Workforce Development insight report: What makes an effective multiple and complex needs worker?

Ang Broadbridge, March 2018
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Background

One of Fulfilling Lives Newcastle and Gateshead’s key system change areas is Workforce Development. The report explores the question ‘What makes a good multiple complex needs worker?’ drawing on insights from the Fulfilling Lives NG frontline staff team.

Methodology

Navigators and Brokers were sent a questionnaire in Summer 2017 to help them to reflect on what makes a good Multiple and Complex Needs worker. The survey was lengthy to secure feedback on what workers think about their role, their training and support needs, other roles within the programme, and suggestions for change going forward.

The questionnaires were delivered electronically and followed up with further discussion. 16 workers were asked a total of 41 questions across the following nine areas:

1) Operational support for clients
2) FL-NG values and principles guiding practice
3) Staff training and development
4) Specialist groups, those who face additional barriers
5) Service user involvement
6) Personal budgets
7) Systems change / partnership
8) Data collection and monitoring
9) Programme roles

Further follow up discussions were held with Fulfilling Lives’ Experts by Experience (a focus group and a smaller interview with two Experts, including some FL clients), Brokers and Navigators (a focus group and one to one interviews).

See Appendix A for focus group prompts from a session with Navigators.
Personal qualities, skills and experience

Frontline Staff view

Frontline staff highlight the following personal qualities and skills as key to supporting outcomes for people with multiple and complex needs:

- Being reliable
- Being able to reflect on client engagement and own practice
- Having a positive regard for clients
- Being client-led
- Being able to choose from a toolkit of engagement tools and techniques
- Building strong relationships with clients, based on trust
- Assertive outreach, getting to know a client’s routine, and tenacity to track clients down
- Building strong relationships within services to open up access, being able to re-open doors that have closed to clients
- Advocacy skills, championing our clients
- Building a sense of purpose with clients
- Being with the client where they are (both in their life journey and being able to follow the client through transitions)
- Intuition

The lead Broker working on our Workforce Development (WFD) system change strand highlights five key skills in relation to working with people with multiple and complex needs. These five areas form the basis of our new workforce development offer and we will complete a sector skills audit across these five areas in 2018/19:

**Five key skills for working with people with Multiple and Complex Needs**

- Accepting (validating, active listening)
- Believing people can get better (building motivation, building hope)
- Collaborating (building problem solving skills)
- Developing trusting relationships (being reliable and consistent)
- Establishing and maintaining roles and boundaries

The Research and Evaluation Team interviewed the WFD Broker asking which of these areas he feels the team are currently strongest in; he identified ‘Accepting’ and ‘Developing trusting relationships’ as the two areas FLNG workers are strongest in. Our learning to date highlights that we are good at engaging people with multiple and complex needs, but the stasis we see in clients’ development suggests that we have further to go in building clients’ motivation to change.

Workers were asked about their skills and where they might improve, these ‘Accepting’ and ‘Developing’ skills are the two areas that comments from workers clustered more closely around, and are the skills they identify that they model to other agencies. Generally the team felt that they “are good at all five” of these areas, however three workers highlighted building problem solving skills with the client as an area for development.
The Research Team interviewed a Navigator about their engagement with clients, interestingly the notes from this interview highlight these five skills; we propose a similar exploration of these skills with other Navigators to further develop our understanding of client’s motivations for change.

**Navigator interview notes**

The Navigator sees engagement as a joint effort (Collaborating). The Navigator’s perspective of this is that it can be hard to be in charge of your own life but that it is important to allow clients to make their own decisions, even if they are the ‘wrong’ decision (Accepting).

The Navigator highlighted that they are careful not to judge and allow clients to make their own decisions; explaining to them that it doesn’t matter whether they have used alcohol or drugs or not; she is not going to be disappointed (Developing trusted relationships). Whilst the Navigator builds hope and motivation she also acknowledges the entrenched lifestyle and behaviours clients show, and their right to live the life they wish to (Believing people can get better, and Accepting).

The Navigator reports setting consistent rules with clients, and if paperwork is needed explains that it’s what they have to do to access services and support (Establishing role and boundaries).

**Experts By Experience view**

There is some crossover with the personal qualities and skills Experts by Experience highlight as being important:

- Empathy
- Compassion
- Building a connection, trust
- Not being ‘fresh out of the box’ – “you can just tell if someone has no experience” – the group felt lived experience was the gold standard, but if not lived experience a good MCN worker should have on the job experience of working with people with MCN
- Showing a genuine interest and not saying “I know how you feel”
- One Expert thought a good worker is “like a poultice, but drawing positive things out of you”
- Not leaving, the group talked about feeling let down when workers leave, one member described asking his key worker “are you going anywhere? Are you going to leave?” and reflected that he would not engage if he knew that there was a chance of being “passed from pillar to post”
- The worker doing the things that they say they will do
Some of the quotes that were captured at our focus groups with Experts by Experience (EBE) show how trusted relationships are valued:

“Look at what they’re trying to do here [Fulfilling Lives] there’s a close working relationship, they pick you up when you’re down [name of navigator] is always checking I’m alright, he knows I hate the mornings and that I like that call to check I’m alright at nine o clock, well, I don’t always like it but sometimes I’ve needed it, he’ll keep on at me when he knows I need it and will leave me with a bit of space when I need time to think…”

When talking about workers doing what they say they will do the EBE group recognised that workers are only human and make mistakes, but strongly valued honesty:

“You need someone who tells it like it is, if they say they’ll do something and they can’t for whatever reason be honest about it, don’t just disappear or go quiet on me, I need to know what the score is.”

“I would be really angry, I’d go down to [name of service] and they’d come straight down, woosh, with loads of staff, like security. I wanted them to fix what was broken, I made them responsible for how I felt, for the things that were going wrong…I met them in the middle when they told me how it was, that that wasn’t the way to go on.”

“A good worker…held up a mirror to my inadequacies, but in a respectful way…showed compassion and empathy…others, no, once they saw drug taking on my records their eyes changed, visibly, I don’t mind, I know how it is, but I’ve had some better experiences, caring.”

The EBE group spent some time exploring service flexibility and felt a good worker would recognise the need for flexibility, but they also recognised that there needs to be ‘give and take’ for a good working relationship to work:

“It’s pointless to set up appointments you know someone won’t get to, it’s give and take, some people need to be told to crack on, stop messing about and get in to an appointment, but you can’t always, things come up, if you open up flexibility I might make more of an effort to try to get to see you”

Two EBE group members talked independently about looking for clues that a worker is listening, and cares, reciprocity is valued:

“I’ll be looking for clues…like are you listening to me?”

“Why would I give you the time of day when you’ve not even asked how I am? I’ll ask them, are you alright…some days I’ll feel like I can’t go on but I’ll still look out for other people, ask how they are, they don’t ask you, how do they know that I didn’t have the bus money and I’m bad the day…”
The operational environment that supports the MCN worker

Workers were asked about the ‘Fulfilling Lives philosophy’ - interestingly the responses we received suggest that there isn’t an overarching philosophy or ethos, though there were common themes that workers draw on that are suggestive of a Fulfilling Lives approach to working with people with multiple and complex needs.

In response to this question frontline workers described the operational working environment and conditions they feel they need, and they feel has been put in place to help them to support people with multiple and complex needs. Navigators often talk about how their role is different to that of a support worker, or is different to the work frontline staff in other agencies are engaged in. Many of these qualities, skills and experience are not unique to the Navigator role and are shared with other frontline staff working with people with MCN; perhaps it’s the operational environment that makes the Navigator role different?

A wide range of responses were recorded and these tended to cluster around themes of person centred working, helping clients to have a voice and be heard, and being inclusive:

- Having time to build relationships
- Not having restrictions on how long they can work with people for
- Flexibility
- Feeling trusted to do the best for clients, being able to take positive risks
- Smaller caseloads
- Personal budgets

On their approach to working with clients the workers said:

- “The ability to have unconditional positive regard for people.”
- “That they are human, and deserve better. Everyone writes them off, but I won’t.”
- “We know they haven’t been saints, but people can change - and they do change.”
- “Instilling confidence in the client giving back self-worth.”
- “Showing them they are good at something, hope.”
- “They are an equal and should feel safe and heard.”
- “Client focussed principles, services should be doing things right by people because they deserve it.”

“We build hope by reframing everything that has gone before in their life to look to people’s futures, we help them to explore who they are, I’ll ask what have you never done before that you’d like to do. I think it validates them as a person, I get to know their family and friends, I supported a client to call his parents by telephone from the care home he is staying at. This client was very chaotic, but he used to help other people in his community with their shopping, now he is in a care home and the professionals around him just see him as dependent, they wouldn’t know that he will be missed in his community.”
The language recorded about the approach towards clients is overwhelmingly positive. Workers felt that they are modelling positive practice in working with people with multiple and complex needs to other agencies with some good responses; “supported housing have seen the way we work and they’re getting interested in it, because they can see it works”. Responses about progress barriers and issues that clients face that services do not yet understand clustered around a general understanding of multiple and complex needs:

- A lack of understanding about trauma
- No flexibility for our client group
- A poor general understanding of the needs of people with multiple and complex needs
- Services not understanding Navigators are not support workers
- Services not focussing on prevention
- Services not having the resources that are needed to work intensively with people with multiple and complex needs.

Workers reflected that whilst they are seeing small changes, small examples of flex, they can feel stuck because other agencies don’t work in the way, or can be asked to take on a burden of work by other agencies:

“No one works like me, I can’t pass him on to another agency because no one works like that, no one will support him in the way that he needs.”

“It can be a good thing and a bad thing [the way we work] – probation might go on holiday and say to me “I’ll let you look after him while I’m away” – that’s not how it should be…”

“We need to find somewhere for them to go after we’ve done our bit…activities, support, if we step away we need something for them to move on to…they don’t really have friends, community my clients…I haven’t had a client in four years who has a good relationship with family or anything resembling a friendship. Relationships with most services are enforced relationships, what we offer is a bit different, we offer guidance, emotional support, tell them their rights, where can they move on to for more of that?”

A good MCN team

A small focus group of our frontline workers were asked about what makes a good multiple and complex needs team. The group felt that diversity is really important, having a mix of workers with lived experience, from diverse backgrounds and with previous experience of working in other sectors makes for a strong offer for clients. Having the flexibility to change workers, for example to offer younger clients a younger worker was also seen as a positive, and worked well for a client who was offered a change of worker. Experts by Experience also value the importance of workers having experience of multiple and complex needs.

The group felt that they have strong leadership from the Programme Lead and Brokers, identifying this as welcome as “you can lose direction in this role.” The group spoke positively about their long induction and “excellent recruitment process” which was supported by Brokers fully understanding the frontline role as all three Brokers went through a test process before the programme formally opened for referrals. They trialled the process and ran a pilot period of both navigating and acting as Broker to one client each before Navigators were employed. They experienced both roles, to check that it worked for clients and referral agencies.
Engagement skills and tools

Frontline workers highlight a wide range of engagement skills and tools that they use flexibly according to their client's needs at the time, some of these are tangible physical tools like sending a card to introduce the worker, but in the main engagement skills are related to workers being intuitive and learning by experience about what works.

Workers highlight a wide variety of tools including:

- Being intuitive about what the person needs
- Assertive outreach “you have to chase them, they don’t chase you!”
- Not leading with paperwork
- Being a listening ear
- Navigating something small and quick to secure engagement when a new client is referred into the programme
- Taking time to understand engagement issues with other services to mirror this back to services
- Using advocacy skills to make sure that the voice of the client is heard for example in safeguarding meetings, “we are like the glue that pulls services together”
- Providing encouragement and increasing self-esteem, building worthiness, helping people to feel valued
- Test the system even if we know client will not get a service; try to support this by navigating to workers in services who are known to be more open to being supportive and flexible with people with multiple and complex needs
- Reminding clients about the things that they like, exploring their past interests or trying new things if they are unable to name any interests (sometimes supported by personalisation, for example a cinema visit, this client reported that the length of the film was the longest they’d not thought about ‘using’ for as long as they could remember). This enables them to talk about ‘normal’ things and not be seen as their problems, something which many people experiencing multiple and complex needs deal with
- Generally within the programme the voices of people with multiple and complex needs are heard through the frontline workers. They recognise that the voices of people with multiple and complex needs are not being heard, particularly in regard to strategy or policy. “We give a proper voice, we take a chance on people who the system doesn’t want to take a chance on.”
- Another worker talked about using a range of locations flexibly to engage clients; “I vary the places I meet them, driving, walking, a more upmarket coffee shop, or Greggs, not talking sometimes, if I’m driving in the car I’m in an environment where they expect I’ll be quiet, so they will just talk, or we might wander round a shop.”

Another worker described a journey they made with a client:

“The client was due in court, I’d only met him three times and I needed to get to know him quickly to support him on a difficult day… the client likely going to prison, he had packed for a holiday! Instead of going on the Metro I thought it might be nice to go on the Shields ferry, to give them a nice memory before going to prison, something positive to think about.”
Case study A: engagement in-reach, letter to client in prison

Workers identified that they have the flexibility to do some in-reach work when clients are in prison, hospital or in other settings where other services might close a client’s case. This letter demonstrates the encouraging support offered by a Navigator to a client in prison:

Hi x, hope you are well and was good to see you on the visit, as requested I contacted [name of accommodation] regards your belongings namely your coat which I understand was important to you… I understand you appeared in court presumably by video link at present I am not clear of the outcome of this but hope it went in your favour. I would also advise that you ask to speak to a Shelter worker whilst in [Prison] as they can update your housing gateway this is important as it should give you some priority for accommodation on your release.

I hope your time has passed quickly and without incident and look forward to working with you on your release, you can write to me on the above address if you need to, look forward to hearing from you, take care and see you soon.

P.S change starts with the person who works to do it and can be an exciting rewarding journey,

Good luck.

[Service navigator, Fulfilling Lives]

Case study B: engagement out-reach, greetings cards

Navigators relayed that they will ‘go the extra mile’ to make contact with clients when they disengage or are out of contact:

“I leave greetings cards at client’s addresses, where I think they might be sofa surfing, at the GP or pharmacy, or sometimes with an outreach worker who knows some of my clients…who doesn’t love to get a colourful envelope addressed to them?!”

In one case when the outreach worker passed on a card to a client the client called the Navigator and re-engaged voluntarily. Clients laugh about the greetings cards and tell their friends about them. The greeting cards often include a supportive message or information about a new appointment the Navigator has managed to make for them.
Unorthodox Practice

As well as reflecting on engagement practice examples Navigators were asked about the things that they do that stretch the boundaries, practice which might be seen as unorthodox or that might raise eyebrows with other agencies. These unorthodox practices are not written into their role descriptions and some of these are sensitive issues, sometimes presenting as dilemmas to staff around boundaries. Arguably the use of personal budgets on the programme presents some challenges to maintaining boundaries as identified above, though as the programme has developed, workers report that have become more comfortable with managing this.

A key skill of the multiple and complex needs worker is developing relationships of trust that are reliable, consistent and not over promising. Relationships and trust can be difficult and workers can face challenges in establishing and maintaining their role and boundaries. We wondered whether there were other practices that might impact on a worker’s role and boundaries, or perhaps present tensions, and felt it important to name some of these practices, as this builds a more realistic picture of what it means to be a multiple and complex needs worker.

Delineating MCN practice approaches

The challenges of securing trust from workers to share these practice examples have been explored in other FL programme areas, for example Inspiring Change Manchester\(^1\) blogged about delineating some of these approaches:

> “The ultimate person-centred approach is arguably to save lives (that want to be saved) and how one gets to that place with some of the most disadvantaged, complex and chaotic individuals may, on occasion, raise the eyebrows of those not immersed in this work.”

Two workers commented that there was something “old school” about this approach that social workers, probation officers and youth workers would work in this way, that we’re delivering something close to “the old model of supportive working.”

A wide range of examples of unorthodox practice were captured. Interestingly these practices varied widely across the employing agencies; staff were refreshingly honest about the tensions they sensed about some of these practices in relation to the boundaries and expectations they and their employing agencies place on them.

Generally, Navigators acknowledged the push and pull nature of maintaining boundaries, but are very comfortable in their role, and said that they appreciate that the programme trusts them to work in the way they do; and it is testament to them feeling trusted that they felt able to share a wide range of examples on a continuum of unorthodox practice:

> “Engagement first, in other roles boundaries would be top of the list, in this role there’s more autonomy, and that’s great, as long as you feel in control and comfortable you can do great work with people with the trust of the programme.”

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\(^1\) Gavaghan, H (2017) ‘Exactly what is it the frontline staff do that makes a difference?’ http://mcnevaluation.co.uk/exactly-what-is-it-the-frontline-staff-do-that-makes-a-difference/
Unusual practice or practice which sits outside of standard policy

Our focus group discussion highlighted examples of unusual practice or practice which sits outside of standard policy, workers report having to think on the spot about these issues:

• Collecting a client’s relative’s ashes – “that was something I didn’t expect to be doing in this job; I carried this box of ashes on my lap on the number 40 bus...you just roll with it...I did it because it was for my client, he couldn’t face it.”
• Identifying a client’s body: “I did that to save his family from doing it, I don’t know if I’d do it again but it was important to his family so I did it.”

Practice which may raise the eyebrows

Examples of practice which other agencies have commented on to our workers, or which our workers sense would not be allowed by other agencies:

• The time we spend with clients and time we have to get to know them – “services roll their eyes or are shocked at how much time we can give - they’re jealous of the way we work”. One Navigator recalled a worker from another agency saying “you’ve spent a year too long with him.” Another reflected, “we say “I’m here for you, what do you want?” No one asks them that.”
• Advocating for clients, particularly around ‘unwise decisions’ - two Navigators gave examples of professionals stating that they were “enabling unhelpful behaviours” in advocating for their clients. Both of these comments were in relation to agencies commenting on the ‘choices’ clients make to use substances.
• The luxury of being able to spend time doing normal things with clients - “I have a client who said, I don’t want to talk about that, I knew she liked gardening so we went to buy some flowering plants... I said we will have to talk about that sometime [arrears] but we don’t have to do that today.”
• Hugging a client, for example to greet them, or when they are upset: “I see them [people who work in services] look at me, but I’ll give someone a hug...no matter how dirty they are or how unclean. I do that because some workers won’t even shake my client’s hand, I model to them that my clients are people, I hug them to greet them, or to say goodbye because I also just want them to feel normal and feel some warmth in the world.”
• Sharing personal experiences with clients, “my clients don’t know anything about the professionals involved in their lives, I have a client who asked his probation officer how he was and the officer said “you’re not here to talk to me about how I am.” “This idea that you either don’t share anything or you’re in danger of becoming a friend is very polarising.” “You can tell clients about yourself without really telling them anything, they know what I like, that I like to go to art galleries, that I always have a piece of fruit in my bag...they don’t know where I live or anything about my family, but I’m in their life and they are in mine.”
• Working with clients when they are under the influence where other agencies “might say “they’re not fit for us to work with them.”” Workers highlighted that they wouldn’t be able to work with some clients without being exposed to this, particularly when visiting clients who drink in their own homes. “If I arrive to take them to an appointment and they’re under the influence, well I think me visiting can still be a positive, as the professional you can call the agency and rearrange, then they didn’t miss an appointment, that’s a positive way to work with people with substance issues.”

• Keeping contact with some clients even after they have moved on “we still see them, other services wouldn’t do that – [name of client] is just texting me about his baby…” “I’ve been to visit an ex client out of area…to see how he’s getting on, it’s not really out of my way and I like to see how they’re doing.”

• One worker talked about having conversations with his clients that other services wouldn’t have, particularly allowing the client to “have a rant” and express their feelings: “I let them rant at me, if they’re abusive I’ll say I’m not here for that, but I give an outlet for the rant”. Another worker spoke about clients making offending disclosures, “they’ll talk about shoplifting, offenses, they are building a relationship, pushing, can I trust you? I’m quite comfortable with that and If I think the conversation is drifting too far “I’ll say don’t tell me anymore, I’m not your mate.””

Practice which stretches boundaries

Examples of practice that workers flag as stretching boundaries. Interestingly the team are divided on some of these practices:

• Several examples were given around clients’ property, workers reported having approval from their host organisations to do this. These include storing a client’s personal effects while they are in transition, having cash belonging to the client in a project safe as the client did not want to risk having access to a large sum of cash, having a spare bank card for a client, having client’s passwords for a client’s Universal Credit Journal with their consent as the client finds it difficult to recall passwords, and having a client’s spare set of keys because they lose them frequently.

These examples were very specific to individual host organisations, with some workers saying their organisation would be very comfortable with these practices, and others saying this would not be allowed by their host organisation. The team acknowledge that all of these examples present as short term solutions to problems that they had to “think on their feet” to surmount. They also recognise that these solutions may be disempowering to clients, and have worked together to find alternative solutions, for example the team successfully applied to St Martin in the Field’s Frontline Network Ideas Fund for funding for storage and removals for our clients.

• The team talked about boundaries in relation to encouraging clients to do things that might be out of their comfort zone. “It can be precarious, you try different approaches, sometimes it works, sometimes they disengage, just didn’t find the right approach for them on the day, I’ll say so to the client, we don’t have all the answers.”
One worker described the tension between encouraging the client towards independence and risking disengagement, another gave an example of a risk that paid off:

“I took [client] to that coffee shop near the library, he didn’t leave the house much and was reluctant to meet me, so we travelled in together. He was in the coffee shop and started hitting his head, I thought, I’ve pushed too hard here, but I talked him through it and an hour later he was quite relaxed, I had to go to another appointment and he said “is it OK if when you go I stay here for a bit?” That was great to hear, our clients don’t feel like those public spaces are for them, I can help them to start to take up a space in the world that they deserve.”

The importance we place on reflective practice means that the team’s views on these practice examples are changing and developing, and they challenge each other’s thinking on practice too. On sharing these practice examples with the team, one worker said “that’s really made me think, I’m changing my practice and some of those things I have done I don’t anymore and others I stand by and make me proud in my role.”

Two workers said that they wanted to explore these issues further, as they felt that some of these practice examples could be disempowering for clients:

“I don’t really do many of those things, it’s just not the way I work, but I still get good engagement.”

“I had people do those things for me and that didn’t get me clean, that didn’t change my life…what works? Saying there’s support there, tell me your goals, show me that you want it - that is different to other services, that’s what we model.”
Supervision, training and self-care

Workers reported feeling very well supported in what many recognise are challenging roles, and they feel it positive that they have access to a wide range of support, through formal supervision which was regarded positively, and through informal support including from their peers, line managers in their lead organisations, Brokers and the FLNG Programme Lead.

Workers have accessed a broad range of training to support them in their role - across over twenty different areas - and generally speak positively about how individual training sessions have increased their knowledge and skills base. Training around PIE, mental health needs, drugs and alcohol awareness and safeguarding are referenced most commonly and spoken positively about. Brokers commented that they have not accessed as much training as Navigators but report valuing peer support and the support of the Programme Lead.

Workers highlight the importance of self-care and of reaching out and asking for help, some link this to the programme’s philosophy, that if they are to do the best for the client group they need to be mindful of self-care and comfortable to ask for help and ask questions. Workers commented that the Learning Community provides them with this “safe space” and an opportunity to reflect, some workers report that they get validation from their peers:

“Firstly a safe place to acknowledge that sometimes we are unsure of what to do and how our emotions can impact our work and not knowing is sometimes ok it brings issues into perspective and is an inclusive concept for workers”

“Opportunity to share practice and learn and develop better practice, there is no wrong or right of practice it’s an open and safe place to learn and reflect.”

“The learning community offers a space to reflect on the work we do, ask for advice and assistance from other Navigators. Raise problems we are having as a Service Navigator, share good practice and it gives reassurance that we are doing well in an uncertain role.”

The majority (12 workers) felt that their caseloads are manageable, two workers reported that their caseload is challenging but manageable and comments were captured about the unpredictable nature of working with people with multiple and complex needs, meaning that work planning, and having unexpected downtime can sometimes be challenging.

Working with people who disengage for long periods of time can be challenging, workers reported that they are “told to chase them up so we do, sometimes endlessly… it can feel abrasive, they probably think leave me alone!” One Navigator reported that this approach does work, and reflected on taking a direct approach with clients “I’ll say to them, “do you want me to chase you up? Shall I keep chasing you up” and sometimes they’ll say “yes, keep going” because sometimes they will be ready to engage.”

One Navigator was interviewed about their thoughts on client engagement, the Navigator identified that when their clients have been hard to engage it is normally because they are using drugs or drink or that their ‘world has imploded’ and they are isolating themselves. The Navigator identified that every client can go through peaks and troughs and that there is not necessarily the most difficulty engaging at the beginning. The Navigator highlighted that it is very important that her clients know that she is still going to be there in these troughs of disengagement; it is when they need her most.
We explored burnout with a focus group and interviews with frontline staff. A source of anxiety for some workers was having hopes and fears about clients – “the hardest thing? When we want it [a different life for them] more than they do.” Some felt it impossible to be endlessly hopeful, but explained that they wouldn’t let the client see this – “other agencies don’t always hide it…if you feel like that you should probably take a break from working with them”.

One worker said “we’re not martyrs, we do the extra mile stuff but I can’t say I don’t sometimes get frustrated”.

Another worker talked about their experience of supporting someone heavily with a wide range of issues on the client’s ‘wish list’: “I managed to do ten of the things on that list, and one thing went wrong and they said you’re **** and you did a **** job for me” – interestingly in discussion this worker’s colleagues linked this to PIE and said “you have to remember why they act like that, PIE, be therapeutic.”

Workers talked about rarely feeling let down by clients but reflected that they do feel disappointed sometimes, and they are aware that clients sometimes feel they have let their worker down, just as they sometime feel they’ve let a client down when they can’t achieve something for them.

Navigators expressed feeling really passionately that clients shouldn’t feel guilty or isolate themselves when things go wrong; one Navigator recalled a client calling another Navigator to pass on their apologies after they disengaged; “he called me and said “tell her I’m sorry, I’ve let her down.”

The importance of taking annual leave was highlighted in relation to burnout - “you can be drained without knowing you are being drained, I’ll think is it my stuff right now or is it me being drained by work?”

This worker said that seeing clients do well can give them hope: “it gives me a buzz to see someone in recovery, a buzz, but I’ll think, wait til a year’s time that’ll go; but really I wish I could bottle that feeling, have it back, because I remember how good it felt.”

Workers said that they are getting better at protecting their wellbeing, citing that they feel more comfortable now: “saying no to taking on more clients, right now.”
Client dependency and endings

Most workers report that they have seen signs of client dependency, some report this as being manageable, others identify a need for further exploration around endings with clients, this relates to client move on, and also to the programme now being at the half way mark. One worker felt that the programme is ‘designed to create dependency’, in being set up to work with people “for potentially many years.” For some workers there’s a sense of responsibility that clients don’t have anyone else in their lives; client move on is seen as a difficult issue, where responses captured fears about “passing on the problem” or client self-sabotage, with clients stating they feel abandoned:

“Yes I have a client who point blank refuses to let me move him on because I am the only worker he says has ever listened to him and done what I said I was going to do. He threatens self-sabotage if moved on. I think it could be more of a FL thing because there’s nothing else like us so people aren’t used to this much attention.”

These issues have led workers to think differently about how they introduce the programme, with one worker commenting “I’ve stopped talking about the length of the programme now especially when we are half way”.

These issues have been explored by the Programme Lead and Workforce Development Lead and the team had two sessions early in 2018 exploring endings in the context of working with people with multiple and complex needs. Workers spoke positively about these sessions, one of their key takeaways was “you’re not the one” – this appears to have freed some ‘stuck’ thinking about moving clients on, or about clients disengaging, they are important in their client’s lives but they are not the only person: “we see our clients for an hour or two a week, they survive for the rest of the week, I’m not the one”.

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System Change - workers see it as vital, they want to do it, but feel disconnected

Naturally there are a wide range of responses to the question ‘what attracted you to this role?’ Interestingly most workers (12) referenced system change in their response. Workers referenced either having had lived experience or having worked with clients with multiple and complex needs in previous roles.

They saw this role as having the potential to change the system, and for those with previous experience of working with the client group, to bring more of a challenge to their work with clients. The team has a wide variety of self-identified strengths and specialisms - only one worker felt they haven’t a specialism – but these specialisms tend to cluster around their client’s needs rather than specific system change areas, including the needs of women, people experiencing domestic violence, people with no recourse to public funds, substance misuse, criminal justice and benefits. One worker recorded that engagement is their key strength.

Interestingly then, when asked about their experience of system change, responses varied widely; there is generally a sense of passivity or static from workers in relation to their role in regard to system change. They reference the “mammoth task” being a “cog in the wheels” and feeling “lost and unclear” about their role in affecting change.

Generally there seems to be a sense of disconnect, that system change is happening ‘elsewhere’ in the programme, out of their sphere of influence, at the strategic level:

“I don’t see what’s happening, at a higher level I would like to think that what we were doing on a daily basis was changing something??”

“Guilty of not focussing on this, more focussed on navigation role. About getting out there and finding blockages to bring forward to try and change the system.”

Where workers spoke more positively about their role or there was a sense of self-determination in affecting system change this was still muted, they speak positively of bringing forward barriers to Brokers, and give examples of securing flexibility for their clients, but system change feels out of their sphere of influence:

“As above at present I see my role as been a part of a programme that will hopefully influence change both locally and nationally.”

“I see my role as vital towards system change as there is no one else out there to voice the opinion of the client should they not be a service in place or a service is letting them down.”

“Flagging up barriers that can be discussed at operational and strategic groups, which will hopefully influence the ways that services are designed, structured, run and commissioned.”
One worker spoke about securing flexibility for their client, and reflected that they have noted a shift in their work with the services their clients interact with:

“I’m seeing more flexibility, I recognise now that I’m actually really quite skilled at dealing with, at engaging services and professionals, not just clients”.

Three workers felt that their role is to provide the research team with evidence to demonstrate system change; interestingly workers reported feeling disconnected from the research and evaluation team, though workers clearly feel that their role has an impact on system change this adds to the sense that system change is happening ‘elsewhere’.

Workers perceptions of personal budgets and their use

Largely responses to this question highlighted risks and challenges around using personalisation to secure engagement, managing boundaries, client expectations and reliance on personal budgets. A later focus group with Navigators suggested that their feelings about personalisation had changed in the few months since they had been given “greater freedom” to make decisions about spends up to £50.

Three workers raised concerns about the appropriateness of using personal budgets to secure engagement:

“I still think personalisation is sometimes used to buy engagement and solve problems quicker rather than persevere with the system and explore other ways.”

“Clients may become reliant on it, especially if we use it as an engagement tool as other services do not have this fund, so it provides unrealistic expectations.”

“Sorting things out for them, it can take their autonomy away and be de-skilling.”

One worker saw using a personal budget to secure engagement as a learning opportunity:

“I know some of the team have an opinion that you can’t buy engagement and that is an obvious risk but I also believe that if you can use a budget effectively and it is part of the programme then we should use it but monitor it as we do at present.”

“You absolutely can buy engagement…my baccy pouch is the best engagement tool I have a lot of the time.”

“I used personalisation to hire a carpet cleaner, and cleaned his flat, his friends helped…he’d worked really hard and the carpets really needed a proper clean…helped to show him he’d done really well with the flat.”
Workers frequently spoke about the challenges of managing clients’ expectations and reliance on personal budgets:

“A risk is that a client may come to expect issues to be sorted with personalisation. Especially in the beginning where there was little guidance for staff on personalisation.”

“Clients can become dependent on it if allowed.”

“Clients test the water to see what they can get out of you.”

Two workers felt that this could be managed with boundary-setting:

“Clients do try and push for food etc. but it’s about having these boundaries and using it correctly.”

“Struggled sometimes found myself running round for one client paying for day riders for engagement to services. And became reliant. Learnt by mistake, set up boundaries.”

Four workers highlighted the risk that personal budgets are used to plug gaps, bypassing system barriers, with two calling for more creative uses of personal budgets:

“Personalisation is a model I was first introduced to in my previous role. I feel that a risk associated with its use in this role is that it could be an easy bypass around system barriers, this means that there could be a danger of failing to recognise and record blockages.”

“I think there is a risk that we use the budget to plug lots of gaps without truly ‘testing out’ the system – I think it has been seen as an easy option for complicated situations. I think personalisation is still largely used in firefighting crisis and chaos and less used to promote activities/hobbies/wellbeing/development.”

“I think I could encourage more “thinking outside the box and risk taking” than goes on with this to be honest.”

“Personalisation is priceless, if we don’t incentivise for them to get to an appointment then they aren’t going to go, a Greggs meal deal can secure that engagement.”

“Personalisation lets you deal with things on the spot.”

The question posed to workers was about the risks and challenges, so we might expect responses to feel quite negative, however some workers highlighted neutral or more positive reflections.

Three workers felt that there are no challenges or risks:

“There are no risks or challenges with personalisation if it is used appropriately.”
One worker shared an experience of taking a risk which paid off:

**Case study C:**

“Took a risk once for a private rent- risk paid off… Long story short he successfully completed- and came off methadone after 20 years in a couple of weeks and started to access therapy. When it was time to leave the abstinence based accommodation we were back to square one- housing stating he was still excluded, I begged services to take him in their emergency accommodation but they refused- so I had to take a risk on this man who had been battling so hard, and we spent £250 of personalisation on a bond and he remains in his own tenancy now and the housing company have eventually decided he isn’t excluded.”

This worker went on to say that they are mindful that personal budgets will end with the programme, a view shared by other workers in relation to client expectations, not just in relation to personal budgets but to how they ‘set out their stall’ about Fulfilling Lives more generally:

“Challenges with how we all use it different. We all work differently, and clients talk- so they want what they hear others have had. Causes drama. I’m relatively tight with personalisation, because we aren’t going to be here forever.”

**Concluding comments**

This report comes at the mid-point in the Fulfilling Lives programme. It highlights good practice examples from four years of Navigation delivery; it also highlights points of reflection which led to the programme’s new delivery model. As such this report forms the building blocks for our workforce development learning and future evaluation work will build upon it.

Many key points can be drawn out, but ultimately our best learning can be drawn from really delineating what it means to work with people with Multiple and Complex Needs in practice, these practice examples are varied and have sometimes been challenging to work through. Presenting these examples here is very much in keeping with the spirit of the programme, that we are learning together about what makes a good Multiple and Complex Needs Worker, and are honest about and sometimes challenge our practice through reflection.

Our new workforce development offer builds on this learning, we will explore 25 key skills areas for multiple and complex needs workers, both reflecting on our programme’s skills base, and conducting a skills review with the multiple and complex needs systems. This will be supported with a training and development offer which encompasses multiple and complex needs training, systems thinking, Psychologically Informed Environments, peer research and co-production.

For the next two years we will work with clients in transition through the Critical Time Intervention model, so will be evaluating this approach and also exploring the skills base that we already have and will develop in relation to this new way of working. Workers will be encouraged to keep a reflective diary so that we can continue to delineate practice and having these 25 skills areas to structure our thinking around will give us a solid base from which to build on this Insights report and measure developments and change in our workforce.

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1. [https://www.criticaltime.org/](https://www.criticaltime.org/)
Appendix A: Focus group prompts

Exercise 1: Read the case study and answer the question below

“I used a call to the benefits agency as a kind of leverage to encourage a woman with learning difficulties to find out medical test results and access treatment. It was presented in the context of “I want to see you helping yourself so that you are still here alive to collect your benefits”. This woman seemed to push away and refuse support as a way of checking how hard people were willing to try to help her, so it was challenging to encourage her to help herself. Making support somewhat conditional in this way, is typically considered ‘bad form’ of course. And for this reason, some effective work can be overlooked because people keep quiet about what it takes at times, to move people forward. If you had been on the journey I had with that woman, I would argue that you would have done the same to potentially save her life. She was very grateful that she was treated and got better thankfully but had struggled to permit help in a straightforward way to face her fears at the time. She acknowledged this looking back”

Q – In some teams there can be conflict around notions of appropriate working with people. What things do navigators do that stretch the boundaries/ might raise eyebrows with other agencies?

Source: http://mcnevaluation.co.uk/exactly-what-is-it-the-frontline-staff-do-that-makes-a-difference/

Exercise 2: What makes a good MCN team?

Use the flipchart paper to write up a bubble chart exploring what makes a good MCN team.
You might think about:

- The mix of personalities that make a good team
- Other roles you have around you that support frontline staff
- Workforce development needs: training, supervision

Is ours a good team?

Exercise 3: What are the skills and attributes that make a good MCN worker?

Navigators highlighted the following personal qualities and skills as key to supporting outcomes for people with multiple and complex needs. Write up any that you think are missing.

You each have three stickers, place them beside the skills/qualities you think are most important.

- Being reliable
- Being able to reflect on client engagement and own practice
- Having a positive regard for clients
- Being client-led
- Being able to choose from a toolkit of engagement tools and techniques
- Building strong relationships with clients, based on trust
- Assertive outreach, getting to know a client’s routine and tenacity to track clients down
- Building strong relationships within services to open up access, being able to re-open doors that have closed to clients
- Advocacy skills, championing our clients
• Building a sense of purpose with clients
• Being with the client where they are (both in their life journey and being able to follow the client through transitions)
• Intuition

Exercise 4: Is personalisation an important tool in the MCN workers’ toolkit?

- What are the challenges and opportunities with personalisation?
- Is it an important tool in your MCN worker toolkit? Why?

If there’s time:

1) Use a post it note to write up a brief example of a creative use of personalisation you’ve used with a client – what worked well/didn’t work so well about it?

2) Use a post it note to write up a brief example of an effective use of personalisation – something more practical – how was it effective?

Exercise 5: how can the frontline worker have an impact on system change?

- Workers said in their questionnaires that system change was what attracted them to the job, but other comments suggested you feel disconnected from this
- Is this how you feel?
- What would help you to feel more connected?
- If we’re thinking about the legacy of this work, should frontline workers roles involve an element of system change work? What would this look like?

Exercise 6: Endless positivity?

Some workers said in their questionnaires that they feel a key part of the role is the “ability to have unconditional positive regard for clients” to maintain hope, to keep going when they feel stuck.

- Is this how you feel?
- How do you keep positive doing this work?
Appendix B: Fulfilling Lives Newcastle and Gateshead Team
Questionnaire

1. How did you come to join FL-NG and what attracted you to the role?

Operational support for clients

2. Can you describe your job role within FL-NG?
3. How does your work in this role differ from previous work with people with MCN?
4. Do you think FL-NG is working with the right people?
5. How do you approach starting to engage with your new clients?
6. What are the typical activities involved in your ongoing work with clients?
7. How do you find your caseload in this role?
8. Could you tell us about your most positive experience of your FL-NG client work (without mentioning names)?
9. How do you ‘open doors’ for clients and overcome barriers to services?
10. What influences your choices in navigating clients towards or away from particular services?

FL-NG values & principles guiding practice

11. What ‘philosophy’ or principles guide your approach while working with FL-NG clients?
12. What do you think are the benefits and challenges of using this approach in practice?
13. Have you experienced any FL-NG client work which has given you cause to worry about dependency? Do you feel that is any more pronounced amongst a FL-NG client than any other people with MCN?
14. PIE can mean different things to different people - what is PIE in your view?
15. In what ways do you think your work is ‘Psychologically Informed’ and what difference does this make?
16. Are there any issues in working with PIE from your perspective?

Staff training & development

17. What training have you received since joining FL-NG? Has this made any difference to your work?
18. What support, guidance or supervision is available from others and how do you access this?
19. What opportunities for reflection do you have?
20. What does the learning community offer you in your role?
21. Can you describe any other professional and/or personal development you may have gained in this role?
22. How would you like to see yourself or your role in FL-NG develop in future?

Specialist groups – those who face additional barriers (AKA “hidden” or “hard to reach”: BME, women, learning difficulties, 18-25 in transition)

23. Do you have any particular expertise around a specialist group?
24. Who do you think the ‘hidden’ or ‘hard to reach’ groups are?
25. Is FL-NG working with individuals from these groups?
26. If not, are there other ways you feel they could do so? If yes, what have you or other colleagues learnt as a result of working with these hard to reach groups?
Service user involvement

27. In what ways do you think that your work is informed by or shaped by service users and/or the ‘voice of experience’?
28. In what ways do you think FL-NG as a whole is informed by or shaped by service users and/or the ‘voice of experience’?
29. Can you tell us about your experience of the EBE Network and members?

Personalisation budgets

30. Have you found any risks or challenges associated with using personal budgets?

Systems change / Partnership

31. Can you describe your wider involvement with the FL-NG programme and its structure?
32. How do you see your role in FL-NG’s work towards systems change?
33. What are the biggest barriers that you have found/seen to client’s progress towards recovery?
34. If you could change one thing across all services in Newcastle Gateshead to better support people with MCN, what would it be?
35. Are there problems the client group are facing which are not yet fully understood by services?

Data collection & monitoring

36. What do you think about the data collection element of your role? Please refer to use of InForm, assessment tools, and case studies.
37. Can you describe the role of the research and evaluation team? Would you change it and how?

Programme roles

38. What is the role of a System Broker? Would you change it and why?
39. What is the role of a Line Manager? Would you change it and why?
40. What is the role of the Programme Manager? Would you change it and why?

And finally...

41. Is there anything else you would like to say about FL-NG or your role within it?