

**USING THE CHILDREN AND YOUNG PEOPLE'S
DISABILITY AUDIT TOOL**

A TEN STEP GUIDE

**FOR
PRIMARY CARE TRUSTS
LOCAL AUTHORITIES
VOLUNTARY AGENCIES
AND OTHER KEY STAKEHOLDERS**

December 2008

INTRODUCTION

Background

The Disability Audit Tool was originally designed in 2006 to support the implementation of the National Service Framework for Children, Young People and Maternity Services (NSF) and to fulfil the requirements of Our Health, Our Care, Our Say. This Ten Step Guide was developed alongside the audit tool to help local areas as they worked to complete it. However, since that time a range of reports, policy and guidance documents has been issued that provide specific focus to services for disabled children and young people and it was felt timely to update both the audit tool and this Guide in order to incorporate the recommendations contained within those documents.

The revised documents are now being issued with the intention of helping Children's Trusts to self assess for progress against the implementation requirements of the NSF (2004), the recommendations in Aiming High for Disabled Children (2007) and Better Care: Better Lives (2008). The tool has made links to the Early Support Programme and the implementation support offered by Together for Disabled Children in relation to Short Breaks. It has also been structured to enable areas to provide evidence of progress in relation to World Class Commissioning (2007) and the newly-introduced National Indicator 54 that many Local Strategic Partnerships have selected to include in their Local Area Agreements

Purpose

The purpose of the audit tool is to support Children's Trusts to look collectively at current service provision, to identify elements of good progress and to be able to develop multi-agency action plans for those elements where progress is less advanced. Those areas that have used the earlier version of the tool and guide have found the documents to be very helpful in identifying gaps, overlaps and new priorities. They have then been able to use this information to plan coherently for measurable service improvement.

Structure of the audit tool

The audit tool is a self assessment matrix. It reviews current provision against the standards in the NSF, in particular standard 8, with new cross-referencing to Aiming High for Disabled Children and Better Care : Better Lives and it places greater emphasis on a strengthened process of active commissioning. The tool is comprehensive, has 24 areas of intervention and can be used as a whole, or in sections. Each area of intervention is described by a number of components drawn from current policy and guidance, with a straightforward rating scale for each section. The tool is also available electronically at <http://www.tools.chimat.org.uk> which enables areas to easily work on building up the results over time.

HOW THE AUDIT TOOL CAN HELP REVIEW AND IMPROVE SERVICES

This guide aims to highlight how the audit tool can be used flexibly

- to supplement existing data collection, planning and reviewing processes that inform the commissioning of services locally
- to help partner agencies agree service models, priorities and processes for joint commissioning around an integrated care pathway

It can help agencies **agree**

- key areas for improvement
- priorities for the use of resources
- appropriate service models to achieve the desired outcomes
- where agencies can co-ordinate provision for maximum gain
- key transition points in the child's journey
- assessed levels of budget contributions or other resource inputs
- key mechanisms for single agency and joint commissioning

In other words, it can provide a framework to agree “how are we going to get there?” and, if used over time, can track progress and achievements and help set future goals.

Over time it can build up comparative data on local population needs.

It can **inform**

- service specifications and service models
- the evidence base to demonstrate improved outcomes
- the commissioning process, in an objective manner
- the allocation of resources within individual agencies where identified as needed
- wider planning processes (e.g. Children & Young People's Plans, Local Area Agreements, Joint Strategic Needs Assessments)
- wider joint inspection processes (e.g. Joint Area Reviews / Comprehensive Area Assessments)
- the use of levers for resource prioritisation
- the implementation of the proposals in *Aiming High for Disabled Children* (HMT/DfES 2007)

KEY PRINCIPLES TO FOLLOW IN USING THE AUDIT TOOL

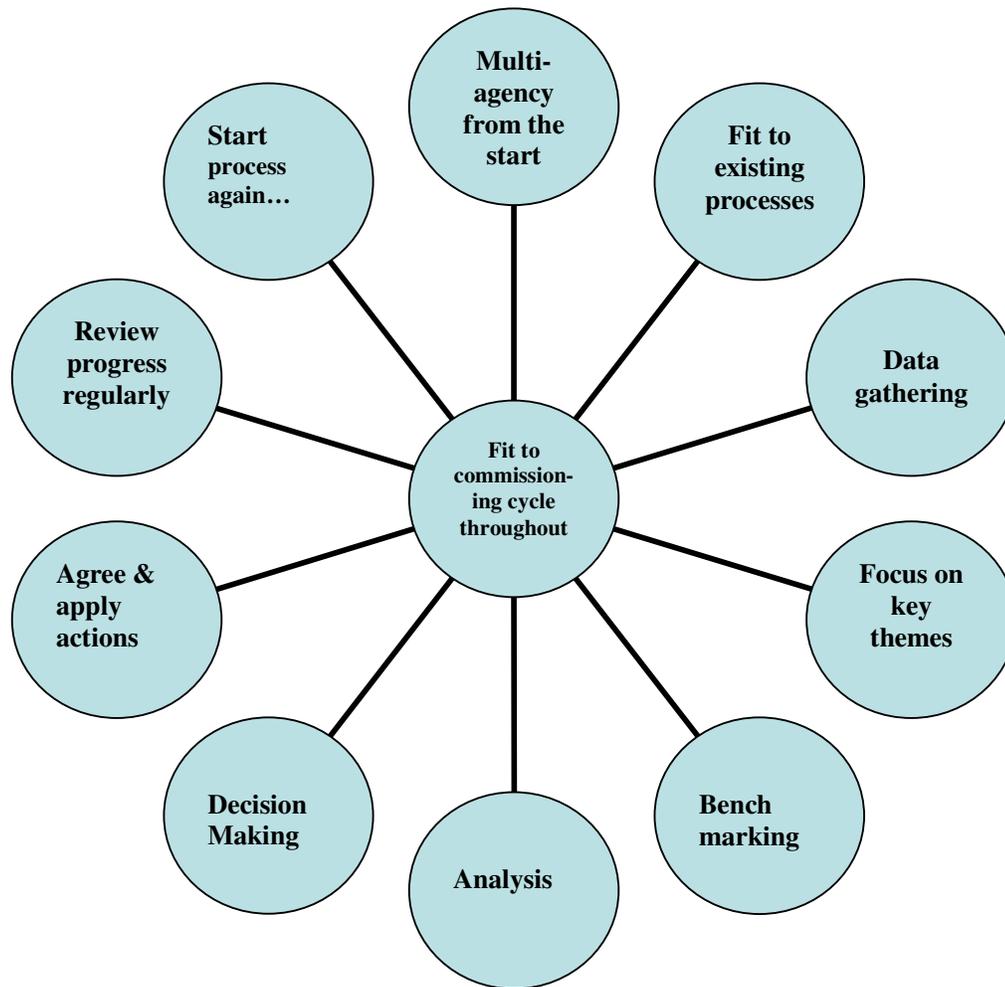
A report commissioned from the Thomas Coram Research Unit (TCRU) (Mooney et al, 2006) suggests strongly that audit tools are used most effectively when they are seen as part of a process to improve the quality and

outcomes of service provision, as part of a continuous cycle of improvement. Used in this way (and not seen just as a form-filling exercise) they can motivate learning and change, and can be used flexibly to accommodate local situations.

The TCRU report identifies the following principles as key to an **effective audit process for disabled children's services**

- must be owned by all stakeholders including senior managers
- should ensure user perspectives are all addressed
- should physically bring key people together for completion
- should ensure multi agency involvement across all relevant services
- should be clearly evidence based
- use standards that are specific and measurable
- should require clear indicators and examples of good practice
- should clearly demonstrate and agree justification for ratings
- should provide evidence of, and build on, current and emerging good practice
- should avoid duplication of information recording

TEN STEPS TO AN EFFECTIVE AUDIT AND IMPROVEMENT PROCESS



1. **Multi-agency from the start**

- Agree involvement of key commissioning agencies
- Identify key managers in each agency who have clear responsibility to lead the process
- Identify all stakeholders in multi agency process
- Agree involvement of children, young people and families and ensure support for their participation
- Clarify for children, young people and families how they will be able to contribute to each stage of the process
- Agree timescales processes, activities and outputs
- Link to existing Children's Trust arrangements, CYP Strategic Partnerships and the Children and Young People's Plan for the area

2. **Make it fit existing processes – avoid duplication**
 - Use information already gathered for CYPP, LAA, APA, JAR, PCT Local Delivery Plan etc
 - Use information from existing tools, data collection
 - Timing to link to local commissioning cycles – to suit local need
 - Identify other sources of information – e.g. JSNA, Child Health Mapping

3. **Make it manageable: Information gathering**
 - Information gathering is not one person's job
 - Allocate information gathering activities across agencies
 - Ask all partners to contribute
 - Identify and use existing data sources
 - Co-ordinate parameters for data collection
 - time periods for data collection
 - definitions/clarity about what is being counted
 - Avoid double counting
 - Agree realistic timescales for completion with clear deadlines

4. **Make it relevant: If time is short focus on key themes**
 - Complete only in relation to key issues identified locally
 - Focus on a particular aspect
 - Complete in stages
 - Involve children, young people and families in defining the focus
 - Ensure senior commissioners endorse the process

5. **Benchmarking**
 - Agree to work collaboratively across local boundaries
 - Agree parameters for collecting comparative data
 - Agree to share learning – avoid duplicating work on key themes
 - Role of regional/sub-regional consortia

6. **Analysis**
 - Time the analysis of data to fit with local planning and commissioning cycles
 - Quality of analysis is critical to informing good decision making
 - Decide optimum level of information to provide a good enough picture
 - Allow for differences in interpretation
 - Allow for different perspectives
 - Ensure family participation
 - Ensure across agencies that both capacity and range of skills for analysis are available, and agree process
 - Share and debate the findings of the analysis – it may be possible to feed into existing structures for multi agency meetings

7. Decision Making

- Agree level at which decision making must take place and ensure representation from all stakeholders at a meeting set up for this purpose
- Ensure all representatives are well prepared and briefed with the results of the analysis
- Agree mechanisms to ensure implementation of the decisions
- Agree how decision making fits with wider planning and commissioning processes
- Ensure children, young people and families are supported to inform decision making

8. Agree and implement actions

- Ensure decision making results in specific agreed actions that will lead to desired improvements in clear timescales with clear and agreed responsibilities.
- Communicate and share with all key stakeholders

9. Review progress

10. Start process again

SOME CROSS AGENCY OUTPUTS WHERE ALIGNMENT WILL IMPROVE JOINT PLANNING AND COMMISSIONING FOR DISABLED CHILDREN

✓	USEFUL JOINT COMPONENTS	THINGS TO CONSIDER
	Effective database	Building a joint database Link to proposed central government database Capacity to maintain Use of IT Collecting comparable data Avoiding duplication Use existing collection but align
	Key joint posts	Can promote early identification Co-ordination of data collection Role re-design, capacity, workforce planning Single point of contact
	Definitions	Agree definition Define key groups
	Aligned budgets	Identify overall spend on disabled children May not require pooled budgets Individual budgets Direct payments
	Common understanding – direction, protocols and procedures	Definitions Thresholds Terminology Universal Targets Moderator roles
	Broad representation	Children and young people Parents and families Providers, including the voluntary sector Other stakeholders
	High cost, high need – joint solutions	Multi agency partnerships Align different panels Work across local boundaries Early intervention and prevention Consortia
	Needs analysis	Local needs – universal and targetted Additional needs Assessments of individual need aggregated and taken into account Continuing care frameworks

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