

KEY WORKER PRACTICE MODEL



Executive Summary

Pam Orchard February 2011

1 INTRODUCTION

Cyrenians has invested in the development of all of our 1:1 support work with vulnerable people. This is called the “Key Worker Practice Model”. The model is based on a professionally recognised model of working and links the core Cyrenians values of acceptance, respect and tolerance with practical, day to day ways of working with people facing challenges in their lives.

In a difficult funding climate, we know that just doing a good job is not enough. Therefore, the model also includes the use of common systems for support planning, including a distance travelled tool to measure impact. This paper will describe both the way of working and the distance travelled tool. It will then focus on the two Community Houses provided by Cyrenians for young adults with support needs, including one case study and data for 6 residents over a 6 month period.

2 WHAT IS CYRENIANS KEY WORK?

In 1968, Edinburgh Cyrenians was established with a vision to focus on “people with problems” rather than “problem people” and offer an environment of acceptance, tolerance and respect. Cyrenians has grown significantly since then and the underpinning principles defined in 1968 continue to be relevant now. Regardless of size, we want to be able to offer consistently excellent service delivery across all locations and activities based on core values of “respect, acceptance and tolerance” for all service users. We also want to provide clarity for purchasers that our services are working including evidence of the difference made in the lives of the people we support.

Cyrenians has adopted the generic term ‘key worker’ which describes those staff who’s primary role is to work with an allocated case load of service users. This includes “Support Workers”; “Personal Advisors” and “Coaches”. Cyrenians Key Work can be defined by:

our attitude We treat people with the respect of equals (adult to adult). We respond to the whole person rather than just the evident problems.

our style We work *with* people, preferring where possible to work ‘at the shoulder’ rather than from the other side of a desk. We want to create independence, not dependency.

our practice We are flexible, tolerant and understanding. We are tenacious in the offer of help and, if we can’t help we will guide people to those who can.

We have adopted a well respected and recognised theoretical framework - Gerard Egan’s “The Skilled Helper” which is used commonly in both coaching and counselling settings in the UK and US. This way of working requires more than a written document and Cyrenians has designed and delivered training for all “Key Workers” in the charity which includes, in particular, training in the interpersonal elements of building 1:1 relationships within recognised professional boundaries. As well as developing an effective 1:1 relationship, Key Workers will also:

- Connect people with resources and services if they can’t be provided by the Cyrenians.
- Offer opportunities and activities for individuals to raise their self awareness and manage situations, such as dealing with conflict and residential group work.

All Key Work staff are regularly supervised, given feedback and provided with continuous professional development.

3 DEMONSTRATING IMPACT AND DISTANCE TRAVELLED

Cyrenians works with over 1300 beneficiaries each year, approximately 750 of whom regularly receive key work. Common monitoring systems enable us to collect consistent information across the charity. The systems are based on a framework comprised of 12 areas potentially requiring support:

- | | |
|---|----------------------------------|
| i) Employment, training and learning | vii) Physical health |
| ii) Engagement in locally based activities, | viii) Mental/emotional wellbeing |
| iii) Money management | ix) Drugs |
| iv) Legal matters | x) Alcohol |
| v) Housing stable, warm and fuel efficient | xi) Friends, family, neighbours, |
| vi) Able to live in comfort | xii) Abusive relationships |

A scale is used with to assess distance travelled in each of the 12 support areas:

5 = service user is out of control in this area and does not recognise this

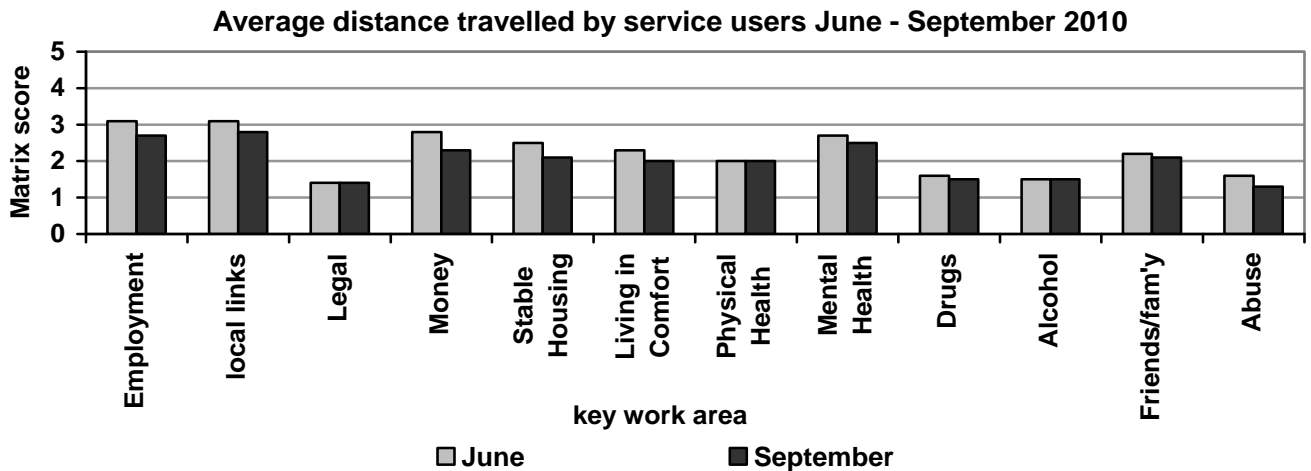
4 = service user recognises that they have significant issues in this area

3 = service user is committing to address problems in this area

2 = service user is addressing problems

1 = there are no support issues/issues have been addressed and resolved

A matrix of the key work areas and 1 – 5 scale is used as a discussion tool with service users. A benchmark is produced during initial assessment through agreement between the key worker and service user. This is regularly monitored and a formal review takes place every quarter. After a pilot in April, the system commenced in June 2010. The following chart (sample size 126) compares average numbers for service users who received key work in June and September.



This tells us that, broadly speaking, the highest scoring and therefore most severe issues across the group are employment and local links, followed by money and mental health. Least serious are legal, drugs and alcohol. It also indicates that service users are making progress with employment, stability of housing and abuse issues and less with legal, physical health and alcohol issues.

We are able to provide this information for each service, for each service user and for each key worker's case load. This provides a valuable insight into the work being done. We are able to analyse and understand trends, patterns and impact in all of our key work services such as:

- The issues service users are most likely to disclose to us
- The issues we are best and least effective in tackling
- Those issues which are least and most prevalent for service users
- Issues which may be under-reported/not recognised by staff
- The progress made by service users in the short and the longer term

We are also able to provide detailed feedback to individual social workers/referrers and more generic service impact to funders. Alongside this, we are able to monitor any changes in the service user group so that we can develop or adjust provision accordingly.

There are some considerations for us in collecting and using data in this way such as:

- The in principle agreement by service users to engage in the baseline and subsequent benchmarking including any perceived stigma associated with “scoring”
- Benchmarking must be agreed between key worker and service user.
- The skills of staff to collect, understand, report and interpret the data used, which impacts on the quality and consistency of the data
- The capacity of service users to move up as well as down the scale

4 DEMONSTRATING IMPACT - CYRENIANS COMMUNITIES

Cyrenians provides two Communities for up to 15 vulnerable young people aged 16 – 30 and is registered as a Housing Support Service. Care Commission grades for standards of care are consistently high.

The City Community houses 7 young people who have been recently homeless, living alongside 5 volunteers.

The Farm Community has 8 young people from a homelessness background and 6 volunteers. They live in a community house sited on 9 acres of organic land which is a working smallholding and market garden.

The aim of the Cyrenians Communities is for vulnerable young people to lead a more independent life long into the future. This is achieved by enabling residents to;

- Develop the skills and confidence to live independently and move into a healthy working life in the future
- Learn how to manage their disability or mental health issues such that they can live more independently and have a fulfilling life in the future.

Although each resident has an individual set of circumstances, a “typical” resident might be a young man aged around 19, with a learning disability and a mental health problem. He is also likely to have had a background of care and may have a criminal record. He could also have a drug or alcohol problem which he is attempting to conceal from staff.

Residents generally fall under the categories highlighted in the Adult Support and Protection Act i.e. “Disability; Mental disorder; Illness or physical/mental infirmity.” Of the 27 residents living in the Communities in 2009/10 financial year, 14 moved on to more independent accommodation.

The Communities model

The Communities model currently includes 3 main elements:

- a) Living in a house with shared facilities with a mixture of residents (vulnerable young people) and volunteers of a similar age who have not been homeless. There is an emphasis on living with others and sharing communal facilities within simple rules and boundaries.
- b) The role of staff as supporters and facilitators who are there to support the community as a whole. Staff enable positive engagement between community members so that they learn lessons from living together. Regular community meetings, facilitated by staff, are an important part of this process.
- c) Practical opportunities to learn and develop – in order for residents to fulfil their potential and move, if possible, into work. Activities include participation in accredited learning; volunteering; formal engagement with Cyrenians enterprises.

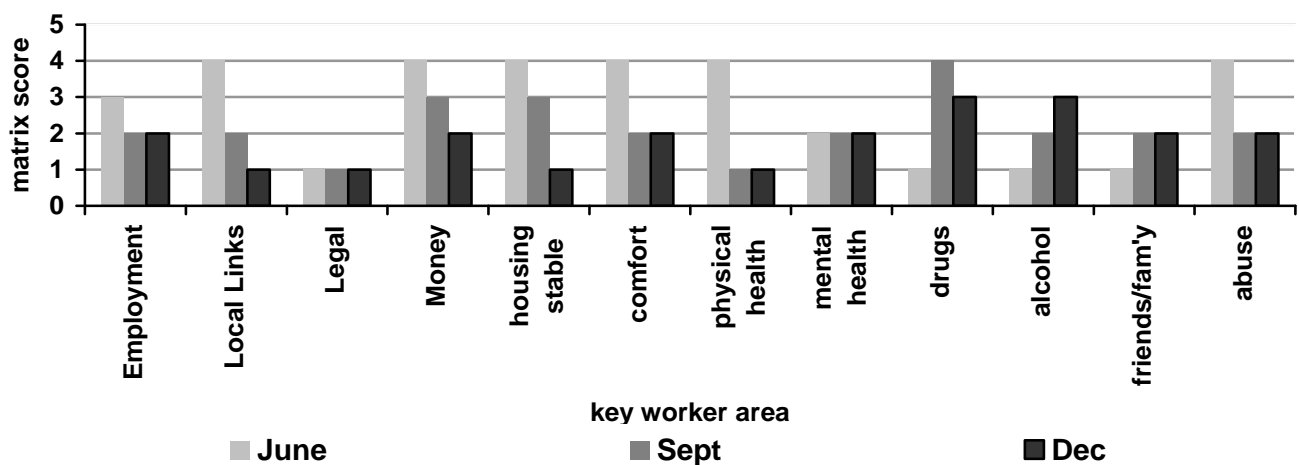
Cyrenians are developing a fourth element which involves the delivery of professional, therapeutic interventions for residents.

The impact of the service for residents

The staff team has always collected information about residents including referral sources, background information, length of stay and move on. The Key Worker Practice Model data provides us with more detail about the impact of the service on the lives of residents whilst they access the service. This information is available for Social Workers to show individual progress.

The following case study indicates how the new system worked with one young man, Peter across 3 data sets – June, September and December. Peter meets with his key worker each week and reviews his situation more formally every three months. This provides a snap shot of his progress whilst in the Community.

PETER – Case Study



Peter is autistic. He lived with his Nan from the age of 10 because his mum died. Peter’s relationship with his Nan broke down and, after a short stay in a hostel where he was bullied, he moved into the Cyrenians Community. He had very limited independent living skills.

In his initial assessment with his key worker, issues around debt and money management, independent living skills and family relationships were all highlighted as important areas. The key worker thought he might be very “suggestible” and had observed Peter getting into trouble as a result of being manipulated by those around him. Peter was attending a part time college course but wasn’t interested in looking for work. He was quite active in using local resources like the library, swimming and the internet café.

September Update:

Peter had settled in the Community but was finding the rules and boundaries difficult and wasn’t attending Community meetings. He was working towards completing 5 household chores each week and learning about healthy eating and diet.

It became clear that Peter had been experimenting with drink and drugs, whilst not really understanding their effects. He was addressing rent arrears issues which arose as a result of his change of address. He was taking 4 days, rather than 1 to spend his money!

Peter had re-established contact with his family through phone and a weekly visit. He was learning to distance himself from two old friends who bullied him.

He had completed college course and enrolled for units of the Learning Power Award (offered by Cyrenians and accredited by City and Guilds). He also started volunteering with the Farm Enterprise

and wanted to increase his involvement. He was highly motivated to gain new experiences and learn new skills.

December Update:

Peter is now an active member of the Community, regularly attending meetings and adhering to boundaries. He is a good role model for new residents, taking responsibility for doing chores and completing household tasks.

He maintains positive friendships with current and previous Community members. Peter is in regular positive contact with his sister, but continues to experience issues with his Nan. He can still be easily led, but is not being bullied.

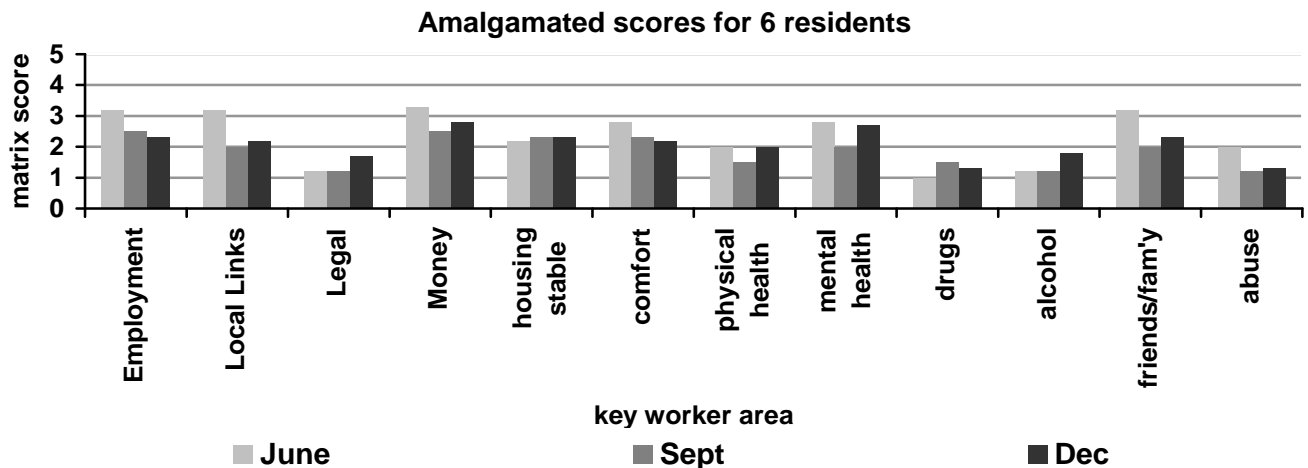
Peter has continued to volunteer one day a week at the farm and, after a successful 6 week trial at the Cyrenians Good Food Depot, is now a regular volunteer for one shift each week. Duties include harvesting produce, preparing, packing and labelling food, sales and handling money with customers.

It is likely that the financial guardianship arrangements with the social work department will stop as they are no longer needed. Peter is too busy to take drugs and although he continues to drink sometimes, it's not in a way that causes concern.

Peter values the time and space he has at the Community to develop confidence and skills to live more independently in the future – ideally in his own tenancy with housing support.

Using the system to monitor trends across the service

The next table shows 3 data sets for 6 Community residents from June to December.



The chart shown above provides an average number for all 6 residents in each key work area. This tends to even out many of the more pronounced peaks and troughs in distance travelled for each individual. However, it does provide some indication of the common issues and trends for the 6 young people. Notably, 5 of the young people made clear progress in most areas over the 6 months.

Employment, local links, money, friends and family are the most significant issues reported by residents. Legal, drugs and alcohol issues are the least prevalent issues. The matrix suggests that alcohol issues have become more problematic and common in the sample. During the period of data collection, all key work staff undertook training in identifying alcohol issues, which is highly likely to affect results.

Key workers have indicated that, for initial baseline assessments, it is common for residents to “under report” their problems. Explanations for this may be:

- Cynicism from residents about the impact a support service might have
- A strong sense of privacy and unwillingness to share personal information – particularly in the early stages of a support relationship

- Concern that, by exposing all their issues, the resident will be excluded from the service
- Lack of awareness of the severity of issues – possibly because behaviours are so entrenched, they are perceived as normal by the resident

5 NEXT STEPS

The charity is in the process of evaluating the impact of the Key Worker Practice Model using the “Kirkpatrick method” (<http://www.kirkpatrickpartners.com/>). Reactions from staff and service users indicates that the training and new systems have been very effective. Although the use of the system is new to us, early indications are that the support we provide to people is making a positive difference to their lives.

Next steps include: continued development of training in interpersonal skills for staff; values training for staff who are not key workers; improving the common support planning systems; inclusion of the distance travelled system in other parts of the charity in which key work is not being offered e.g. our Enterprises and the Private Rented Sector team.

6 CONCLUSION

The Key Worker Practice Model has enabled Cyrenians to revisit the original core values as described in 1968. The values are as relevant now as they were then, despite the growth of the charity’s work.

The Key Worker Practice Model has been very successful so far in two main ways. First, the concentration on training and development of values based practice has proved both popular and effective with staff across the charity. Second, the systems we have put in place to demonstrate impact have confirmed our view that the services we deliver are effective. In addition, our data feeds continuous improvement and reflection on practice. As we improve our data collection, the quality of the data will improve and we will be able to track changes over a longer period.

Specifically with respect to the Communities, we observe significant changes and improvements in the lives of residents. The systems we have provide good, comprehensive information and a regular comparison to chart progress. Our results show that, of the 6 young people we tracked over 6 months, 5 made demonstrable progress in that time in most areas of their lives. Just over half of our residents moved on to positive and more independent living despite significant support issues on arrival in the communities.

Cyrenians is convinced of the merit of the Key Worker Practice model. We also are confident in the Communities model and it is important to us that we are able to show a wider audience that it works.

**The full report is available on request from
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