

**Conceptualising 'the relationship' in intensive key worker support as a therapeutic medium**

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## **Conceptualising 'the relationship' in intensive key worker support as a therapeutic medium**

### **Abstract**

Across various welfare and justice systems, intensive key worker support is a model of working considered effective for individuals and families identified as having multiple and complex needs. The high profile 'troubled families' programme in England is the most recent prominent example of such a model. The key worker role is to assess an individual's needs, carry out support planning, provide and/or co-ordinate the delivery of supportive interventions and complete care plan reviews. This requires the key worker to work on a one-to-one basis with individuals which, in turn, demands the ability to form effective relationships. In this paper and using evidence from a number of studies, I look at how the key worker-client relationship is developed and maintained. I examine the skills, processes and communication strategies that allow key workers to engage clients, build relationships and drive change. I also explore the notion that the key worker-service user relationship is itself a 'therapeutic' medium and is therefore a productive practice in its own right. The paper suggests that while key workers might not be trained therapists or counsellors, they might be equipped to address some emotional challenges that individuals with complex needs face and build therapeutic relationships with them.

### **Introduction**

Across diverse policy fields, the provision of intensive and long-term one-to-one support tailored to clients' particular needs is a model of working considered to be most effective for individuals and families identified as having multiple and complex needs (Davies, 2015). At the heart of this model of working is a dedicated key worker<sup>1</sup> who manages a small case load and is able to provide flexible and regular contact to a client over a prolonged period. This worker is expected to assess needs, develop support plans, and coordinate the delivery of services. The high profile 'troubled families' programme in which the 152 upper tier local authorities in England are expected to 'turn around' the lives of an estimated 120,000 families defined as having multiple problems is the most recent prominent example of such a model.

There exists a growing body of evaluative studies and academic papers which provide information about the nature and effectiveness of this type of approach (Hayden and Jenkins, 2014; Batty, 2013; Mason, 2012; Parr, 2012, Flint, 2012; Flint et al, 2011; White et al, 2008; Nixon et al, 2006). These studies have consistently suggested that 'effectiveness' for both service users and providers is bound up with qualitative features of interpersonal relationships. Whilst these studies provide some detail about the nature of the client-key worker relationship and what it is that clients appreciate, the current literature on key worker support offers limited insights into the micro-processes underpinning relationship development and the power that the relationship carries in effecting and driving change.

In this paper and using evidence from a number of studies, I intend to look at how the key worker-client relationship is developed and maintained. I want to explore how the relationship works and the notion that 'the relationship' is not merely a function of the key worker role nor that to do the job well workers require relationship skills but that it is within the relationship that important things happen (Howe, 1998). I will suggest that in some cases, the key worker-service user relationship is itself a 'therapeutic' medium and is therefore both the vehicle for the delivery of support but is also a productive practice and an end in itself (Ruch, 2004; Smith, 2001). In thinking about the character of this relationship, I propose that while it can be perceived as being about an intangible 'chemistry', it is in fact a process and practice that encompasses a rich set of skills. In what follows, I focus attention primarily on unpicking the positive impacts that key working can have. In the final section however, I draw attention to more critical perspectives on key working that highlight how it is neither unproblematic nor a morally neutral endeavour. In so doing, the aim of this paper is to contribute to a growing body of analytical work on this type of intervention and the key worker role more broadly (Davies, forthcoming; Batty, 2013; Mason, 2012; Flint and Batty, 2012; Flint, 2012; Parr, 2011, 2008).

### **Method**

The findings presented here are based on semi-structured interviews with adult clients and project staff conducted across three research studies:

- An evaluation of an *intensive intervention project for rough sleepers* with complex needs (offending, mental health problems and substance dependency) carried out in a city in the north of England for a local charity (2013-2015). The key worker together with five clients were interviewed. Three of these were men, two were women. Verbatim quotes extracted from this research are labelled as the '*rough sleeper project*'.
- A longitudinal qualitative case study managed by the author as part of the *national evaluation of the Intensive Intervention Programme (IIP)* across England for the Department for Education (2009–2011). The IIPs aimed to turn around the lives of up to 1,000 of the most challenging and problematic young people aged 8-19. The case study project was run by a national charity. Interviews were carried out with the project manager, two key workers as well as three families (children and parents). The article draws on interview material taken from three interviews with the parents of children referred as well as project staff. Data from this study is labelled as '*IIP*'.
- The *national evaluation of intensive family support projects* (2004–2008) for Communities and Local Government. The five projects included in the evaluation provided support to families with multiple problems who had been accused of anti-social behaviour and who were at risk of homelessness as a result. As part of the evaluation, 37 interviews were carried out with predominantly female clients across the projects. Some respondents were interviewed on one occasion, some twice, and some on three occasions. Companion interviews were also carried out with the client's key worker and with project managers. The author was the senior researcher on the study and carried out a large number of the interviews. Material from this study is labelled '*family support project*'.

The paper draws on rich interview material from across these three studies. The evaluation of the rough sleeper project was ongoing at the time of writing but detailed descriptions of the other two pieces of research, together with their methodologies and findings are provided elsewhere (Flint et al., 2011; Nixon et al 2008, 2006).

The three programmes and the projects which comprised them were not identical. Although all were designed to support people defined as having complex needs, the referral criteria and therefore the status of the clients differed between the projects. They were all based on a similar type of assistance however with a key worker providing regular, multi-dimensional and long-term support. The interventions provided sought to address issues such as anti-social and criminal behaviour, homelessness, debt, family breakdown, physical and mental health problems, as well as substance dependencies and misuse. While there were inevitable differences between the projects, this paper reports on the similarities in ways of working that could be discerned across this diversity. Furthermore, whilst acknowledging that not all key workers were able to engage all clients in establishing an 'effective' relationship (and what hinders this is perhaps the subject matter for another paper), I draw here on the examples of practice where what I consider 'good' and positive relationships were formed.

### **The therapeutic relationship**

The emergence of intensive interventions in recent years initially came to prominence under the 1997-2010 New Labour government and services were focused on families involved in crime and/or anti-social behaviour (Parr, 2012). The approach was consolidated in the Respect Action Plan which committed the then Government to establishing a network of Family Intervention Projects (FIPs) (Respect Task Force, 2006). Since coming to power in the 2010 UK general election, the Liberal-Conservative Coalition government remained committed to the continuation and expansion of this method of working as part of the 'troubled family' programme. More recently, intensive one-to-one support has gained prominence within diverse policy and practice fields. Statutory and third sector organisations are adopting this approach as a means of dealing with a range of issues such as homelessness, reoffending, worklessness, vulnerable children, young mothers and mental health problems.

Intensive interventions are designed to provide flexible and 'holistic' solutions for families and/or individuals that take account of a range of problems and issues and usually over a prolonged period. This approach is juxtaposed to time-limited interventions and those provided by individual services that tend to focus on one particular need, such as child protection. The key worker role is to assess an individual's needs, carry out support planning, provide and/or co-ordinate the delivery of supportive interventions and complete care plan reviews. This requires the key worker to work on a one-to-one basis with individuals which, in turn, demands the ability to form effective relationships. Although bearing similarities to traditional social work (Parr, 2008), this is not a professional position and key workers are often recruited on the basis of strong inter-personal skills rather than qualification or training (Parr, 2015).

Research with key workers, management staff and service users has identified the attitudes, personal qualities and styles of working that have been identified as important in key worker relationships. These include having good interpersonal and communication skills, being non-judgemental, honest, determined, consistent, resilient and tenaciousness, positive and patient, and having energy and enthusiasm (DCLG, 2012; White et al, 2008; Nixon *et al*, 2006). As such, it is often theorised that it is the personal qualities of the key worker that is a determining factor in ensuring the success of any intervention or service, rather than their experience or professional qualification.

These broad findings echo insights from within the fields of counselling and psychotherapy where there has been a great deal of research examining the relationship between professionally trained clinicians and their clients (Gaston, 1990). Within these fields, research has examined what has been variously named the 'therapeutic alliance', the 'helping alliance', or the 'working alliance', and how this interpersonal helping in and of itself influences change.<sup>ii</sup> The construct of the working alliance was defined by Bordin (1979) as incorporating three primary components: mutual agreement on tasks, shared agreement between the therapist/client on the goals of the therapy and a sense of a bond. Bordin theorized that this interpersonal helping in and of itself influences change in the client. Meta-analytic work also suggests that there is a positive association between the alliance or relationship and outcomes (Horvath & Symonds, 1991; Martin et al, 2000). Moreover, this is believed to be generic, or transtheoretical i.e. not dependent on the particular 'treatment' intervention (be it e.g. behavioural, cognitive or psychodynamic) nor the context of that intervention (Matthews and Hubbard, 2007). In relationship-based work therefore, it is argued that unless a good 'therapeutic alliance' is formed, it may well be that nothing very productive emerges from the relationship; the relationship itself does a lot of the therapeutic work (Gilligan, 2004; Howe, 1998).

The active ingredients and particular qualities of successful therapeutic relationships have been analysed widely. Based on their review of the evidence, Ackerman and Hilsenroth (2003) suggest that characteristics and personal attributes that have been found to be associated with strong therapeutic alliances and positive behavioural change include being flexible, honest, respectful, trustworthy, confident, warm, interested and open. These factors enable therapists to be attuned to their clients fostering a bond or emotional connection. Related to this, Matthews and Hubbard (2003) claim, that, in part, being an effective helping agent appears to be innate: "you either have it or you don't". There are, however, communication skills and strategies which can be learned which may better equip practitioners to cultivate improved alliances with their clients. One such skill is 'attending' which includes careful listening, observing nonverbal cues, and communicating that you are paying attention and are interested. Particular techniques that convey the latter include asking open-ended questions, paraphrasing, summarizing and accurately interpreting (Matthews and Hubbard, 2003; Ackerman and Hilsenroth, 2003). Practitioners must however modify their approach to accommodate differences in interpersonal styles that may, for instance, be associated with gender.

While the relationship factors listed above seem fairly logical, they do not provide instructions for how to construct therapeutic relationships. Furthermore, theoretical explanations as to why and how the therapeutic relationship brings about change or causes improvements are complex and there is not the space here to examine the literature on the role of the therapist in facilitating therapeutic change in any detail. It is maintained however that a good therapeutic relationship in which somebody displays positive regard, listens, is compassionate and takes another's concerns seriously implicitly enables changes to become possible (Lemma, 2010; Howe, 1995):

It seems that telling one's story in one's own terms and having it heard respectfully is a very necessary ingredient for change to begin to occur (Parton and O'Byrne, 2000:12)

It is possible that the relationship leads to positive outcomes because the client simply feels better around the therapist and therefore feels more capable. It is claimed that not only does the process inherent in the relationship help contain anxieties but it binds people into a social fabric helping those individuals feel supported, accepted and valued, in turn, providing confidence and promoting growth (Howe, 1995; Trevithick, 2003). Alternatively or additionally, it might be that the positive feeling toward the therapist makes the client more willing to participate in treatment (Karver et al, 2006).

In what follows, I want to think about how the key working relationship operated within the intensive support projects discussed here. I want to draw on evidence to show how the relationship is enacted, the dynamics and qualitative features of the relationship and how these help effect change (Drake et al, Prior and Mason). What I hope to demonstrate is that this is something that not only involves 'chemistry' but special knowledge and skills.

### **Engaging and building trust**

Trust in all helping relationships is a necessary feature and first meetings are important in the process of gaining trust. Relationship-based practice and the process of trust-building in the context of services designed to support families and individuals with complex needs is particularly challenging (Howe 1998). This is because individuals may have grown disillusioned with or alienated from mainstream services. What is more, participants in our research had often experienced difficult and indeed traumatic personal relationships that included neglectful or abusive parenting and/or partners, together with family stress and breakdown. Often therefore individuals described finding it "hard to trust" and it was common for clients to be apprehensive and defensive at first about their involvement with a key worker:

It's sort of a long time since I've really made any friends, that I've trusted anybody (Gail, family support project)

it's just people like us and our backgrounds, you've got to be careful how you talk to us, we think you're talking to us like idiots. Who are you disrespecting? (Andy, rough sleepers project)

At the outset when individuals first became involved with a key worker, we found that 'beginnings' were not simply about meeting clients, gathering information or risk assessment – a box-ticking exercise - but were a complex and nuanced process involving various practices of engaging and building trust. These involved processes and communication strategies that made the client feel comfortable, safe and understood. Having the time and patience to commit to repeated attempts to make a connection with both the individual and their wider family/connections was often crucial:

you've just got to be able to communicate and just keep going and not be disheartened when you can't get through to somebody the first time or they put the phone down on you or they're not in (key worker, family support project)

This is described in policy discourse as "dogged persistence" on the part of key workers who service users have reportedly found to be 'bolshy', 'nagging', 'challenging', and 'forceful.' (DCLG 2012). As such, concerns have been raised about the extent to which this relational style and use of power is compatible with professional values of respect and the principle of autonomy (Davies, 2015). In our research, we found that persistence was often achieved with sensitivity, calmness and a willingness to listen:

...it's really just being able to listen and talk, you know, just not to go in all guns blazing. Just to go in and say, "Right, okay, we're here to help. How can we help you? This is what we can offer, is this gonna be of any use?" (Key worker, family support project)

Once 'through the door', key workers explained how they encourage clients to engage in conversations about themselves and their concerns while 'treading carefully'. In so doing, they described demonstrating from the start that individuals' concerns are being taken seriously and that they are not being judged. Indeed, project workers consistently talked about 'listening' and validating clients' experiences and feelings:

It is having that ability to listen to what they're saying because acknowledging that they're angry about something makes it so much better for them cos they feel as though they're being listened to (key worker, family support project)

...that's what they say you see, "Whatever you've done, right, we're starting from scratch, we'll start from day one, we're gonna do this, and we'll work together" and that's it, we work together (Gail, family support project)

Workers and service users conveyed a sense that early encounters were defined by a genuineness and "positive regard" something understood as important in therapeutic relationships. The notion of "unconditional positive regard" involves suspending judgemental thinking; valuing and accepting clients; and thinking positively about clients regardless of their behaviour, background, values or other personal characteristics and without imposing conditions (Wilkins, 2000). Although key workers might be best described as conducting *conditional* positive regard given their expectations of change (see below) they did appear to display the core features of positive regard:

...she found out about me, you know. She didn't talk down her nose at me, she didn't, you know make me feel uncomfortable (Lindsey, family support project)

...he's really easy to talk to and he listens to you and you just build up a relationship with him. He's on our level sort of thing, he speaks to you as a friend, so you don't feel intimidated. Like I've had health visitors and things like that and sometimes I think they always come in and look a bit superior to you and you don't feel like you can tell them what's going on properly without them judging you (Becky, family support project)

Key workers seemed able to convey genuine care and interest, and they seemed to operate with a manner that conveyed warmth. Words such as 'calm' and 'relaxed' repeatedly emerged in the talk of clients.

it's her approach and her calmness and you just feel from her nature that she's a good person and to be trusted...and to be able to trust, to be able to feel that, that welcoming feeling, you know when someone, it's just, it's a feeling that something's right (Claire, family support project)

Mason (2012) claims that it is often small mundane or ordinary acts, such as making a cup of tea, helping out with a practical task or assisting in times of crisis that can bring service user and key worker together. This was evident in our research too. The key worker's use of a personalised budget in one project acted as a concrete bridge into a helping relationship with the homeless person who found it hard to trust people (Lemma, 2010) but it was also an emotionally charged act:

I've never had no-one treat me, look after me...and [key worker] met me one time and took me for a coffee, took me out and bought me some trainers, some trousers and I was 'yeah that's wicked' never had that and that felt good (Andy, rough sleeper's project)

Flint (2014) has suggested that the ability to be non-judgemental and "down to earth" is linked to key workers having the same life experiences or living in the same locality such that they may be thought of as like a friend and what Zadoroznyi (2009) has described as fictive kin. As Flint has pointed out, shared geographies, similar diction and speech provide a mechanism for project workers to engage with families. This view was also evident in our data:

to be able to actually do a job like this, you've got to have some sort of life skills yourself. To be able to understand the reasons why people get into certain situations in their life. I mean for instance the reasons why perhaps someone might stick with someone who's been abusive for years and years on end (key worker, family support project).

### **Relationship pathways and the process of change**

Intensive interventions are aimed at helping those with complex needs move their lives forward and make positive changes. This is a slow and time consuming process as one key worker pointed out:

Change is very slow with families. It takes us a long time to sort of build up the rapport to get to the stage where we even start to make the changes (key worker, family support project).

We found that where a bond and a basic level of trust was established between a key worker and client, the relationship facilitated a process in which key workers were able to help individuals talk more about their present circumstances, experiences and feelings with a view to moving forwards and making changes. While most clients welcomed the opportunity to have their voices and stories heard, for some clients, perhaps because of an inability to express emotions easily or not possessing the linguistic capital, some initially found this process unfamiliar and struggled to talk about themselves and their feelings:

...it were difficult cos what she was saying and it was like 'woah'. She was wanting me to express meself: 'how do I feel when me and John have an argument or kids stress me out'. I feel anger, I just want to explode. It was like explaining what you feel like...But I couldn't really explain meself cos it was actually a hard question. But in the end I'm like, I got through it in the end (Faye, family support project)

As such, staff described how they adapted their relational style according to the needs, disposition and communication styles of different individuals. Some key workers explained how getting clients outside of the home or project office was useful for encouraging conversation. Lemma (2010) suggests that this is about creating "therapeutic spaces" within which individuals can begin to rethink their lives and that 'opening up' is often facilitated by less formal styles of interaction such as 'mobile conversations':

...we get 'em out the house, we get 'em talking. When I gain their trust and we build up the relationship, they'll tell me things that they've always wanted to do but they've never done (Key worker, IIP).

So even just the drive down and having a chat about...not even chatting about the project, you know, chatting about anything. I think it helps build up the relationship (Key worker, family support project).

It was clear that key workers were often skilled in gently encouraging clients to reveal important aspects of their experiences and emotions. In so doing, they remained attentive and the empirical data suggests that there were often what Drake et al (2014) call "tipping points" or "moments that matter" in the slow process of change that key workers were alert to:

It takes a long time...sometimes when you go in they're all chatting away and you can't see it and then they'll do something and you kind of think, 'ahh', it shows a different personality (Key worker, IIP).

It's almost like you have to grab that moment when they find something positive they want to work towards (key worker, family support project).

As part of this process, during which the formal practices of support planning took place (e.g. formulating support plans), rather than focusing solely on pathology and deficit, we found that key workers promoted what might be called a strengths-based approach (although they did not usually name it as this) which built on individual or family assets and resources (Gilligan, 2004; Dolan, 2002). Key workers tried to encourage clients to look at their strengths or things they do well and tried to help them build on these so they could feel confident in thinking about change. This also amounted to a collaborative exercise, a reciprocal and shared process with clients actively participating in determining their own futures. These approaches were 'person centred' in the sense that they engaged individuals with what mattered to them and on issues they raised themselves rather than imposing a pre-formulated plan (Burnett and McNeill, 2005). This was recognised as significant for clients and seemed to work to enhance their sense of well-being:

with me sort of having not a lot of confidence in a lot of things...when people listen to you, they value your opinion, it does make a big difference...it's like being on a level as opposed to, you know what I mean, worker-user (family support project)

Research participants described how the workers did not tell what to do but listened to as opposed to talked to, or suggested ideas or options rather than instructed them as to the best course of action, even if these were not always successful.

I mean they don't come in and take over, but they'll give you advice on how to deal with certain situations and sometimes it don't work and you can go back to them and say "erm, that was crap, that thing didn't do nothing" and then they'll think of some other way (Deborah, family support project).

Project workers and clients also accepted however that 'the relationship', change and 'progress' was not linear. Rather, they recognised the complexity of clients' situations and embraced understandings of them which acknowledged the emotional and unpredictable aspects of human behaviour and understood the reasons why relationships became strained at times and intense:

she's very, very demanding. She can be nasty, yeah, really horrible sometimes, so you have to be quite resilient and sort of ignore a lot of it...she's either had far too much to drink or she'll be very, very low (Project worker, IIP)

if I'm in a bad mood, and it's not down to these, it's just the way I am, because I have so much going on in me own little brain, I won't talk about a lot of things, so it just, I just let it all fester and fester and I just take it out then on the wrong thing, or wrong person (Michelle, family support project)

### **Challenge and risk taking**

Key workers in the majority of the research were working with families and or individuals defined as having complex needs and who had often been accused of anti-social behaviour or were repeat offenders. Key workers are often required to not only provide support but monitor behaviour, promote change and 'challenge' 'problem' behaviours, essentially holding clients to account for certain behaviours/events. Indeed, the Government endorses an approach that combines both 'support' and 'challenge': 'Family intervention workers make it clear that they have to either take this intensive help or face tough consequence' (DCLG, 2012). As such, commentators have drawn our attention to how key worker interventions that stress the consequences of non-compliance amounts to a punitive and disciplinary mechanism (Garrett, 2007). Clients did in fact recognise that the approach of the support workers was supportive but also assertive:

"she'll tell you straight, if you're in wrong you're in wrong and she'll tell you you're in wrong" (Andy, rough sleepers project)

This was played out within the context of positive relationships of trust however and managed in a caring manner such that 'challenge' was not perceived by clients as authoritarian or punitive. On the contrary, 'challenge' was sometimes seen as a non-confrontational form of encouragement that clients appreciated and accepted. Indeed, rather than being disciplinarian or reprimanding, key workers often helped service users construct a different account and provide a new perspective on a situation or event.

The challenging happens because you know we'll say to people, "Well what are the consequences of, of what you've just said or what you've just done ... "Can we just hypothetically ask you, "how do you think your neighbours feel about that now?" "If your neighbour did X what would you think?" ...try to get them to look at things from other people's perspective. I mean that's challenging but they don't see it as challenging (key worker, family support project)

The empirical data suggested that there were certain conditions that allowed this 'challenging' attitude to be played out. Three things seemed pertinent. Firstly, it was necessary for key workers to take time building a 'safe enough' relationship before attempts at change and indeed 'challenge' could take place. Two, it was about adapting the nature of the 'challenging' behaviour to the individuals and, three, it was about being respectful and 'challenging' in a non-confrontational manner. The quote below illustrates the point:



I think if you've built up the relationship beforehand, then you know how...with some families you'd go in very gently, and with other families you might have to go in and say, "Right, this has to stop, this will happen if it doesn't." Whereas others, you go more gently, gently, you know. I think by knowing your families you can sort of know how [to challenge] (key worker, family support project)

Furthermore, where individuals were visited in their homes, key workers were aware that this demanded a sensitivity on their part and they reflected on the extent to which it was appropriate for them to make moral judgements about the behaviour, values and attitudes of service users. Indeed, there was a recognition that the service provided involved the key worker entering the private space of the families' homes and intervening in their private lives and this, in itself, meant that project workers felt uncomfortable 'dictating' to families. This put boundaries around what it was deemed acceptable for project workers to 'challenge':

"Yeah you've got to be like understanding and a bit assertive but you can't go in and, and dictate to somebody what they're gonna do...you're going into their home, you know" (key worker, family support project).

"...we're so in their face and in their homes we've got to, as much as we're perhaps trying to change what's going on in their homes we've got to be very flexible because we are in their homes and really in their lives dealing with some quite sensitive subjects" (key Worker, family support project).

There was also a recognition that much of what might be deemed appropriate and acceptable i.e. what are the norms of good parenting or household management are indeed value judgements and some project workers were able to reflect on this and ensure their intervention was justified. This was about respecting and accommodating difference, something also recognised by service users:

I mean it's acceptable to her not to wash, it drives me mad having piles of washing and ironing. I'm a bit obsessed with it. Just because she doesn't get up and put her washer on, it doesn't mean it's wrong...you've just got to respect them and their home...they don't need dictating to (key worker, IIP)

...other people wouldn't listen: "you've got to do that, you've got to do this". "Oh nappy there – get it in the bin now." And it's like, hang on a minute, I've just changed my daughter's bum and my son's bum. I've just done it and you don't even give me time or chance to put it in the bin (Laura, family support project)

### **The impact of the relationship: Therapeutic and Transformative**

It was common for clients to talk of key workers as 'friends' but in some cases, particularly where individuals were experiencing emotional problems due to failed, abusive or traumatic relationships, and where these individuals were lonely and felt uncared for, the key worker was felt to function almost as a substitute parent or partner (Lemma, 2010). In this way, the key worker possibly provided a 'corrective' or 'reparative' emotional experience even offering an alternative secure attachment (Trevithick, 2003). As one service user suggested, her key worker made her feel "safe":

...when she rings when she's in a real bad way, will talk like she's back when she was 12 and she'll be shouting at me but she's not shouting at me she's shouting at her mum, it's a very strange thing that happens (Key Worker, IIP)

...they're not like workers and you know it's like, it's like having a partner, not having a partner because I don't want a partner, do you know what I mean? I've not had a partner for a long time, but I need support so it's like having the best of that without the hassle and I don't feel confident enough to be on my own, I really don't, you know. I'm just starting to live now (Gail, family support project)

any other member of staff and I tell 'em straight 'fuck off don't talk to me like that, me mum can't talk to me like that, you're not gonna', [project worker] it's bam 'all right', she's like my mother (Andy, rough sleepers project)

The relationship also served an important therapeutic function for some individuals in the sense that it helped keep them 'in control', allowing them to work through problems particularly in moments of crisis, aided by the knowledge that they had somebody they trusted alongside them - clients often talked about their key worker being always accessible and at the end of the phone:

"It's just, they've kept me together. They've just kept me completely together, you know. Any worries I've had just a phone call away if I'd needed. And the positivity that you pick up, you know, just listening to common sense and just things that you don't think or wouldn't think of, they seem to be able to help" (Claire, family support project)

he was like a lifeline, he just... yeah. Because if you pick, if you just pick up the phone, and just to talk it through and then everything else just seems to fall back into place and it's just, it's just like a moment of madness and you can't cope (Becky, family support project)

Yeah I've phoned her up sometimes and said 'I'm in bits today I don't know what's the matter with me' blah, blah, blah, and she's sat on the phone for half an hour and chatted to me and I've got off the phone and felt completely different...bit of counselling...although I'm not sure they're trained to do that (Paula, IIP)

The key workers role within the relationship was also informal and concerned with providing ongoing warmth, consistency and reliability which was often in the form of dropping by for a cup of tea or taking the client to a café. This served an important function for clients who were often estranged from family and alienated from neighbours. It created an informal space where service users could talk and open up which seemed to work to enhance their emotional wellbeing. Clients often described the positive, uplifting and essentially re-energising (Trevithick, 2003) impact the relationship with their key worker had - despite the latter's non-clinical training:

...they need for you to just go round and say 'you all right today?' I'll just drop by for a cup of coffee and say 'how's things been, is everything all right?'...I will go to Martha just to have a chat with her because I think that boost makes her better with Mark [son] because if you leave her too low then she won't look after him (Key worker, IIP)

she just used to come round and have a chat and it was nice to just be able to have somebody to come in and talk about how I was feeling with the kids, 'cos I was really struggling with them...just to know that there's somebody there and that they don't judge you.. ... They don't come in and preach to you, they'll talk to you and listen to you (Lisa, family support project)

...it's been like a godsend, because somebody's there, she's listened to me. She's not judged me. She's understanding. It's like if I say "I'm getting really cheesed off with such a thing." She'll ask me why, we'll sit down, we'll talk about it and at the end of the session she'll say "How do you feel now? Do you feel more better or do you feel more angry or what?" It's like I feel, chilled out[...].it makes me calmer and relaxed...I can talk about anything, and it's like "Have I just said that?" She's a stranger, but I've just said that? You know and it feels like so good (Judith, family support project)

The support provided by the relationship was also transformative for some clients galvanising them, allowing them to feel hopeful and to acquire the confidence and control to move forward and make changes, such as returning to work and giving up drug addiction. Even where change was less tangible, clients conveyed a sense of pleasure and reward that their relationship with the key worker brought them such that it had helped them feel better about themselves (Smyth, 2014).

I just think it was all fantastic. It really was though. I really felt I was with professional, yeah, and I felt.. you know when I was uneasy at first, and they made me feel very relaxed and very reassured and I think that's what helped me to recover from being an amphetamine addict quicker (Claire, family support project)

They boosted my confidence here because they were behind me so much in everything[...].What they've actually done here is made me feel good about myself. I've never felt good about myself for a long time...I even had the confidence to go for a job, because I felt

that I was worth to get a job and you know, I could do this and I could that. And I wouldn't have thought none of that before (Gail, family support project)

In Lemma's research at the Kids Company she found that key workers working with children have indicated that the key worker relationship was more helpful than formal psychotherapy or counselling. A similar point was made by some participants in our research who recognised that they had traumatic personal histories they needed to come to terms with and who had benefited from a close and intimate key worker relationship but who did not feel ready for counselling or formal therapy.

## **Discussion and conclusion**

In this paper I have chosen to focus attention on the therapeutic, on the emotional aspects of key worker practice. The discussion above suggests that a good helping alliance can facilitate positive outcomes. Critics might argue however that I have overemphasized the positive and beneficial nature of the key worker relationship and that in so doing I have underemphasized more troublesome aspects, such as the potentially controlling elements, the creation of dependency, power differentials and the suggestion that such help may work to adjust individuals to their unacceptable circumstances.

In her study of the 'benevolent' justice strategies of the Drug Treatment Courts (DTC) in Canada, Moore (2011) proffers the notion of 'therapeutic surveillance'. She claims that the experiences of DTC participants suggest that benevolence, coercion and punishment are tightly bound together (Moore, 2001). According to Moore, controlling techniques can coalesce simultaneously with genuinely benevolent care. Similar lines of critique have pointed to the potentially negative and harmful aspects of support policies in the UK. As Featherstone et al (2012) have pointed out, models of practice do not emerge or exist in a vacuum but are inextricably linked to political, economic and social projects. Thus, while a re-focusing on 'the relationship' (at least within social work arenas) has been interpreted as a positive step that marks a shift away from the bureaucratic case management approaches (Howe, 1998; Dominelli, 1996), it is possible to locate the re-emergence of relationship-based practices as part of a broader project of welfare reform that emphasises self-reflexivity, self-government and individualisation; a rise in the 'psychological' dimension of welfare (Stenner and Taylor, 2008):

"Within this new politics of conduct, the problems of problematic persons are reformulated as moral or ethical problems, that is to say, problems in the ways in which such persons understand and conduct themselves and their existence. This ethical reformulation opens the possibility for a whole range of psychological techniques to be recycled in programmes for governing 'the excluded' (Rose, 2000: 334).

Within this rhetoric, social exclusion becomes reconfigured as 'a state of mind' associated with a lack of self-esteem, self-worth, and the necessary skills of self-management (Pollack, 2008; Rose, 2000). In this process, individual and family needs become equated with personal deficits and deficiencies in attitudes and ways of thinking rendering structural factors extraneous (Gray, 2009). It is argued that a concern with therapeutic wellbeing might therefore become decontextualised and detract from the social and physical conditions in which much individual wellbeing is lived and felt; emotional wellbeing becomes about being psychological troubled rather than poor or overburdened (Gillies, 2014; Taylor, 2011). We might then theorise the key worker relationship as a form of sugar-coated control and conditioning with a deeply moral dimension.

These critiques are important. Indeed, all forms of intensive key worker support are about social regulation: they are projects aimed at governing 'problem' or 'troubled' individuals and families (Parr, 2012). Furthermore, key workers' practice is necessarily underpinned by tacit moral judgments about such things as 'good parenting' and they may indeed reinforce structural constraints that perpetuate class inequalities and socio-economic disadvantage by for instance individualising need. Whether explicit or not, practice will be based on a particular professional ideology and draw on particular bodies of knowledge (Scourfield, 2010). Indeed, the extent to which projects aim to remoralise is often based on occupational cultures and professional habitus (Parr, 2015) and in my own research I have found evidence of the ways in which key working promotes self-regulation and remoralisation (Parr, 2011). This raises questions about the extent to which an emerging professional occupation such as key working is guided by a particular professional ideology and underpinned by a specific body of knowledge and value base (Parr, 2015). Related to this, an important consideration is how to

demarcate the boundaries of non-professional key workers so that clients are supported by professionals appropriately trained to deal with the complexities they face.

Bearing these critiques in mind, we cannot therefore explain, in full, intensive key working from the perspective of the psychological or therapeutic nor simply present it as a caring, benevolent endeavour. However, there is a great deal of evidence regarding the importance of the relationship between key worker and client. What I have tried to show is that while key workers might not be trained therapists or counsellors or even trained in specified approaches for establishing therapeutic relationships, they might be equipped to address some of the emotional needs that individuals face. Indeed, clients' accounts suggest they experienced key worker support in ways that pointed to the development of a 'therapeutic' relationship. Furthermore, this provides an antidote to the more bureaucratic approaches to practice. Intensive key working support has emerged within a context in which social work has come under increasing pressure to become a time-limited, check-box exercise where the relationship has become a secondary consideration (Beresford et al, 2008). In stating this, I am not suggesting that this is or ought to be at the expense of key workers and other agencies paying attention to the external world of the individual, their social context. Rather, it is an attempt to move the debate about key working beyond a "deficit approach" (Ferguson, 2003) and a "dystopian" (Matthews, 2009) attitude about what intensive key working can offer (Garrett, 2007).

Echoing Lemma's findings, this paper is an appeal to take seriously the impact key workers without any formal mental health qualifications can have on the lives of individuals with complex needs. It is important that we take seriously the voices of services users who seem to be sending a clear message that key workers have been a 'like a lifeline', 'like a godsend', have 'kept me together', and 'made me feel good about myself'. Such words and sentiments we should not be too quick to dismiss. Further research is needed however to better understand the micro-processes at the heart of helping relationships together with the range of knowledges, expertise, professional boundaries and supervision that are also key to competent practice.

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<sup>i</sup> I have used the term 'key worker' to refer to comparable non-professional occupational roles but locally the position might be referred to as support worker, family intervention worker or Intensive Outreach Worker.

<sup>ii</sup> These terms are often used interchangeably