Initial overview of archetypes

FULFILLING LIVES
South East Partnership

Contents

How to read the results

The archetype project was initially initiated by ‘Resolving Chaos’, a national organisation which planned to use the client categories for a national cost-benefit analysis. In 2017 when Resolving Chaos were no longer able to complete their analysis, FL South East decided to explore what benefit the client categories might have for us as a local research tool.

Since then we have refreshed the concept through working with specialist workers to redefine the categories, in line with their experience. We have created a function on our database to log all new clients with an archetype, and we are now in a position to create an initial analysis of the groupings.

The following analysis is intended to provide an initial, broad overview of the archetype categories. In the research suggestions at the end, future options for analysis are explored. The current analysis takes into consideration demographics, NDT and outcome star scores, service use and other information collected by specialist workers on a regular basis.

Notes to aid the reading of this analysis:

- All client data, such as service use data, is averaged per quarter, per client before analysis. This is to allow for the fact that clients have been on the caseload for differing amounts of time, and to mitigate the effect this might have on their scores.
- Where possible, data is also converted to percentages, to mitigate for the fact that the archetypes have unequal client membership.
- The analysis sections at the end of each archetype descriptor attempt to create an initial narrative for the archetypes, and should be read alongside the other items.
- The analysis often refers to ‘highest’ and ‘lowest’ scores for various measures. It is important to consider that whilst some archetypes do better than average on certain measures, the range the analysis works within still indicates a great number of challenges for this client group generally.

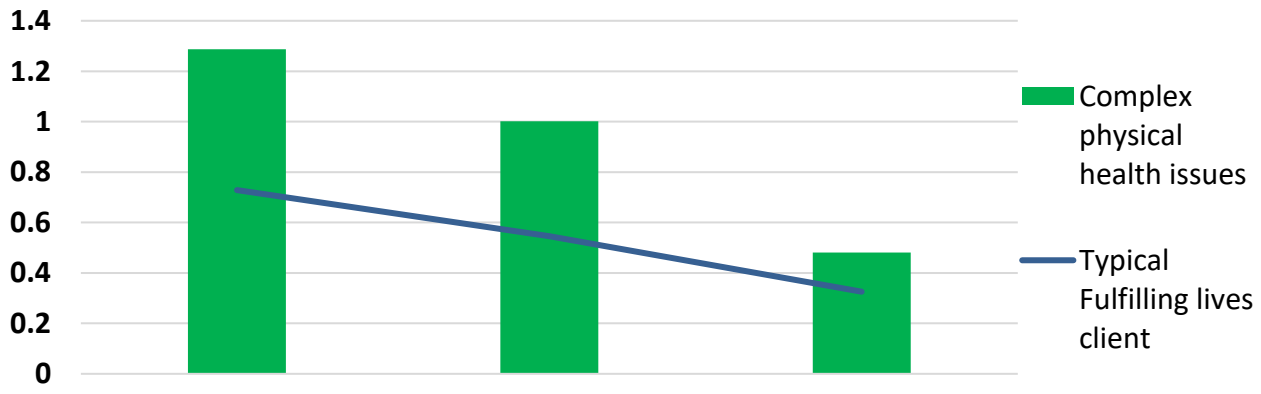
Complex physical health issues

The ‘complex physical health issues’ archetype is comprised of a number of key attributes, which include: Multiple life-limiting illnesses and issues, historic self-neglect and self-harm, inconsistent engagement with health services, questions around issues of capacity, current/historic substance misuse and/or recurrent homelessness linked with unclear discharge protocols.

Demographics Clients in this archetype had the highest average age of all the archetypes. Their average age was 45.9 years old, compared to a typical Fulfilling Lives client’s age of 39.3 years old. Clients in this group were 3 times more likely to be women than men (6 females compared to 2 males), and spent about an average amount of time on our caseload (20.1 months, M=21.1 months). No clients form this group are reported to have literacy issues, the lowest of all the archetypes.

Physical health As would be expected for this archetype, those clients who fit into this category had higher attendances than a typical FL client for A&E (1.29, M=0.78), inpatient (0.48. M=0.31) and outpatient appointments (1.00, M=0.59) (see figure 1). On average they scored the lowest out of all archetypes on the physical health element of the quarterly outcome star (3.1), and lowest for ‘self-care living skills’ on the outcome star too (3.1).

Figure one: Average physical health service user per quarter



Mental health Clients in this archetype are the least likely to have an official mental health diagnosis (75% have a mental health diagnosis). They are also record the best average NDT

scores for stress and anxiety (2.7, M=3.0). Despite this, they were the most likely to receive counselling and psychotherapy sessions, at an average of 1.7 times per quarter (M=0.6).

Drug/alcohol use Clients within this archetype are not the most frequent drinkers in the cohort, but do consume more units when they do. 80% of this archetype drank 10+ units in a session, more than any other grouping. 60% of this grouping are currently injecting drugs, which is only slightly above average (M=55.5%). However, everyone who did take drugs was thought to do so to manage an existing mental health problem.

Housing Despite being slightly below average at managing tenancy according to the outcome star measure (3.1, M=3.5), this group were evicted from tenancies slightly less than average (0.1, M=0.2). Clients in this archetype are most likely to be in temporary accommodation (62.5%).

Criminal justice Clients in this archetype average as the lowest or second lowest users of all criminal justice services we record. This is substantiated by having the best outcome star scores for offending behaviour (5.4, M=3.5), and the lowest 'risk to other's in the NDT measure (1.8, M=3.4).

Additional factors Other notable stats for this client group include having the lowest outcome star scores for meaningful use of time (2.6, M=3.1), lowest motivation scores (3.1, M=3.5), and highest unintentional self-harm score on the NDT measure (2.9, M=2.3).

Analysis It makes intuitive sense that clients from this archetype are older than the average Fulfilling Lives client. As our clients get older, they are at increased risk of health conditions becoming apparent or worsening, as a result of factors such as recurrent homelessness and prolonged drug and alcohol use. It is notable that clients in this category are most likely to receive counselling sessions, despite having little other evidence of mental health prevalence being particularly high. This may be an anomaly (possible given the number of individuals in the archetype), or could be related to this group's characteristics lending themselves to mental health interventions more readily (such as low offending, average drug and alcohol use and tenancy maintenance).

Impaired cognitive ability

The 'Impaired cognitive ability' archetype is comprised of a number of key attributes, which include impaired communication skills, formal or informal diagnosis of learning disabilities, formal or informal diagnosis of developmental disorders, acquired brain injury, formal/informal diagnosis of memory impairment, problematic or lack of engagement with frontline services, compromised lifestyle choices and/or long term specialist support requirements to sustain engagement with services.

Demographics Clients in this archetype have an average age of 39.1 years old, which is average for the Fulfilling Lives caseload (M=39.3 years old). The gender split for the group is roughly equal (7 females and 5 males). Clients from this archetype spend slightly longer than average on our caseload (23.8 months, M= 21.1 months). This grouping has the lowest recorded educational attainment of all the archetypes.

Physical health Clients in this archetype have the most effective self-care living skills on the outcome star measure (4.2, M=3.7).

Mental health Clients from this category were the most likely to have an official mental health diagnosis (83.3%). Despite this, specialist workers were most likely to think clients from this group were in need of further mental health support (58.3%, See table one). This coincides with the data suggesting that clients from this archetype are the least likely of all groups to be receiving counselling or psychotherapy sessions (an average of 0.2 sessions per quarter, M=0.6). No clients from this archetype are currently receiving psychological intervention support from FL.

Table one: Is the client receiving mental health support?

Archetypes	Yes - but the client would still like more help	Yes - it meets the client's needs	No - it would help the client	No - the client does not need any
Impaired cognitive ability	58.3%	8.3%	33.3%	0%
High needs in all areas	55.5%	11.1%	33.3%	0%
Revolving door, dual diagnosis	42.8%	14.2%	42.8%	0%
Complex physical health issues	25%	25%	50%	0%
Repeat offending	10%	10%	80%	0%

Drug/alcohol Clients from this archetype scored least well on the substance abuse measure of the outcome star, (3.0, M= 3.5).

Housing Clients from this archetype are most likely to be rough sleeping (33.3%), or living in temporary accommodation (33.3%).

Criminal justice Clients from this archetype scored below average on most criminal justice service use, but above average on police cautions (0.14, M=0.9) and average number of convictions (35, M=28).

Other factors Clients from this archetype scored least well on 'managing money and personal admin' (2.8, M=3.6) and 'social effectiveness' measures (2.5, M=2.4).

Analysis The data for this group seems to suggest that the mental health pathways that are being used are not always appropriate or effective for their needs. The most likely of all archetypes to have an official diagnosis, they are also the most likely to be considered to need more support around this diagnosis, and the least likely to be in therapy. The data also suggests that (perhaps correlated to this) are poor drug and alcohol outcomes and unstable, unsupported housing options.

Repeat offending

The 'repeat offending' archetype is comprised of a number of key attributes, which include cyclical prison sentences, pattern of financially motivated crimes, appearances on criminal justice 'prolific offenders' listings, or managed by 'Intergrated Offender Management Scheme', risk of violent behaviour, pattern of breaching probation orders, poor impulse control, antisocial behaviour and/or recurrent homelessness.

Demographics Clients in this archetype are an average age of 36.6 years old, which is the lowest average age for all the archetypes (M= 39.3). Client gender in this archetype is more likely to be male (n=7) than female (n=3). Clients in the repeat offenders archetype are on the Fulfilling Lives caseload the longest of any archetype (29.6 months, M=21.1 months).

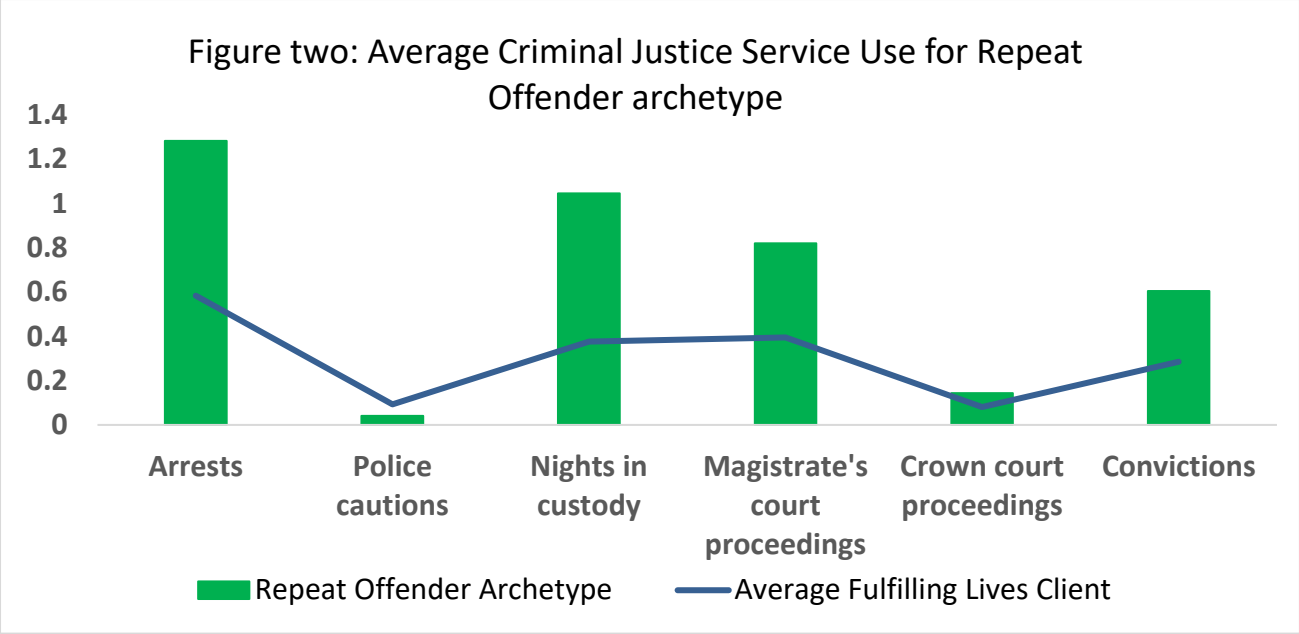
Physical health In contrast to the physical health archetype, repeat offending had the lowest service use for all physical health services. This was the case for visits to A&E (0.3, M=0.7), outpatient appointments (0.2, M=0.6) and inpatient appointments (0.1, M=0.3).

Mental health Clients from this archetype were noted by their workers as being most in need of mental health support, of those who were currently not receiving any mental health support at all. Receiving such support was seen as valuable for 80% of this group, compared to 50% or below for other archetypes. Clients from this archetype also scored lowest on the self-harm measure of the NDT score (1.6, M=2.0).

Drug/alcohol Just over half of clients from this archetype were on opiate substitute medication (54.5%), and just under half were still injecting (45.4%). Workers believed that 90% of clients from this category used drugs to regulate mental health issues. It is notable that no clients from this archetype have spent any time in a detox for drugs or alcohol.

Housing Clients from this group had a range of different housing situations, including Temporary accommodation (18%), Living with Family (18%), living with friends (18%), being in prison (18%). Other clients were private rented, residential care home, or sleeping rough.

Criminal justice As expected, interactions with the criminal justice system are most prevalent for this group. Clients from this archetype have the poorest outcomes in terms of offending on the outcome star (3.7, M=4.6), and pose the largest 'risk to others' under the NDT measure (4.7, M=3.4). This group is also at the lowest risk from others of all archetypes (3.4, M=5.3). Clients from this archetype spent notably more nights in prison than a typical FL client, with an average of 27.4 nights per quarter, compared with 6.1 for an average client. Service use across all areas of criminal justice was also notably more, except in the area of police cautions (see figure two).



Additional factors In line with other findings, repeat offenders were recorded as having below average impulse control (2.6, M=2.5) and engagement levels (2.7, M=2.5) on the NDT measures.

Analysis Repeat offenders are on average the youngest and longest staying clients on the caseload. This is likely because cyclical prison sentences can act as a barrier to longer term, sustainable engagement with workers. The amount of time in prison is a likely contributor to low physical health and mental health service use outside, although the detrimental effects of this are evident in the high amount of workers who believe drug use is to manage mental health issues. It is also possible that being 'housed' in prison with a level of care could contribute to better outcomes than if clients had spent that time rough sleeping.

Dual diagnosis

The 'Dual diagnosis' archetype is comprised of a number of key attributes, which include: co-existing complex and enduring mental health problem with substance misuse issues, substance misuse services may use mental health conditions as an exclusion criteria, and vice versa, self-harm/suicide attempts, problematic or limited engagement community mental health teams, often following crisis care, 'revolving door' experience of access to housing/health services and/or offending behaviour or Issues with self-neglect.

Demographics Clients in this archetype have an average age of 39.3 years old, which is also the average age of a typical Fulfilling Lives client. Clients in this group are much more likely to be male (n=12) than female (n=2), although this may be a result of the way that cases are allocated between workers within Fulfilling Lives locally. Clients in this archetype have the lowest average duration on the Fulfilling Lives caseload, at 16.2 months (M=21.1 months).

Physical health Clients from this archetype have the best average physical health scores on the outcome star, compared to other archetypes (4.1, M=3.8).

Mental health Clients from this archetype have the highest average scores for stress and anxiety on the NDT measure (3.2, M=3.0). They had slightly higher than average contacts with community mental (1.0, M=0.6) health and mental health outpatient teams (0.4, M=0.2), and notably higher numbers of days spent as a mental health inpatient (8.6, M=2.6).

Drug/alcohol Clients from this archetype consume alcohol less frequently than other archetypes (see table two). No-one from this group have spent any time in rehabilitation as yet, and the average number of face-to-face contacts with drug and alcohol services per quarter is lower than any other archetype (1.82, M=6.97). This group is also the least likely to be receiving opiate replacement medication (15.3%, M=40.3%).

Table two: alcohol consumption

	Every day	4-6 times per week	2-3 times per week	2 or more a week	2-4 times per month	Monthly or less	Never
Vulnerable women	54.5%	9%	9%	63.5%	4.5%	9%	13.6%
High needs in all areas	50%	0%	12.5%	50%	12.5%	25%	0%
Complex physical health issues	50%	0%	0%	50%	0%	12.5%	37.5%
Repeat offending	44.4%	0%	33.3%	44.4%	11.1%	0%	11.1%
Impaired cognitive ability	25%	16.6%	8.3%	41.6%	41.6%	8.3%	0%
Revolving door, dual diagnosis	30.7%	7.6%	15.3%	38.3%	15.3%	15.3%	15.3%

Housing Clients from this archetype generally have better housing outcomes than a typical FL client. They are less likely to experience eviction (0.02 average evictions per quarter, M=0.16). They have the best average scores in terms of managing accommodation on both the outcomes star measure (3.8, M=3.5), and the NDT measure of 'housing' (2.4, M=2.8

average). Clients from this group were most likely to be in a housing association general needs tenancy (21.4%), in a local authority general needs tenancy (14.2%), living with friends (14.2%) or in the private rented centre (14.2%).

Criminal justice Clients from this archetype scored below average on all criminal justice service use, most notably nights in prison (3.02, M=6.50)

Additional factors Clients in this archetype scored best in meaningful use of time (3.5, M=3.1) and motivation scores (alongside high needs all areas) (3.7, M=3.5). Clients in this group are also the most likely to have literacy problems, at 38.4% of its members.

Analysis Clients from this group having the shortest duration on the caseload may be because their situation can be tangibly improved by intensive intervention, or that dropout rates are high for this group. They are more likely to engage with reactionary mental health services like inpatient care, and engage poorly with drug and alcohol services. These findings could support the idea that restrictive criteria for preventative mental health services are leading to barriers to all but the most emergency mental health care.

Analysis Clients from this group show in several ways their vulnerability, notably through areas such as self-harm and risk from others. Accessing services, (be they health, mental health or drug and alcohol services) appears to be challenging, and tenancy maintenance is also problematic.

Future analytical options

- Looking at appropriate statistical tests to ascertain significance of the groups and the characteristics within them
- Looking at fund budgets to note differences in amount and types of spend for different groups
- Splitting the analysis by key demographic factors, such as age and gender
- Looking into average progress made across the NDT and Outcome star scores, to determine where the groups get stuck.
- Looking at range of NDT and Outcome star scores, to indicate which archetype go through cyclical or notely varying areas of change.