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## AN EXPLORATION OF DIFFERENT MODELS OF MULTI-AGENCY PARTNERSHIPS IN KEY WORKER SERVICES FOR DISABLED CHILDREN: EFFECTIVENESS AND COSTS

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### Introduction

A key worker has been described as a named person whom the family can approach for advice about, and practical help with, any problem related to the disabled child. Provision of 'key workers' or 'care coordinators' for disabled children and their families, working across health, education and social services, has often been recommended in policy guidance, most recently in the Children's National Service Framework. Up to now, research has shown that less than a third of families with severely disabled children have a key worker, but compared to those who do not have a key worker, those who do show benefits in terms of relationships with and access to services and overall quality of life. However, as more key worker services have been developed, different models of service and ways of working have proliferated and there has been no research on the outcomes for families of different types of services. This study aimed to explore the effectiveness of different models of multi-agency key worker services.

### Aims of the research

The aims of the project were:

- To compare the implementation and operation of different models of key worker services.
- To assess the outcomes for parents and children of the provision of different models of key worker services.
- To investigate sources of funding and costs of different models of key worker services.
- To identify the features of the services that contribute to improved care for disabled children and their families.
- To inform standards of good practice in services for disabled children and their families.

### Key findings and implications for policy and practice

A UK wide survey of care coordination schemes, carried out in 2002, identified 30 services providing key workers for disabled children. These services varied in their structure, organisation, funding arrangements, and costs. Seven services, encompassing different models of working, were selected for more detailed research. The key messages for policy and practice from this research are summarised below.

The study showed that key workers provided a valuable service for families and had positive impacts on many families' lives. Key workers' collaborative work with other agencies and professionals and with schools facilitated access to appropriate support for disabled children and their families.

However, outcomes for families varied between and within areas. Factors relating to better outcomes included the management of the service, definition and understanding of the key worker role, and provision of training and supervision for key workers. The findings have a number of implications for the further development of key worker services.

### **Management of the service**

Results showed that key worker services provide the most benefit to families when they are effectively managed, and when health, education and social services are all committed to the service and provide adequate resources in terms of funding, staff and managerial support. A number of factors within the management of the services impacted on their effectiveness in producing positive outcomes for families. The role of the manager of the key worker service was shown to be crucial, multi-agency care planning and review meetings were greatly valued by families, and parent involvement in steering the services helped to maintain a focus on the needs of families. The results point to the following implications for the management of services:

- A multi-agency steering group, involving senior managers from each agency who have the power to commit resources and parents, should oversee the service, facilitate information sharing and agree ways in which the service will gain families' consent for information relating to them to be shared between professionals and agencies.
- At a minimum, funding is required to cover the time of a dedicated service manager and some administrative support. Such funding should be agreed on an ongoing basis. Short term funding produces uncertainty for staff and families and increases the fragility of the services.
- The service manager's role should include inducting key workers, organising ongoing training and opportunities for key workers to meet together, ensuring key workers are provided with regular supervision specific to their role, organising joint care planning and review meetings, and drawing up information about the service and publicising the service to families, other agencies and professionals.
- If non-designated key workers (i.e. workers who key work with a few families in addition to their normal professional role) are employed, it is important that they have protected time to undertake the key worker role and that this is recognised in their case loads. Part of the role of the manager and of the steering group members is ensuring that line managers in agencies from which key workers are drawn understand the role of the key worker and are committed to the key worker service. The time commitments of the role should be recognised and agreed between the service and the agencies that provide key workers.
- Multi-agency care planning and review meetings should be part of the service. These provide a valuable means by which actions of different agencies and professionals can be agreed in collaboration with parents and, hopefully, young people. Such meetings are also an important part of information sharing. Key workers should support families to prepare for and take part in these meetings. Whenever possible, meetings should be combined with other reviews, such as

statementing reviews, so that families are not required to attend multiple meetings.

### **The key worker role**

In some areas, there was confusion about the role of the key worker among families and key workers themselves. The most effective services had clearly defined the role and ensured that key workers, families and other services understood what it covered. Outcomes for families were strongly related to the extent to which key workers carried out the different aspects of the role. Agreement between key workers and families on frequency of contact was also important as where families felt that they needed more contact with their key worker, outcomes were poorer. The findings suggest that:

- A definition of the role of key worker should be drawn up and incorporated in a job description. The service manager should ensure that every key worker understands the role. Information for families should also make clear what is and is not within the key workers' role and key workers should explain this to families. Families should have written information about the role to refer back to. Other services in the locality, including schools, should receive information about the key workers' role, and key workers and service managers should be proactive in ensuring that relevant professionals know about, and understand the remit of, the service.
- The best outcomes for families are achieved when the role of the key worker includes: providing information to families about services and support available, both locally and nationally, and how to access these; providing information about the child's condition where needed; identifying and addressing the needs of all family members; coordinating care and supporting families with care planning and review; improving access to services; speaking

on behalf of the family when dealing with services; providing emotional support; and providing help and support in a crisis. The extent to which the key worker carries out different aspects of the role will depend on the particular needs of each family.

- Key workers should be proactive in contacting families regularly at intervals agreed with the family.
- Key working is a service for the family, not just parents. Key workers need training to support them in working with disabled children and young people, particularly those who have cognitive and/or communication impairments. In addition, time is needed for key workers to ensure this work can take place. Children and young people's participation in decisions about their own care and about developing the service should also be promoted, again this will need time, resources and support for children.
- Key workers have an important role in improving children's education and school experience in a number of ways, including mediating between schools and families to tackle problems and to resolve sensitive or contentious issues. It is important that key workers introduce the service to schools when they are allocated to a child or when children start school. This facilitates relationships with schools and enables key workers to be proactive rather than reactive.
- Key workers have a 'hybrid' role that requires a broad range of skills and knowledge. The research showed that it is performed best when it is not an add-on role without time and training allocated to it.

### **Key worker training and supervision**

Key workers who received regular training,

supervision and peer support were likely to carry out more aspects of key working and had more positive impacts for families.

- Key workers require induction and ongoing training specific to their role. This should include information about: the work of all agencies relevant to disabled children and their families, common disabling conditions, relevant legislation, and sources of financial support for families and eligibility criteria. Training should also cover disability awareness and the personal skills needed by key workers - communication, listening and negotiating skills, communicating with disabled children, and time management.
- Key working is a demanding role and supervision and guidance specific to the role helps workers to meet these demands. In addition, regular opportunities for key workers to meet each other are important aspects of learning and support.

### **Type of key worker**

Designated key workers were found to have some advantages over non-designated key workers, in terms of contributions to outcomes for families, ease of management and development of team spirit. However, findings suggested that the potential disadvantages of non-designated key workers could be overcome by provision of training, supervision and peer support. Nevertheless, the appointment of designated key workers should not be ruled out solely on cost grounds. Analysis of costs indicated that estimated average costs per family per year for services with designated key workers were £1,380 to £2,300 and those for services with non-designated key workers were £1,565 to £2,935.

### **Quality and costs of the service**

The higher costs of more intensive contact with

families were associated with greater satisfaction with the service and a greater impact on parental quality of life. However, when controlled for other aspects of the service, costs were not directly related to better outcomes for families suggesting that the way key workers provide support may be more important than overall levels of contact.

### **Methods**

Questionnaires were sent to 225 children with disabilities teams across the UK; 70 per cent returned the questionnaire. Thirty provided a key worker service, and replied to the questions regarding the characteristics, funding and costs of the service.

Seven services representing different models of key working were selected for detailed case studies, comprising interviews with staff and families and questionnaires to all families receiving the services. Data were analysed quantitatively and qualitatively.

Eighty-seven interviews were conducted with key workers, members of the steering groups and managers of the services. Interviews were also carried out with staff in 14 schools attended by children in the sample.

Two hundred and five parents and thirty children completed questionnaires on their experience of the services. Service use data were collected. The outcome measures in the parent questionnaire were: parental satisfaction with the service, the extent to which the key worker had influenced parental quality of life, parental unmet need, and child unmet need. Path analysis was used to trace associations between family and service characteristics and outcomes.

Sixty-eight interviews with parents/guardians and nine interviews with children/young people were carried out to explore families' experiences

in more detail.

#### **Additional Information**

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*Further information about this research can be obtained from Ian Beadle, 6S10, DfES, Sanctuary Buildings, Great Smith Street, London SW1P 3BT.*

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