisions. Staff were learning how to manage working in a field in which the right answer is rarely formulaic.

In this section, the implications of learning in the unknown and accepting complexity are examined. Under each sub-heading, the impact of this learning on the work is explained, followed by looking into how the client experience is currently being affected by this.

Neutrality

'I'd have an idea of what it was going to be, what we were going to do, and it would all go differently anyway, so, I guess if that happens again and again and again you get used to things changing. And then just becoming more neutral about it, so I'd have a lot more nerves in the beginning, or a lot more um, positive feelings probably, so there were some visits that I'd really like and some that I really wouldn't, um, and now in general it all feels more neutral.' (Pod Leader)

This quote, and several like it, suggest that the comfort with not knowing brought a sense of non-judgement and 'neutrality' that minimised pre-conceived assumptions. As well as escaping the stereotypical expectations that come with particular labels such as those of diagnoses or linked to drug use, workers also reported using this approach from visit to visit: they would be less likely to go in dreading any particular visits or expecting the best from them, enabling them to respond to those visits and those people as they are in the moment. Staff spoke about the advantage of this neutrality in terms of 'sustainability,' as it led to less emotional exhaustion - in not having expectations to disappoint or confound, the emotional burden was lighter.

This non-judgemental experience came across in client interviews through the aforementioned sense of openness they felt in relationships. Many referenced how 'at ease' and 'comfortable' they felt with their key workers, Comments focussed on how workers would listen 'without judgement' and never 'get annoyed.' On multiple occasions this was referenced in comparison to other services that had

been judgemental, emotional, or unable to cope in their responses:

'She's had me here in tears and panics and it hasn't phased her at all, whereas other people have made excuses and headed out the door, even professionals.' (Floating Support Client)

In a field in which strong emotions and unpredictable behaviours are common, the ability of staff to enter situations with neutrality is something being picked up and valued by clients.

This state of neutrality was not always achieved: almost all workers spoke about struggles with judgement in client work, particularly when faced with overtly sexist, racist, or aggressive behaviour. There was only one client comment across all data that suggested they had felt judged (by a previous member of staff who left by mutual agreement). There is no end-point to becoming more non-judgemental: it is a continual process, to which staff felt a sense of genuine progression and clients felt as a distinct benefit.

Presence

Alongside removing expectations and judgements on clients, the comfort with 'not knowing' also enabled staff to deal with events as they happened rather than fixating on a plan based on assumptions that, in the field of social care and human behaviour, are difficult to get right. One Pod Leader reflected on what happened when she both was and was not 'present' with a client in a manic state:

'I was able to be present and was able to think of it step-by-step and be intuitive as to what was going on, so sort of deciding that oh okay we're not gonna call the ambulance... and then changing that decision when things developed in a different way...

... I sort of lost my presence a little bit cos I allowed all these different fears of "what happens if this goes wrong, what happens if they can't get the bed, what happens if they say oh you need to go back out in the streets and they discharge him, what if he escapes," and all these things started coming into my decision making and I lost that ability to be present and actually play what was in front of me.' (Pod Leader)

'Presence' meant making decisions based on what was actually happening; lack of presence meant fixating on plans and potential futures and making mistakes based on anxieties rather than realities. In comfort with not 'knowing' what was going to happen, employees felt better able to deal with the unpredictability of the work in the moment and make better decisions as a result.

These processes are largely internal, so we would not expect them to be a key focus of client feedback. However, as established, the calmness and 'sensible' nature of key workers was regularly referenced. One client also referenced the decision-making capacities of her key worker as a major point of progress – she had developed a tactic of writing letters to her key worker in her head in order to make decisions about her hoarding:

'Then I think, well this is what she'd say about this or that. You know, so sometimes even when she's not here, I can use her to help me control hoarding because I trust her, you know.'
(Floating Support Client)

This calm decision making and perspective was, for some clients, a significant factor in managing their day-to-day.

Mistakes and Accountability

A key element of becoming comfortable with not-knowing was the space it allowed for learning from mistakes. In a field in which so much is unknown, mistakes are inevitable. The mature response to this is to ensure learning from such mistakes is as fruitful as possible in order to ultimately limit them (whilst accepting you can never cancel them out completely). This is known as a 'positive error culture'¹⁵ and seems to be something that many of the learners at HCCT were adjusting to:

'Making mistakes is a really good way to learn and we sort of embrace that rather than trying to pretend that something wasn't a mistake.'
(Pod Leader)

'The value, failure, mistakes, what that means, why it's useful. And just the, that lack of worry that I'd done a "bad job" in inverted commas, that does not mean I'm going to be thought less of.'
(Pod Leader)

*'Yeah, so it's okay to have a bad day, it's also okay to f*** up, to have mistakes... You've just got to be honest with it, you've got to own it, and being allowed to own up and own your own mistakes is a good thing, it's very exposing.'*
(Operational Staff)

This demonstrates how a positive error culture links to accountability. Whilst suggesting that it is 'okay to f*** up' could seem gung-ho, the second half of the sentence - the owning of that mistake - is vital. People welcome the exposure of the mistakes as a process of learning. They do not hide away from them, or try to pass them off as 'right.' This is embedded in the culture of mutual challenge and reflection that all staff members alluded to:

'It's about talking about your feelings and sharing them and I think the space of sharing them with others particularly helps me to, like, really pin them down a bit more. So I think saying something out loud in front of people and not to be judged, a non-judgmental space really helps me to recognise the feeling.' (Pod Leader)

'Having a different perspective to what I've brought to it, to challenge me with, has really helped open my eyes.' (Operations Staff)

It was clear that staff felt the office was a space in which challenging each other and group reflection play an important role: everyone mentioned that they had learnt about their own work through others in the office, and everyone valued the open office culture and constant reflection. They also referenced the supervisions and the 'push back' from their line manager that enabled them to see the work differently.

This was less about the mistakes themselves and more about learning to do their jobs better.

¹⁵ Lowe, T. (2018) Complexity demands collaboration and a new approach that supports this. Available online at: <http://www.betterway.network/toby-lowe-complexity-demands-collaboration/>

The combination of the emotional intelligence nurtured in staff, the fact that nobody is expected to have the 'right' answer, and the encouragement of opening up the work in the office, creates a cultural mechanism of accountability. That is, in not being expected to know, staff are open about their concerns, accountable to each other, and continually developing their practice.

A question opens up here of how staff hold each other accountable. They are not held accountable to any particular outcomes, nor any singular processes. Instead, the emphasis seemed to be on the values of the organisation. Examples of this were vast - a snippet includes:

- Emotional intelligence: being challenged on which emotions or aspects of themselves might be clouding their perceptions;
- Acceptance: being challenged on seeing someone's mental health as a separate part of them rather than part of who they are;
- Sameness not difference: being challenged on their 'othering' of clients;
- Authenticity: being challenged on hiding behind skill sets rather than bringing themselves to the work;
- Boundaries: being challenged on where the relationship needed more or less firm boundaries.

For staff, the culture of the workplace allowed them to expose much of their work – including possible mistakes - to continual testing, holding them accountable to the values of the organisation.

Another theme that came from discussions about this accountability is the extent to which staff are ultimately reliant on the line manager - in this case, the CEO of the organisation. Values are less rigid than rules, and moving from abstract concept to practice is not always straightforward – the CEO provided mentoring, coaching and high levels of support in helping staff navigate this, and all staff spoke about how integral this was to both their development and the workplace culture. Some staff felt that, as a result of their development, HCCT was now much better equipped to consistently put values into practice even without the CEO; others felt that the way he 'held' the values remained

integral. Interestingly, those who had been here longest felt most assured: the reliance on someone to cement those values (and thus be the backstop of accountability) is designed to gradually drop-off. Over the next six months, we will track and explore the extent of this reliance.

We would hope to see this accountability in a few elements of the client experience: overall satisfaction, sense of professionalism, and trust in the workers. On the first count, an 87% satisfaction rate (with no-one dissatisfied) is promising and tells us our staff are learning how to do their jobs very well, but we are still keen to understand and further support the 13% of clients neutral on this. On professionalism, we have had no complaints about cancellations or lateness, and 97% of floating support visits occurred as planned over the past 6 months. Five of the interviewees referred, without prompting, directly to the 'professional' nature of the service. Finally, on faith in the workers, interviews brought a consistent sense that the clients felt genuinely cared about. Several clients compared this to other services where they were 'lost' by the system or, when seen, received 'tick-box medicine' where they felt like 'just a number.' In our approach, we seem to have avoided this - we trade the tick boxes for providing genuinely caring care in a more flexible way. As one client stated:

'It's been amazing... he's supported me all the way through.' (Floating Support Client).

Almost all clients seemed to be reaping the benefits of the cultural norm of exploration, reflection, and accountability in their trust in the competency and genuine care of their key workers.

Creativity, Flexibility and Risk-Taking

Staff also pointed to the 'creativity' the culture of not-knowing allowed. Their experience was set-up so that they could explore their learning on their own terms. Particular structures and protocols were limited to the essentials so that they had the flexibility to try out different approaches (within the values of HCCT) depending on the unique circumstances of their clients:

'I think the feeling that nobody is going to check whether you did the 'planned' thing, it's just going to be at the end, you know, what happened in that client relationship overall... being creative about conflict, being willing to make mistakes, like a lot of those things are more likely.' (Pod Leader)

In understanding that there is no 'right' way to operate in such a complex field, people suggested they don't feel like they lose 'value' if they try new things that might not work out. This has been held up as key feature of quality and innovative social care¹⁶. During the interviews, staff suggested it enabled them to challenge clients and not worry that the relationship would be damaged; to move away from set plans if opportunities arose; and to manage 'serious' situations with more calmness and confidence.

All of these came across in client interviews. The diversity of activity being undertaken was the clearest indicator of the flexibility and creativity of the work: computer courses; overcoming fear of public transport; reducing hoarding; attending walking groups; benefits support; going to the gym; linking in with community centres; the list goes on. The appreciation of the 'flexibility' of support came up extensively in the feedback forms and the interviews. The person-centred nature of this is clear - in facing up to the complexity of the work, staff could work creatively with the reality of their clients lives, leading to a huge range of productive and flexible work tailored to each person.

Freedom and Autonomy

Our approach to learning - that it cannot be scripted and must come from experience - brings with it a degree of freedom and autonomy for staff to explore their roles. This played out clearly with two different pod leaders' attitudes to structure. One pod leader initially felt structured approaches were restricting to clients but moved towards a realisation that 'maybe that's not right... for some clients those structures, those rules are actually really useful.' A counter-example came in another Pod Leader who 6 months ago regularly utilised SMART goals because 'it was

structured, and because it had an outcome. Whereas now I feel that is really restrictive and I feel like it closes off options rather than encourages them.' This example nicely demonstrates the way that staff come at the work from different starting points, but are continually being buffeted, honed, and structured around their experience - a process enhanced by practices and culture of the workplace. There was a sense that this structure led to individualised and meaningful learning and an enhanced sense that you were forced to bring yourself to the work.

However, autonomy, the unknown, and the space to make mistakes could be challenging for staff:

'I guess (the freedom) is not always a good thing, like at the moment I feel pretty overwhelmed and pretty stretched and I think maybe that's because I do have so much ownership over what I do and it's not constantly being checked, like 'how much have you got to do? Have you got too much? Do you need more do you need less?'... All that sort of stuff is on us to bring back to the table as a learning curve and an experience, it's a process I think, learning to positively use that autonomy.' (Pod Leader)

In the process of development, long periods can be spent lacking a sense of solidity - something several staff members pointed out as a struggle. The theory behind this is that the struggle is the learning, and the learning leads to better, more efficient support workers. Across the field of social care, workers feel overstretched - are HCCT staff able to deal with this better than others? Certainly, the positivity with which staff spoke about their jobs seemed to suggest so, but it was not directly targeted as a question. This is something that can be explored in the next set of research.

The autonomy of staff is not something that maps immediately onto the client experience. Nothing in the interview data was coded as being especially relevant to this point. The data that might be relevant is that on the quality of relationships: a staff member who has control over their learning can bring themselves to the role and form a more human connection with their clients. With 91% feeling they

¹⁶ Seymour, C., Kaye, A., & Bottery, S. (2017) Doing Care Differently. Available online at: <https://www.independentage.org/policy-and-research/research-reports/doing-care-differently>

have a good relationship with their key worker, we believe we are on the right track with this.

Marketing the Unknown

One issue that emerged with the approach to complexity and being okay with the unknown was that it did not always reflect what clients wanted. Operating in a context in which the language of causation, expertise, and sure fact are the dominant codes, 'not knowing' can be interpreted as a weakness. Several workers had to try and manage this confusion with clients, who sometimes thought:

"If you're still training then I want someone who is properly trained, I don't want someone who's like..." and he saw properly trained as not learning, knowing the things already... not still learning the things.' (Pod Leader)

Similarly, two clients who finished the 6-8 session service early were unsure what exactly the service was for, or wanted more specific expertise from their support worker. One suggested that we should 'make it more clear exactly what you can do and exactly what you can't' - a point that many staff members continue to work on, but also a request difficult to answer when much of the initial stages are working out what the sessions will be used for with the client. However, this could also be an issue of marketing – we are conscious that there is limited information about the service accessible to the community.

Despite being challenging for clients, people deciding the service is not for them is not always seen as a bad outcome by staff:

'They want to know and they want certain support and that's good in itself cos, you know, knowing that we're not the right place might be just as useful as being the right place.'
(Pod Leader)

Being honest about what support we cannot provide and not hanging onto people for the sake of it may well be beneficial for clients. Of those who left the 6-8 session service before finishing that we have been able to reach, they had either wanted a different kind of service or had got what they wanted and then become too busy. In an

atmosphere in which services are encouraged to compete for those wanting support, it can be useful to rise above the need to be needed.



Summary

Helping staff get comfortable with complexity has several effects. Staff could hold less expectation around visits, enhancing their sustainability and creating a sense of non-judgement that was picked up on and valued by many clients. It enabled staff to be more present to what was happening, having less anxiety about imagined futures and so make better decisions. A significant number of clients picked up on this sense of calmness and rational thinking. It also enabled the ownership of the inevitable mistakes of the work and created a culture of accountability - staff were open to 'not knowing' and so regularly checked their work against the thoughts of their colleagues and managers in both structured and unstructured reflection, often using HCCT's values as a benchmark. This also allowed for considered risk taking and more flexibility to the needs of the clients, something clients were appreciative of. There were some challenges in the freedom of work being difficult, potential reliance on the line manager, and in client expectations of expertise. These will be explored in future reports.

Part Three:

Conclusion



This report was set up to help us understand how successful or not we were at supporting meaningful change through our model of social care. We wanted to begin to understand how our methods might be working in practice and how we could be doing better. In this section, we return to the research questions to address these issues.

1. How are clients benefitting (or not) from our approach?

We are very pleased with the benefits our clients are receiving from our approach. The diversity of outcomes, the satisfaction with the service, and client narratives around change, acceptance and learning have given us a sense that, on the whole, our approach seems to be delivering outcomes meaningful for the individuals we work with. The relationships with key workers were fundamental to this in a few ways:

- acceptance of clients enabled clients to see themselves capable of change;
- the consistency of relationship enabled people to better engage with other services and with their communities;

- the quality of relationship, handled in an emotionally intelligent way, enabled clients to see their lives from a different perspective and act on that;
- and the relationships enabled people to open up and better understand their emotions.

Everyone who sustained engagement in our programs spoke of at least one and often all four of these benefits. The feedback forms, with only two exceptions, were the same.

Moving forwards, there are still some areas for development. Firstly, how can we better understand and measure the changing capacity of clients to make meaningful change? We are currently looking at whether more creative means of capturing narrative might be used, from more consistent and regular interviews to using art, poetry, or journal entries. We will also be working with Masters students at UCL to try and develop an innovative measurement of change. We will report on this in April.

Secondly, data on our 6-8 session program was more limited – whilst we have promising information

about outcomes, we have less on the processes behind them, particularly for clients who leave the service before the final session. We will continue to track these in more detail to understand the way they engage with the service, what does and does not work for them, and whether there is anything we can do to further support them.

2. To what extent are workers becoming equipped to truly work with difference?

The means of achieving outcomes was found to be very person-centred. Clients felt the approach was tailored to them, demonstrated by the diversity of activity and outcomes, as well as their appreciation of the flexibility of the service. Staff felt their learning to accept the unknown nature of the field allowed them to be responsive, present, and creative to the needs of their clients, whilst their enhanced emotional intelligence ensured they saw beyond the 'problem' and into the whole person of their clients, especially their strengths. This was reflected in the way clients spoke about their key workers, the way clients felt their key workers viewed them, and the high satisfaction rates with both the service and the key worker relationship. It also meant that all clients - even those other services felt unable to work with - were able to have strong relationships with staff.

Potential areas of future consideration include the way in which we think about boundaries. Is the client blurring of boundaries something we can manage or is it inevitable when delivering humanistic care to socially isolated people? We will develop both our thinking and our analysis of this issue. Secondly, the training, development, and impact of volunteers will be further analysed, and we will consider the way we frame working with volunteers to clients. Finally, we will examine whether there is a need for more support, training or reflection in dealing with clients who present socially problematic opinions (racism, sexism, homophobia), as this seemed to be a potential barrier for acceptance.

3. To what extent are workers holding themselves and each other to account?

The reflective practices and use of values seemed to be doing a strong job of maintaining professionalism

and care without restricting the flexibility and person-centred nature of the work. There was a consistent sense of ongoing development, a culture in which people were continuously challenged, and an ownership of mistakes. This was reflected in client attitudes to staff, sense of their professionalism, and sense that staff genuinely cared.

Two questions around this accountability emerged. Firstly, to what extent is current reliance on line managers a result of the value-based approach to accountability, and to what extent is it based on newness to the work? Will it drop off in time? This is something we plan on examining in the next report. Secondly, in enabling staff to be open to the differences of clients, freedom and autonomy of work is enabled. This can sometimes be overwhelming. Are HCCT staff handling this better than other workers in the sector? Is there anything that can be done to further support them? Again, this will be part of our future research questions.

Further Research Development

As our first attempt at this evaluative research, there is much to be learnt from the research process in itself. Firstly, to what extent does it capture the realities of the work? The client interviews were a particularly rich source of knowledge, giving us better insight into the way they understood and made meaning from the support we offered. Having these randomly sampled was also very valuable, and somewhat reassures us of their representativeness. As we continue this exercise over the next few years the sample will grow - we look forward to the additional learning and surety that comes with this.

Staff interviews were also valuable in detailing the processes and outputs of our work, opening up exactly how staff are able to provide the scaffolding for change. We have begun working at formalising these so that we could present them more systematically in future reporting.

The feedback forms also offered a clear picture of how we are doing, as well as an enhanced sample size. However, some of the questions did not resonate with clients, so we will re-develop these for more accurate, relevant data. Furthermore, we will now be able to watch these change over time,

giving us a great ability to capture both improvements and areas requiring attention.

However, we still have a sense that we could be doing more. In having such a broad sweep, the research potentially suffers from having to condense vast data into manageable and comprehensible slices. This inevitably involves making compromises, assumptions, and bracketing the data into 'what works' rather than leaving it out in all its complexity. The report format is also something we question. Are there more creative and engaging ways we can present this data to the wider world? Are there better ways to document and analyse what we do, beyond traditional formats? We believe we have something important to share, and this may not be the best medium for it.

There is another question around measurement. What can we use to enhance the interviews and feedback forms? Would structured observation better capture the frequency and nature of reflection, challenge and accountability? Would we be able to use ethnographic accounts of both clients and staff to provide more richness to our analysis? We hope to incorporate a broader variety of research methods into upcoming reports.

We would like to access comparative data to get a much clearer picture of the uniqueness of our

particular approach. How does our satisfaction rate compare to other similar organisations? How do their clients think and talk about their key workers? This would give us a much clearer account not of just how we are doing according to our own metric, but how we are doing according to other organisations in the same field. The challenges of this are significant, but we are thinking about how we might approach others and engage in some collaborative research.

Finally, we are investigating the use of co-productive research methods. We have opened up conversations with UCL about how this might be achieved, and look forward to working with them over the coming months to develop our knowledge, practice, and thinking around ensuring our clients are always the central drivers of the research.

We are excited about what we have found, what we will find, and how both the research and the organisation will develop as a result. We look forward to the external perspectives and resulting challenges this report could bring. Most of all, we remain learners: curious, open, and committed to the further development of evidence-based practice so that we can provide the best possible service to our clients.