

## Service audit tool

to support the development and improvement of services for disabled children 0-5 and their families







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## Leadership, management and organisation

	Standard	How we work with families:	How we work together:	Priority area within development planning?
		<i>Not applicable</i> NA <i>Not in place</i> N <i>Emerging</i> I <i>Partly in place</i> P <i>Established</i> E <i>Est with other indicators</i> EO <i>Exceptional</i> A	<i>Not applicable</i> NA <i>Not in place</i> N <i>Emerging</i> I <i>Partly in place</i> P <i>Established</i> E <i>Est with other indicators</i> EO <i>Exceptional</i> A	• with families? • with others?
	<b>A: Leadership, management and organisation</b>			
<b>A1</b>	Aims and values reflect a clear vision of (and commitment to) providing a continuously developing, high quality and integrated service to families and children from birth to three years. There is a clear focus on outcomes for families.			
<b>A2</b>	Policy statements and practical guidance show a clear commitment to providing (in conjunction with other services) an integrated high quality service for families and children from birth to three years. Policies and practices are informed by the views of carers/parents and other service users.			
<b>A3</b>	Mechanisms are in place for monitoring, evaluating and improving services for children 0-3 and their families and include parents/carers, and other service partners and users.			
<b>A4</b>	Competencies are established for all practitioners. Training and audit arrangements ensure such expertise is shared, updated and regularly reviewed in terms of its ability to offer a comprehensive and specialist service to families and children 0-3.			
<b>A5</b>	Funds and resources are allocated, and managed, to provide high quality co-ordinated service for children 0-3 and their families. Funding supports multi-agency working, families' involvement in provision, its improvement and evaluation. It enables services to respond to families in atypical situations.			
<b>A6</b>	Clear and agreed policies and practices support families' and children's inclusion in and access to local community services and groups. This is achieved through close working relationships and planning with local community projects and workers, Early Years and Childcare providers, playgroups and families themselves.			
<b>A7</b>	Clear and agreed policies and practices support transition between agencies and into Early Years Provision, school-based and non-maintained. These: <ul style="list-style-type: none"> <li>• ensure continuity of support;</li> <li>• enable families to make decisions and plan for their child's early years provision and education;</li> <li>• support smooth transition into school-based or other provision;</li> <li>• enhance the school/providers ability and expertise in providing for and meeting child need.</li> </ul>			

## Referral, identification and initial assessment

	Standard	How we work with families:	How we work together:	Priority area within development planning?
		<i>Not applicable</i> NA <i>Not in place</i> N <i>Emerging</i> I <i>Partly in place</i> P <i>Established</i> E <i>Est with other indicators</i> EO <i>Exceptional</i> A	<i>Not applicable</i> NA <i>Not in place</i> N <i>Emerging</i> I <i>Partly in place</i> P <i>Established</i> E <i>Est with other indicators</i> EO <i>Exceptional</i> A	• with families? • with others?
	<b>B: Referral, identification and initial assessment</b>			
<b>B1</b>	There are clear and agreed policies and practices for referral i.e. for making all relevant services, easily and quickly available to all families so that families are not left wanting. These include integrated referral procedures with a single point of entry and a multi-agency referral panel, wherever possible.			
<b>B2</b>	Policies and practices regarding identification and 'communicating the news' are in place and are monitored and reviewed regularly for their sensitivity and effectiveness. Agencies work together to maximise effectiveness and minimise stress to families around the time of identification of a disability, health condition or need.			
<b>B3</b>	Initial assessment takes place within an agreed multi-agency framework that acknowledges the two strands of a) arriving at a diagnosis (if possible) and b) identification of needs. The process is timely and works towards a single joint assessment. It: <ul style="list-style-type: none"> <li>• supports shared understanding of child and family strengths and needs;</li> <li>• places due emphasis on family wishes;</li> <li>• enables parents to participate fully as active partners;</li> <li>• is supportive to the family and based in helping relationships.</li> </ul>			
<b>B4</b>	There are clear policies and defined practices for identifying a key worker. A key worker is available to all families of children 0-3 who require one and is allocated during the process of initial assessment. The role is needs led, clearly defined and agreed with families.			
<b>B5</b>	Agreed policies and practices support the family and child's access to local services and the community. These include support for communicating the news to others and accessing resources and support swiftly to ensure families do not become isolated or excluded.			
<b>B6</b>	There are clear policies and practices agreed between acute hospital trusts and community services for smooth and effective admissions, discharge and re-admissions for children 0-3 and their families.			

## Referral, identification and initial assessment: Standards and service status

## Ongoing support

	Standard	How we work with families:	How we work together:	Priority area within development planning?
		<i>Not applicable</i> <b>NA</b> <i>Not in place</i> <b>N</b> <i>Emerging</i> <b>I</b> <i>Partly in place</i> <b>P</b> <i>Established</i> <b>E</b> <i>Est with other indicators</i> <b>EO</b> <i>Exceptional</i> <b>A</b>	<i>Not applicable</i> <b>NA</b> <i>Not in place</i> <b>N</b> <i>Emerging</i> <b>I</b> <i>Partly in place</i> <b>P</b> <i>Established</i> <b>E</b> <i>Est with other indicators</i> <b>EO</b> <i>Exceptional</i> <b>A</b>	<ul style="list-style-type: none"> <li>• with families?</li> <li>• with others?</li> </ul>
	<b>C: Ongoing support</b>			
<b>C1</b>	<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:</p> <ul style="list-style-type: none"> <li>• is drawn up in equal partnership with parents;</li> <li>• integrates the plans from each agency;</li> <li>• is in a format which is accessible to parents;</li> <li>• follows Early Support Programme guidelines.</li> </ul>			
<b>C2</b>	<p>Written statements of policy and practice provide for ongoing integrated assessment processes, including the monitoring of each child's progress. Monitoring and assessment practice:</p> <ul style="list-style-type: none"> <li>• is designed in partnership with parents;</li> <li>• is flexible to situation and needs of each child and family;</li> <li>• gives priority to parents' views of their child and family's needs;</li> <li>• is integrated to avoid repetition and duplication.</li> </ul>			
<b>C3</b>	<p>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:</p> <ul style="list-style-type: none"> <li>• provide a comprehensive profile of the child's strengths and weaknesses and family needs;</li> <li>• support target setting, provision and parents' involvement in these.</li> </ul>			
<b>C4</b>	<p>Clear and agreed statements of policy and practice provide for families who require one to be offered a key worker at the time of initial assessment or soon after. The role is clearly defined, is needs-led and may include:</p> <ul style="list-style-type: none"> <li>• being a single point of reference for information and sign posting;</li> <li>• helping families to access services;</li> <li>• co-ordination of the integrated assessment and all subsequent support;</li> <li>• providing a listening ear and emotional support to parents and other key family members;</li> <li>• helping to write and implement the Family Service Plan.</li> </ul>			
<b>C5</b>	<p>A range of support options and delivery are routinely available to meet the needs of the individual child and preferences as to approach and interventions of the family. Service delivery is co-ordinated, responds to family need and diversity and recognises the various agencies' duties and expertise.</p>			

## Ongoing support: Standards and service status

## Ongoing support

	Standard	How we work with families:	How we work together:	Priority area within development planning?
		<i>Not applicable</i> NA <i>Not in place</i> N <i>Emerging</i> I <i>Partly in place</i> P <i>Established</i> E <i>Est with other indicators</i> EO <i>Exceptional</i> A	<i>Not applicable</i> NA <i>Not in place</i> N <i>Emerging</i> I <i>Partly in place</i> P <i>Established</i> E <i>Est with other indicators</i> EO <i>Exceptional</i> A	<ul style="list-style-type: none"> <li>with families?</li> <li>with others?</li> </ul>
C: Ongoing support				
C6	<p>There is an appropriate range of resources and equipment available to support child and family needs and staff and families are trained in its use. This includes:</p> <ul style="list-style-type: none"> <li>provision of respite in relation to family stress at relevant times;</li> <li>necessary equipment and adaptations to family homes, when they are needed;</li> <li>information about all available benefits and grants and support to families in applying for them;</li> <li>sufficient access to people, resources, training and expertise.</li> </ul>			
C7	<p>Community services and agencies work together to ensure that the child and family are supported towards effective inclusion in local communities and have access to services and activities they wish to be involved in. This includes:</p> <ul style="list-style-type: none"> <li>provision of appropriate training, resources and funding where necessary;</li> <li>reviewing the effectiveness of practice.</li> </ul>			
C8	<p>Managers and practitioners collaborate fully with each other, with other Early Years Providers, parents and family key workers to ensure professional continuity between key services and effective and smooth transitions in the family and child's life such as:</p> <ul style="list-style-type: none"> <li>Moving from SCBU or hospital to home;</li> <li>Changes in intervention/therapy options;</li> <li>Home to childcare;</li> <li>Transition to Nursery and pre-school;</li> <li>From mainstream to specialist support and provision;</li> <li>Relocation of families.</li> </ul>			
C9	<p>Policies and procedures for transition within Early Years Providers and to Foundation Stage provision are supported by effective ways of sharing information with families about options and of training and supporting schools and providers. Early Years Providers are supported in including the child in the life of the school/provision. Families have high quality of information about their child and relevant Early Years settings that allows them to:</p> <ul style="list-style-type: none"> <li>explore the range of options available;</li> <li>identify a placement of choice;</li> <li>support their child's transition into school;</li> <li>enter fully into the life of the school.</li> </ul>			

## Providing and sharing information

	Standard	How we work with families:	How we work together:	Priority area within development planning?
		<i>Not applicable</i> <b>NA</b> <i>Not in place</i> <b>N</b> <i>Emerging</i> <b>I</b> <i>Partly in place</i> <b>P</b> <i>Established</i> <b>E</b> <i>Est with other indicators</i> <b>EO</b> <i>Exceptional</i> <b>A</b>	<i>Not applicable</i> <b>NA</b> <i>Not in place</i> <b>N</b> <i>Emerging</i> <b>I</b> <i>Partly in place</i> <b>P</b> <i>Established</i> <b>E</b> <i>Est with other indicators</i> <b>EO</b> <i>Exceptional</i> <b>A</b>	<ul style="list-style-type: none"> <li>• with families?</li> <li>• with others?</li> </ul>
	<b>D: Providing and sharing information</b>			
<b>D1</b>	Effective mechanisms are in place to ensure the co-ordination and appropriate exchange of information with families and other agencies about: services, disabilities, interventions and therapies, child and family issues. Such systems take account of and are responsive to family diversity and need and enable families to contribute their information.			
<b>D2</b>	There is clear documentation specific to the provision of services for children from birth to three and their families. This identifies roles, responsibilities and rationales and is accessible to parents and all agencies. Parents and agencies have contributed to this information.			
<b>D3</b>	Community services and agencies work together to ensure that the child and family are supported towards effective inclusion in local communities, through the provision of appropriate information and training and that families have access to services and activities they wish to be involved in.			
<b>D4</b>	Families have high quality of information about their child and relevant Early Years settings that allows them to: <ul style="list-style-type: none"> <li>• explore the range of options available;</li> <li>• identify a placement of choice;</li> <li>• support their child's transition into school;</li> <li>• enter fully into the life of the school.</li> </ul>			

## How well do we work with families?

## How well do we work together and with other services?

A1

Aims and values reflect a clear vision of (and commitment to) providing a continuously developing, high quality and integrated service for children from birth to three years and their families. There is a clear focus on outcomes for families.

How this is demonstrated in our work with families:	Evidence source:	What this means for us as service providers:	Evidence source:
i) Parents/carers work with senior management to: <ul style="list-style-type: none"> <li>• establish the aims and values of the service;</li> <li>• review them regularly.</li> </ul>		a) A written statement of aims and values, contributed to by all service members, families and service users, is drawn up with senior management; this takes account of the service's statutory requirements and duties and national guidance, including disability specific guidance.	
ii) Families have access to written/video or interpreted service aims and values that: <ul style="list-style-type: none"> <li>• outline the commitment of senior management to a family centred service;</li> <li>• describe in practical terms how this will be achieved.</li> </ul>		b) There is a clear statement of how the service will support children 0-3 and their families towards desired outcomes and the commitment of senior management to it. At: <ul style="list-style-type: none"> <li>• individual service level;</li> <li>• multi-agency level.</li> </ul>	
		c) Working practices encompass relevant international, national and local guidelines and regulations (for example, the SEN Code of Practice, National Service Framework for Children, Disability Discrimination legislation and guidance, <i>Together from the Start</i> and voluntary agency publications, including disability specific guidance.	
		d) Where there is joint service provision each service has written aims and values indicating clearly how the service's work will be integrated with the work of other practitioners, services and agencies.	
iii) Families are involved in the review of service policy and practice in respect of effectiveness and their views are taken into account.		e) Policy statements are regularly reviewed and practice is monitored against these aims and values. At: <ul style="list-style-type: none"> <li>• individual service level;</li> <li>• multi-agency level.</li> </ul>	
iv) Parents contribute to any multi-agency group and the agreed aims and values determined by these.		f) A multi-agency group is established that has agreed shared aims and values.	

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A1

Aims and values reflect a clear vision of (and commitment to) providing a continuously developing, high quality and integrated service for children from birth to three years and their families. There is a clear focus on outcomes for families.

How this is demonstrated in our work with families:	Evidence source:	What this means for us as service providers:	Evidence source:
		g) The multi-agency group has determined policy, practice and funding arrangements for integrated working at strategic, operational and practitioner levels.	
v) Disability specific groups are in place where appropriate, such as a Children's Hearing Services Working Group (CHSWG); these include parents, carers and service users and have a strategic role in the development of policy and practice.		h) Disability specific groups such as a Children's Hearing Services Working Group (CHSWG) have a strategic role in the development of policy and practice.	

## How well do we work with families?

## How well do we work together and with other services?

### A2

Policy statements and practical guidance show a clear commitment to providing (in conjunction with other services) an integrated high quality service for families and children from birth to three years. Policies and practices are informed by the views of carers/parents and other service users.

How this is demonstrated in our work with families:	Evidence source:	What this means for us as service providers:	Evidence source:
i) Representative parents work with management to: <ul style="list-style-type: none"> <li>• establish clear policy and practice statements;</li> <li>• review these regularly.</li> </ul>		a) A written statement of policy and practice promotes inclusion, acknowledges diversity and is informed by new developments, research, local needs and acknowledged good practice.	
ii) There are clear mechanisms for seeking and enabling the views of parents regarding policy and practice.		b) The range and level of current and future need is audited regularly to inform planning. At: <ul style="list-style-type: none"> <li>• an individual service level;</li> <li>• multi-agency level.</li> </ul>	
iii) The views of: <ul style="list-style-type: none"> <li>• parents;</li> <li>• previous service users including parents and carers of older children;</li> <li>• young people with disabilities themselves are sought, documented and used to inform the service improvement plan.</li> </ul>		c) There is a service improvement plan that is: <ul style="list-style-type: none"> <li>• based on the audit of need;</li> <li>• reviewed at strategic level in relation to national and local priorities;</li> <li>• responsive to new initiatives;</li> <li>• incorporates recognised good practice.</li> </ul> At: <ul style="list-style-type: none"> <li>• an individual service level;</li> <li>• multi-agency level.</li> </ul>	
iv) Families have been actively involved in developing protocols for working with families (including attention to such aspects as confidentiality, positive attitudes, respect, honesty, independence).		d) Statements of policy and practice state clearly how the service(s) and its practitioners will work with families, other practitioners, services and agencies.	
v) Children's responses to intervention and services are ascertained.		e) A written statement of policy and practice takes account of Child Protection, staff protection and risk management issues. At: <ul style="list-style-type: none"> <li>• an individual service level;</li> <li>• multi-agency level.</li> </ul>	
vi) Consultations with families reveal joint and multi-agency work to be working in practice.		f) There is a clear definition of the client group whose needs are to be met by the individual service and the joint, multi-agency group with clear eligibility/exclusion criteria.	

## How well do we work with families?

## How well do we work together and with other services?

A2

Policy statements and practical guidance show a clear commitment to providing (in conjunction with other services) an integrated high quality service for families and children from birth to three years. Policies and practices are informed by the views of carers/parents and other service users.

How this is demonstrated in our work with families:	Evidence source:	What this means for us as service providers:	Evidence source:
		g) The requirement for collaborative working is reflected in job descriptions and task lists of all relevant practitioners.	
		h) Multi-agency working, planning and practice statements reflect current guidance, research, initiatives and established good practice for integrated practice at strategic, operational and practitioner level.	
		i) There is a reliable multi-agency database, nationally compatible that includes a process for regularly updating information. This has transparent systems and safeguards for access.	

## How well do we work with families?

## How well do we work together and with other services?

A3

Procedures are in place for monitoring, evaluating and improving services for children from birth to three years and their families; these take into account the views of parents/carers, and other service partners and users.

How this is demonstrated in our work with families:	Evidence source:	What this means for us as service providers:	Evidence source:
i) The service is proactive in seeking the views of all parents and other family members in user surveys (in-house or independent) with interviews, questionnaires, seminars, discussion groups, including the use of other media and of languages to promote access.		a) Policy documents include detailed provision for monitoring and evaluation of the service, with a service improvement plan reviewed yearly. At: <ul style="list-style-type: none"> <li>• individual service level;</li> <li>• multi-agency.</li> </ul>	
ii) Reviews seek feedback from families and carers about professional attitudes and competencies with reference to the agreed protocols for working with families.		b) There is a clearly understood process in which findings of reviews are incorporated into planning and policy documents and actions/resources prioritised. At: <ul style="list-style-type: none"> <li>• individual service level;</li> <li>• multi-agency.</li> </ul>	
iii) Findings from these reviews are incorporated into planning and policy documents and service improvement plans in a process which is clear and easily understood by families and all practitioners. Checks are in place to ensure access for families and to promote understanding.		c) Each review generates a costed, written service improvement plan with clear priorities, actions, roles and responsibilities and success criteria. At: <ul style="list-style-type: none"> <li>• individual service level;</li> <li>• multi-agency.</li> </ul>	
iv) Families have agreed and shared outcomes with service providers in terms of actions taken: <ul style="list-style-type: none"> <li>• for their child;</li> <li>• for the family itself.</li> </ul>		d) There are clear criteria for evaluating service provisions in respect of outcomes of actions taken, outcomes for families and children and any external quality standards in the specific field of disability.	
		e) Shared policy documents include detailed provision for monitoring and evaluation of the integrated service at least yearly.	
		f) Each review generates a written multi-agency service improvement plan, with clear priorities, actions, roles and responsibilities and success criteria, including how it will be funded.	

## How well do we work with families?

## How well do we work together and with other services?

A3

Procedures are in place for monitoring, evaluating and improving services for children from birth to three years and their families; these take into account the views of parents/carers, and other service partners and users.

How this is demonstrated in our work with families:	Evidence source:	What this means for us as service providers:	Evidence source:
		g) There are clear criteria established for evaluating the success of multi-agency working. These include: <ul style="list-style-type: none"> <li>• actions taken in relation to the service improvement plan;</li> <li>• the delivery of agreed outcomes for families and children.</li> </ul>	

## How well do we work with families?

## How well do we work together and with other services?

A4

Competencies are established for all practitioners. Training and audit arrangements ensure that expertise is shared, updated and regularly reviewed and are such that it contributes to a comprehensive and specialist service to children from birth to three and their families.

How this is demonstrated in our work with families:	Evidence source:	What this means for us as service providers:	Evidence source:
i) Parents and children have access to expert advice in relation to the child's specific disabilities and needs.		a) Required competencies are established for those working with children 0-3 and their families, and practitioners are monitored and evaluated against these competencies. At: <ul style="list-style-type: none"> <li>• individual service level;</li> <li>• multi-agency level.</li> </ul>	
ii) Representative parents are invited to help design and contribute to relevant aspects of practitioners' training and professional development programmes.		b) Required competencies are established for professionals working together within a multi-agency team with children 0-3 and their families. Practitioners are monitored and evaluated against these multi-agency team-working competencies.	
iii) Parents' views as to appropriate competencies and training for professionals are sought, documented and incorporated into staff training programmes.		c) Competencies are informed by published guidance in respect of the specific disability and need, by national standards and by parental consultation.	
		d) Practitioners have undertaken specific training/development opportunities in working with children 0-3 years and their families. This is regularly updated.	
		e) The service creates an individual continuing professional development plan with each practitioner, based on shared appraisal of individual and service priorities. The service budget takes these into account at: <ul style="list-style-type: none"> <li>• individual service level;</li> <li>• multi-agency level.</li> </ul>	
iv) Parents have the opportunity to participate in training for involvement in service review and planning.		f) Practitioners have training opportunities to train with, and to learn about the work of other disciplines and to learn about the workings of other services/agencies.	
		g) Joint funding is available for continued training.	

## How well do we work with families?

## How well do we work together and with other services?

A4

Competencies are established for all practitioners. Training and audit arrangements ensure that expertise is shared, updated and regularly reviewed and are such that it contributes to a comprehensive and specialist service to children from birth to three and their families.

How this is demonstrated in our work with families:	Evidence source:	What this means for us as service providers:	Evidence source:
iv) The service budget plan takes account of family training needs and families are made aware of such funding.		h) There is an established budget for training, which takes account of disability specific training needs, for example in relation to specific interventions and communication approaches.	
v) Parents have a clear picture of which specialists have additional training in working with a specific disability and with children 0-3 years.		i) The professional development and management of the service(s) is undertaken and/or informed by a professional with specialised training including the Mandatory Qualification where this exists, for example qualified teachers of the visually impaired and of deaf children.	
		j) Job descriptions, training opportunities and staffing priorities reflect the entitlements of families to support from staff with appropriate levels of disability – specific expertise.	
		k) Service improvement planning takes account of training needs to maintain and improve these professional competencies. At: <ul style="list-style-type: none"> <li>• individual service level;</li> <li>• multi-agency level.</li> </ul>	

## How well do we work with families?

## How well do we work together and with other services?

A5

Funds and resources are allocated and managed to provide a high quality co-ordinated services for children from birth to three and their families. Funding supports multi-agency working and families' involvement. It enables services to respond to families in atypical situations.

How this is demonstrated in our work with families:	Evidence source:	What this means for us as service providers:	Evidence source:
i) A parent forum is established through appropriate budget planning.		a) Budget planning is informed by priorities agreed in the service and joint services improvement plan and the audit of need and unmet need: <ul style="list-style-type: none"> <li>• service priorities;</li> <li>• joint service priorities.</li> </ul>	
ii) Resources are available to enable practitioners to deliver a flexible range of services to meet the varied needs of families and children – including: <ul style="list-style-type: none"> <li>• specific equipment;</li> <li>• flexi-time working;</li> <li>• interpreting services.</li> </ul>		b) The allocated budget is presented in a way that shows in detail how it will fund the agreed plans, policies and service practices in the short, medium and long term.	
iii) Budget planning anticipates needs arising from families in atypical situations.		c) The service improvement plan is clearly costed, takes into account funding for future development and includes monitoring of likely shortfall at: <ul style="list-style-type: none"> <li>• individual service level;</li> <li>• multi-agency level.</li> </ul>	
iv) Families' out-of-pocket expenses, including fees to enable them to contribute to service planning and review and to participate in training are met through positive budget planning.		d) Budget planning takes account of the diversity of families and need and secures equity of access to services, expertise and resources.	
v) Parents have sufficient access to trained professionals with expertise within their child's area(s) of need/disability and in working with very young children and their families.		e) Budget planing takes account of staff training needs and the need for specific expertise to be available in relation to specific disabilities as well as pan disability needs. It takes account of the labour/technology intensiveness of specific disabilities.	

## How well do we work with families?

## How well do we work together and with other services?

A5

Funds and resources are allocated and managed to provide a high quality co-ordinated services for children from birth to three and their families. Funding supports multi-agency working and families' involvement. It enables services to respond to families in atypical situations.

How this is demonstrated in our work with families:	Evidence source:	What this means for us as service providers:	Evidence source:
		f) Agencies are clear as to relevant responsibilities for providing resources to families and joint fund others where appropriate.	
		g) There is a clear mechanism for staff to influence budgetary planning and gain funding for their areas of responsibility.	
		h) Budget planning includes ongoing purchases, renewal of key equipment and resources, including provision of personnel support.	
		i) Budget planning takes account of the constraints and flexibility of each agency/service's funding arrangements.	

## How well do we work with families?

## How well do we work together and with other services?

### A6

Clear and agreed policies and practices support families and children's inclusion in, and access to, local community services and groups. This is achieved through close working relationships and planning with local community projects and workers, early years and childcare providers, playgroups and families themselves.

How this is demonstrated in our work with families:	Evidence source:	What this means for us as service providers:	Evidence source:
i) Families' and children's rights and entitlements to be included within local community services and activities are recognised and families feel supported towards this.		a) There is a shared commitment to the development of more inclusive practice across all relevant services. Local community inclusion is seen as a key priority by managers and practitioners, alongside a commitment to help meet children's individual learning needs.	
ii) Systems exist that enable the voice of the family to be listened to within their community.		b) There is multi-agency agreement on the importance of supporting local community access. Services and providers work together to achieve this.	
iii) The service and providers take account of families' individual circumstances in helping to remove barriers and enable access to local support networks.		c) The service seeks to support access and inclusion with typically developing children.	
iv) Parents' particular support needs and any specific barriers that they may be experiencing (in terms of local provision and community support) are monitored and responded to appropriately.		d) Policies and guidance for practice are in place that enable families' access to local support networks, both general and disability-specific.	
v) Families' and children's perspectives are used to help collate broader information on access barriers, so that these can be addressed at a strategic level.		e) The service works closely with Area Early Years SENCOs and Early Years Providers to help reduce any barriers to local early years/childcare provision. Training and support is available as needed from: <ul style="list-style-type: none"> <li>• individual service level;</li> <li>• multi-agency level.</li> </ul>	
		f) Multi-agency training and support is available for Early Years and other providers, with input from families that cover aspects of inclusion such as family access to and inclusion in appropriate provision.	

## How well do we work with families?

## How well do we work together and with other services?

**A6**

Clear and agreed policies and practices support families and children's inclusion in, and access to, local community services and groups. This is achieved through close working relationships and planning with local community projects and workers, early years and childcare providers, playgroups and families themselves.

How this is demonstrated in our work with families:	Evidence source:	What this means for us as service providers:	Evidence source:
vi) Parents are made aware of specialist Early Years Provision and provided with opportunities to visit such provision and to meet appropriate adult role models, (such as deaf or visually impaired people).		g) Where specialist disability provision exists, such as specialist childcare and Early Years provision, its role is explored with families including its inclusion role.	
vii) Families' experiences of access and inclusion are gathered and inform practice and planning for inclusion.		h) The effectiveness of inclusion strategies is regularly reviewed as part of the Service Improvement Plan, including the views of Early Years Providers, other agencies and families.	

## How well do we work with families?

## How well do we work together and with other services?

A7

Clear and agreed policies and practices support transition into Early Years provision and formal education. These ensure continuity of support and:

- enable families to make decisions and plan for their child's Early Years provision and education;
- support smooth transition into school-based or other provision;
- enhance the school/providers ability and expertise in providing for, and meeting, children's needs.

How this is demonstrated in our work with families:	Evidence source:	What this means for us as service providers:	Evidence source:
i) The differing needs of individual families for Early Years and Childcare Provision are recognised and responded to.		a) There is an agreed policy that ensures a range of strategies are in place for smooth and effective transition for children and their families.	
ii) Families understand: <ul style="list-style-type: none"> <li>• the range of options available;</li> <li>• how transition to another service or into specific early years provision can be supported.</li> </ul>		b) There are strong links with Early Years Providers including an established information base on which families and practitioners can draw.	
iii) Families understand the range of current and future provision and are enabled to share their own information.		c) The service(s) works with future providers to establish and respond to their training/ support needs, in advance of a child's arrival.	
		d) There is an agreed multi-agency approach at the point of transition so that support to families and to the receiving provision is properly co-ordinated.	
		e) The service(s) ensures it is aware of any specific admission arrangements and is able to explain these clearly to parents, ensuring that admission procedures are initiated in a timely fashion and to support effective decisions being made.	
iv) Families are actively supported in visiting the range of provision available to them and in seeking further advice, as required, including advocacy services.		f) The service has clear procedures and protocols for handover of case/key worker responsibility.	
		g) Services ensure that any handover of responsibility is properly addressed and that new agencies/services becoming involved are well aware of children and families' particular circumstances and needs.	

## How well do we work with families?

## How well do we work together and with other services?

A7

Clear and agreed policies and practices support transition into early years provision and formal education. These ensure continuity of support and:

- enable families to make decisions and plan for their child's early years provision and education;
- support smooth transition into school-based or other provision;
- enhance the school/providers ability and expertise in providing for, and meeting, children's needs.

How this is demonstrated in our work with families:	Evidence source:	What this means for us as service providers:	Evidence source:
v) Families' understanding of their children's needs allow them to make decisions based on the best information available.		h) Relevant agencies (e.g. educational psychologists; social workers) are involved at an early stage, so that they are aware of the child's/family's aspirations and needs.	
vi) Families' views regarding the effectiveness of transition arrangements are actively sought.		i) Agencies avoid pre-empting each other's decisions and there are clear boundaries with regard to roles and responsibilities in the decision-making process.	
		j) Transition arrangements are reviewed regularly and include the views of receiving providers as well as those of families and practitioners.	

## How well do we work with families?

## How well do we work together and with other services?

### 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 demonstrated in our work with families:	Evidence source:	What this means for us as service providers:	Evidence source:
i) Parents participate in designing referral policies and practice guidelines.		a) There is agreed, clear policy and practice for receiving referrals, whether through practitioners or self-referring parents at: <ul style="list-style-type: none"> <li>• individual service level;</li> <li>• multi-agency service level.</li> </ul>	
ii) Families are referred to a service: <ul style="list-style-type: none"> <li>• ONLY with their consent;</li> <li>• are informed in writing, via an interpreter or through other appropriate media by the referrer, when they have been referred to a service.</li> </ul>		b) An agreed format for new referrals includes a central point of administration where practical and a designated practitioner who has responsibility for dealing with all new referrals at: <ul style="list-style-type: none"> <li>• individual service level;</li> <li>• multi-agency level.</li> </ul>	
iii) Family wishes and circumstances in respect of referral (such as timing, arrangements and venues for meetings) are fully taken into account.		c) Each service has clear written eligibility criteria for the families they can help. These include information about disabilities and needs, age of child and locality and are regularly distributed to all agencies.	
iv) Families are informed of the full range of services available to them and their child.		d) Staff are well informed about their own and other services and can support parents' access to the 'total service' they require.	
v) Parents are able to self-refer to the service and: <ul style="list-style-type: none"> <li>• 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;</li> <li>• 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.</li> </ul>		e) Where families can self-refer, services make information available about referral procedures to families in its locality, such as: <ul style="list-style-type: none"> <li>• eligibility criteria;</li> <li>• how to contact the service.</li> </ul> Parents are encouraged to make contact where they have any concerns.	

## How well do we work with families?

## How well do we work together and with other services?

### B1

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How this is demonstrated in our work with families:	Evidence source:	What this means for us as service providers:	Evidence source:
vi) Families are informed in writing, through an interpreter or other appropriate media by the service: <ul style="list-style-type: none"> <li>• that it has received the referral;</li> <li>• of the procedures and plan of action to be followed;</li> <li>• of the contact person.</li> </ul>		f) A named practitioner is designated to contact self-referring families within an agreed time scale.	
vii) Parents are informed in writing, by an interpreter or through other media when a referral for services cannot be met, including the reasons why.		g) Procedures for the processing of multi-agency referrals include the recording of unmet need i.e. when a referral is appropriate but a service cannot be provided.	
viii) When a referral is found not appropriate, parents are supported in deciding another course of action.		h) Referrals are processed on a regular basis so that waiting times are minimised. This process includes procedures for informing families, when a referral is inappropriate and another route is suggested.	
ix) Parents give feedback about referral procedures; this informs service improvement in a transparent and open way.		i) Referral procedures are reviewed regularly in a process in which practitioners, families and managers reflect on practice and suggest improvements. These are incorporated into the service improvement plan.	

## How well do we work with families?

## How well do we work together and with other services?

### B2

Policies and practices for identifying need and 'communicating the news' are in place and are monitored and reviewed regularly for their sensitivity and effectiveness. Agencies work together to maximise effectiveness and minimise stress to families around the time of identification of a disability, health condition or need.

How this is demonstrated in our work with families:	Evidence source:	What this means for us as service providers:	Evidence source:
i) Families have been enabled to actively contribute to the writing of protocols regarding the identification of disability or need.		a) There is a written policy, regularly reviewed, which identifies roles, responsibilities and protocols to be followed before, and around the time of, identification of disability or need.	
		b) The policy includes specific reference to children with complex needs for whom: <ul style="list-style-type: none"> <li>• there might be an evolving diagnosis over months and years;</li> <li>• the news might be about short or uncertain life expectancy.</li> </ul>	
ii) Families' experience of 'communicating the news' of disability is transparent and provides an opportunity to identify and agree the immediate professional routes to be followed.		c) Individual services and/or the multi-agency group, provide clear and accessible information to families. This includes the roles and responsibilities of those involved in identification and what will happen afterwards.	
		d) Practitioners understand each other's roles and responsibilities in relation to identification and 'communicating the news' and are supportive to each other in them.	
iii) Families are provided with time, an appropriate environment and an informed professional with skills in supporting families under stress. Interpreters have been made available to families as necessary.		e) Practice is family centred, sensitive to cultural diversity and family need.	
iv) Families are supported in their planning of how to share the news with the wider family, including the use of appropriate terminology.		f) Information shared with families and carers around this time uses agreed terminology, is co-ordinated and coherent and is informed by a shared and up-to-date understanding of the disability or need and potential outcomes.	

## How well do we work with families?

## How well do we work together and with other services?

### B2

Policies and practices for identifying need and 'communicating the news' are in place and are monitored and reviewed regularly for their sensitivity and effectiveness. Agencies work together to maximise effectiveness and minimise stress to families around the time of identification of a disability, health condition or need.

How this is demonstrated in our work with families:	Evidence source:	What this means for us as service providers:	Evidence source:
v) Families are offered information about: <ul style="list-style-type: none"> <li>the disability or need;</li> <li>contact details of other families who can offer support and who have been given some training as supporters;</li> <li>contact details of local, regional and national networks.</li> </ul>		g) The process of 'communicating the news' involves one person who has experience of the specific disability (for example of young deaf children, visually impaired children or of children with complex needs etc) and who can be in continuing contact.	
vi) Families are given information about the roles of key workers and various agencies and how they can help in the initial assessment process and with ongoing support.		h) There are clear protocols in place for the initial assessment of child and family need (if not already done), the identification of 'key worker(s)' and the initial individual Family Service Plan (FSP).	
vii) Information regarding the provision and ongoing management of equipment is readily available in a range of accessible formats.		i) A suitably trained professional should be available to talk through management of equipment and help establish positive practice within the home or care setting.	
viii) Families are actively involved in training professionals to provide effective sensitive support to family members around the time of 'communicating the news'.		j) Staff have appropriate training to support their role and effectiveness in identification and 'communicating the news'. This is regularly updated including new methods of identification/screening.	
ix) The views of parents and carers are sought regularly to: <ul style="list-style-type: none"> <li>inform a review of practice;</li> <li>inform service improvement planning.</li> </ul>		k) There is a system for checking that procedures are followed and clear timelines for that checking.	
		l) There are mechanisms in place for joint review of practice regarding 'communicating the news'. These include the views of parents and all services and agencies involved.	

## How well do we work with families?

## How well do we work together and with other services?

### B3

Initial assessment takes place within an agreed multi-agency framework that acknowledges a) arriving at a diagnosis where possible and b) identification of needs. The process is timely and works towards a single joint assessment. It:

- supports a shared understanding of the strengths and needs of the child and family;
- places due emphasis on family wishes;
- enables parents to participate fully as active partners;
- is supportive to the family and promotes positive relationships.

How this is demonstrated in our work with families:	Evidence source:	What this means for us as service providers:	Evidence source:
i) Families contribute to <ul style="list-style-type: none"> <li>• agreed initial assessment protocols;</li> <li>• regular reviews of such protocols.</li> </ul>		a) Policy and guidance for practice details: <ul style="list-style-type: none"> <li>• priorities at initial assessment;</li> <li>• the role of each service's personnel in this assessment;</li> <li>• how services will work together with other agencies to minimise stress around identification and initial assessment, including avoiding the duplication of information gathering;</li> <li>• how families' knowledge of their child will be built on;</li> <li>• how results will be shared with the parents and others.</li> </ul>	
ii) Families influence how the assessment is structured including: who will be involved, who will be present, the timing and location of the initial assessment.		b) Wherever possible multi-agency assessment takes place to maximise information gained and to minimise stress on families.	
iii) Clear information is available in a range of formats and languages to support parental understanding of the assessment process, including the story to date and what will happen next.		c) There is an agreed format for sensitively identifying and detailing family strengths, needs and wishes that takes account of family diversity.	
iv) The family and the child are given adequate time by professionals to help promote positive working relationships.		d) All those involved respect the views of families in the assessment process.	

## How well do we work with families?

## How well do we work together and with other services?

### B3

Initial assessment takes place within an agreed multi-agency framework that acknowledges a) arriving at a diagnosis where possible and b) identification of needs. The process is timely and works towards a single joint assessment. It:

- supports a shared understanding of the strengths and needs of the child and family;
- places due emphasis on family wishes;
- enables parents to participate fully as active partners;
- is supportive to the family and promotes positive relationships.

How this is demonstrated in our work with families:	Evidence source:	What this means for us as service providers:	Evidence source:
v) The way in which the family contributes to the initial assessment: <ul style="list-style-type: none"> <li>• is facilitated and maximised;</li> <li>• has been carefully thought out;</li> <li>• takes account of diversity and need;</li> <li>• is guided by an appropriately trained specialist who has experience in the specific area of disability.</li> </ul>		e) Personnel involved are skilled in assessment and working with families and very young children; they have disability specific expertise and experience, such as qualifications and experience of working with children with complex needs, sensory needs, speech and language difficulties, autism etc as appropriate; these skills are regularly updated.	
vi) Families feel listened to and that what they have to say about their child is valued and influences.		f) Staff have training and skills in active listening and in enabling parents under stress to 'tell their story' about their child.	
vii) The initial assessment addresses all the needs expressed by families, either through its own (multi-agency) service or by sign posting to other services.		g) There are clear guidelines which distinguish between assessment procedures which are essential to use and those which are desirable. These decisions are informed by an understanding of assessment procedures of other agencies, families' concerns and the known possible additional associated difficulties/needs.	
viii) Integrated assessment is comprehensive and focuses on the child's abilities and the family's strengths and recommendation for intervention (next steps).		h) There are clear guidelines as to how information gained is to be shared, used and built on to support family growth and child development.	

## How well do we work with families?

## How well do we work together and with other services?

### B3

Initial assessment takes place within an agreed multi-agency framework that acknowledges a) arriving at a diagnosis where possible and b) identification of needs. The process is timely and works towards a single joint assessment. It:

- supports a shared understanding of the strengths and needs of the child and family;
- places due emphasis on family wishes;
- enables parents to participate fully as active partners;
- is supportive to the family and promotes positive relationships.

How this is demonstrated in our work with families:	Evidence source:	What this means for us as service providers:	Evidence source:
ix) Families understand the assessments that have been carried out and what is known to date about their child's needs.		i) Practitioners are skilled in communicating findings to families about the specific disability(s) or needs. Assessment practice and staff competences conforms to national and voluntary agency guidance such as NDCS Quality Standards, ICAN Quality Standards, RNIB guidelines etc.	
x) <b>Disability specific indicator: children with sensory needs</b> Families are supported in initial assessments of needs and in finding the most appropriate type and agency to provide ongoing support for their child's sensory needs.		j) <b>Disability specific indicator: children with sensory needs</b> Service delivery for children with sensory needs by a specialist teacher or therapist includes all children potentially affected by visual difficulties or hearing loss, including mild, moderate and unilateral losses, auditory neuropathy and children who have complex needs.	
xi) Families' views are sought regularly and these inform the review and improvement of service and multi-agency initial assessment.		k) Policies and practices in relation to initial assessment are regularly reviewed for their sensitivity and effectiveness at: <ul style="list-style-type: none"> <li>• individual service level;</li> <li>• multi-agency level.</li> </ul>	

## How well do we work with families?

## How well do we work together and with other services?

### B4

There are clear policies and defined practices for identifying a key worker. A key worker is available to all families of children 0-3 who require one and is allocated during the process of initial assessment. The role is needs led, clearly defined and agreed with families.

How this is demonstrated in our work with families:	Evidence source:	What this means for us as service providers:	Evidence source:
i) Families' smooth access to and involvement in services, including enabling their voice to be heard, is supported through a key worker unless they do not wish one.		a) There is an agreed and shared written protocol that clearly defines how key workers are identified and trained and: <ul style="list-style-type: none"> <li>• the role and responsibilities of the key worker;</li> <li>• how agencies will work together to ensure the system works optimally for families;</li> <li>• joint funding arrangements where appropriate;</li> <li>• agreed lines of communication for sharing and providing information resources and support to families.</li> </ul>	
ii) Representative parents are involved in writing and reviewing the agreed policies and protocols regarding the role of the key worker.		b) The key worker works in partnership with the family: <ul style="list-style-type: none"> <li>• co-ordinating service provision;</li> <li>• providing a clear point of reference.</li> </ul>	
		c) There is a written policy and accompanying guidance as to when service personnel will take the role of key worker. This identifies: <ul style="list-style-type: none"> <li>• how the key worker role and the 'service specialist' role should be managed;</li> <li>• how any potential conflicts between the two roles can be resolved.</li> </ul>	
		d) Service personnel who fulfil a key worker role will have this reflected in their job specification.	
iii) Parental views are taken into account in the identification of a key worker (and in changing the key worker if necessary).		e) The mechanisms for identifying the key worker are clear and take account of family views and child and family need.	
		f) Changes in key worker staff are actively managed to reduce disruption to the family and protect working relationships with other agencies.	

## How well do we work with families?

## How well do we work together and with other services?

### B4

There are clear policies and defined practices for identifying a key worker. A key worker is available to all families of children 0-3 who require one and is allocated during the process of initial assessment. The role is needs led, clearly defined and agreed with families.

How this is demonstrated in our work with families:	Evidence source:	What this means for us as service providers:	Evidence source:
iv) The key worker and their role is agreed by parents, with all relevant services and agencies through a written agreement, via an interpreter or through other appropriate media.		g) A key worker is identified by the time the initial family service plan is drawn up – and before wherever possible.	
v) Parents are given training where they wish to fulfil the key worker role themselves. They contribute to the training of key workers.		h) Key workers have training and skills in working with families, multi-agency working, accessing and disseminating information and advocacy.	
vi) Parents are provided with appropriate information as to the role of the key worker and how they will help them to access services, information and support their family and child. Information and support enables parental understanding of the key worker role.		i) The key worker system includes a fast track system that enables families to have smooth and swift access to priority services, resources and interventions once these have been identified as needed.	
vii) Parents views as to the effectiveness of the key worker role and practices are regularly sought and inform service review.		j) There are mechanisms and checks in place that ensure the policy is being delivered on a day-to-day basis and that the 'gateway' role is being fulfilled. This includes clear line management for the key worker role.	
		l) The protocol is reviewed for its effectiveness within a three year cycle by a nominated senior manager and includes the views of key workers, families and all agencies/services.	

## How well do we work with families?

## How well do we work together and with other services?

### B5

Agreed policies and practices support the family and child's access to local services and the community. These include support for communicating the news to others and accessing resources and support swiftly to ensure families do not become isolated or excluded.

How this is demonstrated in our work with families:	Evidence source:	What this means for us as service providers:	Evidence source:
i) Families are made aware of: <ul style="list-style-type: none"> <li>• the entitlements that exist for inclusion;</li> <li>• the range of services and opportunities;</li> <li>• how they can be supported towards inclusion within them.</li> </ul>		a) Service policy and practice includes provision of support, advice and training for the family, their existing supporters and community providers to ensure continued inclusion.	
		b) Isolation of families is actively avoided by provision, whether through a key worker or lead agency that is timely and sensitive.	
ii) Families have access to the community services they want and to local support networks, including other families with children with similar needs.		c) Service and multi-agency staff have close links with local community groups and Early Years Providers and provide training and information for them.	
		d) Information is provided by services about local support networks, resources and community services available.	
		e) Funding is available to support inclusion of families within their local community, including grants and specialist equipment.	

## How well do we work with families?

## How well do we work together and with other services?

### B6

There are clear policies and practices agreed between acute hospital trusts and community services for smooth and effective admissions, discharge and re-admissions for children 0-3 and their families.

How this is demonstrated in our work with families:	Evidence source:	What this means for us as service providers:	Evidence source:
i) Families are offered as much choice as possible about transferring to each community and other service immediately, or in a phased transition of services from the acute hospital to community services.		a) A discharge/transition plan is created in a partnership between the acute hospital, each community service (or the multi-agency referral panel) and the family. One person is appointed by the acute hospital to represent it in the discharge/transition planning for each individual child.	
ii) Agreed transition plans, often part of the initial family service plan, are drawn up with the family and a key member of staff whose role is clear to them. These address the transition needs of the whole family.		b) A multi-agency referral panel identifies one person to link with the acute hospital and the family in the discharge/transition process, as soon as the child is brought to its attention by the acute hospital.	
iii) When families take their child to hospital because (s)he is ill, they can seek help from the ward where (s)he is known.		c) In the event of planned or unplanned admission or re-admission to hospital, the child's community practitioners, in discussion with the hospital, continue relevant support.	
		d) Community services that cannot continue during the hospital admission recommence after discharge, without gaps, once the hospital or the family have informed them of the discharge date.	
		e) The key worker continues to offer relevant support to the child and family when the child is in hospital.	
iv) Families are given as much advance information about the transition process as is available.		f) For a child in, for example, SCBU, neonatal intensive care, transition ward or children's ward, the process of producing a discharge/transition plan begins as soon as needs are recognised.	
		g) At key transition times, changes in supporting personnel are made in a sensitive and planned way to promote continuity.	

## How well do we work with families?

## How well do we work together and with other services?

### B6

There are clear policies and practices agreed between acute hospital trusts and community services for smooth and effective admissions, discharge and re-admissions for children 0-3 and their families.

How this is demonstrated in our work with families:	Evidence source:	What this means for us as service providers:	Evidence source:
		h) Funding and resource issues associated with transition are anticipated and planned for in a timely and effective manner.	
v) Families have swift access to support and advice from specialist professionals and others in relation to their child's main disabilities and needs.		i) There are clear policies and defined practices, including timelines, for involving disability specific services e.g. home visiting services, specialist social workers and for transition to different lead agencies.	
vi) Families' experiences and views around times of transition are regularly sought, listened to and inform service review.		j) Transition practices and protocols are reviewed regularly with families for sensitivity and effectiveness in minimising stress, for maximising continuity and for effectiveness of services. These reviews inform service development and improvement planning.	

## How well do we work with families?

## How well do we work together and with other services?

C1

- Written statements of policy and practice provide for families to be given a written integrated Family Service Plan (FSP) after initial and subsequent assessments and after reviews. Each FSP is drawn up in equal partnership with parents and:
- integrates the plans from each agency;
- is in a format which is accessible to parents;
- follows Early Support Programme guidelines.

How this is demonstrated in our work with families:	Evidence source:	What this means for us as service providers:	Evidence source:
i) Parents/carers have clear information about FSPs: <ul style="list-style-type: none"> <li>• what they are meant to achieve;</li> <li>• the timescales for review;</li> <li>• in ways and forms that take account of the diversity of families and of family need.</li> </ul> They have access to Early Support Family Materials about FSPs.		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 <ul style="list-style-type: none"> <li>• services' delivery;</li> <li>• services' roles and contributions to FSPs;</li> <li>• how services will work together to facilitate and support these.</li> </ul>	
ii) Parents/carers, supported by practitioners, determine the elements and current priorities within the FSP and who it will be shared with.		b) Protocols are in place for agreeing with parents and other agencies/services <ul style="list-style-type: none"> <li>• relative roles and contributions;</li> <li>• targets and outcomes;</li> <li>• how communication about the FSP and the sharing of it will take place.</li> </ul>	
		c) Funding arrangements for FSP provision are clear to parents and to service personnel, including where there are joint, multi-agency or single funding arrangements	
iii) Parents/carers are given clear information as to how targets will be supported and the relative roles and responsibilities of personnel in relation to these.		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.	

## How well do we work with families?

## How well do we work together and with other services?

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

How this is demonstrated in our work with families:	Evidence source:	What this means for us as service providers:	Evidence source:
iv) Families' contributions to FSPs are enabled through joint and shared assessment practices with professionals, so that their knowledge and understanding of their child's needs, strengths and weaknesses is built on and developed.		e) A system of regular assessment and joint review supports the drawing up of Family Service Plans, initially at 3 month intervals, and then at 6 monthly intervals, in line with recommendations of the Code of Practice, unless families wish these to be more.	
		f) Adequate time and resources, including clerical support, specialist and key worker time is allocated to the process to maximise information parents/carers have available to them to support their decision making.	
v) Parents have training about how to use and develop FSPs, including opportunities to talk with other parents about FSPs and how they worked for them. They contribute to the training of practitioners involved in drawing up FSPs.		g) All practitioners involved have specific training in contributing to FSP, supporting parents' voicing of their concerns, wishes and leading of the plan. Parents/carers contribute to this.	
vi) Families contribute to the joint review of FSPs' effectiveness for ensuring the 'voice of the family' is heard and that services are integrated and effective. Their views influence agreed policy and practice and they feel listened to.		h) There are joint review arrangements to evaluate the format and protocols for FSP and how services/agencies contributions are facilitated.	

## How well do we work with families?

## How well do we work together and with other services?

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:
i) Families are given clear information about assessment procedures and practices, their purpose and how their contributions will be valued and supported.		a) There is an agreed written protocol between services and agencies, contributed to by families as to: <ul style="list-style-type: none"> <li>• which assessments will be carried out jointly and individually;</li> <li>• how information will be shared;</li> <li>• relative roles and responsibilities.</li> </ul>	
		b) The diagnostic and assessment process is carried out promptly and within the relevant statutory timescale, by staff with appropriate levels of skills and competencies, in partnership with parents.	
		c) Protocols respect national guidelines in respect of confidentiality and working practices; they ensure that assessments are comprehensive and, where separate assessments are used, these are shared and implications clearly explained.	
iii) Information gained as a result of assessment extends family knowledge, understanding and confidence in meeting the child's needs further. It enables families to contribute to FSPs and informs their decision making. It is in a form that: <ul style="list-style-type: none"> <li>• is transparent;</li> <li>• readily accessible;</li> <li>• takes account of family diversity;</li> <li>• includes the use of other media and of translation/interpreter facilities, where appropriate.</li> </ul>		d) Practitioners from different agencies carry out joint assessments wherever this will support: <ul style="list-style-type: none"> <li>• more efficient and effective monitoring and gaining of evidence;</li> <li>• shared understanding of the child and family need;</li> <li>• effective use of family time;</li> <li>• family confidence and understanding.</li> </ul>	

## How well do we work with families?

## How well do we work together and with other services?

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:
		e) Staff have had appropriate training in the use of protocols, profiles and tests used, their skills are regularly updated and training opportunities reflect the competencies required; these include skills in writing reports about and discussing the implications of information gained from assessment with parents.	
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.	
		i) A nominated person is available to discuss assessment findings further with the family to promote understanding of the findings and their implications.	
		j) Information gained influences the allocation of resources, programmes of support and interventions including specialist teacher time and therapies.	

## How well do we work with families?

## How well do we work together and with other services?

### 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:
		k) Families are regarded as experts in relation to their child and this is reflected in the design and process of assessment such that all those involved in the assessment process give sufficient time to getting to know the family and the child.	
v) Parents influence the form and range of assessments. Parents may request an assessment and know the procedures for this. Prior to reviews/assessments parents' views as to specific needs, concerns to be explored further and who might be involved in assessment, are taken into account.		l) Agencies share with each other and with families information about specific assessment and monitoring procedures and how they can be used, including joint training opportunities.	
		m) Practical arrangements surrounding assessment take account of individual family circumstances (for example, timing, location, length of appointment, transport arrangements).	
vi) Parents' decision making about how to support their child is enabled through sharing of information about the effectiveness of interventions and analysis of standards.		n) Information gained and implications for support are shared with families and other practitioners in a supportive and transparent way, including the reporting of outcomes and inferences of specialist assessments.	
		o) Information gained from ongoing assessments informs service reviews and audits of standards, including evaluation of effectiveness of interventions.	
vii) Parents contribute to the review of assessment and monitoring policies and practices.		p) There are procedures in place for reviewing the effectiveness and consistency of implementation of the assessment and monitoring policy.	

## How well do we work with families?

## How well do we work together and with other services?

### 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.		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.	
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.		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.	
iii) Families are confident that professionals know and understand their child and their family need, that decisions take account of their views and of the holistic needs of the child and family, without the need for revisiting past and current evidence unnecessarily.		c) Protocols in relation to Family Held Records ensure communication between professionals and with parents is effective in sharing information and results in a holistic assessment of and response to the child and family need.	
		d) Families are provided with multiple opportunities for discussing their child's record with appropriate professionals and have access to training in observational and other techniques.	
		e) There is an agreed schedule for updating the record with families, which takes into account the drawing up of the FSPs, but also ensures families have copies of routine assessments in relation to their child.	

## Ongoing support: Standards and indicators

## How well do we work with families?

## How well do we work together and with other services?

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:
iv) Parents influence the format and structure of Family Held Records and the information shared with them through these. Their views are sought as to their effectiveness.		f) The format and usefulness of the Family Held Record is reviewed with representative parents as part of the service cycle of review and adjustments made.	

## How well do we work with families?

## How well do we work together and with other services?

### C4

Clear and agreed statements of policy and practice provide for families who require one to be offered a key worker at the time of initial assessment or soon after. The role is clearly defined, is needs-led and may include:

- being a single point of reference for information and sign posting;
- helping families to access services;
- co-ordination of the integrated assessment and all subsequent support;
- providing a listening ear and emotional support to parents and other key family members;
- helping to write and implement the Family Service Plan.

How this is demonstrated in our work with families:	Evidence source:	What this means for us as service providers:	Evidence source:
i) Wherever possible, the family are given the option of keeping the key worker who was designated during the initial assessment or selecting another person, from among those practitioners prepared for the role, in the process of agreeing the FSP.		a) The multi-agency key worker role is very clearly defined and the family have agreed it. The service is proactive in ensuring this role is known to the family and to all practitioners.	
ii) The family are given clear written information about the key worker role and what the role does and does not include.		b) Service staff meet regularly with the key worker, the family and other practitioners in order to share information.	
iii) The family are given clear written information as to who the key worker is how and when to contact him/her.		c) There is an agreed formal system to make the name of the key worker and the role known to the family and to all relevant multi-agency practitioners.	
iv) Parents can elect to take on some key worker functions for their child and family or refuse the offer of a key worker.		d) Where parents choose not to have a key worker there are systems established to ensure that practitioners work together and co-ordinate their intervention and support for the family.	
		e) Service staff fulfilling the key worker role have this aspect of their work reviewed separately from their specialist service role. Families and other services' views contribute to this.	
		f) There is multi-agency agreement to ensure that multi-agency key workers are given necessary time, training, resources, administrative support and supervision.	

## How well do we work with families?

## How well do we work together and with other services?

### C4

Clear and agreed statements of policy and practice provide for families who require one to be offered a key worker at the time of initial assessment or soon after. The role is clearly defined, is needs-led and may include:

- being a single point of reference for information and sign posting;
- helping families to access services;
- co-ordination of the integrated assessment and all subsequent support;
- providing a listening ear and emotional support to parents and other key family members;
- helping to write and implement the Family Service Plan.

How this is demonstrated in our work with families:	Evidence source:	What this means for us as service providers:	Evidence source:
v) The family have the easiest and most direct access to their key worker with a set time scale for answering messages and dealing with enquiries.		g) The key worker who was designated during initial assessment continues with the family or a key worker is re-designated in consultation with the family when the FSP is reviewed.	
		h) Service staff who are key workers have designated time, training and access to resources including administrative resources to enable them to carry out the role.	
vi) Families meet regularly with practitioners involved with their child, for discussion. They influence the format of such meetings and who will be invited, through their key worker.		i) The key worker takes on the role of Team Around the Child team leader to plan and guide meetings of practitioners from all agencies that provide regular practical support to the child and family, unless families wish otherwise.	
vii) Meetings are planned and conducted so that parents have the opportunity to list the current needs of the child and family and to say what is causing any current family stress.		j) Guidelines are in place for the timing and frequency of these meetings, including how decisions and discussions will be recorded and who will lead the meetings.	
viii) Timescales and procedures of meetings, including the review of the FSP and the drawing up of new ones, are influenced by families who are supported to full involvement in these and in creating the next FSP.		k) If there is not a key worker, there are clear systems established for meetings and sharing of information which enable ongoing support to be co-ordinated.	
ix) Key workers are monitored and evaluated and all agencies and the family contribute to this evaluation.		l) Key workers' performance is monitored and evaluated and all agencies and the family contribute to this evaluation.	

## Ongoing support: Standards and indicators

## How well do we work with families?

## How well do we work together and with other services?

### C5

A range of support options, approaches and interventions are routinely available to meet the needs of the individual child and preferences as to approach and interventions of the family. Service delivery is co-ordinated, responds to family need and diversity and recognises the various agencies' duties and expertise.

How this is demonstrated in our work with families:	Evidence source:	What this means for us as service providers:	Evidence source:
i) Service delivery takes account of the diversity of families and of children's needs 0-3 and the practical issues surrounding day-to-day life with very young children.		a) There is a written agreed multi-agency policy that identifies criteria for involvement, the families that can be offered support, the range of services available to families and the ways in which they can be provided.	
ii) Service documentation identifies clearly the criteria for service involvement and the support options available within this. This information is shared with and accessible by families and others.		b) Families and early intervention staff (including those from other agencies and community programmes to which the child and family belong) prioritise goals and formulate plans for service delivery and resourcing with families that are regularly updated and reviewed.	
		c) Good practice guides, national guidance, service duties and responsibilities and research inform specialist support and interventions and staff skills; service delivery is regularly audited and updated in relation to these.	
iii) Service delivery, the allocation of support and intervention are driven by the FSP, the assessment of child and family needs and family concerns.		d) Interventions are co-ordinated and there is collaborative planning to maximise support to child/family and effectiveness for the child. Professionals are facilitated to form a Team around the Child with the family.	
iv) Families are enabled to make effective use of intervention programmes as equal partners, this is facilitated by interpreters, written/audio-visual materials as appropriate.		e) Services offer repeated opportunities for the family to discuss the effectiveness and desirability of all interventions and then to modify the FSP.	
		f) Criteria for referral, involvement and support options offered by each agency are transparent between services and allow for fast-track systems where there are concerns.	

## How well do we work with families?

## How well do we work together and with other services?

### C5

A range of support options, approaches and interventions are routinely available to meet the needs of the individual child and preferences as to approach and interventions of the family. Service delivery is co-ordinated, responds to family need and diversity and recognises the various agencies' duties and expertise.

How this is demonstrated in our work with families:	Evidence source:	What this means for us as service providers:	Evidence source:
v) Families have access to expert, specialist advice and support in relation to their child's needs and are supported in understanding and sharing their information about these needs and in their own involvement in the 'intervention'.		g) The key worker or other practitioner supports the family in listing their needs, identifying services and accessing them, including helping families to articulate their decisions about interventions to services providers.	
vi) Families are given accessible information about support and interventions available and are supported making in their decisions about these. Professionals respect the family's decision to withdraw from or change intervention approach.		h) Specialist support includes access to personnel skilled in delivering the range of alternative approaches that are known to be effective in supporting children with the specific disability and/or need and the technological aids that support them; this includes trained adult role models in relation to the specific disability, where appropriate.	
vii) Families are offered training in relation to the interventions, therapies and equipment used with their child. Regular opportunities are available for them to update their skills and to explore any new ideas/interventions.		i) Staff training and competencies are regularly updated to take account of established and new practices and developments and their implications for service delivery.	
		j) Staff have knowledge of, and are trained in, physical intervention strategies and in monitoring and feeding back on the effects of medication.	
		k) Multi-agency practices support flexibility of delivery, up-to-date skills, expertise and knowledge of the range of possible interventions and therapies, so that wherever possible they are delivered locally. Professionals are facilitated to form a Team around the Child with the family.	
viii) Where the location of an intervention is not critical, families' preference for centre, home-based or mixed delivery of support is considered and delivery reflects this, wherever possible.		l) Support options include home, community and centre-based services. Their purpose and relevance to the individual child and family is made clear to families so that they can use the service effectively.	

## Ongoing support: Standards and indicators

## How well do we work with families?

## How well do we work together and with other services?

### C5

A range of support options, approaches and interventions are routinely available to meet the needs of the individual child and preferences as to approach and interventions of the family. Service delivery is co-ordinated, responds to family need and diversity and recognises the various agencies' duties and expertise.

How this is demonstrated in our work with families:	Evidence source:	What this means for us as service providers:	Evidence source:
ix) Support includes providing access to other parents and those with similar disabilities and needs. Parents' desires not to be involved in such contacts are respected.		m) Services enable families of disabled children and those with similar disabilities to meet together through contact details and/or organised groups, events and work with voluntary agencies.	
x) There are sufficient resources allocated to funding, time and personnel to enable the diversity of need to be met.		n) Timing of appointments made by service personnel take account of family circumstances and wishes.	
		o) Multi-agency practices include identification of funding for joint training and working.	
xi) The service offered is a 52 week service with clear cover arrangements that enable continuity of support to families during holiday periods.		p) Support for children aged 0-3 is offered on a 52 week year basis; cover arrangements are in place for staff holidays and absences. Job descriptions reflect this and make clear arrangements for time off in lieu.	
xii) Service delivery is regularly reviewed with families; their views influence planning and improvement decisions.		q) Service delivery and the range and effectiveness of support available are regularly reviewed with practitioners and families; service improvement plans take account of this review.	

## How well do we work with families?

## How well do we work together and with other services?

### C6

There is an appropriate range of resources and equipment available to support child and family needs and staff and families are trained in its use. This includes

- provision of respite in relation to family stress at relevant times;
- necessary equipment and adaptations to family homes, when they are needed;
- information about all available benefits and grants and support to families in applying for them;
- sufficient access to people, resources, training and expertise.

How this is demonstrated in our work with families:	Evidence source:	What this means for us as service providers:	Evidence source:
i) Appropriate resources and technological equipment are available to meet child need, support development and interventions and adapt environments as appropriate.		a) There is an agreed multi-agency policy that sets out criteria regarding the assessment of family and child needs in respect of resources and adaptations necessary and how the FSP fits into this.	
		b) Service providers have access to information and/or specialists with regard to the range of resources and equipment available.	
ii) Families and children have access to the technological and other equipment such as hearing and radio aids, other sensory aids, physical adaptations to the environment, augmentative aids to communication (including the use of sign and symbols) and other resources that their child and they need.		c) Service personnel have access to sufficient and up-to-date resources to enable them to carry out their identified role with the child and family, to train families in the use of equipment and to demonstrate it to them.	
		d) Services provide all suitable equipment, technology, consumables and drug products at the time that they are needed in recognition that: <ul style="list-style-type: none"> <li>• the child's health, wellbeing and smooth development depend on them;</li> <li>• waiting times and problems in supply add significantly to family anxiety and stress.</li> </ul>	
iii) Resources are checked and maintained regularly; spares are provided for key equipment so that the child and family are not without.		e) Equipment is maintained and checked regularly and frequently where it is appropriate. Staff and parents are provided with the equipment they need to do this (for example stethoscopes, batteries and other 'spares' for parents of deaf children; electroacoustic test boxes for staff in relation to maintaining hearing aids and FM radio systems).	

## How well do we work with families?

## How well do we work together and with other services?

### C6

There is an appropriate range of resources and equipment available to support child and family needs and staff and families are trained in its use. This includes

- provision of respite in relation to family stress at relevant times;
- necessary equipment and adaptations to family homes, when they are needed;
- information about all available benefits and grants and support to families in applying for them;
- sufficient access to people, resources, training and expertise.

How this is demonstrated in our work with families:	Evidence source:	What this means for us as service providers:	Evidence source:
iv) The family receive a co-ordinated service and are clear as to the resources and equipment they should receive and from whom. The FSP supports this understanding.		f) A multi-agency team has agreed criteria for referral of families to appropriate services regarding access to necessary equipment and adaptations in the child's setting.	
		g) Multi-agency teams are trained to make optimum use of specialist resources and equipment.	
v) Families have sufficient access to specialists in the areas of their child's disabilities and needs; such access and staff expertise is in line with recommended guidance and competencies outlined in government publications, professional and voluntary organisations' guidance.		h) Staffing levels, expertise and caseloads are reviewed regularly against published guidelines and in relation to an audit of current and future need. Allocation of time to families is transparent and according to service policy and guidance.	
vi) Family views as to the effectiveness of equipment are sought and used to inform provision (e.g. of technological aids, hearing aids and other amplification resources and so on).		i) Specialist teams review and adjust the provision of equipment regularly, using information from the family and from practitioners, as well as any appropriate clinical data so that the developing child's needs are optimally and effectively met.	
vii) Families are trained to enable them to make best use of resources and equipment provided.		j) Key practitioners ensure that families understand equipment and feel confident in its use, as a result of regular support and discussion.	
viii) Families are informed of the social care services available and criteria for referral; they are offered such services at stressful times.		k) Individuals are trained in recognising and appropriately supporting or referring family members at stressful times.	

## How well do we work with families?

## How well do we work together and with other services?

### C6

There is an appropriate range of resources and equipment available to support child and family needs and staff and families are trained in its use. This includes

- provision of respite in relation to family stress at relevant times;
- necessary equipment and adaptations to family homes, when they are needed;
- information about all available benefits and grants and support to families in applying for them;
- sufficient access to people, resources, training and expertise.

How this is demonstrated in our work with families:	Evidence source:	What this means for us as service providers:	Evidence source:
ix) Respite care provision is available in various forms; information is regularly provided to families as to its availability and criteria for referral; families are encouraged to use such a facility not simply at crisis points.		l) There are agreed criteria for referral for respite care provision, for positive action and such action is monitored and reviewed on a regular basis.	
x) Families are fully aware of the benefits and grants appropriate to their family and are supported in accessing them.		m) The key worker or another identified professional is proactive in supporting the family in the application for benefits and grants. This includes having responsibility for providing information on all available benefits and grants and ensuring such information is in a format accessible to individual families.	
xi) Families are clear as to how technological and other resources and adaptations for their child's needs will be funded, repaired and where to go for help.		n) Funding arrangements for resources and adaptations are agreed; joint funding arrangements are in place, where appropriate. These arrangements ensure families have swift access to necessary resources and are not kept waiting for inappropriate periods of time.	
xii) Families of visually impaired children are fully informed about and supported through the process of registration as blind or partially sighted by a professional who has full knowledge of the process.		o) A designated professional with a full understanding of the process of registration as blind or partially sighted supports families in the registration process.	
xiii) Families' views as to effectiveness and timeliness of resource provision are sought and inform service review and improvement.		p) There are regular reviews of policy, practice and resources that take account of family views and practitioners' resourcing needs. These inform service improvement planning and funding.	

## How well do we work with families?

## How well do we work together and with other services?

C7

Community services and agencies work together to ensure that the child and family are supported towards effective inclusion in local communities and have access to services and activities they wish to be involved in. This includes:

- provision of appropriate training, resources and funding where necessary;
- reviewing the effectiveness of practice.

How this is demonstrated in our work with families:	Evidence source:	What this means for us as service providers:	Evidence source:
i) Families are provided with clear information about the range of community services available and how their access to and inclusion within these can be supported.		a) The service ensures all families have access to nationally produced information and resources such as the Early Support Handbooks for families of young children with disabilities and to local information.	
ii) Families and community services feel they are supported in understanding the child's needs and how they can be included. Training and resources, are made available to support this where appropriate.		b) The service(s) offer training and advice to local organisations and providers and groups families wish to join; a disability access service provides advice and support in general terms and in relation to specific individual needs to families and to organisations.	
		c) Community groups have regular access to disability awareness training and understand their responsibilities in relation to the Disability Discrimination legislation and guidance.	
		d) There are identified funding mechanisms for supporting general and specific disability awareness training for groups and for resourcing adaptations to the environment, technology and resources, training and so on.	
iii) The FSP is used to detail how services will support the family and child's inclusion.		e) Mechanisms for supporting the individual family and child's inclusion are agreed by the service/multi-agency group, including who will do what, when and how?	
iv) Parents and other service users, including young people with disabilities, play their part in sharing information with other parents about their inclusion experiences.		f) Information provided is based on research (local and national), external verification, service review and centrally provided resources such as Government sponsored websites.	

## How well do we work with families?

## How well do we work together and with other services?

C7

Community services and agencies work together to ensure that the child and family are supported towards effective inclusion in local communities and have access to services and activities they wish to be involved in. This includes:

- provision of appropriate training, resources and funding where necessary;
- reviewing the effectiveness of practice.

How this is demonstrated in our work with families:	Evidence source:	What this means for us as service providers:	Evidence source:
v) Family views as to the effectiveness of support and impact of awareness training influence planning for inclusion.		g) Effectiveness of support for inclusion is reviewed regularly with families and community providers so that barriers and challenges are fully recognised and practice and advice are reviewed and adapted where possible.	

## How well do we work with families?

## How well do we work together and with other services?

C8

Managers and practitioners collaborate fully with each other, with other Early Years Providers, parents and family key workers to ensure professional continuity between key services and effective and smooth transitions in the family and child's life such as:

- moving from SCBU or hospital to home;
- changes in intervention/therapy options;
- home to childcare;
- transition to Nursery and pre-school;
- from mainstream to specialist support and provision;
- relocation of families.

How this is demonstrated in our work with families:	Evidence source:	What this means for us as service providers:	Evidence source:
i) Families are fully involved in planning and decision making relating to transition issues and in advocating for the needs of their child. They receive appropriate support, including interpreters as necessary.		a) Managers and practitioners of current and receiving services collaborate fully with each other and with parents to ensure continuity of service for the family and child.	
ii) Families' views on planning for transition are reflected in the FSP, taken fully into account and drive transition planning.		b) Family Service Plans address transition needs and make clear roles and responsibilities.	
		c) Collaboration between agencies actively promotes effective support and continuity of care during periods of transition. Changes in supporting personnel are made in a sensitive, staged and planned way to promote continuity.	
		d) The main supporting professional has appropriate skills and understanding of the issues and challenges in relation to the needs of the family and child during times of transition.	
iii) Where families move to another locality, or enter the service from another locality, there are arrangements in place to ensure continuity of access to resources and support during the transition period.		e) The Family Service Plan and Family Record forms the initial basis for service provision in the receiving locality.	

## How well do we work with families?

## How well do we work together and with other services?

C8

Managers and practitioners collaborate fully with each other, with other Early Years Providers, parents and family key workers to ensure professional continuity between key services and effective and smooth transitions in the family and child's life such as:

- moving from SCBU or hospital to home;
- changes in intervention/therapy options;
- home to childcare;
- transition to Nursery and pre-school;
- from mainstream to specialist support and provision;
- relocation of families.

How this is demonstrated in our work with families:	Evidence source:	What this means for us as service providers:	Evidence source:
		f) The key worker or another identified professional is responsible for supporting the family and the receiving agency(ies) as transition occurs and for alerting agencies as early as possible to anticipated needs.	
iv) Families and children experience as little disruption to continuity of support as possible during these times and feel confident in the new providers and arrangements.		g) Sufficient preparation and relevant support are provided for new placements and situations, including INSET and advice on environmental issues.	
		h) Transition needs for families and of support for new services/placements are anticipated and sufficient time and resources allocated for them.	
		i) Funding and resourcing issues for transitions are anticipated and planned for in a timely manner.	
v) Family experiences and views inform service reviews of transition arrangements for families entering and leaving the locality or moving between services/placements in a locality.		j) Service review is informed and practice influenced by family experiences in relation to continuity of provision and effectiveness of transition arrangements.	

## How well do we work with families?

## How well do we work together and with other services?

C9

Procedures for transition within Early Years Providers and to Foundation Stage provision are supported by effective ways of sharing information with families about options and of training and supporting schools and providers. Early Years Providers are supported in including the child in the life of the school/provision. Families have high quality of information about their child and relevant early years settings that allows them to:

- explore the range of options available;
- identify a placement of choice;
- support their child's transition into school;
- enter fully into the life of the school.

How this is demonstrated in our work with families:	Evidence source:	What this means for us as service providers:	Evidence source:
i) Parents/carers understand their rights and responsibilities as regards transition into Early Years Provision and/or Foundation Stage provision and are clear as to how individual practitioners and the multi-agency group will support them in their decision making.		a) There are clear agreed policies and defined practices in place as to: the provision of information to families about Early Years Provision, how placement decisions will be taken with parents and how receiving establishments will be supported.	
ii) Parents/carers are given information about early years provisions, eligibility criteria and how children and families are supported in accessing them.		b) Practitioners working with the childcare informed about the range of Early Years provision available and the support options that can be provided within them.	
iii) Parents/carers are given information about the full range of educational options, specialist and general services available to their child, including local community early years provision, resourced provision.		c) Information about possible educational placements includes information about local, regional and national provision and covers the range of approaches to catering for the disability or need.	
iv) Information about Early Years Provision and educational placement options and the opportunities to discuss advantages and outcomes are available in a range of formats, appropriate to the diversity of families and family needs, including access to video and/or audio forms in key languages and the provision of interpreters.		d) Information is in a form accessible and meaningful to families, i.e. in a range of media and with a clear indication of outcomes/advantages and how any barriers and challenges might be overcome.	
v) Parents/carers are facilitated in visiting possible provisions and discussing their child with a school/placement/provider.		e) Funding is available to support families visiting possible placements, including being accompanied by practitioners or key workers where parents wish this.	

## How well do we work with families?

## How well do we work together and with other services?

C9

Procedures for transition within Early Years Providers and to Foundation Stage provision are supported by effective ways of sharing information with families about options and of training and supporting schools and providers. Early Years Providers are supported in including the child in the life of the school/provision. Families have high quality of information about their child and relevant early years settings that allows them to:

- explore the range of options available;
- identify a placement of choice;
- support their child's transition into school;
- enter fully into the life of the school.

How this is demonstrated in our work with families:	Evidence source:	What this means for us as service providers:	Evidence source:
vi) Parents/carers are supported in their decision making as to preferred options and placements, by specialist practitioners who understand fully the needs of the specific child and the range of alternatives available.		f) An appropriately qualified professional who has specialist training in Early Years work with families and children with the specific disability/ies (including the mandatory qualification where this exists, such as for teachers of the deaf and teachers of the visually impaired) take a lead role in multi-agency support and in transition arrangements.	
vii) Where parents are in dispute as to the preferred placement and the level of support provided, swift and clear procedures ensure continuity of current service is maintained and the dispute is resolved in-line with current local authority and government guidance; parents are enabled to find an advocate for their views and to help them to put their case.		g) All agencies understand current local procedures and government guidance as to resolution of dispute as regards placements and support options; services in place continue to support the family so that they and the child are not left wanting, while the placement and support issues are resolved.	
viii) Families feel fully involved in transition planning and in agreeing how specialist services will support the placement, the child and the family on an ongoing basis post this.		h) Families, practitioners and the receiving placement plan together to prepare a transition plan which details: <ul style="list-style-type: none"> <li>• training that will be provided for the receiving staff and other children where appropriate;</li> <li>• how the child and family will be inducted into the new placement/provision;</li> <li>• how specialist staff will provide support during the transition time.</li> </ul>	

## How well do we work with families?

## How well do we work together and with other services?

C9

Procedures for transition within Early Years Providers and to Foundation Stage provision are supported by effective ways of sharing information with families about options and of training and supporting schools and providers. Early Years Providers are supported in including the child in the life of the school/provision. Families have high quality of information about their child and relevant early years settings that allows them to:

- explore the range of options available;
- identify a placement of choice;
- support their child's transition into school;
- enter fully into the life of the school.

How this is demonstrated in our work with families:	Evidence source:	What this means for us as service providers:	Evidence source:
		i) A support plan is drawn up between specialist providers, the receiving school/Early Years Providers and families which details how they will work together to support the child within the placement and, where appropriate, the home, while the child attends the provision.	
		j) The multi-agency group involved with the family includes or has close contacts with area SENCOs and established procedures for agreeing with them, and the providers they support, specific transition arrangements and roles.	
ix) Families influence and have confidence in their child's experiences and programmes in the placement, their child's inclusion and access to learning opportunities and in the support and resources provided for this.		k) Arrangements make clear how families will be involved in their child's experiences (for example through regular meetings with the SENCO, through contact with the child's key worker or class teacher, through home-school diaries and so on).	
x) Families are confident that the range of necessary resources and support from specialist personnel are in place so that their child's learning, medical and other needs are being effectively met.		l) Appropriate adaptations to the environment and resources are anticipated and provided for in good time, so that staff in the provision and children themselves are not disadvantaged and learning opportunities compromised.	

## How well do we work with families?

## How well do we work together and with other services?

C9

Procedures for transition within Early Years Providers and to Foundation Stage provision are supported by effective ways of sharing information with families about options and of training and supporting schools and providers. Early Years Providers are supported in including the child in the life of the school/provision. Families have high quality of information about their child and relevant early years settings that allows them to:

- explore the range of options available;
- identify a placement of choice;
- support their child's transition into school;
- enter fully into the life of the school.

How this is demonstrated in our work with families:	Evidence source:	What this means for us as service providers:	Evidence source:
		m) There are specific arrangements in place for the timing and frequency of delivery of support by other agencies and services, (including specialist teachers, therapists and medical personnel) to the provision. These include how families will be communicated with and how information will be shared directly with them.	
		n) Specific training is provided to staff by disability and medical specialists and by the family prior to the child's entry to provision wherever possible and this is updated regularly.	
		o) Programmes for learning are overviewed and directly supported as appropriate by educational personnel with specific training in the disability(ies); (for example by teachers with training in relation to autism and/or complex needs, teachers with a mandatory qualification for supporting children with visual impairment or who are deaf and so on).	
		p) Where additional support staff have been provided to meet the child's medical and/or learning needs their roles and responsibilities are clear; they have specific training which is regularly updated by the disability specialist(s) or team; their work is joint overviewed and supported by the provision managers and a nominated specialist.	

## How well do we work with families?

## How well do we work together and with other services?

C9

Procedures for transition within Early Years Providers and to Foundation Stage provision are supported by effective ways of sharing information with families about options and of training and supporting schools and providers. Early Years Providers are supported in including the child in the life of the school/provision. Families have high quality of information about their child and relevant early years settings that allows them to:

- explore the range of options available;
- identify a placement of choice;
- support their child's transition into school;
- enter fully into the life of the school.

How this is demonstrated in our work with families:	Evidence source:	What this means for us as service providers:	Evidence source:
xi) Families are clear as to the funding arrangements for their child's support and how they can influence the type and range of support available.		q) Funding mechanisms for support and resources are clear to placements; families and specialist personnel. Joint funding arrangements between agencies and services are in place to support this, where appropriate.	
xi) Families contribute to a review of transition arrangements into Early Years Provision and their views and experiences inform service improvement.		r) Families, receiving providers and specialist service practitioners contribute to a review of practice and guidance that informs service improvement planning, in relation to transition and support to Early Years Provision.	

## How well do we work with families?

## How well do we work together and with other services?

### D1

Effective mechanisms are in place to ensure the co-ordination and appropriate exchange of information with families and other agencies about: services, disabilities, interventions and therapies, child and family issues. Such systems take account of and are responsive to family diversity and need and enable families to contribute their information.

What this means for our work with families:	Evidence source:	What this means for us as service providers:	Evidence source:
i) Families are given clear information about service practice and policy in relation to the sharing of information with them, and with other agencies, about their child and about disability issues. There are clear avenues for them to influence this.		a) Policies and procedures ensure that sharing and providing information sensitively and effectively is an underlying principle of how services work. This includes detail as to how staff will be trained to share information sensitively and how information providing/sharing with families and other agencies will be monitored and tracked.	
ii) Families have up-to-date information about their rights and responsibilities, specific disabilities and needs, interventions/approaches to their management as well as to any grants and resources that they are entitled to.		b) Disability specific information is available to families and others, as well as general information; this includes standard material produced nationally such as within the Early Support Family Pack, as well as locally produced material and that produced by voluntary agencies.	
iii) Information available to families is relevant, unbiased and promotes informed choice in parents' decision making.		c) Information available includes information about government guidance and services' statutory responsibilities and other quality standards guidance, including contact details for further information.	
		d) The service works with voluntary agencies, older service users and parents' groups to ensure family access to a range of information sources and support.	
		e) Information provided and its sharing is tailored to the individual child rather than to the disability or condition.	
		f) Services regularly share information about working practices, interventions and research outcomes with families and each other.	

## How well do we work with families?

## How well do we work together and with other services?

### D1

Effective mechanisms are in place to ensure the co-ordination and appropriate exchange of information with families and other agencies about: services, disabilities, interventions and therapies, child and family issues. Such systems take account of and are responsive to family diversity and need and enable families to contribute their information.

What this means for our work with families:	Evidence source:	What this means for us as service providers:	Evidence source:
		g) Policies and monitoring of practice ensure consistency of approach within the service and effective exchange of information between personnel, about training, about research, about resources and about client issues.	
iv) Families have information about the outcomes of specific interventions and approaches and their own and others' training needs in relation to these interventions/approaches.		h) Information is available in a range of forms about interventions and their outcomes, (for example in relation to specific approaches to communication with sensory impaired children, particular therapy approaches for children with cerebral palsy and so on). Training issues for families and staff are identified and routes towards these identified.	
v) Information is shared with families in a variety of ways and in forms that take account of family diversity and contexts, including the use of interpreters as necessary.		i) Information is available in a variety of community languages and media including Braille, large print, audiotape and British Sign Language.	
vi) Information is shared with families in the context of an ongoing relationship with a key worker/person to ensure that information provided is relevant to individual circumstances.		i) A nominated person, usually the key worker, co-ordinates the exchange of information with families and between agencies.	
vii) Families influence the type, amount, pace and timing of information sharing. The key worker, if in place, consults with them to ensure they are moving forward in their understanding, but do not feel overwhelmed by information.		k) The key worker and other practitioners build parental confidence to contribute opinion and information and ensure parents and carers have access to information in a co-ordinated way.	
viii) Families indicate with whom they wish information to be shared; they are encouraged to share with services any information they have concerning their child from contact with otherwise not previously involved services.		l) There are clear protocols established regarding confidentiality. These identify the circumstances under which information about children will or will not be shared and why.	

## How well do we work with families?

## How well do we work together and with other services?

### D1

Effective mechanisms are in place to ensure the co-ordination and appropriate exchange of information with families and other agencies about: services, disabilities, interventions and therapies, child and family issues. Such systems take account of and are responsive to family diversity and need and enable families to contribute their information.

What this means for our work with families:	Evidence source:	What this means for us as service providers:	Evidence source:
		m) There is a reliable multi-agency database, nationally compatible, that includes a process for regularly updating information and has transparent systems and safeguards for access.	
ix) A Family Held Record, under normal circumstances, includes all correspondence concerning the child. Assessment and monitoring results are shared with, and held by families, who have information about key areas of development relevant to their child's needs. These enable them to set their observations of their own child and family within a context. and inform the FSP.		n) Agencies work together to produce a single Family Held Record of contact with families and of agreed decisions, plans and outcomes. This record follows Early Support guidelines.	
		o) A multi-agency log, completed by professionals, is routinely kept by families.	
x) Families have information including contact details and relevant documentation about available grants and resources for equipment, for adaptations to the home and for respite cover and in-home support.		p) Service staff and/or the key worker facilitate families' access to and application for these. Practitioners are clear as to eligibility criteria and entitlements.	
xi) The effectiveness of information providing and sharing about services, disabilities and needs is reviewed regularly with families and other agencies, and informs information update and service improvement planning.		q) Policies and practices are reviewed regularly (at least annually) to ensure that they reflect lessons learned from practice.	

## How well do we work with families?

## How well do we work together and with other services?

### D2

There is clear documentation specific to the provision of services for children from birth to three and their families. This identifies roles, responsibilities and rationales and is accessible to parents and all agencies. Parents and agencies have contributed to this information.

What this means for our work with families:	Evidence source:	What this means for us as service providers:	Evidence source:
i) There is a family friendly guide to the roles, responsibilities and duties of each service/agency including relevant personnel, resources, and how they work together. This includes mutual expectations and realistic restraints on services.		a) Services work individually and together and with parents to produce clear documentation as to the range of service provision for children aged 0-3 and their families and how families and practitioners can access them.	
		b) All aspects of service delivery are explained including relative roles, responsibilities and duties, details about staff, activities, resources, practices and means of access.	
ii) Information is available in a variety of forms that take account of the diversity of families and their needs.		c) Information about services is available in a variety of community languages and media including Braille, large print, audiotape and British Sign Language.	
		e) Information about the service/s are available at different levels of detail for different audiences.	
iii) Families understand the relative roles of professionals working with them and their child and are clear about how to access the services they need.		f) The relative roles of each service and of the key worker in relation to service delivery for this child and family are clearly identified through the Family Held Record and the FSP. Contact details are clear.	
iv) Families are put in touch with other families, family associations, parent partnership officers and voluntary agencies as a means of support, information and empowerment for understanding and making most effective use of services.		g) Services have up-to-date information available for families of family associations, volunteer parents, voluntary organisations, parent partnership officers and so on who can support them and provide additional information.	

## How well do we work with families?

## How well do we work together and with other services?

D2

There is clear documentation specific to the provision of services for children from birth to three and their families. This identifies roles, responsibilities and rationales and is accessible to parents and all agencies. Parents and agencies have contributed to this information.

What this means for our work with families:	Evidence source:	What this means for us as service providers:	Evidence source:
v) Families have clear information about what to do if they are in dispute about their child's provision and who can help them.		h) There are clear mechanisms established for informing families as to their rights and for resolving and addressing disputes with families when they occur. This information is automatically provided to families.	
vi) Information sharing with families is up to date and informed and regularly reviewed for its effectiveness in enabling families to access the services they and their child need and work in partnership with practitioners. Families help in the design and review of materials and ways of sharing.		i) An identified budget supports the production, providing, sharing and revision of information about the individual and multi-agency service(s) for families and others.	

## How well do we work with families?

## How well do we work together and with other services?

### D3

Community services and agencies work together to ensure that the child and family are supported towards effective inclusion in local communities, through the provision of appropriate information and training. Families have access to services and the activities in which they wish to be involved.

What this means for our work with families:	Evidence source:	What this means for us as service providers:	Evidence source:
i) Systems exist which enable the voice of the family to be heard within their community.		a) Professionals working with children and families should be informed about resources in the local community which will support inclusion.	
ii) Families have access to community services they want.		b) Information about resources suitable for specific families and specific disabilities available in the local community should be available in a range of media accessible to all.	
iii) Families are made aware of the entitlements that exist for inclusion and the range of services and opportunities that exist.		c) Funding is available to support inclusion of families within their local community, including grants and specialist equipment; this includes disability specific equipment for access, (such as FM systems, specific adaptations to buildings as appropriate) and advisory support to community groups.	
iv) Families' experiences of inclusion and access informs practice and planning for inclusion.		d) Information about ongoing support for involvement in local communities is available.	
		e) An appropriately qualified professional who has specialist training in Early Years work with families and children with the specific disability (including the mandatory qualification where this exists) should take a lead role in multi-agency support advice and training.	
		h) Training and support is available to Early Years Providers to enable child and family access and inclusion in appropriate provision.	
		i) Advice, information and support is available to local community groups to enable effective access and inclusion.	
		j) Where a number of practitioners provide support to the family and community such advice and training is co-ordinated.	

## How well do we work with families?

## How well do we work together and with other services?

### D3

Community services and agencies work together to ensure that the child and family are supported towards effective inclusion in local communities, through the provision of appropriate information and training and that families have access to services and the activities in which they wish to be involved.

What this means for our work with families:	Evidence source:	What this means for us as service providers:	Evidence source:
		k) Advice and support is timely; needs and resources are anticipated so that inclusion is not compromised.	
v) Training updates cover aspects of inclusion, with input from families.		l) Systems exist which allow for information sharing, within the multi-agency service, as to the effectiveness of and support for inclusion.	
vi) Families' experiences inform a review of inclusion practice and service improvement planning.		m) The effectiveness of inclusion strategies is regularly reviewed as part of service improvement planning.	

## How well do we work with families?

## How well do we work together and with other services?

### D4 (see also C9)

Families have high quality of information about their child and relevant Early Years settings that allows them to:

- explore the range of options available;
- identify a placement of choice;
- support their child's transition into school;
- enter fully into the life of the school.

What this means for our work with families:	Evidence source:	What this means for us as service providers:	Evidence source:
i) Families have access to up to date balanced information that explores the range of options available locally and further afield for meeting their child's needs including mainstream and more specialist provision.		a) The service ensures all families have access to nationally produced information and resources such as the Early Support Handbooks for families of young children with disabilities and voluntary agency information about placement issues	
ii) Parents are regularly up-dated as to the range of equipment, resources and interventions available in relation to their child's disability(ies) and have avenues for exploring relevance of these to their child.		b) Promoting informed choice will involve providing a comprehensive range of information about the disability, condition, therapies and interventions and placements that can deliver them. This reflects a spectrum of opinion, approach and sources of evidence.	
iii) Families are clear about their child's needs and the specific adaptations and resources that need to be available to meet them in the various settings.		c) Services have shared with families the details of their child's progress. There is agreement through the Family Service Plan as to what the child now needs to do and the resources that need to be in place to support this.	
iv) Families have clear documentation from the service in accessible formats that detail options available in early years settings and beyond and how transition to these settings is managed.		d) Clear information for families identifies the range of options available that can meet the child's disability specific and general learning and educational needs at Early Years level and later. This includes local mainstream and specialist provision as well as other Early Years and school age providers.	
		e) The information exemplifies the levels of support and resource available, including any training that will be provided to staff.	
v) Families are facilitated in contacting, exploring and visiting different options and making an informed choice.		f) The key worker or another lead professional supports families in exploring options, including exemplifying support options with receiving provision.	

## How well do we work with families?

## How well do we work together and with other services?

### D4 (see also C9)

Families have high quality of information about their child and relevant Early Years settings that allows them to:

- explore the range of options available;
- identify a placement of choice;
- support their child's transition into school;
- enter fully into the life of the school.

What this means for our work with families:	Evidence source:	What this means for us as service providers:	Evidence source:
		g) Parents have the option of visiting provision with or without a key professional, so that they can discuss the relative advantages of each placement.	
vi) Service recommendations as to placement, provision and resources are transparent to families and driven by child need; where there is dispute with the local authority/ service providers, families have clear information as to their rights and the options available including statutory rights.		h) Service recommendations as to placement and resources and the support needed to enable it are informed by detailed assessment of the child need, an understanding of the placement context and organisation and the broader child/family context.	
		i) Families have clear information available to them as to what to do if they disagree with the support and provision recommended for their child, including their statutory rights, how to present their case and who might advocate for them, if this is not the key worker.	
vii) Families and the receiving school/Early Years Providers are clear as to how: <ul style="list-style-type: none"> <li>• they will be supported in meeting the child's needs;</li> <li>• the effectiveness of the placement for the child's development will be monitored;</li> <li>• additional resources will be provided – staffing, training and equipment;</li> <li>• transition will be managed;</li> <li>• family inclusion in transition arrangements and in school life will be supported.</li> </ul>		j) Protocols exist for sharing standard and specific information about a child and their disability(ies) with potential receiving schools/placements; these are agreed with families and do not compromise confidentiality. They include exemplification of how a placement can be supported.	

## How well do we work with families?

## How well do we work together and with other services?

### D4 (see also C9)

Families have high quality of information about their child and relevant Early Years settings that allows them to:

- explore the range of options available;
- identify a placement of choice;
- support their child's transition into school;
- enter fully into the life of the school.

What this means for our work with families:	Evidence source:	What this means for us as service providers:	Evidence source:
		k) A transition plan and a service agreement is drawn up with families, services and the agreed Early Years Provider and details: <ul style="list-style-type: none"> <li>• the way in which the child, family and service will be supported by the specialist services;</li> <li>• how the family will be involved;</li> <li>• how information will be shared;</li> <li>• relative roles and responsibilities.</li> </ul>	
		l) The transition plan clearly details arrangements made by the receiving placement and the service to support induction of the child and the training of staff.	
viii) Families have information about how schools and the services they are using work together throughout their child's career to ensure that the child's specific disability needs are catered for and that the child is fully included.		m) Services and schools have produced a range of documentation that exemplifies how specialist practitioners and school staff can work together, including SENCOs so that children are effectively included and their development maximised.	
		n) Families are involved in, contribute to and have copies of the child's individual education plan and/or care plans. Resources needed to fulfil these are clearly identified, including what the family will do to help.	
ix) Parents and other service users, including young people with disabilities play their part in sharing information with other parents.		o) The service(s) keeps records as to the outcomes of various placements and interventions and shares these with families and other agencies. Service users contribute their views on these.	
x) The effectiveness of information provided for and shared with families as to Early Years Provision and support is reviewed regularly and up-dated.		p) Information in relation to Early Years settings and transition for families and for providers is regularly reviewed and updated.	

## Functional Area A: Leadership, management and organisation

### Theme: How well do we work with families?

<b>A1</b> Aims and values reflect a clear vision of (and commitment to) providing a continuously developing, high quality and integrated service for children from birth to three years and their families. There is a clear focus on outcomes for families.		
<b>Summary of strengths and areas for improvement</b>		
<b>Strengths</b>	<b>Areas for improvement</b>	
<b>We now need to:</b> (identify priorities in relation to this standard, including timescales and roles, where applicable)	<b>We will achieve this by:</b>	<b>Roles and responsibilities</b> (indicate strategic implications below)
<b>The steps towards this will be to:</b> (identify short and medium-term actions with approximate dates and roles)		
<b>Implications at strategic level</b>		

## Functional Area A: Leadership, management and organisation

### Theme: How well do we work with families?

<b>A1</b> <b>Aims and values reflect a clear vision (and commitment to) providing a continuously developing, high quality and integrated service for children from birth to three years and their families. There is a clear focus on outcomes for families.</b>								
<b>How this is evidenced in our work with families</b>	<b>Our overall practice is: (shade in)</b>							
	<b>Not in place</b>	<b>Emerging</b>	<b>Partly in place</b>	<b>Established (majority of indicators in place)</b>	<b>Achieved through other indicators</b>	<b>Fully in place</b>	<b>Exceptional practice</b>	<b>Not applicable</b>
	<b>N</b>	<b>I</b>	<b>P</b>	<b>E</b>	<b>EO</b>	<b>F</b>	<b>A</b>	<b>N/A</b>
<b>Indicators contributing to attainment of standard</b>	<b>Evidence of our current practice in relation to indicators and/or additional/different indicators that help us achieve this</b>							
<p>i) Parents/carers work with senior management to:</p> <ul style="list-style-type: none"> <li>• establish the aims and values of the service;</li> <li>• review them regularly.</li> </ul> <p>ii) Families have access to written/video or interpreted service aims and values that:</p> <ul style="list-style-type: none"> <li>• outline the commitment of senior management to a family centred service;</li> <li>• describe in practical terms how this will be achieved.</li> </ul> <p>iii) Families are involved in the review of service policy and practice in respect of:</p> <ul style="list-style-type: none"> <li>• effectiveness;</li> <li>• their views are taken into account.</li> </ul> <p>iv) Parents contribute to any multi-agency group and the agreed aims and values determined by these.</p> <p>v) Disability specific groups are in place where appropriate, such as a Children’s Hearing Services Working Group (CHSWG); these include parents, carers and service users and have a strategic role in the development of policy and practice.</p>								

## Functional Area A: Leadership, management and organisation

### Theme: How well do we work with families?

**Standard: A2**

Policy statements and practical guidance show a clear commitment to providing (in conjunction with other services) an integrated high quality service for families and children from birth to three years. Policies and practices are informed by the views of carers/parents and other service users.

**Summary of strengths and areas for improvement**

**Strengths**

**Areas for improvement**

**We now need to:**

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

**We will achieve this by:**

**Roles and responsibilities**

(indicate strategic implications below)

**The steps towards this will be to:**

(identify short and medium-term actions with approximate dates and roles)

**Implications at strategic level**

## Functional Area A: Leadership, management and organisation

### Theme: How well do we work with families?

<b>Standard: A2</b> Policy statements and practical guidance show a clear commitment to providing (in conjunction with other services) an integrated high quality service for families and children from birth to three years. Policies and practices are informed by the views of carers/parents and other service users.								
<b>How this is evidenced in our work with families</b>	<b>Our overall practice is: (shade in)</b>							
	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
<b>Indicators contributing to attainment of standard</b>	<b>Evidence of our current practice in relation to indicators and/or additional/different indicators that help us achieve this</b>							
i) Representative parents work with management to: <ul style="list-style-type: none"> <li>• establish clear policy and practice statements;</li> <li>• review these regularly.</li> </ul> ii) There are clear mechanisms for seeking and enabling the views of parents regarding policy and practice. iii) The views of: <ul style="list-style-type: none"> <li>• parents;</li> <li>• previous service users, including parents and carers of older children;</li> <li>• young people with disabilities themselves;</li> </ul> are sought, documented and used to inform the service improvement plan. iv) Families have been actively involved in developing protocols for working with families (including attention to such aspects as confidentiality, positive attitudes, respect, honesty, independence). v) Children’s responses to intervention and services are ascertained. vi) Consultations with families reveal joint and multi-agency work to be working in practice.								

## Functional Area A: Leadership, management and organisation

### Theme: How well do we work with families?

<b>Standard: A</b>		
<b>Summary of strengths and areas for improvement</b>		
<b>Strengths</b>	<b>Areas for improvement</b>	
<b>We now need to:</b> (identify priorities in relation to this standard, including timescales and roles, where applicable)	<b>We will achieve this by:</b>	<b>Roles and responsibilities</b> (indicate strategic implications below)
<b>The steps towards this will be to:</b> (identify short and medium-term actions with approximate dates and roles)		
<b>Implications at strategic level</b>		

**Functional Area A: Leadership, management and organisation**

**Theme: How well do we work with families?**

<b>Standard: A</b>								
<b>How this is evidenced in our work with families</b>	<b>Our overall practice is: (shade in)</b>							
	<b>Not in place</b>	<b>Emerging</b>	<b>Partly in place</b>	<b>Established (majority of indicators in place)</b>	<b>Achieved through other indicators</b>	<b>Fully in place</b>	<b>Exceptional practice</b>	<b>Not applicable</b>
	<b>N</b>	<b>I</b>	<b>P</b>	<b>E</b>	<b>EO</b>	<b>F</b>	<b>A</b>	<b>N/A</b>
<b>Indicators contributing to attainment of standard</b>	<b>Evidence of our current practice in relation to indicators and/or additional/different indicators that help us achieve this</b>							

## Functional Area A: Leadership, management and organisation

### Theme: How we work together and with other services

**Standard: A1**

Aims and values reflect a clear vision (and commitment to) providing a continuously developing, high quality and integrated service for children from birth to three years and their families. There is a clear focus on outcomes for families.

#### Summary of strengths and areas for improvement

**Strengths**

**Areas for improvement**

**We now need to:**

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

**We will achieve this by:**

**Roles and responsibilities**

(indicate strategic implications below)

**The steps towards this will be to:**

(identify short and medium-term actions with approximate dates and roles)

**Implications at strategic level?**

## Functional Area A: Leadership, management and organisation

### Theme: How we work together and with other services

<b>Standard: A1</b> <b>Aims and values reflect a clear vision (and commitment to) providing a continuously developing, high quality and integrated service for children from birth to three years and their families. There is a clear focus on outcomes for families.</b>							
<b>What this means for us as service providers</b>	<b>Our overall practice is: (shade in)</b>						
	<b>Not in place</b>  <b>N</b>	<b>Emerging</b>  <b>I</b>	<b>Partly in place</b>  <b>P</b>	<b>Established (majority of indicators in place)</b>  <b>E</b>	<b>Achieved through other indicators</b>  <b>EO</b>	<b>Fully in place</b>  <b>F</b>	<b>Exceptional practice</b>  <b>A</b>
<b>Indicators contributing to attainment of standard</b>	<b>Evidence of our current practice in relation to indicators and/or additional/different indicators that help us achieve this</b>						
<p>a) A written statement of aims and values, contributed to by all service members, is drawn up with senior management. This takes account of the service's statutory requirements and duties and national guidance, including disability specific guidance.</p> <p>b) There is a clear statement of how the service will support children 0-3 and their families, towards desired outcomes, and the commitment of senior management to it. At:</p> <ul style="list-style-type: none"> <li>• individual service level;</li> <li>• multi-agency level.</li> </ul> <p>c) Working practices encompass relevant international, national and local guidelines and regulations (indicate which have been taken into account).</p> <p>d) Where there is joint service provision each service has written aims and values indicating clearly how the service's work will be integrated with the work of other practitioners, services and agencies.</p> <p>e) Policy statements are regularly reviewed and practice is monitored against them. At:</p> <ul style="list-style-type: none"> <li>• individual service level;</li> <li>• multi-agency level.</li> </ul> <p>f) A multi-agency group is established that has agreed shared aims and values.</p> <p>g) The multi-agency group has determined policy, practice and funding arrangements for integrated working at strategic, operational and practitioner levels.</p> <p>h) Disability specific groups such as a Children's Hearing Services Working Group (CHSWG) have a strategic role in the development of policy and practice.</p>							

## Functional Area A: Leadership, management and organisation

### Theme: How we work together and with other services

**Standard: A2**

Policy statements and practical guidance show a clear commitment to providing (in conjunction with other services) an integrated high quality service for families and children from birth to three years. Policies and practices are informed by the views of carers/parents and other service users.

**Summary of strengths and areas for improvement**

**Strengths**

**Areas for improvement**

**We now need to:**

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

**We will achieve this by:**

**Roles and responsibilities**

(indicate strategic implications below)

**The steps towards this will be to:**

(identify short and medium-term actions with approximate dates and roles)

**Implications at strategic level?**

## Functional Area A: Leadership, management and organisation

### Theme: How we work together and with other services

<b>Standard: A2</b> Policy statements and practical guidance show a clear commitment to providing (in conjunction with other services) an integrated high quality service for families and children from birth to three years. Policies and practices are informed by the views of carers/parents and other service users.								
<b>What this means for us as service providers</b>	<b>Our overall practice is: (shade in)</b>							
	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
<b>Indicators contributing to attainment of standard</b>	<b>Evidence of our current practice in relation to indicators and/or additional/different indicators that help us achieve this</b>							
a) A written statement of policy and practice promotes inclusion, acknowledges diversity and is informed by new developments, research, local needs and acknowledged good practice.								
b) The range and level of current and future need is audited regularly to inform planning. At: <ul style="list-style-type: none"> <li>• an individual service level;</li> <li>• multi-agency level.</li> </ul>								
c) There is a service improvement plan that is: <ul style="list-style-type: none"> <li>• based on the audit of need and feedback from service users;</li> <li>• reviewed at strategic level in relation to national and local priorities;</li> <li>• responsive to new initiatives;</li> <li>• incorporates recognised good practice.</li> </ul> At: <ul style="list-style-type: none"> <li>• an individual service level;</li> <li>• multi-agency level.</li> </ul>								
d) Statements of policy and practice state clearly how the service(s) and its practitioners will work with families, other practitioners, services and agencies.								
e) A written statement of policy and practice that takes account of Child Protection, staff protection and risk management issues. At: <ul style="list-style-type: none"> <li>• individual service level;</li> <li>• multi-agency level.</li> </ul>								
f) There is a clear definition of the client group whose needs are to be met by the individual service and the joint, multi-agency group with clear eligibility/exclusion criteria.								

## Functional Area A: Leadership, management and organisation

### Theme: How we work together and with other services

**Standard: A2 (continued)**

Policy statements and practical guidance show a clear commitment to providing (in conjunction with other services) an integrated high quality service for families and children from birth to three years. Policies and practices are informed by the views of carers/parents and other service users.

**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
<b>N</b>	<b>I</b>	<b>P</b>	<b>E</b>	<b>EO</b>	<b>F</b>	<b>A</b>	<b>N/A</b>

**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**

- g) The requirement for collaborative working is reflected in job descriptions and task lists of all relevant practitioners.
- h) Multi-agency working, planning and practice statements reflect current guidance, research, initiatives and established good practice for integrated practice at strategic, operational and practitioner level.
- i) There is a reliable multi-agency database, nationally compatible, that includes a process for regularly updating information. This has transparent systems and safeguards for access.

**Functional Area A: Leadership, management and organisation**

**Theme: How we work together and with other services**

<b>Standard: A</b>		
<b>Summary of strengths and areas for improvement</b>		
<b>Strengths</b>	<b>Areas for improvement</b>	
<b>We now need to:</b> (identify priorities in relation to this standard, including timescales and roles, where applicable)	<b>We will achieve this by:</b>	<b>Roles and responsibilities</b> (indicate strategic implications below)
<b>The steps towards this will be to:</b> (identify short and medium-term actions with approximate dates and roles)		
<b>Implications at strategic level?</b>		

**Functional Area A: Leadership, management and organisation**  
**Theme: How we work together and with other services**

<b>Standard: A</b>								
<b>What this means for us as service providers</b>	<b>Our overall practice is: (shade in)</b>							
	<b>Not in place</b>	<b>Emerging</b>	<b>Partly in place</b>	<b>Established (majority of indicators in place)</b>	<b>Achieved through other indicators</b>	<b>Fully in place</b>	<b>Exceptional practice</b>	<b>Not applicable</b>
	<b>N</b>	<b>I</b>	<b>P</b>	<b>E</b>	<b>EO</b>	<b>F</b>	<b>A</b>	<b>N/A</b>
<b>Indicators contributing to attainment of standard</b>	<b>Evidence of our current practice in relation to indicators and/or additional/different indicators that help us achieve this</b>							

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

**Theme: How well do we work with families?**

<p><b>Standard: B1</b>                  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.</p>		
<p><b>Summary of strengths and areas for improvement</b></p>		
<p><b>Strengths</b></p>	<p><b>Areas for improvement</b></p>	
<p><b>We now need to:</b>                  (identify priorities in relation to this standard, including timescales and roles, where applicable)</p>	<p><b>We will achieve this by:</b></p>	<p><b>Roles and responsibilities</b>                  (indicate strategic implications below)</p>
<p><b>The steps towards this will be to:</b>                  (identify short and medium-term actions with approximate dates and roles)</p>		
<p><b>Implications at strategic level?</b></p>		

## Functional Area B: Referral, identification and initial assessment

### Theme: How well do we work with families?

<b>Standard: B1</b> 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.								
<b>How this is evidenced in our work with families</b>	<b>Our overall practice is: (shade in)</b>							
	<b>Not in place</b>	<b>Emerging</b>	<b>Partly in place</b>	<b>Established (majority of indicators in place)</b>	<b>Achieved through other indicators</b>	<b>Fully in place</b>	<b>Exceptional practice</b>	<b>Not applicable</b>
	<b>N</b>	<b>I</b>	<b>P</b>	<b>E</b>	<b>EO</b>	<b>F</b>	<b>A</b>	<b>N/A</b>
<b>Indicators contributing to attainment of standard</b>	<b>Evidence of our current practice in relation to indicators and/or additional/different indicators that help us achieve this</b>							
i) Parents participate in designing referral policies and practice guidelines.  ii) Families are referred to a service: <ul style="list-style-type: none"> <li>• ONLY with their consent;</li> <li>• are informed in writing, via an interpreter or through other appropriate media by the referrer when they have been referred to a service.</li> </ul> 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: <ul style="list-style-type: none"> <li>• 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;</li> <li>• 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.</li> </ul> vi) Families are informed in writing, through an interpreter or other appropriate media by the service: <ul style="list-style-type: none"> <li>• that it has received the referral;</li> <li>• of the procedures and plan of action to be followed;</li> <li>• of the contact person.</li> </ul> vii) Parents are informed in writing, by an interpreter or through other media when a referral for services cannot be met, including the reasons why.								

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

**Theme: How well do we work with families?**

**Standard: B1 (continued)**

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.

<b>How this is evidenced in our work with families</b>	<b>Our overall practice is: (shade in)</b>							
	<b>Not in place</b>	<b>Emerging</b>	<b>Partly in place</b>	<b>Established (majority of indicators in place)</b>	<b>Achieved through other indicators</b>	<b>Fully in place</b>	<b>Exceptional practice</b>	<b>Not applicable</b>
	<b>N</b>	<b>I</b>	<b>P</b>	<b>E</b>	<b>EO</b>	<b>F</b>	<b>A</b>	<b>N/A</b>

<b>Indicators contributing to attainment of standard</b>	<b>Evidence of our current practice in relation to indicators and/or additional/different indicators that help us achieve this</b>
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viii) When a referral is found not appropriate, parents are supported in deciding another course of action.

ix) Parents give feedback about referral procedures; this informs service improvement in a transparent and open way.

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

**Theme: How well do we work with families?**

<p><b>Standard: B2</b>                  Policies and practices for identifying need and 'communicating the news' are in place and are monitored and reviewed regularly for their sensitivity and effectiveness. Agencies work together to maximise effectiveness and minimise stress to families around the time of identification of a disability, health condition or need.</p>		
<p><b>Summary of strengths and areas for improvement</b></p>		
<p><b>Strengths</b></p>	<p><b>Areas for improvement</b></p>	
<p><b>We now need to:</b>                  (identify priorities in relation to this standard, including timescales and roles, where applicable)</p>	<p><b>We will achieve this by:</b></p>	<p><b>Roles and responsibilities</b>                  (indicate strategic implications below)</p>
<p><b>The steps towards this will be to:</b>                  (identify short and medium-term actions with approximate dates and roles)</p>		
<p><b>Implications at strategic level?</b></p>		

## Functional Area B: Referral, identification and initial assessment

### Theme: How well do we work with families?

<b>Standard: B2</b> <b>Policies and practices for identifying need and 'communicating the news' are in place and are monitored and reviewed regularly for their sensitivity and effectiveness. Agencies work together to maximise effectiveness and minimise stress to families around the time of identification of a disability, health condition or need.</b>								
<b>How this is evidenced in our work with families</b>	<b>Our overall practice is: (shade in)</b>							
	<b>Not in place</b>	<b>Emerging</b>	<b>Partly in place</b>	<b>Established (majority of indicators in place)</b>	<b>Achieved through other indicators</b>	<b>Fully in place</b>	<b>Exceptional practice</b>	<b>Not applicable</b>
	<b>N</b>	<b>I</b>	<b>P</b>	<b>E</b>	<b>EO</b>	<b>F</b>	<b>A</b>	<b>N/A</b>
<b>Indicators contributing to attainment of standard</b>	<b>Evidence of our current practice in relation to indicators and/or additional/different indicators that help us achieve this</b>							
<p>i) Families have been enabled to actively contribute to the writing of protocols regarding the identification of disability or need.</p> <p>ii) Families' experience of 'communicating the news' of disability is transparent and provides an opportunity to identify and agree the immediate professional routes to be followed.</p> <p>iii) Families are provided with time, an appropriate environment and an informed professional with skills in supporting families under stress. Interpreters have been made available to families as necessary.</p> <p>iv) Families are supported in their planning of how to share the news with the wider family, including the use of appropriate terminology.</p> <p>v) Families are offered information about:</p> <ul style="list-style-type: none"> <li>• the disability or need;</li> <li>• contact details of other families who can offer support and who have been given some training as supporters;</li> <li>• contact details of local, regional and national networks.</li> </ul> <p>vi) Families are given information about the roles of key workers and various agencies and how they can help in the initial assessment process and with ongoing support.</p> <p>vii) Information regarding the provision and ongoing management of equipment is readily available in a range of accessible formats.</p>								

## Functional Area B: Referral, identification and initial assessment

### Theme: How well do we work with families?

**Standard: B2 (continued)**

Policies and practices for identifying need and 'communicating the news' are in place and are monitored and reviewed regularly for their sensitivity and effectiveness. Agencies work together to maximise effectiveness and minimise stress to families around the time of identification of a disability, health condition or need.

**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
<b>N</b>	<b>I</b>	<b>P</b>	<b>E</b>	<b>EO</b>	<b>F</b>	<b>A</b>	<b>N/A</b>

**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**

viii) Families are actively involved in training professionals to provide effective sensitive support to family members around the time of 'communicating the news'.

ix) The views of parents and carers are sought regularly to:

- inform a review of practice;
- inform service improvement planning.

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

**Theme: How well do we work with families?**

<b>Standard: B</b>		
<b>Summary of strengths and areas for improvement</b>		
<b>Strengths</b>	<b>Areas for improvement</b>	
<b>We now need to:</b> (identify priorities in relation to this standard, including timescales and roles, where applicable)	<b>We will achieve this by:</b>	<b>Roles and responsibilities</b> (indicate strategic implications below)
<b>The steps towards this will be to:</b> (identify short and medium-term actions with approximate dates and roles)		
<b>Implications at strategic level?</b>		

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

**Theme: How well do we work with families?**

<b>Standard: B</b>								
<b>How this is evidenced in our work with families</b>	<b>Our overall practice is: (shade in)</b>							
	<b>Not in place</b>	<b>Emerging</b>	<b>Partly in place</b>	<b>Established (majority of indicators in place)</b>	<b>Achieved through other indicators</b>	<b>Fully in place</b>	<b>Exceptional practice</b>	<b>Not applicable</b>
	<b>N</b>	<b>I</b>	<b>P</b>	<b>E</b>	<b>EO</b>	<b>F</b>	<b>A</b>	<b>N/A</b>
<b>Indicators contributing to attainment of standard</b>	<b>Evidence of our current practice in relation to indicators and/or additional/different indicators that help us achieve this</b>							

## Functional Area B: Referral, identification and initial assessment

### Theme: How we work together and with other services

<b>Standard: B1</b> 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.		
<b>Summary of strengths and areas for improvement</b>		
<b>Strengths</b>	<b>Areas for improvement</b>	
<b>We now need to:</b> (identify priorities in relation to this standard, including timescales and roles, where applicable)	<b>We will achieve this by:</b>	<b>Roles and responsibilities</b> (indicate strategic implications below)
<b>The steps towards this will be to:</b> (identify short and medium-term actions with approximate dates and roles)		
<b>Implications at strategic level?</b>		

## Functional Area B: Referral, identification and initial assessment

### Theme: How we work together and with other services

<b>Standard: B1</b> 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.								
<b>What this means for us as service providers</b>	<b>Our overall practice is: (shade in)</b>							
	<b>Not in place</b>	<b>Emerging</b>	<b>Partly in place</b>	<b>Established (majority of indicators in place)</b>	<b>Achieved through other indicators</b>	<b>Fully in place</b>	<b>Exceptional practice</b>	<b>Not applicable</b>
	<b>N</b>	<b>I</b>	<b>P</b>	<b>E</b>	<b>EO</b>	<b>F</b>	<b>A</b>	<b>N/A</b>
<b>Indicators contributing to attainment of standard</b>								
<b>Evidence of our current practice in relation to indicators and/or additional/different indicators that help us achieve this</b>								
<p>a) There is agreed, clear policy and practice for receiving referrals, whether through practitioners or self-referring parents at:</p> <ul style="list-style-type: none"> <li>• individual service level;</li> <li>• multi-agency service level.</li> </ul> <p>b) An agreed format for new referrals includes a central point of administration where practical and a designated practitioner who has responsibility for dealing with all new referrals at:</p> <ul style="list-style-type: none"> <li>• individual service level;</li> <li>• multi-agency level.</li> </ul> <p>c) Each service has clear written eligibility criteria for the families they can help. These include information about disabilities and needs, age of child and locality and are regularly distributed to all agencies.</p> <p>d) Staff are well informed about their own and other services and can support parents' access to the 'total service' they require.</p> <p>e) Where families can self-refer, services make information available about referral procedures to families in its locality, such as:</p> <ul style="list-style-type: none"> <li>• eligibility criteria;</li> <li>• how to contact the service.</li> </ul> <p>Parents are encouraged to make contact where they have any concerns.</p> <p>f) A named practitioner is designated to contact self-referring families within an agreed timescale.</p> <p>g) Procedures for the processing of multi-agency referrals include the recording of unmet need i.e. when a referral is appropriate but a service cannot be provided.</p>								

## Functional Area B: Referral, identification and initial assessment

### Theme: How we work together and with other services

**Standard: B1 (continued)**

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.

**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
<b>N</b>	<b>I</b>	<b>P</b>	<b>E</b>	<b>EO</b>	<b>F</b>	<b>A</b>	<b>N/A</b>

**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**

- h) Referrals are processed on a regular basis so that waiting times are minimised. This process includes procedures for informing families, when a referral is inappropriate and another route is suggested.
- i) Referral procedures are reviewed regularly in a process in which practitioners, families and managers reflect on practice and suggest improvements. These are incorporated into the service improvement plan.

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

**Theme: How we work together and with other services**

<p><b>Standard: B2</b>                  Policies and practices for identifying need and 'communicating the news' are in place and are monitored and reviewed regularly for their sensitivity and effectiveness. Agencies work together to maximise effectiveness and minimise stress to families around the time of identification of a disability, health condition or need.</p>		
<p><b>Summary of strengths and areas for improvement</b></p>		
<p><b>Strengths</b></p>	<p><b>Areas for improvement</b></p>	
<p><b>We now need to:</b>                  (identify priorities in relation to this standard, including timescales and roles, where applicable)</p>	<p><b>We will achieve this by:</b></p>	<p><b>Roles and responsibilities</b>                  (indicate strategic implications below)</p>
<p><b>The steps towards this will be to:</b>                  (identify short and medium-term actions with approximate dates and roles)</p>		
<p><b>Implications at strategic level?</b></p>		

## Functional Area B: Referral, identification and initial assessment

### Theme: How we work together and with other services

<b>Standard: B2</b> <b>Policies and practices for identifying need and 'communicating the news' are in place and are monitored and reviewed regularly for their sensitivity and effectiveness. Agencies work together to maximise effectiveness and minimise stress to families around the time of identification of a disability, health condition or need.</b>								
<b>What this means for us as service providers</b>	<b>Our overall practice is: (shade in)</b>							
	<b>Not in place</b>	<b>Emerging</b>	<b>Partly in place</b>	<b>Established (majority of indicators in place)</b>	<b>Achieved through other indicators</b>	<b>Fully in place</b>	<b>Exceptional practice</b>	<b>Not applicable</b>
	<b>N</b>	<b>I</b>	<b>P</b>	<b>E</b>	<b>EO</b>	<b>F</b>	<b>A</b>	<b>N/A</b>
<b>Indicators contributing to attainment of standard</b>	<b>Evidence of our current practice in relation to indicators and/or additional/different indicators that help us achieve this</b>							
<p>a) There is a written policy, regularly reviewed, which identifies roles, responsibilities and protocols to be followed before, and around the time of, identification of disability or need.</p> <p>b) The policy includes specific reference to children with complex needs for whom:</p> <ul style="list-style-type: none"> <li>• there might be an evolving diagnosis over months and years;</li> <li>• the news might be about short or uncertain life expectancy.</li> </ul> <p>c) Individual services and/or the multi-agency group, provide clear and accessible information to families. This includes the roles and responsibilities of those involved in identification and what will happen afterwards.</p> <p>d) Practitioners understand each other's roles and responsibilities in relation to identification and 'communicating the news' and are supportive to each other in them.</p> <p>e) Practice is family centred, sensitive to cultural diversity and family need.</p> <p>f) Information shared with families and carers around this time uses agreed terminology, is co-ordinated and coherent and is informed by a shared and up-to-date understanding of the disability or need and potential outcomes.</p> <p>g) The process of communicating the news involves one person who has experience of the specific disability (for example of young deaf children, visually impaired children or of children with complex needs etc) and who can be in continuing contact.</p> <p>h) There are clear protocols in place for the initial assessment of child and family need (if not already done), the identification of 'key worker(s)' and the initial individual Family Service Plan (FSP).</p>								

## Functional Area B: Referral, identification and initial assessment

### Theme: How we work together and with other services

**Standard: B2**

Policies and practices for identifying need and 'communicating the news' are in place and are monitored and reviewed regularly for their sensitivity and effectiveness. Agencies work together to maximise effectiveness and minimise stress to families around the time of identification of a disability, health condition or need.

**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**

- i) A suitably trained professional should be available to talk through management of equipment and help establish positive practice within the home or care setting.
- j) Staff have appropriate training to support their role and effectiveness in identification, and 'communicating the news'. This is regularly updated including new methods of identification/screening.
- k) There is a system for checking that procedures are followed and clear timelines for that checking.
- l) There are mechanisms in place for joint review of practice regarding 'communicating the news'. These include the views of parents and all services and agencies involved.

## Functional Area B: Referral, identification and initial assessment

### Theme: How we work together and with other services

<b>Standard: B</b>		
<b>Summary of strengths and areas for improvement</b>		
<b>Strengths</b>	<b>Areas for improvement</b>	
<b>We now need to:</b> (identify priorities in relation to this standard, including timescales and roles, where applicable)	<b>We will achieve this by:</b>	<b>Roles and responsibilities</b> (indicate strategic implications below)
<b>The steps towards this will be to:</b> (identify short and medium-term actions with approximate dates and roles)		
<b>Implications at strategic level?</b>		

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

**Theme: How we work together and with other services**

<b>Standard: B</b>								
<b>What this means for us as service providers</b>	<b>Our overall practice is: (shade in)</b>							
	<b>Not in place</b>	<b>Emerging</b>	<b>Partly in place</b>	<b>Established (majority of indicators in place)</b>	<b>Achieved through other indicators</b>	<b>Fully in place</b>	<b>Exceptional practice</b>	<b>Not applicable</b>
	<b>N</b>	<b>I</b>	<b>P</b>	<b>E</b>	<b>EO</b>	<b>F</b>	<b>A</b>	<b>N/A</b>
<b>Indicators contributing to attainment of standard</b>	<b>Evidence of our current practice in relation to indicators and/or additional/different indicators that help us achieve this</b>							

## Functional Area C: Ongoing support

### Theme: How well do we work with families?

<p><b>Standard: C1</b>  <b>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:</b></p> <ul style="list-style-type: none"> <li>• is drawn up in equal partnership with parents;</li> <li>• is in a format which is accessible to parents;</li> <li>• integrates the plans from each agency;</li> <li>• follows Early Support Programme guidelines.</li> </ul>		
<p><b>Summary of strengths and areas for improvement</b></p>		
<p><b>Strengths</b></p>	<p><b>Areas for improvement</b></p>	
<p><b>We now need to:</b>          (identify priorities in relation to this standard, including timescales and roles, where applicable)</p>	<p><b>We will achieve this by:</b></p>	<p><b>Roles and responsibilities</b>          (indicate strategic implications below)</p>
<p><b>The steps towards this will be to:</b>          (identify short and medium-term actions with approximate dates and roles)</p>		
<p><b>Implications at strategic level?</b></p>		

## Functional Area C: Ongoing support

### Theme: How well do we work with families?

<b>Standard: C1</b> <b>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:</b> <ul style="list-style-type: none"> <li>• is drawn up in equal partnership with parents;</li> <li>• is in a format which is accessible to parents;</li> <li>• integrates the plans from each agency;</li> <li>• follows Early Support Programme guidelines.</li> </ul>							
<b>How this is evidenced in our work with families</b>	<b>Our overall practice is: (shade in)</b>						
	<b>Not in place</b>  <b>N</b>	<b>Emerging</b>  <b>I</b>	<b>Partly in place</b>  <b>P</b>	<b>Established (majority of indicators in place)</b>  <b>E</b>	<b>Achieved through other indicators</b>  <b>EO</b>	<b>Fully in place</b>  <b>F</b>	<b>Exceptional practice</b>  <b>A</b>
<b>Indicators contributing to attainment of standard</b>	<b>Evidence of our current practice in relation to indicators and/or additional/different indicators that help us achieve this</b>						
<p>i) Parents/carers have clear information about FSPs:</p> <ul style="list-style-type: none"> <li>• what they are meant to achieve;</li> <li>• the timescales for review;</li> <li>• in ways and forms that take account of the diversity of families and of family need.</li> </ul> <p>They have access to Early Support Family Materials about Family Service Plans:</p> <p>ii) Parents/carers, supported by practitioners, determine the elements and current priorities within their FSP and who it will be shared with.</p> <p>lii) Parents/carers are given clear information as to how targets will be supported and the relative roles and responsibilities of personnel in relation to these.</p> <p>iv) Families' contributions to FSPs are enabled through joint and shared assessment practices with professionals, so that their knowledge and understanding of their child's needs, strengths and weaknesses is built on and developed.</p> <p>v) Parents have training about how to use and develop FSPs, including opportunities to talk with other parents about FSPs and how they worked for them. They contribute to the training of practitioners involved in drawing up FSPs.</p> <p>vi) Families contribute to the joint review of FSPs' effectiveness for ensuring the 'voice of the family' is heard and that services are integrated and effective. Their views influence agreed policy and practice and they feel listened to.</p>							

## Functional Area C: Ongoing support

### Theme: How well do we work with families?

**Standard: C2**

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

- is designed in partnership with parents;
- is flexible to 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.

**Summary of strengths and areas for improvement**

**Strengths**

**Areas for improvement**

**We now need to:**

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

**We will achieve this by:**

**Roles and responsibilities**

(indicate strategic implications below)

**The steps towards this will be to:**

(identify short and medium-term actions with approximate dates and roles)

**Implications at strategic level?**

## Functional Area C: Ongoing support

### Theme: How well do we work with families?

<b>Standard: C2</b> <b>Written statements of policy and practice provide for ongoing integrated assessment processes including the monitoring of each child's progress, including joint assessment where possible and appropriate. Monitoring and assessment practice:</b> <ul style="list-style-type: none"> <li>• is designed in partnership with parents;</li> <li>• gives priority to parents' views of their child and family's needs;</li> <li>• is flexible to situation and needs of each child and family;</li> <li>• is integrated to avoid repetition and duplication.</li> </ul>							
<b>How this is evidenced in our work with families</b>	<b>Our overall practice is: (shade in)</b>						
	<b>Not in place</b>  <b>N</b>	<b>Emerging</b>  <b>I</b>	<b>Partly in place</b>  <b>P</b>	<b>Established (majority of indicators in place)</b>  <b>E</b>	<b>Achieved through other indicators</b>  <b>EO</b>	<b>Fully in place</b>  <b>F</b>	<b>Exceptional practice</b>  <b>A</b>
<b>Indicators contributing to attainment of standard</b>	<b>Evidence of our current practice in relation to indicators and/or additional/different indicators that help us achieve this</b>						
<p>i) Families are given clear information about assessment procedures and practices, their purpose and how their contributions will be valued and supported.</p> <p>ii) Information gained as a result of assessment extends family knowledge, understanding and confidence, in meeting the child's needs further. It enables families to contribute to FSPs and informs their decision making, because it is shared with families in such a form that it:</p> <ul style="list-style-type: none"> <li>• is transparent;</li> <li>• is readily accessible;</li> <li>• takes account of family diversity;</li> <li>• includes the use of other media and of translation/interpreter facilities, where appropriate.</li> </ul> <p>iii) 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.</p> <p>iv) Parents influence the form and range of assessments. Parents may request an assessment and know the procedures for this. Prior to reviews/assessments parents' views as to specific needs, concerns to be explored further and who might be involved in assessment, are taken into account.</p> <p>v) Parents' decision making about how to support their child is enabled through sharing of information about the effectiveness of interventions and analysis of standards.</p> <p>vi) Parents contribute to the review of assessment and monitoring policies and practices.</p>							

**Functional Area C: Ongoing support**  
**Theme: How well do we work with families?**

<b>Standard: C</b>		
<b>Summary of strengths and areas for improvement</b>		
<b>Strengths</b>	<b>Areas for improvement</b>	
<b>We now need to:</b> (identify priorities in relation to this standard, including timescales and roles, where applicable)	<b>We will achieve this by:</b>	<b>Roles and responsibilities</b> (indicate strategic implications below)
<b>The steps towards this will be to:</b> (identify short and medium-term actions with approximate dates and roles)		
<b>Implications at strategic level?</b>		

**Functional Area C: Ongoing support**  
**Theme: How well do we work with families?**

<b>Standard: C</b>								
<b>How this is evidenced in our work with families</b>	<b>Our overall practice is: (shade in)</b>							
	<b>Not in place</b>	<b>Emerging</b>	<b>Partly in place</b>	<b>Established (majority of indicators in place)</b>	<b>Achieved through other indicators</b>	<b>Fully in place</b>	<b>Exceptional practice</b>	<b>Not applicable</b>
	<b>N</b>	<b>I</b>	<b>P</b>	<b>E</b>	<b>EO</b>	<b>F</b>	<b>A</b>	<b>N/A</b>
<b>Indicators contributing to attainment of standard</b>	<b>Evidence of our current practice in relation to indicators and/or additional/different indicators that help us achieve this</b>							

## Functional Area C: Ongoing support

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

<p><b>Standard: C1</b>                  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"> <li>• integrates the plans from each agency;</li> <li>• follows Early Support Programme guidelines.</li> <li>• is in a format which is accessible to parents;</li> </ul>		
<p><b>Summary of strengths and areas for improvement</b></p>		
<p><b>Strengths</b></p>	<p><b>Areas for improvement</b></p>	
<p><b>We now need to:</b>                  (identify priorities in relation to this standard, including timescales and roles, where applicable)</p>	<p><b>We will achieve this by:</b></p>	<p><b>Roles and responsibilities</b>                  (indicate strategic implications below)</p>
<p><b>The steps towards this will be to:</b>                  (identify short and medium-term actions with approximate dates and roles)</p>		
<p><b>Implications at strategic level?</b></p>		

## Functional Area C: Ongoing support

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

<p><b>Standard: C1</b>  <b>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:</b></p> <ul style="list-style-type: none"> <li>• integrates the plans from each agency;</li> <li>• follows Early Support Programme guidelines.</li> <li>• is in a format which is accessible to parents;</li> </ul>							
<p><b>What this means for us as service providers</b></p>	<p><b>Our overall practice is: (shade in)</b></p>						
	<p>Not in place</p> <p><b>N</b></p>	<p>Emerging</p> <p><b>I</b></p>	<p>Partly in place</p> <p><b>P</b></p>	<p>Established (majority of indicators in place)</p> <p><b>E</b></p>	<p>Achieved through other indicators</p> <p><b>EO</b></p>	<p>Fully in place</p> <p><b>F</b></p>	<p>Exceptional practice</p> <p><b>A</b></p>
<p><b>Indicators contributing to attainment of standard</b></p>	<p><b>Evidence of our current practice in relation to indicators and/or additional/different indicators that help us achieve this</b></p>						
<p>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:</p> <ul style="list-style-type: none"> <li>• services' delivery;</li> <li>• services' roles and contributions to FSPs;</li> <li>• how services will work together to facilitate and support these.</li> </ul> <p>b) Protocols are in place for agreeing with parents and other agencies/services:</p> <ul style="list-style-type: none"> <li>• relative roles and contributions;</li> <li>• targets and outcomes;</li> <li>• how communication about the FSP and the sharing of it will take place.</li> </ul> <p>c) Funding arrangements for FSP provision are clear to parents, including where there are joint, multi-agency or single funding arrangements.</p> <p>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.</p> <p>e) Targets and actions identified and agreed as priorities with parents are supported, for example through appointments, access to personnel, assessments and resources.</p> <p>f) A system of regular assessment and joint review supports the drawing up of Family Service Plans initially at 3 month intervals, and then at 6 monthly intervals in line with recommendations of the Code of Practice, unless families wish these to be more.</p>							

## Functional Area C: Ongoing support

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

**Standard: C1 (continued)**

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;
- follows Early Support Programme guidelines.
- is in a format which is accessible to parents;

**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**

- g) Adequate time and resources, including clerical support, specialist and key worker time is allocated to the process to maximise information parents/carers have available to them to support their decision making.
- h) All practitioners involved have specific training in contributing to FSP, supporting parents voicing of their concerns, wishes and their leading of the plan. Parents/carers contribute to this.
- i) There are joint review arrangements to evaluate the format and protocols for FSP and how services/agencies contributions are facilitated.

## Functional Area C: Ongoing support

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

<p><b>Standard: C2</b>                  Written statements of policy and practice provide for ongoing integrated assessment processes including the monitoring of each child's progress, including joint assessment where possible and appropriate. Monitoring and assessment practice:</p> <ul style="list-style-type: none"> <li>• is designed in partnership with parents;</li> <li>• gives priority to parents' views of their child and family's needs;</li> <li>• is flexible to situation and needs of each child and family;</li> <li>• is integrated to avoid repetition and duplication.</li> </ul>		
<p><b>Summary of strengths and areas for improvement</b></p>		
<b>Strengths</b>	<b>Areas for improvement</b>	
<p><b>We now need to:</b>                  (identify priorities in relation to this standard, including timescales and roles, where applicable)</p>	<p><b>We will achieve this by:</b></p>	<p><b>Roles and responsibilities</b>                  (indicate strategic implications below)</p>
<p><b>The steps towards this will be to:</b>                  (identify short and medium-term actions with approximate dates and roles)</p>		
<p><b>Implications at strategic level?</b></p>		

## Functional Area C: Ongoing support

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

<b>Standard: C2</b> <b>Written statements of policy and practice provide for ongoing integrated assessment processes including the monitoring of each child's progress, including joint assessment where possible and appropriate. Monitoring and assessment practice:</b> <ul style="list-style-type: none"> <li>• is designed in partnership with parents;</li> <li>• gives priority to parents' views of their child and family's needs;</li> <li>• is flexible to situation and needs of each child and family;</li> <li>• is integrated to avoid repetition and duplication.</li> </ul>							
<b>What this means for us as service providers</b>	<b>Our overall practice is: (shade in)</b>						
	<b>Not in place</b>  <b>N</b>	<b>Emerging</b>  <b>I</b>	<b>Partly in place</b>  <b>P</b>	<b>Established (majority of indicators in place)</b>  <b>E</b>	<b>Achieved through other indicators</b>  <b>EO</b>	<b>Fully in place</b>  <b>F</b>	<b>Exceptional practice</b>  <b>A</b>
<b>Indicators contributing to attainment of standard</b>	<b>Evidence of our current practice in relation to indicators and/or additional/different indicators that help us achieve this</b>						
<p>a) There is an agreed written protocol between services and agencies, contributed to be families as to:</p> <ul style="list-style-type: none"> <li>• which assessments will be carried out jointly and individually;</li> <li>• how information will be shared;</li> <li>• relative roles and responsibilities.</li> </ul> <p>b) The diagnostic and assessment process is carried out promptly and within the relevant statutory timescale by staff with appropriate levels of skills and competencies, in a transparent way and in partnership with parents.</p> <p>c) Protocols respect national guidelines in respect of confidentiality and working practices; they ensure that assessments are comprehensive and where separate assessments are used these are shared and implications clearly explained.</p> <p>d) Practitioners from different agencies carry out joint assessments wherever this will support:</p> <ul style="list-style-type: none"> <li>• more efficient and effective monitoring and gaining of evidence;</li> <li>• shared understanding of the child and family need;</li> <li>• effective use of family time;</li> <li>• family confidence and understanding.</li> </ul> <p>e) Staff have had appropriate training in the use of protocols, profiles and tests used, their skills are regularly updated and training opportunities reflect the competencies required; these include skills in writing reports about and discussing the implications of information gained from assessment with parents.</p>							

## Functional Area C: Ongoing support

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

<p><b>Standard: C2 (continued)</b>  <b>Written statements of policy and practice provide for ongoing integrated assessment processes including the monitoring of each child's progress, including joint assessment where possible and appropriate. Monitoring and assessment practice:</b></p> <ul style="list-style-type: none"> <li>• is designed in partnership with parents;</li> <li>• gives priority to parents' views of their child and family's needs;</li> <li>• is flexible to situation and needs of each child and family;</li> <li>• is integrated to avoid repetition and duplication.</li> </ul>							
<p><b>What this means for us as service providers</b></p>	<p><b>Our overall practice is: (shade in)</b></p>						
	<p>Not in place</p> <p><b>N</b></p>	<p>Emerging</p> <p><b>I</b></p>	<p>Partly in place</p> <p><b>P</b></p>	<p>Established (majority of indicators in place)</p> <p><b>E</b></p>	<p>Achieved through other indicators</p> <p><b>EO</b></p>	<p>Fully in place</p> <p><b>F</b></p>	<p>Exceptional practice</p> <p><b>A</b></p>
<p><b>Indicators contributing to attainment of standard</b></p>	<p><b>Evidence of our current practice in relation to indicators and/or additional/different indicators that help us achieve this</b></p>						
<p>f) Information gained from the process informs planning and target setting with families and supports everyone's understanding of where the child is now, what current child and family needs are and the drawing up and reviewing of a new FSP.</p> <p>g) Services offer a relevant and sensitive approach to monitoring the progress of children who are not developing new skills or are losing existing abilities.</p> <p>h) A nominated person is available to discuss assessment findings further with the family to promote understanding of the findings and their implications.</p> <p>i) Information gained influences the allocation of resources, programmes of support and interventions including specialist teacher time and therapies.</p> <p>j) 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.</p> <p>k) Families are regarded as experts in relation to their child and this is reflected in the design and process of assessment such that all those involved in the assessment process give sufficient time to getting to know the family and the child.</p> <p>l) Agencies share with each other and with families information about specific assessment and monitoring procedures and how they can be used including joint training opportunities.</p> <p>m) Practical arrangements surrounding assessment take account of individual family circumstances (for example, timing, location, length of appointment, transport arrangements).</p>							

## Functional Area C: Ongoing support

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

<p><b>Standard: C2 (continued)</b>  <b>Written statements of policy and practice provide for ongoing integrated assessment processes including the monitoring of each child's progress, including joint assessment where possible and appropriate. Monitoring and assessment practice:</b></p> <ul style="list-style-type: none"> <li>• is designed in partnership with parents;</li> <li>• gives priority to parents' views of their child and family's needs;</li> <li>• is flexible to situation and needs of each child and family;</li> <li>• is integrated to avoid repetition and duplication.</li> </ul>							
<p><b>What this means for us as service providers</b></p>	<p><b>Our overall practice is: (shade in)</b></p>						
	<p>Not in place</p> <p><b>N</b></p>	<p>Emerging</p> <p><b>I</b></p>	<p>Partly in place</p> <p><b>P</b></p>	<p>Established (majority of indicators in place)</p> <p><b>E</b></p>	<p>Achieved through other indicators</p> <p><b>EO</b></p>	<p>Fully in place</p> <p><b>F</b></p>	<p>Exceptional practice</p> <p><b>A</b></p>
<p><b>Indicators contributing to attainment of standard</b></p>	<p><b>Evidence of our current practice in relation to indicators and/or additional/different indicators that help us achieve this</b></p>						
<p>n) Information gained from ongoing assessments informs service reviews and audits of standards, including evaluation of effectiveness of interventions.</p> <p>o) Information gained and implications for support are shared with families and other practitioners in a supportive and transparent way, including the reporting of outcomes and inferences of specialist assessments.</p> <p>p) The key worker role will include responsibility for ensuring an exchange of information about planned interventions and approaches and monitoring its cohesiveness.</p> <p>q) There are procedures in place for reviewing the effectiveness and consistency of implementation of the assessment and monitoring policy.</p> <p>r) Service managers use the information gained as a result of assessments to audit standards and the effectiveness of interventions.</p>							

## Functional Area C: Ongoing support

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

<b>Standard: C</b>		
<b>Summary of strengths and areas for improvement</b>		
<b>Strengths</b>	<b>Areas for improvement</b>	
<b>We now need to:</b> (identify priorities in relation to this standard, including timescales and roles, where applicable)	<b>We will achieve this by:</b>	<b>Roles and responsibilities</b> (indicate strategic implications below)
<b>The steps towards this will be to:</b> (identify short and medium-term actions with approximate dates and roles)		
<b>Implications at strategic level?</b>		

**Functional Area C: Ongoing support**

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

Standard: C								
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							

## Functional Area D: Providing and sharing information

### Theme: How well do we work with families?

**Standard: D1**

Effective mechanisms are in place to ensure the co-ordination and appropriate exchange of information with families and other agencies about: services, disabilities, interventions and therapies, child and family issues. Such systems take account of and are responsive to family diversity and need and enable families to contribute their information.

**Summary of strengths and areas for improvement**

**Strengths**

**Areas for improvement**

**We now need to:**

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

**We will achieve this by:**

**Roles and responsibilities**

(indicate strategic implications below)

**The steps towards this will be to:**

(identify short and medium-term actions with approximate dates and roles)

**Implications at strategic level?**

## Functional Area D: Providing and sharing information

### Theme: How well do we work with families?

<b>Standard: D1</b> <b>Effective mechanisms are in place to ensure the co-ordination and appropriate exchange of information with families and other agencies about: services, disabilities, interventions and therapies, child and family issues. Such systems take account of and are responsive to family diversity and need and enable families to contribute their information.</b>								
<b>How this is evidenced in our work with families</b>	<b>Our overall practice is: (shade in)</b>							
	<b>Not in place</b>	<b>Emerging</b>	<b>Partly in place</b>	<b>Established (majority of indicators in place)</b>	<b>Achieved through other indicators</b>	<b>Fully in place</b>	<b>Exceptional practice</b>	<b>Not applicable</b>
	<b>N</b>	<b>I</b>	<b>P</b>	<b>E</b>	<b>EO</b>	<b>F</b>	<b>A</b>	<b>N/A</b>
<b>Indicators contributing to attainment of standard</b>	<b>Evidence of our current practice in relation to indicators and/or additional/different indicators that help us achieve this</b>							
<p>i) Families are given clear information about service practice and policy in relation to the sharing of information with them and with other agencies about their child and about disability issues. There are clear avenues for them to influence this.</p> <p>ii) Families have up-to-date information about their rights and responsibilities, specific disabilities and needs, interventions/approaches to their management as well as to any grants and resources that they are entitled to.</p> <p>iii) Information available to families is relevant, unbiased and promotes informed choice in parents' decision making.</p> <p>iv) Families have information about the outcomes of specific interventions and approaches and their own and others' training needs in relation to these interventions/approaches.</p> <p>v) Information is shared with families in a variety of ways and in forms that take account of family diversity and contexts, including the use of interpreters as necessary.</p> <p>vi) Information is shared with families in the context of an ongoing relationship with a key worker/person to ensure that information provided is relevant to individual circumstances.</p> <p>vii) Families influence the type, amount, pace and timing of information sharing. The key worker, if in place, consults with them to ensure they are moving forward in their understanding, but do not feel overwhelmed by information.</p> <p>viii) Families indicate with whom they wish information to be shared; they are encouraged to share with services any information they have concerning their child from contact with otherwise not previously involved services.</p>								

## Functional Area D: Providing and sharing information

### Theme: How well do we work with families?

<b>Standard: D1 (continued)</b> <b>Effective mechanisms are in place to ensure the co-ordination and appropriate exchange of information with families and other agencies about: services, disabilities, interventions and therapies, child and family issues. Such systems take account of and are responsive to family diversity and need and enable families to contribute their information.</b>								
<b>How this is evidenced in our work with families</b>	<b>Our overall practice is: (shade in)</b>							
	<b>Not in place</b>	<b>Emerging</b>	<b>Partly in place</b>	<b>Established (majority of indicators in place)</b>	<b>Achieved through other indicators</b>	<b>Fully in place</b>	<b>Exceptional practice</b>	<b>Not applicable</b>
	<b>N</b>	<b>I</b>	<b>P</b>	<b>E</b>	<b>EO</b>	<b>F</b>	<b>A</b>	<b>N/A</b>
<b>Indicators contributing to attainment of standard</b>	<b>Evidence of our current practice in relation to indicators and/or additional/different indicators that help us achieve this</b>							
<p>ix) A Family Held Record under normal circumstances includes all correspondence concerning the child. Assessment and monitoring results are shared with, and held by families, who have information about key areas of development relevant to their child's needs. These enable them to set their observations of their own child and family within a context, and inform the FSP.</p> <p>x) Families have information including contact details and relevant documentation about available grants and resources for equipment, for adaptations to the home and for respite cover and in-home support.</p> <p>xi) The effectiveness of information providing and sharing about services, disabilities and needs is reviewed regularly with families and other agencies, and informs information updates and service improvement planning.</p>								

## Functional Area D: Providing and sharing information

### Theme: How well do we work with families?

**Standard: D2**

There is clear documentation specific to the provision of services for children from birth to three and their families. This identifies roles, responsibilities and rationales and is accessible to parents and all agencies. Parents and agencies have contributed to this information.

**Summary of strengths and areas for improvement**

**Strengths**

**Areas for improvement**

**We now need to:**

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

**We will achieve this by:**

**Roles and responsibilities**

(indicate strategic implications below)

**The steps towards this will be to:**

(identify short and medium-term actions with approximate dates and roles)

**Implications at strategic level?**

## Functional Area D: Providing and sharing information

### Theme: How well do we work with families?

<b>Standard: D2</b> There is clear documentation specific to the provision of services for children from birth to three and their families. This identifies roles, responsibilities and rationales and is accessible to parents and all agencies. Parents and agencies have contributed to providing this information.								
<b>How this is evidenced in our work with families</b>	<b>Our overall practice is: (shade in)</b>							
	<b>Not in place</b>	<b>Emerging</b>	<b>Partly in place</b>	<b>Established (majority of indicators in place)</b>	<b>Achieved through other indicators</b>	<b>Fully in place</b>	<b>Exceptional practice</b>	<b>Not applicable</b>
	<b>N</b>	<b>I</b>	<b>P</b>	<b>E</b>	<b>EO</b>	<b>F</b>	<b>A</b>	<b>N/A</b>
<b>Indicators contributing to attainment of standard</b>	<b>Evidence of our current practice in relation to indicators and/or additional/different indicators that help us achieve this</b>							
i) There is a family friendly guide to the roles, responsibilities and duties of each service/agency including relevant personnel, resources, and how they work together. This includes mutual expectations and realistic restraints on services.  ii) Information is available in a variety of forms that take account of the diversity of families and their needs.  iii) Families understand the relative roles of professionals working with them and their child and are clear about how to access the services they need.  iv) Families are put in touch with other families, family associations, parent partnership officers and voluntary agencies as a means of support, information and empowerment for understanding and making most effective use of services.  v) Families have clear information about what to do if they are in dispute about their child's provision and who can help them.  vi) Information sharing with families is up to date and informed and regularly reviewed for its effectiveness in enabling families to access the services they and their child need and work in partnership with practitioners. Families help in the design and review of materials and ways of sharing.								

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

**Theme: How well do we work with families?**

<b>Standard: D</b>		
<b>Summary of strengths and areas for improvement</b>		
<b>Strengths</b>	<b>Areas for improvement</b>	
<b>We now need to:</b> (identify priorities in relation to this standard, including timescales and roles, where applicable)	<b>We will achieve this by:</b>	<b>Roles and responsibilities</b> (indicate strategic implications below)
<b>The steps towards this will be to:</b> (identify short and medium-term actions with approximate dates and roles)		
<b>Implications at strategic level?</b>		

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

**Theme: How well do we work with families?**

<b>Standard: D</b>								
<b>How this is evidenced in our work with families</b>	<b>Our overall practice is: (shade in)</b>							
	<b>Not in place</b>	<b>Emerging</b>	<b>Partly in place</b>	<b>Established (majority of indicators in place)</b>	<b>Achieved through other indicators</b>	<b>Fully in place</b>	<b>Exceptional practice</b>	<b>Not applicable</b>
	<b>N</b>	<b>I</b>	<b>P</b>	<b>E</b>	<b>EO</b>	<b>F</b>	<b>A</b>	<b>N/A</b>
<b>Indicators contributing to attainment of standard</b>	<b>Evidence of our current practice in relation to indicators and/or additional/different indicators that help us achieve this</b>							

## Functional Area D: Providing and sharing information

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

<b>Standard: D1</b> Effective mechanisms are in place to ensure the co-ordination and appropriate exchange of information with families and other agencies about: services, disabilities, interventions and therapies, child and family issues. Such systems take account of and are responsive to family diversity and need and enable families to contribute their information.		
<b>Summary of strengths and areas for improvement</b>		
<b>Strengths</b>	<b>Areas for improvement</b>	
<b>We now need to:</b> (identify priorities in relation to this standard, including timescales and roles, where applicable)	<b>We will achieve this by:</b>	<b>Roles and responsibilities</b> (indicate strategic implications below)
<b>The steps towards this will be to:</b> (identify short and medium-term actions with approximate dates and roles)		
<b>Implications at strategic level?</b>		

## Functional Area D: Providing and sharing information

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

<b>Standard: D1</b> <b>Effective mechanisms are in place to ensure the co-ordination and appropriate exchange of information with families and other agencies about: services, disabilities, interventions and therapies, child and family issues. Such systems take account of and are responsive to family diversity and need and enable families to contribute their information.</b>								
<b>What this means for us as service providers</b>	<b>Our overall practice is: (shade in)</b>							
	<b>Not in place</b>	<b>Emerging</b>	<b>Partly in place</b>	<b>Established (majority of indicators in place)</b>	<b>Achieved through other indicators</b>	<b>Fully in place</b>	<b>Exceptional practice</b>	<b>Not applicable</b>
	<b>N</b>	<b>I</b>	<b>P</b>	<b>E</b>	<b>EO</b>	<b>F</b>	<b>A</b>	<b>N/A</b>
<b>Indicators contributing to attainment of standard</b>	<b>Evidence of our current practice in relation to indicators and/or additional/different indicators that help us achieve this</b>							
<p>a) Policies and procedures ensure that sharing and providing information sensitively and effectively is an underlying principle of how services work. This includes detail as to how staff will be trained to share information sensitively and how information providing/sharing with families and other agencies will be monitored and tracked.</p> <p>b) Disability specific information is available to families and others as well as general information; this includes standard material produced nationally such as within the Early Support Family Pack as well as locally produced material and that produced by voluntary agencies.</p> <p>c) Information available includes information about government guidance and services' statutory responsibilities and other quality standards guidance, including contact details for further information.</p> <p>d) The service works with voluntary agencies, older service users and parents' groups to ensure family access to a range of information sources and support.</p> <p>e) Information provided and its sharing is tailored to the individual child rather than to the disability or condition.</p> <p>f) Services regularly share information about working practices, interventions and research outcomes with families and each other.</p> <p>g) Policies and monitoring of practice ensure consistency of approach within the service and effective exchange of information between personnel, about training, about research, about resources, and about client issues.</p>								

## Functional Area D: Providing and sharing information

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

<b>Standard: D1 (continued)</b> <b>Effective mechanisms are in place to ensure the co-ordination and appropriate exchange of information with families and other agencies about: services, disabilities, interventions and therapies, child and family issues. Such systems take account of and are responsive to family diversity and need and enable families to contribute their information.</b>								
<b>What this means for us as service providers</b>	<b>Our overall practice is: (shade in)</b>							
	<b>Not in place</b>	<b>Emerging</b>	<b>Partly in place</b>	<b>Established (majority of indicators in place)</b>	<b>Achieved through other indicators</b>	<b>Fully in place</b>	<b>Exceptional practice</b>	<b>Not applicable</b>
	<b>N</b>	<b>I</b>	<b>P</b>	<b>E</b>	<b>EO</b>	<b>F</b>	<b>A</b>	<b>N/A</b>
<b>Indicators contributing to attainment of standard</b>	<b>Evidence of our current practice in relation to indicators and/or additional/different indicators that help us achieve this</b>							
<p>h) Information is available in a range of forms about interventions and their outcomes, (for example in relation to specific approaches to communication with sensory impaired children, particular therapy approaches for children with cerebral palsy and so on). Training issues for families and staff are identified and routes towards these identified.</p> <p>i) Information is available in a variety of community languages and media including Braille, large print, audiotape and British Sign Language.</p> <p>i) A nominated person, usually the key worker, co-ordinates the exchange of information with families and between agencies.</p> <p>k) The key worker and other practitioners build parental confidence to contribute opinion and information and ensure parents and carers have access to information in a co-ordinated way.</p> <p>l) There are clear protocols established regarding confidentiality. These identify the circumstances under which information about children will or will not be shared and why.</p> <p>m) There is a reliable multi-agency database, nationally compatible, that includes a process for regularly updating information and has transparent systems and safeguards for access.</p> <p>n) Agencies work together to produce a single Family Held Record of contact with families and of agreed decisions, plans and outcomes. This record follows Early Support guidelines.</p> <p>o) A multi-agency log, completed by professionals, is routinely kept by families.</p>								

## Functional Area D: Providing and sharing information

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

<b>Standard: D1 (continued)</b> Effective mechanisms are in place to ensure the co-ordination and appropriate exchange of information with families and other agencies about: services, disabilities, interventions and therapies, child and family issues. Such systems take account of and are responsive to family diversity and need and enable families to contribute their information.								
<b>What this means for us as service providers</b>	<b>Our overall practice is: (shade in)</b>							
	<b>Not in place</b>	<b>Emerging</b>	<b>Partly in place</b>	<b>Established (majority of indicators in place)</b>	<b>Achieved through other indicators</b>	<b>Fully in place</b>	<b>Exceptional practice</b>	<b>Not applicable</b>
	<b>N</b>	<b>I</b>	<b>P</b>	<b>E</b>	<b>EO</b>	<b>F</b>	<b>A</b>	<b>N/A</b>
<b>Indicators contributing to attainment of standard</b>	<b>Evidence of our current practice in relation to indicators and/or additional/different indicators that help us achieve this</b>							
<p>p) Service staff and/or the key worker facilitate families' access to and application for these. Practitioners are clear as to eligibility criteria and entitlements.</p> <p>q) Policies and practices are reviewed regularly (at least annually) to ensure that they reflect lessons learned from practice.</p>								

## Functional Area D: Providing and sharing information

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

**Standard: D2**

There is clear documentation specific to the provision of services for children from birth to three and their families. This identifies roles, responsibilities and rationales and is accessible to parents and all agencies. Parents and agencies have contributed to providing this information.

**Summary of strengths and areas for improvement**

**Strengths**

**Areas for improvement**

**We now need to:**

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

**We will achieve this by:**

**Roles and responsibilities**

(indicate strategic implications below)

**The steps towards this will be to:**

(identify short and medium-term actions with approximate dates and roles)

**Implications at strategic level?**

## Functional Area D: Providing and sharing information

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

<b>Standard: D2</b> There is clear documentation specific to the provision of services for children from birth to three and their families. This identifies roles, responsibilities and rationales and is accessible to parents and all agencies. Parents and agencies have contributed to providing this information.								
<b>What this means for us as service providers</b>	<b>Our overall practice is: (shade in)</b>							
	<b>Not in place</b>	<b>Emerging</b>	<b>Partly in place</b>	<b>Established (majority of indicators in place)</b>	<b>Achieved through other indicators</b>	<b>Fully in place</b>	<b>Exceptional practice</b>	<b>Not applicable</b>
	<b>N</b>	<b>I</b>	<b>P</b>	<b>E</b>	<b>EO</b>	<b>F</b>	<b>A</b>	<b>N/A</b>
<b>Indicators contributing to attainment of standard</b>	<b>Evidence of our current practice in relation to indicators and/or additional/different indicators that help us achieve this</b>							
a) Services work individually, together and with parents to produce clear documentation as to the range of service provision for children aged 0-3 and their families and how families and practitioners can access them.  b) All aspects of service delivery are explained including relative roles, responsibilities and duties, details about staff, activities, resources, practices and means of access.  c) Information about services is available in a variety of community languages and media including Braille, large print, audiotape and British Sign Language.  e) Information about the service/s are available at different levels of detail for different audiences.  f) The relative roles of each service and of the key worker in relation to service delivery for this child and family are clearly identified through the Family Held Record and the FSP. Contact details are clear.  g) Services have up-to-date information available for families of family associations, volunteer parents, voluntary organisations, parent partnership officers and so on, who can support families and provide additional information.  h) There are clear mechanisms established for informing families as to their rights and for resolving and addressing disputes with families when they occur. This information is automatically provided to families.  i) An identified budget supports the production, providing, sharing and revision of information about the individual and multi-agency service(s) for families and others.								

**Functional Area D: Providing and sharing information**  
**Theme: How well do we work together and with other services?**

<b>Standard: D</b>		
<b>Summary of strengths and areas for improvement</b>		
<b>Strengths</b>	<b>Areas for improvement</b>	
<b>We now need to:</b> (identify priorities in relation to this standard, including timescales and roles, where applicable)	<b>We will achieve this by:</b>	<b>Roles and responsibilities</b> (indicate strategic implications below)
<b>The steps towards this will be to:</b> (identify short and medium-term actions with approximate dates and roles)		
<b>Implications at strategic level?</b>		

**Functional Area D: Providing and sharing information**  
**Theme: How well do we work together and with other services?**

<b>Standard: D</b>								
<b>What this means for us as service providers</b>	<b>Our overall practice is: (shade in)</b>							
	<b>Not in place</b>	<b>Emerging</b>	<b>Partly in place</b>	<b>Established (majority of indicators in place)</b>	<b>Achieved through other indicators</b>	<b>Fully in place</b>	<b>Exceptional practice</b>	<b>Not applicable</b>
	<b>N</b>	<b>I</b>	<b>P</b>	<b>E</b>	<b>EO</b>	<b>F</b>	<b>A</b>	<b>N/A</b>
<b>Indicators contributing to attainment of standard</b>	<b>Evidence of our current practice in relation to indicators and/or additional/different indicators that help us achieve this</b>							

**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.

The use of this **Service Audit Tool** (ref ES 34) is supported by a separate, linked publication, **How to use the service audit tool** (ref ES 35).

For more information about **Early Support** or to view any of the programme materials discussed in this publication, visit [www.earlysupport.org.uk](http://www.earlysupport.org.uk)

Copies of this booklet can be obtained from:

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