

Progressing Disability Services for Children & Young People

Essential phases of work for Local Implementation Groups

Additional actions may be required on a local or CHO basis

Phase 1* Initiation completed – formation of Local Implementation Group		
Phase 2 Information gathering		
Action	Who	When
All LIG members familiarised with programme documentation, national guidelines etc <ul style="list-style-type: none"> ➤ Service providers ➤ Parents ➤ Primary Care ➤ Education 		
Establish working groups with member of LIG on each and representation from service providers, parents, staff and others as relevant on: <ul style="list-style-type: none"> a. Communications and links with parents b. Model of service and structures c. Mapping of resources and needs d. Human Resources issues e. Information and Communications Technology f. Links between Health and Education g. Clinicians 		
Mapping of current services and needs <ul style="list-style-type: none"> a) Survey of current staffing resources allocated to disability services in the LHO b) Estimated child population requiring disability services c) Primary Care Networks and population distribution d) Accommodation and infrastructure available e) Current IT systems in use f) Special schools and classes and location 		
Review of information gathered and additional needs for information identified		

Phase 3 Planning and Negotiation		
Action	Who	When
Communications plan <ul style="list-style-type: none"> ❖ Meetings for parents and for staff ❖ Leaflets appropriate to different stakeholders ❖ Email address for queries ❖ Invite all interested to join contacts list for updates 		
Agreement and sign off on key values and principles for service delivery and model of service		
Develop detailed plan for structure of service using Self Assessment questionnaire and Structures Guidelines to track progress: <ul style="list-style-type: none"> a) Local Children’s Disability Services Governance Group b) Service and clinical governance c) Team development d) Policies and procedures 		
Legal framework for multiple partner arrangements		
Identify number and location of Children’s Disability Network Teams and Specialist Services		
Identify accommodation and any adaptations required		
Information sharing agreed and ICT system requirements identified		
Training needs assessed		
Consultation with staff representing all agencies and all disciplines on the range of children’s needs and specific skills and experience required to inform allocation of staff and training needs		
Allocation of staff to Children’s Disability Network Teams and Specialist Services <ul style="list-style-type: none"> 1. Procedure for issuing and receiving expressions of interest 2. Allocation of staff to teams having regard to need for mixing of skills and levels of experience 3. Appeals procedure 		
Risk and issue analysis completed (see Guidance on Reconfiguration)		

Phase 4 Local Implementation Plan		
Action	Who	When
Organisation		
Schedule of minimum of monthly meetings of LIG		
Establish reporting system of sub groups to LIG		
Establish sub groups for each area of work		
Communications plan		
Organise regular ongoing meetings with service providers, staff and service users to inform them of vision for services and the implementation plan		
Regular printed and email updates for staff and parents		
Use notice boards in children's services for information and updates		
Monitor email address for queries and respond promptly		
Continued links with parent groups		
Briefing and updates for local representatives and relevant local organisations e.g. parent support groups		
HR and IR issues addressed as appropriate		
Form links with HSE National and Local HR for advice and support		
Process for answering queries from union representatives and staff		
ICT and recording system plan rolled out for all teams		
System to be used in each location		
Hardware and software requirements		
Protocols for recording and information sharing		

Action	Who	When
Accommodation prepared with all required infrastructure, furniture and equipment		
1. Identify accommodation for each team		
2. Budget secured for rental of property and necessary adaptations		
3. Capital budget where required secured for purchase of property and adaptations		
4. Physical accessibility of accommodation assessed		
5. Suitability assessed for therapy and other intervention for children with the range of presentations and needs and any adaptations or additional equipment needed		
6. Programme of any necessary structural work planned and implemented		
7. Plan for room use and booking/scheduling system		
8. List of furniture required and sources		
9. Telephone system assessed and additional lines arranged if necessary		
10. Stationery ordered with agreed letterhead		
Plan process for transfer of children and families to new teams		
1. Identify for each child who is either currently receiving services or on a waiting list, the CDNT he/she will be allocated to and develop a database for each service to collate this information		
2. Form group of staff and parent representatives in each organisation to assist with planning the move		
3. General meetings for parents in each current service to inform them about detail of changes		
4. Written general information for families about the CDNTs, model of service delivery, specialist supports, home supports, equipment provision etc. and what to expect		
5. Written information for families on an individual basis as to where and by whom their child will receive services after reconfiguration date (minimum of 3 months in advance of move) followed up by face to face or telephone contact		

Action	Who	When
6. Consent obtained for all current service users for transfer of information		
7. Multi-disciplinary transfer summary report compiled for each child to assist with easy identification of individual pathways and immediate needs		
8. Children with high/urgent needs identified and key worker allocated to each of these families to support them through the transfer		
9. Process for answering queries from parents promptly		
10. Transfer of records, hard and soft copies		
Establish governance of service		
Implement interagency agreement		
Identify members and commence meetings of Children’s Disability Service Governance Group		
Commence meetings of Team Managers Group		
Identify members and commence meetings of Clinical Leadership Group		
Facilitate establishment of family forum		
Team Formation		
1. Team Manager roles assigned		
2. Expressions of Preference process completed (see Guidance on Expressions of Preference 2019)		
3. List of members of each new team, including administration, with discipline, grade and any particular skills and expertise		
4. Assign staff to Early Intervention or School Age Teams if relevant		
5. Identify needs for specialist supports in line with Guidance on Specialist Supports, how they will be delivered and the staff who have the expertise and will be given designated time for this purpose		
6. All members of the team, including administration, have a role description and know who their line manager will be		

Action	Who	When
7. Assign responsibility for clinical supervision for each member of the team		
8. Assign individual caseloads		
9. Assign key workers		
10. Team meeting schedule established		
11. Agree timetable of groups for children, meetings for parents etc. for early months of operation		
Team development, induction and training		
1. Induction on governance of service, line management structure and clinical governance		
2. Induction on model of service, service specification and policies		
3. Induction for all staff on child safeguarding guidelines and responsibilities		
4. Training needs gap analysis for each team		
5. Identify specific conditions and presentations which will require upskilling for some members of the team		
6. Discipline meetings to identify specific issues		
7. Sharing of approaches, groups etc. used to meet different needs		
8. Gaps in knowledge and skills addressed through specific training courses, shadowing and mentoring		
9. Liaison between staff regarding assessments/interventions/groups taking place in order to attend and observe		
10. Caseload management training		
11. Familiarisation with IT system for all team members		
12. Record keeping system and protocols		
13. Familiarisation with premises, rooms and equipment		
14. Fire safety training specific to site		

Action	Who	When
Family centred practice		
Lead Agencies have committed to the implementation of the Family Centred Practice Model		
All members of the CDNTs have been afforded the opportunity to understand Family Centred Practice within the context of the PDS programme		
The CDNTs comply with national policy and procedure on the implementation and review of the individualised family centred plan		
CDNTs have clear processes, procedures, and pathways in place to support the child/young person and their family, from first referral to discharge, to facilitate a Family Centred Practice Model. These processes include supports for the team and family on the development and implementation of an Individual Service Plan.		
The CDNTs have a process in place to facilitate the management of IFSPs, and to ensure that all children / young people have a current Individual Family Service Plan (IFSP), and to facilitate the reporting of required IFSPs KPIs		
Communication		
Information for other local services e.g. Primary Care, CAMHS, hospitals, GPs, PHNs		
Information for schools		
Meetings with special schools on an individual basis		
Information on referral to CDNTs (see information leaflet template with National Access Policy)		
Ongoing Risk and Issue analysis e.g. <ul style="list-style-type: none"> • Lack of communication with staff and/or families • Lack of preparedness by staff • Lack of adequate accommodation • Insufficient information on children being transferred to new teams 		
Reconfiguration into Children's Disability Network Teams		
Two weeks induction period before services commence in full (except for urgent intervention)		
System to provide support to staff and service users through period of transition with roles assigned		
Monitor developments in each Children's Disability Network Team and their consistency with national and local plans and objectives		