FULFILLING LIVES

South East Partnership

A review of clients who have spent over two years on the caseload

Kerry Dowding and Rachel Britt

Contents

Background

Early in 2017 Fulfilling Lives created an internal report to reflect upon beneficiary processes within the project. The report covered topics including nominations, closures and caseloads. One of the recommendations from the report was: 'To review our position for working with clients beyond 24 months'.

In the initial bid it was assumed that by 24 months all clients would have made the progression into mainstream services. The reality, demonstrated in case studies from the original beneficiary review, shows quite a different story. The case studies indicated that key barriers to closing cases included:

- Reaching multi-agency objectives with clients taking a long time to obtain, due to other agency's waiting lists and lengthy decision making processes
- A lack of appropriate move on services to meet the needs of the client, particularly with regards to specialist housing
- High levels of non-engagement on the part of the client, often linked to their active addiction and associated cycles of chaos

Scope and Purpose

The purpose of this report is to look exclusively at cases which have been active on the Fulfilling Lives caseload for more than two years[1]. To do this we have divided this cohort into two sub groups: cases which have been identified as 'stuck' and cases which have been identified broadly as 'progressing'. The key purpose of this analysis is to identify trends and patterns in our case work so we can ensure clients are receiving the best possible support, as well as scrutinising our internal processes for reviewing cases to better support our specialist workers and consider a system of best practice.

Overview of cases on caseload over two years

58% (25 out of 43) of Fulfilling Lives clients have been active on the caseload for over two years. Currently, Eastbourne have ten cases, Brighton have eight, and Hastings have six. Following discussions with the Area Leads, it became apparent that of these long term cases there is a clear distinction between those identified as progressing and those cases described as 'stuck', in that there was no current sense of what would need to be achieved to bring the case to closure. This distinction formed the basis of our analysis.

Area leads indicated that ten of the 25 cases have some form of closure point identified, and 15 do not. Of these, Eastbourne has eight 'stuck cases' (80% of all cases over two years), Brighton has four (50% of all cases over two years) and Hastings has three (50% of all cases over two years). There is a marked difference in the number of stuck cases for Eastbourne, which we will explore further and is referenced in the recommendations.

[1] Unless explicitly stated in the text

However, at this stage it is worth drawing on the findings of the original beneficiary report that highlighted Eastbourne as having the highest numbers of rough sleepers across the project and the most limited housing options/pathways. Analysis of support plans for this report also shows that Eastbourne has the least multi-agency involvement for their overall caseload as well as their 'stuck' cases.

Area	Active over two years	Cases deemed 'stuck'
Brighton	8	4
Eastbourne	10	8
Hastings	6	3

Table one: Total active cases and 'stuck' cases by area

The cases used in the analysis are accurate as of the 30th June 2017. Please note that subsequent to this snapshot analysis, one or two cases have changed status.

Approach to the analysis

In order to identify any patterns or trends in the cases, we chose to examine the cases using a range of data sets as follows; Outcome Stars, NDT Scores, Rapid Response and MCN Spends (personalisation budgets), Archetypes and Multi-Agency Support Plans. The report is divided into each theme with findings and analysis for each, followed by a final conclusion with recommendations.

Outcomes Stars

For the fifteen cases described as 'stuck', the average outcomes star scores are three to four in all areas. Despite being on caseload for over two years, three cases are still scoring one or two points in some areas. These low scoring clients were all identified as being in active addiction. Three of the 'stuck' cases are in prison (two male and one female). Cyclical prison sentences have been cited as the key reason for these cases being identified as 'stuck' (for more information see 'archetypes' section).

There are ten cases that have been on caseload for over two years which are described as progressing towards change. Of these cases, average outcomes star scores sit around 5-6 points, and have seen higher scores of 7s at points during their support. Therefore these cases have made the move between accepting help and believing change is possible. This is in contrast to cases described as 'stuck' which tend to have more frequent low scores and remain between stuck and accepting help on the OS ladder of change.

NDT Scores

Area leads indicated that multiple cycles of chaos followed by brief periods of some comparable stability create caution in considering case closure. This was because periods of progress when closure was considered possible were predictably followed by periods of chaos. Analysis shows that cases active for over two years had a much larger variation in NDT scores (17 points) than those which were open under two years (7.4 points). This shows that there is a much wider range of chaotic experiences for clients who have been on the case load over two years (see appendix four).

'Stuck' cases had more variation in NDT scores (18.2) than non-stuck cases (16). However, this difference was not distinct enough to draw any conclusions. This indicates that whilst variation in scores may predict whether or not a client has a high case duration, other factors are more influential in determining whether or not the case becomes 'stuck'.

Figure one (below) is an example from an active case which is currently assessed as being 'stuck'.

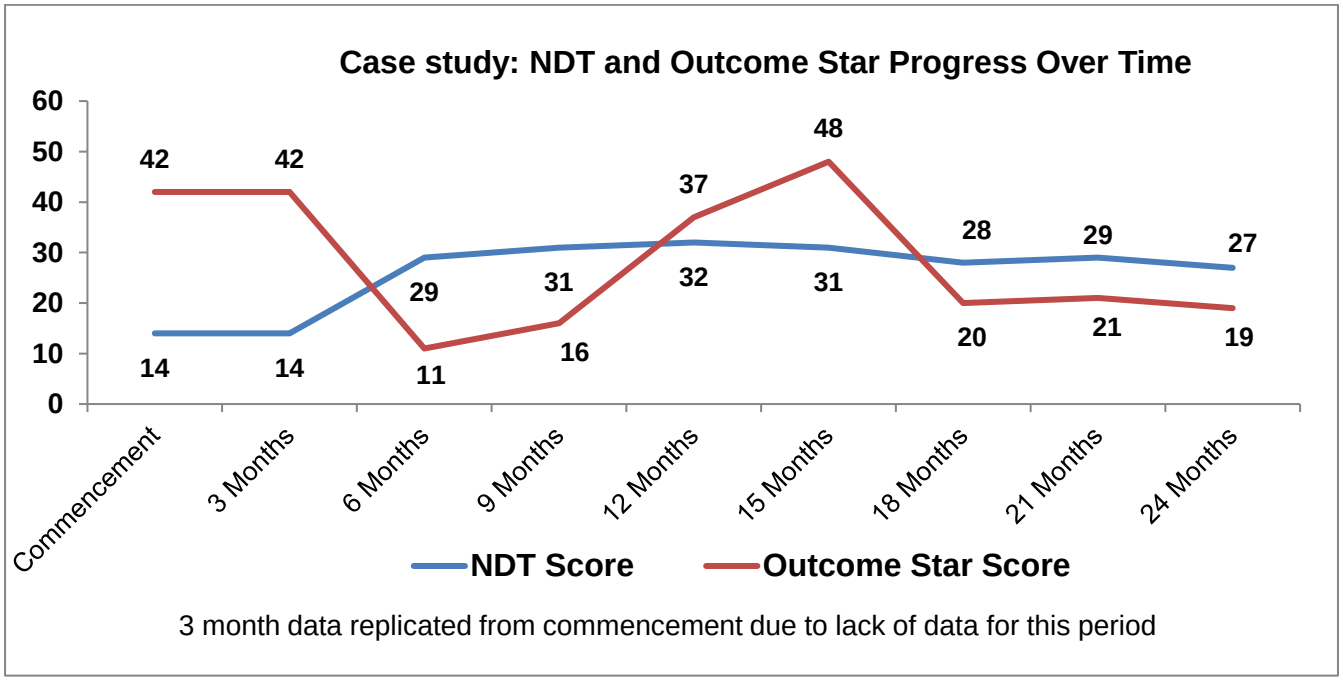


Figure one: Individual example of cyclical pattern of scoring

Archetypes

Fulfilling Lives, South East has identified six Archetypes within our caseload. These Archetypes are;

- Vulnerable women
- Repeat offending
- Complex and life threatening health issues
- Impaired cognitive ability
- Revolving door, dual diagnosis

- High needs in all areas

We analysed the cases that have been on caseload for two years or more by their Archetype to see if there were any trends or patterns between 'stuck' and 'non-stuck' cases. See Figure Two.

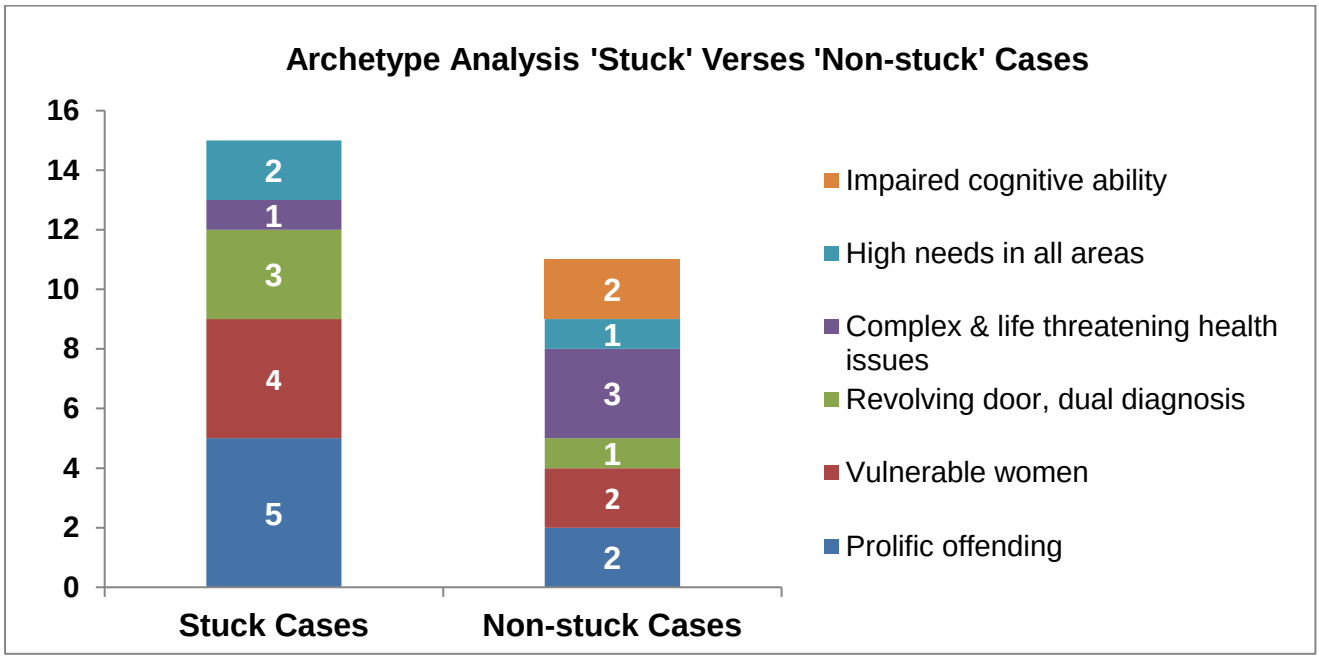


Figure two: 'Stuck' and 'non-stuck' cases by archetype

The analysis showed that the three most common archetypes for cases deemed as 'stuck' were 'Repeat offenders' (five clients), 'Vulnerable Women' (four clients) and 'Dual Diagnosis' (three clients). The 'Repeat offenders' archetype had a notable presence in the stuck cases category compared to non-stuck cases.

Following on from the initial indication that clients who have been categorised as 'Repeat offenders' appear to be more likely to become 'stuck cases', we carried out some further analysis on this group. Clients from the 'Repeat offenders' archetype made greater progress in the areas of 'self-care and living skills', 'drug and alcohol misuse' and 'physical health' on average than other archetypes in the cohort (see appendix two). However, clients from this category were on average more likely to be in a worse position in the area of 'Managing tenancy & accommodation' than when they entered the project. In terms of the NDT scores categories, risk to and from others was reduced to a greater extent for the Repeat offenders archetype, compared with the rest of the cohort, but their scores on 'stress and anxiety' and 'engagement with frontline services' was more likely to be in a worse position than when they entered the project.

Of all 23 closures to date, there have been no closures for the 'Repeat offending' archetype. Of planned closures to date, of which there have been eight, three were Dual diagnosis but the others show no archetype trends. There are also no archetype trends for unplanned closures.

Support Plans

Of the fifteen cases identified as stuck, only eight (53%) have good levels of multi-agency input. Most of these cases have also had at least some consistent and prolonged engagement with their Fulfilling Lives Specialist Worker. Of the eight cases identified as having poor levels of multi-agency input, five had no support plan, and three had basic support plans mainly due to limited involvement from other agencies. Three of the cases with no support plan are currently in prison. Four of the clients with little agency involvement have also had no or very limited engagement with their Specialist Worker throughout their time on caseload.

In comparison, those who have been on caseload for over two years but are not deemed as stuck all have strong support plans and good to high levels of joined up multi-agency working. There seems to be good housing and support pathways in place for those that are progressing.

Spend

All cases which have been on the caseload for more than two years were analysed in terms of the project's spending on the clients. This was reviewed in terms of the two central budgets available to specialist workers: the quick-access 'Rapid Response fund', and the longer, planned spending through the 'MCN fund'. To ensure minimal skewing of the data, any client who had been on the caseload for less than 30 days were excluded from the analysis.

Clients which have been on the caseload for more than two years have had £13,478.25 in total spent on them from the rapid response and MCN fund. This is compared to £9,660.17 for cases which were under two years in duration. This is likely because in longer cases there has been more time for spending to take place within.

When these totals are divided by the number of days an individual has been on the caseload, they show that the average spend per client per day is £1.28 for cases which are under two years, and £.067 for cases over the two year threshold. This indicates that clients who have been active for under two years have received slightly more funding on average than clients who have spent longer on the caseload.

The two funds were also analysed in terms of average spend over the chronology of cases over two years in duration. The rapid response graph indicates that 'stuck' cases are more likely to receive a peak in fund use at around 6 months, whereas the peak in spending for non-stuck cases seems to be at around the 12 month mark. Both 'stuck' and 'non-stuck' cases have a second, smaller peak in spending between 18-21 months, and spending reduces for both groups towards 27-31 month period.

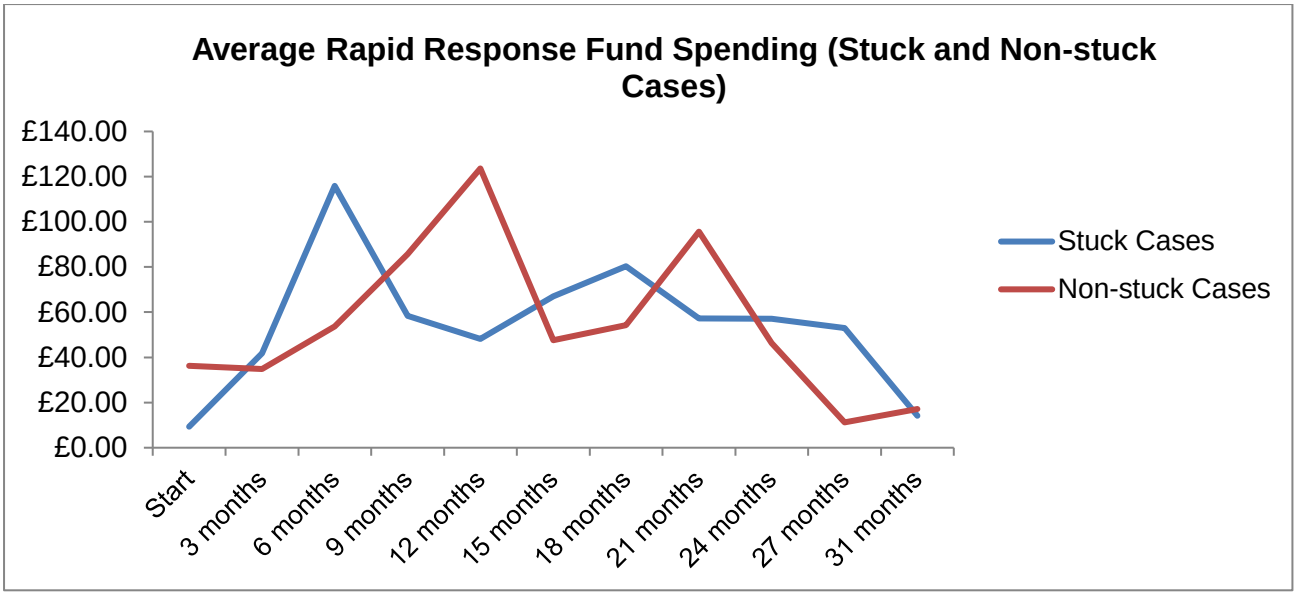


Figure three: Average rapid response spending over time

The graph for MCN fund spending also shows an earlier peak in spending for stuck cases (at around 9 months) closely followed by a peak in spending for non-stuck cases (12 months). After these points MCN spending for both groups increases only slightly in the 21-24 month period. Non-stuck cases generally spend more of the MCN fund than stuck ones.

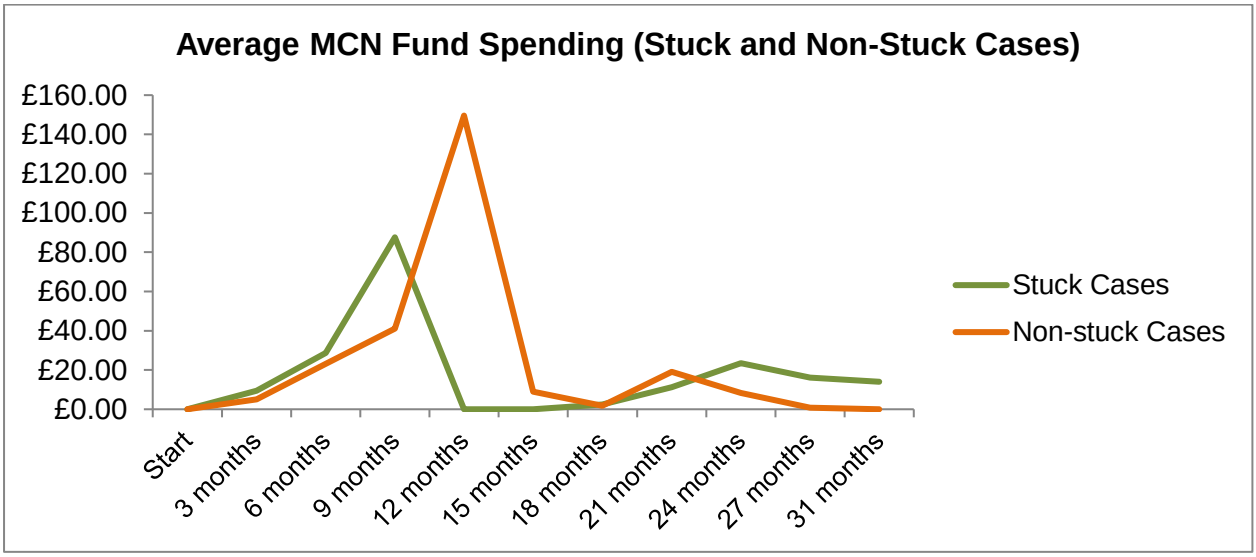


Figure Four: Average MCN spending over time

This evidence indicates that non-stuck cases spend money from both funds later in their support than stuck cases, and spend more money on average from the planned MCN fund. This is indicative of case work which builds spend on the basis of an established relationship and support plan.

Spending trends for cases predictably suggest that planned spends for stuck cases are fewer and sooner in the case timeline than cases that make progress towards change. For

all new cases we should use these early indicators to plan spends more effectively with all clients much earlier into their support.

Conclusions and Recommendations

The research provides us with some typical characteristics of 'stuck' cases, compared to 'non-stuck' cases.

- Eastbourne has the highest percentage of stuck cases across the three areas
- Stuck cases have poorer average outcomes star scores than non-stuck cases, and there is evidence of cycles of chaos contributing to cases becoming stuck
- Stuck cases are much more likely to be in the 'repeat offender' archetype than non-stuck cases
- Stuck cases are often linked to poor support planning and multi-agency working
- Stuck cases use fund budgets earlier than non-stuck cases, and spend less of the MCN fund than non-stuck cases

Evidence is emerging that cases with strong multi-agency approaches support clients with multiple and complex needs better, when compared to those with little or no other agency contact. Of course equally, this is all related to levels of engagement overall and those in active addiction with no obvious motivation to change, and/or in cyclical patterns of offending and prison are least likely to engage.

At the moment we have kept cases open beyond 2 years and for some cases this is positive as signs of progression and change are evident. However, as a project we now need to think about how we review cases and whether there is merit on closing some cases sooner or 'holding' cases and suspending intervention, with the view to stepping back in if signs of motivation or circumstances change that might increase engagement and progression. This of course has implications for caseload and capacity so all aspects will need to be considered.

There is an interesting correlation between stuck cases and Archetypes, showing that those closely matching the profile for Repeat offending and vulnerable women are more likely to get 'stuck'. Whilst we have a specialist worker for women, is there an argument for having a specialist 'Repeat offending' worker or at least stronger collaborative links with offender management services.

Recommendations

- Review cases at 12 months against the stuck case checklist (see appendix one)
- Follow stuck cases review guidance (see appendix three)
- Use Specialist Worker Peer Support Group to identify challenges and share good practice and ideas to change engagement/ intervention
- Consider option to 'hold' stuck cases for a period of time to allow work to continue with a new client

- Consider closing/holding clients who answer yes to the majority of statements (see below) at 18 months
- Review why cases in Eastbourne are more likely to become stuck than the clients in Hastings and Brighton
- Ensure spending for all new clients is reviewed at least quarterly with more cases showing planned spends that are client led and linked to support plans
- Work with NPS and CRC to analyse the data more closely around barriers to engagement and move on for offender cohort
- Consider how the teams could establish closer working relationships with offender management and support services.

Appendix One: Potential checklist/flowchart questions

Which statements most accurately reflect the current situation?

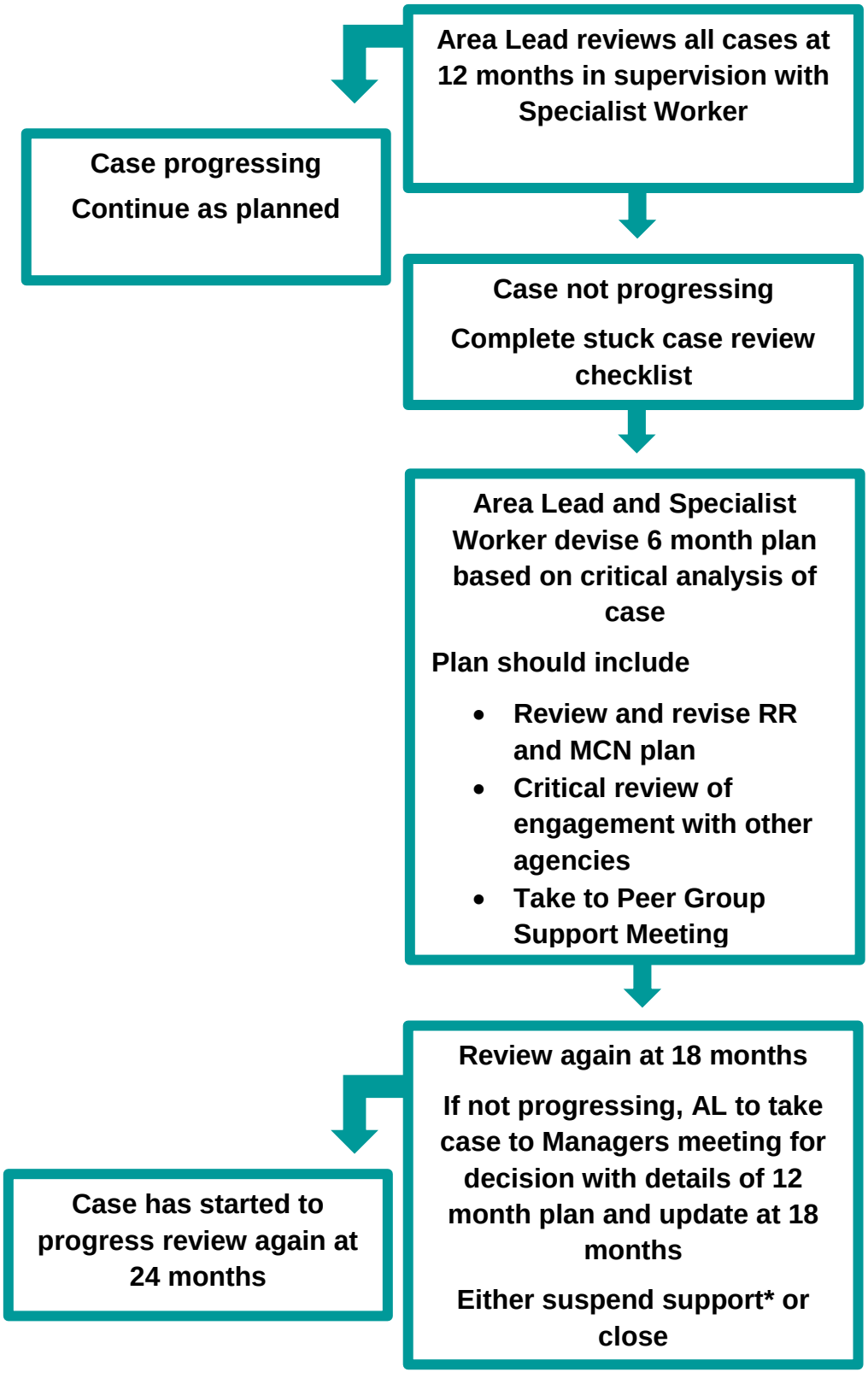
Statement	Y/N
RR spends for incentives to engage remain high/consistent throughout engagement	
Spends remain reactive and no/few spends are planned	
There has been almost no/limited engagement with client in first 12 months	
There is no/limited involvement by other services	
Outcome star scores are low (average 3) at 12 months	
OS scores are up and down rather than seeing a more gradual trend upwards	
NDT scores show continuous high levels of chaos rather than a gradual reduction	
The client has said that they don't want/no longer want support from FL	
Interventions have been almost exclusively reactive with very little opportunity to plan	

Appendix two: Repeat Offenders NDT and Outcome Star Data

NDT	Engagement frontline services	Intentional self-harm	Unintentional self-harm	Risk to others	Risk from others	Stress anxiety	Social Effectiveness	Alcohol / Drug Abuse	Impulse control	Housing	Total score
Repeat offenders first	2.2	1.3	2.7	5.7	4.3	2.5	2.2	3.3	3.0	2.7	29.8
Repeat offenders last	2.5	1.7	2.3	3.0	2.7	2.7	1.8	2.7	2.0	2.3	23.7
Difference	0.3	0.3	-0.3	-2.7	-1.7	0.2	-0.3	-0.7	-1.0	-0.3	-6.2
Others first	2.5	1.9	2.6	3.7	4.7	3.0	2.4	3.0	2.1	2.6	28.5
Others last	2.3	2.2	2.6	2.4	5.1	2.7	2.0	2.9	1.6	2.5	26.4
Difference	-0.2	0.2	0.1	-1.3	0.4	-0.3	-0.4	-0.1	-0.5	0.0	-2.1

OS	Motivation & taking responsibility	Self-care & living skills	Managing money	Social networks & relationships	Drug & alcohol misuse	Physical health	Emotional & mental health	Meaningful use of time	Managing tenancy & accommodation	Offending	Total score OS
Repeat offenders first	2.8	3.2	3.5	2.7	2.3	3.2	3.0	2.8	3.5	4.2	32.5
Repeat offenders last	3.7	5.0	4.2	3.8	3.8	4.7	3.5	3.5	3.0	4.3	40.2
Difference	0.8	1.8	0.7	1.2	1.5	1.5	0.5	0.7	-0.5	0.2	7.7
Others first	2.8	2.7	2.7	2.3	2.6	2.5	2.4	2.4	2.6	3.7	27.7
Others last	3.9	3.6	3.8	3.1	3.4	3.4	2.9	2.9	3.4	4.9	36.2
Difference	1.1	0.9	1.1	0.7	0.8	0.9	0.5	0.5	0.8	1.1	8.5

Appendix Three: 12 Month Review Flowchart



* If 'holding' case is decided as a possible option

Appendix Four: Score Differences

Criteria	Average Difference
Total average difference	8.7
Plus two years	17
Under two years	7.4
Stuck' Cases	18.2
Non-Stuck' Cases	16