

## Critical Time Intervention Pilot: Case studies

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Between June 2018 and March 2020 Fulfilling Lives Newcastle Gateshead piloted a Critical Time Intervention (CTI) model as an alternative to the more traditional navigation approach that we had previously used in our work supporting people experiencing Multiple and Complex Needs (MCN).

We worked with 35 people on the pilot and conducted interviews with a number of them as part of our pilot evaluation. A themed sample of case studies sharing the people we supported on the pilot's thoughts around their experiences of the CTI model are given below. Our evaluation is available at [www.fulfillinglives-ng.org.uk/blog/cti/](http://www.fulfillinglives-ng.org.uk/blog/cti/).

### Theme: Understanding of CTI

**Person A, a woman in her 40s, was referred to us by the Probation Service.**

**Transition type:** Accommodation

**Summary of goals:** Substance abuse treatment and housing crisis prevention and management

When asked by our research team about CTI this person stated *"I don't know anything about that"* and she stated that nothing has changed about the way her practitioner is working with her: *"it's not felt any different, every time I've needed her she's been there for us, I've had a lot of support workers in the past but she's the one that's always there, she's always at the end of the phone."* *"I told people, I am working with a lot of other people, you know Probation and Evolve and that, and I told them I'm just sleeping on people's floors, it's like they weren't bothered."* This case reflects our earlier discussion about people we are working with who do not understand that we are working with them on a CTI pilot.

When asked about her CTI goals again this person stated *"I don't know anything about that,"* but later said that she was working towards *"coming down on me methadone."* Her practitioner stated that as she doesn't have a permanent address reducing methadone pick up from 7 days a week to 5 days, the Phase 2 goal, hasn't been possible yet. Her practitioner reflects that this person has been *"too transient"* for work on these goals.

Looking ahead to closure for this person, and reflecting on her support network she said *"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, [name of worker] helps, I say to her what do you think I should do, like if I've got a problem and she gives us the best advice...I enjoy working with her, I enjoy seeing her"*.

### Theme: Fears about no longer working with Fulfilling Lives

**Person B, a woman in her 30s, was referred to us by a women's supported housing service.**

**Transition type:** Accommodation

**Summary of goals:** Substance abuse treatment, daily living skills, housing crisis prevention and management, money management, family intervention

This person was keen to express her fears about the prospect of her worker no longer working with her. *"It does feel a bit different because I'm scared of losing her, because she's you know I've been working with her the past three and a half years...I'm gonna be honest I'm really worried I'm gonna lose, her, I don't want to lose her...yet!" "But then it always changes because she always tries to get us to do more stuff, which is good, which is why I don't want her to lose her! I know it's going to be an 18 m programme from now, [worker: 9m] 9 month? It's worse, life's even gone more worse! No, cos what am I gonna do without you?"*

This person had a really good understanding of CTI and expressed her concerns about building her support network, leading to no longer having support from Fulfilling Lives. *"You keep telling us I'm working with all these other agencies and they're not the same as you, so will it be the same with them? They're not you are they?"*

During the interview with our research team the worker stated *"her workers [from other agencies] have been some of the most proactive in the CTI model, housing support wants to get more involved in doing some of the things I used to do. So we were talking about getting you more involved with her, with the CPN and doing joint visits with the CPN so you can build up to working with her without me...so I can step away a bit later on not completely but to see if that network is working."*

Reflecting on goals at first this person couldn't recall the goals set, however with a prompt from her worker, *"goals, go to the gym, having some more contact with your kids..."* this person remembered another goal, and was really animated about this: *"Oh yeah, I was gonna cook for you [name of worker]! I'm quite a good cook, I like to cook, I do like to make a good chef's shrimp and steak... joint of beef with honey glazed parsnips, I do find cooking relaxing, I do find it very relaxing, so I would like to do that...we are gonna look for a cookery course for us... and to make this nice; I want carpets and that, I can't live with this, look at the floor, and I need blinds..."*

Interestingly having reflected on feeling anxious about leaving the programme this person said they feel positive about CTI overall, and showed real insight into the phased way of working:

*"positive, I feel positive about it, because well its making us move forward and making us want to move forward, when you said CTI 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 3 month times it gives us a goal and it's not what want it's something I need, so now me 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"*

### **Theme: Prison release**

**Person C, a man in his 20s, was referred to us by the Crown/Combined Courts**

**Transition type:** Prison release

**Summary of goals:** Daily living skills, housing crisis prevention and management, money management

This person's transition was a prison release to hostel, and so housing has been the focus of CTI. When asked about what CTI means to this person they showed some insight *"sommit to do with goals isn't it?" "Housing's the main priority"*.

Reflecting on how this case feels to the worker he stated: *"feels a little bit different from me other CTI people because I picked up [name of person] as a new client, after a long sentence, I knew him a bit, but really a new client."* This is interesting as many of the people we are working with have been working with their practitioner for a number of years, the worker reflected that this feeling like a new person to work with didn't have an impact on how they have worked together.

Housing has been the main goal with this person, they have been accommodated in a hostel in the neighbouring local authority area, looking to relocate back to Gateshead. The worker talked about moving towards expanding these goals: *"that's been the main focus of phase one, and in phase two we're talking about having a good time, getting out a bit."*

Reflecting on moving on after prison this person feels motivated: *"me dad's bad with cancer and me bairn's of that age where she's starting to understand where I've been... I've got a daughter to think about, so I need to be there really don't I?"*

Overall this person stated that they have had a positive experience of CTI so far *"it feels like a good plan"*.

### **Theme: Engaging with goals and looking to the future**

**Person D, a man in his 30s, was referred to us by an asylum seeker support service.**

**Transition type:** Granted refugee status following a long period of destitution - transition at the point NI number granted.

**Summary of goals:** Daily living skills, housing crisis prevention and management, family intervention

This person has moved to a really good place in their life and describes CTI as *"the foundation of my new life"*.

Reflecting on how this approach feels compared to the navigation approach there is a sense of understanding that this is a different offer *"It's been really different, like we might not meet up so often because we don't need to. I think it is a bit different you know, you pick the aim and for each person it might be different and for me it was quite, like a couple of things ten year I've been after. I wanted this document so I can travel, it's so important not just to travel but so I can see my family. One of the things is about my housing, we are not there but we are in the process and for me I was street homeless for four years, five years...one of the other things was to get my driving license"*

This person showed a real connection to their goals and reflected on feeling hopeful: *"this is my provisional [shows license with look of pride] and that means if I want to get the job in the future I would be able to be driving any time soon....I'm hoping that things are getting better, the housing hopefully any time soon something is going to come up...The CTI is helped 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."*

This person's ultimate goal is to see their family again, after ten years *"my whole family for the past ten years I never seen them together and if it all goes well I may see them in a couple of months and I can't wait, every single day that comes by I'm thinking about how I'm going to be seeing them and my parents, what we gonna do, what we gonna talk about, oh it's too many things you know, it's been a long big time, big journey."*

This case study was developed in collaboration with the person and a worker from another service. She talked about CTI breaking down goals into manageable pieces *"the main thing was it gave you a focus because you still have a lot of multiple problems, so it was a way of breaking it down to one step at a time, you can manage this and move on to the next one, and hats off you've really worked with Steve [the worker], it's a partnership!...I've never come across an organisation like FLNG because you not only go the extra mile but when there was a problem most organisations "that's not within our remit, that's not what we're here for" well Steve took on everything"*

### **On closure**

Our discussion on closure was interesting, notably both workers reflected on this with apprehension. The worker stated *"I was sceptical about closing it, it's hard to let go"* when we asked a question about how it feels to be moving towards closure the person's worker from another service said *"we'll see about that..."* they too wanted this support to continue given the long term partnership.

The person themselves was more positive about the closure: *"I feel like a human you know, the thing with the CTI, you helped me get my document [to remain in the UK] but I wasn't finished at the document because you need basic things to start and then pick up yourself, CTI said OK you need somewhere to live, some form of the document, maybe driving license, and we help to get you the job, that we help you with, so I can see my family and coming back I've got all the positive energy to start my new life"*

The worker wondered about the impact of the type of transition on the outcomes of CTI *"This CTI has come at a good time for [name of person] this transition was quite a positive one, aye because he'd just received his status, if I were a betting man I'd think I'd hedge me bets that this one will go OK!"*

In closing we discussed the future and the person's hopes, *"now he's getting the coffee, in the future I would like to call him and say [name of worker] I'm finishing at 5 o'clock so how about we is meeting up with [name of other worker present] and 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"*

Worker: *"part of the CTI is, we might not have sorted it all out when it's time to close the case but hopefully we've left a legacy for things to happen."*

### **Theme: Exploring support networks and buy in to goals**

**Person E, a man in his 30s, was referred to us by the DWP.**

**Transition type:** Accommodation

**Summary of goals:** Daily living skills, housing crisis prevention and management, substance abuse treatment

This person shared that they have had mixed feelings about moving on from Fulfilling Lives, *"aye, I was a bit sceptical at first obviously with the idea of having no contact after the 9 month because I've been on the books for quite a while haven't I? I've got nee problems with it err I've moved on from where I was when I started, I've, I'm a bit further forward from where I was so I it's grafted for me [how feel about end point?] I'm still a bit worried about it but being at [name of accommodation] I've been assigned like an asset coach in there, it's*

*not like I've got no support like ye kna? People in that environment that can help us the same way [name of worker] has, still a bit daunting but aye still some structure there."* This person's worker stated that they think CTI came at the right time for them, "in terms of when CTI came into play it was just that right time". Both reflected together on how he has made positive progress in not coming to the attention of criminal justice and in staying on script. "Aye 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."

This sense of accomplishment is something that several of our CTI cohort have spoken about, linked to goals. Our Operations Lead drew this out further in our interview; "we're trying to value the steps that lead up to those goals that's the point of CTI, listening to you, and what you want. I think sometimes traditionally support services liked to think they knew what's best for you..." Responding to this he said: "I was asked what goals I wanted to set you kna, it feels a bit different meeting them, I'm glad I've got there like, been on and off script and I had to really or I'd have gone back to jail"

We asked whether CTI has been a positive experience: "I know it's supposed to be less hands on but it has felt different. There's more structure."

This person's next goal is to secure mental health support, after talking therapies "said I'm too complex..." "They were thinking I was just there for drugs and I said listen I'm not here for tablets man I want me head looked at. As soon as they see addict they write you off straight away, so next thing is to see if I can get me mental health looked at."

### **Theme: Working CTI with someone who does not understand this approach**

**Person F, a man in his 40s, was referred to us by a homelessness charity.**

**Transition type:** Prison release

**Summary of goals:** Substance abuse treatment, daily living skills training, money management, family intervention

We set up an interview with one person who did not attend, naturally those who were keen to talk to us were in the main people for whom CTI has been working well, and they have been engaging with it, so this was a good opportunity to explore this from a frontline perspective.

Speaking about the challenges his worker said: "Aye he didn't understand it, he's got a learning disability so if he doesn't understand something he'll talk about something different so it's like you've never even said anything and that's kind of what I was hit with, when I kept on and after he'd finish his conversations I'd try to discuss it from a different angle. He's just not, he's got like an, he just forgets everything, he could have these goals but if I mention them he'll not even remember them goals. When x feels uncomfortable he'll just run and disengage... he's just a bit lost, he's had no guidance, he's a really likeable character, however put him in the substance misuse circles he's kind of targeted, been assaulted a lot."

Reflecting on CTI as a way of a more managed move on the practitioner said "it's difficult to work with this clientele with CTI but I cannot see any other way of ending it or a more human way of ending it than just cutting it off, it's a perfect way to end our programme but we're learning just as much as them it's a new thing. There is a difference in how I'm working, I'm not as full on and I'm making services do more"

We asked the worker if he thought that CTI had the potential to work for some people more than others, and spoke about his personal experience of transitions; *"I don't know, probably with someone with more stability, whereas for ours its asking them to change their whole mind set, don't know from hospital to rehab that kind of transition, but kind of from the street to chaotic, there's a lot more to focus on from the street. I personally couldn't even speak to people, socialising, learning to talk to people. Got to battle them first, coming from that and asking them to understand CTI – it's the confidence thing, mentioning goals, it's scary, they don't think they're capable of stuff"*

Talking about building support networks and reflecting on a person who enjoys going to the gym the worker said: *"Yeah I need to look cos I cannot sustain like going to the gym, I need a gym that kind of has people in recovery in, so I'd like to find somewhere, or find someone who can take him with them, cos I don't want him kind of getting that dependency back cos it's not helping nobody"*

Finally, we talked about the impact of this way of working on frontline staff, interestingly the worker touched on burn out and responsibility: *"working this way I can do more for all of the people I support, give them an even... they all get a bit more of me, as a result of CTI, not getting burned out, they're all getting the same kind of attention."*

### **Theme: Closing our first CTI case:**

**Person G, a woman in her 30s, started working with the FLNG programme in October 2016. Her main support needs were around poly-substance use and housing. She was well known to local services with particular difficulties around family relationships (her siblings also known to FLNG and other support and criminal justice services). A cycle of crisis to periods of stability.**

**Transition type:** Move to independent housing

**Summary of goals:** to make property feel like a home so children can visit, engage with drug and alcohol services, build support network to try to move away from difficult family relationships

**Starting New Directions Team Assessment (NDT) score:** 41

**Closing NDT score:** 26

Reflecting on our first CTI case closure has mixed feelings, this person is currently in stable accommodation and their chaos has reduced, though there have been anti-social behaviour reports at this property.

Her System Change Practitioner reflects *"initially, it did not feel right to close this case as she is using quite heavily on a daily basis and she is a drug related death concern. However, she has always had a good network of service support around her and she continues to use these. Upon closure I sent her a letter with all contact details of network support and other services she could go to as and when she is ready. Staff at a local drop in advised she was in the drop in calling the council for repairs on the flat independently. I also received a thank you card and gift. The message in the card made me feel quite sad. It read 'To Vicky, Two years have passed and thankfully I'm still here and I believe that's because of you. Thank you for all you have done for me! Love and best wishes, your friend [name of person]. Xxx"*

We asked this worker, does it feel different to closure under the Navigation model? *"in the old version, the Navigation model, she would not have been closed due to her chaotic lifestyle. I understand we have to close cases due to the time constraints. I see CTI as a structured closure for people with this level of chaos, with the hope that they have a better*

network around them when they finish phase 3. I have tried to get her involved with other services but to no avail, though I have given contact details for these services in a closing letter. It was agreed that people completing CTI could benefit from a Wellness Recovery Action Plan (WRAP). Two years ago myself and couple of colleagues attended WRAP Facilitator training and I was asked to role this out to the rest of the team when we began the CTI process. The training was informal and participants were asked to complete a WRAP either for a person they support or for themselves. Everyone chose to do one for themselves which proved to have its benefits. It reminded some of the team what to do to keep themselves well, what their triggers may be and how to avert them; and because the plan was relatable, staff felt confident in approaching people with this tool.

*As people with multiple complex needs can fluctuate in stability and chaos, it was agreed that although WRAP planning would be beneficial, it would be difficult for someone in chaos to create and successfully use the plan. I had the first case to complete CTI and although she had progressed dramatically, her life could still be chaotic. I decided that it would not be the best use of time to introduce WRAP and instead sent a letter of what services and workers were currently involved and services she may want to access in the future."*

The system change practitioner presented this case at a case management session, detailing some of the concerns about closing the case given the level of risk still present with the person's drug use and anti-social behaviour. In the discussion the team reflected on how far the person had journeyed since joining the programme; the stability of her own accommodation, completion of specific CTI goals and having a support network in place and wondered what more we could do if we decided to keep the case open? The answer was clear, there was no further role for FLNG other than to journey around the cycles of chaos and stability; the person knows how to manage this and knows how to ask for help and that feels like a positive ending for the case.

