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Implementing key worker services: a case study of promoting evidence-based practice

The failure of research findings to influence practice is well established, particularly in the field of social care. Provision of information alone rarely results in change. A project recently completed by the Social Policy Research Unit, University of York, took an innovative approach to the issue of translating research into practice. The project found:

On implementing change:

- f** Incorporating what is known about change management and theories on supporting the creation of effective working groups was essential to the success of the project.
- f** The implementation of multi-agency change was assisted by: the use of external facilitators; time out for planning meetings; drawing up detailed action plans; commitment from managers in all agencies; and effective communication between all those involved in the project.

On the key worker service:

- f** For families, the distinguishing features of 'good' key workers were: proactive contact; a supportive, open relationship; a holistic family-centred approach; working across agencies; working with families' strengths and ways of coping; and working for the family as opposed to the agency. When these elements were in place, families clearly felt the service was beneficial and offered a different form of support from other services they received.
- f** Parents reported that not all professionals identified as key workers had truly assumed the key worker role.
- f** Some practitioners experienced difficulties in taking on the key worker role. A clear understanding of the role and protected time to carry it out were important.
- f** A supportive multi-agency organisational context, and on-going training, supervision and monitoring of key workers were the important elements in ensuring a consistent service.

Background

The failure of research to influence practice is striking. Efforts by researchers to bring about evidence-based practice have often concentrated on disseminating research findings, but information alone is rarely sufficient. A considerable literature now exists on change management, and it is clear that efforts to promote evidence-based practice can gain from incorporating what is known about implementing change. This is particularly relevant to the introduction of a multi-agency service, since it involves change at the individual, intra- and inter-organisational levels.

In the area of services for disabled children, for over 20 years both research and policy recommendations have acknowledged the need for families to have a multi-agency 'key' or 'link' worker. Research has shown the positive effects for families yet still less than a third of families of disabled children have such a service. Even when such a service is available, it is often on an *ad hoc* basis, relying on the initiative of an individual professional.

The research team worked in partnership with representatives from health, education, social services and voluntary agencies in two areas to plan, implement, monitor and evaluate pilot key worker services. Managers from the two areas were interested in developing the key worker service and took responsibility for it. The research team acted as facilitators.

The approach

The research team's approach was non-prescriptive and facilitative. A multi-agency steering group of staff in each site worked with the research team over the course of two years. The steering groups' expertise in developing and managing services was stressed. The research team worked with the sites through a series of four workshops, supplemented by telephone contact and occasional site visits.

The tasks for the steering groups were:

- to form multi-agency working groups and develop plans for a pilot key worker service;
- to review progress on plans, and refine them for the implementation of the pilot services;
- to review implementation and what had been learnt;
- to draw up guidelines and plan for the future.

The project defined a key worker as:

A named person whom the parent approaches for advice about any problem related to the disabled child. The key worker has responsibility for collaborating with professionals from their own and other services. Workers performing this role may come from a number of different agencies, depending on the particular needs of the child.

Each staff member chosen to act as a key worker worked with one family, in addition to their normal role. These staff members came from a variety of backgrounds. Key workers worked in five main spheres of support: emotional support; information and advice to the family; identifying and addressing needs; advocacy; and service co-ordination. In these activities, this involved liaising with other professionals both within their own agency and in other agencies. The extent to which a key worker undertook these activities depended upon the family's needs and strengths. This highlights the need for key working to adopt a flexible, individualistic approach.

Research findings on key worker services - as well as on managing change in organisations, facilitating joint working and forming effective groups - were used in planning and running workshops. Information was communicated at the point it was relevant and meaningful. Participants were encouraged to take a learning approach to implementation, reflecting on progress and reviewing plans accordingly.

Promoting change and multi-agency working

Both sites planned and implemented pilot multi-agency key worker services. At the end of the project, the sites' steering groups identified key factors which contributed to the success of the project:

- 'time out' for people from different agencies who will steer the service to come together, get to know each other, and work together as a group;
- external facilitators to promote this and to draw attention to group processes;
- detailed action plans at an individual and agency level;
- commitment from managers in all agencies, including: direct involvement in steering groups; championing and promoting the service; and driving the project forward;
- effective communication with all those involved in the project throughout the development and implementation of the service.

Parents' views of the service

Parents felt that not all professionals identified as key workers had truly assumed the role. Some very consistent themes emerged from parents' accounts of what they saw as a positive experience of key working:

- Pro-active regular contact initiated by the key worker. This was highly valued and central to whether or not parents perceived themselves as truly having received a key worker service.
- A supportive, open relationship between the key worker and the parents.
- A family-centred approach, acknowledging and exploring the needs of all family members, not just the child.
- Working across agencies.
- Working with families' strengths and preferred ways of coping, negotiating the input needed from the key worker.
- Working for the family rather than for an agency or within a specific professional role. This was important as it determined the key worker's ability to act as an advocate for the family.

Supporting a good key worker service

Evaluation of the pilot services showed that the service provided by key workers varied both between the two sites *and* within each area. Reasons why practitioners had difficulty taking on the role included: not having sufficient time, particularly for making home visits and liaising with other professionals; problems organising cover during maternity and sick leave; the confusion caused by being involved with a family as a key worker and in another professional capacity; and not understanding the key worker role or the type of support they were expected to offer to families. Key workers acknowledged two advantages to taking on the role; improvements in multi-agency working and in relationships with families.

Managers involved in the implementation felt that it had been an extremely valuable venture and learning experience. In both areas, they are committed to incorporating a key worker service as part of the support they offer to families with a disabled child.

It was clear that the ability of the key worker to take on the role depended on two factors:

- First, there needed to be some existing degree of joint working, and a commitment to promote and support multi-agency working. While key working may well maximise multi-agency working, it cannot make it happen.

- Second, key workers had initial and ongoing training and supervision needs. This was facilitated in one site by appointing a co-ordinator of the service. On reflection, both sites felt that such a co-ordinator was essential. Providing some supervision in multi-agency groups was useful in allowing key workers to learn from each other.

Lessons for best practice

The two areas took different approaches to implementing the service. Drawing on the successes and difficulties encountered in the two areas, the researchers and the steering groups conclude that others wishing to implement key worker services need to address the following:

Contexts and resources

- Some degree of joint working between key statutory agencies needs to be in place before setting up a multi-agency service.
- Any necessary funding needs to be secured in the early stages of implementation.
- All agencies, and departments within relevant agencies, need to be committed to the concept.

Planning the service

- Steering groups need to be firmly rooted within the organisations to ensure that when one person leaves the group their place is taken by someone else.
- All the key stakeholders need to be kept fully informed and, where appropriate, involved in planning and developing the key worker service.
- A very clear model of the key worker service and job description should be developed.
- The constraints that certain occupations or professions place on an individual's ability to be a key worker should be taken into consideration.

Supporting key working

- A co-ordinator with responsibility for day-to-day management of the service, including the organisation of training and supervision, is essential.
- Providing some supervision in multi-agency groups is valuable.
- Key workers need to be given protected time for their role. Staff who take on the key worker role need to go through a selection process to ensure they have appropriate personal qualities and to identify any training needs.
- There needs to be an acceptance across all organisations 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.

Conclusion

This project supports the growing argument that research evidence alone - however attractively or persuasively presented - is not enough to promote change even where that change is desired. Other resources are equally important. In the case of this project resources such as adequate 'time out' for planning and reviewing progress, an awareness of (and addressing) issues surrounding multi-agency group working, and the involvement of external facilitators were key to putting evidence into practice. While these sorts of resources may not always be available, there are other ways in which researchers can more effectively bridge the research-practice gap. In particular, participants in this project suggested providing resource packs which could be used by a

local 'champion' to promote a specific change. This pack might include details of relevant research and change management; suggested workshop structures (including materials such as overheads); templates of action plans; and a list of contacts with authorities who already have implemented the desired change. Such a pack will be produced for this project.

About the study

The project took place over two years and involved researchers working with managers and practitioners drawn from health, education, social services, and voluntary agencies in Middlesbrough and North East Lincolnshire. Pilot services, involving a total 27 key workers, were developed and implemented across the two areas. Researchers monitored the implementation process throughout. Towards the end of the project, the pilot services were evaluated via interviews with key workers, parents, and managers.

How to get further information

Two reports on this project are available:

Real change not rhetoric: Putting research into practice in multi-agency services, by Patricia Sloper, Suzanne Mukherjee, Bryony Beresford, Jane Lightfoot and Patricia Norris, is published for the Foundation in late November by The Policy Press (ISBN 1 86134 207 1, price £12.95). This describes the project's innovative approach to implementing evidence-based change in a multi-agency context. This report will be of interest to those responsible for promoting and implementing service changes which involve inter-agency working, and researchers who wish to consider different ways of working with services to implement research findings.

Unlocking key working: An analysis and evaluation of key worker services for families with disabled children, by Suzanne Mukherjee, Bryony Beresford and Patricia Sloper, is also published for the Foundation by The Policy Press as part of the Community Care into Practice series in early December (ISBN 1 86134 208 X, price £13.95). It will be of interest to managers and practitioners concerned specifically with the development and implementation of key worker services.

Quality Protects Research Briefing No.3, London: Department of Health. Sloper, P. (2004) Facilitators and barriers for coordinated multi-agency services, *Child, Care, Health and Development*, 30, 571-80. 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. Sloper, P. and Turner, S. (1992) Service needs of children with severe physical disability, *Child: Care, Health and Development*, 18, 259-82. Stone, E. (2001) *Consulting with Disabled Children and Young People*, York: Joseph Rowntree Foundation. Action research into improvement in local children's services. Final research report, Spring 2016. We carried out visits to each of these nine local areas, and engaged senior children's services leaders in two sets of action research workshops. As well as informing the findings set out in this report, these discussions have also enabled us focus on specific improvement activities that each local area has been working on in real time. These have been captured in the case studies in the annex to this report, and have been used to illustrate key points throughout the report. Real change not rhetoric: Putting research into practice in multi-agency services. Patricia Sloper, Suzanne Mukherjee, Bryony Beresford, Paul G Norris, Jane Lightfoot. *Political Science*. 1999. VIEW 6 EXCERPTS. Caring for a severely disabled child. Bryony Beresford. Exploring the impact of multi-agency working on disabled children with complex health care needs, their families and the professionals who support them. Debby Watson, David H. Abbott, Ruth Townsley. *Medicine*. 2004. VIEW 3 EXCERPTS. On the road to nowhere? Young disabled people and transition.