

Self Assessment

Self Assessment Matrix for the Children, Young People & Maternity Services NSF Standard 8

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Impact of Poverty

	Rating	Comment
Uses the special education needs and disability strand of the general sure start grant.		
Promotes the use of direct payments for parents to organise their own child care		
Recognises that disabled children are likely to need to use child care services (including community health services) for longer than children and young people who are not disabled		
Plans for the development of Children's Centres and extended schools to improve childcare services for disabled children		
An information strategy for parents about what support and childcare is available		
Promotes information to families about the benefits to which they are entitled and help in completing benefit applications		
Develops accessible play and leisure services		
Ensures child care provision complies with the Disability Discrimination Act 1995		

Access to services

	Rating	Comment
Policies, practices and procedures of all services are regularly reviewed, in partnership with children and their parents, to remove barriers and progressively improve access, and to ensure that disabled children and their families are not disadvantaged.		
Providers of services fulfil their duties under the Disability Discrimination Act 1995 to remove barriers and progressively improve access to services; to take reasonable steps to remove or alter physical features (incorporating specialist advice) which may make it difficult for disabled people to access the service or to consider how the service can be provided by a reasonable alternative.		
Services are regularly reviewed, in partnership with minority ethnic children and their parents, to ensure that they are culturally sensitive and responsive to the needs of minority ethnic communities and are targeted at reaching communities where English is the second language.		

	Rating	Comment
Risk management protocols are agreed between agencies, which include guidance on invasive care, manual handling and management of challenging behaviour.		

Access to hospital & primary health care services

	Rating	Comment
Access to services is regularly reviewed and improved, in partnership with disabled children and their parents		
Hospital departments and clinics synchronise their appointment systems as far as possible, so that families make a minimum number of visits to hospitals/clinics. For example, when multiple appointments are required, these are offered for the same day.		
Wherever possible, children and young people are offered appointments at school or outside school hours, to ensure a minimum absence from school.		
Children and young people with complex health care needs who are prone to health crises are seen urgently on request		
Systems are in place to ensure that children and young people who find it hard to wait, e.g. those with autistic spectrum disorder or with learning disabilities, do not have to wait unduly at outpatient clinics, general practice surgeries or child development centres. Where appropriate, double booking times or first/last appointment times are available for disabled children.		
Facilities for giving personal care in privacy are available in all locations in health, social care and education services that are used by families with a child with personal/health care needs		

Access to CAMHS

	Rating	Comment
Disabled children have equal access to appropriate Child and Adolescent Mental Health Services		

Appropriate mental health services are available for: disabled children suffering from traumatic accidental injury: children and young people with complex health needs and life-limiting illnesses; the siblings of disabled children		
Assessments and services for children and young people with learning disability and mental health needs are provided by professionals with expertise in learning disability and children and young people's mental health.		
Services are planned and commissioned on a multi-agency basis		
Local CAMHS development strategies include plans for improvement in services for children with a disability/learning disability across all four tiers of provision		

Access to rehabilitation & therapy services

	Rating	Comment
Parents or carers, children and young people are active partners in decisions about rehabilitation or therapy services, with agreed goals for what it is intended to achieve and how they can help		
Therapeutic interventions are agreed and overseen by specialist paediatric therapists;		
Therapy is delivered in the most appropriate setting, which may include the home if this suits the child or young person; or where children and young people attend educational settings it is offered within that setting, and strategies are developed with teachers who support the child's full learning experience.		
Protocols are agreed for the delivery of interventions by teachers and learning assistants;		

<p>Review local therapy services in order to:</p> <p>a) Promote self-referral, simplifying the care pathway, and reduce excessive waits that may affect a child's development</p> <p>b) Improve administrative systems and processes for referral and discharge, and the effectiveness of outcomes of different therapeutic regimes, such as group sessions, and</p> <p>c) Ensure that the supply of timely therapy services is sufficient to meet the needs of children and young people who require it, based on assessed needs. This may involve increased capacity to ensure that all children and young people attending early education settings and mainstream or special schools have equal access to therapy.</p>		
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Access to Social Services

	Rating	Comment
Local Authorities threshold criteria are developed in partnership with health and education and voluntary sector providers		
Local Authority threshold criteria are based on the impact the disability or complex health need has on the child and family, with a view to providing the child and family with services in order to give children maximum opportunities to participate in family life and to achieve their optimal development.		
Threshold criteria for service provision are transparent, published and shared with families and voluntary sector providers		
Local Authority managers monitor decisions following initial and core assessments under section 17 of the Children Act 1989, and ensure that decisions are being made fairly and consistently for all children.		
Disabled children and their families are involved regularly in decisions about service planning, commissioning, innovation and re-design		

Access to housing, equipment & assistive technology

	Rating	Comment
Commissioning of services for disabled children and their families includes consideration of their housing, community equipment and wheelchair needs		
Local Authorities map the housing needs of children and their families strategically, and plan multi-agency resources and responses accordingly;		
Disabled children are able to use/access the equipment and assistive technology they need in all places they typically spend time (e.g. school, home, short-term care settings). Equipment and assistive technology is tailored to the individual needs of the child and their future development. Parents and other carers are given training and support in the use of the equipment and assistive technology, including who to contact in an emergency and out-of-hours.		
Services are in place to meet the particular housing, equipment and wheelchair and transport needs of looked after children		
Community Equipment Services are integrated across health, social services and education and develop multi-agency protocols that set benchmarks for the assessment and provision of children's equipment, including wheelchairs. Pooled budgets and the use of other Health Act 1999 flexibilities are used to integrate and improve services.		
Multi-agency arrangements are in place for the provision and maintenance of equipment and supplies. Deliveries of bulky health equipment and supplies are sufficiently frequent so that families are not required to store large amounts in the family home. Local emergency stocks of health equipment/supplies are obtainable 24 hours a day.		

Access to transport and leisure

	Rating	Comment
Services for disabled children include those that promote friendships and independence, and offer them and their families the opportunities to go out into the community, join in a wide range of leisure activities, and develop skills in a fun setting		

<p>Services and facilities comply with their responsibilities under the Disability Discrimination Act 1995 i.e. developments:</p> <p>Take the views of disabled children and their families into account</p> <p>Local Authorities use the Government guidance Developing Accessible Play Spaces to make parks and other open spaces accessible for families with disabled children</p> <p>Holiday play schemes, other holiday activities and after-school clubs accessible to all children</p> <p>Local transport is accessible and flexible so that disabled children can attend the events and services they wish to.</p>		
<p>Youth services provision is inclusive of disabled children and young people; access strategies ensure that services are fully accessible to them.</p>		

Education

	Rating	Comment
<p>Disabled children are able to access the full range of opportunities provided by the education service, wherever possible in mainstream settings.</p>		
<p>In line with the aims of the Every Child Matters, the Special Educational Needs Strategy Removing Barriers to Achievement and the Children Act 1989, agencies develop inclusive local strategies between health, education and social care services to maximise children's participation in school life and to ensure that: Children's needs are identified and that they are helped to achieve their potential; The balance of provision is shifted towards prevention; Support is provided well before children reach crisis point.</p>		
<p>Agencies jointly review and agree arrangements for referrals to, and support for, disabled children in residential placements.</p>		
<p>Appropriate local educational support and provision is available, so that parental requests for residential education are not made on the basis of lack of support and practical help in their community</p>		
<p>All decisions to place a child or young person in residential placement are based on multi-disciplinary/multi-agency assessments of the child's needs.</p>		

	Rating	Comment
Where children are placed in residential settings, local protocols are in place for maintaining family contact and undertaking statutory reviews in line with the Children Act 1989 Regulations		
Children placed away from home have a communication plan, which ensures that, whatever their level of communication, their basic needs are understood and met.		
Children requiring medicines in schools and early years settings receive appropriate support, including drawing up a health care plan for a pupil, and ensuring confidentiality, good record keeping, the safe storage, access and disposal of medicines, and arrangements for on-site and off-site activities.		

Early Identification

	Rating	Comment
Health visitors work in partnership with other early years staff to raise awareness and understanding of children's health and development needs and in encouraging referral to the primary care team, or other services such as therapy services, if they or the parents are concerned about a child.		
Good multi-agency diagnostic practice and procedures are in place with adequate consideration of the common co-morbid conditions		
Parents have early access to paediatricians who are expert in child health and paediatric neurology		
Professionals are skilled in sharing concerns and choices with parents as part of an emerging diagnosis. See Right from the Start Template		

Integrated diagnosis and assessment process

	Rating	Comment

Children with possible impairments have prompt access to a diagnostic and assessment facility that is as close to the child's home as possible; Where appropriate, multi-agency assessments are carried out in convenient settings such as the child's home or school and services are co-located to aid access for families e.g. in child development centres, children's centres, extended schools or one-stop shops.		
Diagnosis and identification of disability or complex health needs (which may not be a single consultative event) is followed quickly by a multi-agency comprehensive needs assessment which follows the Framework for the Assessment of Children in Need & their Families and for children from birth to third birthday the Together from the Start Guidance.		
Assessments record the child's abilities and strengths as well as difficulties, and lead to plans that aim to maximise the child's developmental progress and achievement and promote the child's inclusion in family and community life.		
Assessments include parents' needs for support with caring for a child with, for example, sleep, behavioural or emotional problems, breathing difficulties or fits. Assessments include considering needs around mobility, access to leisure, play and education, seating, eating, housing, equipment and other requirements for living. They also address the support needs of siblings.		

Early intervention

	Rating	Comment
Use the service audit resource developed as part of the Early Support Programme (ESP) to review jointly and to evaluate the standard of service they provide for disabled children under three and their families (see www.espp.org.uk)		
Use the ESP professional and family toolkits to improve the services in consultation with local parents of disabled children		
Develop portage and other home-based learning services to support families in their own homes		

Provide interventions to support optimal physical and cognitive development (such as physiotherapy, occupational therapy, speech and language therapy, play and educational programmes) and which promote the child's inclusion to their local community.		
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Co-ordination of healthcare

	Rating	Comment
Interagency Care Pathways and care packages are used to facilitate continuity of care and anticipate service provision, as the child or young person grows older and/or their disability or health condition changes.		

Supporting Parents / Strengthening Families

	Rating	Comment
Families are offered a range of appropriate family support services, through multi-agency packages of care, (including domiciliary care, community nursing and other health support, play, leisure, childcare and skills training e.g. in health care interventions, behavioural techniques.		
These packages are flexible and responsive to children"s and families" needs (including those of fathers and siblings), provide positive and stimulating experiences for disabled children, and promote their inclusion in the local community		
Disabled children are able to use/access the equipment and assistive technology they need in all places they typically spend time (e.g. school, home, short-term care settings). Equipment and assistive technology is tailored to the individual needs of the child and their future development. Parents and other carers are given training and support in the use of the equipment and assistive technology, including who to contact in an emergency and out-of-hours.		
Services are provided by both universal and specialist agencies.		
Services are available for all disabled children, including those with complex health needs, autistic spectrum disorders and multiple disabilities such as deaf-blind children		

The options of receiving direct payments or services are equally available		
Training in managing sleep and behaviour problems is offered at an early stage to parents who need it		
Children leaving hospital and requiring continuing care receive co-ordinated multi-agency packages of care according to individual need		

Short Term breaks

	Rating	Comment
All children and their families who are assessed as having needs that can be met by short term breaks are offered without undue delay a range of services from which to choose e.g. home and community-based breaks as well as family-based and residential breaks and access to childcare and sitting services.		
Parents are offered the choice of having these provided through direct payments		
Access to emergency short-term breaks is available		
Regular audits of current short break services are carried out. These include the quality of children"s experience; number of children and young people receiving services and those waiting for them; characteristics of children and young people waiting for provision; and the types of short breaks families want.		
A strategy is agreed to recruit more short break carers for 'hard to place' children, building on work arising from the Choice Protects initiative and in partnership with local Shared Care Network groups		
Flexible and easily accessible home care and child care services are available for all families assessed as requiring them, to meet the individual needs of the child and their family.		

Key Workers

	Rating	Comment
Families caring for a disabled child with high levels of need have a keyworker/care manager to oversee and manage the delivery of services from all agencies involved in the care and support of the child and family, and to ensure that the family has access to appropriate services.		
The key worker services is provided in line with the guidance in Together from the Start and theNew Standards for Key Working, and Every Child Matters.		
The key worker service is supported by cross-agency senior management commitment through Children's Trust arrangements.		

Information for Children, Young People, Women and Parents

	Rating	Comment
Timely, appropriate, accessible and accurate information is provided to enable children and young people, parents or carers to make choices about the treatment, care and services they wish to use		
Specific information is provided to siblings of disabled children		
Information is provided in community languages and appropriate formats		
Specific information pertinent to particular conditions is provided,		
Contact details for key national support organisations, such as the Family Fund (www.familyfund.org.uk) and Contact a Family (www.cafamily.org.uk) and Council for Disabled Children are provided.		

Listening to and responding to children and their families:

	Rating	Comment
Disabled children and their parents are routinely involved and supported in making informed decisions about their treatment, care and services, and in shaping services;		

There is an ongoing service user involvement programme for disabled children and young people, in line with the NHS Patient and Public Involvement and Building on the Best; Choice, Responsiveness and Equity in the NHS guidance. This includes targeted support for minority ethnic families.		
NHS Patient Advice and Liaison Services ensure that their services are promoted to, and accessible by disabled children and young people, and their families; and they are included as representatives on the local Patient and Public Involvement Forum		
Facilities, equipment, and skilled workers are available to enable children who do not use speech, children who find engagement and interaction difficult, and very young children to participate in assessment and decision-making processes		
Systems are in place to provide interpreting and translation services and bilingual advocates in the main locations where health, social care or education services are provided		

Expert Patient

	Rating	Comment
Parents or carers, children and young people are enabled to become experts in the child or young person's specific condition. [Report on the EPP Parent Pilot Course January 2004-January 2005, 2005; Manifesto Commitment, 2005].		

Safeguarding and Promoting the Welfare of Children and Young People

	Rating	Comment
Your Local Safeguarding Children Board (LSCB) has a system in place to ensure that all disabled children are safeguarded from emotional, physical and sexual abuse and neglect.		
The specific needs of disabled children are addressed in safeguarding children protocols in line with Working Together to Safeguard Children and their Families.		

<p>The protocols include interagency agreement in relation to:</p> <p>Consulting with disabled children, and organisations advocating on their behalf about how best to safeguard them;</p> <p>The development of emergency placement services for disabled children who are moved from abusive situations;</p> <p>The systematic collection and analyses of data on disabled children subject to abuse; Safeguarding guidance and procedures for staff working with disabled children;</p> <p>Training for all staff to enable them to respond appropriately to signs and symptoms of abuse or neglect in disabled children;</p> <p>Guidance on contributing to assessment, planning and intervention and child protection conferences and reviews;</p> <p>Disability equality training for managers and staff involved in safeguarding children;</p> <p>Regular reviews and updating of all policies and procedures relating to disabled children;</p>		
<p>There are local arrangements between the PCT and local authority to notify the responsible local authority social services department when a child has been or will be accommodated by the PCT for three months or more (eg in hospital). Ref. Statutory Guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004; Safeguarding Children, The second joint Chief Inspectors" Report on Arrangements to Safeguard Children, 2005, Rec. 3.24</p>		

Transition to Adult Services

	Rating	Comment
<p>Action is taken to develop a shared philosophy between adult and paediatric care</p>		

For young people with learning disabilities a multi-agency transition group is in place (Valuing People White Paper). The group: Includes a Transition Champion from the Learning Disability Partnership Board; Has representatives from Connexions Service, the local authority including social care, education and housing, the Learning and Skills Council, health, user representatives and voluntary organisations, and Assumes responsibility for overseeing transitional arrangements at both strategic and operational level and for agreeing inter-agency protocols		
For young people with learning disabilities a multi-agency transition group is in place (Valuing People White Paper). The group:		
Young disabled people aged 16 years and above are supported to use direct payments.		
Agencies have local strategies in place to widen education, training and employment opportunities for disabled young people.		
Health services have developed appropriate adolescent/young persons services with a view to enabling smooth transition to comprehensive adult multi-disciplinary care.		

Palliative Care

	Rating	Comment
Palliative care services provide high quality, sensitive support that takes account of the physical, emotional and practical needs of the child or young person and their family, including siblings		
Services are sensitive to the cultural and spiritual needs of the child, young person and family		
Services maximise choice, independence and creativity (access to preferred interests or activities) to promote quality of life		
Services are delivered where the child and family want, for example in the home, hospital, hospice or other setting;		
Services include the prompt availability of equipment to support care, access to appropriate translation services, and workers skilled in using communication aids		

<p>Palliative and end of life care services are regularly reviewed with parents or carers, children and young people, using the ACT care pathways approach and gaps in provision identified and addressed [A Framework for the development of Integrated Multi-agency Care Pathways for Children with Life-threatening and Life-Limiting Conditions 2004]</p>		
<p>Short term breaks, palliative and community health and social care services for children and young people with life-limiting conditions and/or complex health needs is planned in partnership with voluntary sector providers and children and young people's hospices that serve the area.</p>		
<p>Provision of services includes, where appropriate: 24-hour expertise in paediatric palliative care (provided by those with specialist palliative care training) is available; Pain and symptom control; Psychological and social support; Spiritual support which takes account of the needs of the whole family; Where required, formal counselling or therapy ; Arrangements to avoid unnecessary emergency admission to hospital are in place; Protocols for immediate access to hospital, if needed, are in place, and ; A process for keeping the general practitioner informed, and; A process for informing any department or service expecting the child at an appointment is notified of death to avoid any "did not attend" letters being sent out.</p>		
<p>Prospective discussion takes place when appropriate with the child and the family regarding end of life decisions including the following and this information is passed on to the primary care and emergency services: Resuscitation choices ; Choice of place of death; The withdrawal of non-essential drugs; The withdrawal of invasive interventions; The subject of organ donation; The subject of post mortem.</p>		
<p>Following death, the family retains control and choice in the care of their child's body. Advice and support is available regarding the choices of moving the child's body and the organising of the funeral.</p>		

Planning and Commissioning

	Rating	Comment
Commissioners and service providers are aware of their responsibilities under the Disability Discrimination Act 1995, the Special Educational Needs and Disability Act 2001 and the Children Act 1989.		
<p>Arrangements are in place to encourage multi-agency strategic planning of services for disabled children, possibly through a Children's Trust, including the joint commissioning and delivery of services, making maximum use of pooled budgets and other Health Act flexibilities, including: involvement of appropriate representatives e.g. from housing, leisure and transport services;</p> <p>The involvement of key voluntary organisations;</p> <p>The involvement of disabled young children and children with complex health needs and their families is maximised.</p>		
Arrangements are in place to develop and implement a local multi-agency database containing core data on disabled children, based on shared and agreed definitions; through this data, there is monitoring of the take-up of services against what is known about the local population, including take-up by minority ethnic groups, and for planning/evaluation of services.		
Special attention is paid to the commissioning relationship with colleges, schools, school trusts and clusters of schools " to take account of the fact that services will be located in and/or provided by a school where this is most efficient and effective.		

<p>As part of the PCT's or Children's Trust commissioning, the review described in Our health, our care, our say is undertaken to inform commissioning of integrated services for disabled children, children with complex healthcare needs and children requiring palliative care (0-19 years) which takes account of the following: The results of auditing care pathway(s) used by this group of children;</p> <p>Current pattern of services (across health, education and social care) and recent trends in service outcomes for this group of children (which should have drawn on the views of children, young people, their families, local communities and frontline staff)- where possible benchmarked against relevant national and local comparators;</p> <p>Capacity - community children nursing workforce, community paediatrics workforce, AHP workforce in relation to services used by children and specialist palliative care staff ;</p> <p>Gap analysis between capacity (staffing, what is delivered and where), identified health needs and current patterns of services.</p>		
<p>Following the review multi-agency agreement is reached on the following areas: The nature and scale of the local challenge needed to improve service outcomes;</p> <p>models of service;</p> <p>resources available;</p> <p>any options for pooling budgets or pooling resources;</p> <p>alternative provider options/plurality;</p> <p>commissioning arrangements and types (e.g. joint commissioning, specialised commissioning, national commissioning, practice-based commissioning etc);</p> <p>priorities for action/timescale to meet the outcomes/needs identified for disabled children, those with complex healthcare needs and those requiring palliative care. [Ref: Joint Planning and Commissioning Framework; Palliative Care Commissioning Guide, Our health, our care, our say]</p>		

<p>In the context of agreeing models of service (see above) models for children and young people's palliative care services allow for community-led palliative care supported by the following: primary care services; community paediatrics; access to acute care e.g. for acute deterioration; disease-specific specialist teams e.g. cystic fibrosis, oncology, cardiac, neurology; specialist palliative care e.g. for complex pain management, nutrition support etc; respite care including voluntary hospice residential care and outreach; end of life care with access to 24 hour support; access to other agencies' services e.g. social care, education, bereavement support.</p>		
<p>Plans are in place to assess and develop the skills, experience and capability of planners and commissioners including: Procurement; Market analysis; Service remodelling; Financial management; Legal awareness; Negotiating; Human resources awareness; Understanding of children, young people and maternity services.</p>		
<p>Monitoring and evaluation is built into all services for children and young people with disabilities and complex health needs to ensure that there is improved efficiency or effectiveness in the delivery of outcomes.</p>		

Workforce

	Rating	Comment
<p>All specialist and mainstream staff whose roles include responsibility for disabled children and young people and those with complex health needs are competent in the core of skills, knowledge and competencies required to deliver care to those children, young people and their families. [Training being based on the 'National Workforce Competence Framework for Children Services' the 'Common Core of Skills & Knowledge for Children's Workforce' and any other professional competence requirements].</p>		

<p>Multi-disciplinary and multi-agency specialist teams are further developed to meet the needs of disabled children, young people and those with complex health needs at home and at school.</p>		
<p>Training in the needs of disabled children and those with complex health needs is delivered to all staff working in specialist and mainstream settings in health, social care, early years and education, including: Understanding the particular needs of disabled children, young people and their families; Disability equality and inclusion issues; The diversity of disability, including invisible disabilities such as autism, learning disabilities and low incidence disabilities; Communicating with children and young people with specific communication needs; Safeguarding of children and young people; Managing risk; Medical and technological advances in care, including managing technological equipment in the home; Specialist palliative care training for those working in paediatric palliative care.</p>		
<p>Joint training initiatives are implemented wherever possible, between health, education and social services.</p>		
<p>Accurate workforce planning and education commissioning is in place to meet the need for children trained staff across all areas of primary and acute health services where children and young people receive care and treatment.</p>		
<p>Opportunities for developing community children's nursing roles are in place where community children's nurses provide care and support for children and young people in the community with long-term disorders as well as children with palliative care needs.</p>		