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Newcastle Gateshead

JH Research

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

Juliette Hough
May 2020

COMMUNITY FUND

OASIS COMMUNITY HOUSING

MENTAL HEALTH CONCERN

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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
Juliette Hough is an independent social researcher who specialises in conducting in-depth research and evaluations with people experiencing complex disadvantage, homelessness and other types of inequality.

www.jhresearch.org

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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.[1] 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[2] returned to navigation before completion of CTI (these cases were due to safeguarding issues); 2 people died; 3 people went to prison; 1

[1] 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/

[2] 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)[3]. 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 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

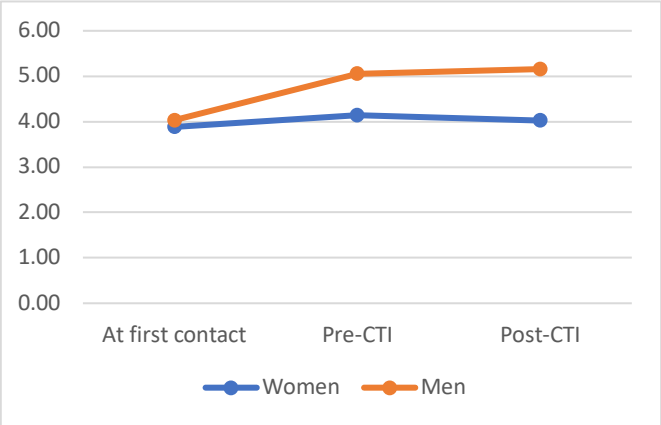
Qualitative and quantitative data shows that both CTI and navigation worked less well for women than for men (see figures (a) and (b)). Overall average Outcome Star scores declined slightly for women over the CTI period. Women showed notably less improvement in outcomes than men in the areas of social 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*

[3] Figures have been rounded and are correct to two decimal places.

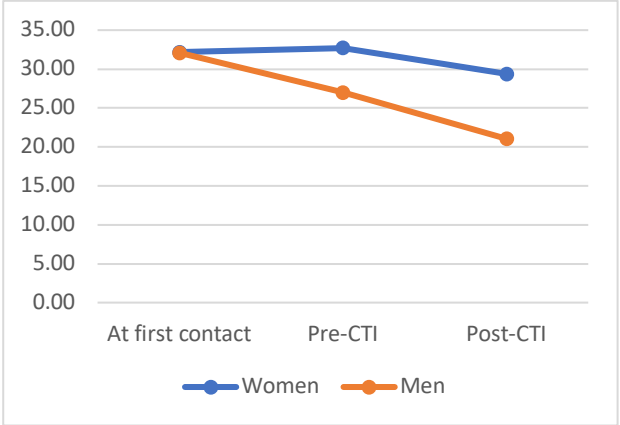
months is not enough time [to help change this pattern].' – System Change Practitioner

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
All	**3.98**	**4.72**	**4.75**

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
All	**32.11**	**29.11**	**24.14**

Base: 33 people (Outcomes Star); 35 people (NDTA)
Note: an improvement is indicated by an increased Outcome Star score, and a decreased NDTA 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[4] 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*

[4] 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[5] and beyond[6] 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.

[5] 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.

[6] 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.

Introduction

This report presents findings from the independent evaluation of Fulfilling Lives Newcastle Gateshead's (FLNG) Critical Time Intervention (CTI) model. The evaluation was conducted between February and April 2020.

About Fulfilling Lives Newcastle Gateshead

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 one of twelve programmes linked together across England funded by the National Lottery Community Fund, looking to influence the system nationally. A Core Partnership of Changing Lives (lead partner), Mental Health Concern and Oasis Community Housing lead the programme's activity. The programme commenced in 2014, and will end in 2022.

The programme defines people experiencing multiple and complex needs (MCN, also known as complex needs or complex disadvantage) as people who are likely to experience at least three of the following: homelessness, reoffending, problematic substance misuse and mental ill health).

The programme's frontline work ended in March 2020; it continues to work in its key strands of experts by experience, systems change, workforce development, and research and evaluation. Frontline work initially took the form of navigation: intensive open-ended support for people. From June 2018, some people were moved onto CTI as they underwent transitions, whilst some continued to receive support through navigation.

The Critical Time Intervention model

Fulfilling Lives Newcastle Gateshead (FLNG) piloted a Critical Time Intervention (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.

CTI was developed in the US and has a strong evidence base there.[7] It is a time-limited practice, which aims to provide support for people during periods of transition, for example from prison to the community, hospital to community or a change of accommodation. 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 support.

Support is provided over three clearly defined stages, which Fulfilling Lives describe as follows:[8]

[7] 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/

[8] This description is taken from Fulfilling Lives (2019) *CTI Interim Evaluation Report*.

- **Pre-CTI: Relationship:** develop a trusting relationship with the person. We note that the people we take through CTI are well known to us and this is different to the US model where the person would be new to the service and is discussed later
- **Phase 1: Transition:** Provide support during the transition and explore connections to support services. This involves very regular contact, meetings with their support network and introducing them to new sources of support
- **Phase 2: Try-Out:** Monitor and build up the support network and the person's skills. During this phase less time is spent on face to face support and time is spent observing the support network and supporting it to become stronger
- **Phase 3: Transfer of Care:** This phase leads up to the closure of the case and celebrates the person reaching the end of their support. Here the worker steps back to ensure that the support network is working for the person. FLNG works with the person on a Wellness Recovery Action Plan and holds a final session with them and their support network to mark the transferring of their care; reviewing progress made and is intended to be a celebration.
- **Pause: Phase Paused:** Although the CTI 9-month clock does not stop, in exceptional cases a phase can be paused for a temporary period. This pause would freeze the phase at its current point and once un-paused, would start up from the exact same point. The phase would never be restarted from the beginning.

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 Fulfilling Lives' frontline work came to an end in March 2020. People who had previously been receiving support through the project's navigation approach (most for several years), were moved onto CTI when they underwent a transition. People were only moved onto CTI when it was judged that the approach would be appropriate for them; those seen to be at risk or experiencing a high degree of chaos, for example, were not moved onto CTI. The CTI period was nine months, at the end of which the intention was to bring support to a planned end.

Evaluation objectives and methods

This end-of-pilot evaluation aimed to:

- Establish the outcomes and effectiveness of the CTI approach as implemented by FLNG.
- Establish what factors contributed to any positive outcomes, and what hindered these.
- Determine the extent to which CTI would be recommended for people experiencing multiple and complex needs (MCN), based on the learning from this project, and if so in which circumstances.

The evaluation methods include:

- **Analysis of quantitative and qualitative project data** including: CTI assessment tools; Homelessness Outcome Star; New Directions Team Assessment; six case studies based on interviews with people being supported by FLNG and with staff conducted by FLNG in early 2019; and a review of selected project reports and blogs.

- **In-depth telephone interviews** with:
    - Nine FLNG staff, including six System Change Practitioners (frontline workers), two Area Leads (with written answers to questions submitted by the third Area Lead) and the Programme Manager.
    - Five staff members/volunteers at four external agencies, who were selected as people who had worked with one or more people being supported through the CTI pilot.

Interviews with people being supported through CTI were not conducted as part of the evaluation. At the time of planning and conducting the evaluation, most people had had their cases closed, with the remainder facing closure imminently, and it was thought that contacting them to take part in an evaluation could be confusing and possibly disruptive for people who were establishing new support networks without FLNG's support.

Two statutory agencies that were approached to take part in interviews were unable to do so because of internal policies relating to taking part in research. There is learning for FLNG for future evaluations around seeking to secure the involvement of statutory agencies well in advance of planned evaluation activity (one agency required up to six months to follow its sign-off procedures).

A technical note on generalising from this pilot

The quantitative variations in outcomes reported on in this report are not 'statistically significant', meaning that we cannot be sure that any variations in outcomes are not due to chance. This is in large part because of the small number of people involved in the pilot. For example, although it is clear that the women in this pilot have experienced worse outcomes than men, this might feasibly be a random variation. Qualitative data is important in either confirming or contesting those trends seen in the quantitative data, and we can be more confident that findings are not simply random when qualitative data supports the quantitative findings. Again, for example, almost all interviewees said that they had seen women as a group struggling more than men through CTI, and were able to suggest clear explanations for this based on their experiences of working with women and men with experience of MCN. Further evaluations of other pilots of CTI currently taking place in the UK will help to build a bigger picture of the effectiveness of CTI and the conditions in which it is effective.

A note on anonymity

In case studies, names and some details have been changed to protect people's confidentiality.

Quotations from interviewees are attributed to either:

- External agency
- System Change Practitioner (SCP) – FLNG frontline staff delivering CTI
- Area Lead/Manager – this includes FLNG Area Leads and the Programme Manager
- Person being supported through CTI – people being supported by FLNG through the CTI approach (these quotations are from interviews conducted by the FLNG Research and Evaluation team in early 2019).

Introduction and implementation of the model

This section describes the introduction of the CTI model by FLNG, the extent to which it was understood by people being supported through it and by external agencies, and the extent to which fidelity to the evidence-based CTI model was achieved. It discusses issues relating to recording data, goals and outcomes, and differences in context between the UK and the US where the CTI model originated.

Introducing, explaining and understanding the CTI approach

FLNG undertook a substantial amount of work in order to prepare to implement the CTI approach. This included a thorough induction programme for staff, and developing the existing case management system (InForm) so that relevant data could be recorded in order to evaluate the pilot and meet the CTI fidelity criteria, and establishing a weekly case management process.

It was widely reported that the thorough training and induction about CTI provided by Fulfilling Lives for staff and partners was very helpful. It helped people to understand the model and created a sense of shared understanding and vision for a team that was recovering from a difficult period of restructuring. Although some frontline staff had some doubts that the CTI model would be effective, all agreed that it was necessary to find a way of bringing support to a positive end, given that FLNG's frontline support work was due to end, and that CTI might provide a way to do this.

Training was also delivered by experts from the US, attended by both Fulfilling Lives staff and external agencies. This training was broadly felt to be less helpful, as it was strongly grounded in a US context which often did not translate well to the UK. This created some confusion and negative attitudes towards CTI both within the Fulfilling Lives team and externally.

Among the external agencies interviewed, some workers had a strong understanding of CTI and how it differed from navigation. Others understood this less clearly.

> *'I've heard a lot of the FL staff discuss [the CTI approach] because we worked quite closely with them and did a lot of work with the same clients, so I had a good understanding of it and the stages people were at within it.' – External agency*

> *'I was never 100% sure [what System Change Practitioner's role was]. I googled Fulfilling Lives to find out what they offered. Even now I couldn't answer outright.' – External agency*

Staff members said that explaining CTI to people who were being supported could be difficult. In particular, explaining that their role was changing, and why this was the case, after promising more open-ended support, was difficult. Some staff and external agencies reported that some people did not fully understand CTI:

'People [said] "we thought you were here for eight years, and now there's only four months left". That was difficult, you had to say things were different, we're not going to be client-working in a couple of years. Sometimes the client appreciated it, other times it went over their head, "what this is all about?".' – System Change Practitioner

Fidelity to the evidence-based CTI model

Assessing fidelity

Various tools were used to monitor fidelity to the evidence-based model that originated in the US. These self-assessments measured fidelity in 15 key areas; these are, in summary:

- Time limited for no more than nine months
- Three three-month phases of support
- 1-3 areas of focus for each phase
- Small caseload size of no more than 20 people
- Community based, with a minimum number of meetings in each phase
- Weekly team supervision meetings
- Decreasing contact (meetings and phone calls) in each phase
- CTI does not end early
- A minimum level of engagement
- Initial assessment takes place
- Different types of linking processes with external support providers take place in each phase
- CTI workers role and approach (harm reduction and recovery perspective)
- Clinical supervision takes place
- Fieldwork co-ordination takes place
- Documentation is completed

The pilot broadly met the fidelity criteria of the evidence-based model. The most notable deviations from the model were:

- The nine-month time limit was not adhered to in all cases. Seven people (one fifth of the 35 people being supported through CTI) were transferred back to navigation during or at the end of CTI because they were judged to be at too high risk to end support.
- There was no Operational Lead for the final part of the pilot, which may have had some effect on the quality of delivery.
- A lack of skills or buy-in to the model may have affected the frontline delivery of some SCPs, a small number of whom said their CTI approach did not differ significantly from their navigation approach.

The Operational Lead who initially suggested FLNG might test the CTI model had an in-depth understanding of it, which was felt to be very helpful in both ensuring fidelity to the model and ensuring the staff team understood it.

Recording data, goals and outcomes

Staff reported some challenges relating to data recording. Firstly, reporting requirements to ensure fidelity to the model meant that there was a large amount of paperwork and data recording, which was sometimes onerous for frontline workers. Secondly, the data recorded did not always capture the goals or outcomes that were more creative, interesting and

unusual in the context of the testing of an asset-based approach, and that were discussed in conversation between workers and people being supported:

> *'The [goals recorded] were very traditional goals, not in the client's language at all, very "worker-land" […But face to face] we were having different conversations with people, carving out time in the pre-CTI stage to have a conversation about their hopes for their future, we had conversations with people we didn't have previously, we learnt new things about them.' – Area Lead/Manager*

For example, one Area Lead said they had been interested to read in one person's notes that they had expressed a desire to learn how to play guitar, but that later notes did not record whether or not this had happened. A review of goals and achievements recorded for people across the pilot shows that this was a relatively common issue. The goals and achievements recorded tended to be more service-focused and needs-based, such as engagement in treatment or money management. The pre-set categories (required for fidelity) under which goals and achievements against them are recorded are relatively traditional needs-based categories, including:

- Substance treatment
- Daily living skills
- Housing management/housing crisis intervention
- Money management
- Family intervention
- Psychiatric and medical
- Other

These categories do not lend themselves well to the recording of more creative, unusual or asset-based goals such as learning to play guitar. For example the goal to 'learn Indian cookery' was recorded as a substance misuse goal, and 'He wants to go on short holiday on his own or with his mother' as a family intervention goal. Often such creative, asset-based goals were recorded under 'daily living skills' for want of a more appropriate category. As discussed in the later section *Goal-setting and the asset-based approach*, goals 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.

Differences in context between the US and UK

The local context in which the CTI pilot was delivered differed from the US context in which CTI was developed and tested, in several ways:

- **A different group of people being supported:** FLNG staff believed that people supported through FLNG may have had more complex needs, including complex trauma, than people for whom CTI has worked well in the US.
- **A different welfare system**. Interviewees reported that, in the US, people commencing CTI were at the point of employment, which was when they became eligible for social security. There was therefore a focus on obtaining work in the US model. In contrast, the welfare benefit system in the UK meant that people were eligible for support while being much further from employment.
- **Multiple and unpredictable transitions:** People supported through FLNG sometimes experienced multiple transitions, with sometimes unpredictable transition dates, which could make the model more difficult to work with.

- **Pre-existing relationships with FLNG:** People had had pre-existing relationships with FLNG through navigation, usually for several years, often with the same worker. They experienced CTI as a change in support rather than a new form of support. This could make understanding the new way of working more difficult, but meant that trusting relationships were already in place when CTI commenced.

Overall outcomes

This section describes outcomes captured by key quantitative and qualitative measures.

The people and their transitions

35 people (13 women and 22 men) commenced the first stage of the CTI process. Half (18) were in their 30s, with 6 people aged under 30, and 11 people in their 40s or 50s.

Four of the transitions took place before June 2018, 23 took place in June to December 2018, and eight took place between January and June 2019.

The majority of people had been working with FLNG for several years at the point at which they began to receive support through the CTI model. At the date the pilot started, almost two-thirds of people who were to receive CTI support (22) had already been receiving support from FLNG for at least two and a half years through the navigation approach (since 2014 or 2015). About one quarter (eight) had started working with FLNG in 2017 or more recently.

The majority of the transitions related to a move into new accommodation (20 people) or release from prison (10 people) (see figure (c)).

Figure (c): Type of transition

Type of transition	Number of people
Accommodation*	20
Prison release	10
Hospital discharge	2
Discharge from rehabilitation	1
Granted refugee status	1
Moving from Section to mental health rehabilitation accommodation	1
Grand Total	35

* There were a range of types of accommodation transitions. Examples include: from rough sleeping or sofa surfing into a tenancy; from supported accommodation to independent accommodation; from independent living to sheltered housing; from the parental home to an independent tenancy; into an independent tenancy following eviction.

Completion of pilot

Of the 35 people: 20 had a positive planned ending to their support; 3 returned to navigation after completion of CTI and 4[9] returned to navigation before completion of CTI (these cases were due to safeguarding issues); 2 people died; 3 people went to prison; 1 person disengaged with FLNG; and 2 people were still actively receiving support through CTI at the time of the evaluation.

[9] Two of these people subsequently disengaged with FLNG support.

The Homelessness Outcome Star and New Directions Team Assessment

About the measures

An analysis of outcomes as measured by the Homelessness Outcome Star and New Directions Team Assessment (NDTA) has been conducted looking at three points in time[10]:

1. **At first contact with FLNG (on commencement of navigation)**.
2. **Pre-CTI (following a period of navigation, usually of several years)**. The most recent score before the individual underwent their transition and moved onto CTI was used.
3. **Post-CTI**:
    - For those who successfully moved on from CTI and FLNG after nine months, the final score at the point of move on.
    - For those who returned to navigation (either before or after completing CTI) or who did not complete CTI (for example because of imprisonment, disengagement or death), the most recent score before they moved away from CTI.

Reading the data
Homelessness Outcome Star scores are on a scale from 1-10, with a higher number indicating further progress on the journey of change. In contrast, the lower the New Directions Team Assessment (NDTA) score, the more progress a person is making and the lower their vulnerability.

The Homelessness Outcome Star[11] is a tool used to measure outcomes in ten key outcome areas:

1. Motivation and taking responsibility
2. Self-care and living skills
3. Managing money and personal administration
4. Social networks and relationships
5. Drug and alcohol misuse
6. Physical health
7. Emotional and mental health
8. Meaningful use of time
9. Managing tenancy and accommodation
10. Offending

Workers gave people a score from 1-10 in each area. The higher the score, the more progress an individual is making. Homelessness Outcome Star data was collected regularly for people being supported through FLNG, at approximately three-month intervals where possible.

The New Directions Team Assessment (NDTA) aims to identify 'people who are not engaging with frontline services, resulting in multiple exclusion, chaotic lifestyles and

[10] All 35 people who commenced the first phase of CTI had NDTA scores at each of these three points in time. Two people (one woman and one man) did not have Outcome Star scores for all three points in time, so their data has not been included in the relevant tables.
[11] The Homelessness Star was developed by Triangle Consulting Social Enterprise Limited and the London Housing Foundation. For more information see https://www.outcomesstar.org.uk/using-the-star/see-the-stars/homelessness-star/

negative social outcomes for themselves, families and communities'.[12] The person is scored against ten criteria. For eight of these, the score is from 0-4, and for two (risk to others and risk from others) the score is from 0-8 in increments of two. People supported through CTI were assessed regularly using the NDTA. Unlike the Homelessness Outcome Star, the lower the score, the more progress a person is making and the lower their vulnerability.

Figure (d): NDTA Criteria

NDTA Criteria	Possible scores
Engagement with frontline services	0, 1, 2, 3, 4
Intentional self-harm	0, 1, 2, 3, 4
Unintentional self-harm	0, 1, 2, 3, 4
Risk to others	0, 2, 4, 6, 8
Risk from others	0, 2, 4, 6, 8
Stress and anxiety	0, 1, 2, 3, 4
Social Effectiveness	0, 1, 2, 3, 4
Alcohol / Drug Abuse	0, 1, 2, 3, 4
Impulse control	0, 1, 2, 3, 4
Housing	0, 1, 2, 3, 4

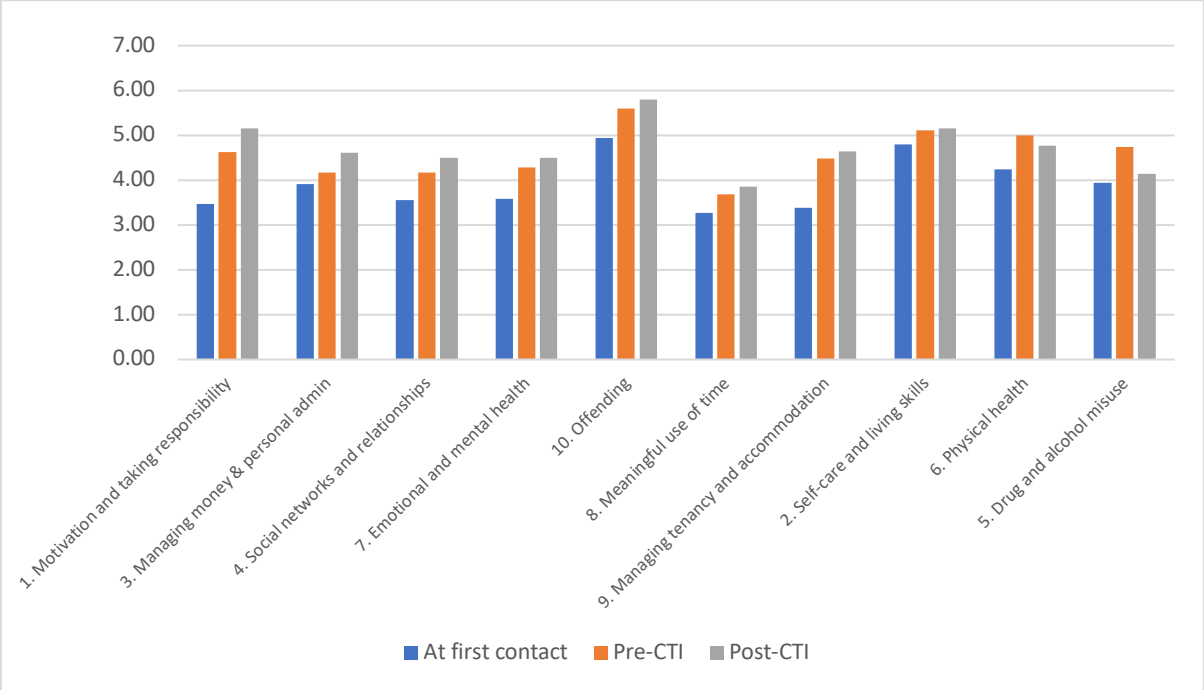
The Homelessness Outcome Star: outcomes

Overall, there was neither an improvement or decline in average outcomes for people over the CTI period as measured by the Homelessness Outcome Star (indicated by an increased score).

Overall average Homelessness Outcome Star scores increased from 3.98 (on a scale from 1 to 10) at the commencement of navigation, to 4.72 after a period of navigation and prior to the person commencing CTI, and to 4.75 at the end of CTI (see figure (e)). Scores in most of the 10 outcome star areas increased, on average, both between first contact and the end of navigation/start of CTI, and again between the start and end of CTI. The largest average increases during the CTI period were in motivation and taking responsibility (0.45 points) and managing money and personal administration (0.36 points).

[12] See South West London and St George's Mental Health NHS Trust *The New Directions Team Assessment (Chaos Index)* http://www.meam.org.uk/wp-content/uploads/2010/05/NDT-Assessment-process-summary-April-2008.pdf

Figure (e): Average Homelessness Outcome Star scores for people being supported through CTI, from first contact with the project to post-CTI (by size of improvement in outcomes over CTI period)



Outcome star area	At first contact	Pre-CTI	Post-CTI	Difference over navigation period	Difference over CTI period
1. Motivation and taking responsibility	3.45	4.73	5.18	1.27	0.45
3. Managing money & personal admin	4.00	4.30	4.67	0.30	0.36
4. Social networks and relationships	3.64	4.33	4.55	0.70	0.21
7. Emotional and mental health	3.67	4.42	4.55	0.76	0.12
8. Meaningful use of time	3.33	3.82	3.88	0.48	0.06
9. Managing tenancy and accommodation	3.45	4.61	4.67	1.15	0.06
10. Offending	5.06	5.76	5.79	0.70	0.03
2. Self-care and living skills	4.91	5.24	5.15	0.33	-0.09
6. Physical health	4.30	5.15	4.82	0.85	-0.33
5. Drug and alcohol misuse	3.97	4.88	4.21	0.91	-0.67
AVERAGE	**3.98**	**4.72**	**4.75**	**0.75**	**0.02**

Base: 33 people.
Note: Outcome Star scores are on a scale of 1-10. An increase in the score indicates an improvement in the person's situation.

The Outcome Star data shows a larger increase in scores during navigation than during CTI. Several factors are likely to have contributed to this difference:

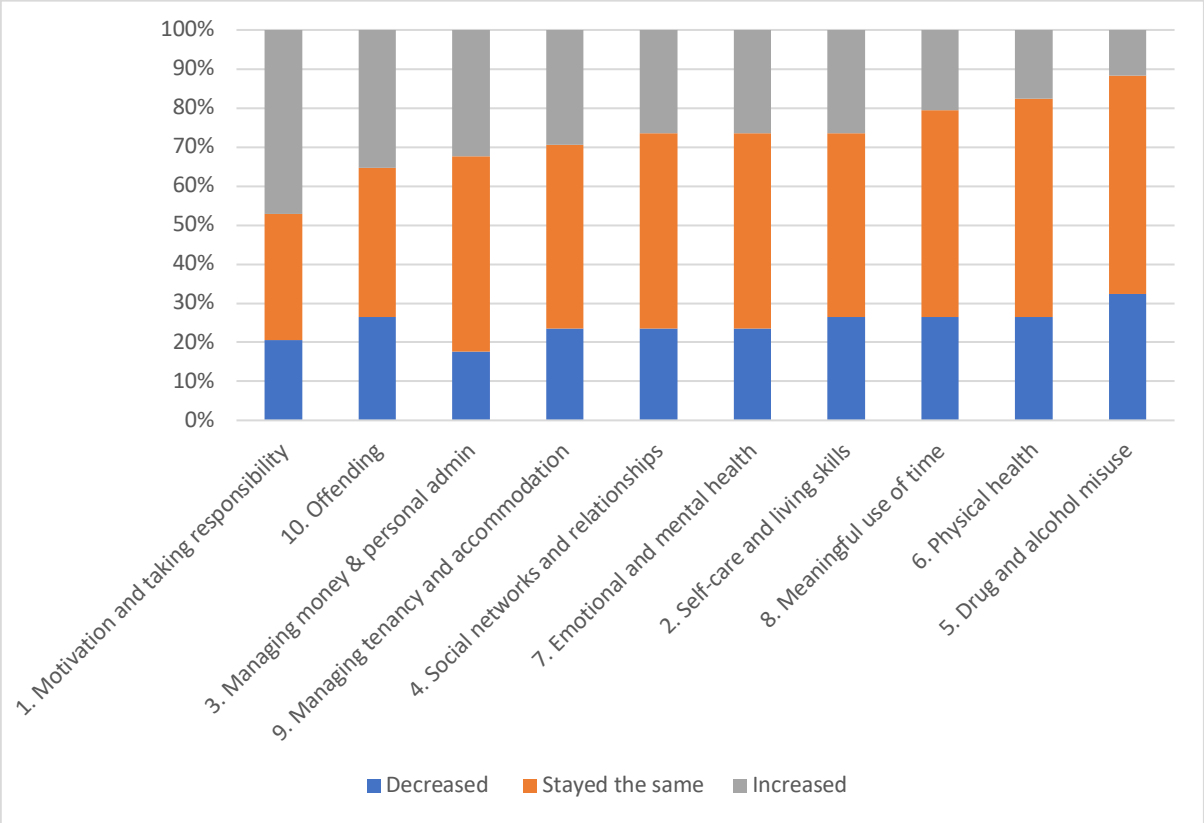
- People received navigation support over an average period of two or three years, compared with a much shorter period of nine months (or less for those who did not complete the process) with CTI.
- FLNG staff found that it was common to see an improvement in outcomes over people's first 18 months to two years of support, followed by scores declining or

staying the same, as people faced new challenges and it was unclear both to the people and their FLNG workers how they could next be supported.

- The effectiveness and appropriateness of support through CTI (which is discussed further throughout this report).

Figure (f) below shows that some people experienced an improvement in outcomes through CTI, whilst the situation of others got worse.

Figure (f) Numbers/proportions of people experiencing increased and decreased Homelessness Outcome Star scores through the CTI period (by largest number of increased scores)



	Change in Outcome Star score over CTI period (number of people)		
	Decreased	**Stayed the same**	**Increased**
1. Motivation and taking responsibility	7	11	16
10. Offending	9	13	12
3. Managing money & personal admin	6	17	11
9. Managing tenancy and accommodation	8	16	10
4. Social networks and relationships	8	17	9
7. Emotional and mental health	8	17	9
2. Self-care and living skills	9	16	9
8. Meaningful use of time	9	18	7
6. Physical health	9	19	6
5. Drug and alcohol misuse	11	19	4
AVERAGE	**8.4**	**16.3**	**9.3**

Base: 34 people.

Notably more people experienced improvements compared with declines in motivation and taking responsibility (a central element of CTI as workers encourage people to set and work towards goals), offending, and managing money and personal administration.

Notably more people experienced declines compared with improvements in drug and alcohol misuse, physical health and meaningful use of time. The biggest declines in drug and alcohol misuse were among three people who did not progress far with CTI and either returned to navigation or disengaged with the project. In relation to physical health, five of the nine people who experienced declines in physical health had been navigated to health services during CTI and had had more health appointments, the outcomes of which were significant health investigations including a tumour and lung issues which emerged during CTI. Three of these people subsequently disengaged with health services. Two further people experienced declines in their mental health during the CTI period and disengaged with health services, and workers were concerned that they were not maintaining treatment for their conditions during this period.

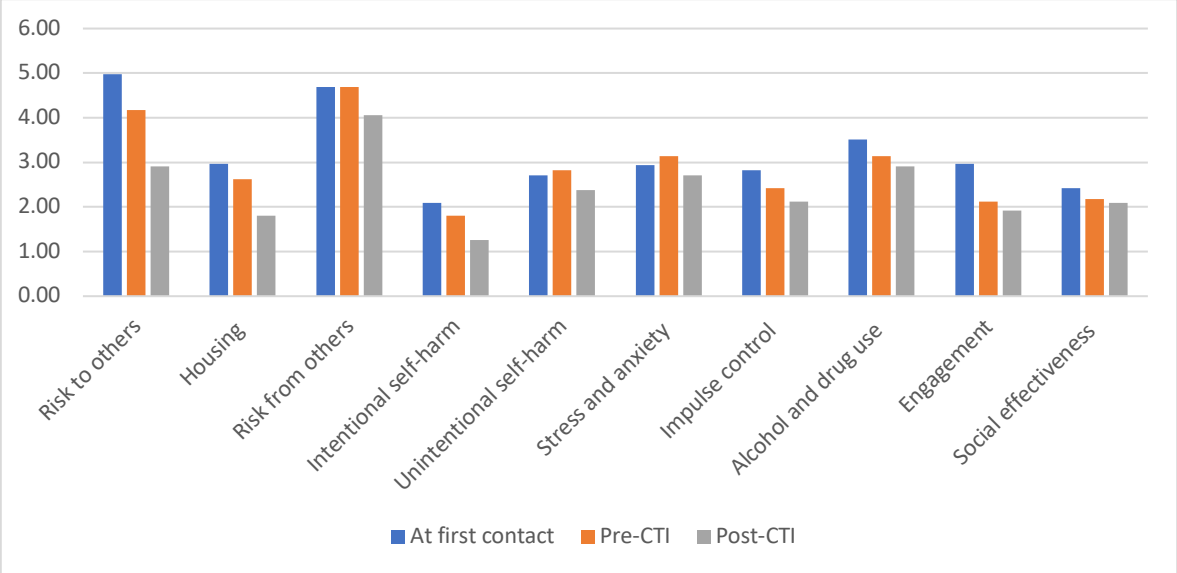
NDTA: outcomes

Overall, there was an improvement in average outcomes for people over the CTI period as measured by the New Directions Team Assessment (NDTA) (indicted by a decreased score). Average total NDTA scores for all people decreased by three points between the start of navigation and the start of CTI (from just over 32 to just over 29) and decreased further by just under five points between the start of CTI and the end of CTI (from just over 29 to just over 24) (see figure (g)).

The NDTA data shows a larger average positive difference over the CTI period than over the navigation period (in contrast to the Outcome Star). It should be noted that two people experienced unusually large decreases in their NDTA scores over the CTI period, one of 32 points (a man) and one of 23 points (a woman), which had a notable effect on raising the overall average. The increase in average total NDTA scores over the CTI period for the other 33 people was smaller (though still notable) at 3.61 points.

The greatest improvements during the CTI period were in risk to others, and housing. It is notable that the least improvement over the CTI period was seen in social effectiveness, an area which is central to the CTI approach.

Figure (g): Average NDTA score by criteria for people being supported through CTI, from first contact with the project to post-CTI (by size of improvement in outcomes over CTI period)



NDTA Criterion	Average score for people supported through the CTI pilot			Difference over navigation period*	Difference over CTI period*
	At first contact	Pre-CTI	Post-CTI		
Risk to others	4.97	4.17	2.91	0.80	1.26
Housing	2.97	2.63	1.80	0.34	0.83
Risk from others	4.69	4.69	4.06	0.00	0.63
Intentional self-harm	2.09	1.80	1.26	0.29	0.54
Unintentional self-harm	2.71	2.83	2.37	-0.11	0.46
Stress and anxiety	2.94	3.14	2.71	-0.20	0.43
Impulse control	2.83	2.43	2.11	0.40	0.31
Alcohol and drug use	3.51	3.14	2.91	0.37	0.23
Engagement	2.97	2.11	1.91	0.86	0.20
Social effectiveness	2.43	2.17	2.09	0.26	0.09
Average total score	32.11	29.11	24.14	3.00	4.97

Base: 35 people.
Note: NDTA scores are on a scale of 0-4 (except risk to others and risk from others which are on a scale from 0-8). A decrease in the score indicates an improvement in the person's situation.
*Positive numbers in these columns indicate a decrease in score (i.e. an improvement in the average situation), negative numbers indicate an increase in score.

Analysis of the numbers of people experiencing increased or decreased NDTA scores over the CTI (see figure (h)) shows that:

- Overall, the NDTA scores of 24 of the 35 people decreased over the CTI period (indicating an improvement in their situation). Of these, nine experienced a small improvement (of between one and five points) and 15 a larger improvement (of between six and 32 points).
- The scores of eight of the 35 people (four women and four men) increased during the CTI period (indicating a deterioration in their situation).

- About half of the women (six out of 13) experienced either the same situation or a deterioration in their situation; whilst half (seven out of 13) experienced an improvement. In contrast, about one quarter of men (five out of 22) experienced either the same situation or a deterioration in their situation, whilst over three quarters (17 out of 22) experienced an improvement. These gender differences are explored further in the following section.

Figure (h): Differences in overall NDTA scores by gender

Difference in score	Women	Men	All
Increased	4	4	8
Stayed the same	2	1	3
Decreased by 1 to 5	3	6	9
Decreased by 6 to 10	3	8	11
Decreased by over 10	1	3	4
Total	13	22	35

Differences and similarities in NDTA and Outcome Star scores

There are notable differences in NDTA and Outcome Star data. In particular, overall NDTA averages improve over the CTI period, whilst Outcome Star averages do not.

The NDTA is a measure of 'chaos', risk and vulnerability. Risk to and from others and intentional and unintentional self-harm account for half of the 48 total points on the NDTA. These areas account for four of the five NDTA areas in which most change was seen over the CTI period. In contrast, the Outcome Star aims to be a more asset-based measure, measuring progress against outcome areas. The data suggests that CTI may have helped people to move away from risk, chaos and vulnerability more than to progress against the outcome areas measured by the Outcome Star.

There are some areas which overlap on the Outcome Star and NDTA, and there is some inconsistency across these:

- 'Managing tenancy and accommodation' improves very slightly by 0.06 out of 10 on the Outcome Star, whilst housing improves by 0.83 out of 4 on the NDTA.
- Drug and alcohol misuse declines by 0.67 out of 10 on the Outcome Star, whilst alcohol and drug use improves by 0.23 out of 4 on the NDTA.
- Social networks and relationships increases by 0.21 out of 10 on the Outcome Star (one of the largest improvements seen on the Outcome Star) whilst social effectiveness improves by 0.09 out of 4 on the NDTA (the smallest improvement seen on the NDTA). This apparent inconsistency can be partly explained by differences in meaning: 'social effectiveness' refers to social skills, whilst 'social networks and relationships' has a much broader meaning.

The reason for most of these differences is not clear. It should be noted that:

- The purpose of both tools differs: the NDTA is a measure of risk factors for people with multiple and complex needs, and the Outcome Star is a theory of change-type measure of progress towards independence/self-reliance. For example, the NDTA score for drug and alcohol misuse refers to a five-point scale from abstinence to daily

abuse of alcohol or substances which cause severe impairment. The Outcome Star measure for drug and alcohol misuse is a ten-point journey of change scale from stuck, through accepting help, to understanding behaviours, and becoming self-reliant, not using substances problematically.

- Both NDTA and Outcome Star scores could fluctuate considerably over time for individuals. NDTA scores were recorded about twice as frequently as Outcome Star scores, which means they might potentially have captured changes not captured by the Outcome Star.
- For both measures, scores were assessed by workers[13] and there is some scope for subjectivity and inconsistency. Theoretically, if scores relating to risk and harm were improving on the NDTA, this may have inadvertently led workers to score people more highly against other NDTA areas.
- The small sample may mean that differences are due to random variation. At a national FLNG programme level, there is broad consistency between the Outcome Star and NDTA measures. There may be scope for FLNG to further explore the differences shown in this pilot in the light of the whole-programme dataset.

These differences suggest caution should be taken when drawing conclusions from single sources of data; the strongest conclusions will be those supported by multiple sources of data (both quantitative and qualitative).

Goals and achievements

Each person being supported through CTI set up to three goals during the first phase of their support, and these were revisited during subsequent phases. Initial goals were most commonly around treatment for substance misuse (20 of the 35 people), daily living skills (17 people) and housing management (12 people).

A wide range of achievements were seen. Some examples are as follows.

More common achievements:

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

Other achievements (each achieved by several people) include:

- Engaging with mental health support.
- Developing better relationships with family.

Some workers and the people they supported unlocked more unusual goals and achievements, supported by the programme's personalisation funding. The team's induction training included a module on using personalisation spending more creatively, linking this to CTI goals where possible. These included:

[13] Although Outcome Star scores were ideally assessed together with the person being supported, in practice usually the worker made the assessment.

- One person wished to obtain a UK driving licence. He applied for his provisional driving licence and took his theory test, which he failed the first time but passed the second time.
- One person obtained a football season ticket and attended the games with a family member.
- Two people started going to the gym, and one went go-karting.

Someone being supported through CTI, who was interviewed by FLNG during their CTI, gave some examples of the goals he had achieved, and described a sense of achievement:

> *'It has felt different [to navigation]. There's more structure […] The goals I've set, one was to stay on script which I've done, one was sort accommodation, like maintain accommodation which I have done, another one was get back into work, but I've just been diagnosed PTSD off the doctor and that's been an ongoing thing and I'm on methadone now but the other two things we've set have been met now…I've accomplished something.' – Person being supported through CTI*

Someone else, whose transition was being granted refugee status after many years of sleeping rough without recourse to public funds, described a positive vision for the future which the CTI was helping him to work towards. He had successfully applied for his provisional driving licence, which he hoped would allow him to get work in the future, and was working towards moving into accommodation:

> *'The CTI is helping me to put the basic things in my life so I can feel like a normal person, these things will help me in the future, to get a job or something […] Now [SCP] is getting the coffee, in the future I would like to call him and say […] "I am buying the coffee" […] I will be a guy who has somewhere to stay, somewhere to work, a social life, who is seeing the family, that's what CTI has helped me with. CTI is the foundation of my new life, the base, I start to stay on my own feet, and then carry on like what I have been doing." – Person being supported through CTI*

Who the pilot worked and did not work well for

This section describes which groups of people with MCN CTI worked well and less well for.

Overall findings

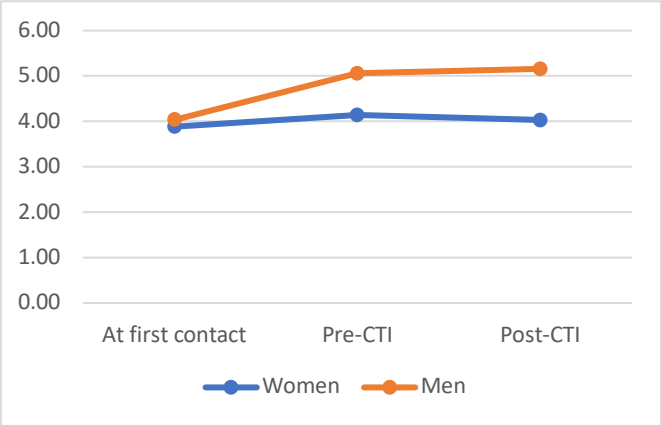
The data (outlined in the *Outcomes* section in figures (f) and (h)) shows clearly that some people experienced positive outcomes through CTI, whilst the situation of others got worse. Interviewees were relatively consistent in their descriptions of who CTI worked well for and who it did not. They broadly agreed that:

- CTI works **less well** for women.
- 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.
- CTI works **less well** for people serving long prison sentences, or in and out of prison during the CTI. There were restricted opportunities to support people while they were in prison; CTI's limited period meant less time to work effectively with people.

Women

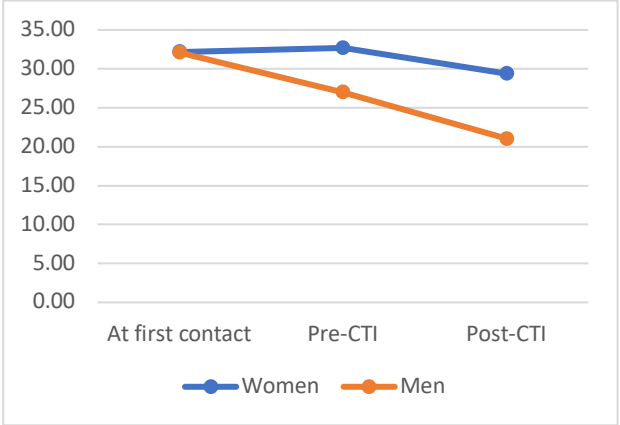
Both Outcome Star and NDTA data show less improvement in outcomes for women than for men, through both navigation and CTI (see figures (i) and (j)). Men experienced almost twice the improvement in outcomes as measured by the NDTA than women: women's total NDTA scores decreased by just over 3 points (3.31), compared with just under 6 points for men (5.95). Overall average Outcome Star scores declined slightly for women over the CTI period (by 0.11 points), whilst they increased slightly for men (by 0.1 points).

Figure (i): 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
All	**3.98**	**4.72**	**4.75**

Figure (j): Average total NTDA score by gender

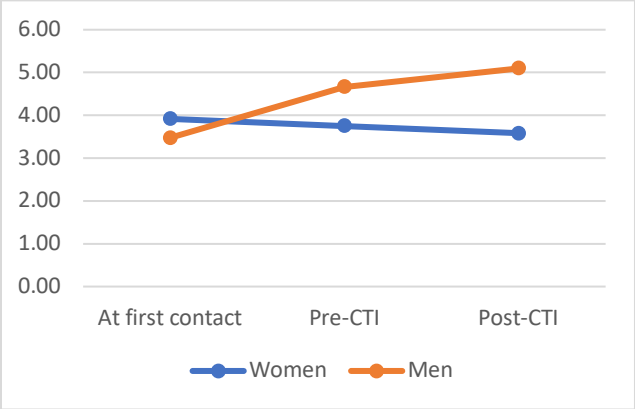


Average NTDA total score	At first contact	Pre-CTI	Post-CTI
Women	32.15	32.69	29.38
Men	32.09	27.00	21.05
All	**32.11**	**29.11**	**24.14**

Base: 33 people (Outcome Star); 35 people (NDTA). Note: an improvement is indicated by an increased Outcome Star score, and a decreased NDTA score.

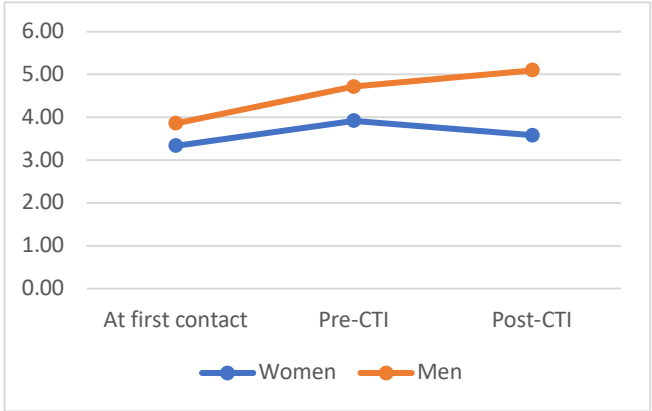
The difference in outcomes between women and men is particularly large during the (pre-CTI) navigation phase of support, with men doing much better than women during this period. Particular differences between the genders in outcomes measured by the Outcome Star over the CTI period were seen in social networks and relationships, emotional and mental health, and managing money and personal administration (see figures (k) to (m)).[14]

Figure (k) Social networks and relationships – average Outcome Star score by gender



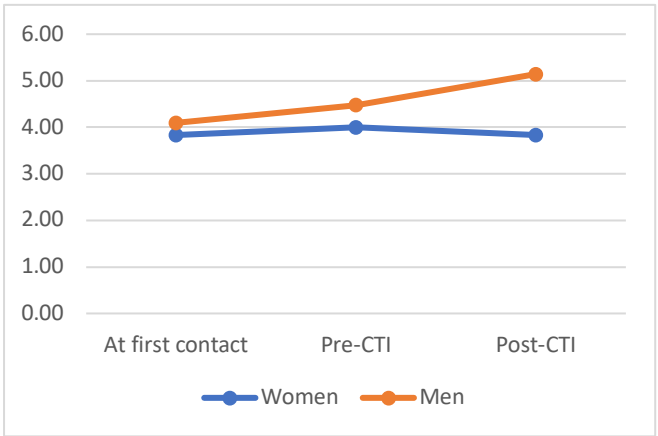
Social networks	At first contact	Pre-CTI	Post-CTI
Women	3.92	3.75	3.58
Men	3.48	4.67	5.10
All	3.64	4.33	4.55

Figure (l) Emotional and mental health - average Outcome Star score by gender



Emotional & mental health	At first contact	Pre-CTI	Post-CTI
Women	3.33	3.92	3.58
Men	3.86	4.71	5.10
All	3.67	4.42	4.55

Figure (m) Managing money and personal administration – average Outcome Star score by gender



Money	At first contact	Pre-CTI	Post-CTI
Women	3.83	4.00	3.83
Men	4.10	4.48	5.14
All	4.00	4.30	4.67

[14] For these and subsequent tables: Base: 33 people (Outcome Star); 35 people (NDTA).

Many of the people interviewed had observed that women had less positive outcomes with CTI than men. Several believed that this reflected a broader issue experienced by women with multiple and complex needs; this is supported by a growing body of literature in this area (see the box '*Women experiencing multiple and complex needs: recent research'*).

Interviewees said that, based on their observations and experiences of working with women experiencing MCN:

- Women often had a history of unhealthy relationships and involvement in sex work, and patterns of returning to abusive or exploitative relationships. They often struggled to know what a healthy relationship looked like, so building healthy support networks within nine months through CTI felt unrealistic.
- Women's vulnerability to abusive or exploitative relationships (in particular with male partners) could affect their ability to engage with support, and to maintain positive outcomes (when partners might not wish or support them to do so).
- Because of a history of unhealthy relationships, building a trusting relationship with their support worker may be particularly meaningful for some women, and they may find the prospect/experience of this relationship ending particularly difficult. Issues of attachment and abandonment may be particularly relevant for women experiencing MCN.
- It may be harder for women to trust their support workers and fully share information with them, because of the risk of children being removed and because of stigma or shame.
- There is a lack of specialist support and services tailored to women's needs.

  'The services are not out there for [women] and a lot of their needs go unseen. They are vulnerable and they often gravitate towards either men or other people that are not going to be a helpful influence, and they are so vulnerable they get exploited in the midst of that.' – External Agency

  'I'm not convinced CTI works that well for females across the board. I think that's got a lot to do with attachment [including] on the worker, and how they see good relationships, they might think a good relationship is an abusive one. 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 months is not enough time [to help change this pattern].' – System Change Practitioner

  [One woman] agreed we'd go together to [a local service for women who have experienced abuse]. I saw her smile more in one of those sessions than ever, I think she had thought she was the only one it had happened to. But without me taking her and bringing back it's never going to continue. – System Change Practitioner

Women experiencing multiple and complex needs: recent research

A briefing for the national Fulfilling Lives evaluation[1] concludes that:

> *'Gender-specific services are needed to meet the particular needs of women. While Fulfilling Lives is effective at engaging women, they are more likely than men to leave the programme with a negative rather than positive destination. Generic services (which may have been designed around the needs of men) do not appear to be effective for women.'*

It also cites recommendations from the National Commission on Domestic and Sexual Violence and Multiple Disadvantage:

> *'The recent National Commission on Domestic and Sexual Violence and Multiple Disadvantage recommended that all women facing multiple disadvantage who have experienced abuse should be able to access appropriate women specific, trauma-informed services as a priority, and that the support provided by initiatives such as Fulfilling Lives should be gender and trauma-informed, and involve women-specific services.'*[2]

Research for Lankelly Chase[3] explores the experiences of women with complex needs. It indicates that the needs, assets and experiences of women experiencing complex disadvantage are different from men's, are not always reflected in support structures, and are only just starting to be understood. It states that:

- 'Some categories of disadvantage are highly gendered. For example, women are more likely to have been victims of domestic abuse.'
- 'Experience of women 'at the margins' is linked to gender inequality in wider society and expectations of 'womanhood'.'
- 'Core capabilities, such as voice and influence, physical security and independence, can be harder for disadvantaged women to experience.'

More recent large-scale quantitative research for Lankelly Chase[4] shows that:

> *'Poor mental health and violence and abuse are particularly significant in the lives of women, and poor mental health and substance misuse in men's lives. Responsibility for child care, and the loss of children, also mark women's experiences out as different. And there are important insights into severe disadvantages faced by BAME women and by women who do not live in poverty.'*

[1]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.
[2]National Commission on Domestic and Sexual Violence and Multiple Disadvantage (2019) *Breaking Down the Barriers* Agenda and AVA.
[3]McNeish, D., Sosenko, F. et. al. (2016) *Women and girls facing severe and multiple disadvantage: an interim report*. Lankelly Chase, DMSS Research, Heriot-Watt University.
[4]Sosenko, F. et al, (2020) *Gender matters: Gendered patterns of severe and multiple disadvantage in England,* Heriot-Watt University, I-SPHERE, Lankelly Chase.

In order to support women experiencing multiple and complex needs, interviewees said that:

- Specialist support services need to be available. This includes: support around sex work, abuse and exploitation (including in childhood); support around building healthy relationships; support around child removal and regaining contact with children.
- Women may need intensive support for longer than the nine-month CTI period allows. Reasons for this include the complexity of the issues women face; the need to change lifelong patterns around relationships before healthy relationships can be built and goals worked towards; and the feelings of abandonment that might arise with support ending.

Sarah's story

Sarah* is one of the few women who experienced a positive outcome through CTI. Her story – as told by her support worker within an external agency – exemplifies many of the issues that women experiencing multiple and complex needs can face. It also shows what worked to help her, including advocacy, joint working, and an external support worker willing to take a lead on her support.

[When I first met Sarah] she was a mess. She had so many issues at the time, she couldn't look after herself, she had entered into a relationship with a very violent individual, he had her on hard drugs, she ended up in hospital a few times, it was a regular occurrence. We had to move her when we found out the extent of his violence and find her temporary accommodation, there are a lot of areas she can't move to because she's fled violence or they're too close to her children.

[The SCP] was brilliant, she knew Sarah really well. I didn't know too much of Sarah's background, she was cagey with me and I wasn't sure if she was telling me the truth. [SCP] and I would do joint visits, so Sarah could get to know me.

We pushed to get her into safeguarding and heard by the right professionals. We had a meeting with the safeguarding leads, the police and mental health agencies. She now has a CPN, a social worker and an OT.

She got sectioned for her own safety and went through detox. When she came out, she really wanted to clean herself up, she has children and wanted access to her children. I don't think she's drank for a long time.

The big [thing that helped her] is to get contact with her children. She's having contact with [her children]. [SCP] had a lot of involvement in that case. Sarah said to me at one point that it was the faith she saw people had put in her, she realised people did care and wanted to be there to see her achieve – [SCP], myself, and now the new professionals working with her.

Me and [colleague] did a session with her on exploitation and safeguarding. She told us about her life, and walked away being more aware of her life and signs to look out for.

Unfortunately, she still has the pull back from the partner. He doesn't like her getting involved with the professionals. There's still that risk there. She knows that, but she's not strong enough to pull away and live on her own.

External agency

**Her name and some details have been changed.*

Stability vs crisis

Many interviewees made a distinction between people experiencing some stability, for whom CTI they had seen CTI work well, and those experiencing crisis or chaos, for whom they had seen CTI not working so well. Analysis of the quantitative data does not show a clear association between people scoring lower on the Outcome Star or higher on the NDTA at the commencement of CTI and a smaller improvement in outcomes overall. This suggests that we cannot simply conclude that the better someone is doing, the more likely CTI is to work for them; the 'stability' that is being referred to may be more complex than this.

'Stability' was seen by interviewees to mean, for example: further on in their recovery; accommodated; not regularly in and out of prison; no longer in crisis; less complex needs; more confidence and skills; the skills to develop healthy relationships. Ultimately, it meant the capacity and conditions to set and work towards goals:

> *'If I think about the men who've had a good outcome within the pilot (and they have been men), 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

In contrast, people experiencing crisis often found the CTI approach, and the withdrawal of support after nine months, harder to understand, and workers did not always feel confident ending their support after nine months. Interviewees said that the focus on goals and the limited time period was not always the most appropriate approach for people currently experiencing crisis:

> *'For some people the goals are live, for others they are so chaotic it's almost impossible to focus on a particular goal. They've been arrested, threatened with eviction, lost their money or had money stolen. The people who are left [awaiting closure] are the most chaotic and with the most need.' – System Change Practitioner*

Several interviewees suggested that CTI would work best as the second phase of a two-step process, for people who have already been supported to attain some stability in their lives:

> *'I think on the point of referral CTI wouldn't be a good model [...] I have a lot of clients I definitely wouldn't like to put on a fixed closure date, I think the anxieties would be too much, and there'd be way too much work to do in a nine month period [...] Some clients been housed, stopped offending, maintained housing, the complexities are reduced, I'd like to think they are supported so there does become a point when CTI is a viable option'. – System Change Practitioner*

> *'With complex needs, a lot of [people] accessing this service will be driven by crisis. Before we even start CTI you've got to get the person stable enough to engage in the model successfully – otherwise it's like pulling the rug out from under people and they're not going to understand what's happening [...] You need to have dedicated teams that will offer real defined boundaries: this is a crisis team, this how we respond, and this is a goal-setting team.' – Area Lead/Manager*

Several interviewees said that they felt that CTI would work well for people who do not experience multiple and complex needs, but experience related issues, for example people with substance misuse issues or mental health issues, or those leaving prison. They suggested there would be value in testing a CTI approach with these groups.

Complex trauma

Several interviewees said that they did not think that CTI was the most appropriate approach for people with experience of complex trauma, which they believed was common among the people being supported by FLNG. They said that:

- Many people being supported by FLNG (many men and most women) demonstrated difficulties around forming healthy relationships, which is common for people with experience of complex trauma. This made the central element of CTI, building social networks, particularly difficult.
- The rigidity of the time periods and the lack of flexibility in the approach was not always appropriate for people with experience of complex trauma.
- The pre-existing relationships that had been built between people being supported and SCPs, often over several years, were crucial foundations for many of the positive outcomes experienced. Many people found the ending of their support difficult. In another context, where CTI was delivered by staff members without that pre-existing relationship, it was felt that an intervention of nine months in total would not allow time for building such trusting 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 […] I suspect to work with the more chaotic clients with more trauma (especially some of our female clients – but not solely female) there would need to be an adaptation to intensively skill up the staff around being trauma-informed, and the time scale would likely need to be extended.' – Area Lead/Manager

The key elements of the CTI approach: outcomes and effectiveness

This section discusses the outcomes and effectiveness of three key elements of the CTI approach: supporting people to build support networks; goal-setting and the asset-based approach; and the phased, time-limited approach.

Supporting people to build support networks

Helping people to establish strong support networks is one of the primary aims of the CTI approach. Overall findings in relation to support networks are:

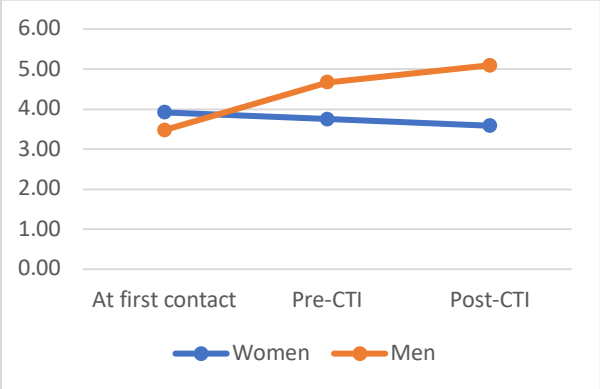
- There are some excellent examples of collaboration where SCPs successfully supported people to build valuable relationships with other services, worked with these services to support the individual to achieve positive outcomes, and then withdrew. In these cases, one external worker often took on a role of providing relatively intensive support to the person.
- There was concern among many staff and external agencies about how people without a worker to provide intensive support would cope following the end of CTI.
- 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.
    - Gaps in the system, meaning limited support networks were available.
- There was little focus in the pilot on informal support networks. Workers described several difficulties around this, including a lack of skills around building healthy relationships among people being supported, and a common disinclination to attend social activities for people in recovery where they might come into contact with drug users and risk their own recovery.
- For women in particular, existing informal networks were often seen to be problematic and exploitative. Attaining access to children, for women, could motivate and inspire positive change.
- The Experts by Experience Group was cited by some workers as a positive social network to which they had referred people.
- Where people did have positive informal support networks, this was felt to be very promising for their longer-term recovery.

Outcomes

On average, the men taking part in the pilot showed a noticeable improvement in 'social networks and relationships' (Homelessness Outcome Star) and 'social effectiveness' (NDTA), both during navigation and again during subsequent CTI. However, this was not the case for women, for whom average outcomes in the same areas got worse (Outcome Star) or stayed the same (NDTA) during both navigation and CTI (see figures (n) and (o)).

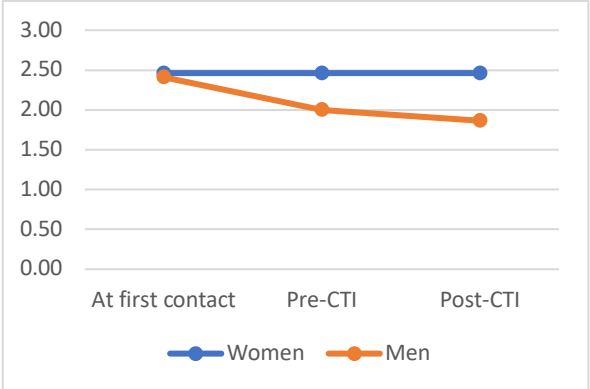
Overall, average Outcome Star scores for social networks and relationships increased by 0.21 (one of the largest improvements seen on the Outcome Star) whilst social effectiveness (a measure of social skills) improved by 0.09 out of 4 on the NDTA (the smallest improvement seen on the NDTA). This suggests that, although people were supported to build social networks and relationships, their social skills did not notably change over the CTI period.

Figure (n): Social networks and relationships – average Outcome Star



Social networks	At first contact	Pre-CTI	Post-CTI
Women	3.92	3.75	3.58
Men	3.48	4.67	5.10
All	3.64	4.33	4.55

Figure (o): Social effectiveness – average NDTA scores over time



Social effectiveness	At first contact	Pre-CTI	Post-CTI
Women	2.46	2.46	2.46
Men	2.41	2.00	1.86
All	2.43	2.17	2.09

Professional support networks

This evaluation found some excellent examples of relationship-building and collaboration between SCPs and external agencies. This has been built on a foundation of five years of relationship-building with local agencies by FLNG as a programme, and by many individual SCPs who had worked for the programme since its commencement. In several successful cases, SCPs described a process (confirmed by interviews with external agencies) of working with these services to support the person to achieve positive outcomes, and then withdrawing. In these cases, one external worker often took on a role of providing relatively intensive support to the person. This process generally involved the following steps:

- Identifying a person who was already working with or would be willing to work with the individual.
- Where they did not already have a close relationship, helping the person being supported and the worker to build a trusting relationship with each other (for example by meeting together, helping the worker to understand the person's situation, aspirations and needs, and reassuring the person being supported about the trustworthiness of the worker).
- Working together with the person being supported and the worker quite intensively for a period to support the individual, including in some cases providing advice to the worker and being there in crisis situations that the worker might not feel confident dealing with alone.
- The SCP and external worker supporting each other to make difficult decisions, advocate for the person being supported, and get other relevant agencies involved. Several external agencies interviewed said they very much valued the support that SCPs had given them, as well as describing ways in which they had supported the SCPs.
- Helping the person being supported to get to a place of more stability (for example accommodation, furnishings, benefits, and drug and alcohol treatment), using the FLNG personal budget where necessary.

- Stepping back during later CTI phases, once the individual had attained some stability, a trusting relationship with the new external worker, and a wider support network, but still being there at the end of the telephone for crisis situations.
- Ending support when confident this would not have a significantly adverse effect on the individual.

A FLNG staff member described how a SCP described their role to people being supported and to external workers:

> *'It was about being assertive with the person they were working with and saying "this is a different way of working and it's time limited, over the next three months I will be working intensively with you, and then I'll take a step back". [SCP's] client felt that it was a "stepping back". [SCP] described [to the external agency], "I'm going to work with this person for three months then take a step back and observe how you're working with them". For [SCP's] client that led to a better outcome as it meant the external agency stepped up their involvement a bit.' – Area Lead/manager*

Several interviewees said that the lived experience of some SCPs was crucial in encouraging people to access new forms of the support, and to feel motivated that change was possible.

There were many examples of people being linked in with new sources of professional support, including drug and alcohol services, mental health services and social workers. For some people, CTI has helped them to trust and engage with other services, and maintain positive changes in their lives:

> *'One guy was rough sleeping for many years, he wouldn't engage with any services. [He moved into a hostel and stayed there for 2 years with the support of navigation]. At the end of CTI he had had his own accommodation for nine months. I still see him and he's maintaining his property, he's still drinking but not as much. He was very dependent on our service so the CTI has helped him move away from that and made him realise he can do it independently and trust other services.' – System Change Practitioner*

At the end of support, people were given closure letters, with the details of the people they had been linked in with who were available to give them support.

However, although some SCPs clearly described how they supported people to strengthen their support networks, others did not describe this so clearly. They described gaps in the system that made it difficult to find external sources of support to link people in with, and said people sometimes had a lack of trust of other services (usually based in negative experiences. The team found it difficult to identify more than a small number of staff in external agencies to interview for this evaluation, suggesting that they had built limited relationships overall. Several FLNG staff interviewees said that, overall, collaboration was not as strong as they would have liked it to be in the project:

> *'I don't think that way of working [collaboration] has moved on tremendously since navigation.' – Area Lead/Manager*

Case study: An external agency taking a lead on support

This case study, described by a worker in an external agency, shows how they and an SCP worked together to support Frank.

After a discussion with [SCP] we decided I'd team up with him to help with Frank's support [and we supported him to move into accommodation]. [SCP] was involved with the move, but I did the majority of the work, I applied for grants, [SCP] got money from FLNG['s personal budget fund] for carpets. I sometimes had to sit in the flat all day waiting for the council to sort out gas and electric. He's still there now, he's been there one and a half years, it's amazing.

[SCP] would come over with me to do visits every now and again, we'd keep an eye if he was getting into arrears, we took him to assessments, then mainly it was me doing the work and [SCP] ringing me and asking for updates.

When things were going really wrong, [SCP] could come and have a chat with him, try and get involved where he could, and then take a step back, it was good and beneficial. However in between I had to do a lot of work to keep things going, if my input wasn't there I don't think it would have worked.

I think it's been better [working together] because we're able to do a lot of joint working and that's been a success with some clients who are extremely complex [who] need a team of people because they've got so much going on, so much can change one day to the next. [I] can contact the SCPs, update them, or sometimes we have a discussion between us and make a plan where we do a bit of work together to get the person through the issue they're dealing with.

- *External agency*

The broader system

Several interviewees noted that the broader systemic context in which the pilot was operating had an important effect on the pilot's effectiveness. People described the effects of several years of austerity and funding cuts on both statutory and voluntary services, which were operating with increasingly limited funding and resources. As a well-funded, relatively long-term programme within this system, both staff and external agencies interviewed said that FLNG's navigators were valued by external agencies, and became a resource they could use.

> *'We've been working with people and agencies for four years, at a time of austerity. There's an expectation on us that lots of things they can no longer do in their jobs, that we do.' – Area Lead/Manager*

> *'I thought [CTI was] a good way of getting other services involved, making the services aware that we'd be going within nine months. Some of the services had been reliant on us being there and holding the fort, we were filling in the gaps a lot in*

some of the services out there in the navigator approach.' – System Change Practitioner

The CTI approach required both frontline FLNG staff and external agencies to fulfil very different roles from those they had been fulfilling when people were being supported through navigation. Frontline FLNG staff, formerly providing intensive one-to-one support, became coaches, advocates, and facilitators of other relationships. Staff in external agencies were told that FLNG staff could no longer act as the lead worker to an individual; this potentially meant that they would need to find the resources within their own organisation.

Interviewees described both benefits and challenges of this. The navigator role had to some extent been filling gaps in the system, and the system had come to rely on it. The introduction of CTI put the onus back on the external system to support people experiencing MCN, and in some cases organisations within the system were able to provide increased support. However, in others they did not. External agencies interviewed for this evaluation, as well as FLNG staff, were in agreement that there were gaps and barriers to support within the system for people experiencing MCN. This could make strengthening people's support networks within that system through CTI difficult:

'Everyone's feeling a lack of a safety net now for people who in past would have had more support from statutory services. And often I felt myself, and often heard from the navigators, that this person's needs are way beyond what I'm trained to deal with, and we would be struggling to get that support.' – External agency

'*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*

Informal support networks

It is notable that this pilot focused primarily on supporting people to build support networks with services rather than informal support networks with family and friends. This is in contrast with CTI models that have been delivered in the US where there is more emphasis on family and friends as support networks. Some FLNG staff thought there could have been scope to explore those informal relationships further. The Experts by Experience Group was cited by some as a positive social network to which they had referred people.

SCPs described several obstacles people faced in strengthening informal support networks:

- Many people were perceived to lack skills in developing healthy relationships.
- For women in particular, relationships with friends and male partners were often problematic and exploitative.
- Some people were reluctant to engage in social activities for people in recovery where they might come into contact with drug users and risk their own recovery.
- It was not always easy for people to rebuild relationships with their families.

A woman being supported through CTI described a lack of informal support networks:

'*I haven't got any friends...me Mam has me kids, and I can't go there when I've had a drink…so me Mam's not really there to support us.' – Person being supported through CTI*

SCPs described challenges people faced in strengthening their informal support networks:

> *'She's been involved with sex work to feed her drug habit. She wants to move on and have a better social footing, but all the people she knows are involved with drug world. We haven't bridged that gap between the social outlet she had and the new ones she wants to make. The Experts by Experience group will invite her to join them. She's very anxious about meeting new people, and about meeting people with a drug background, because there's a vulnerability there.' – System Change Practitioner*

> *'People often want to be part of their family, but it's difficult because it's up to the family to accept them. Sometimes the family's been through so much they keep them at arm's length, it's hard to accept them. [That feels] like a rejection.' – System Change Practitioner*

However, several people set goals around building stronger relationships with family, and succeeded in doing this. For one woman, gaining access to her children motivated her to maintain positive change.

Where people did have informal sources of support, this was seen to be very valuable. For example, one man who returned to his home area rebuilt relationships with his family and also knew other people in the area, and his worker said that these were important factors in him maintaining his tenancy and doing well. Someone else had friends among his migrant community who were not part of the street community, and his support worker believed this would be helpful to his recovery:

> *'He's very well-liked and respected. The warmth he gets, I see it, "hi brother, how are you doing", they are overjoyed to see him emerging from the wreckage. […] We [as a service] won't leave him, but the time will come when he'll leave us.' – External Agency*

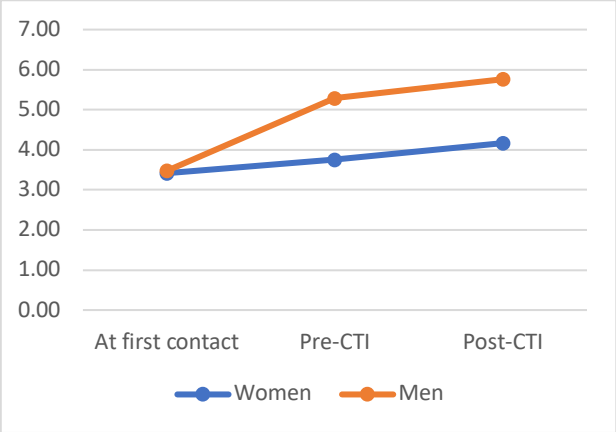
Goal-setting and the asset-based approach

Supporting people to set and work towards goals is a central part of the CTI approach.

Outcomes: Motivation and taking responsibility

'Motivation and taking responsibility' was the Outcome Star area in which people, on average, experienced the largest increase in score over both the CTI period (by 0.45 points) and the navigation period (by 1.27 points) (see figure (p)). Motivation and taking responsibility is one of the few areas of the Outcome Star in which women on average experience an improvement over the CTI period. According to this data, both navigation and CTI helped people, above anything else, to feel more motivated and to be more able to take responsibility.

Figure (p): Motivation and taking responsibility – average Outcome Star score by gender



Motivation	At first contact	Pre-CTI	Post-CTI
Women	3.42	3.75	4.17
Men	3.48	5.29	5.76
All	3.45	4.73	5.18

Setting goals

SCPs found that identifying what goals they wished to achieve could be very difficult for people:

> *'Sometimes goals were just picked just because you have to have a goal. Sometimes people would say "I want my own house", because they think that's what you want to hear... Sometimes they don't know what they want, it's just a staple response to an answer they've not put much thought into. Also they don't know what's available, "I don't know what's good".' – System Change Practitioner*

Several SCPs described the process of supporting people to set goals, for example by asking questions about what they enjoyed, making suggestions based on what they knew about the person and their aspirations, and breaking down larger goals into smaller more easily achievable steps.

> *'With some clients it was quite easy, but some had never thought about it […] When I spoke to one individual, he wasn't sure, then he spoke about his family and how it was the best times of his life and he'd love to go and see them again. We had a discussion about how would you get there, you'd need a passport. So it went from there. [It was] about knowing the person as well, I'd worked with him for 3 years, there was giving him ideas as to what he might want. When you're homeless and you're entrenched, we all have dreams but because they seem far away maybe you don't think about them.' – System Change Practitioner*

Asset-based vs needs-based goals

Some SCPs said that the focus on the individual setting their own goals made a big difference to how they worked with people, and described adopting a more asset-based way of working:

> *'It doesn't have to be about "I want to get into drug and alcohol services and be on 30ml of methadone" - that's a need not a goal. We were thinking creatively, what other things do you want in your life apart from services? Goals like getting a driving licence, for the future, for a better life, to look outside of all the chaos. Someone wanted a passport, someone wanted carpets and stuff for when they were moving, or there was paying for a short break away. There's more to life than just accessing services, going to prison or hostels. Just because you're in that world doesn't mean you can't have anything beyond that.' – System Change Practitioner*

However, recorded goals were not always asset-based (as discussed in the section *Fidelity to the evidence-based CTI model; Recording data, goals and outcomes* above), and some SCPs found supporting people to set goals more difficult. For some SCPs (most of whom were initially recruited as navigators, a role which required a different skillset), there was a gap in some of the skills needed to support people through CTI. An internal assessment of the workforce development needs of the FLNG staff team found that staff felt least confident in skills relating to building motivation to change and working collaboratively with people to problem-solve, two of the key skills needed for CTI. For example, two of the lowest scored self-assessed questions were:

- To what extent am I able to help clients 'reframe' problems they present within the context of the better future they wish for? (E.g. an example of this would be saying "so how does your drinking interfere with your desire to have a voluntary job?")?
- To what extent do I work with clients to solve problems collaboratively in ways that draw on their strengths and skills, in order to build up their confidence? (E.g. solving problems with clients rather than for clients, as this can deskill them)?[15]

Several of the FLNG staff stressed the high level of skill needed to support people experiencing MCN to set asset-based goals, and felt that in any future programmes, more training around this would be valuable.

Empowerment and changing power relationships

Some SCPs said that the CTI approach helped them to create more empowering conditions for people than they may have during the previous navigation model of support, and described changing their way of working to give the person more control:

> *'When working with people with trauma, you build that relationship and trust, it's as if they don't trust the system, they put all their trust into you, give you all the power, you'll do everything, you're the saviour [… When we started CTI, I realised] I'm doing everything, they're not taking responsibility. […CTI] got me to think about how to upscale the individual and think more positively.' – System Change Practitioner*

[15] Fulfilling Lives Newcastle Gateshead (2019) *Workforce Development Interim Evaluation: May 2018-April 2019.*

> *'It was based on people's goals rather than what we thought they might need, we need to address your substance misuse etc, which we'd been doing for a long time. Suddenly the approach was what the person wanted rather than what we thought they wanted.' – System Change Practitioner*

The difference that goal-setting made

Generally, SCPs said that setting and working towards goals could help people to feel a sense of focus and purpose and to look towards the future. A woman interviewed by Fulfilling Lives during her CTI felt very positive about goal-setting, describing how it was helping her to move forward:

> "*I feel positive about it, because well it's making us move forward and making us want to move forward […] I thought "aye, I've got this much time to move forward and I've got this to work towards," it gives us a goal to work towards. When you give us these three-month times it gives us a goal, and it's not what I want it's something I need, so now my next goals would be to get some carpets in… It's about moving forward and just wanting to, not just because I've got to but because I want to, and I do want to. I'm looking forward to moving in here, even though it's a bit small." – Person being supported through CTI*

A worker at an external agency described the difference that having goals made to a man she was supporting:

> *'From Sam's point of view, it 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*

Case study: Learning to let people set their own goals

Andy had just been assaulted at his sleep site; he had been street homeless for more than 10 years. Here, his System Change Practitioner describes the process of learning to really listen to what he wanted, in a strong example of reflective practice.

We thought we've got to stop him drinking and get him a house and that's what we did in the navigation, we really pushed for that. We put everything he needed in this house, a TV, we decorated it, we made sure we got him in, because we all wanted it to work so much for him. I remember going to the house and seeing him not drinking and thinking: I've never seen anyone as unhappy in my life. What we'd done is everything we'd wanted and that wasn't what he wanted.

I thought CTI would never work with this person but that was based on emotion more than anything else. One of his goals was, he kept saying he wanted to be in a certain place where his family were. I kind of swept it aside and said you'll take all these problems there. But it turned out when we got him there, it was good housing, things went really well. It shows how you can be wrong.

[During navigation] we were making the decisions – the CTI started letting the clients make the decisions. Often what we think will help someone's life, sometimes it does, sometimes it doesn't. With a couple of examples, I reflected and thought: they were telling me this all along and I was looking at something else.

- System Change Practitioner

The phased, time-limited approach

The FLNG CTI took place over nine months, in three phases of three months. From the start of the CTI, the people being supported knew they were working towards an end. In practice, although the CTI lasted for nine months, people had had support for longer than this through the previous FLNG navigation model (although not always with the same worker; two of the SCPs started working for the project just after CTI was introduced). People had initially been told that they would be working with FLNG in an open-ended way for up to eight years, so the time limit was a change to the original offer of support.

Generally, views about the time-limited approach were:

- The open-ended approach of navigation had resulted in a 'plateau' or 'stuckness' for many people.
- The time-limit encouraged a sense of purpose, focus and motivation for some people. This was true of people being supported but also of staff, several of whom described changing their way of working to ensure that people developed independence and broader support networks more quickly.
- However, for some people, the change in support offered, and the introduction of a time limit, were confusing and may have led to negative outcomes such as undermining trust, anxiety and disengagement.

- FLNG had supported people through navigation often for many years before the commencement of CTI and this long period of building a trusting relationship was seen to be an important part of why the CTI worked for many people.
- Generally interviewees felt that nine months was too short a time-frame for supporting this group.
- In some cases, the time-limited approach led to other agencies increasing their involvement; it put the onus for support provision back onto the existing system rather than depending on the additional element of FLNG.
- The nine-month time period was found to be particularly challenging when people went into prison, during which it was difficult to work with them.

Benefits of the time-limited approach

Interviewees commonly described an increased sense of motivation and focus for some people as a result of the nine-month time limit:

> *'I think it really motivated some of the clients. I think some people that were told it's an eight-year programme, we'll work with you for that time, it feels like an eternity, there's no pressure to do anything as you will have the worker with you. When we changed things to CTI […] some people were really like "right, I need to get this sorted out, I've only got this short amount of time with this intensive support, I'll make the most of it", so for some it was brilliant, otherwise they would have just chuntered along.' – External agency*

Equally, several SCPs said that the time limit changed their way of working, leading them to encourage more independence in people, and this was seen to be the case by external agencies:

> *I think it was a lot better [during the CTI phase], there was less hand-holding in that time. [SCP] had the bit in [their] teeth and did what they needed to do to get things in place for [client]. – External agency*

Likewise, there were several examples of external agencies increasing their support (for example, giving people dedicated workers) in order to fill the gap as the SCPs withdrew their support:

> *'For [one client, the withdrawal of SCP support] led to a better outcome as it meant the external agency stepped up their involvement a bit.' – Area Lead/Manager*

Challenges of the time-limited approach

SCPs said that people were often anxious about the nine-month time limit, as this woman expressed:

> "*It does feel a bit different [to navigation] because I'm scared of losing her [SCP], because I've been working with her the past three and a half years… I'm going to be honest, I'm really worried I'm going to lose, her, I don't want to lose her…yet! […] She always tries to get [me] to do more stuff, which is good, which is why I don't want her to lose her! […] What am I gonna do without you?" – Person being supported through CTI*

Some SCPs said that the time limit could also provoke mistrust and disengagement. For example, one SCP described someone who he believed had disengaged as a result of the limited time period being introduced:

> *'The individual's engagement was always there, he used to contact me. When CTI came in he seemed to sabotage, he went to jail more times and for longer, he didn't engage. I think it was him taking control of the ending, in terms of abandonment as a child. He always felt like an outsider - from his background it's like an ending. He took control of that and ended it himself. It didn't work out very well. I even wrote him a letter about closure, I said did you read that, he said he couldn't face opening it.' – System Change Practitioner*

Many people, both FLNG staff and external agencies, said that they did not believe that nine months was a sufficient time period to provide CTI support for people with experience of multiple and complex needs:

> *'[Ending support after nine months] is not realistic at all […] Time and again, I've had quite harrowing conversations with people about what they've been through in their life. Time and again they say they were let down, "I was working with someone I really got on with then left, I was back to square one, services let me down", then they build up a mistrust, they think "this person is here and they're great but it's going to end". A lot of people have had abandonment [experiences] from being young.' – External agency*

> *'[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*

Endings

Most SCPs said that CTI was a relatively good method for facilitating planned endings where it was known that support must come to an end (as was the case with the FLNG frontline work). For some people, the 9-month time limit helped to facilitate a positive ending to support which otherwise might have continued indefinitely. Although it might have been difficult, it was seen to come at the 'right time', and to encourage people's independence:

> *'It's been good for closing clients, I don't think there's any other way we could have done it. Having that timescale and being able to close them down and it being more accepting for them.' – System Change Practitioner*

> *'It was [like] a bereavement [when the CTI ended…] But we all knew [SCP] had done his job and that was the nature of things… By time he withdrew, so much had been achieved. [The client] was transformed, not out of the woods, but he knew where he was going, he had a sense of direction and knew how to get there.' – External agency*

However, in other cases, where it was felt that people were not ready to cope without the SCP's support, endings were anxiety-provoking for both workers and people being

supported. Both SCPs and workers in external agencies who were interviewed were aware both of people who had continued to do well after the end of their CTI, and of people who were struggling. For example, one worker described seeing some negative outcomes for people who had received support through CTI after the end of support:

> *'To some of these clients it's a real shock [when the SCP's support ends], they don't understand how it works, all they're seeing is "this person's abandoned me, I've got no worker", so whatever was put in place, whatever their level of stability, it completely unravels very quickly […] I've done joint visits with one [client who has], really bad mental health and alcohol problems, after the visit I said to [SCP] "how's this woman going to cope?". [SCP] said "I don't know, I'm really worried and the client's stressed to hell" […] There's something about that [nine-month] timeframe that's not working.' – External agency*

Strengths and challenges in the CTI pilot

Interviews helped to identify the strengths and weaknesses of the CTI model (as delivered in this pilot), and the factors which helped or hindered positive change, and this section outlines these.

Strengths and success factors of the CTI pilot

The most positive elements of CTI were seen to be:

- The time limit encouraged some people to work towards an ending and provided a way to move forward in some cases where workers and people being supported had felt 'stuck'.
- The asset-based approach and focus on self-defined (rather than worker-defined) goals was believed to be very empowering for some people.

Factors that helped CTI work well included:

- People having a level of stability in their lives that enabled them to look towards the future.
- Staff skills in explaining the CTI approach to people being supported and other agencies; in supporting people to identify goals and motivating them to work towards them; and in building relationships with, and supporting people to build relationships with, other agencies.
- In successful cases, external agencies often played an important role as support providers, as the FLNG workers drew back from providing intensive support.
- The personal budget helped enable people to take steps towards their goals.

Challenges and barriers to success

The least positive elements of CTI were seen to be:

- For some people, the time limit could create anxiety, and perhaps lead them to disengage.
- For people in crisis (which was common among the people supported by FLNG), CTI could be difficult to understand. For them, it might not be the right time to be able to contemplate, identify and set goals, to build new relationships, or to feel confident about working towards an ending of support.
- Some people were believed to experience barriers to forming healthy relationships (related to, for example, a lack of trust, a lack of skills, or a history of complex trauma), so it was difficult for them to establish new relationships with new workers outside FLNG.

Barriers to success were:

- Despite some excellent support from external agencies, both FLNG and external staff said that the system is not yet fully able to support people experiencing MCN. It was therefore sometimes difficult for System Change Practitioners (SCPs) to link people in with appropriate services. This was particularly pertinent in the context of cuts to services, where FLNG navigators had previously become relied upon to fill gaps.
- SCPs had a split caseload of people being supported through navigation and CTI. Moving between two different approaches could be difficult for staff and confusing for external agencies. People were moved onto CTI following navigation, with the same SCP. It could be challenging for workers to explain the new approach to

people, who had previously had a different model explained to them, and to establish a different relationship and way of working with people. There was not always a clear difference in approach, with staff sometimes working more closely to the navigation model even with people who were part of the CTI pilot.

- The skillsets required for navigation and CTI are quite different, with CTI workers requiring strong skills in coaching and motivation, advocacy, and relationship-building. SCPs (who were recruited through a TUPE process following the redundancies of the former Navigator role) may not always have had these skills.

Overall assessments of the model

When asked whether they would recommend CTI as an approach for people experiencing MCN, interviewees' responses were mixed. A number of people said they would not recommend it. The majority said that they would recommend elements of the CTI approach – those already identified as strengths within this report – for people experiencing MCN, but only for certain groups of people (for example, men with some stability in their lives), and with certain conditions or circumstances (for example, with a staff team with the requisite skills, and a system strong enough to continue providing support after the intervention ends).

Conclusions and recommendations

These conclusions and recommendations are based on the evidence from this evaluation of a small-scale local pilot. Other evaluations of any future implementations of CTI in the UK will be valuable to test the extent to which these hold true in other contexts, and to add to the evidence-base around the effectiveness of CTI for people experiencing MCN in the UK.

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[16] and beyond[17] 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

[16] 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.
[17] See the Lankelly Chase reports *Gender Matters* (2020) and *Women and Girls Facing Severe and Multiple Disadvantage* (2016).

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.
- **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.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