The role of the keyworker and TAC meetings.
An introduction to Early Support and key working

Early Support:

• Is a way of working, underpinned by 10 principles
• Aim to improve the delivery of services for disabled children and young people and others with additional needs and their families
• Focuses on ensuring that service delivery is child, young person and family-centred
• Works to ensure services and practitioners work in partnership with children, young people and their families
• Enables services to coordinate better and provide families with a single point of contact and continuity of care and support through key working
Early Support principles – Full version

1. The uniqueness of children, young people and families is valued and provided for.
2. An integrated assessment, planning and review process is provided in partnership with children, young people and families.
3. Service delivery is holistic, co-ordinated, seamless and supported by key working.
4. Continuity of care is maintained through different stages of a child’s life and through preparation for adulthood.
5. Children and young people’s learning and development is monitored and promoted.
6. Children, young people and families are able to make informed choices.
7. Children, young people and families are able to live ‘ordinary lives’.
8. Children, young people and families are involved in shaping, developing and evaluating the services they use.
9. Multi-agency working practices and systems are integrated.
10. Children, young people and families can be confident the people working with them have appropriate training, skills, knowledge and experience.

Children, young people and families
These functions can be grouped

Emotional and practical support
- Providing emotional and practical support as part of a trusting relationship
- Enabling and empowering for decision making and the use of personal budgets

Coordination
- Coordinating practitioners and services around the child, young person and family
- Being a single point of regular and consistent contact
- Facilitating multi-agency meetings

Planning and assessment
- Supporting and facilitating a single planning and joint assessment process
- Identifying strengths and needs of family members

Information and specialist support
- Providing information and signposting
- Advocating on a child’s, young person’s and/or family’s behalf
- Facilitating clinical and social care seamlessly, integrated with specialist and universal services in an equality promoting approach
It may be easier to group them by process.

**Keyworker role**
- Providing emotional and practical support as part of a trusting relationship
- Enabling and empowering for decision making and the use of personal budgets
- Being a single point of regular and consistent contact
- Advocating on a child’s, young person’s and/or family’s behalf
- Providing information and signposting

**TAC meetings**
- Supporting and facilitating a single planning and joint assessment process
- Identifying strengths and needs of family members
- Advocating on a child’s, young person’s and/or family’s behalf
- Facilitating clinical and social care seamlessly, integrated with specialist and universal services in an equality promoting approach
- Enabling and empowering for decision making and the use of personal budgets
ES Coordinator

- Coordinating practitioners and services around the child, young person and family
- Facilitating multi-agency meetings
Why is the keyworker role important?
Jimmy’s story

The birth of a new baby is supposed to be a celebration, but the birth of Jimmy just wasn’t. He was whisked away by the midwife almost immediately. The first consultant said later that there had been some complications, something about a lack of oxygen, and Jimmy was put in an incubator. I couldn’t hold him. I could only sit and watch him through the glass. Another consultant mentioned something about possible brain damage and disability. Nobody really explained anything. I came back from seeing Jimmy to the ward one afternoon and there were some leaflets about brain damage on the bed. None of the nurses would tell me who had put them there. Nobody sat down and talked to me about it.

Jimmy was 9 months old when he was diagnosed with cerebral palsy. We saw a consultant paediatrician who had experience of working with children with cerebral palsy. In some ways we were lucky because she stayed constant in the early years and really got to know Jimmy.
I felt I could talk to her and when Jimmy was 18 months she made sure we were referred to speech and language therapy, and physiotherapy. This was to help with eating and drinking, as well as his balance. We also had to see a dietician, as well as an occupational therapist. We were given whole sets of exercises to help bring on his speech, and exercises to strengthen his legs and it took me all my time each day to keep up with everything I was supposed to be doing. Around this time, Jimmy was referred to the vision clinic and the hearing clinic to monitor his development in those areas as well.

Between weekly visits to all these clinics, and to the hospital for other checks, I felt like our lives were one big appointment after another. Our health visitor came every so often to check on us, as did the community children's nurse. They were both really nice but I never got the feeling they spoke much to each other as they often gave me different advice. We were also seeing a clinical psychologist to help with Jimmy’s behaviour, and had regular visits to our GP. We were on the waiting list for the wheelchair service because it didn’t look as though Jimmy was going to be able to walk very well, if at all.
It put a massive strain on my relationship. My partner John and I didn’t have time to do anything together. All our energy went into caring for Jimmy. John managed to keep working full time. Never in my life did I think I’d have to give up working. But my employer became less and less sympathetic as time went on. My time keeping was awful and I had to keep taking time off. It wasn’t just the cerebral palsy but the other health problems Jimmy had. He had to see a heart specialist and then he started having seizures and so was referred to the epilepsy clinic. By this point, we were also in contact with social services, although we weren’t allocated one specific person. They suggested I went to see a benefits adviser. I had to wait for six weeks to get an appointment but she took me through the Disabled Living Allowance form and made sure we applied for everything we were entitled to.

What I really wanted was to be able to send Jimmy to nursery, even for just a morning or so a week. I thought it would be good for him to play with other children.

When the time came, I felt like I was on my own again. I visited five nurseries before I found one willing to accept Jimmy. The first nursery manager said she wasn’t equipped to look after ‘one of those children’.
The others all said much the same: We don’t feel able, not enough staff, health and safety. As it turned out, the nursery nurses in the last nursery I visited had done some disability awareness training, and, most importantly, the manager and the staff were willing to listen to me. They didn’t treat me like I had some contagious disease.

Nobody working with us had thought to refer us to portage who could have offered support with this, as well as helping with Jimmy’s development. I only found out from one of the family support workers at a local parents’ group that I could make a referral myself.

Don’t get me wrong, I like most of the people working with my family. I know they are here to help. But they are all so busy and never seem to know what each other is doing. I find myself saying the same thing over and over again to different people.

What my family really needs is someone to co-ordinate everything. What we really need is key working.
“In the early days it was like living in a fish bowl, people looking in on our lives, appointments here and appointments there, knocks on the front door with another professional asking us the same questions about our son. Enlightenment came in the form of our speech therapist who took on the role of care co-ordinator. She was our liberator, she knew the family well, she helped organise and plan and was someone to whom I could express my feelings during times of difficulty. It made, and still does make, a huge difference.”
It has only been two months since we have had this key person taking some responsibility and listening to our concerns and liaising with other agencies but the transformation for myself, my husband, and our children has been huge. We can now focus on how to improve family life and feel so much less stressed because of this.
“Parents with disabled children are likely to face higher levels of stress and they value the practical and emotional support of a key worker. Key workers can help to reduce this stress, help parents to navigate through the system and help them to agree the right support for their child. Most Local Authorities are already using key working to some extent. Although some Local Authorities use dedicated key workers, most train professionals who are already in contact with a family such as a health visitor or social worker, to act as a key worker”.

Support and aspiration: A new approach to special educational needs and disability (DfE 2011)
What skills do you need?

- Listening

  *Remember to explore what parent’s priorities are and check you have understood what they have told you.*

- Mutual respect

- Non-judgemental

- Ability to supportively challenge parents

- Ability to lock out your own assumptions about what parents need

- Local knowledge of services

- Knowledge of specific conditions

*But remember that parents are the experts about their children!*
What do you need to do?

Initially

- Build a relationship with the family so you know their priorities and family set up
- They might want your help filling in the ‘Introducing Ourselves’ part of the Family File
- Help to signpost them to useful services

Before the TAC

- Before the TAC meeting share the list of professionals to be invited with the parents and ask if it is accurate and whether there is anyone else that they would like invited
- Ensure the family understand the TAC meeting process and the Family Service Plan that will be produced
• Meet with the parents prior to the TAC meeting and identify what their priorities are and what they want to cover at the meeting. It would be beneficial to have this in writing.

**During the TAC**

• Support parents during the meeting. This may include reminding what they want to discuss

• If professionals start to speak jargon challenge them and ensure parents understand

**After the TAC**

• Ensure parents have understood what has been discussed

• A month after the TAC check with parents / professionals that the actions are underway

**Ongoing**

• Signposting and support