

# **Self-audit tool for Children's Disability Network Teams**

This self-audit tool should be completed collectively by the whole team on an annual basis. It is not for use as a score-card, but rather as a means for teams to acknowledge their achievements, assess and monitor quality, promote continuous improvement and identify and prioritise development opportunities.

The criteria are grouped under the twelve Progressing Disability Services for Children and Young People (PDS) Principles.

*Approved by Head of Operations – HSE Disability Services 30.5.19*

## 1. Accessibility

Criteria	Yes/No	Evidence/Comment	Action
<b>1.1 Environment:</b> All service delivery should facilitate the needs of the child and the family including an accessible physical environment.			
1.1.1 The service is delivered in a building which is accessible to children and families. See NDA <i>Guidelines on Access Auditing of the Built Environment</i>			
1.1.2 The service is delivered in a variety of spaces which can be adapted for different uses.			
1.1.3 There is access to confidential space for meetings of families and team members			
<b>1.2 Information:</b> Families should know how to access information, from whom or where it can be obtained. Information should detail service provision, range and accountability, presented in a clear and concise manner, jargon-free and in a language that is easily understood. Information should be available in a variety of accessible formats.			
1.2.1 Information is available in a range of accessible formats (See <i>Make your information more accessible</i> <a href="http://www.nda.ie">www.nda.ie</a> )			
1.2.2 Children and young people receive information as appropriate to their age and understanding throughout their involvement with the service.			

1.2.3 The team responds to families' requests for information including signposting to relevant sources.			
1.2.4 All written material is in clear, concise and easy to understand language and is accompanied by pictures and diagrams where appropriate.			
1.2.5 Professional approved interpreters are provided when appropriate and there is a clear policy in relation to provision of interpretation and translation.			
1.2.6 Information leaflets and reports are translated into other languages, based on the cultural diversity of the team's service users			

## 2. Accountability

Accountability requires a documented governance structure with clear lines of responsibility and reporting relationships. Mechanisms for collection of data and compliance with legislation and national guidelines must be in place. Accountability needs to be embedded in the culture of the team and is the responsibility of all involved in service delivery, supported by written policies and procedures.

Criteria	Yes/No	Evidence/Comment	Action
<b>2.1 Governance</b>			
2.1.1 There is a document available to the team detailing the governance structure for Children's Disability Network Teams within the CHO			
2.1.2 The team member's governance and reporting relationships are clearly outlined and documented.			
2.1.3 There is a Family Forum established and supported by the service			
2.1.4 The team provides opportunities for families to express their opinions, concerns and experiences of the service such as through the Family Forum, compliments and complaints procedures			
<b>2.2 Policies and procedures</b>			
2.2.1 The team has written policies and procedures which are agreed by the governance group, available and accessible to all stakeholders.			

2.2.2 There is a documented process for formulating, approving and reviewing policies and their implementation, and for identifying associated risks.			
2.2.3 Induction for all team members includes an introduction to the key PPPGs and how to access hard and soft copies of the most up to date versions.			
<b>2.3 Legislative and data return requirements</b>			
2.3.1 The team has a standardised mechanism in place for collation and return of data in line with governance arrangements at national and local levels.			
2.3.2 Each team member receives mandatory training.			
2.3.3 Records are audited in line with legislation			
2.3.4 Team members are familiar with all relevant legislation, national and local policies and can access information about them: <ul style="list-style-type: none"> <li>• Safety statement</li> <li>• Data protection and GDPR</li> <li>• Children First</li> <li>• Record keeping</li> <li>• Incident management</li> <li>• Compliments and complaints</li> <li>• Safeguarding vulnerable adults</li> </ul>			

### 3. Bio-psycho-social model

The bio-psycho-social model is a broad view that attributes disease outcome to the intricate, variable interaction of biological factors (genetic, biochemical etc.), psychological factors (mood, personality, behaviour, etc.), and social factors (cultural, familial, socioeconomic, medical, etc.). Services should be delivered holistically, focusing on all aspects of a child and young person's and family's life, particularly in the context of the community and society. This involves working in partnership with stakeholders and the wider community to support and develop services and activities that achieve mutually beneficial outcomes.

**The principles of the bio-psycho-social model run throughout this audit tool.**

Criteria	Yes/No	Evidence/Comment	Action
3.1 To facilitate implementation of the bio-psycho-social model, each child's individual strengths and needs are recognised, identified and responded to, along with those of their family, to facilitate maximising their potential.			
3.2 The bio-psycho-social model of service delivery is documented and communicated to all team members and line managers, through induction and a regular team review process			
3.3 Service delivery is reviewed annually by the manager with the team to ensure it continues to meet the needs of stakeholders.			

#### 4. Clinical Governance and Evidence Based Practice

Clinical governance is described as the system through which healthcare teams are accountable for the quality, safety and satisfaction of service users in the care they have delivered. It is recognised that clinical governance is everyone's responsibility. There must be clear lines of accountability including clinical accountability and a performance management structure for all members of the CDNT. The application of an evidence based approach involves ensuring that services keep up to date with on-going research that informs new practices or techniques and the inclusion of agreed clinical guidelines, policies and protocols with inbuilt audit and review dates.

Criteria	Yes/No	Evidence/Comment	Action
4.1 All team members have a structure for supervision and clinical supervision which has protected time and is planned, documented, audited and supported within all disciplines.			
4.2 The CDNM identifies on an annual basis the competencies within the team and those competencies which need to be developed to meet the needs of the children/young people and families within the service, in collaboration with clinical supervisors.			
4.3 The team's training needs identified are incorporated in budget planning			
4.4 There is evidence of the completion, evaluation and review of all training programmes for staff and for families.			
4.5 Team members have access to evidence based research e.g. journals, online libraries			
4.6 Team members are facilitated to conduct research.			

### 5. Cultural Competence

Sensitivity to cultural differences is entwined in the systems of service delivery which should be compatible with family values and goals. Each family's unique cultural differences and diversity should be recognised to inform the partnership in service delivery with the family. The team should work in a manner that is sensitive to culture, ethnicity, socio-economic diversity, values and priorities.

Criteria	Yes/No	Evidence/Comment	Action
5.1 The team members have training in cultural competence and regularly review their competence and knowledge to respond appropriately to cultural diversity.			
5.2 The team recognises and explores cultural context with every family to inform all interactions.			



## 6. Early Identification of Needs

Introducing intervention at the earliest point possible may well achieve maximum developmental benefits for the child or young person. Disability services have a key role in assisting those who come in contact with children of all ages to recognise risk factors and make appropriate referrals. There should be a clear pathway to services which is easily understood by parents and other referrers.

Criteria	Yes/No	Evidence/Comment	Action
6.1 There is an open referral system in place, including referral by parents as specified in the National Policy on Access to Services for Children with Disability or Developmental Delay 2016.			
6.2 The team has an up to date information leaflet as advised in the National Access Policy, giving local details of how and where to make a referral.			
6.3 Parents/carers are given access to appropriate universal supports as soon as their child's referral has been accepted.			

## 7. Equity of access

One of the primary objectives in the development of Children’s Disability Network Teams (CDNTs) is to have equity of access to services for all children and their families based on need. Access to services must be based on the child’s needs and not on diagnosis or category of disability or the school he/she attends.

The National Policy on Access to Services for Children with Disability or Developmental Delay 2016 provides the framework for services to consider a child’s needs and the most appropriate service to meet those needs. Eligibility criteria and procedures for accessing services will be transparent and user friendly. Any form of discrimination in relation to access to services must be guarded against by adhering strictly to national policy and to agreed local procedures.

Criteria	Yes/No	Evidence/Comment	Action
7.1 The team complies with national audit and monitoring of the operation of the National Policy on Access to Services for Children with Disability or Developmental Delay 2016.			
7.2 An Integrated Children’s Services Forum (ICSF) is established in the area to include representatives of CDNTs, Primary Care, CAMHS and other services as relevant. Functions of the ICSF include: <ul style="list-style-type: none"> <li>• To act as a decision making forum on referrals where pathways or level of service are not clear within a defined timeframe.</li> <li>• To make recommendations for shared care provision and joint working across Primary Care, Children’s Disability Network Teams and CAMHS.</li> </ul>			

## 8. Evaluation of outcomes

The implementation of the *Outcomes for Children and their Families Framework - a Report on an Outcomes-Focused Performance Management and Accountability Framework for Early Intervention and School Age Disability Network Teams 2013* will apply to all staff in Children’s Disability Network Teams in terms of what they can be held accountable for:

- To maintain a focus on desired outcomes for the individual child and the family
- To ensure a standardised outcomes-focused approach to the delivery of services and supports for each child and their family in accordance with their needs and priorities

Criteria	Yes/No	Evidence/Comment	Action
8.1 The team receives support to ensure the outcomes accountability framework is implemented and embedded in the team culture and practice.			
8.2 The team’s IT system captures relevant information to measure and review outcomes.			

## 9. Family Centred Practice

Family centred practice focuses on the whole family and not just the child requiring support. It recognises that the wellbeing and development of the child is dependent on the wellbeing of each of the family members and the family as a whole. Family centred practice ensures that supports provided are determined from family priorities. It recognises that each family has its own role, values, structures, beliefs and coping styles. Each child's and their family's unique experience of disability is acknowledged and responded to in a dynamic, holistic, and child- and family-centred manner.

Criteria	Yes/No	Evidence/Comment	Action
9.1 The service supports families as appropriate in their role to help their children and young people in their development. This may be evidenced through the completion of Measure of Processes of Care (MPOC) by families and MPOC-SP by the team members.			
9.2 The team has practices and protocols for ensuring that families, children and young people are encouraged to express their opinions, concerns and experience and take part in decision-making as appropriate to their age and understanding.			
9.3 The team complies with national policy and procedure on the implementation and review of the individualised family centred plan.			
9.4 All children/young people have a current Individual Family Service Plan (IFSP).			

9.5 Parents/carers and children/young people as appropriate to their age are encouraged / and supported to be actively involved as partners in the development and delivery of their IFSP, including expressing their priorities for intervention.			
9.6 The team has documented evidence of agreed role and responsibilities of key worker/contact person.			
9.7 Parents/carers are assigned a designated key worker/contact person.			

### 10. Inclusion

Children's Disability Network Teams support the inclusion of children in their community and facilitate the maximum development of each child's independence and participation in home, school and community.

Criteria	Yes/No	Evidence/Comment	Action
10.1 The team uses mainstream facilities where appropriate and possible.			
10.2 The team supports children's and families' access and meaningful participation in local activities, social and leisure opportunities.			

### 11. Interdisciplinary Team Approach

An interdisciplinary team is a number of professionals from different disciplines who work with the child and family, sharing information, decision-making and goal-setting. They have common procedures and policies and frequent opportunities for communication. There is an understanding amongst all members of the team of interdisciplinary team working and respect for different roles and responsibilities.

Criteria	Yes/No	Evidence/Comment	Action
11.1 All new staff are given information on interdisciplinary team working on induction.			
11.2 Where resources are insufficient to meet the needs of children and their families/carers, there are agreed pathways for the identification, management and escalation of risk in the provision of service in line with national policy.			
11.3 The team has a documented policy on the process of conducting team meetings encompassing operational and clinical discussion and planning.			
11.4 The agenda and minutes of team meetings are recorded and circulated. Agreed decisions and actions are identified, documented and followed through.			
11.5 The team members all work to a common set of policies and procedures			
11.6 The team all work to a common set of individual child and family goals as agreed and prioritised by the family.			

11.7 Each child has an integrated file within the service that is used by all members of the team to share and records the child's clinical information, assessments, reports, correspondence, referrals, consents etc.			
11.8 Administrative support is an integral part of the team and provided for all team members.			
11.9 All team members including administrative support are based in the same building			
11.10 Team members have access to an integrated IT system			
11.11 Communication facilities are adequate to meet the needs of all team members.			

## 12. Staff are valued and respected

Effective services for children with a disability and their parents are grounded both in the knowledge and skills of frontline staff and in the relationships formed between staff and families. Staff who are well-motivated and happy in their work provide better care and support better outcomes. Their efforts to provide the best possible service must be acknowledged and valued, and they must be supported by management and encouraged to continuously develop their professional knowledge and skills.

Criteria	Yes/No	Evidence/Comment	Action
12.1 Each member of the team has a performance appraisal and professional development plan which is regularly reviewed.			
12.2 Staff are made aware of and know how to access the relevant independent Employee Assistance and Counselling Service available through their employer and existing policies and procedures.			
12.3 There is a process in place for identifying risks including inadequate resources.			
12.4 There is a process in place for identifying needs for training in line with priorities established by the team.			