**ESRC DATA STORE MATERIALS**

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| Professor John Flint | The University of Sheffield |

**Sharing data from this project is not an option, given the sensitive nature of the issues discussed in interview and the fact that identities are implicated in the subject matter. However, there are materials from this research that can be usefully shared. This document presents these materials, including an overview of methods and headline findings, and research tools (including consent forms, information sheets and topic guides).**

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# Project Overview and Summary of Findings

**Project Summary**

Sheffield City Council's (SCC) strategic vision is to make the keyworker, whole household approach the main mechanism for delivering support services to families in a bid to achieve better outcomes and make best use of public resources. Achieving this requires significant organisational change for SCC and its partner services. This knowledge exchange project promoted a city-wide understanding of the 'whole household' and 'keyworker' approach. By developing a deep understanding of local context and juxtaposing this with national evidence. It also generated a framework to support improvements in the on-going development of the approach across the city.

The project involved three strands of work: engagement with policymakers and practitioners to understand local opportunities and challenges; case study work with families to understand experiences and outcomes associated with keyworker interventions; and support and advice to SCC and its partners via workshops, meetings and reports.

These activities revealed the challenges involved in maximising the benefits of the keyworker, whole household approach, identified priorities for action and generated workable solutions. Findings supported the production of a 'standards framework' to guide the effective operationalisation of SCC's strategic vision. Findings also supported the development of a multi-agency referral system for prevention and intervention work with households, and informed the development of the Family Common Assessment Framework (FCAF), which is currently being trialled in the city.

**Project Objectives**

The key objective of this knowledge exchange project was to inform and support the development of the whole household approach as the main mechanism for designing and delivering prevention and intervention services to families in Sheffield. Previous studies indicated that whole household approaches were heavily influenced by the local political, economic, social and organisational context. This provided a strong case for additional knowledge exchange and follow-on activity to situate the team's previous research within the Sheffield context.

This was an action research project, involving a reflective process of progressive problem solving. It brought together previous evidence on whole household approaches with an understanding of local contextual factors in order to meet the following **objectives**:

1. develop a definition for 'whole household working' and the 'keyworker role' to provide consistency of approach
2. inform development of the keyworker role
3. inform development of a citywide referral mechanism to whole household intervention services
4. generate a better understanding of the challenges of partnership working amongst key stakeholders
5. develop a local calculator tool to demonstrate cost-benefits and inform collaborative funding arrangements for citywide partners.

**Methods and Approach**

The methodology focused on three main activities:

**1. Engagement with Policymakers and Practitioners**

The team engaged with policymakers and practitioners to explore cultural, strategic and practical barriers and opportunities associated with whole household and keyworker models in Sheffield. Over 30 in-depth interviews were conducted with senior managers from statutory and support services, including managers of new and existing whole household focussed projects/services. Interviews explored: understandings of, and commitment to, key working and whole household approaches; views about systems for identifying and referring children and families; the costs and benefits accruing from whole household approaches; and any barriers to mainstreaming. Also, 12 focus groups / workshops were conducted with more than 50 team managers and keyworkers. These covered similar topics and were an opportunity for the team to: a) present insights from national evidence on key working; and b) to discuss solutions to previously identified barriers. Interviews and focus groups lasted between 45 minutes and 90 minutes. The majority were recorded and transcribed into verbatim text.

**2. Engagement with Service Users**

Case studies were undertaken with a sample of families. In each case, interviews were conducted with the key worker and family members. Follow-up conversations were held, where necessary, with keyworkers and family members to clarify key points. Gaining access to families proved difficult and time-consuming and required far more effort than expected. Seven case studies were completed. In total, some 20 individuals were interviewed. Interviews were recorded and subsequently transcribed into verbatim text.

**3. Ongoing Problem Solving**

Ongoing feedback and problem solving in partnership with SCC and its partners was an integral part of the methodology. The specifics of the approach were adapted during the course of the project to address SCC's emergent demands for information, advice and guidance. Key elements included the following.

1. **Regular briefings and problem-solving discussions**: meetings were held on a regular basis throughout the project with the Building Successful Families (BSF) strategy group. Key issues were highlighted and the research team facilitated discussion of priorities for action and possible solutions.
2. **Briefing papers and reports**: various papers and reports were produced during the course of the project. Many of these reports were not for wider circulation, allowing the candid exposition of problems and failings requiring the attention of policy and practice.
3. **Feedback sessions with service managers and frontline officers**: the research team responded to numerous invitations to present at and contribute to team and management meetings.
4. **Contributions to citywide partnership events**: team members presented findings and facilitated discussion and debate designed to resolve barriers to key working and the whole household approach at citywide partnership events hosted by the BSF team during and at the conclusion of the project.

**Project Findings**

**1. The Keyworker and Whole Household Approach in Sheffield**

* There is no shared, citywide understanding of key working or the whole household approach.
* Roles often presumed to encapsulate key working do not fulfil all aspects of the approach.
* Buy-in to the principles of key working varies between services
* Intervention Workers in the Multi Agency Support Teams (MAST) is the role that most closely resembles key working in the city.
* Limited knowledge and understanding about MAST and the role of Intervention Workers serves to limit utilisation of keyworker services by some agencies.
* Effective key working is weakened by: the challenges of identifying causal factors and signal behaviours; difficulties escalating cases to specialist services; and the unwillingness of officers in some services to cede responsibilities to keyworkers.

**2. Upscaling / Mainstreaming the Keyworker, Whole Household Approach**

Family Intervention Projects (FIPs) pioneered the whole household approach in the UK. Having successfully run a number of FIPs, Sheffield has sought to upscale and mainstream this approach to serve as the main mechanism for working with vulnerable families in the city. Various challenges have been revealed by this project:

* Corporate commitment to whole household working needs to be clearly stated and the logic for key working needs to be articulated to all services and staff. New working practices can be regarded as threatening.
* Services can remain sceptical about the benefits of keyworker, whole household interventions. Evidencing costs and benefits is critical to overcoming such scepticism.
* The role and responsibilities of the keyworker need to be agreed across services. Who performs the keyworker function, when and in what circumstances should be clarified.
* Caseload pressures can limit the time that keyworkers are able to spend exploring the complexity of factors impacting on a family. Alternatives to spending time with the family in order to gain insight beyond the presenting issues will need to be developed.
* Key workers refer clients to specialist services as and when appropriate. These services can prove difficult to access. This can raise problems for key workers, who are left to manage complex needs beyond their expertise.

**3. Knowledge Exchange**

Various lessons were learnt regarding the application of academic knowledge and expertise to policy and practice:

* Difficulties arise transferring knowledge to an organisation in a state of flux.
* Knowledge exchange needs to be championed by participating institutions if it is to be viewed positively and actively supported.
* Academics require help and assistance from partner institutions to be able to effectively exchange knowledge. Policy makers and practitioners need to actively utilise academic partners, rather than leaving them to ‘get on with it’.
* Applying national evidence to the local level demands detailed understanding of the local context. This can be resource intensive. It is important to be open to the possibility that generalisations within the evidence base may not apply in some contexts.
* Senior officers can provide access to key stakeholders, but it is critical to engage with and gain support from service managers and frontline staff.

**Impact**

The project made a significant contribution to the keyworker, whole household approach in Sheffield. According to a SCC representative "*the team have shared their findings with relevant people along the way with an honesty and diplomacy that has meant findings have been recognised and accepted. Their work has endorsed many of the improvements that are already in train; some improvements have been implemented as a result of the research itself; and the work has helped to clarify additional improvements that we need to make in order to further improve how we support families in need of extra help and support*."

Operational reforms made in response include:

* **Multi Agency Support Teams (MAST):** the keyworker approach is mainstreamed through MAST. Reasons for underuse of MAST by some agencies were highlighted, alongside factors undercutting keyworker performance. Problem-solving workshops were facilitated with MAST senior managers and with SCC senior executives (chaired by Head of Children Services). Family case studies highlighting benefits of early intervention and options for improving service delivery also assisted MAST.
* **Building Successful Families (BSF):** BSF is SCCs project to deliver the Government's Troubled Families programme. It is committed to greater use of keyworkers and a whole household approach. The project team worked closely with BSF via regular briefings to BSF's leadership team and a lead role in BSF stakeholder seminars. Research findings informed the development of a 'standards framework' for commissioned services, which seeks to ensure that whole household and keyworker principles are embedded in BSF delivery.
* **Prevention and Assessment Teams (PAT) and Family Common Assessment Framework (FCAF):** PAT are multi-agency partnerships providing a single ‘front door’ into services for children and families. SCC is also developing an assessment tool to replace the CAF, which promotes a whole household assessment and intervention approach. PAT and FCAF are in development and offer solutions to issues raised by this project: improving information sharing and decision-making; increasing the speed/accuracy of case allocation; clearer demarcation of roles and responsibilities between services; promoting multi-agency assessments; and providing a central referral point for partners, such as GPs and Children's Centres.
* **Understanding the costs and benefits of key working** - qualitative insights into costs and benefits complemented quantitative data collected by SCC and fed into ongoing efforts to include local costs and benefits in the national calculator designed by DfE. The viability and practicalities of collaborative funding arrangements for key working were also explored and potential barriers identified.

# Consent Forms

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**Helping Families in Sheffield**

**CONSENT FORM: Practitioners**

**I agree to take part in the research by:**

* Speaking to University researchers about my experiences and opinions of how the Council and its partners deliver services to families in the city

**I understand that:**

* The University researchers will not share any information about me with anyone else, unless this information indicates that I, or anyone else, are at immediate risk of harm
* My name will not be used in any research reports
* The information collected will only be used for the purposes of this research
* I have the right to withdraw from the research project at any time. I also understand that if I withdraw from the study within two weeks of the interview then all records of this interview will be destroyed. After two weeks, I can still withdraw from the study but data collected up until this point may still be used as part of the study but will remain anonymised and confidential.
* The interviews will be recorded on an encrypted Dictaphone

**Please write your name in here:**

**Please sign your name here:**

**Please write the date in here:**

**Please write your contact telephone numbers in here:**

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**Helping Families in Sheffield**

**CONSENT FORM: Family members**

**I agree to take part in the research by:**

* Speaking to University researchers about my experiences and opinions
* Allowing the University researchers to discuss my case with the key workers working with me and my family. I understand that the information shared in this discussion will be treated confidentially.

**I understand that:**

* The University researchers will not share any information about me with anyone else, unless this information indicates that I, or anyone else, are at immediate risk of harm
* My name, or the names of my family members will not be used in any research reports
* The information collected will only be used for the purposes of this research
* I will be receive a **£10 shopping voucher** for taking part in each face to face interview
* I have the right to withdraw from the research project at any time. I also understand that if I withdraw from the study within two weeks of the interview then all records of this interview will be destroyed. After two weeks, I can still withdraw from the study but data collected up until this point may still be used as part of the study but will remain anonymised and confidential.
* The interviews will be recorded

**Please write your name in here:**

**Please sign your name here:**

**Please write the date in here:**

**Please write your contact telephone numbers in here:**

1. Home number:

2. Mobile number:

# Information Sheets

**Helping Families in Sheffield**

**Respondent Information Sheet**

The Centre for Regional Economic and Social Research (CRESR) at Sheffield Hallam University is working in partnership with Sheffield City Council on a project to help improve how the Council and its partners deliver services to families in the city. The study began in September 2012 and will end in June 2013.

**We would like your help with the study.**  We are keen to talk to **practitioners** who have worked with families and partners to deliver services to families in the city.

**Important information for people who participate**

If you agree to participate:

* Your details and anything you say to the researcher will be treated as strictly **confidential.** We will not pass on any information about you to anyone else, unless the researcher has cause for concern about the safety of you, or the children and families you work with.
* The information you provide will be held securely by CRESR and will be used anonymously for research purposes. No-one looking at the study findings will be able to identify you in any way.
* You do not have to discuss anything you do not want to - the researcher will move onto another question or topic.

**Who has ethically reviewed the project?**

This project has been ethically approved by Sheffield Hallam University’s Ethics Committee and by Sheffield City Council Research Governance.

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| **Contact Details:** David Robinson**Sheffield Hallam University****Tel.** 0114 225 6264d.robinson@shu.ac.uk | **Director of Policy, Research & Partnerships:** James Henderson**Tel.** 0114 205 3126james.henderson@sheffield.gov.uk |

**Thank you for taking part in this research. A copy of this information sheet and a signed consent form is provided for your information.**

**Helping Families in Sheffield**

**Respondent Information Sheet**

The Centre for Regional Economic and Social Research (CRESR) at Sheffield Hallam University is working in partnership with Sheffield City Council on a project to help improve how the Council and its partners deliver services to families in the city. The study began in in September 2012 and will end in June 2013.

**We would like your help with the study.**  We are keen to talk to families who have received assistance from a case worker (like a MAST intervention worker). We want to hear your views about the help and assistance you have received.

**What would be involved?**

* A meeting with a researcher from the University (at your home or a community venue), which will last about an hour. This will be an informal chat about things like:
* your involvement with a case worker
* what the case worker does
* whether your involvement with the worker has made a difference to your family
* another meeting about four months later to catch up with how things are going and how things may have changed for you.
* the research team would also talk with your key worker about your case

By way of thanking you for taking part, you will receive a **£10** shopping voucher each time we visit you.

**Important information for people who participate**

If you agree to participate:

* Your details and anything you say to the researcher will be treated as strictly **confidential.** We will not pass on any information about you to anyone else, unless the researcher has cause for concern about the safety and wellbeing of children or other household members.
* The information you provide will be held securely by CRESR and will be used anonymously. No-one looking at the study findings will be able to identify you in any way.
* Helping with this study will not affect any contact you have with service providers or agencies.
* If you agree to take part, but then change your mind, you can withdraw from the study at any time. If you withdraw from the study within two weeks of the interview then all records of this interview will be destroyed. After two weeks, you can still withdraw from the study but data collected may still be used as part of the study but will remain anonymised and confidential.
* You do not have to discuss anything you do not want to - the researcher will move onto another question or topic.

**Developing a City-wide Model for Key Worker, Whole Household Interventions in Sheffield**

**This project is committed to developing and supporting the implementation of solutions that benefit key worker and whole household interventions in Sheffield. The CRESR team is a resource to be utilised by the City Council and its partners. The team encourages requests to feed its knowledge and expertise into discussions about challenges and possible solutions.**

**Overview**

A team from the Centre for Regional Economic and Social Research (CRESR) at Sheffield Hallam University is working in partnership with Sheffield City Council to inform and support the on-going development of the whole household approach in Sheffield, where a vision exists to make it the main mechanism for delivering services to the most vulnerable families in the city. The partnership is funded by the Economic and Social Research Council.

**A Critical Friend**

The CRESR team is serving as a **critical friend** to the Council, drawing on expertise gained delivering numerous local and national studies of key worker, whole household approaches.

**Objectives**

A key objective of the project is to **raise awareness and solve problems** associated with the whole household approach. This includes attention to questions of definition around key working and whole household approaches, the development of a city-wide referral mechanism to whole household intervention services and effective partnership working.

**Activities**

**The CRESR team has spent a number of months exploring key barriers and successes in developing a city-wide model to supporting the most vulnerable families.**  This has involved interviews, meetings and discussions with senior managers and front line staff in MAST and across a range of partner services and agencies, including social care, youth work, youth justice, the health service, Police, schools and the voluntary and community sector. The team are also talking to families about their experiences of the key worker, whole household approach.

**A Resource to be Utilised**

This project is committed to developing and supporting the implementation of solutions to the problems that it uncovers. **The CRESR team is a resource to be utilised by the City Council and its partners.** The team encourages requests to attend meetings and feed its knowledge and expertise into discussions around internal change processes.

In addition, various problem-solving workshops are being organised by the CRESR team and a national dissemination event is also being organised with Sheffield City Council for summer 2013. This will provide an opportunity for Sheffield to share its learning experiences and talk about the key barriers and successes in developing a city-wide model to support the most vulnerable families.

**If you think that the CRESR team might be able to help or assist in anyway, please do not hesitate to get in contact:** David Robinson, 0114 225 6264

# Topic Guides

**Whole Household Approach**

**Topic guide for Families**

February 2013

BACKGROUND

We're based at Sheffield Hallam University. We're working with the council to help them improve the ways that they work with families in Sheffield.

We are keen to talk to families who have received assistance from a case worker (like a MAST intervention worker). We want to hear your views about the help and assistance you have received. This information will help us advise the Council about improving the support and assistance they provide.

CONFIDENTIALITY & RECORDING

We are working in partnership with the Council, but are carrying out the research independently. Nothing that you say will be reported to your case worker or the Council in any way that might identify you, unless the information you provide indicates that I, or anyone else, are at immediate risk of harm .

We'll will try to make some notes while we talk, but if you don't mind we would like to record our conversation in case we miss anything - would that be okay?

1. Initial Engagement

Thinking back to your first meeting with the intervention worker….

* What were you expecting?
* What did you talk about?
* Was this too formal/ too informal?
* Would you have liked the meeting to discuss anything else?
* Were you aware of the action Plan? What do you think about it?

2. Current Experience of Intervention Worker

**Relationships**

* How would you describe your relationship with the intervention worker?
* Do you find this relationship useful? Is it a good experience? How do you get on?

**Practical**

* How often do you see the intervention worker? Is this adequate?
* Would you like to see them more/ less?
* How accessible are they? by phone?
* What help/ support do they give?
* Would you like any other support? What?
* Do they provide support/ help to the whole household? If not, why not? Would you want this help?

3. Other Agencies

**Relationships**

* What other agencies/ workers do you see on a regular basis?
* How would you describe your relationship with them?
* Do you find this relationship useful? Is it a good experience? How do you get on?

**Practical**

* How often do you see them? Is this adequate?
* Would you like to see them more/ less?
* How accessible are they? by phone?
* What help/ support do they give?
* Would you like any other support? What?
* Do they provide support/ help to the whole household? If not, why not? Would you want this help?
* Do you think the services/ agencies talk to each other about your issues? Do you think they are working together?

4. Change

* What has changed since you have been seeing an intervention worker?
* How have they made a difference to you? In what way? Could you give any examples?
* Are intervention workers helping you access other services?
* Are you seeing more or less people than before?
* Has anything improved since you have been seeing the intervention worker?

5. Contact

* Do you have a min contact point for issues that your family are experiencing?
* If you had a problem, who would you contact first?

6. Aspirations for Involvement

* What do you hope to get out of being involved with an intervention worker?
* What do you think about the action plan? Were the aims achievable/ too ambitious?
* Does the intervention worker challenge/ motivate you? In what ways? Is this a good or a bad thing?
* What make a good intervention worker?

7. Moving On

* Do you feel better equipped to cope?
* Are you worried about moving on?

Focus Group with MAST Service Managers / Asst Service Managers

January2013

Key Questions

BACKGROUND

We're based at Sheffield Hallam University. We're working alongside the council and its partners to carry out research that supports the on-going development of the whole household approach in Sheffield, where (as you may be aware) there is a vision to upscale the approach from the project level to become the main way it delivers services to vulnerable people across the city.

Members of the research team have been involved in a number of studies relating to the whole household approach, nationally and locally. These studies have provided some evidence on what works and why. However, previous studies have found local factors to be critical, and so we're keen to learn about what is currently happening in Sheffield; what seems to be working well; and key barriers to up scaling the whole household approach.

We don't plan to produce a report at the end of the year suggesting what would work best in Sheffield. We intend for the research to be interactive, with people involved in delivery of the whole household being supported to work through any barriers that might exist.

We've already spoken to a number of people and groups, including senior managers, and MAST intervention workers across city. We are now keen to hear about experience of Team Leaders.

CONFIDENTIALITY & RECORDING

Although we are working in partnership with the Council, and we carrying out the research independently, and nothing that you say will be reported to the Council or anyone else in a way that might identify you.

We'll will try to make some notes while we talk, but if you don't mind we would like to record our conversation in case we miss anything - would that be okay?

INTRODUCTION

1. To help us put your comments and observations in context, it would be helpful if we could start by going round the room and asking each of you to say how long you have worked in MAST team as a team manager and summarise your professional background.

SM AND ASM ROLE

2. Please can you tell us a bit about your role, responsibilities and the challenges of your job.

a. What are your team management responsibilities?

* who makes up your team (team leaders, intervention workers, preventions workers)?
* how many people do you tend to manage at any one time?

b. What are the main issues affecting your role within the current MAST model?

* what's working well
* challenges
* enough capacity?

c. Can you tell me about the relationship between SM/ASMs and team leaders?

* support / supervision for team managers
* help managing caseloads / allocations

d. Do any other professionals support your role?

* relations with lead professionals from other agencies?

KEY WORKERS

3. What you describe MAST as delivering services through a key worker approach?

a. Would you describe intervention workers as key workers?

* is there a difference between a case worker and a key worker?

b. What makes a good key worker?

* personal attributes; expertise and experience; status and grade?

c. What assistance do intervention workers need to be good key workers?

* support and guidance
* identifying and supporting training needs
* career development opportunities

THE MAST APPROACH

4. What do you think are the strengths and weaknesses of the MAST approach to key working?

a. How viable is the 'one family, one worker, one plan' approach proving?

* do other agencies have their own 'key workers' - and how do work with MAST intervention workers?

b. Who is ultimately accountable for cases?

* for outcomes?
* if something goes wrong with a family?

RELATIONSHIPS WITH OTHER AGENCIES

10. Tell me a bit about MAST's relationship with other agencies?

a. Where do relationships work best and where could they be improved?

b. How do current referral mechanisms work?

* who does and doesn't refer to MAST?
* any issues referring onto other (specialist) services?

c. Do intervention workers have enough influence with other agencies?

* if not, why?
* how could their influence with other agencies be improved?
* do ASMs ever have to get involved to progress cases with external agencies?

BUILDING SUCCESSFUL FAMILIES

5. Does the BSF programme have any implications for MAST?

a. Does BSF have any caseload implications?

* does it mean managing bigger caseloads?
* do you have to hold onto cases longer?
* do recording requirements pose any difficulties?

b. Have intervention workers or team leaders reported any particular issues linked to BSF cases?

* are time allocations different for BSF cases, and how is this managed alongside non-BSF cases?

Focus Group with MAST Team Managers

January2013

Key Questions

BACKGROUND

We're based at Sheffield Hallam University. We're working alongside the council and its partners to carry out research that supports the on-going development of the whole household approach in Sheffield, where (as you may be aware) there is a vision to upscale the approach from the project level to become the main way it delivers services to vulnerable people across the city.

Members of the research team have been involved in a number of studies relating to the whole household approach, nationally and locally. These studies have provided some evidence on what works and why. However, previous studies have found local factors to be critical, and so we're keen to learn about what is currently happening in Sheffield; what seems to be working well; and key barriers to up scaling the whole household approach.

We don't plan to produce a report at the end of the year suggesting what would work best in Sheffield. We intend for the research to be interactive, with people involved in delivery of the whole household being supported to work through any barriers that might exist.

We've already spoken to a number of people and groups, including senior managers, and MAST intervention workers across city. We are now keen to hear about experience of Team Leaders.

CONFIDENTIALITY & RECORDING

Although we are working in partnership with the Council, and we carrying out the research independently, and nothing that you say will be reported to the Council or anyone else in a way that might identify you.

We'll will try to make some notes while we talk, but if you don't mind we would like to record our conversation in case we miss anything - would that be okay?

INTRODUCTION

1. To help us put your comments and observations in context, it would be helpful if we could start by going round the room and asking each of you to say how long you have worked in MAST team as a team manager and summarise your professional background.

THE TEAM LEADER ROLE

2. Can you tell us a bit about the team leader role?

* who makes up your team (in addition to intervention workers)?
* how many people do you tend to manage at any one time?

3. What are the main issues affecting your role within the current MAST model?

* what's working well
* challenges
* enough capacity?

4. Can you tell me about the relationship between team leaders and service managers?

* support / supervision from team managers
* help managing caseloads / allocations

5. Do any other professionals support your role?

* lead professionals from other agencies?

6. What is your relationship to intervention workers?

* help managing caseloads
* support / supervision
* help managing relationships with specialist workers / external agencies

KEY WORKERS

7. Would you describe intervention workers as key workers?

* if not, why not?
* is there a difference between a case worker and a key worker?

8. What makes a good makes a makes a good key worker?

* personal attributes
* expertise and experience
* status and grade

9. How do you assist intervention workers to be good key workers?

* support and guidance
* identifying and supporting training needs
* career development opportunities

THE MAST APPROACH

5. What do you think are the strengths of the MAST approach to key working?

* main successes
* how to evidence these successes? Outcome tracking?

6. How viable is the 'one family, one worker, one plan' approach proving?

* do other agencies have their own 'key workers' - and how do work with MAST intervention workers?

7. Who is ultimately accountable for cases?

* for outcomes?
* if something goes wrong with a family?

BUILDING SUCCESSFUL FAMILIES

8. Does the BSF programme have any implications for your role?

* does it mean managing bigger caseloads?
* do you have to hold onto cases longer?
* do recording requirements pose any difficulties?

9. Have intervention workers reported any particular issues linked to BSF cases?

* are time allocations different for BSF cases, and how is this managed alongside non-BSF cases?

RELATIONSHIPS WITH OTHER AGENCIES

10. Tell me a bit about MAST's relationship with other agencies?

* where do relationships work best?
* where could they be improved?

11. How do current referral mechanisms work?

* who does and doesn't refer to MAST?
* any issues referring onto other (specialist) services?

12. Do intervention workers have enough influence with other agencies?

* if not, why?
* how could their influence with other agencies be improved?
* do Team Leaders ever have to get involved to progress cases with external agencies?

Focus Group with MAST Intervention Workers

November/December 2012

Key Questions

INTRODUCTION

1. To help us put your comments and observations in context, it would be helpful if we could start by going round the room and asking each of you to say how long you have worked in MAST team as an intervention worker and summarise your professional background.

WHAT IS A KEY WORKER?

2. Would you describe yourself as key workers?

3. Reflecting on your own experience working in the MAST team and elsewhere, what do you think makes a good key worker?

* expertise and experience
* status and grade
* caseload
* training
* recording decisions and actions
* balance between responsibility/autonomy and formalising of the process

4. What are the positives and negatives of being an Intervention/key worker?

THE MAST APPROACH

4. What do you think are the strengths of the MAST approach to key working?

* main successes
* how to evidence these successes? Outcome tracking?

5. How viable is the 'one family, one worker, one plan' approach proving?

* *do any factors mitigate against this approach*
* caseload
* pattern and amount of contact with families
* pay and conditions
* relationship with specialist workers
* misunderstanding of the role by colleagues / other services
* services step back when key workers become involved
* acceptance of assessments and decisions by managers / other services

BUILDING SUCCESSFUL FAMILIES

6. How are Intervention Workers linked into developments around the Building Successful Families approach?

* links between BSF and MAST
* relationship between ongoing MAST activities and BSF work?
* can you foresee any problems with the BSF approach?
* any tensions between BSF and MAST?

**Topic Guide - Partnership Agency (senior manager) - Example**

**Whole Household Approach**

**Background**

I’m based at Sheffield Hallam University. We're working alongside the council and its partners to carry out research that supports the ongoing development of the whole household approach in Sheffield, where (as you may be aware) there is a vision to upscale the approach from the project level to become the main way it delivers services to vulnerable people across the city.

Members of the research team have been involved in a number of studies relating to the whole household approach, nationally and locally. These studies have provided some evidence on what works and why. However, previous studies have found local factors to be critical, and so we're keen to learn about what is currently happening in Sheffield; what seems to be working well; and key barriers to up scaling the whole household approach.

**Confidentiality and recording**

Although we are working in partnership with the Council, we are carrying out the research independently, and nothing that you say will be reported to the Council or anyone else in a way that might identify you. I will try to make some notes while we talk, but if you don't mind I would like to record our conversation in case I miss anything - would that be okay?

**CAMHs**

**Could you tell me a bit about your role?**

**What is the organisational structure within CAHMs?**

**Is CAHMs following a key worker model / whole household approach? Would CAHMs always be the lead professional?**

**What are the similarities / differences between the CAHMs approach to key working and the MAST model?**

**RELATIONS WITH MAST**

**What do you see as the role of MAST?**

**What contact do you have with MAST (generally and around a specific case)?**

**How well is SC linked in with the MAST model?**

* referrals to and from?
* partnership working with MAST
	+ what working well?
	+ barriers to partnership working? - cultural, operational, systems

**How well are you served by the MAST team?**

**What do you see as the role and responsibility of the MAST key worker?**

**When a CAMHS is working with a family also supported by a MAST intervention worker, who is accountable for outcomes? How do you designate roles and responsibilities?**

**Are there other types of key workers in SC or other partner agencies ?**

* where? what roles do they play
* how are they different from MAST intervention workers?
* how do they work with MAST intervention workers?

**Are you aware of the Building Successful Families initiatives? How useful is it? And how is being implemented practically within MAST?**

**Are you aware of or involved in the pilot of Family Common Assessment Framework (FCAF)? How will it work? To what extent will this provide a more comprehensive and streamlined approach to family assessment?**

**REFERRALS**

**How often do you receive referrals from MAST? What are the thresholds? How many cases do you accept?**

**Do you have any problems referring to other services?  Is MAST a catch all for these cases?**

**What's your involvement with the Prevention Assessment team (PAT)? How will that work?**

**Is there a need to streamline/improve the referral process?**

**REFLECTIONS ABOUT MAST**

**The key worker has been seen as central to whole household approaches in previous national models, such as Family Intervention Projects (FIPs) and Intensive Intervention Projects (IIPs)...how well do you think the key working role is working in MAST?**

* what are the strengths and weaknesses of intervention workers?
* right skills set?
* work intensively enough with families?
* how well do they provide for the needs of families re. signposting, advocacy, and direct support?
* are the assessments and decisions of intervention workers accepted by people working in the CAHMs? (why not?)
* is the intervention worker really providing additionality?

**What do you see as the whole household approach?** **How might it be delivered? Is one family, one plan, one worker viable?**

**What do you see to be the main successes of MAST so far?**

**What are main challenges for MAST?**

**How well do you think other agencies are linked into the MAST model (e.g. police)?**

**What are your views on the costs and savings accruing from the whole household approach?** - convincing?

**What are your views on the practicalities of pooling partner resources to fund whole household approaches**

* does CS currently put into the pot to fund MAST?
* any plans to... why not?

**Topic Guide - Service Manager (Example)**

**Background**

I’m based at Sheffield Hallam University. We're working alongside the council and its partners to carry out research that supports the ongoing development of the whole household approach in Sheffield, where (as you may be aware) there is a vision to upscale the approach from the project level to become the main way it delivers services to vulnerable people across the city.

Members of the research team have been involved in a number of studies relating to the whole household approach, nationally and locally. These studies have provided some evidence on what works and why.

However, previous studies have found local factors to be critical, and so we're keen to learn about what is currently happening in Sheffield; what seems to be working well; and key barriers to up scaling the whole household approach.

**Confidentiality and recording**

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I will try to make some notes while we talk, but if you don't mind I would like to record our conversation in case I miss anything first time round - would that be okay?

**BACKGROUND AND CONTEXT**

**Could you tell me a bit about your role in [the project/service]?**

**Could you tell me a bit about where [the project/service] is at now?**

* aims and objectives?
* how has it developed over time?
* how is it funded?

Any key documents you could share that provide more detail/background on the [project/service]? (online / send via e-mail?)

**KEY WORKERS**

**Can you please outline what serve the key workers provide.**

* what is the nature of support they provide? (direct support / advocacy / signposting)
* what level of contact do they have with families? (no. of hours?, on-call support?)
* no of caseloads?
* are they accountable for the outcomes of the family? (who is?)

**How are the key workers generally recruited and trained?**

* what background do the key workers generally have (social work, health)?
* what skills and expertise are they required to have (professional, skills, grade?)
* what training are they given?

**Do you have any thoughts or comments about any of the following issues in relation to key workers:**

* misunderstandings of the role of case worker (expected to do everything)?
* tendency for services to step back when a key workers becomes involved (additionality)?
* promoting consistency across key workers from different backgrounds?
* acceptance of the assessments and decisions of key workers (leverage of key workers working at a junior grade)?
* where should key workers be located…within statutory services?
* caseloads of key workers?
* costs of key working- evidence?
* difficulties upscaling key working across the city?

**What they are key success factors for effective key working?**

**REFERRAL**

**Could you please explain the importance of the referral and assessment process to the key worker / whole household approach.**

**How are people currently referred to and assessed?**

* referral criteria
* which agencies refer?
* how well has the referral system worked

**Are there any problems with the current referral and assessment process?**

* number and relevance of referrals?
* speed of assessment?

**What are the aims of the Integrated Front Door?**

* what problems is it designed to overcome?
* how will it operate?

**Partners**

**To what extent are different services supportive of and engaging with the key worker / whole household approach taken by MAST?**

* who are the key partners?
* have some partners engaged better than others?
* any barriers to partnership working? - cultural, operational, systems

**How does the project it link with other whole household interventions in the city (e.g. Building Successful Families)?**

**BROAD CONCLUSIONS**

**What do you see to be the main successes of MAST key worker approach so far?**

**What are main challenges for key working at the moment?**

**What do you see to be the main barriers to upscaling key working and whole household approaches?**

**Are there any threats to the future / success of key worker model and whole household working?**

**Closing comments**

Thank you for your time today.

As the research progresses we might want to come back to you to explore particular elements of the project in more detail - would this be okay?

Is there anyone you would suggest the research team talking to about whole household / key worker issues?

In the meantime, please get in touch if there are any issues or challenges that crop up that you think the research might usefully look at.