

# LIVERPOOL WAVES OF HOPE

## Key Messages

**Liverpool Waves of Hope (LWoH)** is a project which provides a holistic support service for people with multiple and complex needs: people who face a combination of serious problems relating to substance misuse, homelessness, poor mental health and offending.

The service is delivered by several local housing providers and charities, and includes intensive support from caseworkers, educational and social activities, peer mentoring, and accommodation support. LWoH began in September 2014, as part of the National Lottery Community Fund's "Fulfilling Lives" programme, and is due to end in December 2019. This paper presents the key findings from the evaluation of the project, conducted by a team at Ipsos MORI between 2015 and 2019.

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# FRONTLINE SUPPORT



## **Services need to be flexible in terms of eligibility and duration of support.**

LWoH members benefited from caseworker support that did not have a fixed time limit. This enabled caseworkers to be persistent, test different approaches, and have sufficient time to secure alternative sources of support. The nature and severity of people's needs often fluctuated, and recovery or progress was seldom straightforward or "linear". This indicates a need for services to be flexible in terms of thresholds and eligibility criteria. People also valued being able to re-engage after a period of crisis and disengagement.

## **People are still often unable to get the mental health support they need.**

The capacity of mental health services has been repeatedly identified as a barrier to LWoH members getting the support they need to make changes in their lives. In particular, with nearly nine out of ten LWoH members having a dual diagnosis of mental health and substance misuse problems, the challenges in obtaining support in such circumstances have been a huge problem for people supported by the project. Commissioners should consider how to close this gap in support, perhaps by commissioning specialist support with more flexible eligibility criteria.

## **Psychologically informed approaches have benefits for staff and the people they support, especially when adopted consistently.**

These encouraged staff to respond more reflectively and constructively to challenging behaviour, reduce evictions and exclusions, and feel more supported in their role. The success of these approaches, demonstrated by LWoH, has seen them adopted by accommodation providers elsewhere in the city, so that staff from different services can work with someone in a consistent way.

People supported by the project usually reduced their interaction with some crisis services, including A&E and the police. However, their overall service use tended to increase, because **the project enabled people who had previously been excluded from support to get the support they needed.** When we quantified this for a small number of people, savings from reduced use of crisis services were usually outweighed by the costs of the more appropriate support people began to receive, including accommodation, benefits, and health and social care. This suggests that it is not likely to be accurate or appropriate to think of the project as creating savings for the public purse overall.

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# FRONTLINE SUPPORT



New Beginnings social and educational activities have helped people to regain a sense of personal identity and build connections with others. This has led to increased confidence, as well as enabling some people to reduce their drug and alcohol use. **These activities were often a first step into, or a way back into, engaging with the service and therefore it was important that they were available from the start, without eligibility restrictions.**

Trusting relationships with caseworkers are vital, but if people are over-reliant on individual workers this can lead to setbacks and self-sabotage when the relationship comes to an end. Staff need to **communicate clearly and consistently about the boundaries of the support, and encourage people to build relationships with a range of staff and develop a wider support network.**

**Many people with complex needs also have significant physical health problems.** There will be a need for the service to support people at the end of their lives. Services should anticipate this need by considering how it will interact with other needs and by developing relationships with health services. Relationships with health services can help identify people with multiple needs who may not otherwise be known to services, and this is particularly important for reaching women in need of support.

**Peer mentors can introduce people to a wider range of activities and relationships** and build a sustainable support network. Peer mentoring opportunities also provide a way for people with lived experience to influence the delivery of the project and can be a way into employment.

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# SERVICE USER INVOLVEMENT

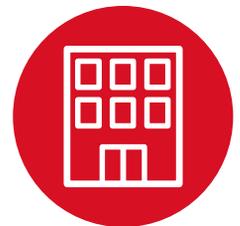


**Service user involvement requires dedicated resources, invested as soon as possible.** Service user involvement with this group of people is very challenging due to issues of trust, safeguarding, confidentiality and capacity. Significant time and resource is needed from the start to build up the trusting relationships needed for service user involvement to work effectively. The earlier this is invested, the more opportunity there is for people to influence the design of the service.

Some professionals can have unrealistic expectations of the capacity of service user involvement groups and the timelines they can work to. **These expectations need to be managed accordingly.**

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# STAFF AND MANAGEMENT



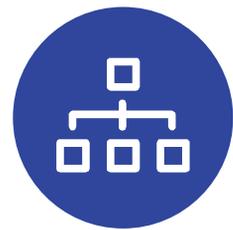
There were challenges relating to poor relationships, mistrust and communication breakdowns between delivery organisations. These underpinned many of the problems identified in this report. There was widespread agreement that LWoH should have been **delivered by a single team, or at least to have had a shared location and a single operational lead from the start.** More opportunities for staff from delivery partners to meet would have created a more cohesive team and provided an opportunity for addressing problems promptly.

Providing frontline support to people with multiple needs is highly emotionally demanding. **Staff need appropriate supervision, both from managers and through clinical supervision,** to make sure the team is healthy and can work effectively. Clinical supervision helps staff to gain perspective on their work and the difficult things they encounter. Staff valued their managers working closely with them and taking an active interest in their cases.

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# RELATIONSHIPS WITH OTHER SERVICES



A competitive environment and unequal power dynamics may have limited the willingness of some staff members to share ideas and learning.

**Commissioners need to be willing to have open conversations about what is and isn't working**, and to ensure delivery organisations feel they can challenge commissioners without putting their contracts at risk.

A pro-active approach to sharing learning from the project is essential, at both a strategic and operational level. This should include **building ongoing relationships with other services, championing the project by sharing success stories, and creating opportunities to share best practice ways of working**. Face-to-face opportunities to share learning, such as conferences and visits, were seen as more effective.

**Multidisciplinary team working that includes senior decision-makers** has been effective where workers had previously struggled to "get the ear" of the right people, and in allowing data-sharing to provide a fuller picture of someone's history and needs.

Some LWoH members experienced dismissive or judgemental treatment from mainstream services. **Training about multiple needs is needed for people who work in mainstream services and may encounter people with multiple and complex needs** – for example, receptionists at GP surgeries, hospital staff, or those working in Housing Options or Jobcentre Plus. Training could help staff at these services understand why people might behave a certain way and what additional support they might need. One staff member suggested designating a named person at other services who could be a point of contact and advocate for a flexible approach for people with multiple needs.

**Face-to-face visits to other services worked well to secure engagement**. Staff commented that it was important to emphasise to hostels that they shared responsibility for LWoH members as a team, to listen to the other service's concerns and needs and encourage honest feedback.