

Pilot SPT Evaluation

Specialist Psychological Therapist



FULFILLING LIVES

South East Partnership

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Executive Summary

The two-year pilot SPT has been performed by Nicki Taylor, a band 7 nurse, seconded to Fulfilling Lives by Sussex Partnership NHS Foundation Trust, since April 2017.

The aim of the pilot was to explore whether working outside traditional parameters might lead to better outcomes for clients by facilitating access to therapeutic input when this would not normally be available due to the person not being considered 'stable' enough.

Key findings of this evaluation were as follows:

- Quantitative measures did not detect notable change for clients across all indicators over time. However, qualitative indicators suggest the SPT had positive and meaningful impact.
- SPT flexibility was considered a notable asset; but was limited by covering 3 geographical areas.
- The SPT has not achieved increased access to statutory mental health services, but has seen clear success in facilitating meaningful access to specialist therapy in some cases (accessed privately)
- Communication around client work was clear and effective, but there was more mixed success when communicating the scope and boundaries of the SPT.
- There was limited evidence to suggest the SPT engaged with any wider sharing of knowledge during the pilot period (but this element of the SPT may also have been less supported than client work)

Introduction

The pilot role of Specialist Psychological Therapist (SPT) was introduced by Fulfilling Lives to provide flexible psychological interventions to clients with multiple and complex needs. The aim was to explore whether working outside traditional parameters might lead to better outcomes for clients in terms of access to and engagement with services. This would be achieved through offering therapeutic input when this would not normally be available due to the perception that the person was not 'ready'. The SPT has been able to offer clients both short and longer-term interventions drawing on a range of tools including CBT, to help manage overwhelming feelings, to support coping

strategies and to empower clients to articulate their needs in a different way to improve access/engagement with mainstream services.

The SPT has been performed by Nicki Taylor, a band 7 nurse, seconded to Fulfilling Lives by Sussex Partnership NHS Foundation Trust, (SPFT), since April 2017. The SPT worked for 30 hours per week. Nicki had previously worked as Specialist Women's Worker in the Brighton team so was familiar with the client group and the aims and ethos of the Project.

Nicki's extensive training as a mental health nurse gives a solid foundation to work from in terms of psycho-education for clients and teams. Her training and skills also allow her to draw from a broad practice base. She has experience of delivering group work over many years and she has good working knowledge of various therapeutic models including; Psychodynamic Therapy, Cognitive Behavioural Therapy (CBT), anxiety management, and anger management. Nicki has supported people dealing with many and varied issues and experiences including; loss and grief, social anxiety, self-esteem and trauma.

Nicki has also completed mentalisation based training (MBT) which she has been able to draw on frequently. Nicki is passionate about using systemic approaches including; structural, strategic, solution focused, narrative, collaborative, attachment-based and emotionally focused therapy. She also uses concepts from couples therapy work to manage conflict or help clients think more relationally. She was able to draw on these varied and complementary knowledge-bases to offer bespoke interventions and approaches to each client.

The SPT offered clients both short, and longer-term psychological interventions to help individuals regulate emotions and build relationships with a view to accessing or engaging with mainstream services more effectively. The types of issues she has worked on have included: anxiety management, anger management, loss and grief, social anxiety, and self-esteem. It was originally thought that this would be exclusively to enable access to mainstream mental health services however it has become apparent that often these types of pathways (for those with very complex psychological issues arising from complex trauma) don't currently exist in mental health services.

Fulfilling Lives aims to be creative, flexible and innovative in all areas of our work. Bringing about long-term lasting change in how services work with people with multiple needs is central to the purpose and success of the Fulfilling Lives initiative. An integral element of the funding, therefore, is evaluating our work and sharing learning in order to bring about change.

Now the pilot has been running for two years it is timely to review how far the SPT has gone in addressing its initial aims and purpose. The aim of this evaluation is to consider, against the following criteria, how successful the SPT has been in:

- Working flexibly with clients
- Supporting clients to access mainstream services
- Working collaboratively with staff teams
- Sharing learning widely

This learning will then inform decisions about whether or how the SPT should continue.

Method

The mixed methodology encompassed reviewing case studies, reviewing secondary data from the project's internal database¹. 8 internal interviews also took place in total with specialist workers, area leads, the Systems Change Projects Lead and the SPT, encompassing the four key areas being assessed. 4 external therapists and workers also shared their experiences and views on the SPT.

General facts and figures

26 months of data has been used to analyse the impact of this role to date. The SPT had contact with 14 individual clients and 9 of these 14 people had *meaningful* engagement with the specialist psychological interventions that the SPT can offer; this includes one 'returner' who had a break in between two separate periods of support. There have been 4 clients in Brighton, 2 in Hastings and 3 in Eastbourne.

Supporting clients

Quantitative Feedback

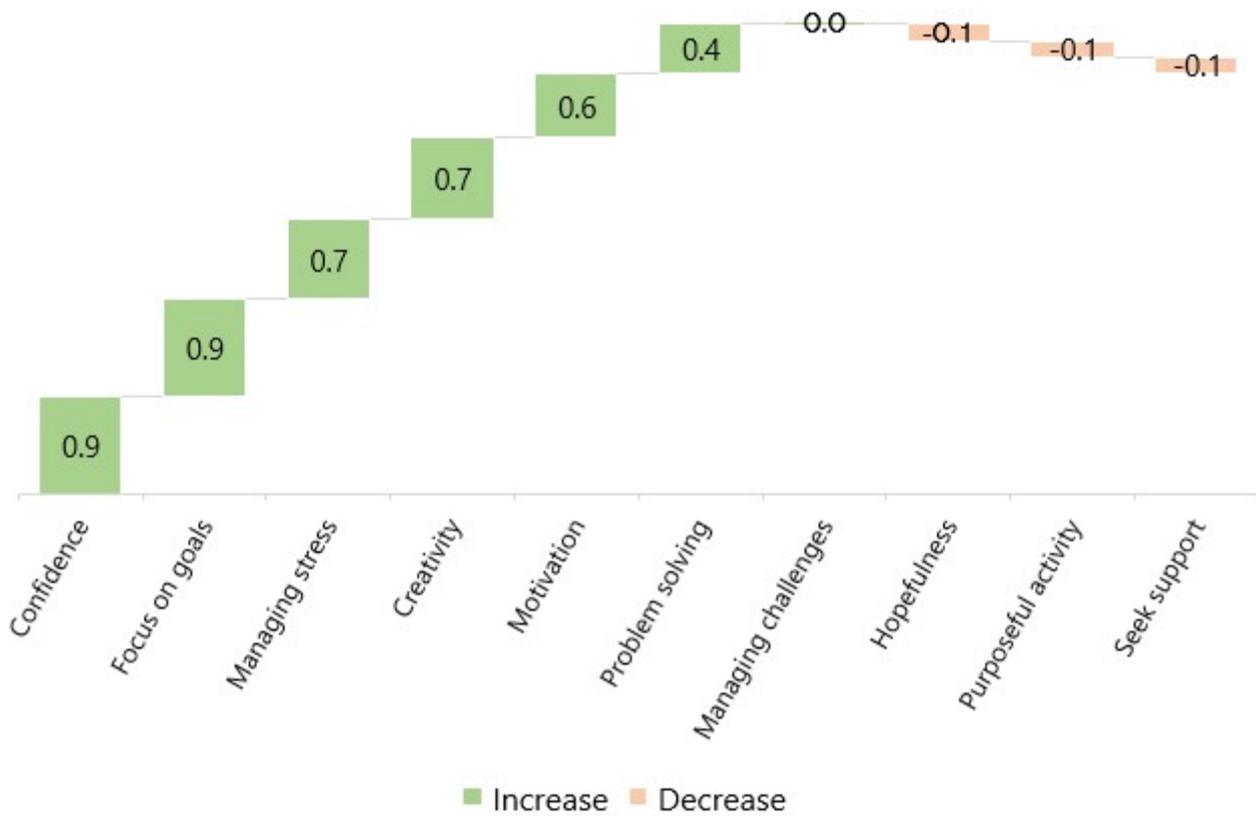
Figure one shows average the client change from their first to most recent therapeutic sessions, as measured by a tool co-developed by the SPT.

A copy of the tool is attached at Appendix One.

¹ Data taken from start of post to end of March 2019

The findings indicate that whilst confidence and focus on goals appeared to improve on average by 1 point on the 4-point scale, feelings of hopefulness, purposeful activity and support seeking remained relatively static. However, it is notable that client scores vary considerably throughout their time with the therapist and are dependent on individual aims.

Figure One: Average difference in client scores from initial session to most recent session



Qualitative feedback

Qualitative feedback highlights the individual nature of client journeys through their time with the SPT. Examples included supporting an individual and their family through end of life care, supporting contact with removed children, and working with a client in an abusive relationship. The studies often referred to activities which could be carried out by either a psychological therapist or a frontline worker. There were examples of the SPT using specialist knowledge to try to further someone’s prospects within the mental health system, and behaviour modification work to allow clients to engage better with existing services.

‘I have found personal therapy useful as I’m less reactive and have new ways of coping in stressful situations’ Client feedback

Client case studies

The client case studies reviewed highlighted the person-centred approach that was taken with each individual. Focuses of the work most commonly included improving levels of contact with children who had been removed, or support for people in abusive relationships. Outcomes from case studies so far include:

- Advocating for a client's safety and wishes whilst they received end of life care in hospital. This included whole family support for parents, and letter writing to a child who had been removed
- Working with a client to manage behaviours and actions in order to repair relationships with social workers and begin the process of trying to gain access to removed children once more.
- Advocating for a client to receive an urgent mental health review, as their abstinence was being jeopardised by worsening mental health. This was unfortunately not successful.
- Supporting a client to talk about domestic abuse, put boundaries in place, and articulate their feelings
- Supporting a client to resume contact with their removed child through a meeting with social services.

Working flexibly with clients

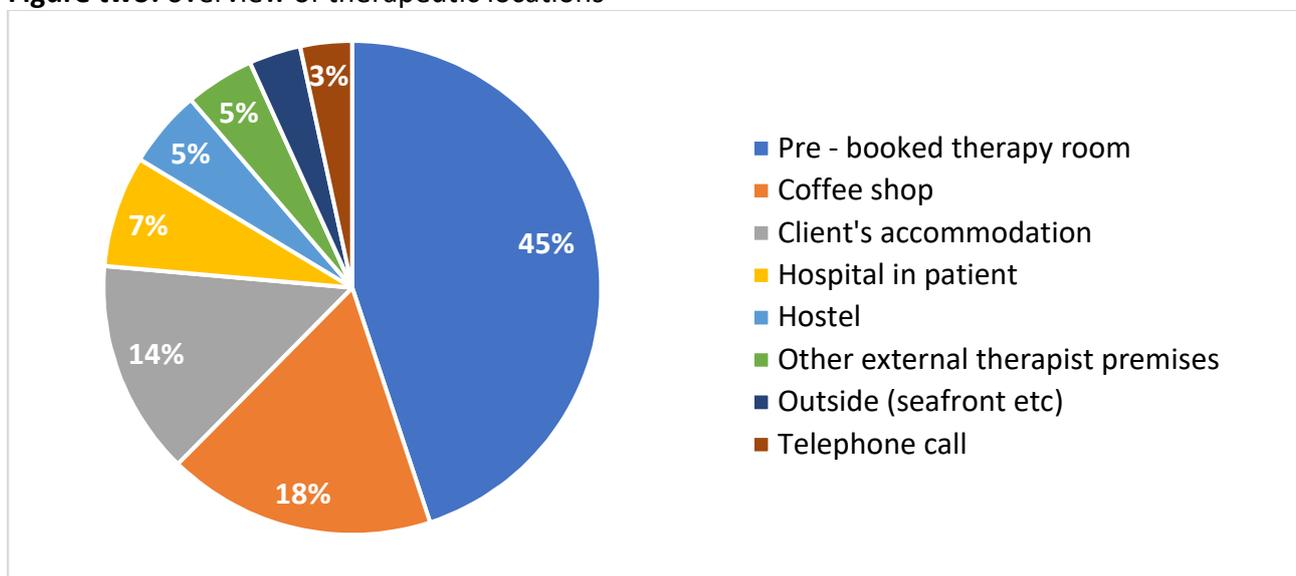
The original proposal stated that the SPT should offer therapy sessions which were flexible. Examples of flexibility were using telephone sessions as well as in person ones, working outside of traditional working hours, holding sessions in a location that suits the client, and adapting to client needs.

Flexibility was valued by all parties because it was considered to be illustrative of person-centred values and approaches to the client group. Working at a client-controlled pace was linked to building a positive therapeutic relationship over time, whilst flexibility of location allowed for lower intensity interactions for those with attachment and trauma histories. These approaches were often

contrasted with statutory mental health services which were often seen as restrictive and often unsuitable for the client group.

Figure two provides an overview of the locations in which sessions have taken place in the SPT to date. The number of therapy sessions completed with individual clients ranged from 3 to 64 sessions, with an average of 18 sessions per client. 7% of all sessions (15) were recorded as not being attended, and 13% as being cancelled (27 sessions). Clients were reported to be substance affected in 23% of therapy sessions. The time a session took place was not recorded and so could not be fully assessed, but the SPT reported that clients generally requested support within normal working hours.

Figure two: overview of therapeutic locations



Specialist Workers commonly attributed the willingness to be flexible as key to successes their clients had experienced whilst working with the SPT. They also felt the SPT had worked as flexibly as possible and gave examples of multiple locations & varying session lengths according to the needs of their clients.

The most notable barrier to flexibility was geographical distance. As the SPT was Brighton based, clients in East Sussex were sometimes not able to engage with the support due to having to wait longer for a session in the area to be available. This also made it more of a challenge to re-book when a client in this area needed to cancel an appointment or did not attend it. Relatedly, the SPT and Specialist Workers identified that finding appropriate spaces to meet and talk in East Sussex could also provide a barrier to support, as home visits or street outreach were not always preferable for the clients.

‘I have appreciated you staying in touch and being flexible in your approach’

Client feedback

An area where perspectives did vary was how flexible the content of the SPT should be, and how this interacts with the roles of specialist workers. There was a consensus from all areas (as well as case study data) that the SPT often carried out activities which overlapped with those traditionally completed by Specialist Workers. The SPT interpreted this interaction as distinct – that without the bounds of practical support giving, the SPT was free to assist clients on day-to-day activities through the lens of purely psychological support. However, this intersection of roles sometimes led to Area Leads and Specialist Workers becoming confused about the boundaries and aims of the SPT, and how it integrated with existing teams.

There is evidence to support the fact that the SPT has been delivered as flexibly as possible, and that this flexibility is valued by all parties. The limitations on this flexibility, alongside a lack of clarity on how flexible the content of the sessions could be, led to a reluctance to refer new clients to the SPT in the latter part of the pilot, particularly for East Sussex teams.

Key learning

1. Flexibility is valued by all parties and offers an alternative approach to mainstream mental health services
2. Available evidence suggests that the SPT has demonstrated flexibility and a person-centred approach
3. The SPT’s ability to flex has been limited by both geographical distance due to being spread across the three sites and also in terms of physical meeting spaces
4. Flexibility in the content of the client sessions and nature of support has led to some confusion from colleagues about the aim of the SPT, and has sometimes resulted in a reluctance to refer clients

Supporting clients to access mainstream services

The pilot proposal emphasised a key aspiration for the SPT to facilitate access to mainstream mental health services, alongside other relevant statutory services. The data suggests that services were

accessed on 57 occasions during the pilot SPT. However, qualitative data suggests that these were commonly private therapies, appointments and other non-statutory mental health services.

The Specialist Psychological Therapist (SPT) reflected that there have been a number of barriers to connecting high-need and complex clients to statutory mental health services. Specialist Workers, managers and the SPT all acknowledged that clients need significant pre-treatment work before being able to engage in traditional services, but even if this is overcome, services are often not available in a format that works for the group.

'I'm also starting to see that some of my issues have been a barrier to re-establishing contact with my children' - Client feedback

Several clients were supported to access private therapy through the SPT. Feedback from therapists providing these sessions all agreed that the clients would not have been able to attend the sessions at all without the current SPT's support. One therapist felt that a psychological background was 'essential' in order to safely prepare and ground the client before and after the session. Furthermore, they felt that sharing specialist knowledge relevant to the client group meant they were better able to support their clients.

Barriers to accessing statutory mental health services

- Statutory services do not routinely offer talking therapies or one to one support, which is often a preference for clients and workers
- Clients with personality disorders typically told that 'they can't be treated', or that services are too under resourced to help. As personality disorders are common in the client group, this issue often blocks complex clients from receiving support
- Where therapeutic interventions are offered, commonly group work is all that is available. This can be particularly challenging for our client group given their trauma and attachment histories
- A requirement before receiving psychological support from statutory wellbeing services is that a client has been abstinent for 6 months. As substances are often used to manage psychological trauma, this is often not possible
- On occasion, services have cited the Fulfilling Lives SPT's involvement in cases as a justification to not engage with clients further

Key learning

1. There is no evidence that the SPT has been effective in helping clients to access statutory mental health services, in part due to pre-existing barriers to care
2. The SPT has been effective in enabling clients to engage in specialist therapies (accessed privately)
3. Barriers to statutory mental health services for individuals with multiple and complex needs, particularly with personality disorders, have been more clearly identified

Working collaboratively with staff teams

The initial pilot proposal highlighted the importance of working collaboratively with staff teams in the different localities. It also encouraged skills exchanges with other practitioners in the project team and wider community, including improved joint working protocols between agencies in the localities. However, with limited time to engage with workers in each locality or make contact with agencies in the three localities, this was an ongoing challenge for the SPT to achieve.

Specialist Workers felt that communication around client appointments was appropriate and useful. Information about potential behavioural triggers & risk were considered particularly helpful in the ongoing management of some cases. However, As the SPT is not an established role within existing services and has an experimental brief, it was not always obvious to colleagues the exact purpose of the SPT and therefore which clients should be considered suitable. In some cases, this uncertainty led to Specialist Workers making assumptions about the unsuitability of clients for work with the SPT, without involving the SPT in any assessment of readiness.

Attempts were made by the SPT to communicate the scope of the SPT to colleagues when they were unclear on this (see flexibility section, page 5). Whilst some methods of communication appeared to provide limited success, written information about the SPT was received well by Specialist Workers and aided understanding.

Key issues for referrals

- A lack of understanding about the SPT and its boundaries
- Physical absence of post-holder leading to referral opportunities being overlooked
- Specialists holding risk with clients and feeling unsafe about letting other professionals in
- Protecting clients with attachment issues from forming a relationship with a therapist when the SPT is experimental

There was limited evidence of the SPT sharing skills and experience with Specialist Workers. This was in part due to existing support arrangements for Specialist Workers. They felt that as they were receiving extensive supervisions, further support felt surplus to requirements. Most Specialist Workers felt that if the SPT were co-located in their offices there would be more of an opportunity for ad-hoc support and referral conversations – but also acknowledged that this would be logistically challenging.

Despite this there is evidence of psychological skills benefiting Specialist Workers and the wider system. Area Leads saw examples of Specialist Workers employing techniques introduced by the SPT, and related workers and therapists benefiting from specialist psychological knowledge when joint working clients. However, there is no evidence to suggest that these benefits have led to longer-term service changes at present.

Key learning

1. Communication between the SPT and Specialist Workers around client work was effective
2. Communicating the aims of the SPT to Specialist Workers had mixed success

3. Geographical distance was seen as a barrier to informal skills exchange by Specialist Workers
4. No evidence to suggest that the post has influenced improved joint working protocols

Sharing Learning Widely

It was originally hoped the SPT would develop networks and skills exchanges within the wider community, as well as internally. The pilot proposal states that the post should share learning and best practice across a wide range of media and contribute to local and national strategies and policies. It should also develop methods of evidencing and evaluating the positive impact of the work and support the organisation of the projects' best practice events and annual conference.

There is some limited evidence for sharing of learning beyond the project. The SPT contributed to peer sessions within a national community of practice with other Fulfilling Lives therapists in London and Nottingham for the duration of the post. They also attempted to link national work to their case studies and gave examples of providing one-off support to comparable SPTs when asked.

The evaluation scale (see Appendix 1) referred to in figure one was developed by the SPT as an attempt to measure the impact of the work. Similar methods have been employed by a London Fulfilling Lives Project. Whilst the scale itself may be superseded by a larger-scale academic evaluation, it has operated as a continuous quantitative measurement of therapy-specific progress for clients.

However, some elements of the SPT appear to be underdeveloped to date. There is no available evidence to suggest that the SPT has contributed to local or national strategies or supported the organisation of Fulfilling Lives events. Managers largely felt that this area of the work could be developed further.

Key learning

1. Some shared learning has taken place between other Fulfilling Lives Projects, but this was limited, and has not translated into wider systems change as yet
2. The SPT co-developed a scale to measure the effectiveness of their work

3. There is no evidence to suggest that the SPT has engaged in organisational learning events or conferences

Summary of Findings

- The SPT's activities were sometimes indistinct from the roles of Specialist Workers, which had some negative implications on the understanding of and referral to the SPT.
- Quantitative measures did not detect notable change across all indicators over time. However, qualitative indicators suggest the SPT had positive and meaningful impact.
- SPT flexibility was considered a notable asset, but was limited by her covering 3 geographical areas.
- The post has not achieved increased access to statutory mental health services, but has seen clear success in facilitating meaningful access to specialist therapy in some cases (accessed privately)
- Communication around client work was clear and effective, but there was more mixed success when communicating the scope and boundaries of the SPT.
- There was limited evidence to suggest the postholder engaged with any wider sharing of knowledge during the pilot period (but this element of the SPT may also have been less supported than client work)

The SPT's responses to the evaluation

- There has been no peer or comparable roles within the project so far. Under these circumstances, having a clinical supervisor has been an excellent resource for the SPT. It has been beneficial to have consistency and someone with insight with clients to support ongoing client work.
- Evaluating the 'success' of the role solely by using numbers of clients engaged with could give a false impression of impact. This is in part because the SPT has not been advertised extensively, in order to manage capacity and expectation.

- It is possible that the SPT could have been seen by specialist workers as more of an ‘external’ rather than ‘internal’ role. This may have led to concerns that the therapeutic interventions offered could bring additional complexity to the support offer, leading to a conservative approach to referrals to manage any potential risks.

Recommendations

Based on the key learning identified in this report, recommendations are as follows:

1. A more in-depth analysis of the data be carried out of individual clients’ treatment pathways to ascertain the impact of the work of the SPT on individuals.
2. This report be shared with contacts within Sussex Partnership Foundation Trust (host agency).
3. Learning from this evaluation about better communication of clarity, scope and remit of SPT be incorporated into any new roles being developed.
4. Learning from this evaluation about the geographical area being too large for effective cover in the available time be incorporated into any new roles being developed.
5. This pilot SPT, in its current format, be ended.
6. Learning be shared regarding the types of therapies successfully accessed by clients during the pilot with a view to influencing mainstream provision.

Appendix one: Efficacy form

	Efficacy form. Completed with therapist. How do you think you deal with things.....	Not at all true (1)	Hardly true (2)	Moderately true (3)	Exactly true (4)
1	Problem solving I can always manage to solve difficult problems if I try hard enough.				
2	Managing challenges If someone or something stops me from moving forward, I can usually get my needs met.				
3	Focus on goals It is easy for me to stay focused on my goals.				
4	Confidence I am confident that I could cope well with unexpected events.				
5	Hopefulness I know when things are going well, I can think about a different future.				
6	Motivation I can solve most problems if I invest the necessary effort.				
7	Managing stress I can remain calm when facing difficulties because I rely on my coping abilities.				
8	Creativity When I am confronted with a problem, I can usually find several solutions.				
9	Seek support I feel able to ask for help if I need to.				
10	Purposeful activity When I find something, I enjoy I can commit to it, making more time for this.				

Appendix two: Specialist Worker questions

1. Do you feel that you have been able to offer flexibility to your clients within the SPT? If so what value did this bring/ do you have any examples?
2. How has the therapy you provide helped your clients to access mainstream mental health services, or other statutory services that are relevant to them?
3. Can you share examples of best practice when working collaboratively with teams? What's not gone so well?
4. How have you shared your skills in the SPT so far?
5. What have your key learning and reflections about the SPT so far been?
6. If the SPT were to continue, how would you like it to develop in the future?

7. Is there anything else you'd like to say that hasn't been included in the questions?

Appendix three: Related SPT questions

1. Have you seen examples of the Psychological Therapist working flexibly with clients from your area? If so what value has this brought?
2. In which ways has the Psychological Therapist sought to work collaboratively with different SPTs within your team?
3. Has the SPT been useful to you and your team in terms of sharing psychological skills?
4. If the SPT were to continue, how would you like it to develop in the future?
5. Is there anything else you'd like to say that hasn't been included in the questions?

Appendix four: Therapist questions

1. Would the client have been able to access your service without support from the SPT, and to what extent the SPT having a psychological therapy background assisted with this?
2. If the role changed your understanding of people who have multiple and complex needs, and if it did, how the SPT facilitated this?
3. Any other ideas about the SPT, and how it could be developed in the future to best effect

Appendix five: Potential Future Directions

The postholder, management and Specialist Workers were asked how they would like to see the role develop if it were to continue. The following are common themes drawn from these discussions, and existing research to date.

Clarity on the scope of the SPT

If the SPT were to continue in its current form, managers and specialists were most concerned about seeking greater clarity about the SPT and how it integrates with Specialist Worker SPTs. This would alleviate the hesitancy some workers have felt in referring new cases to the post and build on more positive communications so far. Q&A sessions with specialists and managers were one example of a practical solution to improve clarity.

Appropriate support for the frontline

The skills and knowledge the SPT provides are notable, and Specialist Workers in particular believe this could be utilised more in the project. The evaluation highlighted that Specialist Workers feel adequately supported through supervision structures and sought alternative ways to learn from the post. Co-location appears to be an inadvisable option, as covering 3 areas required extensive travel by the post-holder, and with Specialist Workers and the SPT often engaging in outreach, this may not be the most effective way to share skills and experiences.

Practical suggestions for building on skills exchange included specific training sessions with the SPT on common mental health issues for the client group, psychological toolkits on specific issues, or regular input through casework forums. It was also suggested that wider practitioner groups could meet regularly and incorporate related outreach workers. These ideas could complement the existing support options open to specialist workers.

Supporting alternative therapies

There is evidence that the SPT has benefited clients by helping them to access non-statutory therapeutic support which would not have previously been possible. From case study data it is apparent that this work has benefited individuals offers something distinct from other areas of support delivered by Specialist Workers.

There were some concerns from Specialist Workers about the readiness of some of their clients to engage in therapeutic processes. Some suggested that clients in 'fight or flight' mode would struggle with structured work like CBT but could benefit from arts-based therapies like equine, drama, woodland or art therapies.

A recent report on personal budgets highlighted a clear underuse of the 'access psychological interventions' fund. As the work is clearly of value to clients, a greater focus on sourcing and networking therapists, then supporting clients to attend sessions might be a way to increase spend in this area whilst building on the unique identity of the SPT.

Supporting lived experience teams

The postholder suggested a potential new area for development may be supporting the lived experience team within the Fulfilling Lives project. It was identified that sharing lived experiences of past trauma can have a notable psychological impact on some individuals and providing an

appropriate form of group support could ensure that the project is looking after these members of staff and volunteers.

A recent report on the development of the lived experience employment programme within the project also referenced this need as a best practice suggestion. It recognised that the levels of supervisory support are intensive and unlikely to be provided at that level outside of the programme or with future employers, so therapeutic support which builds skills in the longer term was noted as a possible solution to this.

Service co-location

There were suggestions from management and the SPT that being co-located in a relevant local service may allow the role to better influence policy and processes of related organisations and services.