

The New Directions Team Assessment (Chaos Index)

Background

The New Directions Team in the London Borough of Merton is one of twelve pilots from the Adults Facing Chronic Exclusion (ACE) national programme. The ACE Programme aims to ensure collective responsibility for inclusive services by taking an integrated approach to addressing services for adults facing chronic exclusion¹. This national programme is a partnership across the departments of Work and Pensions, Health, Communities and Local Government, and the Home Office.

The aim of the New Directions Team is to provide an early intervention for residents from the London Borough of Merton who are not engaging with frontline services, resulting in multiple exclusion, chaotic lifestyles and negative social outcomes for themselves, families and communities. The development of an agreed local 'chaos index' to identify individuals or groups to target for the New Directions Team was an outcome of the development phase of the new service.

Development of the Chaos Index

The development of the Chaos Index began by asking partners from the multi-agency steering group, all who had been actively involved in the development of bidding to become a pilot site, for case studies of individuals whom they thought the New Directions Team (NDT) would be serving. It was important from the start to understand the different perspectives of the multi-agency steering group members and who they considered the new team would actually be serving based on real case studies from local services. At initial meetings it was clear that whilst all members could identify potential clients for the new team there were a range of differences and perspectives within the multi-agency steering group in exactly who this team would serve. Members of the steering group included Social Services, Primary Care, Mental Health Services, Housing, Youth Inclusion services, the Police, Drug and Alcohol services, Jobcentre Plus, the Learning & Skills Council and the volunteer centre.

Early discussions with the steering group combined with a review of the research evidence² about what is known and understood about people with chaotic lives who have multiple needs showed that a high proportion tended to have mental health problems, often in combination with substance use or personality disorder. Whilst the local case studies were being developed a brief review of the literature of people who did not engage or were rejected by mental health services was undertaken to identify key individual characteristics.

The multi-agency steering group were keen from the outset for the Chaos Index to focus on behaviours. The local case studies were analysed to ascertain consistent behaviours and to understand the level of impact of these behaviours. Standardised assessments were drawn on³ to support the development of the Chaos Index but the essential element was ensuring that the index was designed to reflect the range of behaviours identified through the local case studies thus reflecting the local population of Merton.

The first draft of the Chaos Index simply listed the behavioural criteria and associated anchor points. Feedback from the multi-agency steering group consisted of several semantic changes, the want to tier the Index so 'engagement with front line services' was the key to eligibility and to load the scoring for the two criteria for 'risk to others' and 'risk from others'. To ensure both reliability and consistency in assessment it was agreed that when the NDT became operational the team manager would carry out all the Chaos Index assessments of referrals to the NDT team.

¹ HM Government (2006) *Reaching Out: An Action Plan for Social Exclusion*. London: Cabinet Office.

² Schneider, J. (2007) *Better Outcomes for the most excluded*. Nottingham University.

³ Marsden et al (1998) Maudsley addiction profile, *Addiction*, 93, 12, 1857-1868; Slade et al (2000) Threshold assessment grid: the development of a valid and brief scale to assess the severity of mental illness, *Social Psychiatry and Psychiatric Epidemiology*, 35, 78-85.

Piloting

The Chaos Index was piloted across several of the agencies from the multi-agency steering group: the Police, mental health services, alcohol/drug services and the Youth Inclusion Services (for example, anti social behaviour team, youth justice team, 16+ years team). Each agency carried out the piloting as a desktop exercise based on existing knowledge of clients in Merton and considered clients they thought should be eligible for the NDT and people they thought would not. Agencies were also asked to comment on how easy it was to use, how understandable it was, whether there were criteria that were missing, whether the anchor points on the index were correct and the distance between the anchor points were sensible and understandable. A key aim of the piloting was to try and establish a threshold from the Chaos Index for eligibility to the NDT. Interestingly, the Youth Inclusion Services looked at the piloting for both the young person but also separately for the parents.

The piloting identified that the Chaos Index was both easy to use and understandable however, there were concerns about people who were potentially marginal especially those whom services considered the scoring of the person could change within a short period of time. For example, there was a concern that whilst a person might be leading a chaotic lifestyles resulting in current negative social outcomes they were scoring '2' on the 'engagement with frontline services' criterion because they were engaged with frontline services which would not make them eligible to continue the assessment therefore not making them eligible for the NDT. However, agencies thought that this situation could change and the person moved to scoring 3 or 4 within a short period of time thus making the person potentially eligible for the service – this concern has been addressed through ways of working between the NDT and other agencies.

Through the piloting exercise there were several consistently high scoring criterions across agencies: 'risk to others', 'risk from others' and 'drug/alcohol abuse'. In addition, some members of the multi-agency steering group and several of the agencies who piloted the index suggested the name of the index should be changed to a less pejorative term. The name of the assessment was changed to the New Directions Team Assessment – nobody wanted an individual who had been assessment under the Chaos Index to see this as a '*badge of honour*'!

Outcome from piloting

Through discussion at the multi-agency steering group of the findings from the piloting exercise a threshold for eligibility to the NDT was set at a score of 22 or above. It was agreed that the threshold and the NDT assessment (Chaos Index) would be reviewed after 6 months of being operational - in that time there would have been referrals from local services, assessments undertaken and the team would have a caseload of clients. The aim of the review would be to check whether:

1. The NDT assessment worked in practice and had face validity,
2. The threshold for eligibility was set at the right level and,
3. To reassess and ensure that the team were targeting people who were not engaging with frontline services, resulting in multiple exclusion, chaotic lifestyles and negative social outcomes for themselves, families and communities in the London Borough of Merton.

Review of NDT assessment after 6 months

During the six month operational period for the team a total of 30 referrals were made. Table 1 shows the range of agencies, numbers of referrals made and accepted, and a breakdown of gender and ethnicity. The highest number of referrals came from the Police.

Of the referrals not taken on by the team a total of 7 were not appropriate: 4 did not scored above '2' on the initial question of 'engagement with frontline services' which ended the assessment process as they were actually engaged with services and 3 people were not residents of the London Borough of Merton. Only 4 people had not met the eligibility threshold for the NDT assessment of 22 points. At the multi-agency steering group following the piloting exercise it was agreed that borderline scores would be discussed. One assessment scored '21' and it was decided based on the person's circumstances to take them onto the caseload of the team.

Table 1: Referral sources and numbers, accepted referrals, gender and ethnicity

Referral source	Total referrals	Gender (% male)	Ethnicity (% White)	Accepted referrals	Gender (% male)	Ethnicity (% White)
Police	13	38%	85%	9	33%	100%
Probation	1	100%	100%	1	100%	100%
General hospital	1	100%	100%	0	-	-
Adult Mental Health	3	67%	33%	2	50%	50%
Older People Team	1	100%	100%	0	-	-
Housing	2	100%	50%	2	100%	50%
Drug services	4	75%	75%	2	50%	50%
YMCA	2	50%	50%	1	100%	100%
Faith in Action	1	100%	100%	1	100%	100%
Physical Disability Team	1	0%	Not stated	1	0%	Not stated
A relative	1	0%	100%	1	0%	100%
TOTAL	30	57%	82%	20	50%	89%

The NDT assessment does not appear to discriminate in terms of gender (57% referred and 50% of the accepted caseload are male) or ethnicity (82% referred and 89% of the accepted caseload were white). The high referral and acceptance rate for white people is consistent with agencies that support homeless and vulnerably housed people across London⁴.

Does the NDT assessment work and have face validity?

To establish whether the NDT assessment works in operation and has face validity this was assessed on three grounds, firstly by looking at the assessments scores for the 6 month period, secondly through the ongoing feedback from the NDT team manager in terms of whether the criteria and anchor points in the assessment reflected the behaviours of the referrals made to the NDT team and whether local agencies had provided feedback that the criteria and anchor points were not reflective of local circumstances or key behaviours had been omitted. Thirdly, from the feedback received at the multi-agency steering group meetings.

1. Of the 20 clients taken onto the caseload all had met the threshold of the first question (scoring 3 or 4) on the engagement with frontline line services which was the first step in the eligibility to the team. Table 2 shows the breakdown scores by criteria for all 20 assessments accepted by the team and shows that in terms of each criterion there was a wide range in the behavioural anchor points scored within the assessment process (as one would expect). The average scores and ranking provide a sense of the 'typical client' the team is serving. The ranking highlights that 'risk to others' was the highest scoring criterion for all the clients followed by 'risk from others'. The lowest scoring criterion was 'intention to self harm'.

Table 2: Scores for the total caseload of the team (n=20)

Criterion	Range	Average	Rank
Engagement with frontline services	3 - 4	3	N/A*
Intention to self harm	0 - 2	1	9
Unintentional self harm	0 - 4	3	6
Risk to others	2 - 6	4	2
Risk from others	0 - 8	6	1
Stress & anxiety	2 - 4	3	3
Social effectiveness	1 - 4	2	8
Alcohol / drugs abuse	0 - 4	3	5
Impulse control	1 - 4	2	7
Housing	1 - 4	3	4

* Engagement with frontline services is not ranked as all clients have to achieve a score of 3 or more to be eligible to continue the assessment.

⁴ Broadway (2008) Street to Home: Annual report for London 1st April 2007 – 31st March 2008. London: Broadway

2. The ongoing feedback from the NDT team manager is that the criteria and anchor points work and appear correct. In addition, there has not been any feedback from local agencies to contradict this.

3. The multi-agency steering group who have discussed the team caseload at meetings concluded at the steering group in August 2008 that the assessment appeared to be identifying the target group of people and that the assessment seemed to work effectively within the context of Merton.

Is the threshold for eligibility right?

Excluding the 7 inappropriate referrals, only 4 people did not meet the eligibility threshold for the NDT assessment. One person was a borderline score and was taken on by the team based on the person's circumstances. The remaining three total scores for the assessment were 18, 15 and 20.

Based on this review it would seem that the original eligibility threshold set at 22 points with the caveat that there will be a discussion re borderline cases is still the correct threshold.

Is the NDT assessment targeting the right group of people?

Using the average and ranking scores from Table 2 provides a behavioural profile of an average or 'typical' client who has been referred and accepted onto the NDT team caseload in the first 6 months of operation. Box 1 illustrates the behavioural profile of a 'typical' client on the caseload.

Box 1: Behavioural profile of a 'typical' NDT client

An individual who is non-compliant with routine activities or reasonable requests, does not follow a daily routine though may keep some appointments. They are subject to the probably occurrence of abuse or exploitation from others and pose a risk to the property of others and/or pose a minor risk to the physical safety of others. In response to stress the person has very limited problem solving skills and becomes hostile and aggressive to others. They have high housing support needs and are either at immediate risk of losing their accommodation or living in short-term / temporary accommodation. They regularly use alcohol or abuse of drugs which causes significant effect on functioning resulting in aggressive behaviour to others. The individual has a high risk to their physical safety as a result of self-neglect, unsafe behaviour or inability to maintain a safe environment. They have temper outbursts and or aggressive behaviour of moderate severity and have had at least one episode of behaviour that is dangerous or threatening. They have marginal social skills that sometimes create interpersonal friction or appear inappropriate. They pose minor concerns about the risk of deliberate self-harm or a suicide attempt.

Based on this review it would appear that the NDT assessment is targeting the group of people whom the multi-agency steering group were aiming to reach out to when originally bidding for the pilot project.

Conclusion

The NDT assessment after 6 months in operational use seems to be achieving the original aim in being able to target residents from the London Borough of Merton who are not engaging with frontline services, resulting in multiple exclusion, chaotic lifestyles and negative social outcomes for themselves, families and communities. The NDT assessment works, has face validity and the original threshold set for eligibility to the team seems to be correct.

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New Directions Team Assessment

Instructions

The New Directions Team assessment is used in assessing whether someone referred to the New Directions Team is appropriate for the service. The assessment will not be the only criterion to be used in determining service eligibility, and certain vulnerable groups of people will be given priority:

- care leavers, particularly those with multiple risk factors e.g. school exclusion
- young offenders
- prisoners facing release from HMP Wandsworth
- repeat offenders or former prisoners with drug/alcohol problems
- people with particularly pronounced housing difficulties

The items in the assessment are rated on a 5-point response format with 0 being a low score and 4 being the highest score, there are two criterion where 0 is the lowest score and 8 is the highest. There are 10 criterions in total each with 5 anchor points. Criterion 1, engagement with frontline services, tests the basic eligibility for New Direction team, if a score of 0 - 2 is achieved then the person is not eligible to complete the assessment or be considered for the team.

Client Name: _____ Date of birth: _____

Address: _____

Telephone: HOME: _____ MOBILE: _____

Referrers name, organisation and contact details: _____

Person carrying out assessment: _____ Date: _____

Select **ONE** statement that best applies to the person being assessed. Base all scores on the past **one month**.

1. Engagement with frontline services

- 0 = Rarely misses appointments or routine activities; always complies with reasonable requests; actively engaged in tenancy/treatment
- 1 = Usually keeps appointments and routine activities; usually complies with reasonable requests; involved in tenancy/treatment
- 2 = Follows through some of the time with daily routines or other activities; usually complies with reasonable requests; is minimally involved in tenancy/treatment
- 3 = Non-compliant with routine activities or reasonable requests; does not follow daily routine, though may keep some appointments.
- 4 = Does not engage at all or keep appointments

If score for 'Engagement with frontline services' is 0 – 2 please stop, end of assessment

If score is 3 or 4 please continue

2. Intentional self harm

- 0 = No concerns about risk of deliberate self-harm or suicide attempt
- 1 = Minor concerns about risk of deliberate self-harm or suicide attempt
- 2 = Definite indicators of risk of deliberate self-harm or suicide attempt
- 3 = High risk to physical safety as a result of deliberate self-harm or suicide attempt
- 4 = Immediate risk to physical safety as a result of deliberate self-harm or suicide attempt

Notes

3. Unintentional self harm

- 0 = No concerns about unintentional risk to physical safety
- 1 = Minor concerns about unintentional risk to physical safety
- 2 = Definite indicators of unintentional risk to physical safety
- 3 = High risk to physical safety as a result of self-neglect, unsafe behaviour or inability to maintain a safe environment
- 4 = Immediate risk to physical safety as a result of self-neglect, unsafe behaviour or inability to maintain a safe environment

Notes

4. Risk to others

- 0 = No concerns about risk to physical safety or property of others
- 2 = Minor antisocial behaviour
- 4 = Risk to property and/or minor risk to physical safety of others
- 6 = High risk to physical safety of others as a result of dangerous behaviour or offending/criminal behaviour
- 8 = Immediate risk to physical safety of others as a result of dangerous behaviour or offending/criminal behaviour

Notes

5. Risk from others

- 0 = No concerns about risk of abuse or exploitation from other individuals or society
- 2 = Minor concerns about risk of abuse or exploitation from other individuals or society
- 4 = Definite risk of abuse or exploitation from other individuals or society
- 6 = Probably occurrence of abuse or exploitation from other individuals or society
- 8 = Evidence of abuse or exploitation from other individuals or society

Notes

6. Stress and anxiety

- 0 = Normal response to stressors
- 1 = Somewhat reactive to stress, has some coping skills, responsive to limited intervention
- 2 = Moderately reactive to stress; needs support in order to cope
- 3 = Obvious reactivity; very limited problem solving in response to stress; becomes hostile and aggressive to others
- 4 = Severe reactivity to stressors, self-destructive, antisocial, or have other outward manifestations

Notes

7. Social Effectiveness

- 0 = Social skills are within the normal range
- 1 = Is generally able to carry out social interactions with minor deficits, can generally engage in give-and-take conversation with only minor disruption
- 2 = Marginal social skills, sometimes creates interpersonal friction; sometimes inappropriate
- 3 = Uses only minimal social skills, cannot engage in give-and-take of instrumental or social conversations; limited response to social cues; inappropriate
- 4 = Lacking in almost any social skills; inappropriate response to social cues; aggressive

Notes

8. Alcohol / Drug Abuse⁵

- 0 = Abstinence; no use of alcohol or drugs during rating period
- 1 = Occasional use of alcohol or abuse of drugs without impairment
- 2 = Some use of alcohol or abuse of drugs with some effect on functioning; sometimes inappropriate to others
- 3 = Recurrent use of alcohol or abuse of drugs which causes significant effect on functioning; aggressive behaviour to others
- 4 = Drug/alcohol dependence; daily abuse of alcohol or drugs which causes severe impairment of functioning; inability to function in community secondary to alcohol/drug abuse; aggressive behaviour to others; criminal activity to support alcohol or drug use

Notes

9. Impulse control

- 0 = No noteworthy incidents
- 1 = Maybe one or two lapses of impulse control; minor temper outbursts/aggressive actions, such as attention-seeking behaviour which is not threatening or dangerous
- 2 = Some temper outbursts/aggressive behaviour; moderate severity; at least one episode of behaviour that is dangerous or threatening
- 3 = Impulsive acts which are fairly often and/or of moderate severity
- 4 = Frequent and/or severe outbursts/aggressive behaviour, e.g., behaviours which could lead to criminal charges / Anti Social Behaviour Orders / risk to or from others / property

Notes

10. Housing

- 0 = Settled accommodation; very low housing support needs
- 1 = Settled accommodation; low to medium housing support needs
- 2 = Living in short-term / temporary accommodation; medium to high housing support needs
- 3 = Immediate risk of loss of accommodation; living in short-term / temporary accommodation; high housing support needs
- 4 = Rough sleeping / "sofa surfing"

Notes

⁵ Drugs include illegal street drugs as well as abuse of over-the-counter and prescribed medications.

Scoring

Please insert the assessed score against each criterion point and add up the total score.

<u>Criterion</u>	<u>Score</u>
1. Engagement with frontline services	_____
2. Intentional self harm	_____
3. Unintentional self harm	_____
4. Risk to others	_____
5. Risk from others	_____
6. Stress and anxiety	_____
7. Social Effectiveness	_____
8. Alcohol / Drug Abuse	_____
9. Impulse control	_____
10. Housing	_____
TOTAL SCORE	<u><u> / 48</u></u>

Outcome

Referral accepted: YES / NO

If not accepted what advice guidance has been given to referrer? _____
