Guidelines for local implementation groups on developing a governance structure and policies for children's disability services

Introduction
These guidelines on planning children's disability services have been produced by a working group of the National Co-ordinating Group for the programme Progressing Disability Services for Children & Young People. They are intended solely as suggestions for consideration when regional and local implementation groups are developing services and should not in any way be regarded as mandatory.

The guidelines are provided in two phases. The first stage of establishing key principles for the delivery of services is recommended to be agreed and signed off before moving on to stage two of designing an organisational and governance structure and working on the detail of policies.

Library
The library section on the programme's web pages on hseland.ie contains existing documents and policies developed by children's disability services which have been gathered together to help avoid unnecessary duplication of work where they might be adapted for use by another service. Articles and reports which may be of interest and assistance are available for additional reading under 'Other Resources'.

The resources in the library should be seen as for information only and should not be regarded as reflecting the policy of the HSE or the other partner organisations in this programme.

Stage 1 Principles and values – designing your model of service

All structures and policies for service delivery should be developed in the first instance with the primary goal of achieving best possible outcomes for children and their families.
Policies should be within the framework of relevant legislation and national policies. These include:

- ❖ UN Convention on the Rights of Persons with Disabilities
- ❖ National Disability Strategy Education for Persons with Special Education Needs (EPSEN)Act 2004
- ❖ Disability Act 2005
- ❖ Health Strategy – Quality and Fairness A Health System for You. Department of Health and Children. 2001
- ❖ National Children's Strategy – Our Children Their Lives. Department of Health and Children 2000
- ❖ The Agenda for Children's Services: A Policy Handbook. Office for the Minister for Children. Department of Health and Children. 2007
- ❖ Children First: National Guidelines for the Protection and Welfare of Children. Department of Children and Youth Affairs.2011

The Disability Federation of Ireland Guide to Government Policy on Disability in the library provides a useful overview.

Legislation and national policies can be obtained from Government Publications, on departmental websites and on hse.ie.
The six operational principles of the National Children's Strategy are: **Child centred   Family-oriented   Equitable   Inclusive   Action Oriented   Integrated**

The guiding principles and national goals of the National Health Strategy are that service delivery should be based on:
Equity   People-centredness   Quality   Accountability

Outline of Principles

This list of principles is synthesised from the principles and values as set out by services which have reconfigured into new team structures. However, the list is not exhaustive and we recommend review of best practice evidence on early support and school age support services to facilitate this process. Some useful (but not exhaustive) materials are referred to in the resources column and available in the library section of the website.
 	
 We recommend a number of steps in this process of determining your principles and values, such as
 ❖ Identify the strengths of each of the services in the area that can be built on to make a new stronger service *(see articles on appreciative inquiry available in the website library)*
     Appreciative Enquiry. What It Is and How It Works. 2004
     Sources of Information about Appreciative Inquiry Nicole Roper. Casemakers. 2006
 ❖ Review of best practice materials available on the website to drive the development of supports services
 ❖ Facilitated discussion to arrive at an agreed model with all key stakeholders, especially parents.
 	
 A good introductory report that documents a comprehensive literature review on family centred practice is 'More than my child's disability…' which reviewed a number of models of support and drew out key themes.

Principle	*Resources*
Social Model Of Disability - Bio Psychosocial Model A holistic approach, which focuses on all aspects of a child and young person's and family's life, particularly in the context of the community and society. The model promotes the idea that society and the environment must recognise and accommodate individual needs, based on dignity and respect, supporting and facilitating children and families to access and be included in their 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 documents produced by partnerships from which this list of principles are drawn and which are in the library include:** ❖ Together We Can Statutory and Voluntary Sector Developing an Early Intervention Services through Partnership. NEHB and Enable Ireland.2004 ❖ Framework Document For Future Delivery Of Early Services In Meath In The Context

Equitable There is equity of access to services for all children and their families based on need.	Of Mixed Enable Ireland/ HSE Teams ❖ Model of Service Mayo ❖ Governance Agreement Mayo ❖ Early Intervention Consultation Mayo ❖ Early Years Support Team: Overarching Commitment HSE Kildare.West Wicklow, KARE And Muiriosa Foundation
Accessible *Environment:* All service delivery should facilitate the needs of the child and the family including an accessible physical environment where possible. Ability to travel, access to public transport and the geographical location of the family should be taken into account. *Information***:** Families should know how to access information, from whom or where it can be obtained. Information should detail service provision, range and accountability. Information should be 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. *Integration***:** Links should be developed between disability services and primary care teams/networks in order that families have access to all services.	**Other service material** Pathways of Service Delivery for Children and Families code of Practice. Enable Ireland.2008 **Additional Best practice Materials (that are publicly available) include:** **International** It's about Ability Unicef Why Early Intervention Works: A Systems Perspective. Michael J. Guralnick. 2011 Early Intervention Approaches to Enhance the Peer-Related Social Competence of Young Children With Developmental Delays: A Historical Perspective. Guralnick, Michael J. PhD 2010 Checklist for Assessing Adherence to Family-Centred Practices Wilson, L and Dunst, C. 2005
Family Centred, Child and Family-oriented Family centred practice is an empowering approach that 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 requires that there is family involvement in the identification and measurement of achievements. It recognises that each family has its own role, values, structures, beliefs and coping styles. It is important to appropriately assess the variety of stressors that can adversely affect family patterns of interaction and utilise that information to strengthen families, which may require the selection and implementation of social supports, resource supports, information and services. Individualised plans that are sensitive to family and child issues assist in maximising participation of families. Family centred practice is characterised by: • A commitment to working with the whole family • Sensitivity, flexibility and responsiveness to the changing needs of a family at any given time. • Consideration of family demands, family support, time and pressure when discussing programme goals with parents • Responsiveness to the challenges that arise for families due to their unique situation • The provision of services in as normal a fashion as possible • Natural promotion of integration for the child and family within their community • Collaborative working between the family and staff in the planning and delivery of	Characteristics and Consequences of Family-Centered Help giving Practices Dunst, C & Trivette, C. **UK** Every Child Matters www.education.gov.uk Together from the Start www.dh.gov.uk OFSTED www.ofsted.gov.ie

services

- Training and skill sharing

- Proactive support in focussing on and sustaining the family's strengths and creativity in identifying supports, building on the capacity of the family's networks and local communities.

- Active contribution by all members of the team to problem solving in a solution focussed manner across all the family's issues and priorities. This provides a true "Circle of Support" for the family.

This involves recognising that the family is the primary and most essential resource for the child with disability and developmental delay and that the service role is complementary and secondary to that of the family. The primary aim of the service will be to support the family to mobilise its internal resources to support the development of their child and his/her independence and inclusion within their neighbourhood and community.

Service provision should be individualised. The needs of each individual and family should be considered. One size does not fit all. Accessibility indicates that consideration should be given to: (a) The needs of the child i.e. specialised versus general, of the child's and families strengths and needs. (b) The needs of the family, ability to travel, access to public transport, geographical location of the family. (c) Service should not be less if location is more remote.

Integrated Team Approach
The integrated team approach within a social model framework is considered to offer the best opportunity to support effective service delivery. It is supported by national and international best practice. This model of practice aims to enable each child and family to experience and access a holistic, unified continuum of service delivery where a person centred planning approach is central to the process and children and families are an integral part of the team.

The service needs to agree a model of integrated team working. For example:-
- Interdisciplinary, transdisciplinary working

- Parents are lead partners in service delivery

- Team members are facilitators as well as experts

- An Individual Family Service Plan with an identified key worker is the cornerstone of

Irish Policy and Information

Sharing Information about Children and Families. Best practice guidelines for practitioners, managers and agencies in South Dublin County. SDCC.2010

Entitlements for Children with Disabilities. Citizen Information Board.2010

Department of Children and Youth Affairs
www.dyca.gov.ie - Children's Database - Key documents

- ❖ Children Act
- ❖ Children First: National Guidelines for the Protection and Welfare of Children 1999
- ❖ Diversity and equality guidelines for childcare providers:national childcare strategy 2006-2010
- ❖ National Children's Strategy: Our Children – Their Lives (2000)
- ❖ Our Duty to Care: the Principles of Good Practice for the Protection of Children and Young People 2002
- ❖ Report on the Youth Justice Review 2004
- ❖ UN Convention on the Rights of the Child
- ❖ Youth Homelessness Strategy
- ❖ The Agenda for Children's Services: A Policy Handbook
- ❖ The Agenda for Children's Services: Reflective Questions for Frontline Managers and Practitioners
- ❖ State of the Nation's Children Report 2010

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the model • Service is provided at home, at centres and within the community e.g. schools, local gym, etc. as appropriate. • Collaborative working and goal setting	<u>Office of the Ombudsman for Children</u> www.oco.ie ❖ Ombudsman for Children Annual Report 2010 ❖ Barriers to the Realisation of Children's Rights in Ireland Dr. Ursula Kilkelly UCC ❖ A children's rights analysis of investigations. Dr Ursula Kilkelly. UCC Law Reform Commission Consultation Paper: Children and the Law: Medical Treatment www.lawreform.ie Informing Families Project: www.informingfamilies.ie The *Informing Families Project* developed best practice guidelines for informing families of their child's disability, and supporting families receiving this news. The guidelines were developed through consultation and research with families and professionals. In this section of the website you can:
Accountability Accountability needs to be embedded in the culture of the team and is the responsibility of all involved in service delivery and can be achieved through: ❖ Evaluation ❖ Feedback ❖ Written policies and procedures ❖ Monitoring ❖ Functional, clinical and personal Outcome measurement ❖ Evidence based practice and upskilling ❖ Financial ❖ Compliance with legislation and national policy guidelines	
Inclusion To ensure maximum independence and participation in society, early childhood inclusion sets the course for future expectations and is critical to enabling a child to experience a sense of belonging in his or her natural network of relationships and all that implies. This principle is intended to encourage those involved to do all that is possible to maintain family involvement in community life. It sets the scene for peer relationships and friendships within the local community.	**Education** DEIS Delivering Equality of Opportunity in Schools. Department of Education.2005 National Council for Special Education www.ncse.ie/research/Database Numerous reports including:
Early Detection and Referral The earlier we can identify children with developmental concerns the better, so introducing intervention at the earliest point possible may well achieve maximum developmental benefits. Disability services have a key role in assisting those who come in contact with children and parents in early childhood to recognise risk factors and make appropriate referrals. The Informing Families Guidelines provide relevant information. There should be a	❖ The Future Role of Special Schools and Classes in Ireland ❖ Report on Implementation of EPSEN Act ❖ Guidelines on the Individual Education Plan Process

clear pathway to services which is easily understood by parents and other referrers. Strong co ordination is needed between services so that no child/young person/ family will fall through a gap in services.	National Educational Psychological Service – Link to Publications www.education.ie/home/home.jsp
Evidence Based According to this principle services are planned and delivered based on evidenced best practice. The application of research is part of an evidence based approach to decision making, which incorporates the child and family's preferences, the use of current best practice and practitioners' clinical expertise and experience into the support plan. The application of an evidence based approach involves ensuring that services keep up to date with ongoing research that informs new practices or techniques and the inclusion of agreed clinical guidelines, policies and protocol with inbuilt audit and review dates. Guidelines, policies and protocols should be locally owned, ensuring that research is converted appropriately into practice.	**Intervention and Evaluation** Building Blocks to Best Practice Introducing an Integrated Holistic Model of Early Intervention with Children and Families. Maria Walls & Mary O'Connor. Survey Of Parents of Children Receiving Early Intervention Services in Limerick City and County. How do they find the service and what has been the impact of the Disability Act (2005)? Brian Muldoon.2009
Evaluation of Outcomes To achieve best possible outcomes for children and families requires: ❖ Setting explicit goals and objectives. ❖ regular evaluations and feedback from both team members and families ❖ a multi-tiered system that encompasses needs assessment, monitoring and accountability of services and supports, ❖ evaluation of functional, clinical and personal outcomes ❖ quality reviews and programme clarifications ❖ responsiveness to each family's priorities ❖ formal and informal evaluation methods	National Federation of Voluntary Bodies Conference June 2010 Challenging Times: Ensuring values support ordinary lives: Exploring Family and Person Centred approaches Dr Carl Dunst led the child and family stream of this event and the presentations can be found at www.fedvol.ie **Please contact Caroline Cantan to upload other materials that you have found useful and that can be made publicly available.**
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. The uniqueness will inform the partnership in service delivery with the family. The culture of each organisation needs to be acknowledged and appropriate aspects integrated within the culture of the new services.	

Stage 2 Developing a governance structure and policies for children's disability services

Category	Sub-category	Policies, procedures and protocols required	Further suggestions and existing documents
Governance	**Mission statement**	Develop the service mission statement	Early Intervention Team Model of Service Mayo
	Purpose	It is recommended that there is a governance group in place to maintain oversight and accountability of children's services teams in order to ensure that teams have effective structures and processes to meet the ongoing needs of service users.	
	Composition of governance group	Members (should include a minimum of two parent representatives and a balanced representation from all agencies involved) Alternates Rotation In attendance	Mid West Regional Group Terms of Reference Governance Arrangements Early Intervention Services Mayo. 2009 Limerick Management Group Terms of Reference. 2010 Framework Document for the Future Delivery of Early Services in Meath. 2008 National Strategy for Service User Involvement in the Irish Health Service.2008
	Interagency working	Where there is interagency composition of teams, management should ensure that there are service arrangements and a defined legal framework in place to provide all stakeholders with transparency and clear lines of accountability.	

		Process for promoting quality of service	It is recommended that the governance group develop a framework to ensure compliance with National Standards and performance targets together with the development of Continuous Quality Improvement initiatives. Confirm the relevant compliance standards in force and communicate same to member organisations. Make recommendations with regard to monitoring of compliance with standards. Examine the range of accredited quality initiatives currently in use by member organisations and identify system that best fits mission statement and purpose.	
		Guidelines in relation to governance group	Chairperson ❖ Appointment ❖ Voting rights ❖ Duration of office ❖ Rotation Members ❖ Balanced representation ❖ Alternates ❖ Rotation ❖ Voting rights ❖ Quorum Note taker ❖ Member - perhaps by rotation ❖ In attendance only for note-taking, no voting rights Determine level of confidentiality required Establish responsibility for sharing/dissemination of information	Mid West Regional Group Terms of Reference Governance Arrangements Early Intervention Services Mayo. 2009 Limerick Management Group Terms of Reference. 2010 Framework Document for the Future Delivery of Early Services in Meath. 2008 Enable Ireland/Health Service Executive Meath Early Services Project Terms of Reference

	Meetings	Frequency of meetings Notice of meetings Who is the minute taker? Timing for receipt of agenda items Who approves the agenda? Timing for dispatch of minutes Timing for sign-off of minutes	
	Roles and responsibilities of governance group	Should be as clear and defined as possible keeping the focus on the end result. Key words: ❖ To oversee ❖ To monitor ❖ To evaluate ❖ To recommend ❖ To agree ❖ To assist ❖ To develop ❖ To implement ❖ To provide ❖ To ensure	
Parental/young person involvement	**Mechanisms by which parents and young people's views can be heard around service planning**	Parents representative committee Parents group	National Strategy for Service User Involvement in the Irish Health Service. 2008 Achieving Excellence in Clinical Governance – Service User Involvement 2010
Service and Clinical Governance	**Purpose**	To bring clarity to the authority and responsibilities of individual members and teams for the delivery of safe, high quality, cost effective care to service users through clear accountability arrangements.	Achieving Excellence in Clinical Governance – Towards a Culture of Accountability, Health Service Executive July 2010
	Process	Service and clinical governance should be defined at the outset when teams are established. A management or steering group structure should be responsible for ensuring that sound service and clinical governance structures are in place.	

		Requirements underpinning safe and effective practice	• Communication and consultation with stakeholders • Accountability - clearly documented both management and clinical • Standard policies, procedures and guidelines • Assurance of monitoring reporting and review processes • Clinical effectiveness and audit – evidence based practice • Service user and public/community involvement • Risk management processes • Staffing and staff management • Service improvements • Learning and sharing • Confidentiality	Framework document – Towards Excellence in Clinical Governance – A Framework for Integrated Quality, Safety and Risk Management across HSE Service Providers, January 2009	
		Ensuring safe team practice	Children's services teams need clearly defined management structures to enable them to develop at organisational, professional and interpersonal level in order to ensure efficient and effective services for the children and families and ensure good clinical governance. HSE's Quality, Safety and Risk Management Framework clearly indicates significant risk in the absence of a service manager being responsible and accountable for the overall service.	See other documents e.g. those produced by professional bodies	
		Evaluation and Review	A process for regular evaluation and review of the service with a specific timeframe in order to achieve best possible outcomes for children and families.		
Team		A model for children services teams	A number of models of team management are in place within teams across the country. It is recommended that for children's services teams (early intervention and school age teams) there is an identified team manager. This team manager will have a clear reporting relationship to a designated person within the organisation or to a management group.	Brief synopses of articles on team working. Caroline Cantan.2009	

| | Managing the team | There should be a dedicated named person with management responsibility for the team who will:
• Have the skills necessary to lead, support and develop the team
• Be responsible and accountable for the safe and effective support/service to children and their families
• Advocate on behalf of children and families
• Manage the day to day functioning of the team
• Have responsibility for team development innovation and improvement
• Support the team in delivering high quality service within agreed procedures and scope of practice of the team
• Monitor and maintain standards of practice within the team so that services are delivered in a fair and equitable manner
• Monitor individual performance management of team members
• Work closely with service heads of discipline, with primary care, acute and tertiary services
• Ensure the quality of the service in relation to professional performance, resource use, risk management and service user satisfaction
• Dealing with complaints
• Report to the agreed management structure and represent the team at management and governance meetings. | |

		Team members	Team members should: • Work within the agreed team model • Ensure that family members are partners of the team around their child • Work collaboratively with other services and agencies involved with the children and families and share information with parents' consent as appropriate. • Deliver evidence based practice • Promote a learning culture within the team sharing good practice with colleagues and others • Maintain their competencies through CPD • Undertake professional supervision • Contribute to the identification of learning and or training needs, both individual professional and team needs • Advise and support the team manager in relation to service and individual team member issues • Monitor and evaluate own standard of service delivery and report on this to team manager • Clearly define their roles in relation to clinical and non-clinical core team functions	Working with Children and Young People: A Quick Guide for Frontline Staff. HSE
		Team members reporting relationship	All team members should report and be accountable to the person with team management responsibility in relation to: • Their day to day work within the team, • All operational issues in relation to the work within the team • Service delivery within the team Individual team members should have an appropriate person to report to in relation to professional practice issues and have professional supervision available to them.	

| | Team structure | Teams should have:
• A mission statement, core values and guiding principles
• Clear governance and line management
• Clearly defined remit and service boundaries
• Agreed team members which may include some or all of the following: Speech & Language Therapists, Physiotherapists, Occupational Therapists, Psychologists, Social Workers, Paediatricians, Nurses, Dieticians, Support Workers, Respite/Home Support Co-ordinators, Early Educators, Behaviour Support Workers, Community Inclusion Workers, Administration and others
• Clearly outlined working relationships with partners in service delivery – Primary Care, CAMHS, Education, HSE and voluntary sector and others
• Agreed process for allocation, role definition etc for key worker
• Clarity in terms of their organisational responsibilities, which is particularly important where team members come from different agencies
• Clearly defined team management and line management structure | |

| | | Team development and maintenance | - Policies need to be robust and clear in order to support, protect, and motivate each team member
- Induction should include:
  - Team operating policies, procedures, protocols and guidelines
  - Governance
  - Roles and responsibilities
  - Governance and organisational structure
  - Communication skills including informing families of child's diagnosis/clarifying information they have already received
  - Team values and model of working
- Team members should be consulted on the review of PPPGs.
- Team members should be aware of mandatory training requirements
- Team members should identify skill needs of the team and have opportunities for maintenance and development of relevant skills
- Sharing of knowledge and skills required when moving to working with a generic cross disability service
- Team members should be aware of policy and expectations in relation to student placement, staff supervision etc within and outside the team
- Team members should be consulted and made aware in relation to quality systems in place/planned
- Team members should be involved in regular service audit and adhere to the standards as outlined in the Framework document | Health Service Executive Policies, Procedures, Protocols and Guidelines (PPPG) November 2009

Informing Families of their Child's Disability. Federation of voluntary Bodies in Ireland www.informingfamilies.ie
  ❖ National Best Practice Guidelines Consultation and Research Report
  ❖ Words You Never Forget DVD
  ❖ The Cork Implementation Report

Framework for the Delivery of Early Intervention Services for Children.HSE.2010 |

| Service policies and procedures | Referrals and access | Children's Service teams should have clearly documented access, referral, exclusion and discharge protocols which are widely available with clear timelines.

Factors to consider when defining:
Access Criteria e.g.
Geographical area, primary care network area/s
Service user's home address, school attending, age, stage, team services required etc
Referral Criteria e.g.
What constitutes an appropriate referral
There should be clear criteria to ensure team referrals are appropriate and referral processes are clear
Geographical area covered by Team
Primary Care Team and or / Local Referral Forum/Parental Referral
Early intervention and school age teams form part of a continuum of health care provision in a geographical area
Outline where linkages with other services in the area may be appropriate
Clear eligibility criteria e.g.
Age range,
Specific catchment/geographic area,
Diagnosis/ at risk/ severity of difficulties
Multi disciplinary team response required
Exclusion criteria e.g.
Single discipline intervention
Service can be delivered at primary care level
Availability of specialist assessment / advice/ consultation in a geographical area which more appropriately meets the needs of the service user
service user's needs
Discharge Criteria e.g
Service user no longer requires service of multidisciplinary team Service user/family no longer wish to avail of the service | Consult with others regarding grouping of schools, special schools |

	Waiting lists	A policy on the holding of waiting lists and any prioritisation system applied should be transparent and communicated to all families.	
	Assessment of Need	The process for responding to requests and conducting Assessments of Need under the Disability Act should be clearly documented and communicated to all staff,	
	Referral Forum	Where areas operate a referrals forum, each service should participate. Terms of reference could include: • Overall membership which includes representation of core team disciplines • Opportunities for other disciplines to be invited to join a meeting when appropriate • Designated chair Purpose of Forum • To co-ordinate and identify all referrals in its geographical area • Prevent duplication of referrals and eliminate false waiting lists • Assist in screening of referrals • Protocol to ensure seamless transition between/across teams	
	Records and Information Technology	• A record maintained on each service user • Records should be held securely in line with service protocol • Criteria for maintenance of records forms part of the team's PPPG and is adhered to by all team members • The record should be retained on all children referred, transferred, discharged in line with HSE/Agency guidelines • Up to date informed written consent form needs to be on file • The use of IT is a key factor for efficiency and integrated working so compatible communications and even networked systems will be necessary. This may be an area for unified planning and co-ordination	
	Complex cases and urgent referrals	• Protocol should be agreed on what constitutes a complex and/or urgent referral e.g. significant health issues or change in health, home situation, school,	

		need for or failure of essential equipment. • Procedure in place for managing any such occurrences	
	Appeals	Clear procedures should be put in place and widely available to facilitate those wishing to make an appeal on any aspect of the service	HSE Complaints Policy and Procedures Manual Individual agencies' complaints & appeals processes
	Complaints	Procedure for receiving and responding to formal complaints, which is communicated to all service users and their families.	
	Consent	The service should have clearly documented procedures on achieving consent and insuring that this consent is informed. Parents/guardians must give informed written consent for • Assessment • Intervention • Sharing of information with HSE or other HSE funded Agencies, Schools and other relevant services • Signature/s of parent/s, guardian/s who may give consent Best practice would require signature of parents which the service will make every reasonable effort to obtain, referrals may be accepted with one signature • Where a delay is encountered that may impact seriously on the child's condition assessment and or intervention may proceed with consent of one parent. • If it is not possible to get consent of second parent/guardian intervention will not be withheld Consent should be sought from young people aged over 16 years and appropriate support provided to give their own consent for services, whether new or existing young person using the service.	HSE Children and Family Services 2009:Staff guidelines for obtaining Consent for Non Emergency Treatment/Services from Parents of Children and Young People Under the Age of 18 years Children and the Law Medical Treatment. Law Reform Commission. 2009 Beechpark Services referral and consent forms Mid-West Children's Services consent

| | Assessment | Teams should make every effort to ensure that assessments are carried out in a timely manner with the minimum of delay for children and families.

To assist families access services the following should be considered
• Information for family prior to assessment
• Assessment procedure clearly outlined
• Key contact person advised to the family prior to assessment
• Collection and sharing of information from family who are not asked to repeat information
• A common standard family history form
• Working with the family from a strengths perspective and active family engagement in the process
• Assessment information is shared among team members. Team members have designated time for team discussion and joint feedback to family
• A joint team assessment report template is used which focuses on goals and outcomes to be achieved
• Results of assessment are shared with the family in a way which is jargon free and easily understood
• Both formal and informal assessment tools should be available for use by assessors based as appropriate and in line with evidence based practice | |

	Intervention and Individual Service Planning Process	Teams should have documented procedures and processes for service planning and delivering intervention which are transparent and evidence based which include: • A range of available service pathways which are agreed, monitored and reviewed on a regular basis • Agreed models of intervention and team working • An agreed model of key working • The family as an equal partner in decision making and planning in relation to services for the child • Young people as partners in decision and interventions as appropriate • Working with the family from a strengths perspective and active family engagement in the process • Regular meetings between parents and team members are planned and scheduled at agreed intervals • A standard agreed process for information gathering for care plan from family and other relevant agencies • Guidelines for conducting planning meetings are agreed with families, documented and are available to families prior to the meeting • A standard template is used for individual plan reports and signed by both family and relevant team member/s • There is a process for measuring child and family outcomes of intervention	Plans may be called:- Individual Service Plan Individual Family Service Plan Family Service Plan
	Policy regarding non-engagement of families with the service	A written policy and process, for the information of both team members and families, on how to promote engagement with the service and respond to failure to attend for appointments.	

	Review	There should be a procedure in place to determine review processes e.g • Agreed timelines are set for review of child's and family's plan with the team • Team meetings are arranged prior to each child's review to ensure that the meeting is adequately prepared for and outcome focused • A process is in place for recording the outcome of the review • Families and young people (as appropriate) are equal partners in the review process and are given adequate time to prepare for the review meeting • A written report in standard format is available to all parties following the review meeting within an agreed time period with clear goals and outcomes	
	Transitions	Policy on handover for children and families when services are transitioning to new team structure Best practice in the continuity of services, information and access	
		Services should adequately plan in a timely manner for: • The various stages of transitions for children such as beginning formal education, moving from primary to secondary school, leaving school • Preparing children and their parents for each transition • Preparation and exploration with parents and children in relation to issues involved in transitions, including group activities, individual counselling and information provision • Liaison with Education regarding transition plans or IEPs • Agreed protocols on actions to be undertaken by health and education to facilitate transition	

	Discharges, and transfers	The interagency forum in the area or regular formal meetings with relevant agencies should discuss transfers ensuring that transitions or transfers to other services are planned and discussed with service users and their families. There should be a procedure for the transfer, which includes a protocol for sharing information and (where appropriate) files. Have a discharge planning process and tracking which includes: ❖ Informing family with adequate notice of any impending meeting with families to discuss the discharge ❖ Identifying other relevant professionals to be notified of discharge (eg. GP,PHN, referrer etc) ❖ Ensuring database changes ❖ Following standard procedures for storing of records following discharge ❖ Ensuring a process is in place whereby parents can seek a post-discharge review for their child if additional concerns arise	
	Joint working with other services	Develop protocols for joint working with other services to ensure continuity of care, good communication, sharing of relevant information, lack of duplication and seamless movement across services which may include: • Primary Care teams and networks • Acute hospital service • Other relevant disability services e.g. Early Intervention/School Age services • Child and Adolescent Mental Health Services • Education (schools/SENOs/NEPS) • Child protection services • Sub-specialist disability services e.g. ASD, physical, sensory, ID where such exist • Other services as relevant locally	

	Protocols agreed with other teams/services who interface with this service	Within a given geographical area there is a need to have clear written protocols in place regarding referrals, joint working, transitions and discharge planning with other agencies and services such as: Primary Care Team Early Intervention Team/School Age Team Child Protection Team/s Child and Adolescent Mental Health Services Sub specialist services as: Intellectual Disability Services, Autism Specific Teams, Physical and Sensory Disability Services Education – schools, NCSE, NEPS, NEWB, visiting teachers Other relevant services within a geographical area These protocols will provide clarity and a joint framework for service provision to children and young people that promote joint and multidisciplinary working across the named services and organisations. They will enhance and improve interagency working practices by ensuring clarity in relation to each agency's referral protocols and operating procedures. The purpose of this is to ensure improved interagency communication and information sharing to enhance service delivery for children, young persons and their families. Each protocol should outline: 1. The aims and principles under pinning the protocol 2. A description of the role of the service/team, the services it delivers and criteria for access 3. A procedure for consultation and/or joint working which may include regular consultative or review meetings, shared case work or information sharing 4. Procedures for referral across teams 5. Process, pathway and responsibility for resolving issues that may arise 6. Process for ensuring compliance with protocol 7. Responsibility and timeframe for a review of the protocol	See as examples the protocols developed by Regional Children's Group Mid West Disability Services available in the library

Staff and Employment Policies

Members of teams will have their own terms and conditions according to their contract and their employer's policies and procedures. Recognition of the differences between the terms and conditions of the agencies involved in delivering the service needs to be noted and acknowledged. Where these involve variations which will affect how and when services will be delivered, appropriate accommodation to these variations must be negotiated.

Terms and Conditions of Employment	Leave	- Annual leave - Sick leave - Maternity leave - Adoptive leave - Paternity leave - Parental leave - Force Majeure - Carers Leave - Leave without pay - Other types of leave
	After hours attendance	- Overtime - On Call allowances and payments - Sleepovers - Allowances - Training grants - Out of hours cover
	Incremental credits	- Long service - Starting pay on promotion - Travel
Induction Framework	Induction for new employees	- Guidelines on induction -aims, benefits and stages - Induction –checklists, management, implementation - Employee Handbook - Roles and Responsibilities- evaluation - On line options-web site support
Disciplinary Procedures	Pre procedure	- Purpose - Principals - informal counselling - Stage 1 oral warning
	Formal Procedure	Stage 2 written warning

	Appeal	- Stage 3 final written warning - Stage 4 dismissal or action short of dismissal - Notifying employee of allegation - Protective measures, Investigation, Disciplinary hearing - Appeals can be made under all stages
Grievance Procedure	Scope of procedure	Definition of Grievance Appropriate issues include: - Allocation of work - Duties assigned - Rostering - Granting of all forms of leave - Health and safety issues - Access to training and courses - Acting up
	Management of Grievance	- Organisational change/ new work practices - Informal discussion
	Stage 1	- Discuss with line manager - Meet within 7 days - Can bring work colleague or union rep to meeting - Decision conveyed in writing - If not satisfied can move to stage 2
	Stage 2	In interim Work under protest - Referred to Senior Management - Meeting within 7 days - Can bring work colleague or union rep to meeting - Decision conveyed in writing - If not satisfied can move to stage 3
	Stage 3	- Referral to Human Resources - Meeting within 7 days - Can bring work colleague or union rep to meeting - Decision conveyed in writing - If not satisfied can move to stage 4
	Stage 4	Referred to an appropriate third party: Rights Commissioner

		• Labour relations Commission
		• Labour Court
		• Equality Tribunal
Human Resource Issues	Guidelines for Line Managers	Managing attendance Policy: • Standards of attendance • Managing health and Safety in the workplace • Motivating and managing staff during sick leave • Return to work meetings
	Role of Occupational Health	• Role • Referral process
	Model Policy Statement	• Content of Occupational Heath report • Role of Employee • Role of Line Manager • Role of Human Resource Department • Role of Occupational Health Department
	Sick Leave Procedures	• Role of Employee Assistance Programme • Notification • Medical Certificates • Disability Benefit • Medical Assessments • Return to Work • Sick Pay • Payment during absence following accident involving third party • Sample Forms/letters • Payment during absence
	Working Alone with Children	• HSE Guidelines
	Infection Prevention & Control	• HSE Guidelines
	Volunteer Policy	• Acknowledging the contribution but also the responsibility to volunteers, their safety, recognition and responsibilities. Also outline their supervision, Garda reference checks
Upholding the Dignity and Welfare of Children and families who access services and the	Trust in Care (2005)	Policy should be in place: • Recruitment and selection of Staff • Induction • Promotion • Feedback, Supervision Training

management of allegations of abuse against Staff members		• Communicating policy • Monitoring awareness • Receiving a complaint • Reporting procedures • Managing allegation of abuse • Screening • Protective measures • Conducting the investigation • Informing Relatives/ guardians • Follow on action • Informing Gardai • Definition of Reasonable Practice • Definition of Abuse • Defence of Qualified Privilege • Employees right to silence • Standard of proof applicable
Reporting suspicions of abuse	Policy	That clearly reflects national guidelines in place that is cognisant of: 1. Child Care Act 2. UN Convention on the Rights of The Child 3. Children First Guidelines
	Definition and Recognition of Child Abuse	Understanding of • Neglect • Types of abuse-emotional, physical, sexual
	Reporting procedure Confidentiality	Individual responsibility Information required to make a report Retrospective disclosure by adults to a team member
	Encryption Policy Statement	Critical for ensuring the safety and confidentiality of files especially where staff are moving between services and using IT equipment or carrying files
	IT Acceptable Usage Policy	AS with Mobile phones appropriate for the use of publically funded equipment that possibly may be universally utilised – HSE Document and requirement.
	Password Standards Policy Statement	Maintains confidentiality and strengthen the policies for data protection, filing record keeping
	Electronic Communications Policy Statement	The use of IT will be a key factor for efficiency and integrated working so compatible communications and even networked systems will be necessary. This may be an area for unified planning and co-ordination
	Mobile Phone Device Policy Statement	Specific policy for personal/work usage and appropriateness HSE Document and requirement.