

EXECUTIVE SUMMARY

Evaluation of Ashby Road Therapy Service (ARTService)

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This Executive Summary represents the final report of Policy Research Bureau's (PRB) evaluation of the Ashby Road Therapy Service (ARTService) project¹. The research was undertaken between April 1999 and March 2002. Chapters 1 and 2 of the report set out the research and policy context, detailing ARTService's aims at the outset for the intervention. ARTService was set up in Brockley, South London, in the late 1990s, originally as a three year Mental Health Grant funded Child and Adolescent Mental Health Service (CAMHS) jointly located within both Social Services and the local Health Authority.

The service was established in order to provide mental health support for young people who were very difficult to engage in regular services, in order to prevent escalation of problems and to improve psychosocial functioning and family relationships. ARTService was set up alongside the local Youth Offending Team, and addressing the mental health needs of young offenders in particular (aged 10 to 17 years) was a key aim. It was anticipated from the outset that much of the work of the team would involve "assertive outreach", where services were provided in a flexible and responsive way, often within the community setting rather than at the central building.

¹ Hagell A and Brazier L (2002) *Evaluation of Ashby Road Therapy Service (ARTService)* Unpublished report by the Policy Research Bureau presented to ARTService, SLAM and Lewisham Social Service Department. Contact Dr Nick Goddard at ARTService for further details.

Research methods

The main objective of the research project was to provide a fully rounded evaluation of all aspects of the ARTService development and delivery, to assess whether it reached the relevant clients, and to explore its effects on them. A range of qualitative and quantitative research methods were used, relating to three main components of the research design:

- (i) **Process evaluation**, detailing the setting up, implementation and service delivery elements of ARTService's work: methods included 31 individual staff interviews undertaken over a period of three years; four all-team discussions on service development and delivery; development of a diary recording main events in development of the service; regular observations of clinical discussions; analysis of other documentation held by the service.
- (ii) **Audit evaluation** detailing the types of referrals received, accessibility of the service, and nature of client interactions with the team. Methods included: quantitative analysis of a database on a sample of 119 young people referred to the service within a key focus period (April 2000-April 2001); quantitative analysis of case closure questionnaires completed by staff for this sample; interviews with young people who had been referred.
- (iii) Assessment of the **experiences of clients** involved in the service. Methods involved; further analysis of the case closure questionnaires (which included questions for the therapists on outcomes for the client) and interviews with young people who had been seen.

A history of ARTService

ARTService was funded from September 1998, and started to see cases in April 1999. As is often the case with a new service, the first two years of ARTService witnessed a series of changes in staff, changes in direction, and various other major events. These presented challenges to service delivery including initial delays in getting people in post; high levels of turnover in staff posts and management roles and lower levels of referrals than anticipated. Key events included applicants withdrawing from jobs after appointment, departure of the first service manager before the end of the first year with no long term solution to this problem in place for two more years, and long periods of staff sick leave.

Even following a brief settled period in the second year, the service then went on to experience further staffing disruption that continued until the end of the three year evaluation period. At the close of the evaluation, the service was entering a new stage, potentially under a new line management structure

within CAMHS and involving a geographical move to a new office. The evaluation thus ended as it had begun, focusing on a period of instability and change.

Nature of the intervention

There are very few interventions that know precisely in advance exactly how they intend to change behaviour and then stick to the initial plan. The nature of social care interventions for children and families is that they evolve and develop. The origins and culture of the ARTService intervention were always likely to generate a fluid and evolving service, particularly with regard to the very difficult and demanding nature of the client group with whom it was hoped to work. However, while there was a shared representation of what the service hoped to achieve (engaging with hard to reach, socially excluded young people), there was considerable variation in how team members went about doing this.

- Initially, **several models of service delivery** (multi-systemic therapy; cognitive behavioural programmes) were discussed in terms of provision of an overall framework. However, as the service evolved there was little consistency in the actual content of sessions with young people, and these usually followed the team worker's own training and working preferences. In addition, there were some fundamental and unresolved conflicts concerning the key focus and use of key terms.
- Examples of **broad approaches** used included psychodynamic techniques; examining how anxieties are reflected in behaviour; family therapy; humanistic therapy; motivational interviewing; drama therapy.
- In interviews, staff described a wide range of **specific methods** to us, including use of poetry, writing, setting homework, using toys and other objects, role playing and work connections. Most staff reported that they were guided in their approach by the client's needs.
- Qualitative interviews with 13 young people who had attended the service revealed that they considered "**talking**" to be the main activity. Being listened to formed a very valued part of the intervention from their perspectives. In some cases, particularly with respect to anger management, they reported that they were also given techniques to help them, and in one case moral reasoning exercises. In addition, they reported that they had also benefited from practical support, such as help from their key worker in getting onto projects, securing accommodation, and help with getting information on education and health.

In summary, the underlying principle for ARTService was consistently applied and was shared throughout the first three years of service delivery by different team members from very varied backgrounds. However, despite this there were different and sometimes conflicting notions of how to go about this primary task resulting at times in confusion and a lack of direction.

Process evaluation

Analysis of the data on set up and implementation of the service led us to identify a series of challenges posed by ARTService over the first few years:

- **Challenges posed by staffing and management.** As a result of the periods of management uncertainty, high levels of staff turnover and ebbs and flows of morale, it was not surprising that a major theme emerging from all the sources of qualitative data related to clarity and expectations of individual staff roles, workload, training issues and induction.
- **Challenges posed by multidisciplinary working.** In addition to challenges posed by staffing, management and agreeing the nature of the intervention, the qualitative data also revealed separate issues relating to multidisciplinary working and interagency cooperation. Team members from different agencies and professional backgrounds sometimes felt isolated from their 'roots' and lacking the support that their discipline would usually provide, and some measures were put in place (external supervision) to help with this. Multidisciplinary working also raised challenges concerning boundaries between areas of responsibility and absence of shared focus if several workers were addressing the needs of just one family. It is likely that this was not a problem with multidisciplinary working per se, but another reflection of lack of role clarity and central focus for the intervention as a whole.
- **Issues raised by external relationships.** Initiating and sustaining external relationships with referrers and other agencies posed some challenges in the context of the instability of the management and the team. In general, responsibility for forming and maintaining external working relationships depended on individual workers. While relationships were formed and evolved positively, it was not without some effort. It was reported that there were misunderstanding about staff roles by outside agencies, and at times the formal orientation of the team, as a therapeutic service was at odds with the aims of some of the key referrals agencies within the criminal justice system.
- **Challenges posed by stigma and terminology:** The service reported effects of the significant stigma attached to mental illness. There were both reservations from outside agencies about referring young people to the service because of this, but also young people themselves were sometimes

concerned about the use of the term "*mental*". Workers tried to overcome this by avoiding using their job titles and potentially difficult terms, but potentially this could have resulted in confusion among outsiders over the focus of the intervention.

- ***Challenges posed in relation to the ownership of 'the case file'***. In particular, there was some pressure on workers to be primary case holders although ARTService had decided at the outset that this was not the role they would think most appropriate and that ultimate responsibility for cases should continue rest with referring agencies. This was a particular issue when dealing with social services or with very seriously ill young people posing suicide risk.
- ***The issue of confidentiality*** was raised, as in some instances there was more than one worker or agency involved with any one case, and more than one family member being consulted. Again, this is a hardy chestnut and not unique to ARTService.
- ***Challenges posed by the client group***. As intended, the clients presented with a range of complicated needs, but by definition they were difficult or resistant to change and team expectations needed to be realistic if team members were not to be disillusioned or burned out.

Some of the early challenges could have been anticipated from what we know about the problems facing new innovations in this field with these types of young people. In addition, a number were outside the control of ARTService. However, a more proactive set of arrangements for supervision, team building, and service promotion would have helped. The lack of management leadership at a key point in service development was probably the biggest challenge that ARTService has had to face, with the widest repercussions.

Audit evaluation: Clients and their outcomes

- The total number of cases referred to ARTService in the focus period was 119, of whom 22 were declined by the service as they did not fit the referral criteria or were not suitable for intervention. The total number of cases accepted during the focus period was thus 97. A total of 82 of these were closed by the service during the key focus period, and at the time of writing 15 of the cases were still open.
- The bulk of referrals came from Social Services and the Yot. Being at risk of offending was the most frequently reported reason for referral, followed by referrals to the specific separate services for the children of substance misusing parents, and those for the parenting support service. Twenty two (18 per cent) of referrals were declined by the service.

- On average the ARTService clients were 13.7 year old at the time of referral to the service, and half were from ethnic minorities.
- The average number of weeks that clients attended the intervention was six, and the average number of sessions offered was also six. On average, half of these sessions were not attended. On average, young people had three hours contact with the service in all, although this ranged up to 29 hours at maximum.
- Individual sessions with the young person were the most frequent method of delivery, the second most frequent method being a meeting with young people and their parents or carers. The majority of sessions took place at the intervention centre, with a quarter undertaken at the young person's home or elsewhere.
- The most usual nature of the intervention was cited as being assessment, monitoring mental health and providing anger management, or counselling.
- Of the areas addressed in sessions, workers reported that emotional and psychological problems, coping with family problems, and addressing offending behaviour were the most common.
- During the course of the target year, seven of the 66 young people on whom case closure questionnaires were completed reportedly received a formal psychiatric diagnosis, or arrived with a diagnosis in the first place.
- Workers were reserved in their estimates of impact on clients, reporting that they felt the minority had benefited. However, young people themselves were very positive about their experiences and most felt that they had been helped in some way.

The most striking conclusion from the information about the client group related to the variety – both of cases and their range of needs, and also in terms of responses, time spent, types of things done with them. On one hand this reflected considerable flexibility and responsivity on the part of the staff to a very far reaching set of problems presented by the clients. On the other hand, in some cases it may have reflected a lack of focus, and many of the young people themselves were not entirely sure what the intervention was for.

Complementary services

Two separate services operated in addition to the core ARTService work, for children of substance misusing parents, and the parenting support services. As the list of referrals indicated, their work was a very important part of the ARTService provision, as many referrals were made direct to these complementary services. There was also a post on the team for a substance misuse worker.

In order to provide a real sense of mission and value among the supplementary services, central management would have had to have been much more organised and proactive with respect to job descriptions, role clarity, fit of people to jobs, and arrangements for joint working. However the issues were not in effect any different for these post holders than for those in the core team, and they shared the team emphasis on the importance of developing outreach work to engage with these particularly difficult young people.

Conclusions and key learning points

The main successes included:

- (a) The service successfully 'opened the doors' and referrers were aware that the service existed, and chose to use it repeatedly.
- (b) It filled a unique slot in the constellation of services in the area
- (c) The team showed determination and mission in their approach to setting up and maintaining the service,
- (d) There was a successful throughput of clients who met the original criteria for inclusion,
- (e) A considerable amount of effort went into responding flexibly to the lifestyles and needs of the client group, who presented a very wide range of problems.
- (f) The young people we spoke to were, on the whole, very positive about their experiences with the service.

The main challenges stemmed from

- (a) the series of departures of key management staff in the early days, resulting in a long-term management vacuum with respect to strategy and service development,
- (b) the common problems of developing multiagency approaches and relationships and
- (c) the difficult nature of the client group.

Generally speaking, therefore, the original aims of targeting complex and difficult to engage young people, preventing (any obvious) escalation of

problems, and to provide assessment and intervention were met, but not without some struggle. A series of **key learning points** emerged from the evaluation including:

- **Management** Strong stable management is particularly important, particularly for a project with uncertain funding.
- **Staffing**: Recruitment and police checking for these types of teams often poses difficulties; this we know from other research in the area. Anticipating the timescale needed to get a good team in place is critical and planning in this respect was too ambitious at the outset.
- **Multi-disciplinary working**: In a multi-disciplinary team it must be ensured that links to own discipline are maintained.
- **Models of working**: Building and agreeing a shared model of service delivery at an early stage, and then ensuring regular 'health checks' on this for the team, are essential.
- **Referrals**. A narrower remit may actually generate more referrals in service of this kind if that is felt appropriate. Promotion of service may need to be more strategic if it is felt that some aspects of the referrals being received do not reflect the original aims or if there should be more referrals among different key agencies than those currently working with ARTService.
- **Support for staff** There is no doubt that this group of people are extremely difficult to engage and present many problems in terms of participating in any service, and the demanding nature of the assertive outreach work entailed should not be underestimated.

The project was innovative in concept and broke new ground, representing a difficult interface between social care, mental health and criminal justice provision, when all three domains were being shaken up. As such, a bedding-down period was inevitable and probably essential to ensure a good match between the service and its clients. Drawing on the key learning of the first three years should help ARTService to continue to develop and tailor its service in a way that can potentially contribute towards the best possible outcome for the young people referred to it.