

Early Support

Helping every child succeed

How to use the service audit tool





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Introduction

The *National Service Framework for Children* sets national standards for services for children and young people who are disabled or have complex health needs and requires that:

- children have increased access to hospital and primary health care services, therapy and equipment services and social services and services are co-ordinated around the needs of the child and family
- services provide early intervention of health conditions, impairments and any social and physical barriers to inclusion, through integrated diagnosis and assessment processes
- there is better early intervention and support to parents through the development of multi-agency packages of care, including the use of direct payments and employment of key workers
- local authorities, primary health care trusts (PCTs), early years and day care providers integrate [Early Support](#) materials into service delivery and:

'... use the service audit resource developed as part of the Early Support Programme to review jointly and to evaluate the standard of service they provide for disabled children under three and their families.'

National Service Framework for Children, Young People and Maternity Services
Disabled Child 4.6

Principles for promoting family-centred support for very young disabled children were set out clearly in May 2003 by [Together from the Start](#) and the related guidance [Developing early intervention services for deaf children and their families](#).

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These central government initiatives require senior managers from different agencies to work together at local and regional level to:

- audit current and emerging demand on services
- consider the range of current service provision and the capacity of services to meet the needs of a diverse range of service users
- audit professional competencies and provide for professional development
- develop and agree a joint strategy for development
- develop quality assurance mechanisms.

The [Early Support Service Audit Tool](#) is designed to support this activity in the context set by the Government Green Paper *Every Child Matters* and initiatives to integrate services for children.

This guide should be read alongside the service audit tool materials and against the background set by the [Early Support Professional Guidance](#), which can be viewed and ordered from www.earlysupport.org.uk.

Background

What is the Early Support Service Audit Tool?

The [Early Support Service Audit Tool](#) is a flexible, pan disability, multi-agency service audit instrument for use across health, education and social services and other agencies working with disabled children under three and their families. It helps users:

- evaluate the quality of services that are already being provided and drive and support service improvement.

It facilitates and supports:

- service review
- self-evaluation against agreed standards for working with families and working as a multi-agency team
- joint, multi-agency agreement of priorities and objectives
- formulation and implementation of a development plan
- periodic checking of progress against agreed objectives.

Context: self-evaluating services

Self-evaluation or self-rating against identified standards and outcomes, external moderation and inspection have become part of normal working life across health, education and social services and many other organisations and agencies. Without them, it is difficult to ensure accountability and build confidence that resources are being deployed efficiently and effectively. The concept of 'best value' also makes it necessary to consider outcomes in relation to inputs. Outcomes, for these purposes, relate not only to quantifiable aspects of service delivery but also to qualitative aspects.

Read more about this in [How the material was developed](#)

A range of self evaluation tools and approaches were reviewed and considered as part of the development process for the [Early Support Service Audit Tool](#) and the views of services and families also informed the development of material at every stage.

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A consistent, strong message from stakeholders was that self-evaluation is meaningful only where a service already exists and where there is a clear intention and commitment to improve services and outcomes for children and families. Self-evaluation tools should validate existing policy, working practice and good outcomes, but also help to identify ways forward – reassure, but also challenge and identify priorities for development.

In the case of services provided for very young children and their families, the standards to which multi-agency services aspire must relate to the:

- aims and values of the service
- intended outcomes for families and children
- actual experiences of families and children
- actual outcomes for families and children.

The consultation process contributing to the development of this material gave a clear steer and mandate to devise a service audit tool which positively encourages services to move towards a 'gold standard', while acknowledging, valuing and documenting emerging and improving practice.

How the material was developed

The [Early Support Service Audit Tool](#) was developed in partnership with families, service providers and managers from a range of services and agencies and is informed by general guidance and literature about service self-evaluation and more specific international, UK government and voluntary organisation recommended good practice for working with very young disabled children and their families.

The early stages of development for the material included a review of audit instruments that were already available in the UK and in other countries and a search for literature on how materials of this type are regarded and used by families and the professionals who provide services. This activity informed the preparation of early drafts of the material.

The development process was then supported by widespread consultation with stakeholders via email and face-to-face consultation events, with material being progressively refined and re-drafted in the light of comments received. In all, over 100 families and 300 professionals from health, education, social services and voluntary agencies contributed face to face at consultation events and many more participated in local discussions about the developing material or contributed ideas by email. A steering group of consultants with experience of working with health, education, social services and voluntary agencies helped to draft and revise the [Early Support Service Audit Tool](#) following each stage of consultation, as feedback was received.

The consultation process with families and other stakeholders confirmed:

- the relevance of the principles set out in [Together from the Start](#) and other government documents
- a need for a service audit instrument which supports a statement of standards with working practice guidelines and associated examples at strategic, operational and practitioner level
- a strong preference for an audit tool that focuses on better outcomes for service users
- while most professionals support working in closer partnership with families, they identify a number of practical barriers which they believe get in the way.

What did families say they needed?

Families said they needed:

- **information** about options, about their baby's situation (including any identified conditions) and about how to support development in their child
- **services and resources**, including access to professional support and expertise
- **confidence** in the professionals working with them, confidence in their child and in themselves.

They told us about barriers when services were not sensitive, well-resourced or flexible enough to provide them with what they needed, in ways that were relevant to their child and family situation. They told us about inconsistencies in the way services are provided by different professionals and services and in different places. They also told us about good practice they had experienced, which had enabled them to move forward with their child.

What did professionals say they needed?

Practitioners or service providers said they needed:

- **more flexible resourcing and funding** that actively encourages services to work together and respond to a wide range of need in families
- **policies and practice guidelines** that encourage multi-agency working, joint meetings with families and opportunities for people who work for different agencies to train together
- **clear standards** to support strategic planning for service improvement at all levels.

They told us about the barriers they perceived when services were not well resourced or flexible enough to respond to a wide range of need in families or support integrated working with other agencies or genuine partnership with parents. They told us about their frustration with constant organisational change and their pride in services that were provided well. They also talked about particular working practices and contexts that contribute to effective service delivery.



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Finding your way around

The [Early Support Service Audit Tool](#) enables users to ask two questions, which are key themes running throughout the material:

- How well do we work with families?
- How well do we work together and with other services?

These questions can be addressed in relation to four **functional areas** of service delivery, which the development process for this material identified as critical, namely:

- **Functional Area A: Leadership, management and organisation of services.**

Seven standards, relating to service aims and values, training and competencies, protocols for practice, transition and inclusion practices and funding and service review.

- **Functional Area B: Referral, identification and initial assessment**

Six standards, relating to the integration of services and approaches, protocols for referral, communicating the news, identifying key workers, transition between services and so on.

- **Functional Area C: Ongoing support**

Nine standards, relating to the flexibility and range of support available to families to help them make decisions, be confident in the support being provided and sure of their own role and the role of other people. Some standards in this area relate specifically to Family Service Plans, key worker services, multi-agency assessment processes, resource issues and the need to 'mainstream' support across Early Years activity.

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- **Functional Area D: Providing and sharing information**

Four standards, relating to information for families and others about services, known conditions or disabilities, early intervention options and Early Years placements.

Page 2 of the [Early Support Service Audit Tool](#) provides an overview of standards identified within the four functional areas, which can be used as a quick reference guide.

When the four functional areas are set against the two themes identified above, it provides a matrix against which audit and review activity can be recorded. The basic matrix looks like this:

Functional area	Theme: How well do we work with families?	Theme: How well do we work together and with other services?
Leadership, management and organisation		
Referral, identification and initial assessment		
Ongoing support		
Providing and sharing information		

Standards, with suggested **indicators** are organised within this framework, with each matrix cell yielding a table against which service activity can be reviewed. Users can look briefly at all the standards identified to build up a comprehensive picture of service provision or focus attention on particular standards, functional areas or themes, which have been prioritised for action.

Standards and indicators

The section of the [Early Support Service Audit Tool](#) beginning on page 8 presents each [standard](#) on a separate page, with associated [indicators](#).

[Indicators](#) are examples of good practice and they are not exhaustive. There is space beside each indicator to record evidence that a service, protocol or way of working is already in place. Indicators are identified for both themes (How well do we work for families? and How well do we work together and with other services?) and for each standard.

Where indicators relating to different themes are clearly linked, they usually appear next to one another, so that actions to develop the way services operate are consistently considered in relationship to outcomes for families. An example of how indicators for service providers relate to outcomes for families is provided in Appendix 1, using the example of [Standard C2](#) from [Ongoing support](#).

Clearly, few areas of service planning or provision operate in isolation and the [Early Support Service Audit Tool](#) has been designed to be used as flexibly as possible by a range of users and for more than one purpose. There are therefore, inevitably, some overlaps between standards and functional areas. For example, there are standards relating to keyworking and key workers in both Functional Area B ([Referral, identification and initial assessment](#)) and Functional Area C ([Ongoing support](#)). Much of the evidence supporting one of these standards can also support others. General standards about funding and staff competencies appear in Functional Area A ([Leadership, management and organisation](#)) but standards and indicators relating to these issues also appear in other places. Users may find that a few standards or indicators located in different places look very similar, but some element of repetition is needed to make it possible to concentrate on areas in isolation from each other.

The table on the next page gives an idea of what a completed table might look like using [Standard C3](#) from [Ongoing support](#) as an example.

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C3
Parents have copies of all assessments made in relation to their child. Records are family held and in a form that helps the family to understand their child's development and progress and the implications. Family Held Records and associated assessments:

- provide a comprehensive profile of the child's strengths and weaknesses and family needs;
- support target setting and provision and parents' involvement in these.

How this is demonstrated in our work with families:	Evidence source:	What this means for us as service providers:	Evidence source:
i) Parents have copies of all assessments made and of other information relevant to their child and circumstances. The design of Family Held Records and their updating is informed by national guidance such as The Early Support Family Pack.	Established education/partly established health/where social service is involved follows guidance. Family held records are being trialled - format piloted and linked to Early Support; parents currently have all documents relating to education and most of health documents automatically copied.	a) There is a written, agreed and monitored multi-agency policy for sharing information about individual children and their families. There are clear guidelines as to the records that professionals should keep on a day-to-day and medium/long-term basis about their work, about individual children and families and how these link into Family Held Records.	Partly and improving - policy agreed - working practices now being defined; (multi agency) individual service guidelines in place for education, health and social services.
ii) Carer/parents' access to, understanding of and sharing of information about their child is supported by Family Held Records. Assessment information, records, reports and monitoring profiles included are available in a variety of formats and languages. Individual families are consulted about the level and detail of record they wish to keep, but copies of all documentation are offered.	Partly in place. Working on shared language/terms with speech and language therapist and paediatrician; cross checking with parents re simple glossary to help (exploring funding via parents group) Some interpreter support available and exploring funding for translation services for parents/languages with written form.	b) Family Held Record and assessment policy and practice is regularly evaluated against local and government guidelines and publication/guidance from specialist interest groups, including disability specific quality standards guidance. Its accessibility to parents is reviewed regularly, so that families are not dependent solely on others for its interpretation.	Partly in place. Evaluated but still problems re access for individual families - funding needs to be sorted out; overall we have a good understanding of what needs to be there and individual groups have worked on terminology; problems re translation of some reports and access for non literate families -audio?

Pages 3–7 of the [Early Support Service Audit Tool](#) support self-audit and self-rating of services that are already in place. The section is called [Standards: service status and development priorities](#). It helps strategic managers, multi-agency teams and others summarise current practice, identify development priorities and agree an action plan. As users need to be able to support their ratings with evidence, this section is most powerful when it is supported by more detailed consideration of practice using the tables in the [Standards and indicators](#) section, which have already been described.

Using the Early Support Service Audit Tool: self-rating and providing the evidence to support self-rating

The self-rating scale used in the first section ([Standards: service status and development priorities](#)) allows seven possible judgements to be made in relation to current service provision considered against standards. It is also possible to rate an item 'not applicable'. The seven rating categories used to consider each standard are as follows:

Rating	Explanation
NA Not applicable	The standard does not apply to the particular service being considered. For example, the service or team is not routinely involved in communicating the news of disability to families at the time identification or diagnosis occurs.
N Not in place	No indicators are in place associated with a standard.
I Emerging	The service or team are beginning to address this standard, maybe as part of a development plan, but few indicators are yet in place.

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Rating	Explanation
P Partly in place	Several indicators are in place associated with a standard or A few indicators are already in place and others are being worked on
E or EO which are equivalent ratings	
E Established	The majority of indicators are in place, although some minor elements still need to be consolidated or addressed.
EO Established with other indicators	Some of the indicators identified by the service audit tool are in place and other evidence or indicators (which may be specific to the service) demonstrate that practice is established. However, minor elements still need to be consolidated or addressed.
F Fully in place	All elements of the standard are in place and this can be demonstrated using the indicators identified by the service audit tool or other evidence.
A Exceptional	This is a particular strength of the service being reviewed, which goes beyond the indicators exemplified and demonstrates innovative or exceptional practice.



The self-rating which can be summarised in [Standards: service status and development priorities](#) needs the support of evidence. The more detailed tables in the sections beginning on page 8 support systematic consideration and collection of evidence. The tables are presented in two different formats. The section beginning on page 68 ([Evidence forms](#)) provides blank templates for photocopying which encourage users to consider standards and indicators in relation to the two main themes, How well do we work with families? and How well do we work together and with other services? separately and to summarise planning points coming out of review. A couple of examples of how tables would be completed to reflect particular standards and indicators are given for each functional area in turn. It would have been cumbersome to provide tables for every standard in this section in the print version of the material, but users of the service audit tool can view and download a full set of tables from www.earlysupport.org.uk.

The section beginning on page 8 ([Standards and indicators](#)) encourages consideration of functional areas, with standards and indicators relating to both themes set out side by side. Evidence that demonstrates practice is already in place does not have to mirror the wording of the indicator exactly, but it is important that all the evidence relating to each indicator is recorded. For example, where there are different working practices in place that achieve the same objective, or more than one thing is relevant, users should write everything down.

The material in Appendix 2 provides an example of how evidence might be recorded using tables from the [Evidence forms](#) section. The focus for the example is [Standard B1](#) from [Referral, identification and initial assessment](#) which says:

There are clear and agreed policies and practices for referral; these make all relevant services easily and quickly available to families so that families are not left in need. They include integrated referral procedures with a single point of entry and a multi-agency referral panel, wherever possible.

Who is the Early Support Service Audit Tool for?

The [Early Support Service Audit Tool](#) is for strategic planners, senior managers, middle managers and practitioners. Different groups may use the materials in different ways.

Users may be:

- universal, single services with a defined responsibility for providing services for very young disabled children and their families – for example, a local education authority, social care service or health authority
- additional or specialist services like portage services, local education authority advisory services working with pre-school children or a specialist health visitor service
- established multi-agency or multi-disciplinary teams – for example, Child Development Centres, Early Years and Childcare Development Partnerships, Early Excellence initiatives, Sure Start and other joint-funded services.



How the service audit tool supports service improvement

Basic principles and starting points

The [Early Support Service Audit Tool](#) has been trialled with a range of service providers and families as part of local initiatives to improve services for disabled children under three and their families. It is a pan disability tool, which acknowledges:

- the central role of parents or carers in supporting and caring for children
- the complexity of service delivery required to support some children and families
- that services can be organised in different ways to achieve high standards.

The material consistently emphasises that service effectiveness and quality in the end has to be judged in terms of outcomes for children and families.

The service audit tool is designed to support improved multi-agency working and integrated provision for families. It can be used as a framework against which to plan for development within standard three or five year cycles to:

- provide an overview of current service provision
- prioritise areas for development and actions to be taken
- monitor progress towards identified standards and maintenance of service improvement once it has been attained
- drive service improvement forward within teams, across agencies and at a strategic planning level.

In the context of the Green Paper *Every Child Matters* and the drive to achieve integrated services for children, the service audit tool provides a means to link strategic thinking and planning to the daily experiences of service users. Self-evaluation using the material is a cornerstone of any joint inspection process for multi-agency service provision for disabled children which develops as Children's Trusts move ahead.

How can it be used?

As part of planning for service improvement, service providers and managers can use the standards and indicators to support:

- a general review of practice at strategic, operational and practitioner level, via self-rating against standards, supplemented by brief evidence notes to justify ratings

and/or

- consideration of a particular theme, functional area or cell in the audit tool matrix which has been identified as being a particularly important area for self-review and improvement.

Where standards or functional areas are a particular focus for attention, they will normally have been identified through consultation and discussion as priority areas within plans to improve multi-agency working.

The material can be used locally both to overview services and provide more detailed information about how individual services are operating and how multi-agency work is developing. Teams, services and multi-agency groupings can use the service audit tool to undertake their own review and to communicate their recommendations for action up the management chain. At the same time, those with strategic responsibility for planning at authority level can use it to identify objectives for the short, medium and long term. The material can also be used to provide a 'snapshot' of how things are at a particular point in time and to support implementation of a development plan over time.

Services or groupings with an interest in particular disability populations will find the material is flexible enough to meet their needs and that it actively encourages them to position their development objectives within a bigger picture. The [Early Support Service Audit Tool](#) directs users to government, inspection and voluntary sector guidance and particular quality standards for discrete populations, wherever this is appropriate. There are however, no 'disability specific' standards, because the development process for this material revealed clearly that good practice for one group of children and families normally needs to be specified for

To read more about this, visit www.earlysupport.org.uk

all populations and can usually be expressed in generic terms. Some indicators are illustrated by examples relating to particular populations, however, where these illustrate general points particularly well.

Appendix 3 sets out an example of how one local authority used the [Early Support Service Audit Tool](#) to achieve better-integrated services for children and families. Further examples of the service audit tool in use will be posted up on the [Early Support](#) website as time goes by.

However the material is used, it is likely to reveal that different services within a geographical area are at different stages of development in their ability to provide multi-agency, integrated services that are responsive to service users. Some services already have a long history of home based visiting and of sharing information across agencies, while others are still near the beginning of a change process which is being driven by external pressure to integrate services. The value and contribution of some services are already well-established locally and are relatively generously resourced, while others will need to use the service audit tool to make the case locally for additional funding to deliver the better early intervention, key worker services and integrated working practices being required by central government.

However the service audit tool is used to support review and planning and at whatever level discussions take place, different themes, functional areas and standards will emerge as being of particular relevance and significance within local planning processes. Some may not or cannot be current priorities for development. Others will be highlighted as high priority in the immediate, medium term or long term. All of this feeds directly into local discussion and agreement of timelines and action plans.

Some standards identified as particularly important may have been prioritised for action during previous planning cycles and plans and are established, but there are no resources available to fund additional development. Where this is the case, the standard can be seen as being put on hold or 'maintenance' – ie the priority is to retain and sustain the level of service improvement achieved to date. Other standards can be prioritised for 'consolidation', where some development has already been achieved and can be celebrated but there remains capacity within the system to do more.

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Some users will wish to identify particular standards for attention to focus development activity on a particular area of provision – for example, working with families within Functional Area B ([Referral, identification and initial assessment](#)).

Where the services audited are recently established, small, under-resourced or emerging from recent reorganisation, it is particularly important that review and self-evaluation leads to clear identification of standards selected for priority action, so that resources and energy do not get spread too thinly. Relevant questions in these circumstances are:

- Where are we now?
- What must be done?
- What else could we target if we have the capacity to do it?
- What are realistic timelines for development?
- What support do different people or teams need to deliver the changes we are planning?

All users of the service audit tool need to anticipate the knock on effect of changing practice on caseloads, job descriptions and terms and conditions of employment. It is difficult to see how senior managers can support and facilitate the change process without doing this and without identifying potential barriers to improvement within individual services or across multi-agency networks. The overview and planning sheets in the [Evidence forms](#) section are specifically designed to help with these processes.

The [Early Support Service Audit Tool](#) is flexible enough to support development from a low, average or high baseline. It challenges everyone, as the self-evaluation/audit process identifies starting points to trigger thinking and discussion at all levels and leads users to identify particular mechanisms that will facilitate further development, such as:

- the introduction of a key worker service
- service user involvement in strategic planning processes
- the introduction and use of family service plans.

Appendix 1

An example of linked indicators across two themes

Functional Area C: Ongoing support Standard C2

C2

Written statements of policy and practice provide for ongoing integrated assessment processes including the monitoring of each child's progress. Monitoring and assessment practice:

- is designed in partnership with parents;
- is flexible to the situation and needs of each child and family;
- gives priority to parents' views of their child and family's needs;
- is integrated to avoid repetition and duplication.

How this is demonstrated in our work with families:	Evidence source:	What this means for us as service providers:	Evidence source:
iv) Parents are clear as to the implications of the information gained at this point, their child's strengths and weaknesses, about interventions and resources that are now appropriate, and what will need to happen next.		f) Agencies use an agreed common language to describe aspects of the disability, the child's developmental needs, parental needs and the family context. Reports to parents reflect this language and joint assessment practice.	
		g) Information gained from the process informs planning and target setting with families and supports everyone's understanding of where the child is now, what the current child and family needs are and the drawing up and reviewing of a new FSP.	
		h) Services offer a relevant and sensitive approach to monitoring the progress of children who are not developing new skills or are losing existing abilities.	

Appendix 2

An example of the service audit tool in use

As part of a general review of SEN provision, a local education authority carried out a wide consultation with partner agencies. This included a review of joint working practices in relation to identification, referral and assessment. **Early Support Service Audit Tool** standards and indicators were used as a starting point to review current practice and to set a direction for improvement. The theme 'How well do we work with families?' was central, because the multi-agency planning group wanted to focus on outcomes for families. The indicators from 'How well do we work together?' were also consulted as support to practice with families. Not all the evidence can be reproduced here – but the next couple of pages present some conclusions from discussion and an associated improvement planning sheet.

Functional Area B: Referral, identification and initial assessment

Standard: B1

There are clear and agreed policies and practices for referral; these make all relevant services easily and quickly available to families, so that families are not left in need. They include integrated referral procedures with a single point of entry and a multi-agency referral panel, wherever possible.

How this is evidenced in our work with families

Our overall practice is: (shade in)

Not in place	Emerging	Partly in place	Established (majority of indicators in place)	Achieved through other indicators	Fully in place	Exceptional practice	Not applicable
N	I	P	E	EO	F	A	N/A

Indicators contributing to attainment of standard

Evidence of our current practice in relation to indicators and/or additional/different indicators that help us achieve this

- i) Parents participate in designing referral policies and practice guidelines.
- ii) Families are referred to a service:
 - ONLY with their consent;
 - are informed in writing, via an interpreter or through other appropriate media by the referrer when they have been referred to a service.
- iii) Family wishes and circumstances in respect of referral (such as timing, arrangements and venues for meetings) are fully taken into account.
- iv) Families are informed of the full range of services available to them and their child.
- v) Parents are able to self-refer to the service and:
 - have easy access to information about the service in places they would normally attend (GP surgeries, HV clinics, specialist clinics) about criteria and how to self-refer;
 - are supported in the process of self-referral to any service, via an agreed route, even if that service does not usually accept self-referrals.
- vi) Families are informed in writing, through an interpreter or other appropriate media by the service:
 - that it has received the referral;
 - of the procedures and plan of action to be followed;
 - of the contact person.

P: Parents invited to join referral working group; questionnaire evidence from some groups already available re their experiences - Portage service will collate and summarise view.

P: In place, except some problems re interpreter - tends to be by writing - need to get translated and clear view of how families would like communication to take place.

P: In place for child development clinics and for initial home visits, once child in system - some problems in other clinics and some assessments that require technology. Spirit of accommodation if parents views known - how do we ascertain these? Look at referral forms.

E: Leaflets exemplifying, also in main languages - verbal checklist also at appointments.

E: Literature in place though will have to be amended if new system of single entry - need to look at how families can self refer to different branches of this.

Etc.....

Appendix 2 (continued) An example of the service audit tool in use

Standard: B1

There are clear and agreed policies and practices for referral; these make all relevant services easily and quickly available to families, so that families are not left in need. They include integrated referral procedures with a single point of entry and a multi-agency referral panel, wherever possible.

Summary of strengths and areas for improvement

Strengths

- how to refer and parents rights for self referral reflected in all services' work
- parental views have been sampled by some services - generally positive but have informed some service changes
- fast track available for urgent cases
- clear information in a number of languages re services is available

Areas for improvement

- inequity possible - criteria for some services involvement unclear;
- parental views and experiences not systematically tracked; no clear idea of unmet
- multiplicity of appointments and duplication of assessment for some families, need because separate referral systems in place-
- limited information formats for non English first language families and for non literate families.

We now need to:

(identify priorities in relation to this standard, including timescales and roles, where applicable)

- consider appropriateness of single point of entry model; steps towards this: produce jointly agreed policy re referral
- define individual service and multi agency service referral processes and criteria for service involvement and make more transparent for families and others (e.g. GPs)
- review literature for families particularly about multi agency referral and practice
- explore funding, barriers for establishing joint database and timescale for establishing this

We will achieve this by:

September 2004

December 2004

December 2004

Report back

September 2004

Target in place

December 2005

Roles and responsibilities

(indicate strategic implications below)

Joint working party

Individual service managers and joint working party members (RS, CT, HS)

Individual service providers, families and working party members (SR, SC, AB)

SC to discuss with senior managers and other trusts/LEAs.

Appendix 3

An example of the service audit tool in use

Functional Area C: Ongoing support

Theme: How well do we work together and with other services?

<p>Standard: C1</p> <p>Written statements of policy and practice provide for families to be given a written integrated Family Service Plan after initial and subsequent assessments and after reviews. Each FSP is drawn up in equal partnership with parents:</p> <ul style="list-style-type: none"> • integrates the plans from each agency; • is in a format which is accessible to parents; • follows Early Support Programme guidelines. 	
<p>Summary of strengths and weaknesses</p>	
<p>Strengths</p> <p>Principle of FSPs agreed at all service levels</p> <p>Good working practice already in place and agreed with families in some services</p> <p>Parents have contributed to development of FSPs where they exist</p> <p>Informal mechanisms for fast track and resourcing demonstrate commitment and will to make this work</p>	<p>Areas for improvement</p> <p>Focus of some agencies needs to shift to more parent led document</p> <p>Formally agreed protocols are not in place and some of fast track/resourcing is too good-will and individual practitioner driven</p> <p>Need to clarify what will be shared with others</p> <p>Funding arrangements including time allocation are problematic;</p> <p>Population who will have a FSP not defined</p>
<p>We now need to: (identified priorities in relation to this standard, including timescales and roles, where applicable)</p> <p>Trial FSP format with families who currently use FSPs and extend to other services</p> <p>Write and agree protocol for drawing up FSPs and for sharing information/setting targets with families</p> <p>Train staff who will draw up FSPs</p> <p>Prepare materials for families re FSPs using Early Support ideas as starting point; offer training/info sessions to families</p> <p>Explore funding implications and review over trial period to ascertain need and opportunities for joint funding</p>	<p>We will achieve this by:</p> <p>April 2005</p> <p>September 2005</p> <p>December 2004</p> <p>January 2004</p> <p>June 2005</p>
<p>Roles and responsibilities (Indicate strategic implications below)</p> <p>Service managers/practitioners: SC to co-ordinate</p> <p>Service managers nominated practitioners</p> <p>LC to co-ordinate</p> <p>Portage and sensory support services</p> <p>TS to co-ordinate; practitioners and service managers submit</p>	

Appendix 3 (continued) An example of the service audit tool in use

<p>The steps towards this will be to: (identify short and medium-term actions with approximate dates and roles)</p> <ul style="list-style-type: none"> • FSP to be introduced in Portage service; new formats in other services at time of next review for family • Draft protocol produced by working party • Trainings schedule drawn up for families and staff by • Materials for families - draft • TS to report back on possible funding mechanisms for materials re FSPs, training days and for resources to implement FSPs • Meetings with DS, MG, RE in early autumn (plus patient rep and voluntary agency rep) to update re FSP progress and any further strategic implications 	<p>by Jan 2005</p> <p>by Nov 2004</p> <p>by Sept 2004</p> <p>by Oct 2004</p> <p>by Sept 2004</p>	<p>As above</p> <p>As above</p> <p>As above</p> <p>As above</p> <p>As above</p>
<p>Implications at strategic level?</p>		

Appendix 3 (continued)

An example of the service audit tool in use

Functional Area C: Ongoing support

Theme: How well do we work together and with other services?

Standard: C1

Written statements of policy and practice provide for families to be given a written integrated Family Service Plan after initial and subsequent assessments and after reviews.

Each FSP is drawn up in equal partnership with parents:

- integrates the plans from each agency;
- is in a format which is accessible to parents;
- follows Early Support Programme guidelines.

What this means for us as service providers

Our overall practice is: (shade in)

Not in place	Emerging	Partly in place	Established (majority of indicators in place)	Achieved through other indicators	Fully in place	Exceptional practice	Not applicable
N	I	P	E	EO	F	A	N/A

Indicators contributing to attainment of standard

Evidence of our current practice in relation to indicators and/or additional/different indicators that help us achieve this

- a) An agreed written policy document, drawn up by services and contributed to by families, defines the role of Family Service Plans (FSPs) in relation to:
- services' delivery;
 - services' roles and contributions to FSPs;
 - how services will work together to facilitate and support these.
- b) Protocols are in place for agreeing with parents and other agencies/services:
- relative roles and contributions;
 - targets and outcomes;
 - how communication about the FSP and the sharing of it will take place.
- c) Funding arrangements for FSP provision are clear to parents, including where there are joint, multi-agency or single funding arrangements.
- d) Protocols involve agreed fast-track systems linked to FSPs that allow priorities and targets to be supported through actions, resources, appointments and access to personnel.

Workings partly established and includes parents; first drafts of policy in place and awaiting agreement at strategic level

Protocols devised but no key worker role in place - lead agency agreed to coordinate; need to define the protocol in more family friendly ways. FSP trialled within Child Development Centre and disability specific services; form devised with families for agreement re sharing the plan.

Need to work on this one - no joint fundings yet; need to explore how resources within FSPs are to be planned for and delivered
Informal fast track systems in place

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How to use the service audit tool

The [Early Support Service Audit Tool](#) is available electronically at www.earlysupport.org.uk

Further information, support and examples of the service audit tool in use will continue to be added to the Early Support Programme website over time. We look forward to services, early years providers and families sharing experience of how they have used the material as it moves into general use.

[Early Support](#) is a Government funded programme involving the Department for Education and Skills, Sure Start and the Department of Health. The purpose of the programme is to improve the delivery of services to disabled children under three and their families. It promotes service development in partnership with health, education and social services, service users and organisations in the voluntary sector.

[Early Support](#) is putting into practice the principles outlined in the Government guidance document *Together from the Start*, which was published in May 2003. The guidance recognises that where children have special needs and disabilities, it is important that these are identified at an early stage and that identification leads directly to effective early intervention and support for families and children.

For more information about [Early Support](#) or to view any of the programme materials, visit www.earlysupport.org.uk

Other relevant materials are:

An [Early Support Family Pack](#) (Ref: ES1)

A series of [Early Support Information for Parents Booklets](#)

[Early Support Professional Guidance](#) (Ref: ES33)

[Early Support Monitoring Protocol for Deaf Babies and Children](#)
(Ref: ES29)

The reference number for the [Early Support Service Audit Tool](#) is ES34.

Copies of any of the materials listed here can be obtained from:

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