



**Interim national guidance for Children's
Disability Network Teams on the Key
Contact role**

August 2022

Introduction

The requirement for team members to act as Key Contact, key worker or support coordinator for children and families is a prominent feature in recommendations on family centred practice. This role currently varies widely in scope and title amongst children's disability teams, and in some newly reconfigured Children's Disability Network Teams (CDNTs) the role is not yet established or defined. The term Key Contact will be used from here on in this guidance.

The role of Key Contact makes effective use of time and resources, particularly when large numbers of children are newly accessing the service. It should be seen as part of the service the CDNT provides. This interim guidance will assist Children's Disability Network Managers (CDNMs) and their teams in clarifying the Key Contact role and putting it into operation. The guidance will be reviewed within six months, taking into account the continuing development of the family centred practice model in CDNTs. Feedback will inform the review which may result in a more detailed policy being developed.

Evidence of advantages of the Key Contact role

- St Michael's House pilot project on key working¹ - results showed increased parent satisfaction using MPOC² pre- and post-project
- Literature review – UK and Ireland
- Reduced level of complaints reported in services with a Key Contact service.
- Ensures regular contact with all families, mitigating risk of failure of duty of care.
- Team members have responsibility to keep in touch with a defined number of families, rather than a general responsibility for all families.
- Provides a streamlined approach to supporting families.

Workload factors

- Identifying the varying levels of need assists with spread of workload
- Higher level of Key Contact time is typically required for families who are new to the service, children at points of transition and adolescents.
- The Key Contact role can be particularly important when numbers of children attending a team are high.

¹ St. Michael's House Key Working Pilot Project: Final Report and Recommendations. St Michael's House. 2020

² Measure of Processes of Care. See www.canchild.ca

Role in Individual Family Support Plans

Putting the Key Contact role into practice is an effective and efficient way to initiate and maintain an Individual Family Support Plan for each child and family accessing the CDNT.

Extract from National Guidance for CDNTs on Individual Family Support Plans 2021*

An Individual Family Support Plan (IFSP) is a plan which sets out the goals for the child and how the family and team are going to work towards them. It must be an ongoing living plan, reviewed as priorities and goals change. All supports offered by the team will relate to the plan and the agreed goals, and this should be regularly explained to the family.

The plan must include:-

- The child's or young person's concerns and priorities
- The family's concerns and priorities
- Goals agreed
- How the child, the family, the team and others will work towards these goals
- How achievement of the goals will be measured
- Timeframe for achievement of goals

The IFSP does not necessarily require a formal meeting between the family and the team. It can be developed during a centre appointment, home visit, online meeting or phone conversation with a member of the team.

Process

The family is given information about the IFSP when they start with the team, how it guides all supports offered and the importance of letting the team know about changes of priorities and goals over time.

The team should:

- Prepare the family with written and verbal information about the process
- Include the child as appropriate to their age & maturity (suggest those aged over 12 years)
- Include others as family chooses e.g. other family members or SNA

Initial goals and an IFSP should be developed within 6 weeks of the first meeting when services commence with the child and family.

*The full guidance document can be found here:

<https://www.hse.ie/eng/services/list/4/disability/progressing-disability/pds-programme/documents/>

Who should be Key Contacts?

All members of the team apart from the CDNM and administration staff should, as part of their role within the team, be allocated to a number of families as their Key Contact.

When deciding on the families allocated to an individual team member, consideration should be given to the level of support a family is likely to require. The St Michael's House pilot project identified three levels of support.

The number of families allocated to a Key Contact should also be guided in proportion to the team member's working time i.e. those working 0.5 WTE should be allocated to half the number of families as those working full-time.

The Key Contact function may be allocated according to the specific or predominant needs of the individual child and family.

When should a Key Contact be appointed for a family?

A Key Contact should preferably be appointed for a child and their family at the time of intake.

Scope of the Key Contact function

1. Point of contact for the family
2. Support families to participate in the IFSP process & help them identify priorities & goals
3. Co-ordinate, develop and update the IFSP with the family as needed

Commencement of service

Following intake, Key Contact to phone the family within a set timeframe to introduce themselves, explain the role of the Key Contact and set out next steps.

The initial contact meeting with the child and family

The aim of the initial meeting with the child and family is to achieve the following outcomes:

- Provide an orientation to the service (this may already have been provided at an group-based introductory meeting or webinar)
- Find out about priorities for the child and their family
- Achieve a better understanding of a child's needs by assessing them through, for example, informal observation, play-based assessment, administration of screening assessment tools, discussion with the child and family

- Based on family priorities and team observations, develop agreed initial goals
- Provide guidance on strategies that parents can use immediately
- Facilitate the provision of an IFSP within six weeks

The Key Contact arranges and facilitates the initial contact meeting with the team and the family. Following the meeting the Key Contact feeds back to the family and gives them their current IFSP.

Ongoing role with family

- Check in regularly with the family about the IFSP & current goals. Do they want to consider new priorities and goals?
- Ensure the IFSP is updated as necessary
- Liaise with other team members as required to revisit IFSP and goals
- Coordinate team reports – initial assessment, transitions, transfer and discharge.
- Assist family to link with the team and other services

Outside the scope of Key Contact function

- Contact with families about making and changing appointments with other members of the team
- Specific support required from a discipline other than their own
- Counselling

Clarity for families as to what the role of the Key Contact is and is not

Families need verbal and written explanations on the role of the Key Contact and its limits, when to contact the Key Contact and when to contact other members of the team.

Review of this guidance

This guidance will be reviewed within six months of date of issue.