THE PERFORMANCE PARTNERSHIP LTD.

# Report on the Review of the Network Disability Team Service for Kildare – West Wicklow

## Summary


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***Results focused Organisation Development***

# Section 1 Review Purpose and Method

## Purpose of the Service Review

The review of the Kildare – West Wicklow NDT Service was conducted between June 2016 and May 2017. The objective of the review was:

- To identify what is working well in the Service
- To identify what is working less well in the Service
- To take a timeline perspective on how the Service is evolving
- To make recommendations as to how the Service may be improved

## The Review Method

The review used a multi - stakeholder evaluation approach covering six main areas:

- Timeline Appreciation of How the Service has Developed
- Evaluation of the Effectiveness of the Service
- Review of the Organisation & Efficiency of the Service
- Evaluation of Customer Feedback and Service Quality
- Evaluation of how the Service Develops & Maintains Staff Expertise
- Review of the Management Structure & Reporting Relationships for the Service

We used a number of methods to conduct the evaluation:

- Structured Surveys with the main stakeholders [Families, Schools and Service Staff]
- Focus Groups to explore the Survey Results in more detail [With families and service staff]
- Interviews with Managers and Steering Group Members
- Evaluation of Service activity reporting data
- Evaluation of Progressing Disabilities National and Local Policy Development
- Comparator Review with another NDT Service [The Mid-Western NDT Services]

The Kildare – West Wicklow NDT Service commenced in mid – 2014 and the bulk of the data collection for this service review was conducted in mid to late 2016.

# Section 2: Where We Got the Information From Data Collection Methods

## GETTING PERSPECTIVES:

Family

### Survey with Families who use the service:

This was a postal survey run from September to November which was returned directly to the Reviewer. In total 117 families completed the postal survey. Families also had the option of completing the survey online and 28 families completed this format. So a total of 145 completed the family survey.

| Family Survey Descriptors [Total number = 145] | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Breakdown by Age:** | | Early Years | 41 | School Age | | 104 | |
| **Breakdown by Diagnostic Category:** | | | | | | | |
| ASD | 74 | Intellectual Disability. | 28 | Physical Disability | 31 | Other | 12 |
| **Breakdown by Location:** | | | | | | | |
| North Team. | 45 | Mid-Team. | 54 | South Team. | 41 | Unknown | 5 |
| | | | | | | | |

School s

### Survey with Schools in the area

We developed and sent a post survey to all the schools in the catchment area. This survey was returned directly to the Reviewer. 56 completed surveys were returned with some schools having more than one respondent [E.g. Principal and class teacher]. Four of the surveys returned did not know anything about the service and were blank.

Staff

### Survey with all Staff

An online survey was made available to all staff and 54 responses were completed. The feedback from this survey informed the main enquiry areas for the subsequent staff focus groups.

### Focus Groups with Staff

We held 5 semi-structured focus groups with staff in November 016 – January 017, which built on the key themes emerging from the staff survey and covered what is going well, less well and their views on how issues of concern & areas for improvement might be addressed

Management

### Structured Interviews with the Team Managers:

We had an initial briefing session with the 3 team managers to get an overview of the service, its development from set up in 2014, current status and prospective issues still to be addressed.

We conducted a number individual interviews with each team manager to get a more in depth understanding of how the main team systems and processes operate, what is going well & less well, key areas for improvement being addressed & still outstanding and their views on the team manager role.

Steering Group

### Survey and Individual Phone Interviews with Steering Group Members

An email survey was sent to all Steering Group members and was completed by all but one member. The survey was followed up by an individual phone interview with each respondent. This phone interview followed up on the points that the Steering Group member made in their survey response and explored their thinking on emerging themes from the review.

### REVIEW OF ACTIVITY FIGURES for the last 12 months

We had access to the service activity data set for the last 12 months which is sent on a regular basis to the Steering Group. *(This includes waiting list & intake numbers, numbers of cases active in the services, numbers referred on or discharged, complaints, risks identified and staffing information)*

### DESK RESEARCH & Review of Comparator Services:

We conducted desk research on the Progressing Disabilities key documents trail and reviewed other NDT policy and guidelines documents.

We visited and did a structured 0.5 day briefing session with the managers of the Mid-Western NDT Service

The table below summarises the main data sources for the Review.

| Respondent Data Sources for the Review | | | |
|---|---|---|---|
| Families | By Survey | 145 | |
| | By Focus Group | 138 | |
| | File Review | 25 | |
| Schools | By Survey | 56 | |
| Staff | By Survey | 54 | |
| | By Focus Group | 52 | |
| Managers | By Interview | A minimum of 2 interviews each | |
| DSM Manager | By Interview | One interview | |
| Steering Group | By Survey | All bar one | |
| | By Phone Interview | All bar one | |

## Section 3.0: An Appreciation for How Far the Service Has Come

The NDT service for Kildare West Wicklow was established in 2014 after a period of inter-agency planning and family and stakeholder consultation. The NDT service was set up as a collaborative partnership between the HSE Children's Service, HSE Beech Park Service, St John of God's Children's Services, KARE, Muriosa Foundation and Enable Ireland.

The NDT Service was designed to operate according to a Family centred Model and to follow the set –up and operational guidelines recommended by the National Progressing Disabilities Policy Framework.

The Family –centred approach means that the service works in partnership with families to facilitate the child's development through family empowerment, education and support rather than an over-reliance on intensive individualised therapy with each child in clinic settings.

Since its inception, the NDT Service has developed Policies and Procedures and a structured system for taking children into the service. At the heart of the service is the Family Service Plan (FSP) which is an interdisciplinary planning partnership with each family to identify and address the support and development goals that are most important for that child and family.

The NDT Service offers a range of interventions and supports to deliver on the FSP including

- parental training, guidance and support in individual and group formats,
- interdisciplinary assessment and guidance on development,
- group work with children and parents
  and
- targeted outreach support to schools.

The NDT service has two sub- services:

*Early Years Service* for children up to starting school

*School Age Support Team* up to eighteen [or school leaving]..

The service has made significant positive progress since its establishment in integrating staff from five different employer organisations, establishing three team locations, developing a set of Polices and Procedures and establishing a family – centred service model in line with the PDS national framework. Since its inception, the NDT service has expanded the number of families, who have a child with a significant disability, that are receiving a specialised support service.

Significant resources have been put into increasing staff numbers within the service. However, the service has had difficulty providing continuity of service to families because of high levels of staff turnover and an inability to fill vacancies quickly or provide timely cover for maternity leave.

In its relatively short operational history, the service has shown a high degree of responsiveness and flexibility and has demonstrated the capacity to learn and adapt its service configuration to better meet needs within the resources available to it.

We believe that there is a high level of staff commitment and professionalism within the service which is reflected by very positive feedback from families, schools and other stakeholders.

# Section 4.0: The Main Review Findings

## Review Area 1: Effectiveness of the Services

### 4.1 The Early Years Service

From a service effectiveness perspective, the service is providing a wide range of intervention and supports within the Early Years programme. The service delivered on a planned interdisciplinary basis in partnership with the family and underpinned by a regular FSP. The families generally like how the service is delivered, although there are concerns about how well the individual plans are followed through on.

Parent Training
Interdisciplinary Approach
Home Visits
One to One Sessions
Behaviour programmes

#### What is Going Well?

- Equity of access to the services in the referral process
- Ease of physical access to local support services ( 75% of families, who responded to the survey, are happy with this)
- The positivity of the team and the individual staff.
- Parents frequently said the services are *"child – centred"," helpful," professional"," caring", "enthusiastic"*
- Parent training programmes are highly rated by families, but more so when they are matched to the individual child's current needs and followed up by one to one home visit. Staff also emphasise the value of focused training programmes and evaluated methods.
- Both families and staff value the interdisciplinary approach practised by the service, seeing this as more comprehensive and integrated in delivery.
- Families say that they like home visits. Staff also see home visits as a more natural setting and this helps to building rapport and good partnership working.
- One to one sessions with SLT, Physio and OT are all cited as being very valuable by families and staff
- The input by psychologists into Intervention and support plans for behaviour problems is highly valued but reported as very difficult to get access to.
- Groups are also rated highly by parents. Families feel that groups are helpful for general orientation to the service, giving information, socialisation for children and networking and support between parents.
- Specialist services including motor management service, orthotics, and clinical nurse specialist in autism are highly valued by families.

## What is Going less Well?

### WAITING TIMES FOR THE SERVICE ARE TOO LONG

The waiting times for the service are too long both in terms of getting access into the NDT service but also in terms of the team's follow through on individual family service plans and families getting access to specific services within the NDT. Many parents cite waiting times of over 2 years before they finally got access to the NDT.

### CHILDREN FALLING BETWEEN STOOLS IN SERVICE PROVISION

Many families have had a negative service experience where the therapy supports that they are receiving in the Primary Care service are withdrawn immediately when the child is referred to the NDT service. Following this, there is a subsequent long waiting time before the NDT engages with the family. This means that the child loses out on actual services by being referred to the NDT service.

### EXCESSIVE DELAYS IN ACCESSING SERVICE SUPPORTS WITHIN THE NDT SERVICE

Many also reported that once they got a letter stating that they were now accepted into the NDT service, there was still a long waiting period before there was active service engagement with the family.

In addition, the timeliness of follow through on the FSP is reported as poor in many cases and access to specific disciplines is delayed due to a build up of internal waiting lists.

The service does appear to be under some demand pressure as it is taking on new families, while internal waiting list for specific services within the teams are building up. This is made worse by the relatively high level of staff turnover and delays in filling vacancies

### A BASIC PROBLEM IS THERE ISN'T ENOUGH STAFF WITHIN THE TEAMS

The reality is that there is a ceiling on the therapy resources available and this poses many challenges for the service while underlining the need to be sure that best use is being made of the available staff.

### PERCEIVED LACK OF A COMPREHENSIVE SERVICE INTERVENTION RESPONSE

The actual service that families get can appear to be disjointed and reactive when they are looking for a comprehensive service programme for their child. This appears to be because the FSPs focus on a small number of functional goals without a fuller ongoing assessment of the child's status and needs.

There is a lack of consistent service plans for specific types of needs although work is being done on this area.

Parents say that some group programmes are not clear what they are for and what outcome is expected. Sometimes there is poor attendance at these groups.

The level of Psychology resources available seems a particular concern and some families may be using inappropriate alternatives sourced privately.

## LACK OF CLARITY ABOUT THE FAMILY-CENTRED SERVICE MODEL

There appears to be a lot of confusion about the way that the NDT service works.

The service is operating to a model that is primarily family centred as set out in the national Progressing Children's Services programme and policy documents.

This approach means that the service supports families using a partnership model, where families are helped to become expert in helping their child's development within the normal social and daily living context. This approach combines staff working individually with the child & family but also providing supports through education and training groups.

This approach is sometimes compared to a medical – model where the main emphasis is on the expert clinicians working directly with the child on a sessional basis. However, research shows that parents are very effective in helping their child to develop through ordinary activities once they are given the right support and guidance.

The Family Survey indicates that a third of the respondents felt that the model was explained poorly to them or that they didn't understand it. Also, some comments in the family survey and focus groups indicate that many parents are not in agreement with the service model.

### *There is a mismatch in expectations:*

Families see that their child's development is delayed or atypical, and there are intervention solutions that may remedy this or help to maximise the child's potential. They see clinicians as the experts in these aspects of development. They are also anxious that a developmental clock is ticking and that every day without intervention is reducing their child's potential to make progress.

The Assessment of Need process gives parents an expectation that they are going to get a full multidisciplinary team intervention programme that will enhance their child's development in a number of different areas.

In reality, although the initial FSP is likely to involve a number of NDT staff, the follow up support is likely to focus on 1 or 2 development goals at a time and involve only one staff member as the main support.

The use of language is important in having a shared understanding of what the NDT can offer families. Many parents are not comfortable being described as the "experts" on their child and instead expect that the NDT staff are the actual real experts that can help their child. If the parents are described as "knowing their child best", this means something different and is more valid to the families.

Some families of older children will have previous experience of different early intervention services which may have been more specialised to their child's specific disability and may have provided more sessional therapy type services. This prior experience sets their expectations of how a service should operate. These parents may also be less comfortable where they perceive the responsibility for developmental intervention is being put primarily in their own hands.

In some cases, families perceive the service as providing general supports through group training programmes where they are looking for individual supports suited to their individual child's needs. This seems to be particularly the case for some families whose child is on the ASD spectrum. This difference of views is made worse where staff, attending the FSP meeting or the training programmes, may not be familiar in advance with the individual child.

## FACTORS THAT AFFECT FAMILY ENGAGEMENT WITH THE SERVICE

In our view, there are a number of factors that may make it more difficult for families to engage fully with the partnership and enabling model of service.

### Families That Need Counselling Support:

Some families may not yet have come to terms with the reality that their child has a disability and may need emotional and psychological support to help them get to a point where they feel receptive to what the service is providing. It is not clear that the NDT service provides sufficient access to counselling supports.

Counselling may need to be provided at more than one level. Team members with adequate training should be able to cover a lot of the requirement but some family members may require a more in – depth counselling that requires specialist expertise, which needs to be sourced externally.

### Families Have Many Pressures

Some families are operating under multiple pressures.

Some families find it difficult to respond to a service approach that works mainly through providing information, particularly where this is done through the written word or checklist formats. This can include parents where English is not their first language or who learn at a slower pace. The approach works best when a therapist actively shows what is required with the child in their natural setting and then leaves a record of this.

Some families are in a situation where both parents work outside the home and so they require a more flexible service from a scheduling perspective.

A number of families with children on the ASD spectrum made the point that their child responds differently to them than with a therapist and this makes it more difficult for them to implement specific learning programmes at home.

## TAILORING GROUPS TO SPECIFIC FAMILY NEEDS

It is clear that the take –up of group interventions is poor in many cases and the above issues are all likely to be some reasons for this.

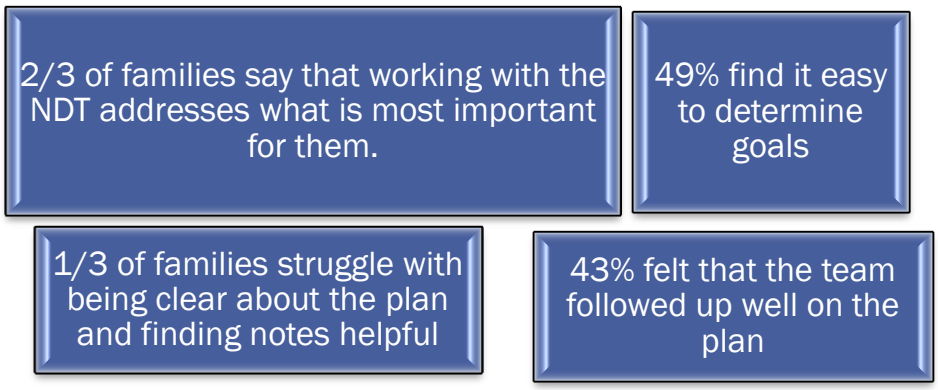
The feedback from the staff suggests that the take up of groups is much higher in those families who have already had a positive relationship with team members on an individualised basis with their child.

There is a clear lesson for the service here:

*The service must build engagement and trust with families on an individual basis before group interventions and supports are offered.*

## HOW WELL IS THE FAMILY SERVICE PLAN [FSP] WORKING ?

The current FSP implementation in Early Years gets generally positive but mixed feedback. There is plenty of positive feedback from families about the multidisciplinary and partnership aspects of the FSP. There is also positive feedback about the practical and goal focused approach.




The main criticism of the FSP from families is the inconsistency and delays in the team following through on what has been agreed.

Elements of the FSP may be agreed at the meeting but it isn't clear that there are the resources to respond. This can lead to delays and frustration on all sides. Then, while families are waiting for the agreed individual supports, they may be invited to various group programmes. But, these groups may not be focused on the child's specific goals and they may be run by a different set of staff

The comments from families suggest that most would prefer a more comprehensive or holistic assessment of the child's status and a matching development programme with active therapist support rather than a focus on single functional goals.

Some more negative feedback from families indicates that they see the FSPs as putting more staff resources into planning for the service while less are put into follow through intervention or support.

A major constraint on the FSP follow through is the high turnover of staff and delays in replacements. This breaks up the continuity of the relationship with child & family and undermines the momentum of supports. The service is working to improve this area but is hampered by a national shortage of some disciplines.



## FAMILIES GET DIFFERENT LEVELS OF SUPPORT FROM THE SERVICE

It is clear from the family feedback that there are issues around equity of access to service supports once the child is actually accepted into the NDT service.

There are two issues here:

- Some families receive a lot more support and are allocated more team resources than others
- There is no minimum or standard amount of service support that is made available to all families.

### How resources are used:

Team resources are allocated against an evaluation of complexity / priority of support required. The judgment on this prioritisation may be made by a subgroup with the team manager or it may be done on an individual discipline basis.

Some disciplines are less well resourced than others. Where a child's needs are highly complex, then involvement from more disciplines is likely to be required, even where these are in short supply [Psychology is an example of this].

While this type of prioritisation is understandable from a clinical perspective, it does not sit easily with families who understand that they have been referred to the NDT precisely because their child has "complex needs"

The staff make-up of the 3 teams are different and there are some expertise & skill-sets which are not in every team. For example, the North team has a specialist nurse who has a high degree of expertise in ASD-related service and the Mid team have a social care worker who provides a large number of specific group interventions including mother & baby groups and teenage ADL and socialisation skills.

## THE SERVICE IMPROVEMENT RECOMMENDATIONS

*R1. The HSE should ensure that children receiving primary care supports do not lose these supports until the point where the NDT is actively engaged with the family.*

*R2. Put resources into fuller family engagement, after the initial intake into the service. Provide emotional and psychosocial support before providing advice & guidance on functional skills and development.*

*R3. Cooperate with other interested groups & agencies that may also provide support and counselling so that the NDT can link families with them.*

*R4. Explore the feasibility of enabling and training parents to act as peer supports for other parents.*

*R5. Move to a point where the specialist nurse and social care workers that are providing ASD Counselling and mother & baby groups are used as a service – wide resource*

*R6. Improve family guidance by the therapist demonstrating the relevant skills and supports directly with the child [in the home if possible], creating a visual model and then getting the parents to practise the skill with feedback*.

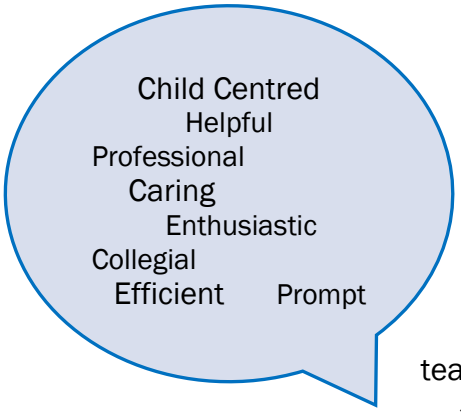
[Note: This is current practise in most cases but sometimes information is sent rather than the practice being demonstrated live]

*R7. Ensure that induction for new staff covers communication, family support, enabling skills transfer & skills for effective key-working.*

*R8. Structure group training programmes so that all children have been seen by a clinician, before attending the group. Get clinicians to drop in to the training where possible to connect with families and ensure that there is a follow up home visit to reinforce the generalisation of skills learned*.

## 4.2 The School-age Service

The feedback on the School-age service is much more mixed.




### What is Going Well?

- Equity of access to the services in terms of the referral process [although this doesn't necessarily carry through to equity of services provided by the individual NDT teams]
- Ease of physical access to local support services – [About 75% of families are happy with this]
- Parents frequently use terms to describe the positivity of the team and the individual staff
- Schools feedback cites a very collegial approach, efficient, professional and caring. The prompt response, useful recommendations and prompt correspondence are also cited by the schools

- The schools value the specialist expertise, provision of valuable information on children and appropriate programmes, the sharing of practical resource materials and provision of practical specific tips by therapists helps with IEPs.
- Schools also value receiving information about courses for parents and teachers that cover key issues of concern.
- Both families and staff value the interdisciplinary approach practised by the service, seeing this as more comprehensive & integrated in delivery. The staff see the benefit in working in an interdisciplinary and collaborative mode which enhances flexible response, problem solving and skill-sharing.
- The schools and families highly value where expert support is provided in a targeted and timely manner (One team is reasonably successful in dealing with formal school – based referrals within a set timeframe).
- Parents find home visits very helpful for specific child centred intervention & support work.
- The variety of groups that have been provided have been seen as helpful for many families and teenagers [Although some of the feedback is mixed in this area regarding relevance of the group focus to the individual child's needs]
- The Sibling Camp was seen as a useful provision by both families & staff
- Information sharing and pooling is working better within teams: - SMART Goals database // Group database for all groups
- The provision of some specialist services including motor management and orthotics has been seen as valuable.
- The teams have taken a number of initiatives that have worked well including:
  - The move to the mini – team format has been helpful for knowing families and schools better and facilitating interdisciplinary case-working
  - The Drop-in Clinics have worked well in providing accessible services on a responsive basis
  - Setting up databases for Goal setting and Group Provision have made it easier to link families with resources
  - The Waiting List Initiative team is cited as being a good example of an interdisciplinary focused response to a service problem

## THE SERVICE IMPROVEMENT RECOMMENDATIONS

### THE NDT-SCHOOL LINKS COULD BE STRENGTHENED

Schools that do receive support from the NDT service rate the specific intervention supports positively but can find access difficult to organise. The collaboration between the NDT and the school system is responsive and based on goodwill [Schools do not have to cooperate with NDT or vice versa]. Arguably this reduces the opportunities to have a fully joined – up approach to supporting the child's development.

The school – related service improvement recommendations here are that:

*R12. The onus is on the Steering Group to progress the strategic aspects of improved school – NDT collaboration.*

*R9 At a local level, an effort should be made to set up a cooperation forum between schools and the NDT service.*

*At a forum like this issues of joint concern could be discussed and worked on. For example*

- *How to improve basic communication access between the 2 services*
- *How information on a child's development and recommended support approaches could be shared more routinely and frequently, particularly at the start of each school year.*
- *Exploring the potential for parent training programmes that would be jointly run by teachers and the NDT*
- *-Whether there is potential in some cases, to combine the IEP and FSP into a single family support plan*

*R 10/11. We recommend that the NDT take an initiative to see if one or two schools could be interested in developing a project to use SNAs as a more effective bridge between home and school support programmes?*



## THE FAMILY FEEDBACK AT SCHOOL-AGE

A substantial number of families feel that their needs are not being met by the NDT school age service.

A Planned, Comprehensive Support Process

There are a number of factors at play here, the primary one being that the service tends to be more reactive in its delivery, responding to issues that families raise, rather than setting out an ongoing and proactive support plan for each child & family.

Many families need a more planned and comprehensive support and this seems to be particularly the case for families with children on the ASD spectrum who have received a late diagnosis and also for a small number of children with life-limiting physical disability issues.

Many of the families with children on the ASD spectrum have been passed around services on waiting lists and have not experienced the benefits of an early intervention programme. They typically have multiple needs including a closer level of support and are often not able to specify exactly what their priority needs are. These families need a multi-disciplinary close support approach with access to a range of resources including home support/respite not all of which are within the remit of the NDT.

*R 13: Recommendation on Enhancing the Service Pathway for School-age Children with ASD*

*We recommend that the NDT work with the educational sector to develop a clear "joined-up" service pathway for families with a child who has a late ASD diagnosis. This work would involve identifying commonalities of support needs and could usefully be done in collaboration with an external agency that has Autism-specific expertise [For example – ICAN or Scottish Autism].*

*This work should address the issue of wider educational, family and community integration supports, rather than concentrating solely on service areas where the NDT is currently resourced.*

*Topics to be considered in this design work could include the following:*

- *How to maximise the coordination & integration of support activities provided by different agencies*
- *Whether there should be a combined IFSP and IEP rather than separate intervention & support plans*
- *What it would take to broaden and up-skill the Special Needs Assistant role so that it could encompass a dual school & home /community support function*
- *This work should also consider the needs for behaviour support as this seems to become a more prevalent issues in the early teen years*

*R14. Ensure that there is a proactive key worker system in place at school age:*

- *Every family should have a nominated key worker and a clear contact number/email for this person.*
- *There should be a target time within which a key worker should respond to a family initiated contact*
- *The role of the key worker should be clearly described and should include a case management responsibility to proactively contact each family within a specified timeframe to check in on status and needs. The key worker should also ensure that the family always has a current "roadmap" of the support plan for the family over the next 12 months.*
- *Staff may require a short training module on this more proactive approach to key contact*

*R16. Many families would prefer less family support plan meetings and for more staff time to be spent working directly with the child& family. Consider stretching out the FSP process to a 2 - 3 year cycle perhaps linked to transition points in the child's life [At ages 6,9,12 & 17 ].*

*R 34- 36: Adopt a Single Service Approach to Provision*

To the greatest degree possible the NDT service should ensure that the same core service supports are provided to families regardless of physical location and assigned team. This requires that resources are shared and deployed on a single service basis rather than being tied only to a specific team.

*R34. Develop a single annual family training schedule for the entire service: This could improve opportunities for families to attend by having greater frequency of courses and both day & evening provision. Ensure that staff with specialist training skills [Such as Earlybird Training certification], are used as a service wide resource.*

*R35. Use the Social Care Worker role to provide Mother and Baby and teen-age skills groups across the whole service*

*R36. Use the Clinical Nurse Specialist as a service –wider resource for counselling and behaviour management support*

*R17. The service needs to further strengthen partnership relationships with other groups & agencies in the geographical area so that child & family needs can be met on a shared or complementary basis.*

*R19. Further exploration is required as to how the service meets the needs of families where the child has behaviour that is severely challenging. We understand that work has been done on developing Policy & Procedures in this area but there does not appear to be the dedicated expertise available to cope with the emerging demands in this area [Close home support & counselling, respite care as well as intervention advice].*

*An internal scoping exercise should be conducted to establish the full scale of the needs in this area.*



## IMPROVE COMMUNICATION AND ACCESS TO THE NDT

It is highlighted elsewhere in the report, that there is a significant shortfall in administration resources for the NDT service. Notwithstanding this, it is not satisfactory that families are experiencing the level of reported difficulty with contacting the service or getting a timely response back..

*R15. Establish Standards within the Service for Communication Responsiveness:*

*R15a. In the short term, Team Managers need to work together to find a solution that ensures phone contact is responded to within a standard timeframe. It may be that part of this solution will require re- routing of calls at points when the phone is not manned in one team. In the longer term the resourcing shortfall on the administrative side needs to be addressed.*

*R21: Recommendation- Develop a Web Presence for the Service*

*Set up a website for the NDT Service that sets out its mission, values, operating model, current and scheduled activities & events and contact points*

# Review Area 2: Organisation and Use of Resources

A challenging aspect of the service delivery context is matching resources to the level of needs and the growing demand for services particularly in the school age service.

The NDT service has received additional staffing but this has been uneven across the disciplines and so there are substantial waiting times to access the support of some disciplines.

While extra clinical resources have been put into the teams, there have also been a lot of staff leaving as promotion opportunities have started to open up elsewhere in the health services.

### LACK OF A CLEAR SERVICE BUDGET

The service currently operates through pooled resources from the five agencies involved. It would operate more effectively if there was a single identified budget for the service with managers having the authority to deploy service resources flexibly as the need arises.

## THE SERVICE IMPROVEMENT RECOMMENDATIONS

*Recommendation 28-30: Specify an Operational Budget for the Service*

*R28. We recommend that a proper service budget be established by, in the first instance, pulling together the current resourcing elements from each agency under a single consolidated budget.*

*R29. We further recommend that the service makes a decision that resources freed up on a temporary basis through extended leave or staff turnover will be immediately used to source cover by setting up a temporary staffing pool which is fully vetted.*

*R33. We understand that some progress is being made in trying to consolidate and streamline the recruitment processes across the agencies. We also believe that consideration should be given to developing a temporary staff pool so that ongoing therapy support could be sustained when vacancies arise.*

*R30. We also recommend that the service look to develop partnering arrangements with other agencies and voluntary groups so that opportunities for resource sharing and voluntary inputs can be maximised.*

### LACK OF A CAREER STRUCTURE TO RETAIN STAFF

While the service has received extra staff resources since it was set up; the bulk of these posts have been at staff grade levels. This was decided at the national level. At the same time, there has been a high rate of staff leaving the service for promotional opportunities elsewhere. An unintended consequence of focusing recruitment solely on junior grades is that there are substantial training needs arising within the teams and a lack of clinical practise leadership. In addition a team that has a preponderance of junior staff is liable to experience higher rates of staff turnover when there are career opportunities elsewhere and limited career development opportunities within the service itself..

This report recommends an enhanced career structure, formal practise development systems and an injection of resources to boost in-service training of staff

We recommend that a planned career structure be developed within the full service with an appropriate mix of grades for each discipline.

### THE SERVICE IMPROVEMENT RECOMMENDATIONS

Recommendation: Work towards a fully developed career structure within the overall service

*R31. We recommend that a planned career structure be developed within the full service with an appropriate mix of grades for each discipline*

*R31a. Over time, the overall service should have a Single leadership role for each discipline. In the shorter term, this may be possible to implement for Social Work and Speech & Language Therapy.*

### STRENGTHEN ACTIVITY TRACKING SERVICE MANAGEMENT SYSTEMS

There is a weakness in the management systems as each team has a different system for logging service activities and the overall service lacks an automated system for tracking service activities and staff deployment.

### THE SERVICE IMPROVEMENT RECOMMENDATIONS

We recommend that a single manual system for service activity tracking is implemented initially across the whole service with a view to subsequent automation.

Two *priority* recommendations are that the service

1. develop a robust activity tracking system and
2. a resource modelling exercise is undertaken to establish the relationship between family support needs, core service activity areas and resourcing requirements.

### ENHANCE ADMINISTRATIVE SUPPORT

As already noted, we think that the service administrative resources need to be strengthened. As part of this, clear standard administrative roles & functions should be established across the three teams.

## Review Field 3: Quality Assurance and Feedback

### What is Going Well

- Policies and Procedures have been developed to cover most aspects of the service. It has taken some time to finish the most contentious and complex of these (Children First - Safeguarding and Behaviours that Challenge) but these are now reaching completion.
- There has been good progress made in mapping out how families receive their main supports through service pathways.
- A number of the disciplines now work in cross team groups to look at service delivery & quality improvement issues.

### What is Going Less Well

#### LACK OF A FORMAL FAMILY FEEDBACK SYSTEM

The service does not have a systematic process in place to collect feedback from its primary customers, the families who use the service. The service is operating in the dark about how well it is meeting customer needs.

75% of families do not know how to make a complaint

The team managers do log complaints and the frequency of complaints is part of the standard data set that is reviewed periodically by the Steering Group.

### THE SERVICE IMPROVEMENT RECOMMENDATIONS

Recommendation: Implement a formal family feedback system

*R37. Implement a formal customer feedback system, where family feedback is collected in a structured format on a rolling basis [Suggest quarterly]. It may be necessary to make some of this feedback in a non-identifiable format.*

*At a minimum the rolling feedback process should collect information on the following areas:*

- *What are the families finding positive and helpful about the service?*
- *What are the families less happy or actually dissatisfied about the service?*

*-Are there areas of significant unmet need for the family?*

### MAKING BEST USE OF THE EXPERTISE WITHIN THE SERVICE

Given that the service has been developed by combining separate services that provided expertise in ASD, intellectual disability and physical disability; then there should be a focus of expertise within the service for each of these main areas.

There should also be a structured means by which this expertise is spread across the entire service.

The role of the Senior grades in the disciplines is under-developed. They should have a formal role in providing Practise Leadership, induction support, quality assurance & clinical supervision for less experienced staff.

## THE SERVICE IMPROVEMENT RECOMMENDATIONS

Recommendation: Develop Practise Development Groups for each of the main diagnostic groups

*R39. Practise Development subgroups should be established for the main diagnostic categories and also for each discipline.*

*R40. The role of the Senior grades, within the Disciplines, should be extended to include contribution in the areas of Practise Development, Quality assurance and Clinical Supervision.*

### IMPROVE QUALITY THROUGH MORE FOCUSED CLINICAL SUPERVISION

When staff moved into the NDT service, they retained all links with their original employer. As a result, there are a variety of clinical supervision arrangements operating across the NDT service and there is a need to arrive at a more consistent and standardised practice.

## THE SERVICE IMPROVEMENT RECOMMENDATIONS

Recommendation: Take Clinical Supervision internal to the NDT Service

*R41. The norm should be that Staff grades receive their clinical supervision from a Senior grade within the overall NDT service. In the longer term the build up to a full grade structure within the disciplines should make this possible and also make this the case for the Senior grades.*

## Review Field 4: Development of Service Capability

Effective organisations have built – in systems to help them get better at what they do and learn from their experience.

There are a number of initiatives that have been taken in the NDT in this regard but they have not been developed into a systematic approach across the service (For example, there are the Journal Club, inter-disciplinary skills & knowledge sharing and some discipline specific practise development work)

### LACK OF A COHERENT TRAINING PLAN FOR THE SERVICE

There was a lot of good work done on training early in the team's development but this has not been sustained.

At present there is no coherent service-wide approach to implement training and development and this is linked to other factors such as focus on staff as team members versus service resources, the lack of an overall service budget and lack of clinical leadership roles

Given the large proportion of newly qualified staff coming into the service; then staff training should be an ongoing high priority.

### THE SERVICE IMPROVEMENT RECOMMENDATIONS

Recommendation: Develop a Systematic Staff Training Programme

*R43. Revisit the Training Needs Analysis exercise done 2 years ago and update it with a simple survey of all staff to identify short, medium and long term training goals.*

*R44. In the short term; address the three priority training needs of the overall service –*

*The Team Managers have jointly identified the following three priority training needs across the service- Stepping Stones, Early Bird and Brief Encounters*

*R45. Develop a register of current expertise and skills within the service and use this to identify potential resources to deliver training internally.*

*R46. There should be a standard induction process for the Service including a basic knowledge & training curriculum- the bulk of which should be delivered by internal staff. This type of induction could be run largely on a whole service basis with some additional team – specific inputs.*

*R47. All team members should have an annual Personal Development Plan [PDP] which is integrated with their supervisory & performance management process*

R48 Consider the feasibility of implementing an ASD specific training programme along the lines of the National Training Framework for Autism Spectrum Disorders in Scotland.

[This framework has been developed and updated in conjunction with a range of stakeholders and includes a number of assessment templates and sources of training provision]



### NEED FOR A SERVICE DEVELOPMENT GROUP

The service is so busy addressing current demand levels that it does not have an adequate consultative planning process for future needs. This is an area that requires a more structured planning process but with adequate consultation from staff and other stakeholders. Such a forward – looking group could progress pilot initiatives in areas noted in this report such as a "joined-up" service for older children on the ASD spectrum

## THE SERVICE IMPROVEMENT RECOMMENDATIONS

Recommendation: Set Up a Service Planning and Quality Forum

*R50. Set up a strategic service and practise development working group comprised of Team Managers & senior representatives from each discipline. The following areas could be Included in its brief:*

- *Practise Development coordination*
- *Networking with other services*
- *Liaison with Third level bodies & Centres of Excellence*
- *Long term planning for needs*

## Review Field 5: Organisation Structure and Corporate Governance

The service was established as a partnership between the HSE and a number of voluntary service providing agencies. The HSE has a dual function within the NDT service as it provides staff for the service but also provides the overall funding for the service on a direct and indirect basis. The NDT service is overseen by a Steering Group comprised of senior representatives from the partnering agencies.

Now that the service is up and running for two plus years, it is time to consolidate how it is organised and managed. Essentially this means moving from a service structure based on goodwill and historical accountability relationships to a simpler and clearer management structure and functions.

In our view, for the NDT to operate effectively it needs to be organised and managed as a single service entity that has a number of sub-teams to meet the needs of local areas.

As already noted, when the NDT teams were established, the staff retained their original reporting relationships within their own organisations. This means that staff may report into managers in a different service area who are not familiar with or close to the operation of the NDT service.

This also means that the clinical practise of staff may be supervised by a senior clinician who is not familiar with the NDT service.

*R51 & R53: Consolidate the Role and Authority of the Team Manager*

*The service needs to strengthen the reporting lines between the staff in the NDT service and their respective NDT Team Managers. In future all staff within an NDT team should have their performance management done by the NDT Team Manager.*

*In turn; the three NDT Team Managers should all report in to the same senior service manager for their performance management.*

*R41:* Streamline the Clinical Supervision Process

*All Staff grades should have their clinical supervision provided by the Senior grades within the overall NDT service*

*R52: Recommendation: Consider moving towards a Formal Single Service Management Model*

*In our view, the NDT needs to move towards operating more clearly as a single service entity which pools its resources and operates in as standardised and integrated a manner as possible across the three teams.*

*R54: Strengthen the Representation on the Steering Group*

*The Steering Group needs to act now to broaden its membership to include family representation. In the longer term consideration should be given to including education representatives on the Steering Group.*

*R55: The Steering Groups Needs to Adopt a More Focused and Proactive Approach*

*The Steering Group needs to clarify what its core purpose and activities are. It should become much more proactive in trying to influence national and regional policy on providing effective supports to families.*

*R56: Recommendation: Consider a Transition to a Lead Agency Structure*

*We believe that the service would operate better if it was coordinated and led by a single agency- this would improve consistency of standards & practices across the three NDT teams. It may take a number of steps to arrive at this final structure.*