



COMMUNITY LINKS: CHANGES

Support for women with complex needs and personality disorder in Yorkshire

May 2015



Introduction

Community Links is an award winning client and recovery focused mental health charity supporting over 1,200 people across Yorkshire and the Humber. They offer support for a wide range of mental health issues including anxiety and depression, psychosis, and personality disorder. Their training department also offers over 30 courses to practitioners covering mental health awareness and wellbeing.

Their mission statement is:

“Community Links exists to provide excellent, client focused mental health services which value diversity, instil hope and improve quality of life through recovery.”

Community Links was set up in 1981, and is based in Leeds where it originally provided housing support services. This is still a focus for the charity, but their work has expanded to cover mental health services, and specialist services for clients with complex needs.

Their total staff team is around 250, and they deliver many smaller projects. This case study focuses on the Community Links ‘Changes’ project which supports women with personality disorder, with information provided by Fran Coard, their Service Manager based in Batley, West Yorkshire.

Fran oversees five different projects with up to four staff members in each. These include services for clients with multiple needs, personality disorder, dual diagnosis, and support with alcohol dependency.

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People with personality disorder can find learning from past experiences, and changing their behaviour to cope with life more effectively, more difficult than other people. People with this diagnosis can also find their patterns of thinking, feeling and behaving are more difficult to change and they have a limited range of emotions, attitudes and behaviours with which to cope with everyday life. Clinks’ March 2015 report into health and care services for women offenders highlighted a gap in provision of support for women with personality disorders in many areas of the country which needed to be addressed.¹

¹ Clinks (2015), ‘Health and care services for women offenders’ http://www.clinks.org/sites/default/files/basic/files-downloads/health_and_care_services_for_women_offenders_finalv2.pdf

The Changes project has two case workers (1.8 full-time equivalent). With demand high for the service, this can be a challenge for such a small project. The Batley office serves as its base, with the office shared with four other small teams.

Changes is a women-only, time limited service, for offenders, ex-offenders, and those at risk of offending, presenting with the traits of personality disorder. However, clients do not necessarily have to have a diagnosis. Sometimes clients are referred when they may actually have anxiety, depression, or another mental health issue. In this situation, their needs might be better met by another service, and so they are signposted to more appropriate support. If Changes can help, then nobody is turned away; Fran believes this is important as many people might never actually receive a diagnosis of personality disorder despite presenting with the traits of the condition. Clients often have other issues, such as problems with substance misuse, which prevent them from accessing mental health services and receiving a diagnosis.

The service identifies some of the traits of personality disorder as:

- Self-harm,
- Overdosing,
- struggling with relationships,
- struggling to take responsibility for themselves,
- damaging and destructive behaviour,
- impulsivity,
- and 'avoiding the issues'.

However, these are all also acknowledged as human traits, and presenting with these traits may not lead to diagnosis, but nonetheless will all potentially stop them being able to function normally and lead a fulfilling life. As everyone who uses the service has either had contact, or is at risk of having contact, with the Criminal Justice System, clients often present with a history of, for example, anti-social behaviour, and drug use.



The service accepts referrals from anywhere including probation services, Police Community Support Officers, statutory mental health and psychology services, women's centres, GPs, and drug & alcohol services; and clients can also self-refer. Clients are often referred after being assessed by statutory services as not yet meeting their thresholds for support, meaning they cannot be accepted onto their caseloads. There is also a history of clients being referred from statutory health services as a result of them feeling the client isn't ready to engage with their service for a variety of reasons. The support provided by Changes acts as preparatory work to enable clients to begin to think through their issues so that they might better engage when referred back to statutory services.

However, re-referrals are a reality of working with this client group, as they are often leading complex lives. Clients have re-referred themselves at a later date, as their lives have changed and they feel they can get more out of the project at a point later in time – a sign that clients clearly see the benefit of the service provided by Changes. The service is generally oversubscribed, and referrals have steadily increased since the start of the project. There is a high demand from the client group in the area, and awareness of the service has increased as it is promoted through word of mouth, contacts at referring organisations, and through networking with other local services. The service has strong working links with other voluntary sector organisations in the area, including Clinks members WomenCentre, Lifeline, and Touchstone.

Assessment

Changes is an eight-month service, but it allows up to three months for clients to engage with the service. Often it takes time to track people down, as clients sometimes do not readily engage. This could involve, for example: contacting other services, cold calls to houses, texts, letters, and other 'more creative' methods. Once a client is connected with the service, the project has a duty of care for that person, and so time is taken to find the whereabouts of clients. Fran says, "People don't always open the door, for lots of different reasons. We have to use creative methods to encourage clients to engage. We have conversations with them from the outset on engagement with the service, but the nature of the client group is that they might be living complex lives, and sometimes they're not interested, or it can take a while to build up trust as a lot of our clients are suspicious of services."

The support provided is tailored to the individual, and is person-centred, therefore the exact service provided varies from person to person. When a referral is made, the first step is to undertake a comprehensive needs assessment using the 'outcome star' measurement tool. This tool maps ten areas of the person's life, in detail, onto a star-shaped diagram; areas including: mental health, substance misuse, social

networks, relationships, physical health, and motivation. This is a collaborative assessment which goes on to look at what the priorities might be for the client.

Any immediate concerns can be dealt with early in the programme, for example help with housing matters, budgeting and other financial concerns. However, the main focus when helping someone with personality disorder is to look at thoughts, feelings, and behaviours. Once immediate practical concerns have been addressed, the care worker can move on to these through a holistic assessment developed with the Leeds Personality Disorder Clinical Network. This approach, based on best practice, takes a detailed look at clients' 'world view' – how they see themselves and others.

Outcome stars are used three times throughout the 8 month programme: at the first point of contact, mid-way through, and the end of the programme, to measure distance travelled. Some clients are more receptive to this approach than others, but Changes find the tool is generally a good motivator which provides the opportunity to see how far the person has come, and also to provide structure over the length of the programme. Support plans are put in place based on the assessments, and referrals to other services might be made at these points, if needed, for specialised support that may be out of the scope of the project – if so, this is done with the support of the case worker working on the client's behalf.

Client group

Fran believes that this is a very misunderstood client group, and often women will have been in contact with other services that have struggled to meet their needs. She says there are many false assumptions made about people with personality disorder. The Changes project offers a different perspective, taking a look at the clients' lives from a psychological angle, but providing support which is often very practical. This is what sets Changes apart from other services.

Knowing that other services find it difficult to work with the client group, Changes sees this as an opportunity to share its expertise with others. Fran says, "It's an emotive client group to work with. It's important that support workers have a high motivation to work with people with personality disorder,



and understand and empathise with their situation." Changes have developed an awareness workshop to build understanding around personality disorder, and have delivered this to external agencies' frontline staff, from receptionists to managers. Although this work is not directly funded by the Clinical Commissioning Group (CCG),

supporting other agencies to work with this client group helps Changes to achieve the best outcomes for them.

Group work

The Changes project also provides support through a weekly group session facilitated by both case workers. These sessions can serve a number of purposes: clients can attend while on the waiting list for one-to-one support, where their needs can be met socially in the short term by attending a group session. For others it is an opportunity to 'step down' from having a high level of support whilst maintaining some contact with the service. And for others, the group acts as a suitable entry point to clients who are not used to attending support services. Attendees have an assigned case worker, with the chance to have one-to-one support around attending the group, when needed. The group sessions are informal, activities are led and shaped by attendees, and therefore the session isn't rigidly structured. As a result the sessions can vary week to week depending on who is attending.

One case worker is currently being trained to deliver a six-week mindfulness course, and this will be offered as a separate option for clients. The training is provided by Community Links' internal training department – an advantage of running a small project within a larger organisation is that they can use the resources and expertise of staff based elsewhere to increase the level of support for service users.

Funding

The charity is supported by a mixed funding portfolio (a situation similar to many of the voluntary sector organisations surveyed for our 2015 State of the Sector report²), with other projects funded by Supporting People, Greater Huddersfield and North Kirklees CCG, and Big Lottery. 90% of Community Links' services are commissioned by the NHS and local authorities in the region, and they partner with other voluntary sector organisations in the region, along with NHS Foundation Trusts.

The Changes project was originally funded by Secure Services as a pilot scheme for women offenders with personality disorders – this included prison leavers, those on probation, and those at risk of offending. Despite the success of the project, its good outcomes, and strong working links between the charity and the probation service, there was no continuation funding following the end of the pilot. Fortunately the CCG in the area agreed to provide funding for the Changes project for 2013-2016.

The service has changed since being funded by the CCG - they are now seeing more people and have a bigger caseload. However, this also has meant caseloads for individual workers have been higher, as staff numbers have remained constant - a situation that isn't unusual in the current climate. Despite this, the project and its

² Clinks (2015), 'The state of the sector 2015' http://www.clinks.org/sites/default/files/clinks_state-of-the-sector-2015_final-web_0.pdf

staff have been resilient and this situation has not had a negative impact on the service provided by the project.

The project has a good working relationship with the CCG, who require the project to report to them quarterly, with contract monitoring meetings with a CCG representative; this provides an opportunity to discuss issues and challenges faced by the project, and to raise issues faced by the client group. Case studies are provided, so the CCG are aware of the real issues faced, providing context to the data provided on referral numbers and 'outcome star' measurements. Providing case studies gives Changes an effective way to provide feedback and demonstrate the impact they are having on the community.

Case study of a Changes client

Sarah³ is a 23 year old woman with a diagnosis of Borderline Personality Disorder and a history of alcohol misuse and offending behaviour. She lives alone and is socially isolated. She struggles to trust professionals and to engage with people and services she is not familiar with. Sarah's son has previously been taken into foster care, resulting in adoption proceedings. This event had a detrimental effect on her mental health and as a result her self harming behaviour increased and resulted in hospital admission. Sarah struggles to maintain positive personal relationships and is also mistrusting of professionals as she feels she has been let down by them in the past. Sarah has low self-confidence and self-esteem and struggles to use her time meaningfully, this has often resulted in her binge drinking to relieve boredom and cope with how she was feeling.

'Sarah now feels more confident and more aware of how her behaviours and actions can impact on herself and her relationships. She has gained confidence in meeting new people and has been a positive role model to new clients attending the group.'

At the point of initial assessment the Changes service identified the following areas in which she needed support:

- Support Sarah through her son's adoption proceedings
- Access the women's group and try new activities in the community
- Support to explore suitable alternative coping mechanisms
- Support to explore and understand behaviours and belief systems
- Reduce her alcohol intake to a safe and more manageable level

³ Not her real name

Engagement and intervention

Sarah was keen to explore her diagnosis and engaged well with the holistic assessment. Through this process Sarah was given the opportunity to think about her thoughts, feelings and behaviours and how she responded to stressors. This combined with a support plan and outcomes star gave Sarah and her case worker a better overview of her needs. Goals were set to help her make the changes she had identified she wanted in her life. Areas of work and progress included:

- Case worker supported Sarah throughout adoption proceedings and provided on-going emotional support
- Sarah kept all appointments with her probation worker
- Sarah attended, enjoyed and made a positive contribution to the women's groups
- Sarah and her case worker explored alternative coping mechanisms and strategies
- A referral was made to the local alcohol agency. This enabled Sarah to reduce her drinking
- A referral was made to Psychological Services for further support and intervention
- Sarah successfully completed a confidence building course

Outcome

Sarah now feels more confident and more aware of how her behaviours and actions can impact on herself and her relationships. She has gained confidence in meeting new people and has been a positive role model to new clients attending the group. Sarah was accepted for psychological therapy following her referral to the service and aims to continue to build on the skills she has gained to help her live independently.

Written by Ben Watson, Clinks.

For more information about Community Links or Changes, visit www.commlinks.co.uk/cl-changes

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