

Exploring the impact of Multiple and Complex Needs training on workers

Caroline Janes

Introduction

This report is an exploration of Fulfilling Lives' Multiple and Complex Needs training; a pilot delivered December 2016 - March 2017. This training was delivered to workers across Newcastle and Gateshead with the aim of understanding how specific training on multiple and complex needs might impact on workers.

One of Fulfilling Lives Newcastle and Gateshead's key system change areas is aimed at Workforce Development. The report seeks to answer the question: '*What is the impact of multiple and complex needs training on the multiple complex needs worker?*' in order to help answer: '*What makes a good multiple complex needs worker?*' - a wider question within the programme.

By exploring these questions Fulfilling Lives Newcastle and Gateshead hope to improve beneficiary outcomes, share learning, and enact positive and sustainable system change.

Summary of findings

The training was delivered to workers from services covering each of the four support needs: housing (accounting for 16% of workers trained, excluding the Shelter service), offending (12%), substance misuse (10%), and mental health needs (28%), as well as an incorporation of more than one of these areas (19%). Workers from services in other areas such as safeguarding, education and advocacy were also included in the training and accounted for 15% of workers trained. Of these participants 12% were from the statutory sector and 82% from the voluntary and community sector.

- Knowledge and skills around complex needs was the biggest improvement, improving by a maximum of 36% for those attending the Multiple and Complex Needs training.
- Individual reflective practice (31% improvement) and knowledge and use of a psychological model (32%) also showed prominent improvements.
- The smallest improvement shown was agreement with the statement 'my service generally works well with people with complex needs', with a minimum increase in ratings of 6%.
- After both the training sessions delivered to the wider cohort over half of all responses (54%) were positive about the training, with over a third of these responses (37%) stating participants had learned from the sessions.
- Differences between training delivered to a whole service as well as to individuals from a range of services are apparent but both methods appear to show benefits.

- Responses from workers could be broken down into five themes: room for improvement, potential room for improvement, neutral, confident in my ability/service provision, and positive about training.
- Impacts had as much as a 19% difference between mental health and the wider cohort and 13% between Shelter and mental health service workers evaluation scores. This shows the same training could be interpreted differently in different groups and by different individuals.

The approach and content of the Complex Needs training

The training was delivered by Ray Middleton, System Broker at Fulfilling Lives NG and was co-delivered with a volunteer from Fulfilling Lives Newcastle and Gateshead's Experts by Experience group; a group of people with lived experience of complex needs. A group reflective practice approach was taken within the sessions. Films were shown where the training group heard audios from the Experts by Experience group¹, followed by group reflection on the participants' own working practice around the issues raised.

The Ladder4Life psychological framework (see Figure 1) was introduced and explained. This gave staff the opportunity to reflect on the emotional challenges and skills that are useful when working with people with complex needs. Three principles from an Open Dialogue approach were explained and put into practice during the reflective practice sessions:

1. Accept we only ever partly know what is going on
2. As a result of this we value different points of view on each issue and encourage opening up dialogue between different points of view
3. We take responsibility for our role and limits within the social network

Using this Open Dialogue reflective practice approach, a set of skills were explained and reflected on including: reflective practice, validation, motivation, collaboration, building relationships of trust, and maintaining our role and boundaries.

Understanding of clients with Complex Needs was explained in consideration of the Ladder4Life Psychological framework. This included understanding that people with complex needs tend to have more than the average amount of trauma and neglect in their past combined with less than the average amount of skills to deal with life's adversities. As a result these individuals tend to have more than the average amount of difficulties with the following areas:

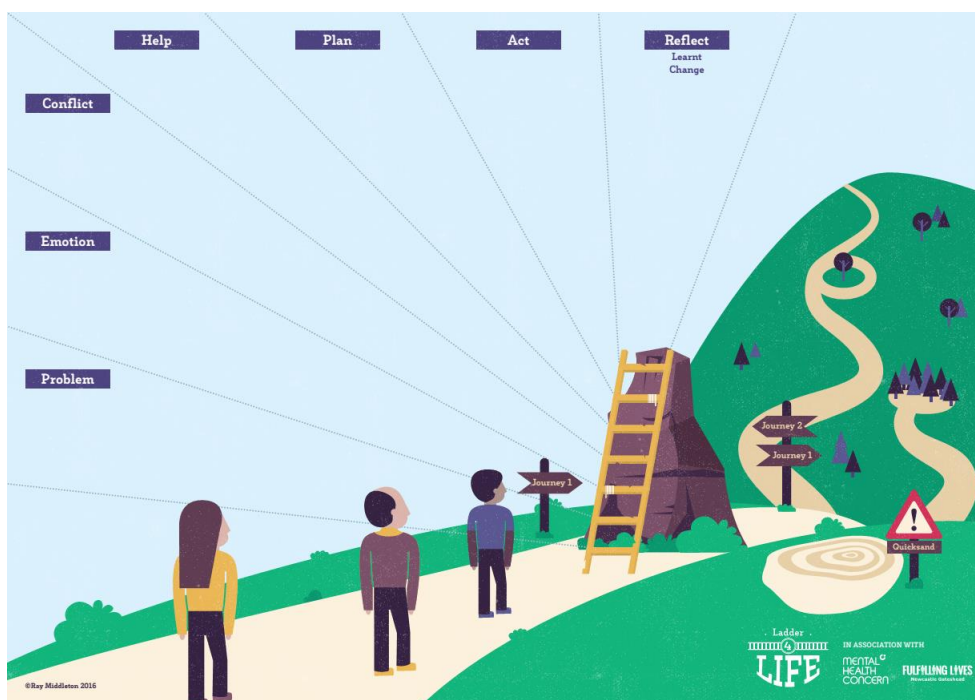
1. Identity (i.e. maintaining direction and motivation in their journey through life, joining groups, dealing with loss and separation)

¹ The voice of experts by experience was shared in the training through online films co-produced with our Fulfilling Lives Experts By Experience (EBE). These were Georgia's Journey <https://youtu.be/J6MHidZCAmI> and James's Journey <https://youtu.be/Ac60S0OS8XY> and further films included [Asking for Help](#), [Conflict](#), [Handling Emotions](#), [Problem Solving as a Process](#), [Direction and Motivation](#)

2. Handling emotions
3. Building relationships of trust (asking for help or dealing with conflict)
4. Problem solving
5. Sensitivity to the social context

This research can be seen in the wider context of PIE (Psychologically Informed Environments) as training for staff is one of the five PIE principles². It is worth noting that two other PIE areas improved significantly through this training, namely reflective practice and use of a psychological framework. The other three PIE areas being; Building Relationships, Social and Physical Space and evidence gathering/evaluation.

Figure 1. Ladder4Life psychological framework (Ray Middleton, 2016)



Research methods

Individuals from a range of services were invited to attend training. Two training sessions were held and attendees were asked to complete a survey rating their abilities, knowledge and skills before and after both sessions. There was a month lapse between the two training half-days for all workers who attended both sessions, except for two workers who were not able to attend matching sessions. Table 1 shows the breakdown of individuals who attended one or both sessions, with a total of 68 workers attending at least one session. A total of 40% of workers were

² The five elements of PIE are Reflective Practice, Psychological Framework, Focus on Relationships, The physical spaces, Evidence generating practice. Fulfilling Lives Newcastle Gateshead explore PIE in the following evaluation: Boobis, S. (2016). Evaluating a Dialogical Psychologically Informed Environment (PIE) Pilot. Fulfilling Lives Newcastle Gateshead. Full report available through: <http://www.fulfillinglives-ng.org.uk/wp-content/uploads/2016/09/PIE-report-FULL5.pdf> Executive summary available through: <http://www.fulfillinglives-ng.org.uk/wp-content/uploads/2016/08/exec-summary-pie-v.3.pdf>.

unable to attend both training sessions and this was often attributed to workload or having to cover sickness in service, showing the busy nature of staff and services.

Table 1. Multiple and Complex Needs training attendees

	One session	Both sessions
No' of attendees	29	39

Workers from a range of services were invited to attend two half day sessions. Of all participants 12% were from the statutory sector and 82% from the voluntary and community sector.

Below Figures 2 and 3 show the breakdown of service areas that training participants represented. Mental health service workers, with 12 attendees, accounted for the highest number of individuals attending both training sessions³.

Figure 2. Service breakdown of attendees of one session of Multiple and Complex Needs training

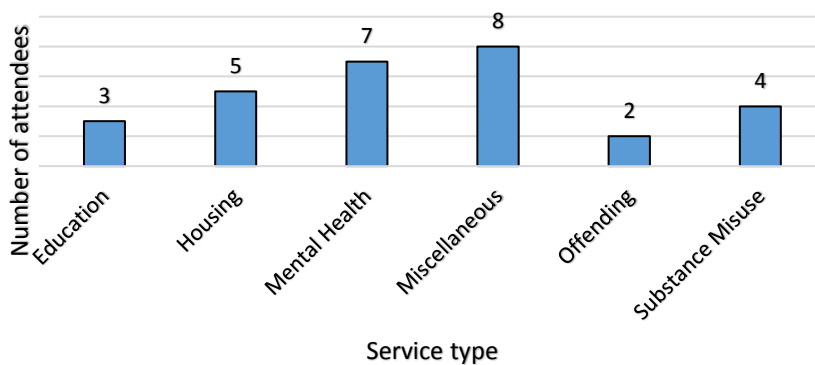
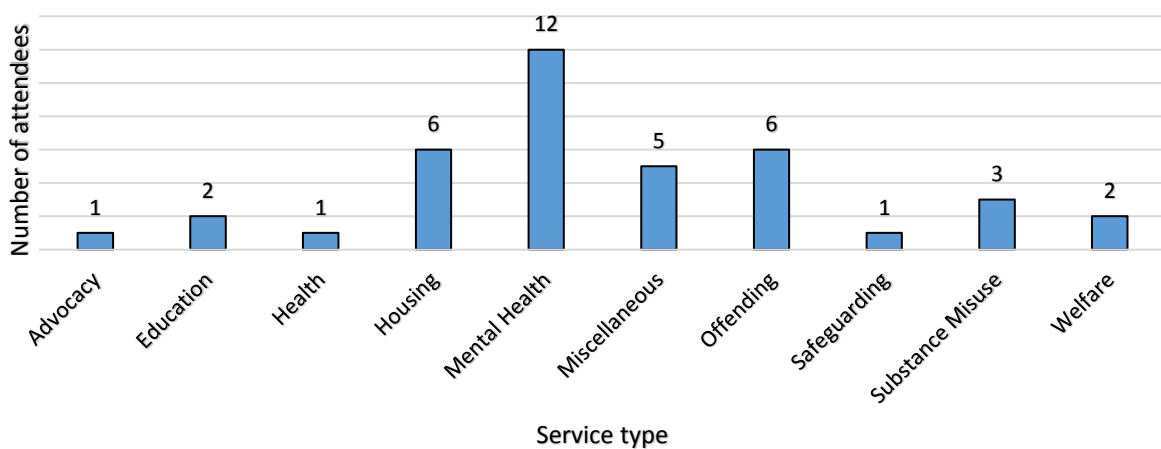


Figure 3. Service breakdown of attendees of both sessions of Multiple and Complex Needs training



³ The 'Miscellaneous' service type accounts for services with more than one key focus including participants from: Fulfilling Lives, Changing Lives, Gateshead Council, Newcastle University, and Family Support.

As the highest proportion of respondents to attend both sessions were from Mental Health with 63% of participants attending both, this service area has been chosen to consider separately as well as with the wider cohort.

In March 2017 one full day training session was delivered to 15 workers from the housing service Shelter. This differed from the initial training of two half day sessions. The workers were asked to complete the same survey as the wider cohort at the beginning and end of the training session.

Respondents were asked a range of open and closed questions and to rate their ability and service provision on an unmarked line on a scale of 1 to 10 where 1 meant very poor and 10 meant exceptionally good (almost no room for improvement). The result was then measured and this made up a 'centimetre' rating⁴. In some cases respondents instead included a number rating. The improvement rate was an average increase (%) of these two rating types. The indicators respondents were asked to rate are shown below in Table 2. The respondents were asked to add any comments that came to mind when they reflected on these indices and these responses were analysed thematically.

Table 2. List of indices respondents rated themselves against both before and after the multiple and complex needs training

a.	How would you rate your current level of knowledge and skills around complex needs ?
b.	How would you rate your current knowledge and use of a Psychological Model (of any kind) to help your understanding of complex needs?
c.	How would you rate your current level of training and support you receive around complex needs in your service?
d.	How would you rate your skills around building relationships with people with complex needs?
e.	How would you rate your skills around having good reactions with people with complex needs?
f.	How would you rate your current skills in helping clients reflect on their problem solving process ?
g.	How would you rate the current quality of reflective practice within your staff team?
h.	How would you rate the current quality of your own reflective practice ?
i.	How would you rate your skills around building motivation and helping clarify the direction in which people with complex needs wish to change?
j.	How would you rate your current level of skill around handling your emotions when working with people with complex needs?
k.	To what degree do you agree with the following statement " I feel confident and happy working with people with complex needs "
l.	To what degree do you agree with the following statement " My service generally works well with people with complex needs "

⁴ The unmarked scale was chosen as it was deemed a less memorable marker than number ratings and therefore less easily manipulated by participants, whether this be conscious or unconscious, and/or to disprove or prove the training as effective. It is interesting to note that although the improvement rate was an average of both rating methods, the methods were variable and participants appeared to rate themselves differently depending on which scale they used (Appendices 1-10).

Findings and discussion

The following explores the impact of multiple and complex needs training on workers. Throughout the reporting the content is considered whilst observing the wider context.

On average all workers rated their abilities and service provision higher after the final training session than before the first training session (Table 3). This is positive, and suggests that, on the whole, the training led to improvements for the workers from both the Shelter service and the wider cohort.

Shelter showed the biggest change of any group with a 46% improvement in having knowledge and use of a psychological model. The only three indicators Shelter did not show a greater improvement in than the wider cohort was having knowledge and skills around complex needs, handling their emotions, and their service generally working well with people with complex needs. The latter of which might seem surprising, as Shelter's training was delivered with a more service-wide approach than the wider cohort, where a range of individuals attended from different services. It is even more surprising as the Shelter service showed a more prominent improvement than the wider cohort in the indicators 'reflective practice within your staff team' and 'current level of training and support you receive', which both showed improvements of more than 20% than the wider cohort (see Table 3 and Table 6). The heightened change Shelter service workers experienced could have partially been encouraged by the ratings Shelter workers gave themselves where their initial number ratings were, on average, 3% lower than the wider cohort (Appendix 7).

In the wider cohort responses, learning from other professionals was a prominent theme, with comments such as, "a helpful reflection/reflect on how other professionals are responding and why - how can I meet their needs/their service's needs?" (A A74), and "improved over the length of session and useful to hear other agencies viewpoints" (A A58). This shows that despite the Shelter service showing a greater improvement than the wider cohort in two of the service related indicators, the wider cohort did also react positively to participating in the training with a group of professionals from different backgrounds and services. Hearing from other professionals appears to be a valuable tool for multi-agency workers, whilst different improvements are also shown for professionals accessing the training as a service. This perhaps suggests a brief piece of skills audit work could be carried out to explore individual's training needs/wishes. Also it may be effective to deliver training to a whole service whilst also interacting with or hearing from other professionals, hopefully targeting both improvement areas.

Individuals' reflective practice consistently showed a greater improvement rate than general service improvement, across all training groups. The biggest difference between these ratings was apparent in the Shelter service where there was a 24% difference between the two indicators, with the larger improvement being shown in the individuals own reflective practise. In order to help whole services to generally improve it is suggested that attending the training as a team might help shift their culture to one of reflective practice and improved training and support. A whole

service approach would also draw in individuals who perhaps feel negatively/are neutral about reflective practice, whereas offering training to individuals is more likely to appeal to those who are interested to develop their learning in this area.

In the general cohort the biggest indicator of positive change was 'knowledge and skills around complex needs' where, on average, this increased by 36% between the beginning of session one and the end of session two (Table 3), exceeding the Shelter service's improvement rate by a slight 4% (Table 6). 'Knowledge and use of a psychological model' and individuals' 'own reflective practice' showed the second biggest improvements for the wider cohort with increases of 32% and 31% respectively. The former was also the second most improved indicator for workers who only attended one half day training session (Table 5). These indicators are the main focus of discussion within the training so it is positive that they appear to be effective.

The smallest change seen in this time period and beyond was 'my service generally works well with people with complex needs' where ratings only increased by an average of 14% in the wider cohort (Table 3), also exceeding Shelter's training session rating despite the training being delivered to the service as a whole. It was also the smallest change for workers from the wider cohort who attended the training for one training session and mental health workers, so this appears to be a consistent pattern across all service workers. We don't know how many MCN clients the participants work with, or how regularly they work with MCN clients; something to include in future training evaluation forms. It would be interesting to explore why the wider cohort noticed a greater improvement in general service provision than all other groups who completed the training. It may be that training has changed individual worker's perceptions; it is perhaps expected that new skills and learning gained from training will take time to bed-in so improvements in services inevitably take longer to see, particularly as there was only a one month gap between the two training sessions.

Table 3. Improvement (Average % change) in ratings frontline workers gave themselves over the course of two multiple and complex needs training sessions

Indicator	Average improvement (%) between sessions			
	Before and after session one	Before and after session two	After session one and before session two	Before session one and after session two
Knowledge and skills around complex needs	28%	10%	2%	36%
Psychological Model (of any kind) to help your understanding of complex needs	24%	10%	1%	32%
Training and support you receive around complex needs in your service	1%	5%	1%	15%
Building relationships with people with complex needs	13%	7%	2%	20%
Good reactions with people with complex needs	13%	8%	0%	20%
Helping clients reflect on problem solving process	19%	7%	1%	25%

Reflective practice within staff team	9%	4%	8%	19%
Your own reflective practice	18%	6%	10%	31%
Building motivation and helping to clarify the direction in which people with complex needs wish to change	18%	5%	5%	26%
Handling your emotions when working with people with complex needs	17%	5%	2%	23%
Agreement with statement "I feel confident and happy working with people with multiple complex needs"	11%	2%	7%	18%
Agreement with statement "My service generally works well with people with complex needs"	9%	3%	2%	14%

Table 4. Improvement (Average % change) in ratings frontline workers gave themselves over the course of one multiple and complex needs training session

Indicator	Average improvement (%) before and after session one
Knowledge and skills around complex needs	22%
Psychological Model (of any kind) to help your understanding of complex needs	22%
Training and support you receive around complex needs in your service	17%
Building relationships with people with complex needs	14%
Good reactions with people with complex needs	14%
Helping clients reflect on problem solving process	15%
Reflective practice within staff team	12%
Your own reflective practice	11%
Building motivation and helping to clarify the direction in which people with complex needs wish to change	18%
Handling your emotions when working with people with complex needs	13%
Agreement with statement "I feel confident and happy working with people with multiple complex needs"	12%
Agreement with statement "My service generally works well with people with complex needs"	7%

Table 5. Improvement (Average % change) in ratings mental health workers gave themselves over the course of two multiple and complex needs training sessions

Indicator	Average improvement (%) between sessions			
	Before and after session one	Before and after session two	After session one and before session two	Before session one and after session two
Knowledge and skills around complex needs	13%	1%	4%	18%
Psychological Model (of any kind) to help your understanding of complex needs	10%	-4%	7%	13%

Training and support you receive around complex needs in your service	2%	-3%	4%	3%
Building relationships with people with complex needs	2%	0%	6%	9%
Good reactions with people with complex needs	1%	4%	5%	10%
Helping clients reflect on problem solving process	4%	0%	6%	10%
Reflective practice within staff team	1%	3%	3%	7%
Your own reflective practice	1%	3%	5%	9%
Building motivation and helping to clarify the direction in which people with complex needs wish to change	8%	1%	3%	12%
Handling your emotions when working with people with complex needs	4%	-3%	3%	4%
Agreement with statement "I feel confident and happy working with people with multiple complex needs"	2%	3%	3%	8%
Agreement with statement "My service generally works well with people with complex needs"	1%	3%	2%	6%

Table 6. Improvement (Average % change) in ratings Shelter workers gave themselves over the course of one full day multiple and complex needs training session

Indicator	Average improvement (%) before and after one full day session
Knowledge and skills around complex needs	32%
Psychological Model (of any kind) to help your understanding of complex needs	46%
Training and support you receive around complex needs in your service	40%
Building relationships with people with complex needs	28%
Good reactions with people with complex needs	22%
Helping clients reflect on problem solving process	31%
Reflective practice within staff team	33%
Your own reflective practice	35%
Building motivation and helping to clarify the direction in which people with complex needs wish to change	31%
Handling your emotions when working with people with complex needs	20%
Agreement with statement "I feel confident and happy working with people with multiple complex needs"	21%
Agreement with statement "My service generally works well with people with complex needs"	11%

Comments that workers made are broken down into five groups shown in Appendix 11 and graphs Appendix 12⁵. A general improvement in abilities/service provision was supported by comments as well as the ratings workers gave themselves. Before the training the most popular responses were that respondents were confident in their abilities and service provision, accounting for 36% of comments, closely followed by 29% of responses in which responses stated they felt there was room for improvement within their practice (Figure A1a).

After both the training sessions over half of all responses (54%) were positive about the training, with over a third of these responses (37%) stating participants had learned from the sessions, either in general, from other professionals, or through the experts by experience videos (Figure A1d). The next most popular comments were that the training was enjoyable or well delivered, that respondents would use the learning in their work, and that afterwards participants felt more confident in their abilities.

In isolation of the wider cohort, mental health service workers gave more positive comments at the end of the training sessions than the wider cohort, accounting for 59% of their responses.

Confidence was a prominent and ongoing theme throughout the survey responses and was used to refer to workers own abilities ("I feel confident" K A9; "Could be more confident" K A25), as well as the effectiveness of their service provision ("Good team of nurses who have experience" L A27), and even to comment on psychological techniques the workers knew across the groups ("I feel my knowledge in CBT and DBT are reasonable however my confidence in these as effective is lacking" B A74). This suggests that workers felt confidence played a prominent role in how effective workers felt their practice and service provision was.

Shelter service respondents gave even more responses suggesting they felt their practice and service could improve than both the wider cohort and mental health services, accounting for almost half of all responses (46%) before the training (Figure A3a). This is interesting and could explain why workers gave themselves slightly lower number ratings at the beginning of the session. It might also have opened workers up to believing the training could have a greater benefit for them, leading to increased improvements in the cohort. At the end of the session exactly half of all responses from the service stated there was still room for improvement, whilst the other half described positive results of the training (Figure A3b), suggesting positive reflection and a possible action learning process transpiring within the group.

It is interesting to consider when periods of improvement happened throughout the training and reflection process. In the wider cohort improvements were only seen after session one and before session two, except for with the indicator 'good reactions' which showed no change, on average, within this time period (Table 3). For those working in mental health services this stage was seen as a period of worsening for the following indicators: psychological model (-4%), training and

⁵ These themes should be considered tentatively as selecting which comments fitted in which category required a degree of speculative decision making by the researcher.

support within your service (-3%), and handling your emotions (-3%) (Table 5). In general this period had the smallest improvement period, according to ratings. These low ratings could have been due to the average scores being pulled down due to the ease of fluctuation on an unmarked scale.

Despite a lower improvement rate, comments were largely positive at this stage of the training. Respectively, after the first session, over a quarter (26%) of responses contained a positive comment about the training, a comment stating the worker felt confident in their abilities/service provision, or a response which stated workers had room to improve (Figure A1b). The biggest increase in response which displayed confidence in ability/service provision occurred after the first session of training where the proportion rose from 26-35% between the first and the second session (25-38% for mental health workers shown in Figure A2c and A2d). This could be the result of workers describing their skillset more confidently at the beginning of the second training session, having had a chance to reflect on what they do know and are able to do. This would fit with the 10% improvement rating (average % change) in workers own reflective practice at this stage (Table 3).

If this was indeed a test and learn period where workers grow and become more confident in what they do know and begin to learn what they don't know, as well as having time and space to understand the training, it could offer an explanation for the decline in mental health service ratings. Where indicators varied between improving and declining the training might have illustrated what might otherwise be a gap in ability/service provision; it is perhaps unlikely that the training and support these services provided and workers' knowledge and use of a psychological model both decreased during the one month period between the training. It is also possible that workers were more enthusiastic in their ratings immediately after a training session, however this would still conflict with comments workers made. Either way these changes can be seen as positive and continued exploration of why they occurred should continue with the training.

During the writing of this report the facilitator delivered a further training session to Crisis Skylight; a three hour MCN training session was delivered for the staff team. A modified version of the MCN training evaluation form was used, this elicited richer qualitative data from 25 workers. Future evaluations will consider the data in more detail; but the general comments are worth exploring further here as they similarly explore issues around confidence, reflective practice and change, as workers were asked to think about what they'd do differently as a result of the training. Comments included:

"Interesting and solidified sense of self, internal/external"

"Try to promote open dialogue"

"Reflect back more (validate)"

"Build reflection into my daily practice"

"Reinforce boundaries and structure of moving on from service to make it clear for people with MCN from the start"

"Think about social context and relationships when planning outreach"

A new version of the MCN evaluation form is being developed to ensure that we continue to capture this rich data on intentions around change, as well as whether participants are working with people with multiple and complex needs and, if so, what their caseload looks like and how often this happens.

The Shelter data (Table 6) cannot be compared in the same way as these respondents attended one full day of multiple and complex needs training session. The Shelter survey responses are more easily comparable with the members of the wider cohort who only attended one session (Table 4). Shelter service workers frequently (in six out of 12 indicators) saw more than double the improvement levels that workers from the wider cohort who attended one half day of training. It is also interesting to compare Shelter with the wider cohort, who completed the training over the course of two separate half day sessions. Although improvements were shown for both groups, Shelter had the highest rate of improvement for 9 out of the total 12 indicators (Table 3; Table 6). Two main variables between the Shelter service's experience and the wider cohort's experience was that the Shelter cohort completed a full day's training session as a service whilst the wider cohort completed one or two half day sessions (see Table 1 for frequency) and was made up of individuals from a range of services, perhaps indicating that the length of training session and group specifications might have an impact on the effectiveness of training.

The strongest aspects of the training appeared to be improving worker's own reflective practice, enhancing their knowledge and skills, and increasing their knowledge and use of psychological models. Increasing the training and support workers felt they received from their service was also one of the most improved indicators but only for the Shelter service cohort, as afore mentioned.

Conclusions

The results of the training have been positive, on the whole, with improvements shown across the entire cohort surveyed. In general the first training session appeared to be more effective than the second training session for participants who attended both. It is also recognised that participants rated their ability and service provision more highly after attending both training sessions, showing cumulative improvement occurred over time. The Shelter group largely showed an even greater rate of improvement than the workers who had attended both sessions. Holding the training over the course of one day ensured workers were able to access the full session, and could be more appropriate for this workforce group, given staff sickness and busy workloads.

Mental health workers reported a small decline in their ability/service provision in some indicators whilst also reporting higher confidence between the end of the first training session and the start of the second training session. This could be due to workers testing and learning the training and becoming more confident in what they do know and what they don't know, as an overall improvement was seen at the end of both training sessions. It is an interesting area for further exploration. It is also interesting that workers from the wider cohort who only attended one

session had a higher improvement rate for all indicators, except one, than mental health workers who attended both sessions.

The training appeared to have the most success in pursuing reflective practice, knowledge and skills, and knowledge and use of psychological models of all the areas it covered. It could be useful to explore why these aspects of the training were so effective and to try and balance this with the other indicators ensuring a more even spread across the training. It would also be interesting to explore why only the Shelter service cohort showed massive improvement for the indicator 'training and support received in your service' and to try and apply any learning to future training sessions.

Recommendations

- Improvements were generally shown after the multiple and complex needs training was delivered; we should continue to deliver this training to increase skills and knowledge around working with MCN clients
- Record films with multi-agency staff so a range of professional perspectives can be shared even when the training is being delivered to one staff team
- Deliver future training in full one-off sessions; the greatest improvements were shown when this was done. These sessions also had a 100% attendance record as opposed to 60% for the two separate half days.
- Future evaluations of this training should explore the effectiveness of delivering training to a whole service.
- Explore why reflective practice, knowledge and skills, and knowledge and use of a psychological model were the most successful areas of the 12 indicators.
- Individuals' skills/knowledge have increased, but there is a general feeling that their services are not working well with people with multiple and complex needs. Sessions delivered to whole teams could be a way of embedding skills and knowledge within a team and as a result improving their service's reflective practice. Sessions could incorporate reflection/planning on how a good multiple and complex needs worker can shape services in their organisation.
- A new evaluation form which captures whether/how regularly individuals work with clients with MCN will be used going forwards

Appendices

Appendix 1 – survey comments and legend

Figure A1a. Survey responses before session one

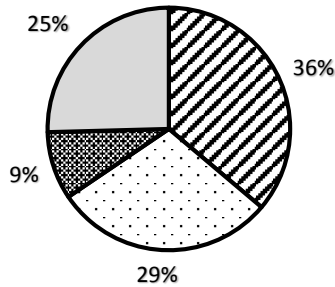


Figure A1b. Survey responses after session one

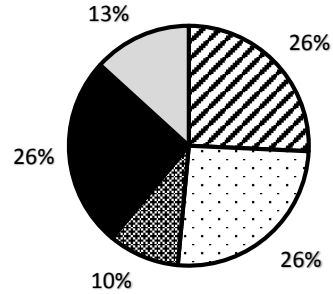


Figure A1c. Survey responses before session two

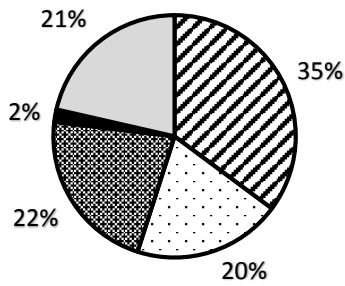
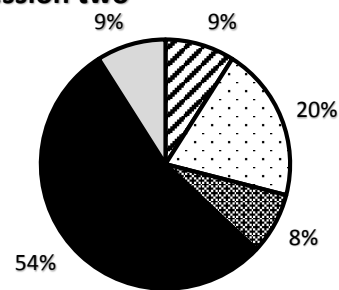
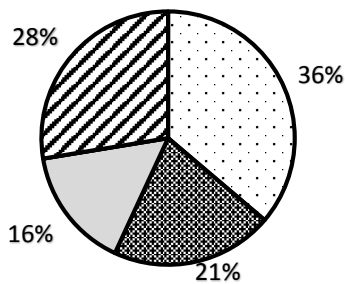


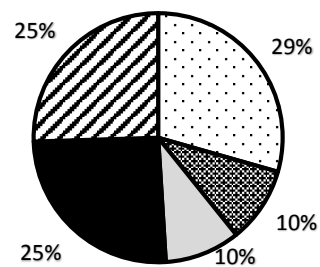
Figure A1d. Survey responses after session two



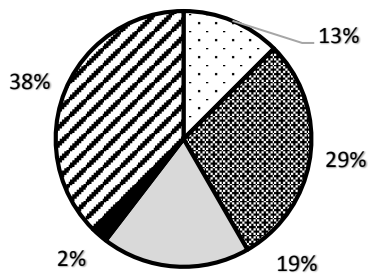
A2a. Mental health workers survey responses before session one



A2b. Mental health workers survey responses after session one



A2c. Mental health workers survey responses before session two



A2d. Mental health survey after session two

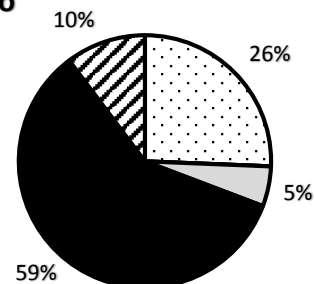


Figure A3a. Shelter survey responses before session

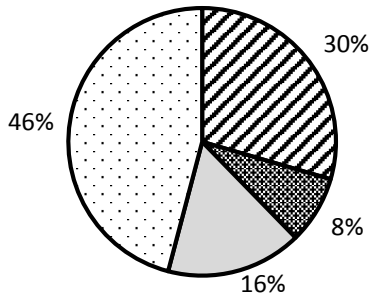


Figure A3b. Shelter survey responses after session

