



# Adopting a Critical Time Intervention model through Fulfilling Lives Newcastle Gateshead: An evaluation

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May 2020



**Acknowledgements**

With thanks to all those who took part in this research, including Oasis Community Housing, The Gateshead Housing Company, Hubbub, Northumbria Community Rehabilitation Company Probation Service, and the Fulfilling Lives Newcastle Gateshead staff team and Research and Evaluation team.

**About JH Research**

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## Table of Contents

<b>One-page summary .....</b>	<b>4</b>
<b>Executive summary .....</b>	<b>5</b>
<i>Introduction.....</i>	5
<i>Key findings.....</i>	5
<i>Conclusions and recommendations.....</i>	9
<b>Introduction .....</b>	<b>11</b>
<i>About Fulfilling Lives Newcastle Gateshead.....</i>	11
<i>The Critical Time Intervention model .....</i>	11
<i>Evaluation objectives and methods.....</i>	12
<b>Introduction and implementation of the model.....</b>	<b>14</b>
<i>Introducing, explaining and understanding the CTI approach .....</i>	14
<i>Fidelity to the evidence-based CTI model.....</i>	15
<b>Overall outcomes .....</b>	<b>18</b>
<i>The people and their transitions .....</i>	18
<i>Completion of pilot.....</i>	18
<i>The Homelessness Outcome Star and New Directions Team Assessment.....</i>	19
<i>Goals and achievements .....</i>	26
<b>Who the pilot worked and did not work well for .....</b>	<b>28</b>
<i>Overall findings .....</i>	28
<i>Women.....</i>	28
<i>Stability vs crisis .....</i>	34
<i>Complex trauma.....</i>	35
<b>The key elements of the CTI approach: outcomes and effectiveness.....</b>	<b>36</b>
<i>Supporting people to build support networks.....</i>	36
<i>Goal-setting and the asset-based approach .....</i>	41
<i>The phased, time-limited approach .....</i>	45
<b>Strengths and challenges in the CTI pilot .....</b>	<b>49</b>
<i>Strengths and success factors of the CTI pilot.....</i>	49
<i>Challenges and barriers to success.....</i>	49
<i>Overall assessments of the model.....</i>	50
<b>Conclusions and recommendations .....</b>	<b>51</b>

## One-page summary

Fulfilling Lives Newcastle Gateshead (FLNG) piloted a Critical Time Intervention (CTI) model in its frontline work with people experiencing multiple and complex needs (MCN) between June 2018 and March 2020. It was one of the first full-scale pilots of CTI in the UK.

CTI is an evidence-based time-limited (nine-month) practice that provides support for people during periods of transition. It aims to develop a person's independence, work towards person-centred goals and increase their support networks.

35 people (13 women and 22 men) commenced the first stage of the CTI process. The majority of the transitions related to a move into new accommodation (20 people) or release from prison (10 people). Of these, seven (one fifth) returned to navigation (a model of intensive one-to-one support) due to safeguarding issues.

Overall, there was an improvement in average outcomes for people over the CTI period as measured by the New Directions Team Assessment (NDTA), with scores decreasing by five points to just over 24 (out of 48). There was no improvement in average outcomes as measured by the Homelessness Outcome Star. Some people experienced outcomes such as maintaining new tenancies, addressing substance misuse, managing money better and rebuilding relationships with family. Overall the project had some limited success in supporting people to develop support networks.

The evidence suggests that CTI is more appropriate for some groups of people than others:

- **CTI was particularly appropriate for men who had attained a level of stability in their lives.** The process of setting goals helped to empower people and encourage them to look positively to their future, and the time limit brought a sense of focus.
- **CTI was less appropriate for people experiencing crisis.** The time limit could be anxiety-provoking, and it could be more difficult to engage in setting and working towards goals whilst dealing with crisis.
- **CTI tended not to work well for women experiencing MCN.** Most women experiencing MCN were thought to require intensive one to one support for longer than nine months, and access to specialist support services for women.
- **CTI was not the most appropriate approach for people who find it difficult to build and maintain healthy relationships,** which makes building support networks, a core element of the model, difficult. This includes people with experience of complex trauma.

To work effectively with people with MCN, CTI requires:

1. Staff skilled in coaching, advocacy, relationship-building and trauma-informed approaches. There were some gaps in staff skills in these areas in this pilot.
2. A system that is able to take on people's support after the CTI support ends. This was not yet fully present in Newcastle and Gateshead.

Based on this evaluation, CTI is not recommended as a generic approach for people experiencing MCN. CTI could be usefully considered as (i) a targeted model for a discrete group of people who meet certain criteria around stability and the ability to form relationships; or (ii) the second step in a two-step model for people experiencing MCN.

## Executive summary

### Introduction

This report presents findings from the independent evaluation of Fulfilling Lives Newcastle Gateshead's (FLNG) Critical Time Intervention (CTI) model. FLNG piloted a CTI model in its frontline work with people experiencing multiple and complex needs between June 2018 and March 2020. It was one of the first full-scale pilots of CTI in the UK. The evaluation methods include:

- Analysis of quantitative and qualitative project data.
- In-depth telephone interviews with nine FLNG staff members and five staff members/volunteers at four external agencies.

FLNG is an eight-year learning programme looking to improve the lives of people with complex needs and build a trauma-informed approach within the services that support them across Newcastle and Gateshead. It is funded by the National Lottery Community Fund and led by Changing Lives (lead partner), Mental Health Concern and Oasis Community Housing.

CTI was developed in the US and has a strong evidence base there.<sup>1</sup> It is a time-limited practice, which aims to provide support for people during periods of transition over three clearly-defined stages. The CTI approach works to develop a person's independence, work towards person centred goals and increase their support networks so that they have effective support in place at the end of CTI support.

CTI was introduced by FLNG in order to respond to a 'plateau' that had been identified in people's progress through navigation (the previous model of intensive, personalised and open-ended support), and to prevent a cliff-edge in support when FLNG's frontline work came to an end in March 2020. People who had previously been receiving support through the project's open-ended navigation approach of intensive support (most for several years), were moved onto CTI when they underwent a transition. The CTI period was nine months, at the end of which the intention was to bring support to a planned end.

### Key findings

#### The people and their transitions

35 people (13 women and 22 men) commenced the first stage of the CTI process. The majority of the transitions related to a move into new accommodation (20 people) or release from prison (10 people).

#### Outcomes

Of the 35 people: 20 had a positive planned ending to their support; 3 returned to navigation after completion of CTI and 4<sup>2</sup> returned to navigation before completion of CTI (these cases were due to safeguarding issues); 2 people died; 3 people went to prison; 1

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<sup>1</sup> The model meets the Coalition for Evidence-based Policy's rigorous "Top Tier" standard for interventions "shown in well-designed and implemented randomized controlled trials, preferably conducted in typical community settings, to produce sizable, sustained benefits to participants and/or society".  
<https://www.criticaltime.org/cti-model/evidence/>

<sup>2</sup> Two of these people subsequently disengaged with FLNG support.

person disengaged with FLNG; and 2 people were still actively receiving support through CTI at the time of the evaluation.

Overall, there was an improvement in average outcomes for people over the CTI period as measured by the New Directions Team Assessment (NDTA). Average total NDTA scores for all people supported decreased by just under five points during CTI, from just over 29 to just over 24.

Overall, there was no improvement in average outcomes measured by the Homelessness Outcome Star. Overall average Homelessness Outcome Star scores increased by 0.02 points during CTI (from 4.72 to 4.75)<sup>3</sup>. Outcome Star data shows declines on average over the CTI period in drug and alcohol misuse, physical health and self-care and living skills, although these declines are not reflected in the NDTA data. The data suggests that CTI may have helped people to move away from risk, chaos and vulnerability (as measured by the NDTA) more than to progress against the outcome areas measured by the Outcome Star.

Common achievements against people's self-defined goals included:

- Successfully maintaining new tenancies.
- Becoming abstinent, entering treatment for substance misuse, or reducing substance use.
- Managing money better, in particular moving onto appropriate welfare benefits such as Personal Independence Payment (PIP).

#### Stability vs crisis

Qualitative data suggests that:

- **CTI works well for people who are experiencing more stability**, and therefore ready and able to look towards the future in a meaningful way.
- **CTI works less well for people who are experiencing more crisis**, for whom looking towards the future feels less immediately relevant or meaningful.

*'If I think about the men who've had a good outcome within the pilot, they've been men who've been in a position to name some goals and have enough social capital around them to make them happen. People who are very focused and in a good position in their recovery to be able to take things forward.'* – Area Lead/Manager

#### Women

Qualitative and quantitative data shows that both CTI and navigation worked less well for women than for men (see figures (a) and (b)). Overall average Outcome Star scores declined slightly for women over the CTI period. Women showed notably less improvement in outcomes than men in the areas of social networks and relationships, emotional and mental health, and managing money and personal administration.

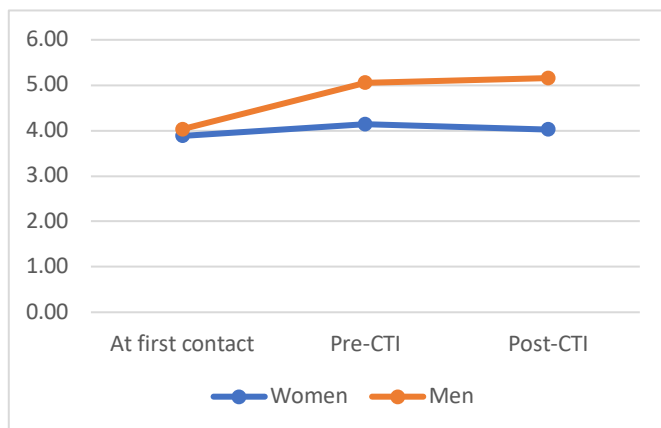
*'I'm not convinced CTI works that well for females across the board [...] The majority of females I've worked with have either had an abusive relationship, engaged in survival sex work or been sexually exploited. She's had trauma after trauma but will always go back to an abusive relationship because that's what she knows. Nine*

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<sup>3</sup> Figures have been rounded and are correct to two decimal places.

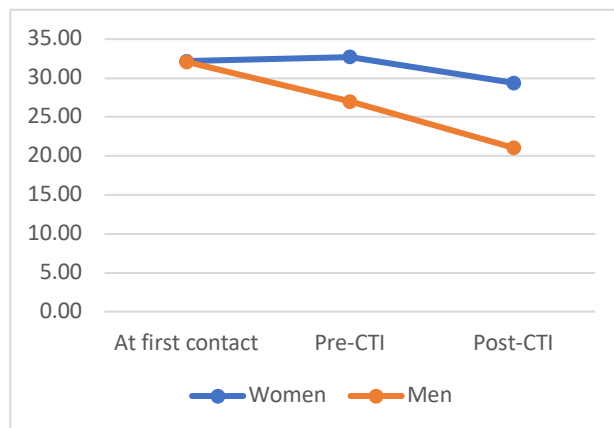
*months is not enough time [to help change this pattern].’ – System Change Practitioner*

**Figure (a): Average overall Outcome Star score by gender**



Average overall Outcome Star score	At first contact	Pre-CTI	Post-CTI
Women	3.88	4.14	4.03
Men	4.03	5.06	5.16
<b>All</b>	<b>3.98</b>	<b>4.72</b>	<b>4.75</b>

**Figure (b): Average total NTDA score by gender**



Average NTDA total score	At first contact	Pre-CTI	Post-CTI
Women	32.15	32.69	29.38
Men	32.09	27.00	21.05
<b>All</b>	<b>32.11</b>	<b>29.11</b>	<b>24.14</b>

Base: 33 people (Outcomes Star); 35 people (NTDA)

Note: an improvement is indicated by an increased Outcome Star score, and a decreased NTDA score.

### Building support networks

Helping people to build support networks, which can provide continued support after the end of CTI, is a central element of the CTI approach. There are some excellent examples of collaboration where SCPs worked with external agencies to support the individual to achieve positive outcomes, and then withdrew. In these cases, one external worker often took on a role of providing relatively intensive support to the person. However, overall, the project had limited success in supporting people to develop support networks. Reasons for this included a lack of staff skills in this area, and gaps in the system, meaning limited support networks were available:

*‘There are good pockets of practice, but the Achilles Heel of CTI is: was the wider part of the system ready to absorb this way of working? I don’t know whether it was.’ – Area Lead/Manager*

Several interviewees believed that complex trauma was common among people being supported by FLNG, and described difficulties that people with complex trauma have in developing healthy relationships:

*‘With more complex trauma the impact can mean people have serious attachment issues and so can find it hard to form and maintain healthy relationships – the main thrust of CTI is to link people into an improved social network. This assumes a*

*baseline skill set around asking for help and holding reciprocal relationships with others. Whilst this may well work for some I suspect for others there is not the skills set and healing from trauma to allow them to maintain a helpful social network in the future.’ – Area Lead/Manager*

There was little focus in the pilot on building informal support networks. Existing informal networks could often be problematic and exploitative (especially for women).

#### Goal-setting and the asset-based approach

Supporting people to set and work towards goals is a central part of the CTI approach. SCPs found that identifying what goals they wished to achieve could be very difficult for some people. However, in many cases, this was successful:

*‘From Sam’s<sup>4</sup> point of view, it [setting goals] seemed like a huge step forward, from instead of managing his “now” problems, which he was buried under, it was a way of looking ahead, beyond the cloud, to aims leading back to normality. [...] Just having those objectives changed Sam, it was an indication there’s life after drugs [...] There just was this marked difference of looking ahead.’ – External agency*

Outcome Star data showed a notable increase over the CTI period in ‘motivation and taking responsibility’ for both men and women. However, staff were not always skilled or confident in the asset-based approach, and more training may have helped with this.

#### The phased, time-limited approach

The FLNG CTI took place over nine months, in three phases of three months. The time limit encouraged a sense of purpose, focus and motivation for some people:

*‘The CTI puts a bit of the responsibility back and empowers people a bit as it’s certain period of time, and together we could really get some results of what they wanted.’ – System Change Practitioner*

However, for some people, the change to the open-ended support initially offered through navigation, and the introduction of a time limit, were confusing and may have led to negative outcomes such as undermining trust, anxiety and disengagement. Generally interviewees believed that nine months was too short a time-frame for supporting this group:

*‘[CTI] is too time limited, and too focused, it’s not realistic for [some people]. I’ve got fairly stressed recently because I can see the level of need in people I have to close. I’m aware we’re far from putting things in place to make them safe.’ – System Change Practitioner*

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<sup>4</sup> Names have been changed.

## Conclusions and recommendations

**CTI can help some people experiencing multiple and complex needs (MCN) to make and sustain positive changes in their lives.** Elements that are particularly helpful are: the asset-based approach; the process of setting goals, which can help to empower people and encourage them to look positively to their future; and the time limit which can bring a sense of focus and enable a positive ending to support.

**CTI is particularly appropriate for people who have attained a level of stability in their lives which enables them to look to the future and work towards their goals:** this may include people who are further on in their recovery, have the ability to develop healthy relationships, are accommodated and not regularly in and out of prison, are no longer in crisis, have less complex needs, have more confidence and skills, or who are undergoing a particularly positive transition.

**For people at a certain level of stability or a certain point in their recovery, a time-limited model of support that is focused on self-defined goals and aspirations, developing independence and building support networks, can be more helpful than continuing open-ended, intensive one-to-one support.** For some people engaged in the pilot, CTI was thought to be more helpful than remaining on the previous model of open-ended intensive support.

**CTI is less appropriate for people experiencing less stability and more crisis.** For them, the model can be harder to understand, the time-limit can be anxiety-provoking and the withdrawal and ending of support confusing, and it may be more difficult to engage in setting and working towards goals whilst dealing with crisis. The nine-month time period may not be long enough for many people with MCN, especially when it includes time to build a trusting relationship with CTI workers.

**CTI is not the most appropriate approach for women experiencing MCN.** This pilot supports other evidence from the Fulfilling Lives national programme<sup>5</sup> and beyond<sup>6</sup> that shows that the experiences and needs of women experiencing MCN are different from men's, that they may therefore require different kinds of support, and that this support may be lacking on a systemic level. Women in this pilot experienced notably less improvement in outcomes than men during both CTI and the previous navigation phase. This evaluation suggests that:

- Common experiences of unhealthy, abusive and exploitative relationships among women with MCN raise issues around attachment, trust and engagement with support workers and professional services, and may make CTI less appropriate for them.
- Overall (despite some examples of excellent support services for women being cited) there is a lack of local specialist support services tailored to women's needs.

Recommendations are:

- **Many women experiencing MCN are likely to need intensive one to one support for longer than the nine-month CTI period allows.**
- **Many women experiencing MCN are likely to need support around developing healthy relationships** as a foundation for making and sustaining other changes in their lives.

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<sup>5</sup> See Lamb, H. et. al. (June 2019) *Evaluation of Fulfilling Lives: supporting people with multiple needs. What makes a difference?* Community Fund, University of Sheffield, CFE Research.

<sup>6</sup> See the Lankelly Chase reports *Gender Matters* (2020) and *Women and Girls Facing Severe and Multiple Disadvantage* (2016).

- **Women experiencing MCN need access to specialist support services**, including: support around sex work, abuse and exploitation (including in childhood); support around building healthy relationships; support around child removal and regaining contact with children. More such services are needed in Newcastle and Gateshead.

**CTI is not the most appropriate approach for people who find it difficult to build and maintain healthy relationships. This includes people with experience of complex trauma.** For CTI to be effective, people need the ability to build and sustain relationships with support networks after the ending of CTI. Complex trauma and difficulties in forming healthy relationships may be common among people with experience of MCN.

**The outcome measurement tools used in this pilot did not fully capture people's progress towards the goals they had set. Any future CTI projects could usefully explore developing additional asset-based tools for capturing and measuring progress towards people's self-determined goals.** Goals set were not always asset-based, and it is possible that more open or asset-based recording categories might have supported a more asset-based approach by staff.

**To work effectively, CTI requires:**

1. **The people who are being supported need to have (i) a level of stability that makes setting and working towards goals possible; and (ii) an ability to form healthy relationships.** This evaluation gives indications of what this 'stability' might consist of, but more work (beyond the scope of this evaluation) is required to develop and test this further.
2. **A staff team that is skilled in coaching, advocacy, relationship-building and trauma-informed approaches.** It is important to recognise that this is a different skill-set from that required to be a frontline worker delivering intensive, personalised support. It is recommended that any future projects delivering CTI ensure that frontline staff members are trained and skilled in these areas.
3. **A system that is able to take on the support of people with MCN after the CTI support ends.** This is not yet fully the case in Newcastle and Gateshead. There is evidence of excellent support from several external services, but there are still some gaps in the support that can be provided externally. Any future potential CTI projects should consider the strength of the local system.

**The evidence outlined in this report suggests that CTI should not be recommended as a generic approach for people experiencing MCN. CTI could be usefully considered as (i) a targeted model for a discrete group of people who meet certain criteria around stability and the ability to form relationships; or (ii) the second step in a two-step model for people experiencing MCN:**

- A first phase of intensive, personalised, person-centred, flexible, open-ended one to one support (for example as provided by the FLNG navigator approach) may be most appropriate to help a person move towards stability.
- Once a degree of stability has been achieved, a second structured time-limited phase focused on setting and working towards goals and building support networks (both formal and informal) might help a person to move forwards towards more independence, empowerment and fulfilment.
- Support around healing trauma and forming healthy relationships may be essential to prepare people for CTI and enable them to move from the first to the second step.