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The Integrated Care Team: A Practice Model in Child and Family Services

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The Integrated Care Team brings together representatives from each of Windermere's service areas to create a group of highly experienced and knowledgeable professionals. This transdisciplinary team aims to provide a cohesive and effective support to service delivery staff working with individuals and families who are experiencing issues across multiple service areas. This support involves sharing of knowledge, contacts, resources and brokerage. Initial evaluation of the Integrated Care Team demonstrates strong positive outcomes for individuals and families with results that could not be so efficiently achieved through standard practice. Positive outcomes occur more quickly, more effectively, with less disruption to individuals and families and with more ease for workers than in standard practice. Workers who utilize the Integrated Care Team and representatives who sit on the Team comment on the efficacy of the approach reinforcing the value of key worker models, transdisciplinary teams, seamless service and breaking down silos between service areas; even within the same agency.

KEYWORDS *key worker model, transdisciplinary model, seamless service, integrated services*

INTRODUCTION

Windermere is one of the oldest and largest independent community services organizations operating in Melbourne's outer southeastern suburbs. For more than 150 years Windermere has been assisting children and families to reach their full potential. Windermere is known as an innovator in the region and

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is always seeking ways to augment and diversify its practices to best benefit the community. One of these innovations is the Integrated Care Team (ICT) that brings together a representative from each of Windermere's service areas to create a powerful transdisciplinary team of complimentary knowledge and broad experience. While families continue to work with one key worker; the ICT is available to consult with the key worker and provide a wide network of support to more effectively address families' needs and goals.

CONTEXT AND FRAMEWORKS

The ICT was created to address fragmentation and improve connectedness between Windermere's service areas. In 2013, Windermere's Management Action Group met to discuss the issue of silos in service provision. These were particularly entrenched as programs within the organization come from diverse funding and reporting streams including local, state, and federal government funding, private funding, and philanthropic funding. Consumers of Windermere's individual services often experienced issues affecting them across a variety of service types. People had multiple case managers or were awaiting services from multiple service areas. On occasion, service provision within one area was affected by the need to wait for resources from another service area. Individuals and families experiencing these issues were usually considered complex and at significant risk. Interfaces between workers from different service areas were undefined and unstructured with the inevitable resultant risks of critical information not being shared in a timely manner. This issue was further exacerbated by Windermere's physical location in the outer southeast growth corridor of Melbourne. Demand far exceeds supply across most services within the area, and it was apparent that duplication of functions across services was a waste that was simply unacceptable. Of critical importance was the need to move from a service and eligibility focus to a holistic, strength-based person/family-centered approach.

Conversations have been held in the past surrounding a key worker approach to service provision. However, constrained by policy and treasury, funding bodies were unable to support a trial of this approach. It was therefore critical that the new approach continued to meet all individual service area targets and eligibility criteria while moving to the holistic person/family-centered approach.

Criticisms related to service silos and the service-centered approach have been raised previously with the Department of Human Services (DHS; 2014) commenting that people are left to "make sense of a complex system on their own" (p. 3). Kennedy, McLoughlin, Moore, Gavidia-Payne, and Forster (2011) explain that the current standard model is difficult to navigate with service users confused and overwhelmed by too many workers each with their own task list and priorities. There has been sector-wide acknowledgment of these issues and desire to make transformational change toward

more effective and efficient services (DHS, 2011; 2013, 2014). Initiatives are being developed to combat these issues at a sectoral level however, how this transformational change looks at an intra-agency level is unclear and is reliant on the initiative and creativity of community services organizations.

The ICT is underpinned by Wenger's (1998) communities of practice theory that illustrates the improvements in performance possible through collaborative practice. A community of practice denotes a group of people engaging in collective learning toward a shared goal (Wenger, 1998). Members seek information and experience from other members, share assets and resources, problem solve, and improve coordination and seamlessness (Fenton-O'Creevy et al., 2015; Sterrett, 2010; Wenger, 1998). A well-functioning community of practice has an equal far greater than the sum of its individual parts with discussion leading to better solutions and outcomes for individuals and families as well as fostering a workplace culture of lifelong learning and cooperation (Fenton-O'Creevy et al., 2015; Sterrett, 2010). Members of transdisciplinary communities of practice in Sterrett's (2010) research comment that they "gained depth" as a result collaborative practice and found the process beneficial for their self-development and their client outcomes (p. 260).

The community of practice theory has been used as a framework for transdisciplinary and multidisciplinary teams across a diversity of fields including geriatric care, early intervention, child development, and degenerative disease. *Transdisciplinary approaches* can be defined as approaches where people work beyond the traditional boundaries of their profession, often with the guidance of professionals in other specialist fields. Multidisciplinary approaches involve the input of multiple experts from a variety of specialist fields to address a specific issue. Other communities of practice have experienced positive effects of collaboration and report that these teams increase capacity and provide people seeking their assistance with greatly improved and streamlined services (King, Strachan, Tucker, Duwyn, & Shillington, 2009; Lee, Hillier, & Weston, 2014; Robinson & Cottrell, 2005; Sterrett, 2010).

The multidisciplinary approach combats a number of the issues identified in current standard practice. Staff are informed as to which other services are operating in the lives of the individual and families they are working with that helps different services areas work together more collaboratively to increase the effectiveness of each other's intervention. However, a multidisciplinary approach alone still leaves individuals and families overloaded with multiple workers and multiple appointments (Sloper, 1999). The key worker (transdisciplinary) model remedies this by providing individuals and families with a single point of contact; a style of working that service users have voiced they prefer (Kennedy et al., 2011; Sloper, 1999).

Key workers simplify service access by coordinating care across different service areas. This greater understanding of people's wider needs enables

key workers to more effectively identify service gaps and ensures individuals and families are receiving all appropriate services for which they are eligible. They are able liaise with necessary specialist services to share information and coordinate appointments to diminish travel time and inconvenience for service users. Additionally key workers provide continuity of care, saving people from constantly building rapport with new workers and retelling their stories.

The key worker model has been effectively implemented in other fields, particularly early childhood development and disability, and has proven positive outcomes for individuals and families (Drennan, Wagner, & Rosenbaum, 2005; Kennedy et al., 2011; Liabo, Newman, Stephens, & Lowe, 2001; Wilson, Aubeeluck, & Pollock, 2014). Kennedy et al. (2011) highlights that the person-centered nature of the key worker model provides improved access, more effective coordination, and better outcomes and that the model should continue to be developed and implemented in other service areas.

Researchers including Lee et al. (2014) and Bruder (2000) stress the importance of having key workers in transdisciplinary teams to ensure effective communication with information streamlined back to service users through a single source. The key worker model builds on transdisciplinary practice providing individuals and families with the benefits of a team of specialist knowledge communicated through the interface of a consistent single worker (Wilson et al., 2014).

Integrating the key worker approach into the transdisciplinary model creates a simpler, user-friendly, less intrusive, more connected, holistic, person-centered service—reducing duplication and diminishing silos (Drennan et al., 2005; Harbin, McWilliam, & Gallagher, 2000; King et al., 2009; Liabo et al., 2001). Evaluations of transdisciplinary practices with key workers have shown that this approach is cost-effective, more efficient, more desirable to individuals and families, and has better sustainable outcomes (Kennedy et al., 2011; King et al., 2009; Sloper, 1999). With this improved functionality in mind, the ICT, a community of practice using a multidisciplinary support panel and a transdisciplinary service delivery (key worker), was implemented at Windermere to improve the efficacy of Windermere's various service areas. The ICT has pulled isolated teams together, pooled knowledge and resources, and enabled enhanced communication processes that funnel a network of interlinked information through the key worker straight to families. The ICT works alongside the key worker, continuously available to support the key worker with information and resources. This approach enables knowledge and resources from specialist fields to be utilized while providing a single interface point for families and individuals. This single contact reduces the demand that a multiple contact point system can place on people who are already experiencing significant stressors in their lives.

WINDERMERE'S INTEGRATED CARE TEAM

The ICT enables a seamless, smooth experience and improved outcomes for individuals and families by providing Windermere workers with a platform to utilize expertise and resources within the agency. The ICT comprises a member from each of the following services: Disability, Victims' Assistance Program, Early Childhood Development, Counselling, Integrated Family Services and Housing. Each member is chosen to impart expertise and resources in relation to their field of speciality. Importantly, the ICT works within a strengths-based, solution-focused, and appreciative inquiry framework. This ideological basis is critical to the success of the ICT as it respects the expertise of the individual, families and their workers.

Implementation of the ICT and key worker approach required strong and sustained commitment from all relevant service managers. It was identified early on that this same level of commitment would be required by all ICT members. Staff were invited to submit an expression of interest to sit on the ICT panel and were selected based on their dedication to the concept and technical expertise. Terms of reference were developed and documented along with commitments to resourcing and delegations of authority to team members. Eligibility criteria and referral documentation was developed. Interestingly, though a significant amount of time was spent devising the eligibility criteria, referrers have demonstrated an intuitive understanding of the ICT and have referred appropriate candidates without an extensive need for an educative process on appropriate referrals.

A communication strategy was implemented to inform staff about the ICT, its role, eligibility, and referral processes. Consideration was given to teleconferencing and information technology support for video-conferencing options given that Windermere services families in rural locations. The communication strategy included definition of the role of the referring worker. Staff voluntarily adopted the role of key worker as it is an expectation that if they refer to the ICT they become the primary and usually sole worker. The ICT, in effect, acts as the specialist supervisor.

Windermere workers are able to refer into the ICT when they are working with a family with multiple and usually complex issues. Key workers attend the ICT meeting, inform the ICT members about the individual's or family's situation, and discuss options. The ICT is able to provide advice, support, and brokerage to the key worker on the family's behalf. It is expected that the key worker attends subsequent follow up ICT meetings to provide updates or, if no further need is apparent, an e-mail indicating this is sufficient.

Ongoing support and consultation is provided to the key worker between meetings by the ICT members who have previously been briefed on the case. This allows transdisciplinary key workers to have continuous input from technical experts as issues affecting on individuals or families arise. As a

result, following the initial discussion at the ICT, the key workers never have to wait until the next meeting for resources or information. This allows them to provide timely responses to individuals and families. On occasions when highly specialized information is required, the ICT representative from the relevant service area can work alongside the key worker. This can include the ICT representative jointly attending meetings with the key worker and the individual or family to address the area of need.

Although the family gives permission for their key worker to discuss their case with others in the agency, they may not be briefed on the logistical processes behind the ICT. This is to reduce the burden on people accessing services and limit the number of interactions they have with different services and workers. Although details of process may not be discussed, recipients are informed of the resources and ideas made available through the ICT.

The ICT key worker approach described above enables key workers to flexibly access services provided by Windermere in a timely manner no matter whether funded via state, federal, or local government, private or philanthropy. This is not the usual experience of workers operating in the community services sector in the state of Victoria.

DISCUSSION

A recent evaluation of the ICT indicated that 88% of staff are able to accurately describe the purpose of the ICT. However 44% indicate that they are unsure of referral processes. Interestingly, 20% cannot articulate when it is appropriate to refer to the ICT despite being able to describe its purpose. Perhaps the greatest challenge to its implementation may be the confidence of workers to present to the ICT Team and strategies to manage this concern are discussed below.

Although the evaluation indicates that 78% of staff have no concerns about presenting a referral to the ICT, the remaining 12% do have concerns. These concerns include that they feel uncomfortable presenting to the ICT, have doubts surrounding confidentiality, are worried about being judged as ineffective workers, and are concerned about loss of worker control. This feedback was discussed in the ICT and at service managers' group meetings. A communication strategy to demystify the process and to address concerns was implemented, including giving presentations at agency forums, inviting observers from each service area to the ICT, and encouraging supervisors to undertake a key role in suggesting referrals to the ICT when appropriate and addressing worker concerns. We have noted a rise in referrals and a cultural change within the organization, moving away from a siloed approach to service delivery. Feedback from recent focus groups regarding seamless service within Windermere articulates the consistent message that the ICT

and key worker model is valued and that staff want to see it extended to become a standard mode of practice within Windermere.

Windermere's strategic operational priorities include the extension of this and similar modes of working. Future improvements to be considered include increased consumer involvement in processes, either in writing or in person. Additionally, extension and consolidation of the key worker model and the ICT support framework within the broader service system will be a key focus. Investigation into the use of the ICT for smaller, single worker services external to Windermere is also being considered.

The key worker approach has resulted in staff and administrative efficiencies, with fewer duplication of roles. Individual and family goals are achieved in a more timely manner as the key worker is able to access specialist knowledge and resources as required rather than waiting for service vacancies. This responsiveness has increased consumer throughput, enabling key workers to work with more consumers more efficiently and effectively. Further, issues affecting families and individuals have been addressed according to their own priorities and at their own pace when they are emotionally ready and committed rather than waiting on a service system that is facing severe demand versus capacity constraints.

Individual and family feedback has been qualitative in nature given the small number of participants to date. Overwhelmingly this has been positive. The outcomes of the ICT are discussed in sections 4.1–4.5 below by referring to examples of people who have used the ICT, individual testimony, direct service delivery staff feedback, and comments from ICT members.

Family Example 1

This family referred into Windermere's Early Childhood Development Service in regard to their youngest child's developmental delay. Subsequent discussions with the family identified additional stresses including schooling challenges, equipment maintenance, and housing concerns. The family's teetering on the brink of homelessness made it difficult to focus on child development concerns, so the key worker brought the case to the ICT.

The ICT was able to provide the key worker with strategies to improve the family's likelihood of securing housing such as how to word applications, expectations for how many applications should be entered per week, tips for creating application packs, how to present and maximize their income, and how to present themselves at real estate open inspections. Through the ICT the key worker managed to secure temporary accommodation in a Windermere-owned property that will house the family until they obtain permanent accommodation.

The ICT had funds to fix other broken equipment that the family had been unable to afford to maintain, but was able to find a volunteer to fix the equipment for free. This allowed the ICT funds to be reallocated towards

tutoring costs for the children and expenses incurred in moving to temporary housing.

Additionally the ICT helped the key worker navigate the system for two of the children who have, at the very least, significant learning difficulties with the probability of yet-to-be-assessed intellectual disability. As a result of no diagnosis the children have proceeded through school without funding or additional learning assistance. Ongoing conversations with schools and the DHS are occurring to assist the family access services and implement appropriate learning supports.

Family Example 2

When this family was first allocated to Windermere's Integrated Family Services they were overwhelmed with more than 20 appointments a week and a number of different services and workers involved including Child Protection. Each service set different goals with the family and expected them to fulfil particular tasks. As the family live regionally and are reliant on public transport, attending such a large number of appointments was cumbersome and time-consuming.

The family is comprised of four children with learning difficulties, disabilities, and developmental delay. Both parents have a learning difficulty. There were a number of issues ranging from hazardous home environment to school refusal, incontinence, bullying, and sexual abuse. Their home was in poor condition with excessive clutter and broken windows.

Together the ICT was able to achieve much more for this family than if Integrated Family Services had worked the case alone. Members pooled resources to purchase new beds, waterproof mattresses, windows, and a washing machine. Expertise from different specialists on the ICT was valuable throughout the process by providing information including the best mattresses to purchase and bedding for repelling urine.

The fact that the members of the ICT had been briefed on this family's case meant that the key worker did not need to go to each service separately and make a plea for assistance. Instead different services came to her and suggested ways in which they could help. When it was necessary for the family to make appointments with different Windermere services, including the Victims Assistance Program and Counselling, support and collaboration with the ICT resulted in a smoother, time-efficient process where individual appointments were placed into the same time block to save the family additional travel time. These appointments were arranged through their key worker so the family only needed to deal with the one worker to organize their diary. When the family needed counselling appointments it helped that the member from Windermere's Counselling program already had the background about the family and was able to quickly allocate a well-matched worker.

The family gradually reached a place where they were ready for closure. Their involvement with other services reduced dramatically as did the number of appointments they needed to attend. The ICT helped slow things down for the family and get them to a place where they felt that they could manage. The mother of this family gives her view of the ICT and of Windermere's involvement in the section below.

Individual Testimony

The family mentioned above who were assisted through the ICT to buy new beds, repair broken windows, and reduce their unwieldy number of appointments were impressed by their experience with the ICT and felt that it helped improve their outcomes. The mother had been so overwhelmed by everything when she was first referred to Windermere's Integrated Family Services that she wrote down all the issues she had with other services to voice her frustration and concerns. At the end of her involvement with Windermere she wrote a letter explaining the difference Windermere had made to her life and how the ICT had benefited her family. These documents provide Windermere with qualitative data regarding the family's situation and empowerment levels before and after Windermere's Integrated Family Services and ICT involvement.

At the beginning of Windermere's involvement with this family the mother wrote of her past experiences, "I feel that I'm being taken advantage of and my voice isn't being heard. We feel that our opinions were not being taken seriously. I still feel that I'm not getting heard when I express my concerns." She felt that she was pressured by government departments and service providers and like she is "put in a corner and made to choose." The mother discussed that:

the many conversations I've had with [government departments] made me feel upset and I felt at times failing as a mother and the many miscommunications. I felt my voice wasn't being heard. I felt intimidated . . . made me feel I'm failing as a mother and at times being laughed at highly upset me.

This mother felt that neither government departments nor service providers respected her family saying that her son was "not being listened to by some of his teachers" and that he "feels pressured, anxious and that he's not being heard when he's trying to explain, "The mother said, "I feel what I have to say at this time isn't valued and now I'm getting ignored by the school." She complained that government departments and service providers misconstrued what she had said; they wrote down negative information but did not write down the positives. For example, she went to a specialist primary school, but they failed to mention that she continued on to do high school; they said she cannot get around because she does not

drive but did not mention she is highly competent at navigating the public transport system. She requested the minutes of a meeting and was told that she could have them but then they were never sent to her. This was one example of the lack of follow-up that she found disrespectful. She was told by a service provider that she was “being investigated” and that “in the near future my children will be taken away from me.” Her dealings with other organizations were also marred with communication issues such as a sexual abuse agency who were “unorganized with appointments and sketchy what times I needed to go to appointments. [They weren’t] keeping me up to date [and there was] little communication.” Fear instilling comments and lack of organization helped distance her from services. “I want to be heard and taken seriously. I feel that I am not. I should be able to express myself without being hurt.”

During the family’s involvement with Windermere they worked predominantly with Integrated Family Services. Their key worker referred them into the ICT that facilitated a number of benefits for the family including expediting and streamlining appointment times with the Counselling team. When the family was ready to close with Integrated Family Services the situation had completely changed. The mother wrote a letter to Windermere to thank the agency, the ICT, and her key worker. She says that when she started with Integrated Family Services her family was stressed, felt disempowered, and were not coping well, “It was full on with lots of people [other services] around and involved with my family. It was very overwhelming for me.” The key worker helped slow things down and was a strong support focusing on the family’s needs and advocating for them.

The mother alludes to how brilliant it was that her key worker was supported by the ICT as it “helped in so many ways for our family and what needed to be done.” Having funding provided through the ICT “has been fantastic.” The mother said the type of assistance she had received from Windermere “would most definitely help other families who are struggling” as “having the support there from Windermere would help other families who are having it hard.” The mother discussed how the ICT supported her key worker by providing “more avenues to work with along with the funding. I’m sure it made her job easy and my job as a mum less stressful. It’s helped my family a lot.”

The pre- and postletter are evocatively written with the mother’s emotions clearly described. The preletter was written by an angry, frustrated, and upset mother whereas the postletter was written by a calm, empowered woman with direction in her life:

I’m happy, the kids are happy, everything is calm and settled down. We are all happy. Thank you so very much for the support you have given me and my family. It’s been one hell of a ride and [my key worker] played a big huge part with what needed to be done for my family. When she closes I know I will be ok.

Quantifiable changes in this family's situation include reduced reports to Child Protection, the mother attending counselling for grief and loss and hoarding behavior, the children attending counselling around sexual assault trauma, improved relationships with the children's schools, and significantly reduced contact with multiple services. The family have cleaned out the children's bedrooms and living area as well as improving the children's personal hygiene. The children demonstrate improved behavior, and the family are implementing consistent behavior management programs. Overall there have been significant improvements in the family's confidence levels and their capacity to function.

Direct Service Delivery Workers' Feedback

Windermere workers who have presented cases to the ICT comment that they found the ICT highly beneficial. They appreciated the opportunity to discuss their cases and get opinions and feedback from specialists. A worker from Integrated Family Services called the ICT "a one stop shop for information and brokerage." Workers found that the ICT encouraged a two-way transfer of knowledge between the ICT members and the worker presenting the case. The workers felt that they had been able to share their own specialist knowledge with the ICT members as well as having received knowledge.

Workers comment that the ICT provides clear case direction and that this makes progression easier for families. Using one key worker whose knowledge is augmented by the ICT enables family issues to be prioritized and broken down into manageable tasks. This is much more streamlined than if there are a number of different workers each nominating their own priorities for the family and leaving the family with a mass of disjointed and overwhelming tasks to fulfil. One worker reemphasizes the value of the key worker model and that it is detrimental to family progress if there is "too much going on and too many people directly involved on a face-to-face basis." It works well to still have the input of many workers, but with the key worker as the only interface the family needs to meet. She says that the key worker model allows workers to know how much the family is ready to take on without overburdening. The worker comments, "I can't say enough how much things changed with me being the lead case worker. The ICT has changed this client's life. Now she has a voice and things have slowed down to a slow and steady sustainable progression."

A worker from Early Childhood Development Services remarks that the ICT provides workers with not only advice, resources, and information but also opportunities to discuss challenging cases and be reassured that they are on the right track. This was particularly useful for her as the case she

brought to the ICT was not typical for her service area and was out of her normal scope of expertise.

Using the ICT helps workers more effectively manage their time by utilizing the knowledge of a panel of specialists rather than researching and sourcing each issue and task individually. One worker says that this means, “much more was achieved in a shorter time frame. It saved me a lot of time and we got more done with less workers.”

Comments from Integrated Care Team Members

ICT members feel that the collaborative ICT approach is the way of the future and enables the best outcomes for families. “It’s great” comments a team leader from the Victims Assistance Program, “Windermere should always work this way. We should make it bigger so it just becomes how we do things here.” The manager of Families, Health and Wellbeing mentions that, “you see really good outcomes from this way of working” as the family benefits from a wealth of knowledge and extra resources without being burdened by extra workers and appointments. A team leader from Integrated Family Services remarks that involvement in the ICT “gives cases momentum” and helps workers overcome hurdles and roadblocks.

Another team leader comments that the ICT enables “lots of learnings. It helps us identify the gaps in each case and helps us tease out the cases. It helps us identify the gaps in our services, gives learnings back to Windermere and helps us self reflect.”

CONCLUSION

The ICT has proven itself to be a highly effective approach assisting positive outcomes for the families that have been referred into the Team. It is cost-effective and an efficient use of resources in a growth corridor where demand is far exceeding resources across all service types. Families, direct service delivery workers, and ICT members have identified that it is a beneficial way of working that should be expanded into an integral part of how cases are worked at Windermere and similar agencies.

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