

Whole Household Key Worker Interventions: Learning from Sheffield

February 2016



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This work was supported by the Economic and Social Research Council (grant number ES/J020877/1).

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Introduction

This report provides a distillation of the key points to emerge from an ESRC funded knowledge exchange partnership between Sheffield City Council and the Centre for Regional Economic and Social Research (CRESR), Sheffield Hallam University. It outlines issues and challenges and profiles priorities for action in order to maximise effective implementation of the whole household key worker approach in Sheffield.

i. **Background: Key Worker and Whole Household Approaches in Sheffield**

Family Intervention Projects (FIPs) pioneered the whole household approach, supporting 'at risk' families with the high level intensive support to help them make positive changes to their lives. Sheffield High Support Service was one of the first FIPs in the UK. Sheffield City Council was also successful in bidding for Think Family funding for three FIPs in 2009/10, each with a slightly different focus: youth crime, child poverty, anti-social behaviour and housing. Other whole household approaches were also trialled in the city. Subsequently, the decision was taken that the key worker, whole household approach would be the main mechanism for delivering services to the most vulnerable families in the city and that the approach would be up-scaled and mainstreamed through the work of Multi Agency Support Teams (MAST). This commitment was reiterated in the Sheffield City Council Corporate Plan (2011-2014).

MAST is an integrated multi-agency approach directed at the whole family and built on the principle of one key worker for each family. There are three MAST teams across Sheffield covering different parts of the city. MAST work with children, young people and their families to provide a range of services which help improve well-being, school attendance, learning, behaviour and health care. They also signpost children and families to other services and support and assist their engagement with these services. The workforce structure has three levels of post focusing on prevention, intervention and specialist support. Family Prevention Workers work within the local community, identifying and addressing issues at the earliest opportunity, working proactively to engage families and ensure they access the support they need. Family Intervention Workers work much more closely with families, identifying and addressing needs and coordinating packages of support for families, often taking on the role of key worker. They are supported in this role by a range of specialist workers who provide advice, support and guidance to Prevention and Intervention Workers.

The City Council's commitment to whole household key working approach to children and families was reinforced in 2012 with the launch of the Building Successful Families (BSF) programme, which encompasses the Government's Troubled Families programme. BSF works with families affected by multiple problems including worklessness, poor housing, illness and disability, mental health, substance misuse problems, and poverty. BSF is committed to: early intervention and prevention; the use of key workers; and working with the whole family or household. BSF also seeks to encourage more joined-up working and support the ambition of truly integrated service delivery to children and families. No new service has been set up to deliver BSF. Instead, investment has gone into existing services with the aim of developing services already working with families (for example MAST,

Community Youth Teams, the High Support Service and voluntary and community sector organisations) to deliver a whole household approach for the city.

ii. **Project Approach and Activities**

The knowledge exchange project set out to inform the on-going development of the whole household key worker approach in Sheffield and support the ambition of making it the main mechanism for delivering services to the most vulnerable families in the city. It was *not* an evaluation of MAST, BSF or any other programme or service. The project coincided with the rollout of the whole household key approach, which began in late 2012. The learning shared in this report draw on situations encountered in the first year of this roll-out. The findings from this research have subsequently been used to further influence the development of the keyworker approach within services across Sheffield.

The project built on knowledge exchange work already on-going between CRESR, Sheffield City Council and partners in relation to whole household approaches, drawing on national evidence. However, the national evidence base suggests that whole household approaches are hugely influenced by local factors. This provided a case for more intensive, additional knowledge exchange and follow-on activity to situate CRESR's previous research within a Sheffield-specific context. In response, an action research approach was developed. This meant that the research was a reflective process of progressive problem solving led by CRESR and Sheffield City Council, but with the active participation of Sheffield-wide service providers. The project sought to inform development of a city-wide whole household key worker approach; the development of a city-wide mechanism for referral to whole household intervention services; and explore and facilitate local partnership working around the whole household approach, by seeking to understand and address cultural, operational, and system barriers.

Research activities included in-depth discussions and briefing sessions with more than 30 senior managers in services across the city, 12 focus groups with front-line officers and service managers attended by more than 50 staff. The focus was on understanding existing systems, practices and partnership working arrangements, and exploring barriers to implementing what is known to work for the whole household key worker approach.

Detailed case study work was undertaken with seven families and their service providers, who were taking a whole household key worker approach. The focus was on understanding how this approach works in practice, and in the context of Sheffield. Access to participants was negotiated through Sheffield's MAST service and two voluntary sector services. Case studies of seven families were carried out; six had a MAST key worker, and one had a key worker from a voluntary sector service. In each case study, interviews were carried out initially with the key worker, then with family members. In several cases, follow-up visits and telephone calls with key workers and families were made to clarify issues.

The topics included in interviews included:

- the complexity of issues
- the use of Action Plans and assessment tools
- the role of the key worker in co-ordinating service provision (advocacy and referral) and the direct work they undertake
- the role of other services
- rapport between the key worker and the family

- the nature of whole household intervention, and
- outcomes.

Finally, more than 10 briefing sessions and roundtable discussions were also held during the course of the project with staff from across the City Council and beyond, reflecting the emphasis on an action research approach and promoting a reflective process of progressive problem solving.

iii. **Structure and Content of this Report**

This report is divided into two distinct parts.

This **first** provides a précis of the key insights to emerge from these activities. It spotlights barriers to whole household key working, priorities for action and solutions proposed by service managers. It is a compendium of questions posed and answers proffered, rather than a research report. The first part of the report is organised into four distinct sections:

- it commences with a brief review of the national evidence base, focusing on understandings of whole household key working and whole household approaches, reported benefits and guidance on how to realise these benefits
- attention then turns to consider the challenges to effective whole household key working across Sheffield uncovered during the course of the project
- key priorities for action are then highlighted
- finally, a series of comments and reflections are provided by the Sheffield City Council Intervention and Prevention Service.

The **second** part of the report presents the situations and experiences of seven case study families and draws out key learning points in relation to whole household key worker interventions.

Part 1: Key Lessons and Priorities for Action

1. What is Whole Household Key Working? The National Evidence Base

2.1. The emergence of whole household interventions nationally and locally

The notion of whole family, or whole household, working was established under the previous Government as part of its anti-social behaviour strategy. Family Intervention Projects (FIPs) were developed in response to a small number of families deemed responsible for a disproportionate amount of anti-social behaviour (ASB), causing misery for neighbourhoods and corroding community spirit and community capacity to deal with problems. These families were usually facing their own problems – physical and mental health problems, domestic violence, substance misuse, poor basic and life skills. Children often had behavioural problems and were not regular school attendees.

A national network of 53 FIPs was established in 2006-07, as part of the Respect Action Plan, to reduce anti-social behaviour, prevent cycles of homelessness due to ASB and achieve the five Every Child Matters outcomes for children and young people. This network was preceded by a number of longer-established local projects and initiatives, including the Dundee Families Project, five projects delivered jointly by The Children's Charity (NCH) and relevant local authorities, the Sheffield High Support Service established by Sheffield City Council, and the Rochdale Inclusion Project delivered by Shelter. Twenty Intensive Intervention Projects (IIPs) were also established in 2009, based on a whole household approach, but focused on turning around the lives of up to 1,000 of the most challenging and problematic young people aged 8-19 each year, using a contractual approach combining support and sanction.

The Coalition Government has continued earlier commitments to whole household approaches via the Troubled Families Programme, which is one of the main ways it intends to turn around the lives of the estimated 120,000 families with multiple problems (FMPs). This aim was reiterated following the August 2011 disturbances occurring in towns and cities across England. These events propelled the issue of tackling Britain's social problems back to the top of the political agenda. The stated aims of the Troubled Families Programme include:

- getting children back into school cutting youth crime and anti-social behaviour across the whole family
- getting adults into work
- reducing the estimated £9 billion per year that these families cost the taxpayer.

In Sheffield this programme has been re-branded Building Successful Families (BSF), to focus on the positive outcomes that it aims to achieve.

2.2. The nature of whole household interventions

Whole household interventions, including FIPs and IIPs, contrast sharply with the historic approach to the delivery of services for vulnerable families, which have typically involved multiple agencies working with families without sufficient coordination, shared knowledge of underlying issues, or the resources needed to provide the intensive support that is often required to make a real difference. The whole household approach can operate within different models, but essential features include:

- A holistic understanding of behaviour and causes, recognising the inter-connectedness between the problems of all household members; and
- A key-worker, who provides intensive tailored support to manage a family's problems, and co-ordinates the delivery of services using a combination of direct support, advocacy and referral to specialist services, targeted on causes as well as presenting problems.

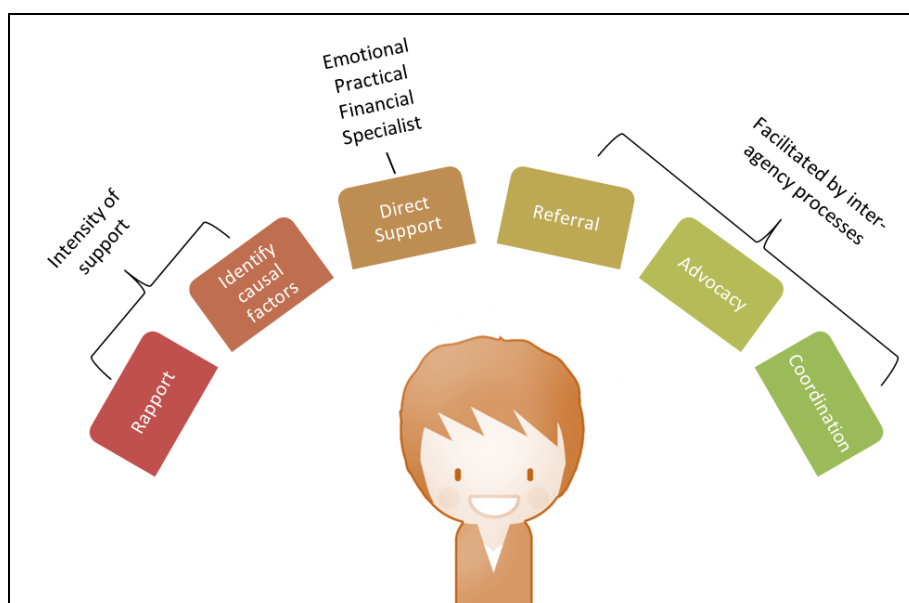
A series of local and national evaluation studies have been undertaken of whole household approaches. Although the limitations of each study should be noted, these evaluations have consistently reported on the associated benefits and successful factors flowing from whole household key working approaches. Where cost-benefit analysis has been performed as part of the evaluation, this has shown that the approach provides significant savings, for example through children being kept out of care, reduced housing enforcement actions and police call-outs to the families involved. The evaluations also evidenced substantial reductions in their problematic and risky behaviour, and increased engagement with services and interventions. Evaluations have found that family members are generally very positive about the approach and have recognised their own improvements directly linked to the support they have received.

Many of the outcomes reported by whole household intervention projects can be difficult to evidence. Transformative outcomes cannot always be achieved for some very complex cases, but the approach can still achieve other kinds of outcomes through crisis management and improving stability for families, which undoubtedly provide good value for money. Key workers were reported to spend a great deal of time with some families on crisis management, such as resolving conflict with neighbours, managing relationship breakdown and dealing with offending incidents (i.e. attending court with young offenders). Stabilising outcomes may be achieved through key worker efforts to ensure children's attendance at school and to maintain a family's relationships with statutory agencies. These kinds of activities can prevent families from descending into further crisis and reduce the need for acute service intervention. Even some of the transformative changes achieved via the whole household key working approach can be difficult to evidence. For example softer outcomes such as improved confidence and self-esteem, improved mental and physical health, and raised aspirations for young people constitute real and positive change, but can be difficult to claim are the direct result of the approach.

Although there has been a great deal of differentiation between whole household projects nationally, each affected by the local context, previous evaluations have identified a number of common factors that appear strongly linked to achieving positive outcomes. The role, activities and attributes of the key worker are critical to the approach. The key worker role is distinct from the role of say a case worker or case manager. A case worker is typically the main contact with an individual or household on behalf of a specific service provider. A key worker, on the other hand, is the main contact with a range of service providers on behalf of a household. Their role involves:

- *Building rapport with the family* - the importance of the key-worker's rapport with a family cannot be overstated. It was found to be the critical first step, upon which all later outcomes were dependent, by facilitating engagement with direct support provided by key workers, but also with specialist interventions provided by other agencies.
- *Assessment of needs across the family* – presenting behaviours are often only the symptoms of other more deep-rooted issues. Focusing on these can be an on-going and fruitless task. Through the trusting, intensive and flexible nature of their interactions with all family members, key workers are well placed to identify the causal factors, which other agencies have not been able to identify because cannot spend as much time with families and do not work in a whole-household way.
- *Developing a support and exit plan to meet the needs of the family* - after establishing some of the causal factors, the key worker is well placed to determine which specialist services need to be involved and when, and what the family needs to be able to function independently over the longer-term. Preventing an over-dependence on key workers was helped by focusing on the development of sustainable skills and strategies and by the co-production of an exit strategy at an early stage. Involving the family in developing the support plan confers a sense of ownership and prepares them for stepping out alone when the key-worker withdraws.
- *Co-ordinating a multi-agency response to the needs of the family* - the key worker has a role in referring family members to specialist services and advocating on behalf of the family, for example, when the relationship with these services has broken down. A critical role of the key worker is then the co-ordination of the multi-agency response, which can save time and money by preventing the unnecessary or duplicated effort of specialist services, and facilitating the engagement of family members, meaning fewer missed appointments. Engagement is facilitated by the key worker working with the family to understand why specific interventions are necessary, demonstrating how these fit within the wider support plan, and by practically helping family members get to appointments.
- *Providing direct support to families* – in addition to specialist support provided by other agencies, the key worker may sometimes offer additional specialist support such as parenting courses, anger management counselling, and cognitive behavioural therapy (CBT). Mainly, however, the direct support provided by key workers is in the form of emotional, practical and financial assistance. Emotional support, which was highly valued by families in previous evaluations, is most often in the form of one-to-one chats during home visits or via phone. Practical support can include assistance with parenting (e.g. setting bedtime routines and understanding dietary needs), taking children to school or service appointments, dealing with correspondence, and domestic management (e.g. DIY and cleaning). Financial support can be ensuring take-up of benefit entitlement, assistance managing debts or bills and purchasing clothing or other essential items.

Figure 2.1: The Role of the Key Worker



The perceived independence of the key worker emerged as being important for building rapport with families, who may have previously developed negative relationships with statutory agencies. The national evidence reports that the interpersonal skills of key-workers were a critical factor in developing initial rapport and for providing on-going support and challenge to family members, based on professional values of listening, being non-judgemental, promoting wellbeing and establishing relations of trust. The key worker's background was found to be important in some cases. For example, where neighbourhood violence was an underlying factor affecting the behaviour of household members, key workers who had been recruited from the same locales were perceived to understand what it was like, and so have their respect.

Key worker caseloads impact on their capacity to deliver intensive support, and the complexity of cases may also need to be factored into this. The length of the commitment offered to families was found to be important, alongside persistence and consistency. This means key workers staying involved with families for as long as necessary. One evaluation found that the longer the period of intervention the greater the likelihood of successful outcomes, and that this was the most important explanatory factor. Maintaining successful outcomes was also dependent upon the input of other statutory services, which need to be in place at the point of exit, or would likely lead to the family being re-referred, which in turn might necessitate initial engagement to begin all over again.

The use of sanctions by key workers was found to have limited and often negative effect. The relationship between key workers and family members was the central and most significant factor in achieving positive change, especially where this was based upon a persistent, non-judgemental and assertive approach. This relationship and the use (or withholding) of informal rewards and incentives were more important than formal enforcement action or sanctions in affecting change. This is not to say there is no role for sanctions. Some agencies have a statutory role to play that requires the use of sanctions. The key worker's independence from these processes can be a positive, as the family is more likely to work with their trusted key worker to meet statutory requirements and avoid sanctions.

The whole household key worker approach worked best where this provided additionality and was not a replacement for other provision. It was found in some

cases that other professionals took the arrival of a key worker to signal that they could withdraw or take a back seat. This misses the point that key workers are there to play a co-ordinating role. Where specialist interventions are required, these must continue to be performed by the relevant agencies. This scenario spotlighted the importance of key worker leverage with other services. Although the perceived independence of key workers can help with family rapport, actual independence from the statutory sector was sometimes a hindrance where this undermined the ability of the key worker to lever in specialist support for families. Key workers got around this by building their own relationships with other relevant specialists, but these linkages tended to remain with the individuals concerned. This demonstrates a need for buy-in from other agencies (at all levels) and inter-agency systems to support the key worker role, to maximise the wider benefits linked to this approach.

Key workers report other issues trying to gain access to specialist provision for families. By focusing on causal factors behind presenting issues, this identified a level of need in some areas that had previously been hidden. For example, young people presenting with offending behaviour and anger management issues were found to have needs linked to learning disabilities and/or stemming from experiences of domestic violence and family bereavement. Services to address these needs were not always available locally on the scale required, thus undermining the ability of key workers to support families. In addition to long waiting lists, inflexible models of working and threshold criteria that were difficult for key workers to evidence also made it difficult to gain access mainstream and special support services.

2. Whole Household Key Working in Sheffield: Key Findings

Summary

1. There is no shared, city-wide, cross service understanding of key working in Sheffield
2. There is no shared, city-wide, cross service understanding of whole household working in Sheffield
3. Roles presumed (by some services) to encapsulate key working do not fulfil all aspects of the approach
4. Buy-in to the principles of key working varies between services and agencies
5. MAST Intervention Worker is the role that most closely resembles whole household key working within Sheffield City Council
6. Lack of knowledge and understanding about MAST limits the engagement of some services
7. The whole household key working of Intervention Workers is limited by a number of factors:
 - the challenges of identifying causal factors and signal behaviours
 - difficulties escalating cases to specialist services
 - the unwillingness of officers in some services to cede key worker responsibilities

2.1. There is no shared, city-wide, cross service understanding of key working

Different views and opinions exist within and between services about what key working might entail, who should perform the key worker role and when a key worker should be engaged. Numerous services reported adopting a key worker approach, but what was described was rarely consistent with the model outlined in Chapter 2. It was also common for key working to be equating with case working. Case workers typically serve as the primary point of contact between a service and a family, providing information, advocacy and leading on service delivery. However, various elements of key working lie beyond the typical responsibilities of case workers. These can include advocacy with *other* services to secure and maintain appropriate care and engagement, and the coordination of services working with the family in order to maximise synergies, minimise tensions and eradicate duplication. Services that adopt this case worker approach are also less prone to assume a whole household approach, involving a focus on the young person, but also engaging other household members and (sometimes) peers. Nor do they tend to work to an overarching action plan. This is in contrast to the role of key worker, which involves drawing together appropriate range of services around the household and ensuring that required interventions are delivered to maximum effect.

There is also currently some confusion about whether the lead professional and the key worker are one and the same. The Common Assessment Framework (CAF) is regularly used by services in Sheffield to support early intervention work with families and ensure better joint working and communication between practitioners. As part of the assessment, a lead professional is appointed. Statutory agencies (such as Children and Young People's Social Work Services) explained that they typically assume the role of lead professional when engaged with a case. The lead professional role was often considered to be synonymous with key working. In theory, there are overlaps between the two roles. The Department for Education outlines the lead professional role to involve: acting as a single point of contact for the child or family; coordinating the delivery of the actions agreed by the practitioners involved; and reducing overlap and inconsistency in the services offered to families.¹ However, in practice, it appears that the lead professional does not necessarily assume all aspects of the role. For example, it was reported that in some instances services adopting the lead professional function do not assume responsibility for ensuring that other agencies engaged with the family are coordinated, coherent and achieving intended outcomes. Yet, statutory services can prove reluctant to cede responsibility for coordination around the family to another service. An additional layer of confusion is added by the fact that some services reported that they do not work with or recognise the concept of lead professional. It was also apparent that there were unclear decision-making processes around who should be the lead professional. The decision appeared to be a negotiated settlement based more on service capacity, willingness and differential power relations rather than on standard practice.

2.2. There is no shared, city-wide, cross service understanding of whole household working

Services working with children and young people do consider the needs of the child within the context of the family. This often involves viewing the family as the basis for support for the individual child or young person who represents the focus of service provision. Attention to the situations and needs of other family members is often determined by the extent to which their own situation might be exacerbating the issues facing the child and the support and assistance they can provide to the child. However, it is less common for services to identify inter-dependencies and inter-linked problems between family members, by working with all the family. Yet, revealing the interdependencies can help identify causal factors behind the presenting behaviours of one or more members. National evidence also points to the importance of engagement with other household members (and sometimes peers) to maximise the chances of successful early interventions and preventative work with young people. For example, if a parent does not see the value of the project, or recognise any real problem with their child's behaviour, the young person might not be supported by their family to engage and might even be going against their parents' wishes by engaging.

Various challenges can be associated with pursuing a whole household approach. Assessing the issues faced by multiple family members is inevitably more time consuming, requires a skill-set that cuts across multiple domains and involves an understanding of adult *and* child focused issues. Levering in appropriate services to deal with the more varied presenting issues for multiple family members requires close linkages with a wider range of services, and a broad commitment to greater multi-agency working. While services, such as MAST, are establishing close working

¹ <http://www.education.gov.uk/childrenandyoungpeople/strategy/integratedworking/a0068961/the-lead-professional>

relations and referral protocols with a host of child focused services, there remains work to be done across the city to better join-up adult and children's services.

2.3. MAST Intervention Worker is the role within Sheffield City Council that most closely resembles the national approach to whole household key working

Intervention workers deliver an early intervention and prevention service, involving the provision of direct support (practical, financial and emotional) to young people and their families, referral to and advocacy on behalf of clients with other services and coordination between agencies working with the child. Intervention workers are also directed to assume a whole household approach, with the child being the focus of attention and the family being recognised as having a key influence on the child's situation and being part of the solution. Family issues are either dealt with by the Intervention Worker, sometimes in consultation with a specialist, or through signposting of family members to relevant services.

2.4. Various factors appear to limit the extent that services are utilising the whole household key worker role of MAST Intervention Workers

Knowledge and awareness about the work of MAST and the key working role of Intervention Workers varies within and between services. For example, some social workers work closely with Intervention Workers and value their contribution, whilst other services are unclear about what MAST does and about the role played by Intervention Workers. Reference to education welfare and parenting classes were frequent, but knowledge about the early intervention and prevention work of Intervention Workers was often limited. This is a frequent problem with preventative work, the benefits of which are often hidden from view. Without knowing what MAST does or the benefits flowing from preventative work that helps children and young people avoid particular problems or limits the challenges encountered by addressing issues at an early stage, officers in some services are unclear about when or why they would refer a client to MAST.

Some services reported that knowledge and understanding about what MAST does is not helped by the reported lack of referral criteria. In fact, MAST does assesses all referrals to determine whether the case should be allocated to an Intervention Worker, a Prevention Worker or signposted to the relevant agency best placed to provide assistance with a specific issue or query. However, these criteria are not widely known outside MAST. A related issue was that some services reported being unsure when a case should be referred to MAST or another agency, such as Community Youth Teams. Once again, this confusion seemed compounded by lack of knowledge about the responsibilities of MAST and the role of the key worker. Some services saw MAST as offering a set of specialisms that complemented other agencies rather than understanding its role as being facilitative. A further issue raised was the lack of feedback from MAST about how cases were allocated and progressed once a client had been referred into MAST.

For some reason the title 'Intervention Worker' conjures up for some services the notion that they are the sole agent intervening with the family, rather than also being a facilitator, advocate and coordinator of an inter-agency approach (whole household key worker). This can contribute to some services feeling justified in 'stepping back' from a case once it has been referred to MAST. For example, it was apparent that whilst some agencies are reluctant to cede whole household key worker responsibilities to Intervention Workers, others are proving keen to relinquish responsibility to the MAST intervention worker. However, this could prove to be a positive development. Discussions with families suggests that intervention workers,

as non-statutory professionals, can form more effective working relationships with children and families and help facilitate more effective engagement between families and statutory services (in particular, social care). However, it also raises questions about the capacity and skills of MAST intervention workers, which are discussed below.

Another common perception is that Intervention Workers only intervene on specific issues associated with the roles perceived to have been rolled into MAST, including Educational Welfare Officers and Family Support Officers. Services often fail to appreciate the full extent of the Intervention Worker role, which was revealed during interviews with families to include all aspects of the whole household key worker role as outlined in Section 2, including direct support and practical help and guidance (for example, with parenting skills, gaining access to services, budgeting and school attendance) and emotional support. Some service managers are also not fully aware of the important role that Intervention Workers often play in facilitating the engagement of their workers with families that might otherwise prove difficult to work with.

Officers in some services were sceptical about the value added by MAST and the contribution made by Intervention Workers. These negative views and opinions served to limit engagement with MAST. In some cases, criticisms of MAST were rooted in unfavourable comparisons drawn between the work of MAST and Family Intervention Projects (FIPs) that had previously operated in the city. This is an unfair comparison. There are clear parallels between the MAST approach and the FIP model, not least the focus on whole household key working. However, FIP whole household key workers managed much smaller caseloads, allowing them to work far more intensively with families than Intervention Workers. However, Intervention Workers did themselves raise concerns about the limiting effect of caseloads on their ability to work in the flexible and intensive manner characteristic of whole household key working. In relation to flexibility, the national evidence points too many of the outcomes for the most troubled families being focused around 'crisis management'. As many crises occur outside office hours, flexibility of support is vital to effective interventions. Flexible and intensive support also serves to facilitate rapport that underpins positive outcomes. One suggested response was the introduction of a tiered approach to whole household key working, with some staff carrying smaller caseloads allowing more flexibly and intensive work with the most complex and vulnerable households.

The contribution made by Intervention Workers through early intervention, preventing the escalation of cases into acute problems was not recognised or appreciated by some services outside of MAST, the positive outcomes from MAST were not readily apparent to them. Services with closer working relations with MAST appeared to have greater appreciation of the role played by Intervention Workers.

Some services reported that they could perform the key work role better in-house, particularly where MAST Intervention Workers were carrying out duties that had been transferred from their own service. Outside the public sector, voluntary and community organisations that had workers operating under a whole household key worker, whole household approach also felt that their skills, expertise and relationship with the local community went unrecognised. A particular concern was around not being given the opportunity to deliver services under the BSF funding, some of which had been allocated to MAST

2.5. Various factors serve to undermine effective whole household key working

In theory, if a case requires a specialist intervention, the client is referred to the relevant service and the Intervention Worker continues to provide direct support and advocate on behalf of the client. In practice, various factors appear to impact on the effective operation of this whole household key working model. Three issues emerged as key.

First, the challenges of identifying risk factors and signal behaviours. The actual needs and underlying causes of behaviour, including the dynamics of the household, are often hidden from view at the time of referral to MAST and might only be revealed as a result of a whole household key worker entering an on-going dialogue with the family, through repeated home visits and the development of a trusting relationship. There was clear evidence of this in the work undertaken with families. Intervention Workers typically developed a much broader understanding of the issues affecting a family than the referring criteria suggested (or in some cases, the action plan of CAF eluded to). Caseloads inevitably limit the time that Intervention Workers are able to spend with a family and make it more difficult to identify risk factors and signal behaviours. It is questionable whether there is any alternative to spending time with the family, when it comes to developing rapport and gaining insight and understanding beyond the presenting issues. Intervention Workers raised concerns about the initial focus on assessments and paperwork when engaging with a family, which can get in the way of efforts to get to know the family and build rapport, especially with families that have negative perceptions of service provision. This is an important point. Engagement is a crucial first step upon which the success of the intervention can depend. Rapport with a family can be undermined if engagement focuses too heavily, in the first instance, on the assessment of needs and development of an action plan and contract, rather than on building rapport. In addition, the training plan for Intervention Workers needs to be extensive in order to ensure that they have requisite skills to identify and respond to multiple issues affecting a household. This needs to be balanced with the benefits that flow from having a focused job description and the ability to develop key skills.

Second, Intervention Workers can sometimes encounter problems escalating a case to a specialist service. This might be because referral thresholds are difficult to evidence or Intervention Workers are unclear about the full range of children and adult services and referral procedures and thresholds. Also, specialist services are overburdened and required to ration the number of cases they accept. Whatever the reason, Intervention Workers reported having to 'fill the gap'. This finding helped to explain concerns raised by some intervention workers about lacking the specialist expertise relevant to a particular case, which appeared to be at odds with the presumption that the whole household key worker is a facilitator and enabler, rather than a specialist provider, who supports and assists families to access relevant services. Intervention Workers reported that some cases need a greater level of upfront specialist input to help with engagement and to determine the input required from different services, in addition to the fact that some specialist services have long waiting lists, leaving intervention workers to manage the challenge of assessing and responding to client needs as best they can. Specialists (for example, primary mental health workers) are located within MAST teams to offer advice and assistance to Intervention Workers, but it is unclear whether Intervention Workers can always gain sufficient access to this resource.

Third, in addition to confusion about what the whole household key worker role entails and who should fulfil this function when multiple agencies are engaged with a family, ***there was evidence of reluctance in some quarters to cede whole household key worker responsibilities (support, coordination and advocacy) to***

MAST. In some instances this was linked to issues of grade and professional status, which served to complicate the whole household key worker/specialist dynamic. It also reflects a misunderstanding of the whole household key worker role and the demarcation between the role of the whole household key worker (rapport, direct support, referral, advocacy and coordination) and the specialist service. These problems are particularly apparent around the escalation and de-escalation of cases between MAST and statutory services. Confusion can arise, for example, about responsibility for coordinating case review meetings or the Team Around the Family and links between the case plans of different services can be weak, undermining the notion of 'one plan'.

Officers from across different services frequently expressed the hope that the introduction of the Prevention and Assessment Teams (PAT) would help to resolve many of these problems with whole household key working. Key objectives of PAT are that it will increase information sharing and promote better decision making; increase the speed and accuracy of case allocation, particularly at the margins of statutory provision; promote clearer demarcation of roles and responsibilities between services, including whole household key worker tasks; promote integrated assessment between services and across families, supporting the principles of whole household working; and provide a clearer point of referral for community-based partners, such as GPs, nurseries and Children's Centres. If PAT can deliver on these objectives it will help to resolve the issues highlighted above relating to assessment and referral. However, challenges rooted professional cultures, perceptions and misconceptions may well remain.

3. Promoting Whole Household Key Working: Priorities for Action

The Sheffield Corporate Plan (2011-14) makes a clear and unequivocal commitment to a whole household key worker, whole household approach to working with families with complex, challenging or multiple needs (p6). It recognises that there are certain individuals and families for whom it does not make sense to address the needs of one person without considering their wider family situation. It commits to provide intensive support on a whole household basis, through whole household key workers. It identifies whole household key worker responsibilities as including the coordination of different agencies and making sure that the right services are available to families, at the right time. The hope is that this approach will reduce the amount of staff and different agencies tackling the same problem and working with the families.

The discussion above has provided a distillation of the key factors challenging the effective delivery of this approach. This section responds by identifying a series of priorities for action in a bid to address these challenges.

1. **Restating the corporate commitment to the whole household key worker, whole household approach** - some services appear unclear or uncertain about the City Council's commitment to the whole household key worker, whole household approach. There is also some evidence of resistance to the approach. Services need reminding about this corporate commitment and the rationale and logic of the approach (including resource efficiencies).
2. **Securing the buy-in of services across the city to the whole household key worker, whole household approach** - some services remain sceptical about the benefits of prevention and early intervention. Countering this scepticism requires that the contribution of whole household key working and whole household approaches to prevention and early intervention is evidenced and shared. This involves demonstrating, in particular, the outcomes flowing from the work of MAST. This includes the positive impact of preventative work on the caseloads of other services.
3. **Promoting a shared understanding of whole household key working and the whole household approach** - further to the need to restate and secure buy-in to the whole household key worker, whole household approach, there is a need to articulate what the approach actually entails within the city. The role and responsibilities of the whole household key worker need to be agreed across services. Who will perform the whole household key worker function, when and in what circumstances will need to be clarified? Willingness will have to be nurtured among services that have proved reluctant to cede responsibilities to a whole household key worker.
4. **Clarifying the relationship between the whole household key worker and lead professional** - this relationship needs to be confirmed and the roles and responsibilities of each, including expectations around cooperation and collaboration, clarified. This should include clarifying accountability for progress and outcomes against an agreed plan.

5. **Revisiting mechanisms for identifying risk factors and signal behaviours within a family** - caseload pressures mean that Intervention Workers are not always able to spend the time required to gain insight into the full complexity of the factors impacting on a family. Is there any alternative to spending time with a family to gain insight beyond presenting issues? Is the current level/kind of training and supervision adequate for developing individual's abilities to be whole household key workers?
6. **Improving referral processes and systems** - agencies need to know about the basis on which MAST determines whether a case should be allocated to an Intervention Worker, a Prevention Worker or signposted to another agency. Intervention Workers need to know why they encounter problems escalating cases to specialist services. Shifting roles and responsibilities when cases are escalated to a statutory service or de-escalated down to a non-statutory service require clarification. The development of PAT should actively seek to resolve these issues.
7. **Communicating what MAST does** - the full extent of the work of MAST and its Intervention Workers is not fully appreciated by other services and agencies. The consequences range from the failure to effectively utilise MAST services through to unrealistic expectations that MAST cannot hope to fulfil. Services need to be enlightened about the services that MAST provides, progress made working with clients referred to MAST and the positive outcomes arising from this work.
8. **Providing Intervention Workers with specialist support and assistance** - Intervention Workers are the experts in whole household key working. They support, facilitate and enable. But how do they manage when a case requires specialist input that cannot be readily accessed? Can they / are they calling on the help of specialists embedded within the MAST teams? What solutions will PAT offer?

4. Reflections from the Sheffield City Council Prevention and Intervention Service

1. The research supported and enhanced the development of our 'Way of Working' within MAST and specific contracted partners through Troubled Families (TF) funding. During phase 1 of the TF programme we implemented a Whole Household approach to interventions with identified TF families - the success of this approach to achieving outcomes with families has been independently evaluated by ECORYS during phase 1 of the TF programme. Whole Household working is now used consistently with all families across MAST and Best Start (Early Years) teams, with the ambition of broadening the approach across other areas of Children Services and beyond. We have the support of our Executive Director of Children Services and Chief Executive of the Council to make this approach "business as usual".
2. The success of our approach has been recognised at the national level. In July 2015 Louise Casey joined staff and families in Sheffield to celebrate and endorse our approach - stating that our ambition of "One Family, One Worker, One Plan" was now a national mantra (evidenced in the guidance for phase 2 of the TF programme).
3. The development of the Sheffield City Council 'Way of Working' required and supported the development of a range of practice tools:
 - an enhanced electronic Family Action Plan used to identify families meeting TF criteria, track family progress against key indicators and provide families/keyworkers a means of understanding who is doing what.
 - promotion and embedding of both the Family Common Assessment Framework² (FCAF) assessment and the Team Around the Family (TAF) process internally with staff and across partner agencies (today over 1500 frontline staff across the city have been trained in the use of the FCAF, including partners in education, housing and health; over 160 staff have been trained in the TAF process) and this training continues to be offered on a termly basis to all key workers across the city.
 - additional training to support key worker engagement with families / practice also continues to be offered on a rolling programme (focusing on Engaging Adults and hearing The Voice of The Child).
4. The operational manual known as the Integrated Practice Manual has now been redrafted in line with the Way of Working model and will be re-launched with Sheffield City Council staff and external partners in 2016.

² <https://www.sheffield.gov.uk/caresupport/professionals-providers/family-caf.html>

5. The next phase of service design for MAST is a move to locality partnership arrangements – the development of this model (currently piloted) has been beneficial in raising the profile of service available to partners via MAST's and explored where a more coordinated response can be given across agencies to better meet the needs of families.
6. Our development of the Whole Household Keyworker approach is gaining national recognition. Louise Casey (former director general of the TF Unit) and other colleagues within DCLG have worked closely with us over the last 2-3 years and have promoted our approach in local authorities around the country citing as a national mantra our approach of "One Family, One Worker, One Plan".
7. The research also helpfully informed thinking within the Council and its partners about public service reform. The report's validation of the broad principles of our approach means we want to expand the work of our Building Successful Families work to more people: to more families with children; and to individuals and families who may not have children, but who would benefit from a more coherent, 'key-worker' based model of support.

Part 2: Family Case Studies

1. Key Learning Points from the Case Studies

This section collates some of the key learning points to emerge from the case studies.

- i. The ability of the key worker to establish a positive and productive relationship is a critical aspect for achieving positive outcomes.
- ii. Key workers provided a significant amount of emotional support and 'befriending' to families, and this was often the most highly valued aspect of intervention reported by families.
- iii. A number of aspects were found to be important to establishing a positive working relationship: focussing on positive achievements is helpful and encourages trust; families value encouragement rather than coercion; encouraging families to tackle issues themselves is productive, promotes better engagement and builds resilience; and a listening ear is an important skill.
- iv. Key workers are often able to identify an array of issues beyond the original referral. Some of these are closely interconnected with the original referral, some not.
- v. The kind of issues that key workers offer direct support for is varied. It often extends from parenting support, to family mediation, help managing finances and even sourcing essential items of clothing or furniture to meet children's needs.
- vi. Some cases do not require intensive intervention. Instead, befriending and signposting to universal services is sufficient. In some cases, early intervention services can play an important role in supporting families as they await referral to specialist services.
- vii. The key worker's ability to coordinate multiple services 'around the family' has significant benefits. It ensures that families receive timely and comprehensive support, it reduces overlaps and gets nearer to the concept of 'one worker, one family, one plan'. Also, in situations where families face difficult decisions that involve different services, a key worker provides essential support and assistance to manage information and provide the family with an advocacy role.
- viii. Key workers can play a significant role in supporting families to engage more productively with specialist services. This was particularly positive for establishing (or re-establishing) linkages with social workers.
- ix. Where there is dispute about who holds key working responsibility, there is danger that families are poorly supported at the most critical times. This can lead to poor outcomes, reverse any progress made and dissolve trust that has been established. The blurry distinction between the 'lead professional' and the 'key worker' appears to be a key factor, and the issue is particularly pertinent in cases that involve MAST and Social Services.

- x. The length of time over which the key worker is involved with a family varies by the complexity of the issues and the family's level of responsiveness to interventions. Longer-term involvement is often the result of key workers identifying a range of issues beyond the original referral, and working with the family to resolve them.
- xi. In most cases here, intervention had been significantly longer than the 'standard' times ascribed by services. Whether or not to close cases is determined mainly by the key worker's instincts, more so than it is determined by achieving pre-established milestones or outcomes.

2. The Brown Family

2.1. About the Family

Rebecca lives with her four children, all under seven years old. The intervention worker has been involved with the family for about a year with routine visits every two weeks. At the time of the interview, the intervention worker was withdrawing and routine contact was maintained predominantly by phone interspersed with visits. The family were initially referred from Social services.

A safeguarding incident in October 2012 prompted the involvement of Social Care who conducted a joint visit with the intervention worker to complete an assessment. It was agreed that the family did not meet the social care threshold and no further intervention was required by Social Care, with the exception of a number of checks over a six month period. The case was assigned to MAST.

Working in conjunction with social care

2.2. Challenges Faced

There have been a number of agencies involved with the family: social services, a MAST key worker, Home Start (befriending), health visitor, nursery, children's centre and school.

School had raised a number of parenting issues, such as the children looking unkempt but predominantly concerning their non-attendance at school. There were a number of other issues such as bed wetting and behavioural issues with one child. Longer term involvement with the family revealed a number of other issues such as domestic violence, unsuitable visitors to the house, drinking for long periods. There had also been previous drug and alcohol use by both parents. Discussions with Rebecca also revealed she was finding it difficult to leave the house.

Long term involvement revealed a number of other issues

2.3. Early Intervention Activities

Support has focussed on increasing the level of school attendance for the twins. Rebecca's reluctance to leave the house was having an adverse effect on their attendance at school and it became apparent that Rebecca was relying on friends and neighbours to take the children to school.

Rebecca reflected on the meeting with the intervention worker and social services and explained her trepidation.

I were a bit scared cos I knew it were about attendance and why the kids didn't go to school and there's parents that could be blamed for that... Yeah first time she [the intervention worker] come out she did explain what she come out for and what needs to be done and stuff like that.

Rebecca explained that she valued the advice of the intervention worker and felt it made her think about her behaviour and current situation and the negative effect it

was having on the children. Rebecca also reported that the meeting had given her a degree of self-motivation to address the issues.

I took it straight on board at that point and thought yeah, and with social services, she come when social services come at that time as well so I thought ok, things need to be sorted.

Encouraging self-motivation and reflection

Rebecca was able to discuss the issues surrounding the twins' attendance positively with the intervention worker and resolve the problems. The Action Plan provided encouragement to work towards goals and helped Rebecca see her distance travelled and how much progress she had made.

Having time to build trust and rapport with the family, offer emotional support

I think it's good cos it's making achievement in me and my family really. ... It gave me a boost, that I know that I've got someone there and there's people to talk to if there's owt up with her and stuff.

Providing a set of goals to work towards

Rebecca described the visits from the intervention worker as helpful and the number of visits as just right. Rebecca also valued the help she received regarding other meetings at school for example. The intervention worker was working closely with school and Rebecca to ensure they found a workable solution. Rebecca attended the meetings at school with the Intervention worker.

Near enough every week but any appointments I'll ring her and tell her and she'll put it in her diary cos at next meeting all these appointments come up, really with me going to meetings at school and not knowing nowt, [the intervention worker] obviously writes that down...[the intervention worker] goes, I go and it's twins' learning mentors and maybe one of twins' teachers, that's not all time.

Advocacy on behalf of the family with agencies such as school

Rebecca was referred to Home Start, a befriending service who work in partnership with MAST. A free nursery place was secured by the Health Visitor at the nearby Children's Centre.

2.4. The Family's Experience

Rebecca reported that the visits had helped her realise what she needed to do.

She's [the intervention worker] useful cos there's been a change in last year in everything, not just about attendance, about myself and about kids' behaviour, everything's changed.

Rebecca spoke very positively about the intervention worker:

She's all right, I'm comfy saying anything to her...she [intervention worker] doesn't come and just say what she wants, she'll listen to you, she has got time to sit and listen, not like some people...she'll talk you through it, she'll not say 'you've got to do it' cos if someone tells me I've got to do it, I won't do it. If I know someone's here to help and if I know someone's here wanting to help then I'll work both ways.

Time to listen

Rebecca now takes the children to school and their attendance has improved.

Just goes on twins' attendance, which that's achieved, they say about twins doing their homework which that's achieved 100% now from when it was never getting done... It makes me feel happy when I go to meetings and they say 'we don't need to look on attendance, we don't need to look if twins are doing homework' it does make you feel a hell of a lot better....If it weren't for [the intervention worker] doing that first visit I probably wouldn't have been the same.

Rebecca explained how her behaviour had changed. She was able to get 'out and about' much more, and was better at ensuring the children attended appointments such as the dentist.

There's a lot of things, it were always getting taxis to school, never doing no walking but now I'm out and about, at one point I couldn't even go to shops on me own but now I do everything with me kids, I were just getting other people to take kids to school the times when they were going cos I weren't doing it...if it weren't for [the intervention worker] coming or being involved with social services for six months I wouldn't have got a placement in nursery and now she's hell of lot better.

Rebecca was taking sole responsibility for the children, dropping them off at school and nursery, and was able to visit her mother, who lives close by.

I'm a lot better, it's only me what sees to all four kids now, I don't even ask me mum to do stuff no more, it all gets done by myself.

Rebecca had made progress addressing the unsuitable company and alcohol issues, and was addressing her own problems with alcohol:

I was saying to people, 'I can't have you at the house cos of kids and social services are here' and I just said 'I can't have a drink and I can't drink around kids, I've got social services now' and them people never stayed, never even rung after. It just proves when someone says you've got to do this and you've got to do that, you've got to do your responsibilities really, there are some people out there that just ignore all that but I didn't.

Discussing appropriate behaviour and highlighting available help and support

2.5. Outcomes

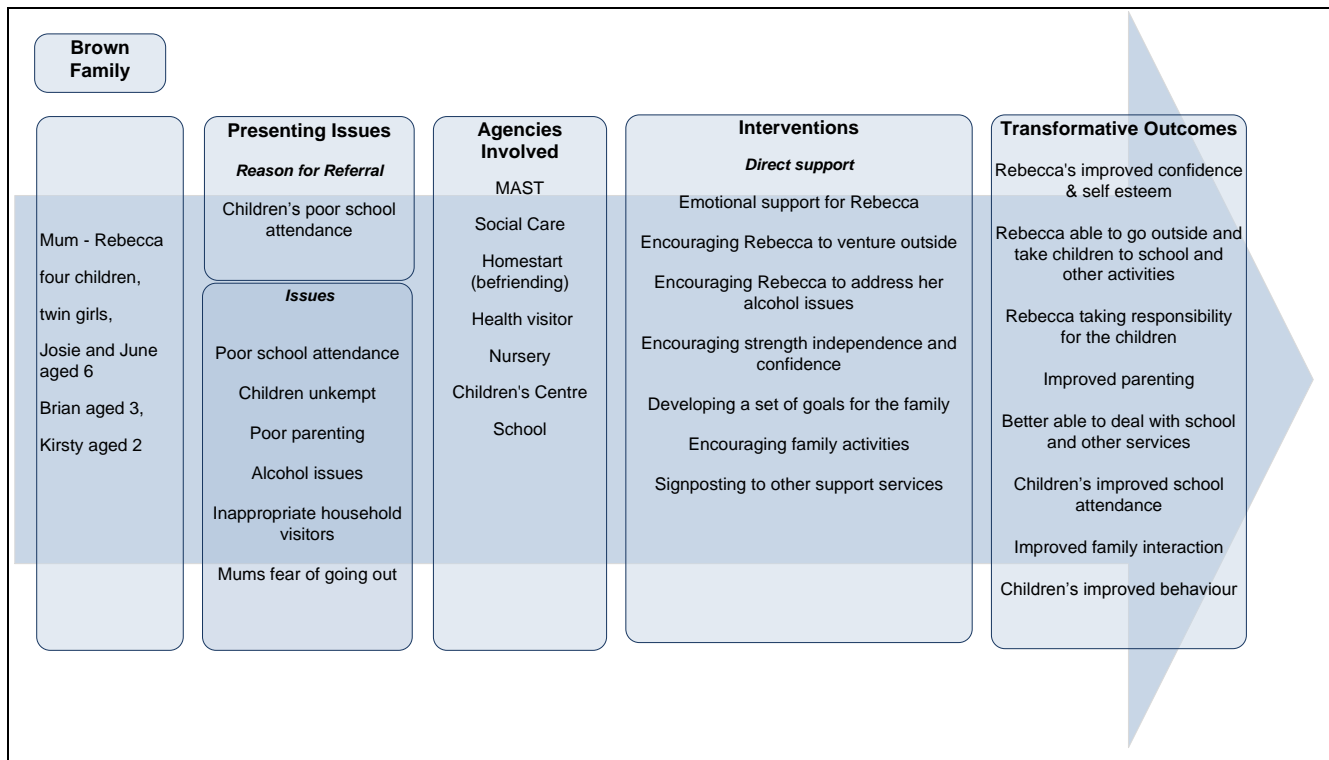
The family made significant progress. The twins' school attendance improved considerably.

The action plan has worked, there were a lot of things down about kids, there's only a couple of things on there now, we're still working on attendance, it's got to be a hundred per cent and it's 80 odd now so [the intervention worker] says soon as that's gone if I don't need her no more I can just say I don't, but she said 'I'm still here to talk to you if you ever get stressed out' so it's not just about attendance.

Rebecca was more involved with the children; better able to take responsibility for them and attend to their needs. She had made considerable progress with her alcohol issue, changed her lifestyle and her circle of friends and in so doing, providing an improved and enriched environment for the children. Rebecca's confidence and self-esteem have improved.

Supporting the whole family

She always makes me think positive about myself and it's not just about kids, it's about me as well, so she'll get me thinking more that she's not just here to talk about kids, she's here for me an' all and it's not like she talks for me, I can talk myself, any questions I get asked at them meetings they get answered properly...She'll listen and she has a joke. I don't feel stressed when I know she's coming...She's never been pushy, she's offered but not pushed which the social services also asked me about the drink, there were no pushing off them cos they knew I were doing summat of what I were doing, like being a mum, they said 'you've got to drink sensibly and look after kids' and that's all I got off them....She offers hell of a lot of help, but not pushy at all.



3. The Deardon Family

3.1. About the Family

Claire and her son, Harry (aged 14), were referred to MAST for a period of four months. An Intervention worker was appointed to their case and visited them weekly and had regular telephone contact. The case was referred to MAST following the completion of a CAF assessment by Harry's school. Harry's father, Joel, does not live with them, but he sees him frequently. There was a history of domestic violence between Claire and Joel. The intervention worker had not had any contact with Joel.

3.2. Challenges Faced

Harry experienced serious issues with drug-taking (mainly cannabis), and had been involved in some antisocial behaviour. He was also suffering with emotional and behavioural difficulties, particularly anger towards people. He had been temporarily excluded from school several times as a result of these issues and his academic potential had significantly declined. Harry's school had indicated that they were going to permanently exclude him.

Harry's relationship with his mum, Claire, had been under strain. He had stolen from her and often ran away from home. Claire had a history of drug-related problems herself, and had suffered domestic abuse from Harry's dad, Joel. Although Harry had been in contact with Joel, their relationship was very 'up and down', and Claire was very concerned about contact between the two.

When MAST became involved in the case, Harry had been referred to the Child and Adolescent Mental Health Service (CAMHS) service, but was on a long waiting list. Harry was also receiving some support from the Youth Offending Service. MAST became involved to offer the family further support while Harry waited for CAMHS support to begin. MAST also provided key worker support to coordinate the different services involved.

Providing coordination where families need to make difficult decisions and multiple agencies are involved

3.3. Early Intervention Activities

The intervention worker was able to lever-in additional support for Harry and Claire. This included a referral for Harry to a drug-addiction support service; and referral for Harry and Claire to a counselling service to deal with emotional issues related to a family bereavement.

Identifying specific needs and lever-in appropriate support

The intervention worker also played an important role in supporting Harry with continued access to education. While the school initially wanted to permanently exclude Harry, the Local Authority's education service raised concerns that finding a suitable alternative school would prove near impossible. The intervention worker liaised with the school and involved key staff from the local authority to ensure that Claire (and Harry) received advice, support and advocacy about how to achieve an appropriate outcome. The outcome was that Harry remained at his school and was provided with more one-to-one support to address educational and behavioural issues.

The intervention worker also provided a significant amount of emotional support to Claire and Harry during her engagement with the family. Some of this involved talking through the relationship between Claire and Harry, and finding some common understanding and shared interests.

3.4. The Family's Experience

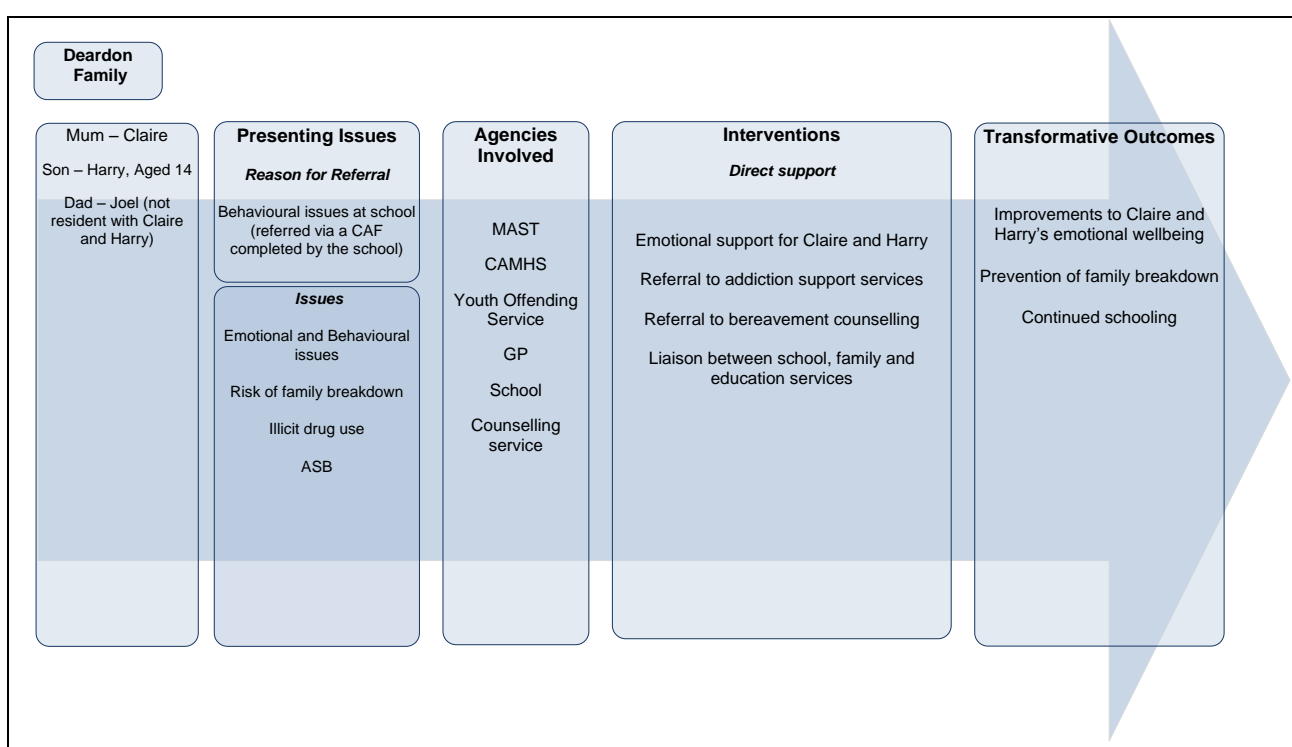
At the time that the intervention worker became involved, life was very stressful and chaotic for Claire and Harry. There were different services making requests and demands of them, and Claire felt that all of these were coming at the family from different angles. The intervention worker was able to explain who was involved and explain how different processes worked. One key issue for the family was the length of time that referrals to services were taking. Claire received reassurance from the intervention worker that the waiting times were normal, that their referral was being treated fairly, and they were not being ignored.

Waiting for referrals can cause frustration and may lead to disengagement

Harry's continued education at school was regarded as a positive outcome. Although the Intervention Worker was not responsible for the decisions that were made, providing a link between the school, the family and other stakeholders ensured that Claire was able to make informed decisions.

3.5. Outcomes

Claire and Harry both felt calmer and less anxious as a result of the support provided by a number of services. Remaining at school with extra support had provided some stability, and the potential for Harry's educational outcomes to be improved. Claire and Harry's relationship had been strengthened, in part due to the emotional and 'befriending' support provided by the intervention worker. It was unclear whether or not Harry still used drugs, but concerns about antisocial behaviour in school had decreased.



4. The Evans Family

4.1. About the Family

Laura is a 25 year old single mum of three children aged 7 years, 2 years and 9 months. The children's father does not live with the family and is not permitted to have contact with the children. She has some support from her parents, however it is sporadic and she often falls out with them. Social Care were involved with the family because of concerns about neglect of the children and concerns that their father continued to have unsupervised contact with them, despite an order that he should not.

The case was referred to MAST due to concerns about poor attendance at primary school by Laura's eldest daughter. An intervention worker was assigned to the family, who visited the house or made contact by phone at least once a week for 12 months. The case was heard at MAAM on two separate occasions and a Child in Need plan had been made. At the time of the research, MAST had recently closed the case.

4.2. Challenges Faced

The referral to MAST mainly concerned the poor attendance at school by the eldest daughter. The relationship between the school and Laura had broken down, and Laura was not informing them about her daughter's whereabouts. She was advised by the education service that she could face prosecution and a fine if attendance at school did not improve. The school also expressed concerns about the health and wellbeing of Laura's daughter.

In addition, the family faced a number of other issues. Laura found it difficult to manage her finances, and was often short of money for food at the end of the week. Her housing condition was very poor. She privately rented a house that had problems with damp and fleas. She was also struggling with her and her children's identity. Laura is White British and the children's father is a British Asian Muslim. While Laura had become a Muslim and took her children to a local mosque, she felt that she was 'shunned' by the community. Laura's parents were not supportive of her Muslim faith, which was a cause of regular arguments.

There are often an array of issues beyond the original referral that early intervention work can assist with

Moreover, Laura was not engaging with her Health Visitor or her Social Worker. She would frequently dodge appointments and was not adhering to their advice or instructions. Laura mistrusted both these professionals and believed they were interfering unnecessarily and were 'out to get her'.

I think Laura wanted to be left alone basically, she didn't want any agencies involved, she was scared of social services. (Intervention Worker)

4.3. Early Intervention Activities

The intervention worker assisted Laura and her children in a number of ways. A key task for MAST was improving school attendance. Laura explained that she had fallen out with the school and had "too much going on" to sort it out. Also, her daughter had not wanted to go to school because she was struggling to keep up and had few friends, and Laura had not wanted her to go if she was going to be upset by it. The intervention worker arranged for a transfer to another school which was more suited to Laura's daughter. He helped Laura to understand the importance of a) attending school every day and b) always informing the school about absence, "even if it was to say, 'my daughter's not coming in, she refuses'." He also stressed the seriousness of the sanction of prosecution and fine, which Laura had not taken seriously so far.

The intervention worker also did several things to address the concerns of the school, the health visitor and the social worker that Laura was neglecting her children's needs. He referred her to a local SureStart to access parenting and befriending classes and he provided advice and support about supervising the children properly, and establishing boundaries around what was appropriate or not.

Laura benefited from help managing her finances, though Laura and the intervention worker reported that there had been very little improvement in this area. On several occasions Laura asked her social worker and the intervention worker for emergency financial assistance. On several occasions, the intervention worker took Laura to a local food bank when she had run out of money.

During the time that MAST were involved with Laura, she moved to a more suitable property. The intervention worker helped Laura find another private rented property with a landlord who was a member of the local authority's landlord accreditation scheme. He also managed to get her some bunk beds and stair gates from a local charity.

Perhaps most critically, the intervention worker was able to gain Laura's trust and help her to re-engage with other professionals, particularly school and social services. Part of this involved convincing Laura that not re-engaging would make her situation worse, but also the intervention worker ensured that she attended appointments and did joint-visits with a social worker. Prior to this improvement, social services considered taking child protection action. However, once Laura had begun cooperating, it was agreed that 'Child in Need' measures were taken instead.

Key working enabled re-engagement with specialist services

Laura reported that the intervention worker would be her first phone call in an emergency. But, because of the involvement of MAST and social services in this case, it was unclear who was playing the key worker role. Evidence from Laura suggested that there was some co-ordination of the different services she was being supported by, but at times it was haphazard. This was particularly the case when she gave birth. There was no agreed plan for leaving hospital, which resulted in a lengthy delay before Laura was permitted to return home, as hospital staff felt they needed to seek permission from social services. This caused her and her other children some significant distress.

Where the key worker role is disputed, there is a danger of coordination failing at crunch times

The intervention worker reported that because social services were involved in the case, they held the key working role. However, the kind of support and coordination he provided, particularly around coordinating Laura's re-contact with social services

and the health visitor, suggested that he was the key worker. But without full recognition of role by any one agency, coordination broke down at this 'crunch time'.

4.4. The Family's Experience

Laura explained that the intervention worker helped her by talking through issues she was having. She found it particularly helpful to have this support at a difficult time; while she was pregnant, struggling to cope financially, experiencing difficulties in her relationship with the children's father, and dealing with school problems.

Although Laura acknowledged that there was an Action Plan in place, and acknowledged the practical support that the intervention worker provided, she did not regard it as being the most important aspect of MAST's work. Instead she stressed the importance of the intervention worker's visits and the chance to talk through issues:

Yeah me and [...] made a very very good relationship, he became like a part of our family, I felt like any time he was there and I could talk to him when I needed someone to talk to, so he did support quite a lot.

Laura's initial expectation of MAST was that it was someone coming from the school, that he'd make a couple of visits and then disappear.

No I were a bit wary about it, I just felt like they were there just to stick their nose in my business cos I was a single mum and I felt like they were there just to intimidate me and that's how it used to feel at first, that they were out there to upset me or have something to say about me.

Laura reported that 'working with' the intervention worker had been a very positive experience. They had got on well at a personal level, and she acknowledged that this had helped her to take on the advice and support he had offered.

Laura explained why she had struggled to engage with her health visitor and social services. She saw them as 'interfering' and unfairly questioning her ability to properly look after the children. She suggested that she had done all that they asked her to do, but hadn't then left her alone. She stated that, by contrast, the intervention worker, was not "looking for me to mess up", and she said that joint visits with the social worker had given her more confidence and trust in social services.

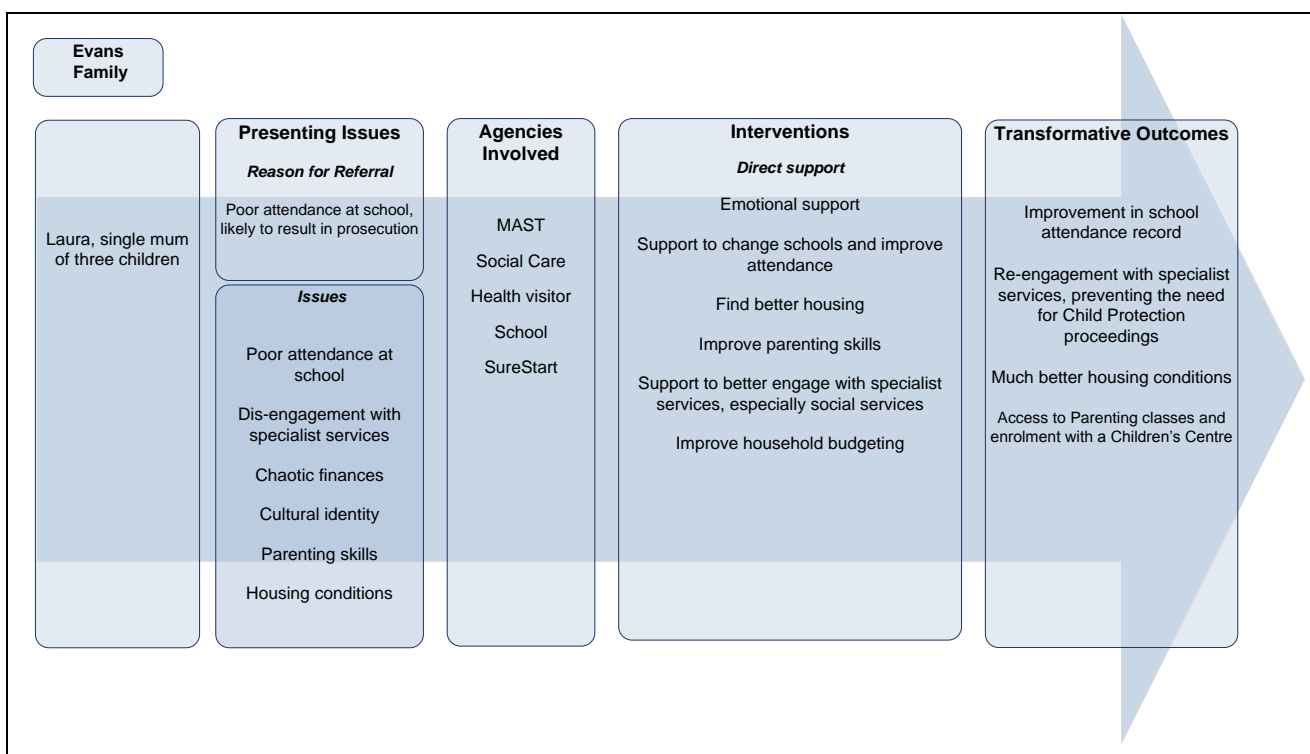
4.5. Outcomes

Early intervention has produced a number of key benefits for Laura and her children. The key focus for the intervention worker was to improve school attendance, and in this respect things have improved somewhat. Laura's daughter had an attendance record of 80 per cent at the time the worker withdrew. This is a significant improvement, but the intervention worker reported that there was a risk of this falling back again without intensive support.

Similarly, while Laura's contact with social services and other professionals had improved, the intervention worker did have some concerns that this might diminish without his gentle nudge to keep appointments and make reasonable choices.

A key aspect that has improved the family's stability is the improvement to their housing. Although Laura said that this was something she sorted out for herself, it was apparent that the intervention worker had provided support for the move

including putting her in touch with the Council's landlord accreditation scheme and providing some essential bits of furniture for the new house.



5. The Folds Family

5.1. About the Family

Cath is 40 years old and recently gave birth to her first child, Rose. She separated from her partner during her pregnancy, and Rose was born around 5 weeks premature. Around the birth, she was in hospital for 3 weeks. In the latter stages of her pregnancy, Cath's midwife referred her to a Doula who supported her before and during the birth. After the birth, Cath's health visitor was concerned about her mental and emotional wellbeing, and referred her to MAST, mainly to provide parenting support and advice. A prevention worker provided support for four months, and met with Cath once a week generally.

5.2. Challenges Faced

Cath's traumatic separation from her partner, and the early arrival of her baby proved to be a very difficult experience. Cath said that she was 'overwhelmed' by the experience and 'unprepared' for caring for a new born baby. Cath's prevention worker found that Cath's confidence in her ability was low:

She's a career woman, she had quite a good active social career woman lifestyle and then all of a sudden she was a single mum with this new-born baby that she was, not struggling to bond with but just like 'I don't really know how to do everything' and she's one of those people who needs to know how to do everything before you do it, so she was just lacking in confidence and emotional, tired, so that's why she came into MAST as a prevention case. (MAST prevention worker)

5.3. Early Intervention Activities

The prevention worker provided Cath with practical and emotional support during the four month involvement. Cath said that the prevention worker had helped her to focus on the immediate and pressing issues, and not be consumed by issues and decisions for the longer term that she had been worrying about, for example, finding suitable childcare and weaning the baby. Cath said that she'd had an open mind about how MAST would help her, but envisaged that it would mainly be practical help to access some support services. She had no expectations that the worker would offer her the emotional support that she had relied on from her doula. Yet Cath explained that this emotional support had been invaluable:

Emotional support from the prevention worker was highly valued

[The prevention worker] was very good. I think initially she just let me let off steam cos I must have felt very stressed and very vulnerable and anxious at the time.

Cath benefitted from practical support and reassurance that she was 'doing things right':

She also gave me some practical things, practical tips about bathing or just checking out stuff that I'd done, and 'is this ok' and 'is this the right thing to do'

And also stuff for games and things to play with Rose and ways to stimulate her and what to expect at different points. (Cath)

Beyond the individual support that the prevention worker gave, Cath was also assisted with accessing some breast feeding support at a local Children's Centre.

I was having some problems breast feeding at one point so she arranged an individual appointment with the breast feeding lady. So that was really helpful and that meant I could have some telephone support from her as well. I didn't even think that was possible. [The Prevention Worker] went the extra mile to arrange it and came with me cos I didn't know where I was going and when you're sleep deprived you lose all sense of competency. (Cath)

Cath was also able to get onto MAST's *Incredible Years* parenting support class. The prevention worker felt that this had provided Cath with some parenting skills, but more importantly it introduced her to women facing similar challenges. Cath said that the classes were a confidence boost, an acknowledgement that she did actually know what to do most of the time and reassurance that many of her anxieties were shared by other women in her situation.

One of Cath's key anxieties was finding suitable childcare for Rose. She had no idea about what kind of childcare would be appropriate, how much it would cost and where to look for it. The prevention worker talked through different options, which led Cath to conclude that a nursery would be her preferred option. The prevention worker explained how she assisted Cath with choosing a nursery:

Signposting may be more than providing a telephone number. It may also require some 'hand-holding'.

So we went out and did nursery visits and I went on one with her but we spoke about all the things to look for in a nursery and questions she might like to ask and ultimately that she was going to find a nursery that you fall in love with and every parent's ideal nursery is going to be different, I can go 'I love that' and she might hate it, but she found one she loves and it's all set up ready to go for December so that's what she's like. (Prevention Worker)

The prevention worker arranged for a worker from Home Start to make regular visits to Cath and Rose as a follow-on support plan once MAST had closed the case:

It's just keeping Cath's confidence going. Home Start can just help her get out if she needs to go somewhere, provide that continuing developmental support and just be that befriender service really. (Prevention Worker)

5.4. Outcomes

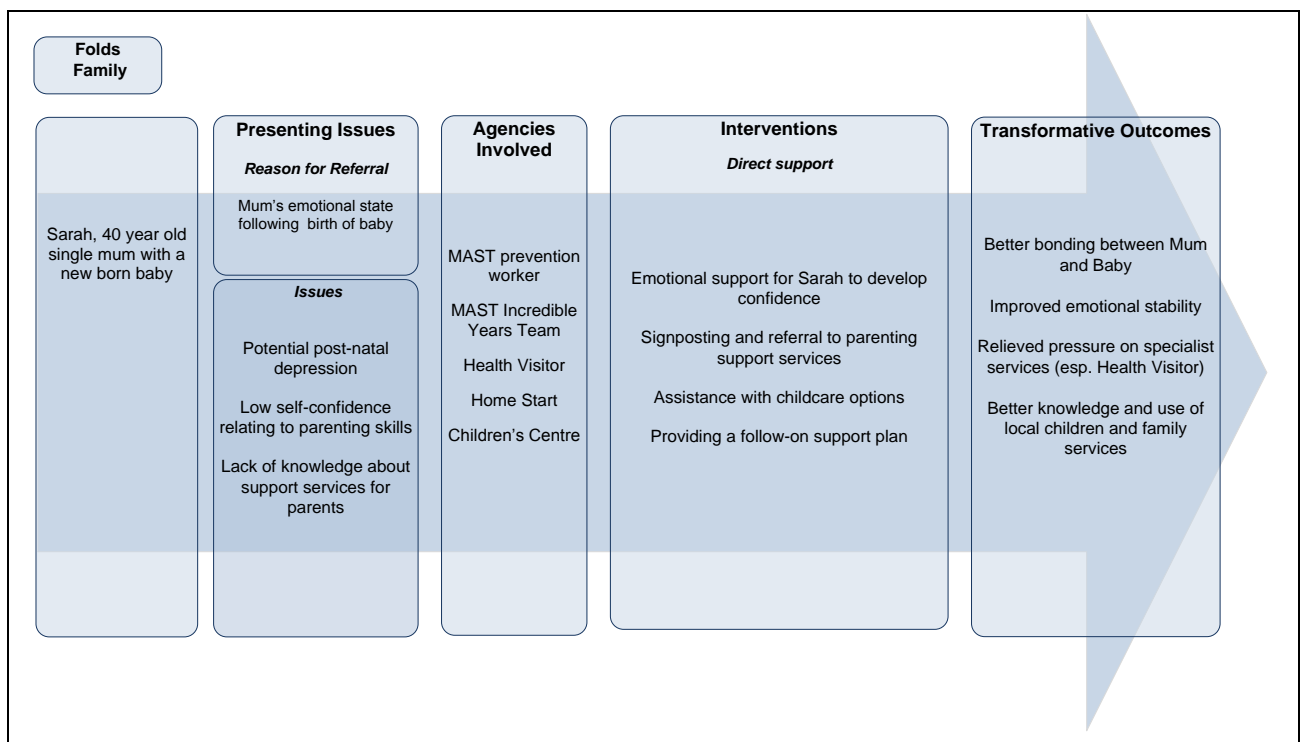
Cath said that her emotional wellbeing had improved significantly by the time that MAST closed the case. She explained how important the befriending aspect of the prevention worker's role had been:

I definitely felt very very emotional when she first arrived. And I think with the passage of time anyway you settle down and become a bit less sleep-deprived and you begin to try and sort things out in your personal life or whatever. I think she helped me get a bit of distancing and also she could reflect on how Rose was changing and I found it really reassuring. Cos I think you doubt your own abilities at first. But [the prevention worker] and the other professionals were always really supportive in saying 'you are doing fine' cos I didn't have the

partner situation and personal life to reassure me and they all said 'I think you're doing better than you think you are', so that was really nice. (Cath)

Cath was also confident about MAST closing her case, particularly as Home Start were going to be offering some further support (see www.hssheffield.org.uk):

I think I feel fine about it because I feel at the stage I'm at now, Rose is six months now and I'm getting better sleep. I'm fairly active during the week; I get out and do things. I've tried to establish other relations and also something else that's going to be helpful is ... the Home Start service. I've met with the coordinator and the volunteer, so the thing I need really the most now is just some respite, psychological and physical respite from my daughter, and they can come and give me a couple of hours a week [off].



6. The Jones Family

6.1. About the Family

Margaret, a lone mother lives with her son Morgan aged 8. Grace, Margaret's mother, has a co-parenting relationship with the family. Morgan's father does not live with the family but has periodic contact with Morgan. Initial visits from the intervention worker were every two weeks but currently visits are decreasing and contact is mainly by phone with occasional visits.

The case was referred from social services, who were closing the case but thought that the family would benefit from some further support. Social services also wanted there to be some on-going monitoring of the case, to ensure that appropriate measures would be taken if certain safeguarding issues reoccurred.

Working in conjunction with
Social Care

6.2. Challenges Faced

There were problems with Morgan's behaviour and there were growing concerns about regular non-attendance at school. Margaret found parenting difficult and often found Morgan's behaviour extremely challenging. She struggled to set and maintain consistent boundaries for Morgan, and said that Morgan tended to 'rule the roost'. Margaret's mother, Grace, has a co-parenting relationship. She too found Morgan difficult to deal with when his behaviour became disruptive.

There was some evidence of a turbulent home life. Morgan had been witness to some aggression within the family for a long period and the family had some financial difficulties. Margaret worked a varied shift pattern, which had put some strains on the family.

6.3. Early Intervention Activities

Interventions consisted mainly of support and advice for Margaret and Grace. With the support of the MAST intervention worker, the family developed strategies to better manage Morgan's behaviour. They agreed on some clear and consistent routines and boundaries, and developed and set some achievable targets Morgan.

Developing joint strategies,
challenges and tools

We do make targets for Morgan, we'll do a target each time [the intervention worker] comes I work with Morgan for two weeks doing this target and then we'll do another target when she comes back if that one's worked in the meantime.

Encouraging family activity

The intervention worker suggested that the family play games together and encourage Morgan to learn about engaging well with others, and not always winning. Morgan also benefited from seeing a MAST learning specialist who assisted him with improving his behaviour in the classroom.

Sometimes Morgan's here and then sometimes he's at school, if he's at school it's more of a chat and we'll set challenges for me to do, when Morgan's here that's when we've played the games and it's more doing what Morgan's doing, we don't chat much then.

Margaret also discussed other issues such as depression and alcohol use. The intervention worker 'signposted' her some support services, but Margaret had not yet attended.

It can be difficult to judge when signposting to other agencies is sufficient, or whether more 'hand-holding' is required

6.4. The Family's Experience

Contact with the intervention worker was thought to be just right and the family valued the fact that the intervention worker was always at the end of the phone and would be available to talk to them if they had a problem. Margaret valued the suggestions and support from the intervention worker and commented that she felt at ease during the visits.

I knew she was a family worker, she's so nice, she makes you feel really comfortable. She's very easy to talk to and she makes you feel very comfortable ... She's quite relaxed as well, that's a big plus, it's like 'this is the norm'.

Margaret and Grace explained that they have always tried to work towards the targets set, not just for themselves but as a courtesy to the intervention worker.

Having time to build trust and rapport with the family and offer emotional support

We've always done these challenges and they've always come out positive so... Sometimes you do want to do them for [the intervention worker] as well as yourself cos she's so good at helping you so you don't want her to come and go through all this and then think we're not bothered about doing it, there is that aspect of helping her along as well but I think you do it mainly for yourself cos she's right about what she says.

The family explained they had found it relatively easy to implement the changes suggested by the intervention worker because, "everything she suggested has made sense, it's positive."

Margaret described her feelings about 'being challenged' by the intervention worker:

Yeah I'd think she was more of a good friend if she had to challenge me cos with [the intervention worker] I'd know there were positive definite reasons why she felt the need to challenge me and it would be for our sake, not hers, so I'd still regard her as a good friend, if not more so.

6.5. Outcomes

The key impact of MAST's intervention was a more settled home life for Morgan, Margaret and Grace. Margaret said that she was better able to cope with Morgan's behaviour. She was more confident and felt that she was doing the right thing, even though it was very difficult at times to keep Morgan to his boundaries:

Encouraging strength, independence and confidence

I feel a bit more positive, [the intervention worker] taught me to stand my ground and mean what I say and not to let Morgan basically walk all over me so I feel more positive.

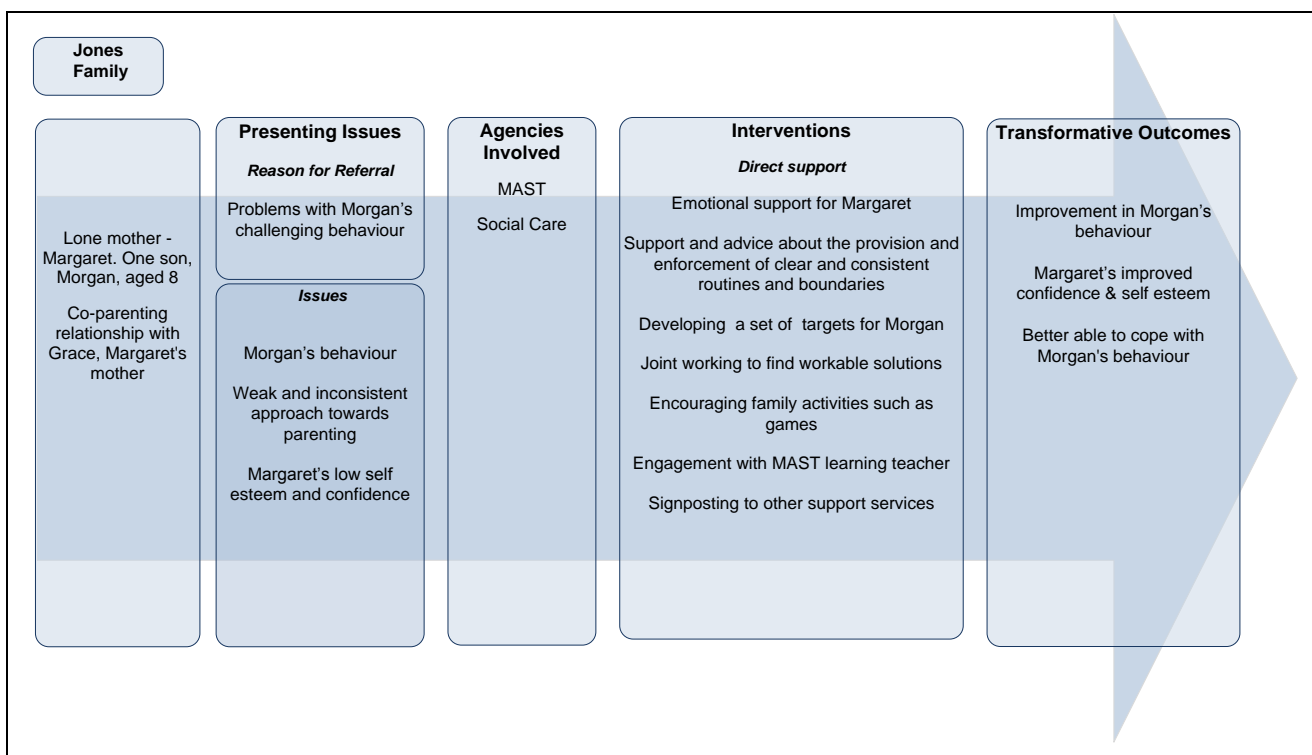
Margaret valued the support and consistent reinforcement given by the intervention worker.

Yeah, Morgan's behaviour has changed with the targets she's set, they have been successful...Yeah she's given me ideas to approach Morgan in a different way, it's helped me with that. If [Morgan's] too much I used to just give in to him where now I've stopped giving into him.

Being non-judgemental and supportive, while able to challenge

Margaret said that she would be able to manage once MAST closed her case but she explained that she would still like to be able to call on the intervention worker in the future:

I'd always like to think I could phone [the intervention worker] if I needed anything. But yeah, I'd be ok ... I think I could probably cope but I'd still like the fact that I could phone [the intervention worker] if I needed to. It just makes me feel easier knowing I could phone her if I had an issue.



7. The Smith Family

7.1. About the Family

Ray and George have guardianship of three children all under three years old. The family relocated to Sheffield due to a family crisis and victimisation in another city in the UK. They had loose family ties in Sheffield, but no immediate family or friends to give them support.

A range of agencies were involved with the family, including: victim support, social services, GP and a child support officer. The children also received support from CAMHS. MAST became involved as another agency began withdrawing and other services were unable to offer support. The intervention worker was extensively involved with the family over a period of two years.

7.2. Challenges Faced

The family faced a number of practical issues. They had significant financial and debt problems. Ray was too anxious to deal with a welfare benefit claim and felt unable to deal with the forms. They struggled to find suitable housing and had received little support to do so. Additionally, the family faced a number of emotional issues. Ray suffered from anxiety, panic attacks and depression, and both Ray and George were anxious about becoming parents; something they had never considered would happen to them and they were very worried about 'doing the right thing' and 'bringing the kids up properly'.

Ray's previous experience of involvement with support services prior to arriving in Sheffield had been poor, and he felt that they had not assisted the family. He was particularly angry about social services lack of ability to support him:

Negative experience with other agencies

None whatsoever, no money, nothing to help us move or anything and it took us about a month and a half to get sorted and at the time my mother had to come from X to X to look after the boys while we were backwards and forwards finding somewhere to live and I got no support, no 'what we'll do is get you some respite, we'll put the kids somewhere safe until you get yourself sorted' nothing whatsoever, I totally lost any faith in social services.

7.3. Early Intervention Activities

Referral to MAST provided the family with the level of support that social services could not provide, as the case was below their threshold for intervention. The intervention worker provided practical help such as finding housing and dealing with the immediate crisis of resettlement. The intervention worker also supported Ray as he worked with a

Having time to build trust and rapport with the family and offer emotional support

Liaison, facilitating access and advocacy with other agencies

solicitor to gain a residency order for the children. This involved: liaising with the school service, attending meetings with Ray in an advocacy role;

ensuring that the children received appropriate support and sorting out letters and forms for council tax and welfare benefits; and help with settling into their neighbourhoods by seeking out local groups and support networks.

7.4. The Family's Experience

Ray said that he appreciated all the help the intervention worker had giving the family, and explained just how much assistance he had been given:

She wrote my letters about the council tax, I panicked about that cos I've never paid council tax cos of my illness and the letter come and '[the intervention worker] what do I do?' so she's helped me with that as well. [She] helps me with my finances, helps me if I've got a problem with someone coming who I don't know, it's more reassurance for me if I need anything, like if I need anything for the kids and I can't afford it then you've helped that way. I think you've done everything.

It was very important to Ray to have the intervention worker with him when attending meetings:

It eases me [she] and I get that much information I don't process it very well and [she] processes it for me so I've got someone processing, she's like my dictaphone. And I find it hard to get things out as well and I forget things to say and [she's] there, cos we've had that conversation about everything what's gone off in my life. [She] knows so she can tell them 'hold on you've missed this bit out', so it's been quite good that way.

Support at meetings ensuring the family has correct information and acts as an advocate in stressful situations

The intervention worker visited the family often, sometimes daily. The worker helped with all the issues as and when they arose; she was **responsive to phone calls for help and assistance**. Ray appreciated the ability to access help and advice immediately by contacting the intervention worker.

I've dealt with CAMHS cos of the boys, I've dealt with the MAST team and it just seems like if they're involved you've got to go back through doctors, all other means where if I've got a problem I pick up the phone '[the intervention worker] I need this help, can you come and see me?' and to me that's the best thing, I haven't got to go through 10,000 different people to get to one person and you've got that same person all the time. That's the thing about the Mast team, it's the waiting and the prolonged-ness, same with school, school has to deal with courts and they have to send them off and it's quite a long time where with [the intervention worker] it's 'I need you round, when can you make it?' and usually it's within a week, two weeks max and that's the good thing, I haven't got to be panicking for amount of time, cos I do tend to panic.

Short waiting times, often immediate response by phone or visit.

A key advantage for Ray was a fact that the intervention worker was prepared to come and see him at home, as travelling to other settings made him anxious:

That's the other thing as well, [the intervention worker] comes to your house, a lot of places if it's in town I just can't do town, I can't even get on a bus, even though I drive I won't drive into town and I won't get on a bus. She got me in touch with a stop smoking woman who came to my house.

Ray described the **comprehensive nature of support** he had received.

To be honest no, I wasn't expecting it to be as good as it was, I wasn't expecting her to be able to do nearly everything for me, sort everything out, helping me with sending things off to social, getting me stuff for the house, in some ways I thought it was more than what she should have done, cos wherever I've been I've never had that support so it's been quite good.

Ray spoke positively about the intervention worker and described his relationship with her as comfortable and trusting; like a friend.

It was very comfortable, I find it very hard to talk to people especially when I don't know them, but [the intervention worker] is just [the intervention worker]". There is times when I've rang you up and said '... I'm in a right mess, I need some help', but it's good I could do that cos if it hadn't been for [the intervention worker] I wouldn't know who to ring so it's more like having a friend as well, but not a friend what's there all the time, but if I needed someone to talk to...sometimes it's nice just to air off at [the intervention worker], where you'll get some people where it's 'that's not my field so let's get back to this' cos I've had that before".

Time to listen

She's not judgemental. I had to have the doctor come out from the benefit agency and I were panicking who it was and I said 'can you be here, I need that support?' and [she] was.

Being non-judgemental and supportive. A critical friend

7.5. Outcomes

Ray said that he was more confident and better equipped to deal with issues, problems and crisis, but he still relied on his intervention worker.

I probably tend to do a bit more myself if I can with [the intervention worker's] help. She says, 'you need to try'. ... Like with me finances, I try and keep on top of them ... I think I am a bit more confident, I still have them spells but if I do feel I like that I just ring her.

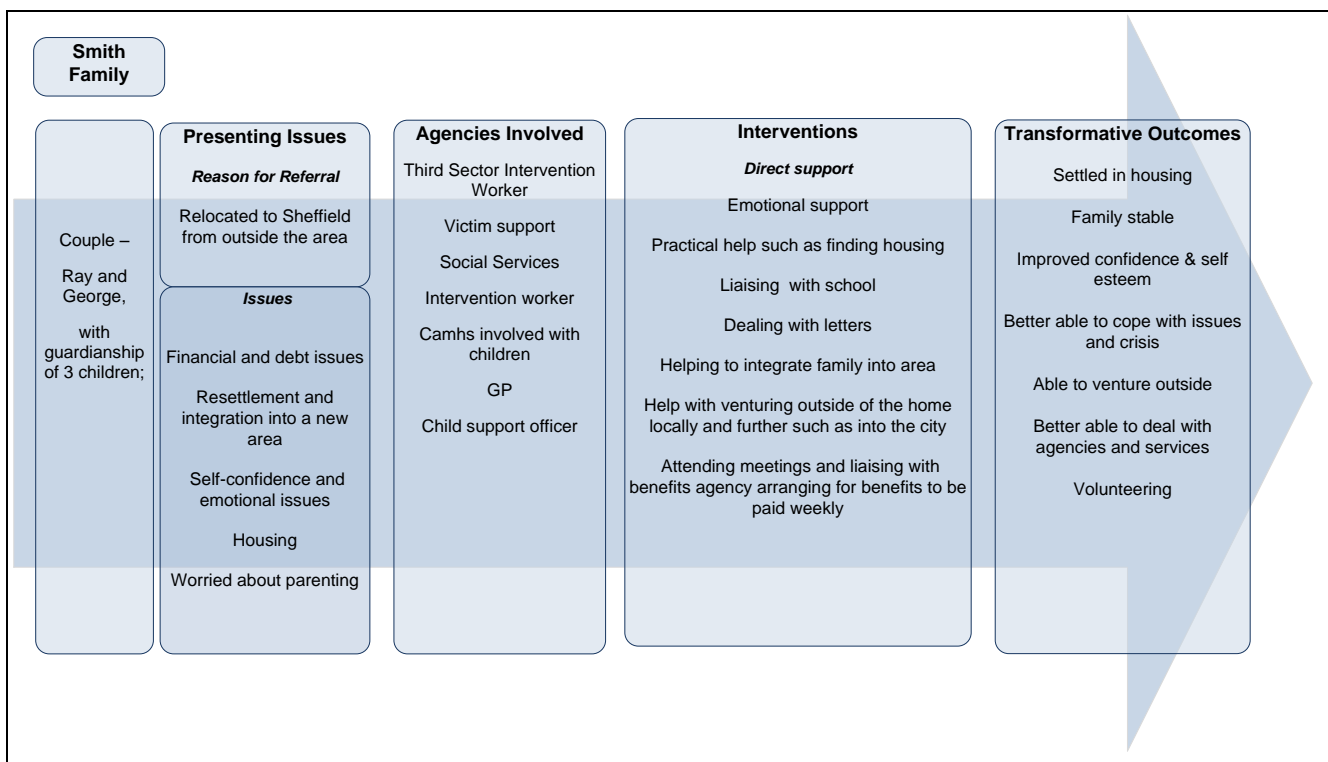
Ray felt that he was making good progress towards independence. He was now able to take the children to doctors and dentist appointments and he had dealt confidently with an incident at school. However, he still struggled with 'household admin' tasks:

There are some things I've actually done without [the intervention worker], like with the school, going down to get CAMHS sorted, I do quite a bit now. It's just when it comes to me finances I do struggle and when the benefits come out, cos I don't understand it and I do get panicky and that's when [I call the intervention worker].

Ray had also got involved in some community activities and volunteering which had bolstered his self-esteem and confidence.

Ray described what he thought might have been the outcome without engagement with the intervention worker:

I would have probably ending up handing the kids back, saying to social services 'I can't do it, nobody's helping me, where do I go?' That's how I think I would have got and that's why it was really good [that] victim support put me through to [the third sector agency], but it's lucky victim support knew about you.



8. The Williams Family

8.1. About the Family

Sarah and Craig live with their two sons - James, aged 7 and Aran, aged 6. The family were previously involved with MAST but the case was closed in November 2011. The case was reopened by MAST in October 2012 after a referral from School concerning James' needs. The intervention worker initially made frequent visits, sometimes more if needed. Towards the end of MASTs engagement, visits were made every two to three weeks. At the time of the fieldwork, the case was about to be closed by MAST.

8.2. Challenges Faced

James was diagnosed with autism 2012. His father, Craig, also suffers from a long term illness. He requires frequent hospital visits, and is dependent on care and support from Sarah.

James' autism raised a number of issues for the family and this is compounded by Craig's long term illness. James' behaviour was becoming increasingly difficult to manage. He was difficult to control, had temper tantrums, lacked a bedtime routine and had difficulty with toileting. James also focused all his attention on Sarah and had very little communication with Craig.

Sarah struggled to cope with the demands this placed on her. The family found it hard to spend time together or go 'out and about'.

The family said that it had been a difficult battle to have James diagnosed with autism, and it had left them disillusioned and with, and mistrusting of, support agencies.

8.3. Early Intervention Activities

Going at the families pace, not rushing things

The key role of the intervention worker in this case was to support the family's efforts to carry out changes suggested by the specialist services that James and the family were referred to (specialist support at Ryegate Children's Centre, an educational psychologist and the Special Needs Inclusion Playcare Service, SNIPS). Due to the number of issues raised by this array of specialists, the family and the intervention worker agreed to focus on addressing one issue at a time. The family discussed their priorities with the intervention worker and a plan was developed. The initial focus was bedtime routines. After perseverance, the family had some success with this, and moved on to other behavioural issues. The intervention worker supported the family with bedtime routines, visual routines for children, sleep diaries and reward charts. The intervention worker identified the needs of James' younger sibling to better understand what autism was, and she provided some appropriate learning resources to help Craig and Sarah with this. In addition, the intervention worker

Developing jointly strategies challenges and tools

was able to point out that the family's focus on James was often at the expense of time and attention for his brother. Craig and Sarah took steps to address this.

8.4. The Family's Experience

The family spoke positively about the intervention worker, describing her as “friendly, with an ability to listen”, someone who “comes across as caring”, and as “a family friend”.

The family valued the intervention worker's role in helping them to better respect each other's needs and differences:

Facilitating family discussion and finding solutions

She helps us see each other's point of view...we have the ability to listen to each other and Aran...we are now more likely to work as a team. She has helped to see a neutral point of view.

They valued the continuity of support that the intervention worker provided, which was partly down to the coherent action plan that had been drawn up. The family said that the action plan helped them to deal with one thing at a time. They welcomed the strategies suggested by the worker and were always willing to give them a try.

In fact, the family were struggling with some aspects of the advice provided by specialist services. The family felt that the advice from specialist services could be over-prescriptive and forceful (“*you need to do this you need to do that*”). *They said that the more reflective approach taken by the intervention worker, who encouraged them to try things and would listen to their concerns, helped them to maintain their enthusiasm and resolve to try new techniques to improve James' behaviour and wellbeing.*

The willingness of the intervention worker to accompany them to meetings with specialists was appreciated by the family. They said that this helped them to digest difficult and overwhelming information much better. The intervention worker even took notes for the family during meetings, and suggested questions they might raise at subsequent meetings.

Benefits from accompanying the family to meetings with specialists

In terms of contact time with the intervention worker, the family thought that it had been “*just right*” and that she was always available when they needed her help.

8.5. Outcomes

The family said that they were much calmer and better able to deal with the James' behaviour. They now focus on particular issues with James' behaviour at any one time, rather than becoming overwhelmed by everything. They also said that they function much better as a 'family unit' as they understand each other's needs better. They do more social activities together as a family, and because aspects such as bedtime routines have improved, they have more time to devote to each other individually.

The family were aware that MAST's involvement was coming to an end and said that they felt able to cope much better:

If it hadn't been for [the intervention worker] we would have been ten times worse.

