

# Keyworking Function Guidance

The Council for Disabled Children have developed this document with NHS England and Health Education England to support the set up and roll out of Keyworking pilots across the regions.

It has been designed through extensive consultation and co-production with key stakeholders including parents, young people, Learning Disability and Autism commissioners and service leads.

The guidance is designed to support pilots in their planning, delivery and testing of the Learning Disability and Autism keyworker function. It will be refined on the basis of the pilot areas' experience and evaluation.

Our thanks go to all those who gave up their time to input into its development and particular thanks to those that took part in stakeholder engagement workshops.

# Contents

|  |           |
|--|-----------|
| <b>Overview</b> .....  | <b>2</b>  |
| <b>Learning from existing models</b> .....                           | <b>3</b>  |
| <b>Vision, mission and objectives of a Keyworking function</b> ..... | <b>5</b>  |
| <b>System requirements, activities, outputs and outcomes</b> .....   | <b>6</b>  |
| <b>System requirements</b> .....                                     | <b>6</b>  |
| <b>Activities of the Keyworking function</b> .....                   | <b>7</b>  |
| <b>National Objectives (Outputs)</b> .....                           | <b>9</b>  |
| <b>Service/system level outcomes (short-term)</b> .....              | <b>10</b> |
| <b>Outcomes for children, young people and their families</b> .....  | <b>10</b> |
| <b>Logic Models</b> .....  | <b>11</b> |
| <b>For children, young people, and their families</b> .....          | <b>11</b> |
| <b>System logic model</b> .....                                      | <b>13</b> |

# Overview

The Keyworking Function has been developed as a response to the NHS England & NHS Improvement Long Term Plan (LTP) commitment that by 2023/24, children and young people with a learning disability, autism or both, with the most complex needs will have a designated Keyworker: implementing the recommendations made by Dame Christine Lenehan. Initially, Keyworker support will be provided to children and young people with learning disability, autism or both, who are inpatients or at risk of being admitted to hospital, but It is envisaged that support will also be extended to those who face multiple vulnerabilities such as looked after and adopted children, and children and young people in transition between services. This links closely to other commitments in the Long Term Plan, including the ambition to move towards service models for young people that offer person-centred and age appropriate care for mental and physical health needs, with a needs-based approach – instead of age-based – to transition to adult services.

Systems for supporting these children, young people and families in local areas can be complex. Where they are not well joined up, children and families can fall through the gaps. They may struggle to find the help they need at the right time, of a high quality. There may be long waiting lists or eligibility criteria that make finding the right support at the right time hard to find. Where crises happen and help is not available locally, children and young people with a learning disability, autism or both may end up in Tier 4 mental health settings that are not always well placed to meet their needs. They are also at risk of getting stuck and staying there longer than necessary. A Keyworking function is seen as being an important response to ensuring children and families get the right support at the time and

that local systems are responsive to meeting their needs in a holistic and joined up way.

Based on a review of existing models, consultation with the sector, and consulting with parent carers and young people representatives, on what matters most to them, this function guidance provides a set of guiding principles and practices, which act as a template for the development of the function at a local level. It outlines the core functions of the Keyworking function, and the desired outcomes against which each area will need to report.

Based on the findings of the review, and on feedback from practitioners and professionals across the system, as well as from parent carers, the overall vision has moved towards a 'Keyworking' function and away from the original development of a 'Keyworker' job description.

The function model is designed to allow areas to develop a more flexible, self-directed approach to Keyworking which will better enable them to meet nationally agreed objectives. For instance, an area may have a Keyworking function that can be further developed, or the area might have a preferred way of implementing Keyworking based on local factors, i.e. the local health and social care system and existing workforce.

This function will continue to develop over the course of the pilot period in 2020 - 2022, with specific and measurable outcomes being realised for the purposes of the commissioning roll out. This document should act as a guide for the early development of services.

# Learning from existing models

In order to inform the development of the function over the pilot period, a review of a number of existing Keyworking models was conducted. Key themes from the review have been compiled and are detailed below.

During this review, a series of system requirements were identified as important to the functioning of Keyworking models in different local areas and regions. By 'System requirement', we mean a feature of a local health and social care system that is external to the Keyworking function, but has been identified as extremely relevant and as a key enabler in Keyworking model successes to date.

## **System requirements that were highlighted by existing models:**

- A multi-agency commitment to Keyworking
- Use of robust, up-to-date dynamic support registers (DSRs) to support earlier identification of needs of at-risk children and young people;<sup>1</sup>
- The need for the appropriate level of community provision, to allow the Keyworking function to gradually 'step-down' involvement and facilitate the child/young person to be supported in the community.

A series of function characteristics were also identified. These might be described as the key defining features, that existing practice and consultation have told us are central to the delivery of the Keyworking function.

## **Function characteristics highlighted by existing models:**

- Delivery of flexible, personalised and child-centred support, to ensure the complex and often varying needs of children, young people and their families are met;
- Flexible duration of Keyworking function involvement and step down process, to ensure continuity of the right system of community services and support to meet the child/young person's needs once Keyworking involvement ceases;
- Supporting families to access Personal Budgets, to enable greater choice and control over their child/young person's care;
- Cross-system function with an ability to build relationships and support co-ordination across the system;
- Role seniority and holding services across the system to account;
- Flexible service hours and sufficient out of hours provision, to support the flexible, personalised nature of Keyworking support provided;

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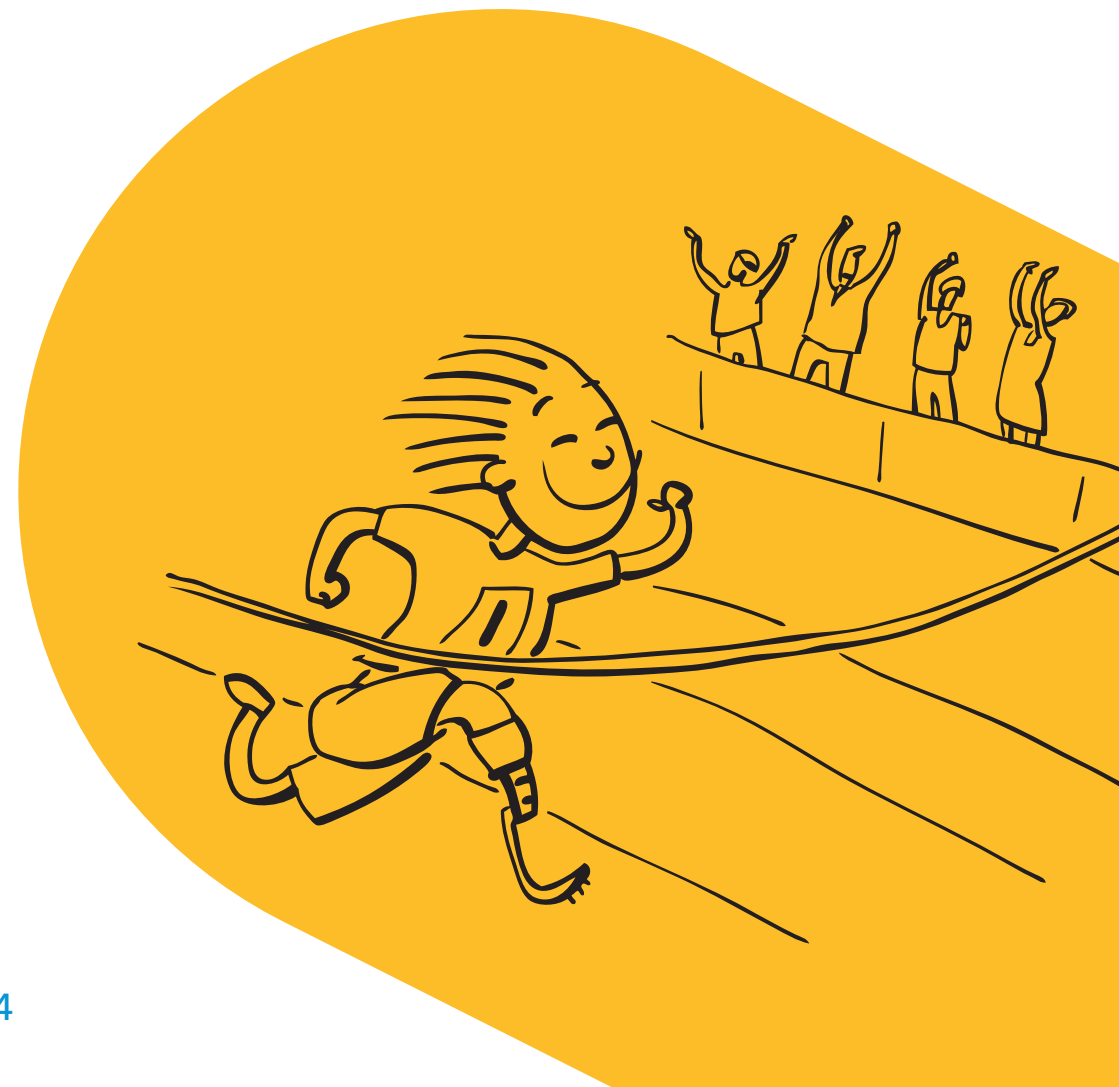
1. Across all approaches looked at through the research, the interview findings demonstrate that the key worker role is best supported by a functioning, robust and up-to-date local dynamic support register. This is particularly important where the duration of a key worker's likely involvement with a family is determined through the three-monthly CETR review process.

- Manageable caseloads for flexible, personalised support.

Through interviews and consultations with a number of existing areas that already deliver a Keyworking function, a series of staff / delivery team competencies were also identified. These competencies were also tested and added to through the wider consultation process, incorporating the reviews of professional, parent carers and young people. Areas with an existing delivery model, that did not already have these competencies within the team, saw them as vital additions if the Keyworking function was to be continued or expanded.

#### **Staff/delivery team competencies:**

- Strong, holistic understanding of the education, health and care system to fulfil Keyworking function of holding services to account;
- Legislative knowledge and awareness of locally available provision, as well as how to apply in practice;
- Experience of working with children and/or young people with learning disability, autism or both and complex needs and their families;
- Strong understanding of children's mental health and human rights



# Vision, mission and objectives of a Keyworking function

At the start of the scoping process for this function, it was originally envisaged that Keyworking in this context would be fulfilled by a role/person. However, through the consultation process and in reviewing existing models, it became clear that the requirements of this role could be met in part by a number of existing roles or teams and therefore seemed more logically to work as a function rather than a role. It was also felt that each local area would have different requirements and existing infrastructure, so the adoption of the self-directed approach to local implementation offered the maximum flexibility for areas, allowing them to build on existing resource.

Based on this intelligence, the updated vision, mission and objectives are as follows.

**The vision is:** Children and young people with a learning disability, autism or both with the most complex needs will have a designated Keyworker.

**The mission is:** To facilitate the development and implementation of a Keyworking function at a local level by:

- Developing a cross-system function, with ability to build relationships and access resources from across the system;
- Ensuring an appropriate level of provision is in place and accessible to the children and young people who need it, when they need it;
- Embedding a support service to manage crises and support community living;

- Improving the use of data from dynamic support registers to ensure timely identification of young people for support and to inform the commissioning of preventative services.

## The overarching objectives are:

- Improve children and young people's lived experience so they feel;
  - safe and happy
  - listened to, informed and involved
  - involved in their plans, care and support
- Improve parent/carers & families's lived experience so they
  - have reduced stress and uncertainty
  - are more stable feel listened to, informed and involved
- Improving access;
  - Timely access to the right personalised support
  - Assessment, care and support are integrated across education, health, social care and voluntary, community services
  - Continuity of care and support
  - Well planned and well managed transitions
- Improving quality of care.
  - Reasonably adjusted support
  - Reducing inequalities
  - Implementation of Care and Education Treatment Review (CETR) recommendations
  - Outcomes agreed with young person and family

# System requirements, activities, outputs and outcomes

It is envisaged that the implementation of an effective Keyworking function will effect change at both system level and individual levels.

## System requirements

Bearing in mind the need to adapt to the local context, the following have been identified as key enablers for the success of a Keyworking function:

- A shared multi-agency commitment to the Keyworking function and to coproduction;
- A function that has clear links to a high level of influence, empowered to challenge and hold the system to account where necessary;
- Sufficient access to sources of funding to support interventions where these are considered necessary and unable to be accommodated within existing services;
- A clear and commonly defined purpose for the function that offers the flexibility of interpretation for the specific needs of the child or young person and their families;
- The facilitation and formalisation of cross team/sector buy-in to support the delivery of the Keyworking function. Access to additional expertise and resource where required;
- A sufficient workforce with the appropriate level of knowledge and competencies to deliver against the desired outcomes;
- A mechanism for raising awareness across the system in terms of the nature and objectives of the function;
- Clearly defined entry and exit points into the services that are provided by the Keyworking function which facilitate continuity of care; the dynamic support register should be the primary route into the keyworking service with additional arrangements for consent issues or where admission occurs without inclusion on the dynamic support register.
- A dynamic support register that monitors whether processes are completed and tracks the journey of the child or young person;
- Cross system dynamic support processes which are effective at early identification, gathering information from schools and higher education, and which are sighted on key transition points;
- A robust local area emergency protocol for those occasions outside normal working hours or where it is not possible to mobilise a CETR panel sufficiently quickly prior to, or to prevent admission;
- A cross system escalation process where senior leadership support is required to achieve progress;
- Accountable senior leaders in education, health and care should be named or an SRO nominated on behalf of the three agencies;
- A commitment to measure the impact of the role.

## Activities of the Keyworking function

Some of the key activities of a Keyworking function are described below. These may vary between localities based on existing provisions and services in place. As an example, the activities have been broadly mapped against a number of processes but this is neither prescriptive nor exhaustive. Rather, these are a guide to a minimum set of activities that should be undertaken to support children, young people and their families:

| Activity of Keyworking Function   | Example Process                        |
|---|--|
| <ul style="list-style-type: none"> <li>● Support and empower children, young people and their family to navigate the system - develop and sustain effective, positive working relationships with children, parents and/or carers; sitting alongside them during times of crisis.</li> <li>● Identify at-risk children/young people and their families from the dynamic risk/support register (DSR);</li> <li>● Work across system/services to ensure these respond/react to needs when required.</li> </ul>   | <p><b>Identification</b></p>           |
| <ul style="list-style-type: none"> <li>● Streamlining and coordinating assessments;</li> <li>● Reviewing and collating already available information and identifying any gaps which need to be addressed:</li> <li>● Work with the family and the child or young person to develop a personalised plan.</li> </ul>  | <p><b>Assessment</b></p>               |
| <ul style="list-style-type: none"> <li>● Develop effective strategic partnerships, particularly within and between children’s health, social care, education, school and the youth justice system, that successfully influence appropriate multi-agency developments to cater for other needs of children and young people with complex needs who may be considered to be at high risk;</li> <li>● Have a clear grasp of the young person’s story and how they have arrived at crisis;</li> <li>● Represent the child or young person and their family/carers/advocate in required discussions around provision of care.</li> </ul> | <p><b>First Stage intervention</b></p> |



|   |  |
|---|--|
| <ul style="list-style-type: none"> <li>● Maintain/hold responsibility for continuity for the young person;</li> <li>● Link between health, education and social care services;</li> <li>● Identification of existing gaps in local and regional service provision.</li> </ul>   | <p style="text-align: center;"><b>Review</b></p>                   |
| <ul style="list-style-type: none"> <li>● Provide a link and support on effective Dynamic Registers and Care, Education and Treatment Reviews (CETRs);</li> <li>● Attend all key meetings;</li> <li>● Trouble shoot on behalf of family and the child or young person where required.</li> </ul>   | <p style="text-align: center;"><b>Dynamic support register</b></p> |
| <ul style="list-style-type: none"> <li>● Co-ordinate and implement intervention to prevent admission to in-patient settings where appropriate;</li> <li>● Facilitation of transition into, and out of, secure settings for young people to ensure minimum stay, providing support, advice and practical input as required;</li> <li>● Ensure CETR recommendations are implemented and flag any concerns, risks or quality issues to those responsible.</li> </ul>   | <p style="text-align: center;"><b>Crisis intervention</b></p>      |
| <ul style="list-style-type: none"> <li>● Keep track of young person's progress to gauge ongoing support requirements;</li> <li>● Represent and champion the young person, their family/carers/advocate in required discussions around provision of care;</li> <li>● Continued work with family and the child or young person to prevent readmission;</li> <li>● Facilitate the child or young person and their family to access appropriate ongoing support mechanisms, to enable step down from Keyworking when fully stable.</li> </ul> | <p style="text-align: center;"><b>Step-down and discharge</b></p>  |

## National Objectives (Outputs)

The overarching outputs, resulting from the adoption of a national approach to the introduction of a Keyworking function are:

- All children and young people with a learning disability, autism or both, in an inpatient setting, will have a named worker/Keyworker by 2024;
- All children and young people in the community, with a learning disability, autism or both with the most complex needs, identified as being at the greatest risk (via dynamic risk assessment Care, Education and Treatment Reviews) will have a named worker/Keyworker by 2024;
- The introduction of Keyworking functions across the country will result in reduced admissions for children and young people with a learning disability, autism or the most complex needs;
- Families, children and young people, will have received appropriate support in a timely fashion;
- Children and young people will be at the centre of decisions made;
- There will be a locality based, flexible approach to Keyworking which will ensure that all appropriately identified young people receive the same quality of input and follow-up, irrespective of their geographical location, or the nature of their existing placement;
- There will be effective formulation of the needs of high risk young people and this will be based on individual need rather than on system constraints;
- Contribute towards the provision of safe, timely and effective (evidence based / best practice) assessment and intervention;
- A shared language across services in relation to the Keyworking Function is established.



In order for the function to be successful, outcomes will need to be achieved at both the system level and directly for families, children and young people.

### **Service/system level outcomes (short-term)**

- An improvement in access routes to support;
- Timely access to the right personalised support;
- Assessment, care and support are integrated across education, health, social care and voluntary, community services;
- Continuity of care and support;
- Improved quality of the care and support available to children, young people and families
- Reasonably adjusted support;
- Implementation of Care and Education Treatment Review (CETR) recommendations.

### **Outcomes for children, young people and their families**

- Inequalities in access to support are reduced;
- Children and young people feel safe and happy;
- Children and young people feel listened to, informed and involved;
- Children and young people feel involved in their plans, care and support;
- Families experience a reduction in stress and uncertainty;
- Families experience an increase in stability;
- Families feel listened to, informed and involved.

# Logic Models

The following Logic Models illustrate examples of the inputs and activities required to deliver on the ambitions of the Keyworking function.

## Logic model for children, young people, and their families

| <b>Key principle</b>   | <b>Activities and enablers</b>   | <b>Outputs</b>  | <b>Children, young people &amp; families outcomes</b>  |
|--|--|---|--|
| <p>There is an emphasis upon joined up support and continuity of care for the child or young person and their family which places them at the centre</p> | <p>Develop and maintain a strong, positive relationship with the child or young person and their family through direct face-to-face support</p> <p>Local areas develop a flexible process for assigning Keyworkers to children and young people, taking into account team capacity, and interests and skills where possible</p> <p>Manageable caseload, to allow sufficient time for personalised support required</p> <p>Coordinating provision, care and assessments related to the child or young person, working with other agencies and services to ensure agreed actions are carried out- (inc. those agreed as part of CETRs)</p> | <p>A consistent relationship is established between the child or young person, their family and their Keyworker</p> <p>Individuals performing Keyworking functions are assigned flexibly</p> <p>Children, young people and their families get the personalised support they need</p> <p>The personal outcomes identified by the child or young person are reached</p> | <p>Children and young people and their families experience continuity of care and support that is joined up</p> <p>Children and young people feel safe and happy</p> <p>Parents feel that they are able to be parents, not having to chase and coordinate their child's care alone</p> |

| <p><b>Key principle</b></p>  | <p><b>Activities and enablers</b></p>  | <p><b>Outputs</b></p>   | <p><b>Children, young people &amp; families outcomes</b></p>  |
|--|--|---|---|
| <p>Handovers to existing services should be well-planned, well-managed and gradual</p> | <p>Duration of Keyworking function's involvement in a young person's life needs to be flexible and based on need</p> <p>Tracking the young person's progress on outcomes and facilitates a gradual 'step-down' programme where appropriate</p> <p>Local area develops an exit process for Keyworking function, clearly explained to families</p> <p>Develop simple pathways for re-entering Keyworking services where necessary, and reengagement with Keyworkers is continuously assessed (i.e. at CETR or EHCP review)</p> <p>There are sufficient community-based local services to hand-over to, which meet ongoing support needs of the child or young person</p> | <p>Children and young people receive greater levels of support for their transition back into the community</p> <p>Children and young people are less likely to re-enter inpatient settings; placement is less likely to break down</p> <p>A cycle of re-entering crisis points and/or inpatient facilities is broken</p> <p>Children, young people and their families do not become overly reliant on one professional, but are encouraged to develop self-management skills</p> | <p>Families/carers experience an increase in stability</p> <p>Families/carers feel more confident about their ability to cope</p> <p>Children and young people are less likely to enter or re-enter inpatient settings</p> <p>Children and young people experience safe and well-managed transitions</p> <p>Children and young people feel safe and happy</p> |

## System logic model

| <b>Key principle</b>   | <b>Activities and enablers</b>   | <b>Outputs</b>  | <b>System level outcomes</b>  |
|--|--|---|---|
| <p>There is a shared multi-agency commitment to Keyworking</p> | <p>Local areas agree clear processes for reporting back on the impact of Keyworking function</p> <p>Keyworking teams develop and strengthen effective strategic, multi-agency partnerships</p> <p>Local areas ensure that there are clear, multi-agency escalation policies and processes in place</p> <p>Local areas improve information-sharing between agencies, enabling Keyworking function to work across the system effectively</p> | <p>Enhanced mechanisms for reporting and impact measurement</p> <p>Inter-agency collaboration is enhanced</p> <p>A shared language in relation to the Keyworking function is established</p> <p>Any issues requiring escalation are resolved in a timely manner</p> <p>Improved information-sharing and access to children and young people's records when needed</p> | <p>Families/carers experience an increase in stability</p> <p>Families/carers feel more confident about their ability to cope</p> <p>Children and young people are less likely to enter or re-enter inpatient settings</p> <p>Children and young people experience safe and well-managed transitions</p> <p>Children and young people feel safe and happy</p> |

### **Key principle**

There is a commitment to maintaining comprehensive oversight of children and young people who are at risk of admission/re-admission to a Tier 4 inpatient unit

### **Activities and enablers**

Keyworking function provides an effective link to dynamic risk registers, CETRs and informs the commissioning of services

Local areas ensure that there is a robust, up-to-date dynamic risk register

Keyworker function includes following-up on any actions from CETRs to ensure they have been assigned, and that progress is being made

### **Outputs**

More robust mechanisms for monitoring children and young people at risk of admission

### **System level outcomes**

The quality of the care and support available to families and young people is improved

The Keyworking function facilitates timely access to the right personalised support

The Keyworking function ensures the implementation of CETR recommendations

### **Key principle**

The system is open to respond to the need for change, with services open to being held to account and challenged where necessary

There is a wider system of community-based support and services that is ready to 'step-up' to continue supporting the child, young person and their family

### **Activities and enablers**

Individuals challenge and hold services to account where necessary

Active planning for service commissioning and delivery takes place in partnership with the Keyworking function and their recommendations

Overseeing the quality of support within residential settings, and the quality of health interventions

Those undertaking Keyworking functions identify gaps in local and regional service provision, and evaluate what is/isn't working

### **Outputs**

Improved policies and processes within services and agencies

Gaps in local/regional provision are highlighted

### **System level outcomes**

The implementation of the Keyworking function leads to greater equality in accessing routes to support





## About the Council for Disabled Children

The Council for Disabled Children (CDC) is the umbrella body for the disabled children's sector with a membership of over 200 voluntary and community organisations and an active network of practitioners and policy-makers that spans education, health and social care. Their aim is to see a fully-inclusive society where disabled children and young people and those with special educational needs can lead full and happy childhoods and rewarding adult lives. They do this by working with the sector to find out what is and isn't working on the ground and use what they learn to influence policy and improve practice.

### **CDC hosts the following networks and projects:**

**Early Years SEND Partnership**

**IASS Network**

**Making Ourselves Heard**

**Special Educational Consortium**

**Transition Information Network**

CDC is proud to be part of the National Children's Bureau (NCB), a leading children's charity working to build a better childhood for every child.