

A  
Resource  
Pack

Developing a  
Key Worker Service  
for Families with  
a Disabled Child

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A Resource Pack: Developing a Key Worker Service  
for Families with a Disabled Child

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## Related Titles

Mukherjee, S., Beresford, B. and Sloper, P. (1999) *Unlocking key working: an analysis and evaluation of key worker services for families with disabled children*. Bristol: Policy Press, Community Care into Practice Series

Sloper, P., Mukherjee, S., Beresford, B., Lightfoot, J. and Norris, P. (1999) *Real change not rhetoric: putting research into practice in multi-agency services*. Bristol: Policy Press

Greco, V., Sloper, P., Webb, R. and Beecham, J. (2005) *An Exploration of Different Models of Multi-Agency Partnerships in Key Worker Services for Disabled Children: Effectiveness and Costs*, Department for Education and Skills Research Report 656, Department for Education and Skills, London (ISBN 1 84478 520 3). This report is available in on the Social Policy Research Unit website ([www.york.ac.uk/inst/spru/pubs/pdf/keyworker.pdf](http://www.york.ac.uk/inst/spru/pubs/pdf/keyworker.pdf)).



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# Introduction

## THE PURPOSE OF THE PACK

This resource pack offers practical advice on how to go about developing and implementing a key worker service for families with a disabled child.

Key working/care co-ordination is a service, involving two or more agencies, that provides disabled children and young people and their families with a system whereby services from different agencies are co-ordinated. It encompasses individual tailoring of services based on assessment of need, inter-agency collaboration at strategic and practice levels and a named key worker for the child and family. Families with disabled children should only have a key worker if they want one.

A key worker is both a source of support for disabled children and young people and their families and a link by which other services are accessed and used effectively. Key workers have responsibility for working together with the family and with professionals from services and for ensuring delivery of an inter-agency care plan for the child and family.

The resource pack was written in response to the number of enquiries the authors have received from practitioners throughout the UK interested in setting up key worker services in their area. It offers ideas on how to approach the task and warnings about likely pit falls. However, readers should be clear that the pack is not a step by step guide on how to set up a key worker service.

There are two reasons for such an approach. First, the authors do not claim to have all the answers about how best to set up key worker services. Secondly, the type of key worker service developed, and the issues which need to be addressed during the implementation, will vary according to the local context. It is therefore impossible to be prescriptive about how people should go about the task. However, research does point to some important characteristics of effective key worker services and we will describe these in the following chapters.

In writing this resource pack, we have tried to strike a balance between covering the many issues you need to consider when setting up a multi-agency key worker service and producing a document which is user friendly. It is our hope that it stimulates you into setting up key worker services for families with a disabled child, and that you find it a useful resource once you have embarked on the process. We would welcome any comments or suggestions you have as a result of reading the pack.

## ABOUT THE AUTHORS

Suzanne Mukherjee, Patricia Sloper, Bryony Beresford and Veronica Greco are researchers at the Social Policy Research Unit (SPRU), University of York. Between 1997 and 1999 they were involved in facilitating and evaluating the development of key worker services for families of disabled children in two areas in England. The work of this project was written up in two reports 'Real Change Not Rhetoric' and 'Unlocking Key Working'. Their more recent research has investigated different models of key working in relation to outcomes for families and the costs of the services. The research is reported in 'An Exploration of Different Models of Multi-agency Partnerships in Key Worker Services for Disabled Children: Effectiveness and Costs'.

Peter Lund is Service Development Manager with the Children and Families Division of Denbighshire Social Services. He was involved in the Wrexham Care Coordination Project between 1994 and 2002 as Development Officer for Child Health and Disability, in a project jointly funded by Wrexham Social Services and the North East Wales NHS Trust.



# Introduction

## WHO IS THE PACK AIMED AT?

The pack is aimed at managers or development workers who are responsible for the implementation of a key worker service for families with a disabled child. It assumes the following:

- that there is already commitment amongst senior managers in education, health, and social services to the implementation of key worker services.
- that the area is one in which there is some multi-agency working within children's services. At the very least, multi-agency planning groups should be established.

Those who need to engage in awareness raising may find Chapter 1 of this pack helpful, along with the reports 'Real change not rhetoric', 'Unlocking key working' and 'An exploration of different models of multi-agency partnerships in key worker services for disabled children: effectiveness and costs' (see page ii for details of these reports). Reviews of research on the factors which help or hinder the development of multi-agency working may also be helpful (for example, Cameron and Lart, 2003; Sloper, 2004 - see reference list for 'Literature on collaboration').

## THE APPROACH TO IMPLEMENTATION ADVOCATED IN THIS RESOURCE PACK

The approach to developing and implementing key worker services advocated in this resource pack is one which involves making use of the research on key worker services, theory on group processes and the literature on management of change within organisations.

There are four major phases to the work:

- Phase 1: Preliminary work
- Phase 2: Planning and initiation of the key worker service model
- Phase 3: Implementation of the pilot service
- Phase 4: Routinisation of the pilot service.

During the preliminary phase the facilitator may work alone, gathering information on the local area and recruiting a multi-agency steering group. After this phase, the bulk of the work is carried out within workshops by a multi-agency steering group. This multi-agency steering group, not the facilitator, is responsible for any decision making about the nature of the service and how it will be implemented. The facilitator's role is to organise and run workshops and meetings for the steering group. The pack is organised so that facilitators can design their own workshops to fit with local timetables.

## THE RESOURCES NEEDED IN ORDER TO USE THE PACK

In order to put the approach advocated in this pack into practice you will need a facilitator who has time to be involved in all phases of the project.

### The facilitator

This person will be responsible for: recruiting and/or liaising with the multi-agency steering group; organising and running workshops; monitoring the steering group's progress in implementing the service; and providing ongoing support between workshops. Ideally this facilitator will be external to the agencies involved in the project. If this is not possible, the facilitator should at least try to maintain a neutral stance when coordinating and facilitating the work of the steering group.

It is useful for the facilitator have skills and knowledge in group dynamics and facilitation, the research evidence on key worker services, and the management of change in organisations.

If the facilitator does not have such skills and knowledge, it is important that they pay close attention to Chapters 1, 2 and 3 of this pack.



# Introduction

## **A neutral venue**

The workshops will benefit from being carried out in a neutral venue, where people are free from the distractions of their every day work. This also helps to avoid the key worker service being perceived as belonging to one particular agency.

## **GUIDANCE TO THE READER**

The remainder of this report is divided into five chapters, some of which are essential reading, while others are optional.

**Chapter 1 is essential background reading** on the research evidence regarding key working. It provides information on: why key working is important; what the research evidence tells us about what key worker services should look like; and how you should go about supporting such a service. The facilitator should be familiar with this research evidence at the outset of the work and may find it useful to come back to this chapter at various points during the implementation process.

**Chapter 2 is essential reading** but could be referred to in the later stages of the development process when the group have decided on their basic key worker service model and are ready to make it operational.

**Chapters 3 and 4 are optional reading.** They provide a brief overview of elements of the literature on group dynamics and management of change which may be useful in developing multi-agency key worker services. We strongly advise that any facilitator who is not skilled in these areas takes the time to read these chapters. However, even those who have a background in group facilitation and management of change may find it helpful to look at these sections since they include examples of exercises useful when working with a multi-agency steering group.

**Chapters 5 and 6 make up the core elements** of the pack, outlining the work that needs to be undertaken in order to implement a key worker service. Chapter 5 provides an overview of the work involved in the various phases of implementing a key worker service. Chapter 6 consists of workshop timetables, which link to exercises described in other sections (Chapters 3, 4 and 6) of the pack. The workshop timetables and exercises are simply suggestions and should be adapted as necessary. Multi-agency steering groups from different areas will spend different amounts of time on different elements, depending on their local area and the dynamics of the multi-agency group.

At the end of the resource pack is a checklist summarising the key tasks to be undertaken at different stages during the development and implementation process. The Appendix also contains the Key Worker Standards developed by Care Coordination Network UK.



# The research evidence on key working

## CHAPTER 1

This chapter is divided into three parts. It opens by outlining *why a key worker service is important* for families with a disabled child, based on research evidence drawn from a wide range of sources. This evidence may be useful during initial meetings with people, when there is a need to convince them of the importance of developing a key worker service.

Sections two and three of the chapter are based on the reports 'Unlocking key working' and 'An exploration of different models of multi-agency partnerships in key worker services for disabled children: effectiveness and costs'. These sections should be referred to when developing the key worker model and planning its implementation.

The second section addresses *what the service should look like*. It includes a description of the key elements of a good key worker service; the skills and qualities required by those who take on the role; and who should receive the service.

The third section provides *advice on how to support the service*, discussing issues to do with the local context, the resources which need to be in place, planning the service, and support for individual key workers.

Research on the needs of families of disabled children covering different areas of the country, and different populations, such as families of children with learning disabilities and those with physical disabilities, finds that families report a consistent set of difficulties. They describe a 'constant battle' to find out about what services are available and about the roles of different agencies and different professionals; to get professionals to understand their situation and their needs; to obtain recognition of their own knowledge of their child; and to tackle delays and bureaucracy (Quine and Pahl, 1989; Sloper and Turner, 1992; Baldwin and Carlisle, 1994; Beresford, 1995; Chamba *et al.*, 1999).

The major reason for the problems families face with services is the multiplicity of agencies and professionals involved with families of disabled children, and the lack of coordination between different agencies, which results in the family having to make multiple contacts. For example, Sloper and Turner (1992) found that families of children with severe physical disabilities were in contact with ten different professional over the course of a year and Gordon *et al.* (1990) found that families of severely disabled children made an average of over 20 hospital or clinic visits in a year.

One of the consistent recommendations from this body of research is that families need 'Key' or 'Link' workers to provide a single point of contact to guide them through their relationships with services. The provision of such a service for families of disabled children has been recommended in a number of policy statements from 1976 onwards (for example, Court Report, 1976; Warnock Report, 1978; Children Act, 1989). The *National Service Framework for Children, Young People and Maternity Services*<sup>1</sup>

### Introduction

### Why is a key worker service important?



## The research evidence on key working

recommends that 'Families caring for a disabled child with high levels of need have a key worker/care manager to oversee and manage the delivery of services from all agencies involved in the care and support of the child and family, and to ensure that the family has access to appropriate services and that the key worker service is provided in line with guidance in *Together from the Start*<sup>2</sup> and the *New Standards for Key Working*<sup>3</sup> and supported by cross-agency senior management commitment'. In addition, the Early Support Programme<sup>4</sup> has driven the provision of key workers for families with young disabled children.

Research on the effectiveness of key workers provides some encouraging findings (Beresford *et al.*, 1996). Beresford (1995) found that parents' views indicated that having a key worker resulted in improved parent-professional relationships. Sloper and Turner (1992) found that families who did not have a key worker had significantly more unmet needs, and that this was particularly the case for families with the most problems and lowest levels of family resources. Glendinning (1986) compared families receiving a key worker service with a control group. She found differences favouring the key worker group on: feelings of burden and restriction from child care; satisfaction with respite services; receipt of information about some services; and effects on family relationships, maternal well-being and feelings of isolation. Liabo *et al.* (2001) in a review of the evidence concluded:

- If they receive a key worker service, the overall quality of life for families is improved.
- Specific outcomes are better relationships with services, better and quicker access to services and benefits, and reduced levels of stress.
- Good personal relationships between key workers and parents are reported by parents as important factors and of value in themselves.
- Key workers report satisfaction with the role and believe that it makes a positive difference to the lives of children and families.
- While a key worker in the role of independent advocate can be effective, a key worker who works for a service appears more able to access resources necessary to meet families' needs.

Until recently, a key worker service has rarely been part of the portfolio of services provided to families with a disabled child (Sloper and Turner, 1992; Beresford, 1995; Chamba *et al.*, 1999). Instead, some professionals have found themselves key working on an *informal* basis with families with whom they are involved (Cameron and Sturge-Moore, 1990; Baldwin and Carlisle, 1994; Beresford, 1994; While, Citrone and Cornish, 1996). A UK wide survey of care coordination schemes identified only 30 services providing key workers for disabled children, and these services varied in their structure, organisation, funding arrangements, and costs (Greco & Sloper, 2004).

1 Department of Health/Department for Education and Skills (2004) National Service Framework for Children, Young People and Maternity Services: Disabled Children and Young People and those with Complex Health Needs.

2 Department for Education and Skills/Department of Health (2003) *Together from the Start* - Practical guidance for professionals working with disabled children (birth to third birthday) and their families.

3 Care Coordination Network UK (2004) *New Standards for Key Working* (see Appendix 7).

4 [www.earlysupport.org.uk](http://www.earlysupport.org.uk)



## The research evidence on key working

### CHAPTER 1

Key working cannot be sustained, nor can it be wholly effective if it is provided by individuals on an ad hoc basis. It needs to be located within a formal key worker service so that the role is recognised by practitioners in all agencies; the key worker is given adequate support and training in the role; and when a key worker stops working with a family a replacement is provided.

There is no specific formula as what a key worker *service* should look like and how it should be set up. Key worker services will differ according to the context, needs, priorities and constraints of the local area in which they are based. For example, key workers might be staff with a dedicated role in providing such a service, or they might be individuals who continue to work in their own professional role, while key working with one or two families. However, our evaluation of key worker services does suggest that any such service should include certain core elements, such as proactive, regular contact, a supportive, open relationship, and a family-centred approach, and offers suggestions as to who should be a key worker and which families should be offered the service (Mukherjee *et al.*, 1999). Recent research has shown that in order for key workers to provide a better service, they must be supported adequately and certain structures and resources must be in place, including: regular ongoing training and key working-specific supervision; opportunities for key workers to meet, share information and support each other; funding for the service; a clear, written key worker job description; dedicated time for the key worker role; and having one service manager who is in charge of overseeing all aspects of the service. These features were related to higher parental satisfaction with the service, higher parental quality of life, and lower levels of unmet need for both parents and children who are users of the service (Sloper *et al.*, 2006).

### The core elements of a key worker service

Whatever the service model, the elements of key working which are valued by families and should be central to the role are as follows:

- *Pro-active, regular contact*

It is important that contact is maintained between the key worker and family other than at times of crisis. The frequency of contact and the form it takes varies between families, and is something that can be negotiated between the key worker and family.

- *A supportive, open relationship*

Parents suggest that a domiciliary approach to the service can promote such a relationship.

- *A family-centred as opposed to a child-centred approach*

Acknowledging and seeking to address the needs of all the family members is reported by parents to be very different from other experiences of statutory support. Again, parents suggest that a home visiting approach to the service promotes a family centred focus. It means that key workers have an opportunity to meet with other family members and to gain an understanding of the physical and social context in which the family lives.

**What should the service look like?**



## The research evidence on key working

- *Working across agencies*

Being able to contact one person about any issue was highly valued by parents; it engenders a sense of support and relieves them of the considerable problem of discovering who they need to contact and where they need to go with a specific problem. Thus from a family's perspective, an important element of key working is facilitating service coordination and inter-agency working. There is a particularly important role for key workers at the early stages, when the family have just learnt about the child's diagnosis, in terms of knowing what different agencies, or services within agencies, might be able to offer a family, knowing how to go about accessing them, and then giving that information to parents for them to act on, or acting on their behalf.

- *Working with the families' strengths and ways of coping*

Key workers should adopt a flexible, individualistic approach with families. This means identifying the families' strengths and preferred ways of coping, and then negotiating with them what support they want.

- *Working for the family and not the agency*

Parents often want a professional to act as their advocate, since professionals are perceived as having greater status than parents with statutory services. It is important that the key worker can act independently from the agency, representing the family first and foremost, or can access independent advocacy for the family.

### Who should be a key worker?

Parents did not believe that it was important for key workers to have a specific professional background, but did feel that they should have certain basic skills and qualities. These were as follows:

- Good communication and listening skills.
- Ability to empathise with families, build rapport and develop relationships of trust with families and other professionals.
- Respect for parents' and children's expertise about their own lives.
- Ability to 'stand back and step outside' one particular discipline.
- Negotiating skills and diplomacy.
- Ability to see the whole family.
- Team working skills.
- Knowledge of the roles of other agencies, how other agencies work and what is available locally and nationally.
- Ability to find information and to admit that they don't know all the answers.
- Time management skills, ability to plan effectively and be a good organiser.
- A good understanding of disability issues.

While it is conceivable that key workers might be drawn from any professional group, it is important to be aware that certain occupations or professions may constrain an individual's ability to be a key worker. This includes jobs:

- which make it difficult to leave the workplace to make home visits;



## The research evidence on key working

### CHAPTER 1

- where the professionals' statutory responsibilities will always take precedence over their role as a key worker for the family.

#### Who should receive the service?

Any family with complex care needs, and therefore in touch with a number of services, might find it beneficial to have a key worker. However, there are some critical periods when families are most likely to need the service, particularly at diagnosis and at time of transition. In addition, parents themselves suggest that particular families - such as single parents, or those living in unsupportive relationships, should be given priority when families are offered a key worker.

If a key worker is matched with families who are already in touch with services, the key worker will need to take care to:

- acknowledge and work with the family's skills in liaising with professionals
- find out what services the family have already tried to access
- take time to negotiate his/her role with the pre-existing network of professionals.

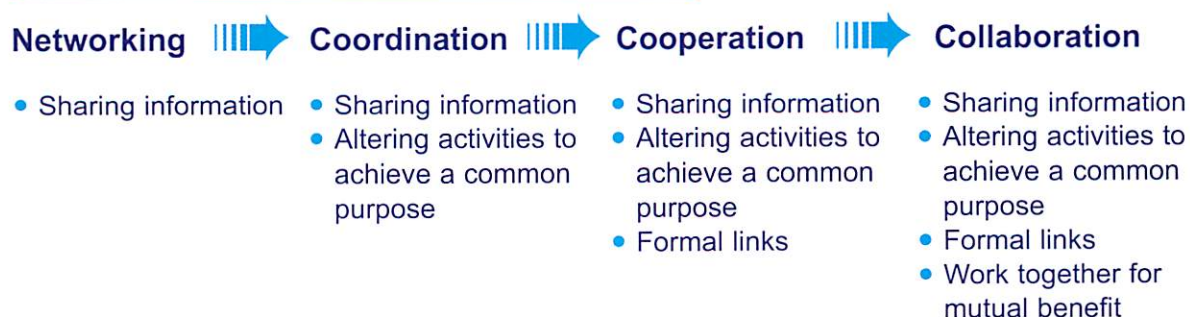
#### Contexts and resources

- *Make use of existing joint working between organisations*

Some degree of joint working between all three statutory agencies needs to be in place before setting up a multi-agency service. While key working may well promote inter-agency working, it cannot be used to make it happen in the first place. It may be helpful to consider at the outset the extent to which there is joint working or collaboration between agencies locally. Collaboration has been described as a continuum involving various stages, including: networking, coordination, cooperation (Himmelman, 1996). Networking refers to organisations which exchange information for mutual benefit. Coordination goes beyond this, involving organisations altering activities to achieve a common purpose. The next level up is cooperation where organisations share some resources and formal links are established between organisations. Finally at the end of the continuum, collaboration means that you are also working with an organisation in a way that is helpful to that organisation. This requires organisations to share risks, responsibilities and rewards.

**How do you support such a service?**

**Figure 1: The continuum of coordination**





## The research evidence on key working

*What level of joint working exists between health, education, social services and the voluntary sector in your area in relation to services for disabled children?*

In terms of establishing key worker services, we are suggesting that organisations need to have moved beyond the 'networking' stage so that formal links are already established between agencies. If structures, such as multi-agency planning groups, are already in place this will reinforce the perceived value of joint working. Furthermore, if these multi-agency planning groups are involved in raising awareness about the service, implementation will be seen to have support at the highest levels within the organisation and reduce resistance to the new service.

- *Promote the service*

All agencies, and departments within the relevant agencies, need to be committed to the notion of providing a multi-agency key worker service. Even if key representatives within the various agencies have expressed their support for the implementation, further work may be needed to convince other members of staff.

- *Secure funding*

Any funding necessary for the service needs to be secured in the early stages of the implementation. 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.

### Planning the service

- *Give careful consideration to steering group membership*

The steering group should:

- include key representatives from the various agencies who can make decisions about services within their organisation;
- be a stable group, with all members attending meetings on a regular basis;
- be firmly rooted within organisations to ensure that if a person leaves the group their place is taken by someone else within the organisation;
- include parent members. The involvement of parents in the steering group helps maintain a focus on the needs of the families.

- *Develop a communication strategy*

All the key stakeholders need to be kept fully informed and, where appropriate, involved in planning and developing the key worker service. This applies to professionals working at all levels of the organisation involved - managers and practitioners - as well as parents. This promotes 'ownership' of the change and is less likely to result in resistance to or sabotage of the proposed change.

- *Develop a clear model of the key worker service*

Take time to develop a very clear model of the key worker service. This



## The research evidence on key working

### CHAPTER 1

helps avoid misunderstandings amongst steering group members, families, key workers and their colleagues about the service model. This model needs to be sensitive to the organisational and resource context in which the service will be implemented. It also needs to include provision of 'cover' key workers in the event of prolonged absence by a key worker. Designated (full-time) key workers have been found to have some advantages over non-designated key workers (who key work with some families in addition their ordinary role), in terms of contributions to outcomes for families, ease of management and development of team spirit. However, the potential disadvantages of non-designated key workers can be overcome by provision of ongoing training, supervision and peer support. Therefore, both models of designated and non-designated key working are beneficial for families, provided that core elements of the service are in place. Caseload numbers for key workers should also be determined. Research has shown that non-designated key workers work with three or four families on average, while designated key workers coordinate care for between 20 and 40 families.

#### • *Develop a clear job description*

A clear, written job description of the key worker role should be given to both key workers and families. The service manager should ensure that every key worker has fully understood the role. Information for families should also make clear what is and is not within the key worker's role and key workers should explain the role to families. Families should also have written information about the role to refer back to. Other services in the area, including schools, should receive information about the key worker's role, and key workers and service managers should be proactive in ensuring that relevant professionals know about, and understand the remit of, the service.

Research on the outcomes of key worker services for families has shown that whether key workers carried out the majority of aspects of key working was a crucial factor in promoting positive outcomes for families (Sloper et al., 2006). These aspects of the role are:

- Providing information and advice to families about services and support available, both locally and nationally, and how to access these.
- Coordinating care and working across agencies, including supporting families with regard to care planning and review meetings.
- Improving access to services.
- Identifying and addressing the needs of all family members.
- Speaking on behalf of the family when dealing with services.
- Providing emotional support.
- Providing help and support in a crisis.
- Providing information specific to the child's condition where needed.

#### *Set up a system for multi-agency care planning and review*

A system for multi-agency care planning and review is a crucial component of key worker services. This system should provide a means by which information can be shared and actions of different agencies and professionals can be agreed in collaboration with parents and children. The care plan



## The research evidence on key working

then gives the key worker authority to coordinate these actions and ensure that the plan is implemented.

### Support for the key worker

- *Ensure you have a service manager*

A manager with responsibility for day-to-day management of the service, including the organisation of training and supervision, is essential. 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.

- *Have a selection process*

Staff who take on the key worker role need to go through a selection process to ensure they have the appropriate skills and personal qualities (see section above on 'who should be a key worker' for details), and their training needs are identified.

- *Ensure key workers have a clear understanding of their role*

When key workers first take on the role, time must be spent ensuring they have a clear understanding of what it involves:

- the tasks they are and are not expected to take on for the family
- what areas they are responsible for
- to whom they are responsible
- what authority they carry.

Service managers should ensure that all key workers have received an induction. Induction training should be reinforced by the provision of written material on the aims and objectives of the service and a key worker job description. Both during and after the induction, key workers should have opportunities to ask questions, discuss pros and cons of the role, as well as any other issues, with the service manager.

- *Provide ongoing training and support*

Induction training needs to be followed up with regular, ongoing training and supervision. Training should include the following elements:

- disability awareness training.
- childcare legislation and policies relating to disabled children and key working.
- child protection.
- for non designated key workers, differences between the key working role and their professional role.
- roles and working of different agencies.
- local services and how to access these. An information pack about local services and resources should be produced to support this training.
- communication and listening skills.



## The research evidence on key working

### CHAPTER 1

- direct work with children, including training on communication with children who do not use speech.
- family centered working and advocacy.
- team working skills.
- negotiation and chairing skills.
- time management skills.
- recording systems for key workers.
- the system used for multi-agency care planning and review.

Providing some training and supervision in multi-agency key worker groups is valuable as information and advice on different agencies and services is available within the group. This serves to refresh and update key workers on practice, procedures and resources. It also allows key workers to validate their own experiences, derive group support, and contribute to service development. Key worker-specific supervision is necessary so that key workers are supported and facilitated in meeting the demands of their role. Supervision should include:

- Caseload management. This should include ensuring that:
  - individual cases are being handled appropriately, sensitively and in a timely manner;
  - that the voices of the parents/carers and the child are being listened to;
  - that there is management sensitivity to the overall workload responsibility of key workers.
- Support and guidance in family-focussed, collaborative, inter-agency methods of working. This is particularly important for non-professionals acting in the role of key worker and for professionals unfamiliar with these ways of working.
- Support in transferring the family to another key worker. Care must be taken to ensure that key workers pay attention to times of transition, particularly when they are no longer able to continue in their role. This may mean identifying an appropriate successor to the key worker, and arrangements for a period of joint working in the new school system, the new health locality, or in Adult Services.

The service should also have a system of auditing work to ensure consistency of quality and adherence to standards.

- *Provide time for the role*

Key workers need to be given protected time for the role. This needs to be formally arranged, authorised by the key worker's line manager and monitored to ensure that this commitment from line managers and organisations is maintained.

- *Find a means of ensuring that statutory responsibilities do not get in the way of the key worker role*

There needs to be an acknowledgement and acceptance across all organisations involved that when a key worker is acting as an advocate for a family, they need to be independent and not constrained by any other professional or statutory responsibilities they may have.

## The research evidence on key working

- *Be clear with others about the key worker role*

The role of the key worker needs to be communicated clearly to families and professionals so that there is no misunderstanding. Misunderstanding of the role can lead to a breakdown in the key worker's relationship with either party.



## Operational realities

## CHAPTER 2

In this chapter we draw from the longer term experiences of two key worker services (Appleton *et al.*, 1997; Edwards, 2006/7) to identify some tasks which need to be addressed in order to make the key worker service operational. In the early stages of service development, too much attention to such detail could be distracting for a steering group, raising anxieties about the viability of the entire project and resulting in the steering group becoming stuck. Instead the steering group should focus first on establishing the broad principles of the service, but then ensure that time is set aside to look at more specific procedures at a later date.

When it comes to deciding on detailed operational procedures, it may be worth appointing a small, time-limited sub-group to take this work forward. Issues which they need to address include information sharing; supervision of key workers; and the long-term maintenance of the service. We look at these three broad areas in more detail below.

### Accessing information about local services

For the key workers there is a need to be aware of how to access information about services and support, both locally and nationally. Though not expected to know the answers to all questions, their role does include being aware of where to go to get help. For both families and key workers, some kind of local information source is essential. This may range from a series of leaflets on a variety of subjects; a newsletter distributed to everyone involved in the key working system; or a resource directory made available to all families, key workers, and their managers. Ideally, the information will be a combination of these, in a variety of media. The provision of designated contact people in different agencies whom key workers can approach for information and advice can be extremely helpful. For families, information, and being able to use it, is their major source of empowerment.

### Inter-agency documentation

Designing inter-agency pro forma, especially for assessment and review, can be a potential nightmare for agencies, key workers, and families. Agencies worry that the detailed specialist information gathering they require cannot be entrusted to someone from outside that profession. Key workers dread the prospect of more paperwork and record keeping adding to the already burgeoning mountain of documentation required by statutory agencies. And families are suspicious of yet another round of 'assessment', adding to their experience of a world in which they are constantly required to answer questions, but rarely receive satisfactory answers from the countless transitory professionals who cross their threshold. The whole point of key working, of course, is to avoid these situations, and it is essential that the assessment and record keeping system does not add another level of bureaucracy. At the end of the day, the system must be made to produce a streamlined exchange of information, which coordinates input, so that services work more efficiently and effectively. A certain degree of experimentation and piloting is necessary to achieve this end. The goal is not to produce an impressively complex data management

## Introduction

## Information sharing



## Operational realities

system. The goal is to produce a measurable improvement in the quality of life for families and their children with disabilities.

### Family held records

It is good practice to consider developing a form of family-held records, which can be tailored to the need of individual families. The record can be personalised for the child, or it can be a way for parents to organise letters, minutes and appointments. The Early Support Family Pack provides a useful example of a family held record ([www.earllysupport.org.uk](http://www.earllysupport.org.uk)).

### The database

Central to the provision and development of a good key worker system is the maintenance of an effective database. In several respects, the database must reflect the use to which it is being put. There is no point in collecting data which is not of direct benefit to the families who, after all, own the information contained in it. This principle embraces both individual case information, and statistics generated for the purposes of service development and research. Minimum information will probably include:

- essential information about the child's disability and family details;
- contact details for key professionals and voluntary organisations involved with the child;
- links between services (such as medical, school, and respite review dates);
- links to further information (e.g. where assessment documents can be found; details about previous key workers or professionals);
- dates for key worker supervision and file review.

Parents must have given their informed consent to the collection and sharing of information, and it must be made clear to them who will have access to the information and under what circumstances. Legal advice should be sought in this regard. The whole system has to be based on parent partnership. Unless parents (and, where appropriate, the young person) are happy to give consent to share information, there can be no coordination of care, and key working will not be possible. Information for parents must be prepared which explains what they are consenting to. Participation in the system must be voluntary, and other services cannot be withheld from families because they decline to participate.

### Multi-agency care planning and review

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.



## Operational realities

### CHAPTER 2

#### Advantages and disadvantages of different models

People who take on the key worker role may be drawn from a wide range of backgrounds. Some may be practitioners drawn from the statutory agencies or representatives from voluntary organisations. Others may include volunteers, representatives of the family's religious faith, relatives and friends. Non-statutory key workers are more likely to have direct personal and empathic understanding of the family's circumstances and needs. They are more likely to be able to stay with families across traditional organisational boundaries, even into adulthood. Disadvantages include difficulties with confidentiality issues, and in providing supervision, background checks, and administrative support, especially to 'non-professionals'. It is possible, with good will, to find ways to overcome these barriers, and there are now successful examples of a range of different models, for example where a key worker service is managed by a voluntary organisation (see Appendix 8).

If it is decided to recruit only professionals from statutory organisations, the people who take on the role may form a new team or may be drawn from a pre-existing group, such as a dedicated multi-disciplinary family support service. The advantages of key workers being drawn solely from statutory agencies is that they can operate as part of a coordinated strategy, with tighter monitoring and evaluation procedures, and closer links to the actual provision of services. Disadvantages include the risk of creating a service-led, as opposed to a needs-led system, based less on personal trust and informal communication. The professional may be perceived as representing the very agency which the family experiences as being the source of their frustrations. There may be confusion as to the role of the key worker in the provision of services and the allocation of limited resources. There is also a risk of introducing yet another layer of bureaucracy with which the family feels it has to deal. In order to overcome these problems, ways must be found to ensure that the key worker is able to assume the family's perspective, and to step outside their statutory role.

In time, it may be desirable to re-organise or recruit key workers according to expertise and interest, working in small specialist sub-teams in fields such as special needs babies; sensory impairment; palliative care; and transition to adulthood.

#### Ownership of the system

We have assumed at the start that there is already commitment amongst higher managers to a key worker system, plus some history of multi-agency planning groups. However, in order to ensure long-term responsibility, especially for resources and budgets, this commitment must be translated into visible joint ownership of the system. Ownership must be recorded in a format which will outlive changes in the strategic priorities of the separate agencies. Perhaps the most appropriate vehicle in which participating agencies can record their commitment is the Children's Services Plan. It is essential that someone takes responsibility for ensuring that all future

**Management  
of the key  
worker team**

**The long-term  
maintenance  
of the service**



## Operational realities

updates and editions of the strategy document re-affirm this commitment, and confirm the importance attached to inter-agency key working. Continuity needs to be built into a structure, so that success does not depend on either the idealism of the early stages, or on the commitment of a few key people.

### Monitoring and review

The Steering Group setting up the service must make detailed arrangements as to how its successor body will meet to supervise the system as a whole. There should be a business plan which outlines systems management arrangements. This may, for example, either designate a Project Manager with responsibilities to an established inter-agency planning group, or it may create an inter-agency panel with management responsibilities. However constituted, arrangements must be made to:

- track the progress of families through a defined system pathway, from referral to final review;
- monitor service standards;
- ensure the safety of children and ensure that their voices are heard;
- maintain links and develop relationships between agencies;
- manage complaints and representations.

Key worker services can only provide access to services that exist, they cannot solve the problem of lack of resources. However, it is important that the service has a system for recording and monitoring unmet need and translating information about service deficits into service development recommendations.

There should also be flexibility in the system to ensure that it will adapt and evolve to meet changing circumstances, such as new information about families' needs, or re-aligned resources. This might include plans for a method of 'continuous quality improvement', which integrates elements of audit, feedback from families, and the coordination and application of inter-agency strategies. It is not enough that the system has the *potential* for flexibility; it must include a component which actively *seeks out* new information which requires changes.

Appendix 8 provides a description of the lessons learnt from one successful key worker service that has been in operation for over four years. It illustrates many of the points made in the last two chapters. It may be useful and encouraging to read this now, before going on to the chapters which deal with issues central to the setting up of new services: facilitating multi-agency groups and managing change.



## Facilitating multi-agency groups

## CHAPTER 3

When you run any group for professionals you are likely to bring together people with different skills, status, knowledge, and power. With multi-disciplinary groups you introduce further differences between members. First, individuals may be drawn from different *agencies*, each with their own cultures, policies, procedures and funding arrangements. Secondly, you are likely to bring together individuals from different *professional groups*, who have been through their own training process, which in turn shapes their attitudes, values and understanding of their clients' needs. These differences are of course part of the reason you have brought the group together in the first place. Yet it does also mean that there is great potential for conflict (Biggs, 1997; Ovretveit, 1993). The facilitator's role is to assist the group in working together to develop a key worker service. In the chapter we consider how the facilitator goes about this task.

We begin by considering what we mean by 'facilitator' and the value of such a person within a multi-agency group. We then go on to highlight some of the issues a facilitator needs to pay attention to when running a multi-agency group.

It is very difficult for anyone to participate in a group and facilitate it at the same time since there is so much to attend to. Facilitation of a multi-agency group involves paying attention to the social process (group dynamics, body language, how people communicate etc.), cognitive process (how information, ideas and beliefs are being presented), and the political process (the power relationships between participants). A person who is responsible solely for facilitation can devote themselves to focussing on these processes, ensuring that communication within the group is good, and that all members of the group participate in the decision making process. This is very different from the group members who act as advocates for their own agencies and interests, and make decisions about what action should be taken (Schuman, 1996).

It is helpful to a multi-agency group if it is made explicit that the facilitator is taking on a neutral role within the group. This means they do not participate in the decision making process; have no authority to impose action; and no vested interest in the decisions that are made. Instead they facilitate decision making by helping the group to think through options that are available to them and the logic or rationale behind their plan of action. Schuman suggests that when the facilitator takes on an explicitly neutral role they can aid collaboration within the group by:

- being a neutral party when there is distrust within the group;
- assisting those who feel intimidated about participating in the group;
- assisting the group in defining what they are trying to achieve when it is unclear or when there is a difference of opinion;
- assisting when decision making is difficult or when decisions have to be made quickly.

## Introduction

## The value of the facilitator in a multi-agency group



## Facilitating multi-agency groups

## Issues to pay attention to when facilitating a multi-agency group

We have established that the facilitator's primary role is to ensure that all members of the group participate in the decision making process. In this section, we consider some of the issues a facilitator needs to attend to in order to achieve this aim.

**Helping the group to form**

During workshops the facilitator will bring together a group of professionals to work together on a common task. During the initial stages of the work, it is crucial that this group of people form a multi-disciplinary steering group, who work productively to develop the key worker service and plan the implementation. The person running the workshop needs to facilitate this process. A basic understanding of group development will make this task easier.

Research indicates that processes involved in group formation are not random, rather they involve predictable paths and phases. Understanding these phases can help to explain the behaviour of people in groups and is therefore useful to those running workshops.

Tuckman and Jensen (1977) conceptualise group development as going through stages of 'forming', 'storming', 'norming', 'performing', and 'adjourning'. These phases need not progress in an orderly fashion, regression to prior stages is common, but the phase the group is in characterises how it functions and interacts (Weingart, 1997). The major features of these phases are described below (see also Clarkson, 1995; Kent, 1997).

- *Forming* - major tasks of the 'forming' phase are understanding what needs to be done and getting to know each other. Groups avoid controversy, members look to a leader for guidance, show safe behaviour and a need for acceptance.
- *Storming* is characterised by competition and conflict, with a desire for structure and clarification. Conflicts are often around power and influence, and who is responsible for what. Individuals' behaviour may swing from compliance to aggression. Progression from this phase requires acknowledgement of people's feelings and opinions, and a problem solving focus, so that decisions can be made.
- *Norming* - in this phase there is a free flow of ideas and data. Behaviours include listening and acknowledgement of each others' contribution, shared leadership and efforts to promote and maintain the cohesion of the group. The group needs to develop its own norms and values.
- *Performing* focuses on problem solving and group learning. Individuals are task focussed, with group loyalty and interdependence of roles being emphasised.



## Facilitating multi-agency groups

### CHAPTER 3

- *Adjourning* is the phase that is most often neglected. This phase involves recapitulation of what has been learnt from the experience and the feelings that have been evoked, what group members will take away with them and what they want to leave behind. Exploring and planning for the future, and preparing to transfer what has been learnt to new situations are important aspects of this phase.

Although a facilitator's prime concern in developing a service may be to get the group to 'perform', it is important that they make time for the group to go through these other stages. It can be helpful to share ideas about these stages with the group, particularly if they are facing difficulties in the 'storming' stage. Acknowledging that this is a common stage of group development can help them to understand their own experience and not become disheartened.

#### The relationships between group members

During the course of the workshops, the facilitator may work in different ways with the group: keeping them together as a whole multi-agency group; splitting them up into sub-groups; asking them to work in pairs, or on their own. Whatever the approach, it is vital that the facilitator pays attention to the constitution of the group since this will have an impact on how it works. In planning group work, the facilitator should consider the following:

- *Who have I put together in a group?*
  - which members of the group know each other?
  - which members come from the same service or agency?
  - what are the power relationships within the group?
- *How is this likely to affect the work of the group?*

#### Language and communication

In a multi-agency group, differences in the language and terminology used by different agencies can lead to misunderstanding. It is helpful to agree at the outset of any work not to use jargon and technical terms which will not be understood by other groups members. If this is done at the outset, it is easier to intervene when communication begins to break down.

#### Hierarchy and power

In bringing a *multi-agency* group together, the facilitator's attention is likely to be focussed on issues relating to the differences in the professional background of the group members. However, differences in power between group members may well exert a greater influence on group dynamics. The facilitator is likely to have to give just as much attention, if not more, to getting a practitioner and his/her line manager to work together in a group, than two professionals of equal standing within their own organisations. It is important that the facilitator explicitly values the different knowledge that individuals bring to the group and actively encourages all members to voice their opinion, otherwise decision making is likely to be lead solely by higher managers. At times the facilitator may need to intervene by



## Facilitating multi-agency groups

structuring sessions to ensure that all people express their views. For example:

- give people time to write down their own thoughts on an issue and then ask them to feed back individually;
- ask people to write their views on paper (anonymously). The facilitator writes up the results on a flip chart;
- ask people to vote on an issue;
- break into sub-groups in which individuals may feel more comfortable expressing their opinion and ask these groups to feed back to the whole group.

However, the facilitator also needs to be realistic about which decisions the group can make. There may be some decisions for which individual members hold ultimate responsibility and where these individuals' views will override the wishes of the group. If these areas of responsibility are not acknowledged, members may lose faith in the value of participating in the group (Ovretveit, 1993).

#### **The parallels between experiences inside and outside of the group**

The multi-agency steering group may decide to recruit staff from a range of different agencies to be key workers and ask them to work together as a group or team. If this is the case, many of the issues the steering group face in working together will also be encountered by key workers. It is important to acknowledge this during workshops. Through reflecting on their experience at workshops, steering group members can learn how staff may react when they are brought together to become key workers. The steering group can then prepare for possible difficulties.

#### **Exercises which promote multi-disciplinary group working**

Facilitators may find the following exercises helpful in working with a multi-agency steering group. The purpose of the exercises and suggestions as to when they might be used are given below. However, it is up to facilitators to judge for themselves if and when it is appropriate to use the exercises as this will depend largely on what is happening within the group at the time.



## Making multi-disciplinary groups work

### Purpose

To develop ground rules for how members of a multi-disciplinary steering group will work together.

**To be used** when a multi-disciplinary group meets for the first time.

### Instructions

- Brainstorm with the group:
  - we are all from different backgrounds, what would be the blocks to us working as a multi-disciplinary team?
- Based on this discussion, ask the group to develop some ground rules for how they want to work together.

**NB** Once the ground rules have been agreed, it is often useful to remind people about them at the beginning of future workshops.



## Re-enforcing the ground rules

### Purpose

To check whether the group has been sticking to the ground rules. To make the group conscious of any behaviour which has been helpful/unhelpful to working together. To draw attention to the difficulties that may be encountered when key workers are brought together as a group.

**To be used** in the first few sessions after the ground rules have been developed. It may be particularly useful if the facilitator notices difficulties within the group due to members not adhering to the ground rules.

### Instructions

- Ask the group to reflect on how they have been working together using the following questions:
  - How well have you worked together as a group?
  - When did you feel the group had most difficulty working in a multi-disciplinary group?
  - What helped the group to work together in developing plans?
- Note on a flip chart:
  - What do you feel this has taught you about multi-agency working ?
  - Do you want to add to or amend the ground rules?



## Reflecting on group dynamics

### Purpose

To help the group reflect on how they have been working together, acknowledging things that have gone well and areas of difficulty, before developing strategies to overcome problem areas.

**To be used** in the first few sessions after the ground rules have been developed. It may be particularly useful if the facilitator notices difficulties within the group due to members not adhering to the ground rules.

### Stage 1: Reflecting on the positives

Ask people to get into pairs. Explain that they are going to spend some time thinking about how they are working as a group, focussing first on the positive, before reflecting on any difficulties encountered over the past few months.

Then ask each person to spend 10 minutes thinking on their own about the positive things they have learnt about ***themselves, their agency and working in a multi-disciplinary group*** since the start of the implementation process. Ask them to write down their thoughts on the forms provided.

When the ten minutes are up, tell people to get into their pairs and ask them to decide who is A and who is B. Person A is to tell person B about the positive things they have learnt and perhaps share some of what they have written down on their sheet. It is up to the individuals how much they share with each other. While person A is talking, Person B should be listening. They should not get into dialogue. When the five minutes are up, person B will be given a few minutes to summarise and feed back to their partner what they have heard, before the pair exchange roles.

### Stage 2: Reflecting on the negatives

Ask people to spend some time thinking about any difficulties they have had with the implementation so far, and how they have dealt with these problems. Again, spend ten minutes thinking on their own, before discussing their thoughts in pairs. This time people are asked to think about the things they have discovered about ***themselves, their agency and working in a multi-disciplinary group***, which have been uncomfortable or problematic. Sheets on which people can write down thoughts are provided. Once they have done this, ask them to get into pairs. This time person B is asked to take on a slightly different role. They are to listen to the difficulties their partner has experienced and challenge him/her about what he/she could have done about this. Any strategies for dealing with difficulties should be written down by person A. The pair are given 10 minutes on this task before swapping roles.

This exercise is primarily about individual reflection and learning, and it is not necessary to feed back to the whole group.



## The management of change

### CHAPTER 4

Implementing a key worker service involves change. At the very least you will be asking professionals working with families who have a disabled child to accept a new service and engage with the key worker. In addition, if you choose to recruit key workers from within existing members of staff, these individuals will have to take on a new role and make changes to their everyday working life. Change is threatening, particularly if it appears to criticise what is already in place. This means that presenting information on why key worker services are a good idea is not sufficient in itself to ensure that a service is set up and that people welcome it as a positive development. Facilitators and steering groups need to have an understanding of this and how people are likely to react to change, so that they anticipate difficulties and incorporate appropriate strategies into their action plans.

The literature on management of change is extensive. In this chapter we do not attempt to cover this literature but simply highlight elements that we found helpful in facilitating workshops. For those interested in knowing more about this field there is a reference list for further reading at the end of this report. The chapter also provides examples of exercises which can be used at workshops to raise steering group members' awareness of management of change issues and encourage people to take them into account when developing action plans.

#### Key questions before embarking on change

The literature on implementation of change suggests a number of questions which need to be considered in planning change (Smale, 1996). These include:

- which aspects of current practice need to change?
- what needs to stay the same?
- who will be affected by change?
- what resistance to change is likely to be encountered?
- how can such obstacles be overcome?
- who needs to support the changes?
- how should these people be brought on board?

#### Identifying stakeholders

Smale (1996) and Brown (1996) point to the importance of analysing the nature of the change; understanding the context of change; and identifying and mapping the significant people, or stakeholders, involved: identifying who will be affected by the change, looking at their likely roles in relation to the change, and considering reasons for possible opposition and/or support. Beckhard and Harris (1987) suggest that different levels of stakeholder involvement and commitment to the proposed change need to be identified. These encompass letting it happen, helping it happen, making it happen, or opposition. Action plans for implementing change need to consider how all such stakeholders will be brought on board; at a practical level deciding who needs to talk to whom, about what and by when.

### Introduction

### The literature



## The management of change

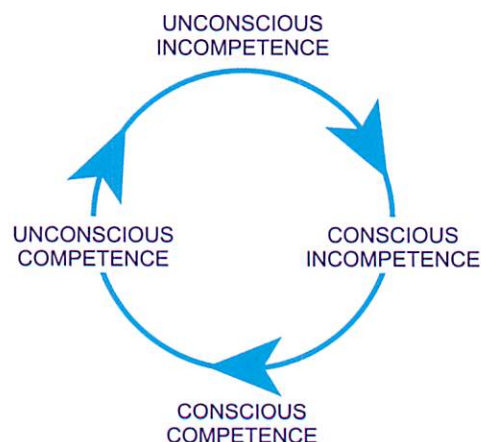
These ideas have implications for who should attend the workshops. We conclude that it is important to have different levels of staff within the agencies represented. Managers who have the authority to develop plans for the service, and those who have responsibility for overseeing and implementing such plans, are important. In addition, representation from field workers who may act as key workers would help to ensure that plans are grounded in the realities of the field work situation, and that the views of those who will be delivering the service are included in the development process.

### Reactions to change

When considering the roles of stakeholders, the strong emotional and attitudinal component in people's reactions to change also needs to be recognised (Marris, 1986). Change agents need to identify what purposes and attachments will be threatened by the change, and what motivations and beliefs about the change might underlie people's responses, and explore how these feelings can be addressed. Reflection on group members' own experiences of and reactions to change can enable an understanding of this process.

Processes of change and learning often produce a predictable pattern of feelings of competence/ incompetence (Robinson, 1974) - see Figure 2. This pattern progresses from unconscious incompetence, not recognising what is not known, through the realisation of what we do not know or what skills we lack, that is, conscious incompetence. Further learning and/or practice results in conscious competence, when we are aware of our knowledge and skills, but these are not automatic. Finally we may reach unconscious competence, when for instance a skill such as riding a bicycle becomes something we do not need to think about. The process can be circular when challenges to unconscious competence occur. Understanding of this pattern in change processes can help to avoid threats to self-esteem and potential disillusion in those implementing change.

Figure 2: Cycle of competence





## The management of change

### CHAPTER 4

We feel that it is important to provide opportunities in the workshops to investigate these different aspects of change. Group discussions and exercises help participants understand their own and others' reactions to change. Plans for development of the key worker service would need to take into account how other stakeholders may react, and how they could be brought on board.

#### **Producing action plans**

Finally, it is important that consideration of the factors involved in change leads to concrete plans to take forward the required changes. These plans need to be owned by, and have commitment from, those who will have responsibility for implementing the changes. A SSI report on inspections of services to disabled children and their families noted that, although there were multi-disciplinary planning groups, 'strategic policy was not translated into operation at local levels, that is, there were no detailed protocols, action plans with detailed steps, time scales and measurable objectives' (SSI/Goodinge, 1998, p49), and identified lack of agreed objectives and time scales as barriers to inter-agency planning and cooperation. In order not to fall into this trap, the facilitation and production of action plans needs to be prioritised early on in the implementation process.



## Identifying successful strategies for change

### Purpose

To develop ideas on how to deal with the introduction of change.

**To be used** before drawing up action plans.

### Instructions to the group

We are going to spend some time thinking about your own experiences of change at work.

- Think of a change which has recently happened within your organisation.
- Try to think of a specific change. It may be one which you implemented or someone else implemented.
- On a scale of 1 to 10, rate how successful you felt it was.
- Identify some of the things that made it go well.
- Identify some of the things that did not help.

Once you have done this you will be asked to discuss it with a partner.

Give people handouts on which to write down their thoughts and then leave them for 10 minutes to work on the task.

Ask them to find a partner. Once they have done this, ask them to decide who is A and who is B. A will spend 5 minutes telling B about their experience of change. The aim of the task is **to identify factors which contribute to successful change**. The person doing the listening should help their partner to focus on what they have learned about successful change by using the following prompts:

#### *Negative experiences*

- So if that was what made it difficult, what would have helped?
- How would you have preferred it to have been managed?

#### *Positive experiences*

- What were things that people did in preparation for the change which may have contributed to its success?
- Was there anything that people did once the change was underway which helped to maintain it?

After 5 minutes they swap roles. When the exercise is completed the group comes together to draw up a list of strategies for implementing change. The facilitator keeps a record of responses and ensures that ideas are incorporated into the action plan.



## Reflecting on change in a multi-agency group

### Purpose

To prepare the steering group for the difficulties they may encounter in implementing a key worker service. For example, staff not wanting to take on the role; finding the resources to provide a service manager; practitioners feeling threatened by the new service; ensuring that staff have the knowledge they need to take on the key worker role.

**To be used** after the key worker model has been designed and before drawing up action plans for implementing the service.

### Instructions to the group

When introducing any new service, there are times when people feel they are taking one step forward and two steps back - like snakes and ladders. I would like you to identify some of the snakes or barriers to success, and some of the ladders, or resources you have available to deal with these barriers.

First, work individually for about 10 minutes. Write down things that could be a barrier to the success of the key worker service. Write down each one on a slip of paper and put it in the box. After this I will read them out one by one. By doing this all the comments will be anonymous and no one will be identified.

When we have identified all the themes coming out about barriers, we will consider what resources you have to deal with them.

After 10 minutes the facilitator, reads out the 'snakes' and writes them up in categories on the flip chart.

This is followed by a brainstorm on:

- What resources do we have to deal with these?
- How can we plan to avoid the 'snakes'?

The facilitator keeps a record of responses and ensures that ideas are incorporated into the action plan.



## The cycle of competence

### Purpose

To reassure groups who are feeling overwhelmed.

**To be used** at the end of a session where a group have become anxious about their ability to carry out the tasks they have been assigned.

### Instructions

First, the facilitator outlines the cycle of competence and explains that when people are engaging in something new there will be times when they will feel unsure of themselves or overwhelmed by what they have taken on. These feelings are normal and will pass as people develop skills and new expertise. Secondly, the facilitator draws attention to parallel processes. Throughout the implementation process you can expect that different groups of people will go through the cycle of competence. Key workers for example will have times when they feel de-skilled and overwhelmed.



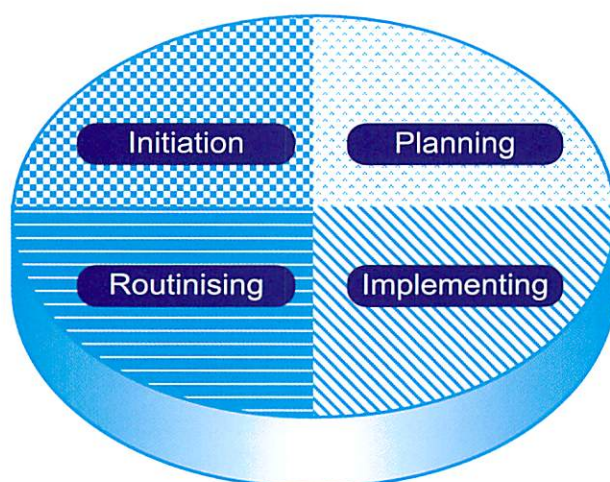
## The phases to implementing a key worker service

### CHAPTER 5

The approach outlined in this resource pack is based on the concept of a cycle of innovation (West, 1997) consisting of four phases: initiation, planning, implementing, and routinising (Figure 3). A facilitator runs a series of workshops, attended by a multi-agency steering group, to deal with the various tasks which need to be undertaken in order to progress through each of these phases. In this chapter we briefly outline this approach, the work that needs to be undertaken before the process can begin and the tasks that need to be undertaken in each phase. An overview of the approach is given in table 1 at the end of this chapter.

### Introduction

Figure 3: The process of innovation



Before embarking on the development and implementation process, the facilitator will need to do three things:

- engage in some information gathering to establish the local context;
- establish a multi-agency steering group;
- establish a group of service users and a strategy for involving them in the work.

#### Information gathering

- Take time to collate information about key working: examine research evidence on effective models of key working and investigate the current state of key working in the UK.
- Establish links with key worker schemes and seek information and advice from schemes that have been long-lasting and successful. Some information on existing services is available in the Directory on the CCNUK website ([www.ccnuk.org.uk](http://www.ccnuk.org.uk)).
- Read the CCNUK standards of good key worker practice.
- Read Together from the Start- practical guidelines for professionals working with disabled children and their families (DfES, 2003).

### Preliminary work



## The phases to implementing a key worker service

- Read the Early Support materials ([www.earlysupport.org.uk](http://www.earlysupport.org.uk)).
- Establish the extent to which multi-agency working is in place locally
  - at the strategic level
  - at the practitioner level.
- Find out what services are available locally for families with a disabled child.
- Are there any plans for local services which are likely to have an impact on the development of a key worker service, e.g. reorganisation of agencies, introduction of new services?
- To what extent are the various agencies committed to key worker services? Who has initiated the setting up of the service? Is it one
- agency, or several?
- Who are the key players in the relevant agencies and services who can take the lead in initiating the introduction of the new service?

Taking the necessary time to gather information is essential. Reading research about which models of key working are related to better outcomes for families, investigating and pre-empting potential pitfalls that can be encountered in setting up and running a key worker service, and establishing links and contacts constitute a foundation upon which to build the service.

### Establishing a multi-agency steering group

There are a number of ways in which a steering group may be formed. In many cases membership will at least in part be predetermined: those responsible for appointing the facilitator may have a right to be on the steering group or a steering group may already exist. However, the facilitator may have some say in recruiting other members of the steering group. The facilitator should ensure that the group includes:

- Key representatives from education, health, social services, the voluntary sector:
  - managers who have the authority to develop plans for the service
  - managers who will oversee the implementation
  - representatives of field workers who may act as key workers
  - parents/carers who are users of the service.

All members should be able to attend workshops and meetings on a regular basis. It is also important to consult with young people who will be users of the service.

The way in which members are recruited will vary. The facilitator might choose to target individuals and invite them to be involved. Alternatively, an event might be held to raise awareness about the key worker service and recruit interested people. This has the added advantage of raising general awareness of the new service, which may prove useful in later stages of the process. Furthermore, if delegates at this event are given an opportunity to contribute ideas about the nature of the key worker service to be set up, this is likely to promote ownership and support for the new service. However, if such an event is held as a means of recruiting a steering group, the facilitator needs to be very clear with delegates about the purpose of



## The phases to implementing a key worker service

### CHAPTER 5

group and the criteria for membership. There may also be a need to set restrictions regarding the maximum number of people who can be on the steering group. We would suggest that 12 people is the maximum that can work together effectively in a group. If the number of people who wish to be involved in the work is greater than this the facilitator should try to find ways of involving people other than sitting on the steering group.

### **Involving service users in the development and implementation process**

From a practical point of view, service users have crucial information and experience which cannot be known to service providers, managers or commissioners, and which can help shape services (Beresford and Croft, 1993). However, for parents, young people and professionals involvement in developing services and being part of a steering group may be an unfamiliar experience (Beresford and Croft, 1993; Lindow, 1999; Mukherjee, *et al.*, 2000). There may be obstacles to parents, young people and professionals working together. For example, professionals may be reluctant to involve parents in meetings due to concern about exposing difficulties with service provision or due to not seeing the parents involved as truly representative of all parents. Similarly, parents may feel more comfortable expressing their views about local services when professionals are not present (Mukherjee *et al.*, 2000). If parents agree to meet with professionals, the dynamics of the multi-agency meetings may mean that professionals often dominate discussions, making it difficult for others to contribute. Such obstacles mean that the facilitator has an important role to play in assisting service users in contributing to the development and implementation process.

Consideration should be given at the outset as to how service users will be involved in the process, since this has implications for the facilitator's time, the way in which meetings are organised and run, and the resources that are needed for the service development. The facilitator may need to take practical steps in order to make it possible for service users to attend meetings, such as scheduling events to fit in with parents' and young people's other activities and responsibilities, covering travel expenses, and providing alternative child care arrangements. Literature on user involvement in service development notes the need for service users to be given support, and if necessary training, so that they are able to take a full part in meetings with professionals (Lindow, 1999; Robertson, 1995; Tozer and Thornton, 1995). During steering group meetings the facilitator can assist parents in expressing their views, but in addition to this service users can contribute to the development process by forming their own small sub-group or being consulted on an individual basis. Young people are particularly likely to benefit from the peer support gained from forming a separate group. However, it may be difficult to recruit young people to join such groups (Mukherjee *et al.*, 2000). Existing groups where members already know each other, such as school or youth groups, may be more comfortable about working together.



## The phases to implementing a key worker service

### The process of innovation

Once the preliminary work is complete, the process of innovation, that is of developing and implementing a key worker service, can begin. First is the *initiation phase* of agenda setting, identifying the problem and recognising the need for change. This leads to the *planning* process of identifying what needs to change and matching plans for innovation to organisational needs. Next is the *implementation phase* of testing the plans in action and redefining and restructuring plans as necessary to fit the needs and resources of the local organisation. Finally, attention is focussed on planning how the service will be *routinised* and transferred from pilot project to mainstream activity.

In this resource pack it is suggested that responsibility for developing and implementing the key worker service is given to a multi-agency steering group and that this group carry out their work within a series of workshops, organised to deal with the issues specific to each phase of the innovation process. Facilitators need to be aware that these phases within the innovation process are not distinct. There may be movement back and forward between phases, and times when enthusiasm and progress will fade. It is important that the facilitator supports the steering group throughout, retrieving energy and renewing motivation.

#### The workshop timetable

In order to get through the various tasks involved in implementing a key worker service, it is advisable to have a few workshops of a substantial duration, rather than to have numerous short meetings. Time can be wasted in short sessions by having to repeat introductions, familiarise people with the task and remind them about decisions reached at previous meetings. In the early stages of the process, when people are unfamiliar with each other and major decisions have to be made about the nature of the service, it is particularly important to secure time for workshops. As a rough guide, it is suggested that at least two days are set aside at the beginning of the process for workshops to cover the initiation and planning phase. At the end of these two days the steering group should have clearly outlined the service they intend to develop, and produced an action plan detailing how they intend to implement the service. There will then be a break, probably for a few months, while the steering group enter into the implementation phase and begin the tasks detailed in their action plan.

We suggest that a further one day workshop is held mid-way through the implementation phase to review progress including looking at the problems and successes and identifying needs for further information and action.

Finally, once the pilot key worker service has been running for a number of months a further day will be needed to plan for the routinising of the service. This workshop must not be held until the service has established itself and key workers have been in post for some time. When the key worker begins working with a family there will be a period of adjustment while all parties negotiate their relationship. Holding a workshop at this time would be inappropriate since it would not be possible to carry out a fair



## The phases to implementing a key worker service

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review of the service. When planning when to hold the final workshop, it is important to take into account the time needed to carry out any monitoring or evaluation work and to analyse the data produced.

The exact timing of the workshops will vary from area to area, depending on how long it will take for the steering group to carry out the tasks outlined in their action plans. It is very important that the group is realistic about the work involved in developing and running a pilot service. To ensure that the steering group propose a realistic timescale for taking work forward, they need to consider the various elements of work involved in setting up the service and how long it will take to carry out each element. Only then can the group decide when to hold the second and third workshop. In the key worker project facilitated and evaluated by SPRU (Sloper *et al.*, 1999; Mukherjee *et al.*, 1999), the second workshop was held six months after the first workshop. A third workshop was then held six months later. However, in order to give the pilot service time to establish before being evaluated, it was 18 months after the first workshop before feedback on the pilot service was available to the steering groups.

Examples of workshop plans are given in Chapter Six.

### Support between workshops

Between workshops, there will be a need for regular steering group meetings, to update people on progress and ensure that things are going according to plan. Furthermore, sub-groups with responsibility for different aspects of the action plan are likely to be needed. These sub-groups can meet by themselves throughout the innovation process.

### The importance of a communication strategy

As the implementation progresses, the number of different groups of people involved with and affected by it increases (see Table 1) and communication will be needed at a number of different levels:

- within the project steering group
- at the management level within and across agencies
- across hierarchies within agencies
- with families who have a disabled child.

It is essential that time is taken to consult with all these groups in order to avoid misunderstandings about the proposed changes and to ensure that the service provided is acceptable to all. If this task is not given attention, these groups are likely to react negatively to the introduction of key worker services. We suggest that a communication strategy for each of these levels is developed at an early stage.



## The phases to implementing a key worker service

A range of communication strategies may be used depending on who you are trying to communicate with and whether the purpose is to gain support for a key worker service, consult people about the nature of the service, or update them on progress. These include:

Presentations to pre-existing groups	Workshops
Seminars	Panel discussions
E mail	Letters
Articles in local papers	Articles in existing newsletters
Flyers	Production of a newsletter about the service
Circulation of minutes of meetings	Pre-existing joint strategy documents Children's Services Plans
Open days of new premises	Posters
Questionnaires	A website

Where possible the steering group should check with others how they want to be involved and kept informed about progress.

### Planning the service

As noted in Chapter One, research on key working has shown that there are several important constituents of key worker services which have an effect on outcomes for service users and must be taken into account when planning a service (Greco et al., 2005). These are: key worker training, key worker-specific supervision, the opportunity for key workers to get together and share information and support as a group, procuring long-term funding for the service, having a dedicated service manager to oversee the service, and creating a key worker job description and ensuring it is understood by both key workers and families. The type of key workers the service will use must also be decided upon: designated (full-time), non-designated (professionals who coordinate care for a few families on top of their ordinary profession), or a mixture of both types of key workers. Time must be taken in workshops to establish goals for each of these factors, ways to achieve these goals, and timetables to reach them by.



## The phases to implementing a key worker service

### CHAPTER 5

*Training* – Workshop discussions on key worker training must establish:

- what kind of induction training the key workers will need;
- what kind of ongoing training the key workers will need ;
- how and where will training take place;
- what system will be in place to regularly assess key workers' training needs;
- how training will be funded.

*Supervision* – Supervision that is specific to the key worker role is essential in order for key workers to discuss any problems they are encountering and to identify solutions and ways forward. The discussion of potential pitfalls during supervision ensures that key workers will not feel so discouraged that they will drop out of the service, and it also ensures that all key workers in the service are providing the same standard of service. Supervision is also necessary to identify training needs that the key workers might have. Ideally, key worker specific supervision should be led by the service manager of the scheme. Workshop discussions on supervision must establish:

- how often supervision will take place;
- where it will take place;
- structure and timing of supervisory sessions.

*Peer support for key workers* – How will time be provided for key workers to meet together to support each other, and exchange information and advice? Can this be done in conjunction with training sessions?

*Funding* – At a very 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 since short term funding can increase the fragility of the services. Workshop discussions should identify where to find funding for the service and how the funds should be allocated.

*Service manager* - Ensuring that one service manager has responsibility for all aspects of the service. The service manager's role includes 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. Workshop discussions should consider:

- what kind of professional would be most suited to take on the service manager role (background, skills, personality);
- recruitment of the service manager;
- how the service manager role is funded;
- who supervises the service manager;
- development of a service manager job description (see Exercise 10).



## The phases to implementing a key worker service

*Creating a job description for key workers* - Key workers have a “hybrid” role that requires a broad range of skills and knowledge. To avoid confusion about the role, a clear, written, job description must be drawn up and given to both key workers and families. Research cited in Chapter One shows that the best outcomes for families are achieved when the role of the key worker includes: providing information to the 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 each of these will depend on the needs of the family. Exercise 9 concerns developing the key worker job description.

*Types of key workers* – A decision must be made on whether the scheme will use designated or non-designated key workers, or both. 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, the potential disadvantages of non-designated key workers can be overcome by provision of training, supervision, and peer support. The appointment of designated key workers should not be ruled out solely on cost grounds, since when the costs of the time of non-designated key workers are taken into account, designated key worker services are not more costly (Greco et al., 2005). Group discussions on the type of key worker should consider:

- advantages and disadvantages of both models;
- whether the characteristics of your locality would better suit one model of key working or the other.

*Setting up a system for multi-agency care planning and review* - This system should provide a means by which information can be shared and actions of different agencies and professionals can be agreed and recorded, in collaboration with parents and children. Workshop discussions should establish:

- how long after referral to the service care planning meetings should be held.
- how often review meetings will be held.
- who will chair the meetings.
- how other professionals involved with the child and family will contribute to the meeting.
- where meetings will be held and what choices families will be given (for example, can meetings be held in the families' homes if they wish?)
- can meetings be combined with other statutory review meetings such as statementing reviews?
- how plans will be recorded and monitored.
- how key workers will prepare parents for the meeting.
- how key workers will support parents to take part in the meeting.



## The phases to implementing a key worker service

### CHAPTER 5

- How key workers will gather young people's views and, if appropriate prepare them to take part and support them at the meeting.

#### **The importance of monitoring and evaluating the service**

In order to plan for the routinisation of the service, the steering group need to have some information on which to base their decisions. It is therefore vital that the implementation of the service is monitored and evaluated.

Monitoring is 'the continuous supervision of an activity for the purpose of checking whether the plans and procedures are being followed' (Ovretveit, 1998). Results of any monitoring activity should be fed back to the steering group throughout the implementation process so that they can ensure the implementation is going to plan. Evaluation is a slightly different activity and one which can be carried out after the service has been put in place. It includes 'a comparative judgement of the value of an intervention, for the purposes of making better informed decisions about how to act' (Ovretveit, 1998).

We would recommend that all evaluations of key worker services include the views of families who receive the service and key workers. You should also consider including the views of the other professionals affected by the service. Since the aim of such an evaluation would be to assist in the development of the service, care should be taken to collect information on *both* outcomes and process. Outcome evaluation alone will not be sufficient. It will tell you whether your service has met its stated objectives, but not why this has happened (Robson, 1993). Should the service fail to meet some of its objectives, you will have little information on which to base improvements. It is unlikely that any service will meet all of its objectives all of the time and for everyone involved. You need to be able to find out what worked, for whom and under what circumstances. This information will help you to amend and adjust the service.



Table 1: Overview of the phases to implementing a key worker service

Approximate duration	The phase	The approach	Time required for events	Who is involved in the work
Months 1-2	<b>1 Preliminary work:</b> <ul style="list-style-type: none"> <li>Establish the context</li> <li>Recruit a multi-agency steering group</li> </ul>	The facilitator may work alone	Optional event to raise awareness and establish steering group	<ul style="list-style-type: none"> <li>Facilitators</li> </ul>
Month 3	<b>2 Initiation and Planning:</b> <ul style="list-style-type: none"> <li>Form a multi-agency group to take the work forward</li> <li>Design the service</li> <li>Develop the communications strategy</li> <li>Develop action plans for implementation</li> </ul>	Workshops for multi-agency group steering group	Minimum of two days for workshops	<ul style="list-style-type: none"> <li>Facilitator</li> <li>Multi-agency steering group</li> </ul>
Months 4-9	<b>3 Implementation</b> <ul style="list-style-type: none"> <li>Implement action plans</li> <li>Re-motivate the steering group</li> <li>Feedback monitoring activity</li> <li>Review and revise action plans</li> <li>Put the service in action</li> </ul>	Workshop for multi-agency steering group plus regular meetings to monitor progress	1 day workshop plus regular meetings	<ul style="list-style-type: none"> <li>Facilitator</li> <li>Multi-agency steering group</li> <li>Key workers</li> <li>Managers supporting the change</li> <li>Families</li> </ul>
Months 10-21	<b>Allow at least 9 months for the pilot service to establish. Monitor it during this time and then allow time to evaluate it, analyse data and write report.</b>			
Month 22	<b>4 Routinisation</b> <ul style="list-style-type: none"> <li>Feedback evaluation results</li> <li>Review and adjust the service</li> <li>Plan for setting up the mainstream service</li> </ul>	Workshop to review the pilot service and plan the transfer to a mainstream service	1 day workshop plus regular meetings	<ul style="list-style-type: none"> <li>Facilitator</li> <li>Multi-agency steering group</li> <li>Key workers</li> <li>Managers supporting the change</li> <li>Families</li> </ul>



## Workshop plans and exercises

### CHAPTER 6

In this chapter we outline the main *tasks* to be carried out at each phase of the key worker implementation process. We provide workshop programmes which cover these tasks, but which also include exercises on management of change and group processes. These workshop programmes are only suggestions. Facilitators should decide on the content of their own workshops based on local circumstances. Even when a programme has been put together, the facilitator needs to remain flexible, as the appropriateness of tasks will depend on the dynamics of the group on the day.

We would encourage facilitators to include exercises on management of change. You may well find that many of the people you work with are very knowledgeable about this field and it is important to acknowledge their experience. However, there is a difference between having knowledge and putting it into practice. People may need to be actively encouraged to apply their knowledge to the planning process.

To aid the smooth running of a workshop, we strongly advise facilitators to draw up a detailed plan which includes information on: the timing, purpose and content of tasks; whether people will be working as a group, sub-group or individually; the materials required; and who will be responsible for facilitation (See Appendix 1).

This phase involves a minimum of two days of workshops. The tasks listed are all vital to the successful implementation of a key worker service. It may be necessary to schedule further time to complete them, particularly if the group encounters problems in reaching consensus on decisions.

#### **Day one: designing the service**

The purpose of the first day is to design the service. This means that time must be spent considering the research evidence on key worker services, and the local context, before designing a key worker service model which will be suitable for the local area. Once this is done, the steering group should work on drawing up a key worker job description. These two tasks are a vital part of the process. If the steering group are not absolutely clear about the key worker role, then the key worker will not be clear (and may become disillusioned and negative), and the families will certainly not be clear (and may become angry and confrontational). Only when the steering group has drawn up a clear model and job description will they have the information they need to develop an action plan for implementing the service.

In addition to these tasks, the facilitator should consider the fact that these workshops may represent the first time that the steering group has worked together. In order for the implementation to be successful, it will be important that the group continues to work together productively for some time in the future. We would therefore suggest that the facilitator pays careful attention to group processes during these initial workshops (see Chapter Three).

### Introduction

### Workshop one: initiation and planning phase



## Workshop plans and exercises

Table 2: Workshop one, day one: Designing the service

TASK DETAILS	EXERCISE REFERENCE
<b>Welcome, introductions</b> Introduction to the day, introduction of steering group members	
<b>Exercise on making multi-disciplinary groups work</b> Draw up ground rules	Chapter 3, Exercise 1
<b>Presentation and discussion on the research evidence regarding key worker services</b>	Develop a presentation based on literature in Chapter 1, plus the quotes provided in Appendix 2
<b>Provide information on models of key worker services being used in other areas.</b>	Remember to acknowledge if these models have not been evaluated.
<b>Discuss and map out the local context</b>	See below, Exercise 7
<b>Develop the service model</b>	See below, Exercise 8
<b>LUNCH</b>	
<b>Develop the key worker job description</b>	See below, Exercise 9
<b>Develop the service manager job description</b>	See below, Exercise 10
<b>Exercise to decide on the scope of the implementation</b>	See below, Exercise 11
<b>Summarise progress made during the day</b>	



## Mapping out the local context

### Purpose

To prepare the group for designing a key worker model appropriate for their area.

To make the group aware of any pre-existing inter-agency links which may be useful to the development work.

**To be used** before drawing up a key worker model.

### Instructions

First ask the group to map out the services that are available to children with a disability. See appendix 3 for an example of a map.

Mark on the map any changes which are planned to local services.

Mark on the map any patterns of formal or informal inter-agency/inter-professional working and liaison.

Identify the services which *might* be involved in providing the key worker service.



## Developing the service model

### Purpose

To assist the group in designing a key worker service model for their area.

**To be used** before drawing up a key worker job description or considering implementation.

### Instructions

#### Taking into account:

- Research evidence on key worker services.
- The map of the local services currently received by families with disabled children.
- Any changes planned to local services.

#### Think about the service:

- The aims and ethos.
- The functions of the service:
  - Outline the range of support offered by a key worker.
  - Be clear about the boundaries of the service:  
*what cannot be provided by a key worker?*  
*when does the key worker stop working with a family?*  
*what is the maximum number of families a key worker is expected to work with at one time?*
- Define the eligibility criteria for the service.
- Define the catchment area.
- Specify how the service will be accessed and the referral pathway.
- Describe the team of key workers:
  - how many?
  - from which services are they drawn?
  - what is their professional background and qualifications?

#### Think about support for the service

- Decide whether the service will have a base.
- Decide what administrative support will be available.
- Decide how key workers will be managed. Who will:
  - appoint key workers
  - introduce them to the job
  - assign work
  - supervise and review work
  - ensure the key worker has appropriate training
  - be responsible for disciplinary action
- Be clear about holiday and sickness arrangements.
- Discuss issues relating to planning the service, as described in Chapter Five: key worker training, supervision and support, funding of the service, having one service manager who is responsible for all aspects of the service, the key worker job description (Exercise 9), the type of key worker the service will use (designated, non-designated or both), and the system for multi-agency care planning and review.



## Developing the key worker job description

### Purpose

To help the group develop a clear and comprehensive job description for key workers.

**To be used** after the key worker service model has been designed and before drawing up a plan for implementation.

### Instructions

The following prompts may be useful in facilitating the group in developing a job description and will help people to think about who they should select to take on the role. It is advisable to get the group to think through *all* these issues before finalising a job description or person specification.

#### Job description

- Why does the job exist - what is the purpose?
- What activities are an essential part of the job (see Chapter One)?
- What outcomes are expected from the activities of the job holder?
- What tasks or responsibilities do you *not* expect the person to take on?
- How frequently is the key worker expected to make contact with the family?
- What form of contact should be offered to the family (e.g. home visits, telephone contact)?
- How much time should be devoted to the role? (specify the minimum and maximum number of hours).

#### Person specification

- What skills must they bring to the job?
- What background/experience is essential?
- What personality/style helps performance?
- What factors would make it difficult for the person to carry out the job description - organisational hurdles, other commitments, professional background?

Once these issues have been discussed and *before* the group begins to draw up a job description, the facilitator should suggest the following:

- Don't under- or over-specify the job.
- Don't over- or under-estimate essential experience.
- Be sure to achieve a match between scope and competency.
- Don't be blind to organisational hurdles.

#### Note to the facilitator

The job description and person specification will play a major role in the implementation of the key worker service. Not only will it form the basis of the key worker service, guiding the selection, recruitment and training for key workers, but it will form the basis of key workers' understanding of their role and may be used in explaining the service to families. It is therefore important that this document clearly spells out the role. Following the workshop, it may be worth testing out whether it does this with potential key workers before arriving at a final draft.



## Developing the job description for the service manager

### Purpose

To assist the steering group in drawing a job description for the manager of the key worker service.

**To be used** after the key worker service model has been drawn up.

### Instructions

There is great potential for confusion when people become a member of a multi-disciplinary team while still retaining some other position. Who are they accountable to: the line manager or the key worker service manager? If this is unclear, not only will the key worker be confused but there may well be tension between the service manager and line managers. Some line managers may over-control their staff for fear of them being taken over by the key worker service manager. Others may under-control their staff, leaving them to 'get on with the job' with very little support (Ovretveit, 1993). In appointing a manager to a key worker service, it is therefore advisable to be clear about the following:

- Formal responsibilities  
the work to be undertaken by the manager.
- Formal accountability  
the position or body to whom the manager is answerable.
- Authority  
the power the manager has over key workers, finances and resources.



## Deciding on the scope of the implementation

### Purpose

To ensure members of the group are clear about:

- the level of service they intend to provide in the first instance
- the implications of their decision, in terms of the amount of time and resources they will need to devote to the implementation at different times.

**To be used** before drawing up the action plan for implementation.

### Instructions

Explain to the group that they need to decide on the scope of the initial implementation. Do they want to:

- pilot the service on a small number of families, monitor and adjust the service, before offering to a larger number of families
- or
- implement it on a large scale from the beginning. They should still monitor and adjust the service.

There will be pros and cons to which ever approach is taken. For example, if a small scale approach is taken, a great deal of work will be needed at a later stage to turn the pilot into a mainstream service. If a large scale approach is taken, this will require a great deal of time and effort to get things up and running, and it would still be necessary to monitor, review and adjust the service. The steering group need to be sure that they have the resources to train, support and monitor large numbers of key workers.

Get the group to brainstorm the pros and cons before making a decision.



## Workshop plans and exercises

## CHAPTER 6

**Day two: planning the implementation**

The purpose of the second day is to develop the action plan for implementation. This should cover a number of fundamental implementation activities, including the promotion of the service amongst stakeholders; recruitment of key workers; identification of a service manager; training and support for key workers; monitoring and evaluation; and the development of communication strategies.

**Table 2: Workshop one, day two: Planning the implementation**

<b>TASK</b>	<b>EXERCISE REFERENCE</b>
Welcome and introduction to the day	
Presentation on reactions to change	Develop presentation based on literature in Chapter 4
Exercise on stakeholders' reactions to change	See below, Exercise 12
Exercise on successful strategies for change	Chapter 4, Exercise 4
Develop a communication strategy	See below, Exercise 13
Develop an action plan for implementing the key	See below, Exercise 14 and Appendix 4
Re-enforcing the ground rules	Chapter 3, Exercise 2
<i>AFTERNOON</i>	
Complete the action plan	
Produce individual action plans Then feed back to the group	See below, Exercise 15 and Appendix 5
Arrange future meetings and the second workshop	



## Stakeholders' reactions to change

### Purpose

To ensure that the group is prepared for resistance to the implementation, and incorporates ideas on how to deal with it in their action plan.

**To be used** before drawing up the action plan for implementation.

### Instructions

Ask the group to brainstorm who will be involved in the changes. It may be useful to refer back to any previous maps drawn up of services.

Then ask them to draw up a matrix depicting which people will:

- Actively resist the change.
- Passively resist /have no commitment to the change.
- Let it happen.
- Help it happen.
- Make it happen.

*(Based on the commitment chart by Beckhard and Harris, 1987)*

The group then:

- Notes the people they need to involve in the implementation - those who can make it and help it to happen.
- Devises strategies for working with people who will actively and passively resist the changes.

A note is kept of these strategies and they are incorporated into the action plan.



## Developing a communication strategy

### Purpose

To assist the steering group in thinking through the different people with whom they need to communicate and the most appropriate method for doing so.

To be used early on in the development work so that the group is thinking about communication from the outset. It may be reviewed and updated as work progresses.

### Instructions

- Draw up a list of stakeholders
  - Consider the purpose in communicating with each group of stakeholders. Do you want to promote the new service, consult them about plans, keep them up to date with progress etc?
- Then decide what the most appropriate method of communication is for each group.

It may be useful for the facilitator to draw up a matrix or grid for the group to complete such as the following:

	Stakeholder	Purpose of Communication	Method of Communication
1			
2			
3			
4			
5			



## Developing an action plan for implementing the key worker service

### Purpose

To assist the group in drawing up an action plan which incorporates all the elements involved in implementing the key worker service model.

**To be used** once the group has reached a consensus about the key worker service model; key worker job description; service manager job description; and the scope of the implementation.

### Instructions

Members of the steering group should be given action templates and asked to complete them. An example of an action plan template is given in Appendix 4. There should be a separate template for each of the following areas:

- Promoting the key worker service to: commissioners of services and other stakeholders; practitioners who will come into contact with key workers; key workers' line managers; families.
- Referring families to the service.
- Selecting key workers.
- Training key workers.
- Supervising and supporting key workers.
- Monitoring and evaluation of key workers' progress (including both key workers' and families' views of the service).
- Identifying a key worker service manager.
- Setting up a system for multi-agency care planning and review meetings.
- Liaison within the steering group.

The facilitator should stress the importance of paying attention to all the templates. Omitting any part of the implementation will have an impact on the service set up.

To assist their decision making, the group should be given handouts on the research evidence on key worker services and a copy of the ideas developing during the exercise on stakeholders and change.



## Producing individual action plans

### Purpose

To ensure that individuals within the steering group take responsibility for the tasks outlined in the overall action plan and have time to plan how they will tackle these tasks.

**To be used** after the overall action plan for implementing the key worker service has been developed.

### Instructions

Every member of the steering group is given a copy of the action plan for implementing the key worker service and a blank copy of the individual action plan (see Appendix 5). They then have 10 minutes to work on their own on completing their individual action plan.

Next the facilitator asks individuals to spend some time thinking about how other people within the steering group might support them in carrying out their individual action plan. Any ideas should be written on the back of the individual action plan so that they are not lost. Finally individuals come back together as a whole group and each person is given five minutes to report back on what they have put in their action plan, including the date by which they intend to complete the tasks identified. When ideas as to how the members of the group might support each other arise, the individual action plans of the people involved are amended accordingly.

By the end of the session, the group should be clear about what people have undertaken to do by the next meeting.



## Workshop plans and exercises

### CHAPTER 6

At this point the steering group will be in the midst of implementing the service. They may be encountering difficulties with some elements of the implementation, and enthusiasm and energy for the project may be decreasing. There are therefore a number of reasons for having a workshop at this stage:

- encourage people to stick to the targets specified in the action plan
- recognise progress and re-motivate the steering group
- review and revise the action plan.

Simply holding an event at this stage to discuss progress is useful in that it encourages people to carry out the tasks they have been allocated. However, the facilitator needs to take care at this workshop to set the right tone when taking feedback on progress. While it is important to acknowledge any difficulties being experienced so that solutions can be found, the steering group must be congratulated for any progress they have made so that they are encouraged to continue with the work. We would therefore suggest that the workshop opens on a positive note by discussing achievements.

The facilitator may find it useful to prepare for this workshop by sending out questionnaires to steering group members in advance asking them for their views on progress so far (see Appendix Six). This will alert the facilitator to any areas of concern and the information can be used to structure sessions on reviewing action plans. For example, if a common concern is the recruitment of key workers the facilitator can set aside time specifically to address this issue.

### Workshop two: implementing the service



## Workshop plans and exercises

Table 4: Workshop two: Implementing the service

TASK	EXERCISE REFERENCE
<b>Introduction to the day</b>	
<b>Recap:</b> - on ground rules - on the key worker model and job description.	
<b>Presentation or group discussion on progress since the first workshop</b> Make sure you highlight the positives.	
<b>Report back on any monitoring activity</b> Discuss what this means for the model, job description and action plan.	
<b>Reflect on change in a multi-disciplinary group</b>	Chapter 4, Exercise 5
<b>LUNCH</b>	
<b>Input on</b> <ul style="list-style-type: none"> <li>• <b>the cycle of competence</b> Remind people that it is normal for those experiencing change to have times when they experience anxiety/feel overwhelmed. They may experience this, so will others involved e.g. key workers.</li> <li>• <b>the change cycle</b> Emphasis that innovation threatens the status quo and there may be resistance; that there will be peaks and troughs in enthusiasm and they need to think about how to get through the troughs, e.g. celebrate success, training events, team briefings.</li> </ul>	See Chapter 4
<b>Exercise on addressing concerns</b> Make sure that you leave plenty of time for updating action plans after this exercise.	See below, Exercise 16
<b>Arrange dates for future meetings and the final workshop</b>	



## Addressing areas of concern

### Purpose

To ensure that the group addresses any difficulties that arise during the early stages of implementation.

**To be used** after the group has received feedback on progress, and achievements have been acknowledged, otherwise there will be a very negative tone to the day.

### Instructions

The facilitator either makes a presentation on areas of concern based on data collected from pre-workshop questionnaire or facilitates a discussion amongst the group about concerns.

The facilitator then asks the group to identify solutions to these concerns. The solutions are noted on a flip chart.

The group is asked to go back to the action plan and update it, incorporating the solutions.



## Workshop plans and exercises

## CHAPTER 6

The purpose of this workshop is to review the key worker service and make any adjustments necessary. If the steering group initially introduced the service for a small number of families, there will also need to be time set aside for developing the pilot service into a mainstream service.

In order to hold this workshop, there needs to be some information on which to review the service. Ideally this will include both key workers' and families' views. It is important in discussing the feedback that the facilitator takes a learning approach. This will help people to think about a way forward in developing the service, rather than focussing on whether the service has been a success. By this we mean that the facilitator asks the steering group what they have learnt from the feedback about how they

**Workshop three: reviewing progress and adjusting the service**

**Table 5: Workshop Three: Reviewing progress and adjusting the service**

TASK	EXERCISE REFERENCE
Introduction to the day	
Recap on objectives of steering group at outset	
Personal reflection on the implementation	See below, Exercise 17
Feedback on monitoring/evaluation work	
What does this mean for the future?	See below, Exercise 18
<b>LUNCH</b>	
Develop new action plan for routinisation of the service	



## Personal reflection on the implementation

### Purpose

To ensure that all members of the group contribute to the review of the service and how it was implemented.

**To be used** prior to the development of a new action plan for routinisation of the service.

### Instructions

First the facilitator reminds people of how much has happened during the course of the implementation, mentioning key events in the project, e.g. the first workshop, the point at which key workers started working with families. The facilitator should *not* express his/her views on what has worked well or was problematic.

The facilitator then asks each person to spend 10 minutes thinking about and making notes on:

- What they feel has worked well.
- With hindsight, what they would change about the key worker service.
- With hindsight, what they would change about the way the service was set up.

The facilitator should mention that people will be asked to report back to the group on what they write down.

After 10 minutes the group come back together. Each person is given time to read the comments made by others in the group. This can be done in a variety of ways. For example, the sheets can be pinned on a board, read aloud by the facilitator, or passed around the group.

Finally, the group discusses:

- Are there any surprises?
- Are there any differences of opinion?

The facilitator keeps a note of ideas on what should be changed, so that they can be incorporated into the new action plan.



## Making multi-disciplinary groups work

### Purpose

To ensure that the group actively considers key workers' and families' views on the service, and takes these into account when writing the new action plan.

**To be used** after feedback from any monitoring activity.

### Instructions

In response to the feedback from monitoring activity with key workers and families, the facilitator asks the group:

- Are you surprised by anything you have heard?
- Are there any aspects of how you have gone about setting up the service which members of the group agree have gone well?
- Are there any aspects of how you have gone about setting up a key worker service which members of the group agree they would like to change?

A record of the group's responses is kept and forms the basis of new action plans for the routinisation of the service.



# A Checklist of Key Tasks

## Starting off

- Ensure that there is some multi-agency working in place at a strategic level.
- Find a development worker or facilitator who can act as a champion for the process.
- Gather basic information about the local area:
  - the numbers of disabled children;
  - the services which are currently available;
  - any changes planned for local services;
  - the key players in local services who can take the lead in introducing new services.
- Ensure commitment from senior managers within all the relevant agencies - health commissioners and providers, education, social services, voluntary agencies.
- Involve service users.
- Identify key people who should be involved in planning the service and invite them to be on the steering group:
  - have a balanced representation of people from different agencies and families;
  - include people who have the authority to make decisions.
- Arrange a neutral venue for the steering group to meet.
- Ensure that steering group members commit themselves to sufficient time out for:
  - establishing a multi-agency group;
  - ensuring shared understanding;
  - team building;
  - planning the service.

## Planning the service

- Do not underestimate that time needed to plan and implement the service; ensure that you have sufficient time set aside for meetings.
- Link in with and obtain information from other authorities who have a key worker service.
- Review the existing published material on key worker services: why they are important; what the service should look like; and the support needed by key workers.
- Define the aims and principles underlying the key worker service.
- Develop and define your own local model for the service, appropriate to local needs and resources:
  - the functions of the service;
  - the criteria for eligibility to the service;
  - the referral pathway;
  - how the service will be supported.
- Define the role of the key worker and develop a job description.
- Define the role of the service manager and develop a job description.



# A Checklist of Key Tasks

- Develop clear action plans with specified time-scales and responsibilities.
- Be realistic about the actions plans - do not set people up to fail.
- Develop a communications strategy so that:
  - relevant people are aware of the project;
  - all those who need to be involved in planning are consulted;
  - people are kept up to date with progress.
- Monitor and record progress against action plans.
- Set up a system for monitoring and evaluating the service:
  - decide what is going to be monitored/evaluated;
  - decide who is going to take responsibility for this work;
  - set up mechanisms so that any data needed is collected systematically;
  - include families' views in the service evaluation.

## Implementing the service

- Communicate - share information with everyone who may be interested or affected:
  - consult with families;
  - consult with professionals;
  - use different media - letters, newsletters, local press and radio.
- Identify a service manager and key workers as soon as possible, so that they can be part of the decision making process and have proper ownership of the service.
- Identify training needs for key workers and service manager.
- Develop initial training programme for key workers.
- Clarify systems for management and supervision of key workers.
- Develop systems for recording key workers' work.
- Develop systems for multi-agency care planning and review.
- Recruit families and match key workers.
- Organise time out for reviewing progress and further planning.
- Enjoy learning from developing the new initiative - celebrate success!

## Routinisation of the service

- Review the results of the monitoring and evaluation work.
- Adjust the service model, and the key worker and service manager job description, as appropriate.
- Develop a new action plan for routinisation of the service.



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## A workshop plan

Time	Purpose of task	Task details	Format: group, sub-groups, individually	Materials required	Who is responsible for the task?



### Quotes from parents

The quotes given below can be useful in illustrating a presentation about why key worker services are important and what the service should look like. We have also found it useful at workshops to have quotes enlarged and pinned up around the room as visual reminders of what the group is trying to achieve.

The quotes are drawn from data collected during four research studies:

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#### QUOTES ON WHY A KEY WORKER SERVICE IS IMPORTANT

*I think I can best describe it as we've had to brief the professionals. We had to brief the school doctor, we had to brief our GP, the people at the school. What I am trying to say is that there was no coordinated brief available, so that if it wasn't me and someone else went to the GP and said 'OK, where are we now?', he would have said 'Don't ask me, I haven't got a clue'.*  
(Lightfoot et al., 1998)

*This is a criticism of ours. We keep having to tell the same things to different people. One person doesn't know what the other one is doing.*  
(Sloper and Turner, 1991)

*People ask you what help you want but you don't know what you are entitled to and what is available ... we have had to fight for help from the beginning.*  
(Sloper and Turner, 1991)

*I've seen a lot of parents in very similar situations who I've felt are wandering around in no-mans land because of the help, the hospitals are fine, but there is no coordinated approach to pull all the people together.*  
(Lightfoot et al., 1998)

*She's the first person to come and look at my child as a whole...*  
(Greco et al., 2005)



## Quotes from parents

### QUOTES ON THE CORE ELEMENTS OF THE KEY WORKER SERVICE APPROACH

#### Pro-active regular contact

*When someone gives you a card and says 'Ring me if you need me' it doesn't help. Because if they are anything like me they'll struggle on without asking for help, because people do'.*

(Mukherjee et al., 1999)

*She normally calls us every couple or two or three weeks she calls us, if we get a problem we phone her... just leave a message and she does ring back within an hour, as soon as she gets the message she rings us straight back.*

(Greco et al., 2005)

#### A supportive, open relationship

*It's important that there is someone there that you can relate you and have trust with ... trust is very important.*

(Mukherjee et al., 1999)

#### A family-centred as opposed to a child-centred approach

*I think the difference with [my key worker] is that she's the type of person who wants us to have what we should have. [My key worker] looks at it differently to other professionals. She thinks about the need to improve my life and my other child's life as well as my disabled child's life. She looks at everything in terms of trying to find things that would make our lives easier.*

(Mukherjee et al., 1999)

*They put a lot of pressure on. At one stage they were practically telling me I had to neglect myself, neglect my other children and my husband and just concentrate on X and make sure that everything was done for her. ... It was the social worker and the school. ... They just couldn't care less about the house, about the other children. ... When they're trying to help you ... to look at us as a full family with other children, that in itself would be a help.*

(Sloper and Turner, 1991)

*... If I would have rang her or something "Oh hello, how are you? How's (child)? How are you doing? How's your partner? How's the children? How's the other daughter who lives in (place)? You know, she would ask about the whole family.*

(Greco et al., 2005).

#### Working across agencies

*I think top of the list is to know that there is somebody there willing to listen to you. And the thought that if you can't get something done she knows somebody that can - she'll know some other way around it, who to write to, who to phone.*

(Mukherjee et al., 1999)



### Quotes from parents

*I thought it would be a good idea. Dealing with all the services- health, social security, social services and education - it can be a nightmare getting the right information. So you having someone to help sort it out or give us new information we hadn't come across, that would be useful.*  
(Mukherjee et al., 1999)

*I've met more professionals since (key worker) had a finger in the pie sort of thing than I would have normally because I would have had to rely on (hospital) and I don't think I would have pushed myself if she hadn't have known where to go for half of the stuff that she's been able to sort out for us.*  
(Greco et al., 2005)

#### **Working with families strengths and ways of coping**

*I think our key worker understands that we like to do things off our own back, that we're not on the phone every day. We discussed this right at the start.*  
(Mukherjee et al., 1999)

*I would say 'facilitate' rather than 'coordinate'. I'm not sure I want someone to coordinate, I am the coordinator. Whereas the facilitator would say these are the options, which of the options out of the bag do you want to look at?*  
(Lightfoot et al., 1998)

*Someone who can be a key person when a child has a problem, so that they can be advised. This person could have the role of information gatherer and information importer. They could gauge whether the parent was willing and able to take on certain parts of that task themselves and do it to the required level, or whether they would need help to ensure a smooth imparting of knowledge to whoever needs it. ... Because parents are so different.*  
(Lightfoot et al., 1998)

#### **Working for the family and not the agency**

*That someone is there for me, for my interests, not acting for social services or whatever. As a parent that's really good.*  
(Mukherjee et al., 1999)

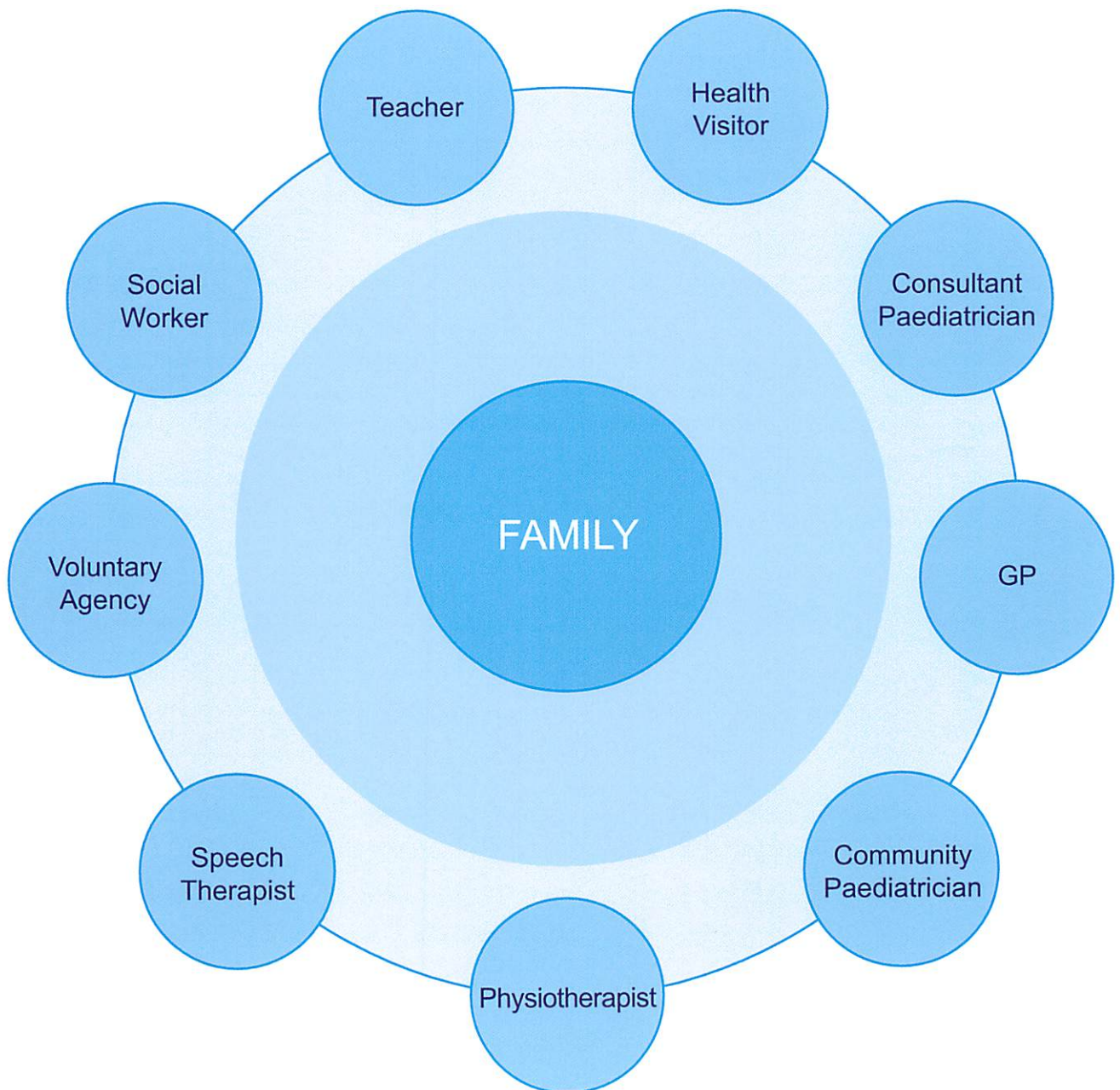
#### **QUOTES ON PARENTS' UNDERSTANDING OF THE KEY WORKER ROLE**

*The key worker's role in general... to ensure that we had every possible service available to us that we were entitled to, to maintain the smooth running of these services once in place and also to provide emotional support if and when required.*  
(Greco et al., 2005)

*Yes, she explained herself, she explained what she was there for, every meeting we had about every, up to nine meetings we had after that, she explained in a row what she can do and what she can't do and what she can intervene with and what she can't...*  
(Greco et al., 2005)



## Examples of map of existing services to family





## Examples of action plan template

Agency	Actions to be taken	Person responsible for action	By when (date)
Social services			
Health			
Education			
Voluntary organisations			



## Examples of an individual action plan

Name: .....

Topic	Action	By when (date)



## Pre workshop questionnaire

The purpose of this questionnaire is to monitor the process of implementing the key worker service and it will be used in preparation for the next workshop. Therefore, it would be helpful if you could return it by.....

The information you provide will be treated in the strictest confidence. The data will be collated and reported in summary. Individuals' comments will not be identified. For this reason, we have *not* asked you to put your name on this form.

### **Progress with implementation of the key worker service**

From a personal point of view, what aspects of the implementation have you been pleased with?

From a personal point of view, what has been difficult about your role in implementing the service?

Do you have any concerns about the next phase of the implementation?

**Thank you for taking the time to complete this questionnaire**  
*Please return it in the stamped addressed envelope provided.*



## CCNUK standards and standards matrix

## Care Co-ordination Network UK

# Key Worker Standards

### 'My child isn't split into three pieces...'

Over many years disabled children and young people and their families have requested a key worker service that provides them with a single point of contact and enables them to have easy access to information, support and services to meet their needs.

**Key working/care co-ordination** is a service, involving two or more agencies, that provides disabled children and young people and their families with a system whereby services from different agencies are co-ordinated. It encompasses individual tailoring of services based on assessment of need, inter-agency collaboration at strategic and practice levels, and a named key worker for the child and family. Families with disabled children should only have a key worker if they want one.

**A key worker**<sup>5</sup> is both a source of support for disabled children and young people and their families and a link by which other services are accessed and used effectively. Key workers have responsibility for working together with the family and with professionals from services and for ensuring delivery of an inter-agency care plan for the child and family.

**These standards** apply to key worker/care co-ordination services that employ people as 'designated' key workers (i.e. those whose role is solely that of a key worker), 'non-designated key workers' (i.e. those who key work with a small number of families as part of their other professional/parent role), or both.

5. A number of different terms are used for this role (e.g. 'key worker', 'care co-ordinator', 'link worker', 'family support worker'), for brevity we will use the term key worker from now on



## CCNUK standards and standards matrix

### Organisational standards

A successful key worker service is dependent on:

1. Multi-agency commitment at a strategic and practice level.
2. Multi-agency management group including families and, at the minimum, representatives from education, health, social services, and the voluntary sector, if a stakeholder in the area. This group needs to include senior managers with the power to commit resources. The group should establish formal links with other agencies, including housing, leisure and benefits, to enable the key worker service to access services from these agencies to meet families' needs.
3. An agreed referral system and specific guidelines for eligibility for the key worker service.
4. A joint policy for information sharing between agencies.
5. A multi-agency protocol for joint assessment, drawing up an inter-agency care plan and review of the needs of the disabled child and their family.
6. A communication strategy. All professionals working at all levels of the organisations involved - managers and practitioners – as well as parents and children and young people need to be kept fully informed and, where appropriate, involved in the planning and development of the key worker service.
7. A key worker manager to manage the service on a day to day basis and to report to the multi agency management group.
8. Ongoing resources to run the service including the provision of administrative support, induction and ongoing training and supervision for key workers.
9. A defined job description for the key worker manager, key workers and administrators. Where the service appoints non-designated key workers, amendments should be made to their current job descriptions to include their key worker responsibility.
10. An agreed system of cover for key workers in the event of long term absence.
11. Setting up and maintaining links with other agencies that impact on the lives of disabled children and young people, e.g. housing, benefits, leisure, voluntary sector.
12. Identifying the cultural needs of the local population, including minority ethnic groups, and ensuring that the service provides for these needs.
13. Monitoring, reviewing and evaluating the service.



## CCNUK standards and standards matrix

### Practice standards

The role of the key worker should include:

- providing information;
- identifying and addressing the needs of all family members;
- providing emotional and practical support as required;
- assisting families in their dealings with agencies and acting as an advocate if required.

**This role will be achieved by:**

- pro-active, regular contact.
- a supportive, open relationship based on respect for the views of parents, children and young people.
- a family-centred (not only a child-centred) approach.
- working across agencies - including agencies such as housing, leisure and the benefits agency. Key workers need to know what different agencies offer and how to go about accessing different agencies. It is important that managers see this as an integral part of the key worker's role.
- working with the families' strengths, acting as an advocate or enabling parents, children and young people to access advocacy support as required.
- provision of induction training and on going training and development for key workers.
- regular supervision of key workers, including both professional/clinical and management supervision, from a manager who understands and is committed to the role of key worker. Peer support systems should also be available.
- giving non-designated key workers protected time for their role. This needs to be formally arranged, authorised and monitored to ensure commitment from line managers and organisations is maintained.
- disabled children, young people and their families should be given a clear explanation of the role of the key worker/care co-ordination service and the responsibilities of this role. Families should be reminded of this role from time to time.
- an inter-agency care plan (see below) giving key workers the agreed power to access resources and credibility with the agencies involved in provision for the family.
- an information resource covering local services and their roles, information about different conditions and impairments, and national organisations. Key workers or an information facilitator should guide families and ensure that they have information tailored for them that is accurate, accessible, timely and appropriate.



## CCNUK standards and standards matrix

### **Assessment, planning and review**

- inter-agency assessment leading to an inter-agency care plan, building on and linking with any other assessments undertaken, e.g. special educational needs, child development team, family service plan, social service assessment, disability register.
- agreed system and timing for inter-agency care plan and reviews in line with the families' wishes.
- supporting parents' and young people's preferences regarding assessment and review meetings.
- ensuring appropriate support for children and young people to participate in their assessment and review, including children and young people who do not use speech to communicate.
- appropriate support for parents to participate in their assessment and review process.
- consideration of support needs related to ethnicity and culture, including provision of translation and interpreters, so that all families can participate in assessment and review.
- agreed system for record keeping.
- parent and/or young person held records.

April 2004

#### **Care Co-ordination Network UK**

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## Care Co-ordination Network UK

# Key worker standards matrix

Organisational Standards	fully met	nearly met	not met	don't know
1. Multi-agency commitment at a strategic and practice level. Evidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Multi-agency management group including families and, at the minimum representatives from education, health, social services and voluntary sector if a stakeholder in the area. Evidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. An agreed referral system and specific guidelines for eligibility for the key worker service. Evidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. A joint policy for information sharing between agencies Evidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. A multi-agency protocol for joint assessment, drawing up an inter-agency care plan and review of the needs of the disabled child and their family. Evidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. A communication strategy for professionals, parents and children and young people. Evidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. A key worker manager to manage the service on a day to day basis and to report to the multi-agency management group. Evidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Care Co-ordination Network UK

# Key worker standards matrix

### Organisational Standards

fully  
met

nearly  
met

not  
met

don't  
know

8. Ongoing resources to run the service including the provision of administrative support, induction and ongoing training and supervision for key workers.

☐
☐
☐
☐

Evidence

9. A defined job description for the key worker manager, key workers and administrators.

☐
☐
☐
☐

Evidence

10. An agreed system for cover for key workers in the event of long term absence.

☐
☐
☐
☐

Evidence

11. Setting up and maintaining links with other agencies that impact on the lives of disabled children and young people e.g. housing, benefits, leisure, voluntary sector.

☐
☐
☐
☐

Evidence

12. Identifying the cultural needs of the local population, including minority ethnic groups, and ensuring that the service provides for these needs.

☐
☐
☐
☐

Evidence

13. Monitoring, reviewing and evaluating the service.

☐
☐
☐
☐

Evidence



## Care Co-ordination Network UK

# Key worker standards matrix

Practice Standards	fully met	nearly met	not met	don't know
1. Providing information. Evidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>				
2. Identifying and addressing the needs of all family members. Evidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>				
3. Providing emotional and practical support as required. Evidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>				
4. Assisting families in the dealings with agencies and acting as an advocate if required. Evidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>				
5. Pro-active, regular contact. Evidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>				
6. A supportive, open relationship based on respect for the views of parents, children and young people. Evidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>				
7. A family-centred not child-centred approach. management group. Evidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>				
8. Working across agencies - including agencies such as housing, leisure and the Benefits Agency. Evidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>				



## Care Co-ordination Network UK

# Key worker standards matrix

Practice Standards	fully met	nearly met	not met	don't know
9. Working with the families' strengths, acting as an advocate or enabling parents, children and young people to access advocacy support as required. Evidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Provision of induction training and ongoing training and development for key workers Evidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Regular supervision of key workers, including both professional/clinical and management supervision. Evidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Non-designated key workers should have protected time for their role. Evidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Disabled children, young people and their families should be given a clear explanation of the role of the key worker/care co-ordination service and the responsibilities of this role. Evidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. An inter-agency care plan giving key workers the agreed power to access resources and credibility with the agencies involved in provision for the family. Evidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. An information resource covering local services and their roles, information about different conditions and impairments, and national organisations. Evidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Care Co-ordination Network UK

## Key worker standards matrix

Practice Standards	fully met	nearly met	not met	don't know
16. Inter-agency assessment leading to an inter-agency care plan, building on and linking with any other assessments undertaken. Evidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Agreed system and timing for inter-agency care plan and reviews in line with the families' wishes. Evidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Supporting parents' and young people's preferences regarding assessment and review meetings. Evidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Ensuring appropriate support for children and young people to participate in their assessment and review process. Evidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Appropriate support for parents to participate in their assessment and review process. Evidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Consideration of support needs related to ethnicity and culture, including provision of translation and interpreters. Evidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Agreed system for record keeping. Evidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Parent and/or young person held records. Evidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family-centred support: Lessons from a key worker service<sup>6</sup>

By Judith Edwards

## Biography

I work full-time as a Project Manager for NCH in Pembrokeshire and I come from a social work background based mainly in hospitals. My interest in children who are disabled developed after the birth of my two daughters when I worked as a visiting social worker for the Family Fund. Once the girls had both started school I worked as a hospital social worker for the paediatric wards. I then became a Team Manager of a newly-established Children with Disabilities Team, Outreach Support Team, Short-Break Residential Unit and Family-Based Short-Break Service. When my partner and I moved to beautiful Pembrokeshire seven years ago I began working for the voluntary sector. I have thoroughly enjoyed developing a service from an acorn and seeing it grow into a healthy sapling oak. I believe that we have been successful in Pembrokeshire because we have listened to the families' views and developed our services in line with their wishes.

## Introduction

*It's not the child that's a lot of work, it's the system.* (Townasley et al, 2004)

The NCH Children's Centre in Pembrokeshire was established in 2000 to improve inter-agency working for children who are disabled and their families. One of the ways we do this at the Centre is via the Keyworker Service. Since the early 1970s parents across the UK have consistently asked for a named worker to provide general ongoing support and to co-ordinate service provision. The benefits of receiving support from a keyworker have been demonstrated by research findings (Townasley et al, 2004 and Greco et al, 2005). At last the messages from parents are being heard and acted upon.

The Pembrokeshire Keyworker Service has been in operation for four years and is funded by Health, Education, Social Care and NCH. It is based at the NCH Children's Centre and, as Manager of the Centre, I co-ordinate the Service. We began with ten contributed keyworkers. 'Contributed' keyworkers are professionals from another agency who give some of their time to working as a keyworker. These included Health Visitors, a school nurse, a community paediatric nurse, a pre-school liaison teacher and a disability youth worker. We also had one full-time designated keyworker employed by NCH. A 'designated' keyworker is a worker from an education, health or social care background who works entirely as a keyworker. We now have another full-time designated keyworker and, altogether, we are working with ninety families. We accept referrals from all agencies for children and young people between the ages of 0 and 16 years who

6. This essay is published in:  
Limbrick, P. (Ed). Family-Centred Support for Children with Disabilities and Special Needs. To be published by Interconnections  
Winter 2006/7.



## Family-centred support: Lessons from a key worker service

have a severe disability and receive specialist services from two or more agencies. At the present time we continue working with young people until they reach 18 years of age. Our Service fully meets the standards developed by Care Co-ordination Network UK (Care Co-ordination Network UK, 2005).

*The mere presence of a Keyworker is not in itself enough. Attention needs to be paid to clarifying the nature of this person's role and responsibility.*  
(Townsley et al, 2004)

In this essay I will consider the role of the keyworker in supporting families. I will address how each part of the role is fulfilled and, from a manager's point of view, how keyworkers are supported in order to fulfil their role and achieve the best outcomes for families. The essay will identify, from our experience in Pembrokeshire, what works well and what causes difficulties, and will consider the role of the voluntary sector in managing a Keyworker Service.

### The role of the key worker

I see the role of the keyworker as having four elements:

1. Emotional support to all family members.
2. Giving information and advice.
3. Co-ordinating service planning and provision.
4. Advocating and mediating on behalf of the family.

### Emotional support

Before a worker can be supportive to a family, they have to get to know the family and develop a relationship of trust. Keyworkers are encouraged to do this by spending time listening to each family and trying to understand the family's situation from the family's own perspective. Professor Hilton Davis provides a useful framework for engaging with and supporting families (Davis, 2002). In our Service, keyworkers have contact with all family members, not just the main carer. They see the disabled child in a variety of settings which can include home, school, short-break facility and play scheme. They talk to other professionals involved with the family. Once they feel they have a clear picture of the child's and family's needs, they make a written account and share it with the family. We use an adapted version of the Framework for the Assessment of Children in Need and their Families (England. Department of Health, 2000). There are clear advantages in agreeing needs in this way:

1. The family is reassured that their situation has been recognised.
2. The family can see that someone outside the family appreciates the love and care they show to their child.
3. The needs of the family are identified.
4. The strengths within the family are identified.



### Family-centred support: Lessons from a key worker service

*It made me feel I was doing OK as a mum even though it's not easy.*  
(A Pembrokeshire parent)

This early stage of getting to know the family is vital and forms the basis for all future work. Trust comes gradually and builds from the understanding developed at the start. It is important for families to be clear about the role of the keyworker. If they have an unrealistic expectation of what keyworkers do they will feel let down. Each professional who refers a family for the Service gives them a leaflet from the Centre which provides general information about the Keyworker Service to help the family decide if they want it. Then, on their first visit, their keyworker explains more about the role and gives the parents a leaflet called 'What Your Keyworker Can Do for You'. Trust between the keyworker and the family is built on respect and honesty. To help promote trust it is essential that the keyworker:

- has proactive contact with the family at a time and frequency that suits the family
- is reliable in returning telephone calls promptly
- does what has been agreed and reports any developments back to the family.

It is important that the family is not left wondering what is happening or feeling that they are being ignored. If mistakes are made or things forgotten, the keyworker should apologise honestly to the family and not become defensive. Parents understand that keyworkers are human and fallible and will have off-days, but parents do not appreciate being fobbed off or made to feel a nuisance.

Talking with the family about the impact of the child's disability is an important part of supporting the family. Family members might each experience things differently. Keyworkers can offer support to parents, brothers and sisters, and other family members if required. Many families become isolated from the wider family and friends and sometimes the keyworker is one of the few people they confide in. Not all family problems are focused on the disabled child. Once trust has developed, families often discuss other issues with their keyworker. Keyworkers in the Pembrokeshire Service have supported parents through relationship breakdowns, bereavements, debt problems and difficulties with their non-disabled children. While keyworkers are not necessarily trained counsellors, they are effective listeners and can point families in the right direction for further help if required.

Keyworkers need support for themselves because they are frequently hearing families' distress and trying to help and, at the same time, experiencing the same feelings of frustration and helplessness that many families feel. It is important that keyworkers have a manager with whom they can discuss their work so that they can share their feelings, seek advice and explore ways forward. Sometimes, in a close supportive relationship, it is difficult for the worker to see the wood for the trees. What they need then is someone who can be objective, ask pertinent questions and suggest alternatives. This is the role and responsibility of the Service Co-ordinator. This supervision relationship mirrors that of the keyworker/family relationship in that it too must be based on clear expectations, respect and trust. I offer supervision to all keyworkers individually on a four- to six-weekly basis depending on case-load size and the keyworker's level of



## Family-centred support: Lessons from a key worker service

experience. At these meetings, we discuss their work with the families for whom they are keyworker. Often it is simply a matter of the keyworker reporting what they are doing, but, if the worker is unsure about what services to suggest or what advice to give, we look at situations in more depth. Often there are no immediate solutions to problems, but the worker needs to offload their feelings just as parents do.

*I've never been in a situation of being formally supervised. In my last role I had supervision but now I know what supervision is, I didn't. It's excellent, you know. So there are, there are issues we go through, issues about key working generally and, you know, the team, the key working team and stuff, and then we go through the families if I need to, you know, I can go through every one of them and it's really useful to say look I'm at loggerheads here, which she'll say well have you tried doing that, you know.*

(A keyworker quoted in Greco et al, 2005)

### Information and advice

Keyworking provides support to families, but the process must be designed to empower them rather than create dependency. Information is power and a keyworker can empower parents by sharing information and knowledge with them. Parents of disabled children need information on a whole range of things that other parents will never need to know about. This can include the following:

- Information about their child's condition.
- Treatment options and how to manage the condition.
- The services that are available and how to access them.
- Entitlement to benefits.
- Where to get adapted clothes.
- Suitable holiday places.

Keyworkers cannot be the fount of all knowledge, but our motto is: 'If we don't know, we'll find a man who does'. The keyworker does not always have to make contacts on behalf of the family. She can instead simply give the parents the telephone number and a contact name so that they can find out for themselves. Sometimes though, parents hit a brick wall. Then it is their keyworker's job to be persistent and, if necessary, to be a nuisance until they get an answer. This way they remove frustration from the parents – but then experience it themselves!

*You ring and ring and it's always engaged. Then you get through and they haven't got your papers. So you ring again and it's someone else and they don't know what the other person told you. I lose my rag with them and shout and then they put the phone down on me.*

A Pembrokeshire parent.

The keyworker can show parents how best to deal with officials on the telephone by making calls with the family present. The father quoted above has now learnt strategies for dealing with his benefit problems without losing his temper. Keyworkers can explain processes to parents. Each agency's particular way of doing things can appear as a maze of bureaucracy to even the most capable of



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parents. The keyworker can help by explaining the route that has to be taken in order to get what is needed. Keyworkers offer advice in the sense of helping families get good information about particular issues and then, if the family wants, helping them think the issue through before coming to their own decision. Keyworkers do not suggest what families should or should not do.

Keyworkers need support with information-giving. A keyworker from a health background may know lots about different conditions and about how to access health services, but feel at a loss with Educational Statementing or housing adaptations. This is why training for keyworkers is so important. In addition to the core training, about the role of a keyworker and parents' perspective of caring for a disabled child, the keyworker needs information about services available, about the systems used to access services and about new developments. As Service Co-ordinator, I run monthly half-day workshops for the keyworkers. We usually have a presentation from a local expert on such topics as hearing impairment, housing adaptations, benefit changes, Direct Payments, hospices, etc. These sessions are an opportunity for workers to get together to support each other and share their knowledge and expertise. The benefit of having such a mixed team is that their combined knowledge is extensive. We now know each other's areas of expertise and workers often ring each other up for advice.

### Co-ordination

The involvement of different agencies and various professionals with a family create a complex network and make miscommunication and misunderstandings highly likely. Each professional involved wants to do their best for the child but if they are only aware of their own input and do not see the full picture, they can inadvertently add to the overall pressure on the family. This is why co-ordination is an important part of the keyworker role.

*My last two respite sessions were cancelled at very short notice because both people went on holiday or something. And we've had a crisis this week because Hywel's escort couldn't take him to school because she couldn't cope with his behaviour. But nobody else knows that, because there's no co-ordination. I'm the only one who knows it. (Blackmore, 2000)*

The mother quoted here had been trying to co-ordinate services for her severely autistic son and had found it impossible and very time-consuming. In my view co-ordination is about clear unambiguous communication. If there is a written plan, everyone involved will know what they are doing and what everyone else is doing. The parents can easily see how it all fits together to meet the needs of their child and family. To this end we have developed a process of co-ordination that begins with the identified needs of child and family and draws up a written Family Support Plan that is circulated to all. The keyworker is then responsible for monitoring the plan and arranging regular reviews. We offer six-monthly reviews but these can be more frequent if required, with a maximum time between plans of twelve months.



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The best way to draw up a Family Support Plan is in a meeting with everyone involved. The keyworker plans the meeting with the parents at a venue and time of their choice, and agrees with them who should be invited and what the important issues are for discussion. We have held meetings at the family home, school, children's centre, residential short-break centre, etc. Many families choose to combine the planning meeting with the annual Educational Statementing Review, if the school is in agreement. Sometimes compromises have to be made. For instance, having the meeting in the family home might mean the class teacher cannot attend. This will have to be taken into consideration in the planning. It is often impossible to find a time that suits everyone. Prior to the meeting the keyworker checks who is attending and speaks to those who cannot attend so that their information can be given to the meeting and their future involvement added to the plan.

*This meeting is very important, as it is one of the few times that most people concerned with Victoria are all together. I felt I could say what I wanted and ask anything I wanted.*  
(A Pembrokeshire parent)

Some parents find meetings too threatening no matter how carefully they are arranged. In these cases the keyworker will draw up a plan by speaking to professionals individually, discussing the family's issues with them, agreeing their future involvement and then incorporating their work into the plan. The draft plan will be shared with the parents and, if agreed, circulated to all. When we first started arranging planning meetings, we asked for parents' views of them in a questionnaire sent out with each plan. Generally the response was very positive.

One of the difficulties in a remote rural area is that specialist medical treatment might be delivered at hospitals many miles away. Although professionals at these hospitals cannot travel to attend the planning meeting, the keyworker will speak to them before the meeting and afterwards send them a copy of the agreed plan. In quite a few cases this has improved communication generally between the specialist service and the community service. Some hospital consultants now, with permission of the family, copy the keyworker into all their correspondence on the child.

As Service Co-ordinator, I try to chair as many planning meetings as possible, both to ensure consistency of standards and to prevent the planning meeting being process-driven. The documentation we use for planning is as simple and as straightforward as possible, but there is a tendency for most people, once given a form to use, to feel compelled to complete it. In our Keyworker Service there is no such compulsion. I feel very strongly that everything we do on the Keyworker Service should be of benefit to the family and should not be done just for the sake of completing the correct paperwork. In supervision with workers I check that the family are happy with the way the process works and encourage workers to be innovative when, for instance, parents do not have adequate literacy skills or find talking in a meeting difficult. We have regular team workshops when we discuss our Keyworking Process to explore how we can maintain high standards whilst, at the same time, being flexible and family-



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friendly. The process and documentation must be seen only as useful tools, not ends in themselves.

### **Advocacy and mediation**

A large part of each keyworker's role involves advocacy (with a small 'a') and mediation. A keyworker will advocate on the family's behalf when they are not receiving something to which they are entitled. They will mediate when there are disputes between other professionals and the family to increase mutual understanding and reach a solution that is satisfactory to both parties. The number of agencies involved with children who are disabled, coupled with shortages of resources, means that families have to struggle to get their needs met. Keyworkers will help families in their dealings with all agencies, both local and national. The bulk of our advocacy work is with agencies that do not attend planning meetings, e.g. Benefits, Housing and Transport. A large part of the mediation work is with schools. Not all parents are comfortable in a school setting and need support in order to express their views or concerns to teachers. An example: A family with a young boy with severe Spina Bifida was referred for a keyworker. One of the reasons for referral was a breakdown in relationships between the school and parents. Parents came from a travelling background and had received very little formal education. Teachers found the father very intimidating and there had been quite a few confrontations between father and school. The child was showing signs of anxiety whenever his dad met a teacher. When the keyworker first became involved she acted as the go-between, explaining the teachers' views to the parents and the parents' to the school. As the parents came to trust her she persuaded them to attend their first ever annual Statementing Review and, over time, the relationship with the school improved beyond all recognition.

Teenagers have their own agenda – which is not always the same as their parents'. Keyworkers of teenagers need to spend time finding out what the young person wants and, if necessary, mediating with parent or parents to reach a compromise that satisfies all the family. An example: One young man with uncontrolled epilepsy hated school and was insistent on leaving at sixteen. His preferred plan was to stay at home with his parents where he felt safe. His parents felt he should have some further education so that he would not become completely isolated within the family and, also, to meet their needs as carers. The keyworker encouraged John to visit the local College of Further Education where he has now settled happily. She also built on his enjoyment of football by suggesting using Direct Payments to pay young men on the college football team to take John out socially. The keyworker arranged epilepsy training for these support workers. As the football team got to know him and his needs, John's social life expanded way beyond the time paid for, and he has more friends now than he has ever had.

Advocacy and mediation require keyworkers to have diplomacy and negotiation skills. Sometimes a keyworker can feel angry on behalf of the family but must keep these feelings in check in order to obtain the best outcome for them. The



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keyworker has to maintain good working relationships with all agencies and professionals involved. Discussion about inter-agency and inter-professional relationships takes up a great deal of supervision time. Keyworkers find it particularly difficult to advocate against their own agency. Although they may be clear that they are acting in their role as keyworker rather than their usual role, their line manager and colleagues may not understand and then tensions can arise. When these situations occur I feel it is my responsibility as Service Co-ordinator to negotiate on behalf of the family with the relevant agency manager. In these situations, managers of Keyworker Services who are based in the voluntary sector have the clear advantage of being independent of the other agencies

### **The role of the voluntary sector**

It is unusual for the management of a Keyworker Service to be in the hands of a voluntary sector organisation. I believe that the advantages brought by increased independence greatly outweigh any disadvantages. Parents in particular feel very comfortable using the Service as they do not then experience the stigma that can sometimes be associated with statutory services. Parents who are not receiving the services they need value that their keyworker does not have to adopt the 'company line'. It is also unusual to have both designated and contributed keyworkers within the same service. In Pembrokeshire it works well, though initially it was a pragmatic arrangement to enable us to offer the Service to as many families as possible. The combination enables a large number of families to be supported, while maintaining a manageable supervision and support task for the Service Co-ordinator. Also, the contributed keyworkers bring a wide range of knowledge and skills to the team.

### **Lessons learnt**

The lessons we have learnt over the past four years are very much in line with the findings of the recently published research by the Social Policy and Research Unit at York University (Greco et al, 2005). The level of family satisfaction with a service was related to keyworkers undertaking all aspects of the role. The research found that this happened most consistently when keyworkers received regular training and supervision. As Manager of the Pembrokeshire Keyworker Service, I have learnt the following:

1. Keyworkers must work in partnership with families to the family's agenda, and not to any agency's agenda.
2. It is essential that contributed keyworkers are willing volunteers to the Service so that they will be committed and enthusiastic.
3. There must be a planning process with simple documentation that is flexible and that can be fine-tuned to individual families.
4. Keyworkers must be encouraged to be proactive with families.
5. It is essential that keyworkers have the necessary knowledge and skills to do the job.
6. As Service Co-ordinator, I have to be prepared to step in to support keyworkers when the going gets tough.



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7. I need to check with families regularly that the Service is meeting their needs.
8. I have to work with other planning systems, e.g. Statement Reviews, to avoid duplication.
9. I must communicate, communicate, communicate.

There is no single perfect model of keyworking that is suitable for all situations and locations. However, it is possible to design a Keyworker Service that is right for any locality and fits with local services if there is effective consultation at the planning stage and good support from all three agencies (health, education and social care). If the Service is developed in line with CCNUK standards and the keyworkers are committed and well supported, it will be valued by families and professionals alike.

*Key workers' collaborative work with other agencies and professionals and with schools facilitated access to appropriate support for children and their families, and families particularly appreciated key workers taking a holistic approach to family needs. (Greco et al, 2005)*

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