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Planning Client Support Endings

Project Report



Fulfilling Lives
South East Partnership



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INTRODUCTION & BACKGROUND

Between 2014 and June 2021, Fulfilling Lives South East Partnership (FLSE) had directly supported 118 clients with multiple and complex needs (MCN). Client-facing workers knew that the service was closing, so had to plan the client endings.

Workers tried to ensure that there was an agreed end point to the provision of support and, where possible, plans were made to ensure that clients moving on had appropriate alternative support networks in place. Prior to the end of the project, moving to other types of support services was the main reason for end of engagement.

Inevitably, not all endings were planned. 20 clients withdrew from, or were no longer able to engage with support, and tragically 12 of these endings were clients who died whilst participating with the project.

As the FLSE project draws to a close, our direct client work has ceased, with all remaining client cases now ended. In some cases, the project's end has coincided with timely, positive, and planned closures of the support relationships. However, there are several cases where the support may well have continued, had the project been able to continue. In these cases, clients have outstanding support needs that may not be adequately met in the absence of FLSE's intensive support, despite measures taken to secure involvement from other services.

The process of ending client support has prompted us to reflect on **the importance of endings when working with people with multiple and complex needs**. When support ends, it can mark both the end of an important milestone in someone's life, and the start of a new chapter marked by hope for the future. However, an ending may invoke apprehension about the future, a sense of abandonment or loss and may evoke past traumas. How someone reacts to ending support is very personal but planning endings well can be empowering for the client and give some sense of control.

Endings also impact on workers. The act of withdrawing support can be both rewarding and challenging, especially when a worker has spent considerable time and energy investing in someone. This is made more difficult when there is outstanding risk and the worker is uncertain that the wider system will meet a client's needs.

This report shares our reflections and learning on the topic of client endings. While not a definitive guide, it captures a diversity of insight and expertise from client exit interviews, interviews with staff and volunteers with lived experience of MCN, and a focus group with Fulfilling Lives Specialist Workers. We will also share ideas around the case closure process, offering up areas for consideration and reflection for frontline workers and managers when planning client endings in a checklist format. The appendix includes a 'learning passport', which helps clients to communicate their needs, preferences, and strengths to future support workers.

WHO IS THIS REPORT FOR?

This learning is transferrable and particularly relevant to services with long-term casework for people with MCN. The learning is for client-facing or frontline staff, or those working with complex trauma, in settings where trusting relationships are formed between worker and client. This may include supported housing keyworkers, outreach workers and tenancy sustainment workers. It is also for service managers, who can make decisions about training, development, support for client-facing practitioners and the processes around ending client support.

COMPLEX TRAUMA & ENDINGS

COMPLEX TRAUMA

Mental ill health was a very common experience for the FLSE client group, with many clients having mental health needs that were undiagnosed or untreated. There was a corresponding prevalence of complex trauma amongst beneficiaries. A snapshot survey of FLSE's caseload in 2017 revealed that all had experienced complex (multiple) trauma, often linked to Adverse Childhood Experiences.

Complex trauma is the compounding of many traumatic occurrences over time. This is often linked to childhood experiences, with trauma sometimes replicated in a family through generations.

Complex trauma is an individual experience and can present itself in a wide variety of ways. People who have experienced complex trauma are likely to have difficulty sustaining stable relationships and may lack trust in others, including those offering help and support. They are more likely to experience overwhelming emotions, have difficulties controlling fear and anger, and may have other mental health problems such as anxiety, depression, or personality disorders.

THE IMPORTANCE OF TRAUMA-INFORMED ENDINGS

Through our casework we have evidenced a strong link between the experience of complex trauma and the manifestation of complex needs and challenging behaviours. Clients who have experienced trauma often present with behaviours that many mainstream services are unable to support. Consequently, clients are perceived as disruptive or too high risk to access or remain in accommodation or services and are excluded from the support they need.

Trauma-informed practice accounts for the impact that traumatic events may have had in people's lives and aims to develop policies and practices within support services that assist healing from trauma. For example, those facing MCN can often lack secure attachments because of the complex trauma they have faced. People with an insecure attachment may have low confidence and self-worth and may think that others cannot be trusted or want to hurt them. It is important to utilise this trauma-informed practice in planning client endings to help dispel such beliefs and prevent re-traumatisation of clients in service settings that are meant to provide support. As practitioners, we can continue to provide a sense of safety, transparency, and voice to our clients as support draws to a close.

WHY PLAN CLIENT ENDINGS?

ENDINGS ARE INDIVIDUAL:

It took a considerable amount of time for the majority of FLSE clients to build rapport with our specialist frontline workers before meaningful engagement occurred. This required personalised support plans that built on the strengths of each individual. Much like engagement, client endings are an individual therapeutic tool which can help to empower clients when planned.

"It's been more [...] dependent of how they are when we meet" – FLSE worker

"I've sort of felt [...] I need to keep reaching out to sort of say, let's have an ending call. And then I've kind of thought [...] Perhaps I just need to accept that that person doesn't want to do that. And that that's OK." – FLSE worker

CHALLENGES FACED BY CLIENTS:

Many of FLSE's clients felt that planning client endings was unusual within services, and they had experienced a lack of trauma-informed practice around endings with other services in the past. A few clients also raised concerns around the changeover in support, highlighting how important it was to get the right kind of support at the right time.

"If it does end suddenly, I take it more personally. I think they really didn't like working with me" – FLSE client

"Well, I'm a bit sad and gutted unfortunately it's coming to an end. Because it's been a great service [talking about FLSE support]" – FLSE client

Planning client endings in advance allows time for clients to plan their future support needs, prepare emotionally, and think about their wider network of support.

"It's set me up to know what I needed. What I have to do. It's got me into a routine [...] food, washing, looking after myself" – FLSE client

"If I carry on down the path [my specialist worker's] helped me on, I've got not worries" – FLSE client

IMPACT ON FRONTLINE WORKERS:

Frontline workers who support those with complex trauma hear and see challenging things daily, which constantly requires them to be proactive, patient, flexible, responsive, and empathic. Such emotional and physical investment into their work means that client endings can be difficult for the workers as well as the client.

"It's been a struggle for me as a worker" – FLSE worker

"You just feel like you're walking away, and the job's not done yet. There's just so much left to do"
- FLSE worker

Planned client endings provide frontline workers with the opportunity to cultivate good health and wellbeing, and to practice self-care. Allowing space and time for self-reflection, access to clinical supervision, and peer support can help specialists to process the end of their relationships with clients.

"I think just self-reflection. Obviously, we've got supervision and peer support as well. And just [...] thinking it through [...] we've known that the ending's coming for a while. And I think accepting that it is going to feel a bit rubbish, it isn't going to be all sort of okay. It's going to be a bit weird" – FLSE worker



WHAT SUPPORTS THE ENDING PROCESS WITH THIS CLIENT GROUP?

At the centre of trauma-informed practice are five principles that should be used at all levels to guide service design, policy, and practices. When planned client endings are built on these values, support closures are more likely to be a positive process for those who experience MCN and complex trauma:

PRINCIPLE 1: SAFETY

Where possible, FLSE workers supported a new team to handover their work with clients to ensure a continued sense of safety whilst simultaneously relinquishing their responsibilities:

"I'd just [...] be advising maybe on that kind of style with the new team if they wanted to come to me with 'what do you think this behaviour is?' Sort of chip in, but not be a main worker anymore" – FLSE worker

"We're able to give plenty of detail about what the client wants and what's going on in their world to any service taking over" – FLSE worker

Workers also equipped clients with self-regulatory techniques to help create a sense of emotional safety throughout the ending process:

"I have a folder about regulating and a sensory box if I'm feeling agitated or anxious – something to touch, smell, squeeze, to ground me" – FLSE client

PRINCIPLE 2: TRUST & TRANSPARENCY

Building consistent boundaries and clear expectations of the service experience also supports the ending process with those experiencing complex trauma. FLSE workers made sure to provide sufficient notice of support endings and were transparent about the reasoning behind this. For FLSE this was approximately 3 months' notice:

"He prepared me in advance because I had had other keyworkers that had stopped suddenly, and it was quite shocking for me whereas he prepared me well in advance. A good 3-4 months in advance. So I knew it was coming to end" – FLSE client

"We've spoken about it quite a lot. We are meeting for a last coffee [...] I understand why it's ending because [my specialist worker] has spoken to me" – FLSE client

PRINCIPLE 3: COLLABORATION

FLSE endeavoured to build a genuinely collaborative ending between frontline workers and clients, where power was shared, and decisions made with the individual. Rather than rigid service closure protocols, workers relied on empathy and intuition to shape the best way forward for each client:

"I've offered them all something in writing, so they can see what they've achieved, and all of them have turned that down. They just see that as pointless for themselves, so we've just sat down and gone through what's happened over the last however long they've been with the project [...] and they've quite enjoyed that" – FLSE worker

PRINCIPLE 4: CHOICE

Trauma-informed endings can empower clients to make active choices in their support plan and provide a sense of control over their future. At FLSE, this involved jointly shaping closure plans with clients and tailoring the plan to their preferences:

"I would want to be able to choose who my worker is, have information on who they are, what they are like, to find someone who's down-to-earth and has got a sense of humour" – FLSE client

"Give people time to plan and what they wanted to do and what they wanted to focus on in the last couple of months" – FLSE worker

PRINCIPLE 5: VOICE

FLSE recognises that those who experience MCN and complex trauma may have historically been diminished in voice. As such, workers acted as *facilitators* of planned support endings rather than *controllers*:

"It is about ultimately giving that person the opportunity to say and do what they want for that ending... And to really [...] respect that and accept it and to not take it personally" - FLSE worker

"I think we've also been compassionate about endings. We've been asking people how they want to end and what that means to them and planning it" - FLSE worker

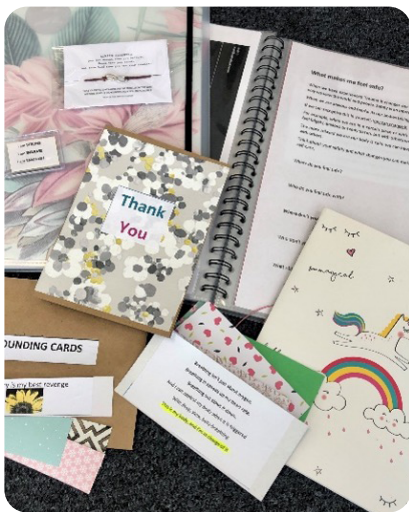
ENDING SUPPORT WHEN THINGS AREN'T NEAT AND TIDY

Inevitably, not all of FLSE's client endings were planned. It's important to keep in mind that endings in support for clients who have experienced complex trauma may not always be neat and tidy. As service providers and client-facing workers, we must honour the client's autonomy and accept that some will not seek a therapeutic end. Frequently, the best we can do is provide opportunity for a collaborative and trauma-informed ending and respect the client's wishes.

GETTING CREATIVE - TOOLS TO SUPPORT CLIENT ENDINGS

FLSE workers created tangible tools which were used to support some clients with their planned endings. We found that clients appreciated and engaged with support that was designed by their key worker and tailored to their needs. As such, it is important to recognise the need for the following creative tools to be used as examples and adapted to each client.

ENDING PACKS



Ending packs were created for some clients, which were tailored to the individual. For some, tangible sensory boxes may be more beneficial than something written, especially for clients with learning disabilities. Such packs could include [not limited to]:

- Affirmation cards with a positive message for clients to look back on
- Fidget toys to help clients through difficult moments
- Photos from positive ending activities such as day trips and equine therapy
- Inclusion of the client's favourite scents
- Jewellery to help women feel more feminine

"I have a folder about regulating and a sensory box if I'm feeling agitated or anxious – something to touch, smell, squeeze, to ground me" – FLSE client

"She [specialist worker] gave me a lovely box, and she gave me a folder as well, and some chocolates [...] Little box, little gift with picture of cats and animals" – FLSE client

LEARNING PASSPORTS

Learning passports were developed by client-facing workers with clinical supervisors to help manage a large number of client endings coinciding. These documents contained useful information about the client including how complex trauma may present in their behaviour and actions, as well as how future support staff could meet their needs. Learning passports were used at the end of client work and shared with other agencies, with the client present, to help them better understand the client. We found that these passports also helped clients to communicate their needs to their wider support network (see Appendix for further detail).

"[The folder] it's about telling me about how to treat me. For other workers how to treat [client's name]. For other workers how to take care of me... It's really nice" – FLSE client

TOP TIPS – PLANNED CLIENT ENDINGS CHECKLIST

This is an initial set of ideas around the case closure process, offering up areas for consideration and reflection when planning client endings.

WHAT MAKES A GOOD ENDING?

- The ending is psychologically and trauma-informed and it avoids re-traumatising.
- The ending is transparent and understands the client's need for autonomy. There is a shared sense of control over the ending between worker and client.
- It considers the emotional impact on the client and the need to give the client opportunities to process those emotions. This includes giving space to client's feelings of abandonment, lack of control, anger.
- The client has been asked 'how would you like our ending to go?'.
- The ending is for the client, not for the worker. The worker can identify and take their emotions, feelings and the impact of the ending on them to appropriate spaces that are outside of the client-worker relationship.
- A good ending will recognise that our own reactions to the work ending may run parallel to the client endings, so we need to address this openly and in a psychologically informed way.

UNDERSTANDING THE CLIENT'S NEEDS

- What are the client's needs? What are their wishes/best hopes and what is their voice? What are their triggers?
- Ensure a person-centred Crises Plan or Safety Plan is in place that has been co-produced with the client.
- What has and hasn't been helpful in the worker-client relationship so far?
- What does the client want the ending to look like? (involves speaking with client about this and saying 'our work together will come to an end at some point, what would you find helpful? How do you want to mark the ending? What have you found helpful or unhelpful when you have had endings with services or workers in the past?')
- What are their concerns about the ending?
- Consider the client's attachment style and what does this say about how they face endings and what their needs are in this process?
- How does this impact upon the time frame?
- For instance, some clients may need a long time to process and work through the emotions that the ending brings up, with you alongside during this process. Other clients may want to distance themselves once they know the ending is coming.
- How can you adapt your way of working to best support and work with the client in a way that considers their response to change and endings?

ACTION PLAN

- Once you have identified a closure timeline and have agreed this with/communicated this to the client, ask 'what do you want to work on in our remaining time together?'
- Work with the client to identify the remaining goals to focus on between now and the case closure and negotiate what is achievable and realistic in the time frame you have.
- For some clients, working towards a good ending and handover might be the only goal you focus on for your remaining time together, especially if this is a challenge for them.
- For other clients you may have some identified goals you are already working on that you want to achieve together or aim to complete before ending.
- Reflect with the client – is the goal achievable in the time that we have? Reflect on this with your clinical supervisor/line manager and with yourself.
- Is it possible to plan for a 'soft closure' whereby time is allowed (approx. 3 weeks) for the client to remain on the system administratively in case the client feels that follow up is needed?

HANDOVER

- What information, goals and progress does the client want handed over and to whom? How is the client feeling about this?
- Map the network and identify which relationships with workers and personal contacts can be nurtured or facilitated.
- Review the client's multi-agency support plan and identify who will take on which roles and responsibilities once the support ends.
- How does this impact upon the time frame?

COMMUNICATIONS

- Be clear with the client at every stage, that even if you do not achieve the goal/s you have agreed to work on, you will still need to work towards the ending. Think of this as a negotiation between you and the client to agree what is and is not achievable.
- Allow space for them to express emotion about the ending and consider giving the client time to process and work through emotions this may bring up, before then agreeing the aims that you want to work on together.
- For this reason, give a clear timeline and communicate this to the client. As an example say 'we will have our last session together in April, so we can try and work towards this between now and April'. Think back to the client's needs. Would the client want to have this in writing such as in a letter or a text, so that they can refer back to it and remember. Consider how emotions can affect our memory or processing in the moment.

- Avoid saying 'we will work together until you have achieved this' (for example 'until you go to rehab') because this is not realistic and can set up a false expectation. If the goal you set out to achieve cannot be achieved in the timeframe, then it will feel to the client like you are changing the goal posts.
- Closure timelines will need to be agreed in advance between worker and line manager, to stagger case closures across the project.
- As soon as you agree a closure timeline with your manager, communicate this to the client. The more advance notice we give the client, the more of an opportunity we provide the client to process the ending, and the more trauma informed this is.
- Be clear about the timeline for the case closure with other workers involved in the team around the client.
- Where possible, coordinate informing the client of the case closure timeline with informing the workers. Where this is not possible, consider having that conversation with the client first.

WORKER REFLECTIONS

- What is my own attachment style and how is this impacting on my approach to the ending with this client?
- What is my relationship like with this particular client? Do I enjoy working with them, or find it hard to find empathy for them? How does this impact my approach to this case closure?
- Do I have any 'blind spots'? For instance, does this client evoke strong feelings in me as a worker that lead me to overlook or focus in on certain parts of my work with them?
- What are my concerns for this client in the case closure process? Their reaction to me? The risk to themselves or others?
- Where can I take those concerns to ensure they don't impact upon the client's experience of the ending? Think about clinical supervision, management supervision, reflective writing, personal therapy. Do I have appropriate spaces, or do I need to suggest additional support?
- Recognise the worker's need to process the ending and be able to keep this separate from the client work. The focus of this is the experience for the client.
- Ensure that you have appropriate spaces to process the ending including team meetings, case work forums, journaling, and supervision.

APPENDIX

LEARNING PASSPORT TEMPLATE



LEARNING PASSPORT FOR [INSERT CLIENT NAME]

This is a learning passport to share the Learning from **[insert organisation]** in working with those who experience multiple disadvantage/ multiple complex needs.

This is individual to **[insert client name]** and the hope is to avoid conflict and re-traumatization with workers. This can be added to and kept alive with new experience and learning.

CLIENT BACKGROUND

Insert relevant information here on the client's background, personality, and tendencies. A strengths-based (or asset-based) approach should be taken here to focus on the individual's personal strengths and not on their deficits.

This could include:

- Their attachment style,
- Ways in which their complex trauma may present in their behaviour and actions,
- The type of support the client prefers to engage with,
- Coping mechanisms used.

HOW TO WORK WITH [INSERT CLIENT NAME]

Insert relevant information here on the approaches to support that helps the client to communicate their needs, preferences, and strengths to future support workers. For example:

- What type of questions can support workers ask to help engage with the client?
- How can staff recognise when they need to allow the client space?
- Are there any boundaries staff should be aware of when supporting this client?

EXTRA RESOURCES

- **[VIDEO] Multiple and Complex Needs and Trauma:** [\(12\) Session 2: Multiple and Complex Needs and Trauma - YouTube](#)
- **[VIDEO] Trauma – Informed Practice:** [\(12\) Session 3: Trauma-Informed Practice - YouTube](#)
- **The Perspectives Project: Discussions on psychological support and complex trauma pre-substance misuse treatment:** [Fulfilling-Lives-T4-Psychological-Interviews-V22-1.pdf \(bht.org.uk\)](#)
- **Core Competencies workbook – A framework to help identify the skills, knowledge, values and experience that are beneficial for client-facing support workers:** [Fulfilling-Lives-Core-Competencies-V25-13.12.20.pdf \(bht.org.uk\)](#)
- **The effectiveness of clinical supervision for workers supporting people experiencing multiple disadvantage:** [Clinical-supervision-research-FLSE-18.1.21.pdf \(bht.org.uk\)](#)
- **Could clinical supervision help us to support increasingly complex needs in the community?** [Could clinical supervision help us to support increasingly complex needs in the community? in: Voluntary Sector Review - Ahead of print \(bristoluniversitypressdigital.com\)](#)