National Policy on

Access to Services for Children & Young People

with Disability & Developmental Delay

Document Reference Number	SC & PC 01	Document developed by	Access Policy Working Group
Revision number	First	Document approved by	National Social Care Division National Primary Care Division Community Healthcare Organisations
Approval date	24.02.2016	Responsibility for implementation	All Health sector employees working in Children's Disability and Primary Care Services
Revision date	Annual	Responsibility for review and audit	National Social Care Division National Primary Care Division Community Healthcare Organisations

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Foreword

In Ireland disability services, delivered by the Health Service Executive (HSE) and non-statutory organisations, have developed independently over time, so there is wide variation in the services available in different parts of the country and for different categories of disability. As a consequence of this some children and their families have little or no access to services. The Office for Disability & Mental Health, Department of Health, with a Cross Sectoral Team[1] produced The *Report of the National Reference Group on Multidisciplinary Services for Children aged 5-18 Years (2009)*. The Reference Group was representative of the professions and management involved in delivering multi-disciplinary services to children. This report gave a new direction to the delivery of children's disability services providing the framework for the development of Children's Disability Network Teams.

In response to this report, the HSE launched a national programme to change the way children's disability services are provided across the country. *The National Coordinating Group for Progressing Disability Services for Children and Young People Programme* (NCGPDSCYP) was established in 2010 and chaired by Ms. Breda Crehan Roche, Chief Executive Officer Ability West (See Appendix 8.1 for list of members of the NCGPDSCYP). This Group established a subgroup *The Access Policy Working Group* in September 2011 to provide advice to the National Co-ordinating Group on criteria for access to primary care, network disability teams and specialist disability services for children with disabilities. The *Access Policy Working Group*[2] was chaired by Ms. Caroline Cantan, National Programme Coordinator for the Progressing Disability Services Programme (PDS) (See Appendix 8.2 for lists of members of the Access Policy Working Group).

Following extensive research and consultation a *draft Access Policy* was approved by the NCGPDSCYP in September 2012 with a recommendation that the policy should be tested in four Health Areas and evaluated. This was approved by Ms. Cate Hartigan, Assistant National Director, Disability Services, the National Disability Unit. The *draft Access Policy* was tested in Waterford, West Cork, Midlands and Cavan Monaghan and results analysed by a researcher from the

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[1] The National Disability Unit of the Health Service Executive; Department of Education and Skills; National Organisations such as the National Federation of Voluntary Bodies, the Disability Federation of Ireland; Not for Profit Business Associations; Inclusion Ireland; Other non-statutory service providers

[2] Membership included representatives from the National Disability Unit, Inclusion Ireland, the National Federation of Voluntary Bodies, Health Service Executive Management, Primary Care and Children's Disability Services.

National University of Ireland Galway (NUIG). A report recommending refinement of the *draft Access Policy* was provided in December 2013. The *Access Policy Working Group* reconvened in 2014 and was tasked with refining the decision making process on complexity of the child's needs, developing national referral forms and any other accompanying documentation.

The National Coordinating Committee for Primary Care Paediatric Services (NCCPCPS) was established in 2014 (See Appendix 8.3 for a list of members) and worked with members of the *Access Policy Working Group* to provide guidance and support to Primary Care in the roll out of the *Report of the National Reference Group on Multidisciplinary Disability Services for Children aged 5-18 years.* A key component of the work was to finalise the *draft Access Policy*. Children with non complex needs will access services in primary care and children with complex needs will access services in children's disability network teams, as defined in the *Access Policy*.

To take account of changes in access to services, the NCCPCPS has developed a framework for the delivery of primary care paediatric services, *Primary Care Paediatric Network Team Service Delivery Framework*. This will involve changing the existing service delivery model from a uni-disiciplinary way of working to a team based approach, by reconfiguring existing Primary Care resources. Additional resources will also be required to implement the framework and the first step is to establish the range and extent of the additional resource requirements. The framework will be tested in four demonstrator sites during 2016 subject to receipt of the additional funding required in order to proceed. The demonstrator sites will be evaluated and the framework refined with a phased implementation subject to receipt of development funding.

Social Care Children's Disability Services and Primary Care Services are confident that through the implementation of the *National Policy on Access to Services for Children and Young People with Disability and Developmental Delay,* all children will have timely access to an appropriate service.

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Acknowledgements

The Access Policy Working Group and the National Coordinating Committee for Primary Care Paediatric Services Group wish to thank all parents, health & education professionals who contributed directly or indirectly to this document by submitting and sharing their work, by taking part in the test of the policy during 2013 and the further work to date to produce this policy.

1 Introduction

1.1 Aims & objectives of the 'Progressing Disability Services for Children & Young People' Programme

This policy is developed in the context of restructuring delivery of services as part of the 'Progressing Disability Services for Children & Young People' Programme (PDSCYP). The aims and objectives of the PDSCYP are as follows:

- A clear pathway to services for all children according to need.
- Effective teams working in partnership with parents and service users.
- Resources used to the greatest benefit for all children and families.
- Partnership between health and education to support children to achieve their potential.

Access to services is a critical part of the programme. This policy aims to give clarity on access for children and young people and their families to both Children's Disability Services and Primary Care Services.

1.2 Principles underpinning Access to Services

The principles underpinning this policy are as follows:

- Services exist to support children, young people and their families.

- Access to services is equitable.

- Access to services is needs led rather than diagnosis led.

- Children are seen at the level of service nearest their home which best addresses their needs.

- No child is left without timely access to an appropriate service to meet their needs.

- Parents know their child better than anyone else and should be treated by professionals as equal partners given the expertise they have in the care of their child.

- A family-centred approach is a continuing process that begins at the moment of initial contact with families.

- A child's need for services does not exist in isolation from their other needs and from the needs of their family (Appendix 8.4 Life Needs Model).

1.3 In this document:

- 'Children' refers to babies, children and young people, from birth to eighteen years of age.
- 'Parent(s)' refers to parent (s), legal guardian(s), and carer(s) including other family members and foster parent(s) who care for the child.

1.4 Purpose

The purpose of this policy is to provide Local Implementation Groups (LIGs) for the Progressing Disability Services for Children and Young People programme (PDSCYP), Primary Care Management Teams (PCMT), staff members including General Practitioners working in Primary Care Services and staff members working in Children's Disability Network Teams (CDNTs) with national criteria for access to services for children and young people with disabilities and developmental delay, to support consistency and clarity.

1.5 Scope

The scope of this policy is for:

- Children and young people with disabilities and developmental delay and their families.
- Management of Primary Care Services and Children's Disability Services.
- All staff members working within Primary Care Services and Children's Disability Network Teams (CDNTs).
- Referrer of children and young people to Primary Care Services and Children's Disability Services.

1.6 Relevant Legislation, Reports and PPPGs

- The Report of the Reference Group on Multidisciplinary Services for Children aged 5 to 18 Years (2009).
- Child Care Act, 1991.
- Children's Act 2001.
- Children and Family Relationship Act, 2015.
- Children First: National Guidance for the Protection and Welfare of Children, 2011.
- Disability Act, 2005.
- Data Protection Acts, 1988 and 2003.
- Education for Persons with Special Needs, 2004
- Freedom of Information, 2014.
- National Standards for Safer and Better Healthcare, 2012.

- National Consent Policy HSE 2014.
- Trust In Care, 2005.

1.7 Abbreviations

CAMHS	-	Child and Adolescent Mental Health Services
CHO	-	Community Healthcare Organisations
CHO Area 1	-	CHO 1 (Border Counties)
CHO Area 2	-	CHO 2 (West)
CHO Area 3	-	CHO 3 (Midwest)
CHO Area 4	-	CHO 4 (South)
CHO Area 5	-	CHO 5 (South East)
CHO Area 6	-	CHO 6 (Dublin South East and Wicklow)
CHO Area 7	-	CHO 7 (Dublin South West, Kildare & West Wicklow)
CHO Area 8	-	CHO 8 (Midlands and North East)
CHO Area 9	-	CHO 9 (Dublin North City and County)
CDNT	-	Children's Disability Network Team
EIT	-	Early Intervention Team
GP	-	General Practitioner
HOD/Service	-	Heads of Discipline/Service
HSCN	-	Community Healthcare Networks (Formerly Health and Social Care Network
ICF	-	International Classification of Functioning, Disability and Health
ICF- CY	-	International Classification of Functioning, Disability and Health, Child and Youth
LIG	–	Local Implementation Group
LHO	-	Local Health Office
NCG for PDSCYP	-	National Coordinating Group for Progressing Disability Services for Children and Young People Programme
PDSCYP	-	Progressing Disability Services for Children and Young Peoples Programme
PCMT	–	Primary Care Management Team
PCT	–	Primary Care Team
PPPGs	-	Policy, Procedures, Protocols and Guidelines
SAT	-	School Age Team

(Appendix 8.5 Definitions)

2   Access to Services for Children and Young People
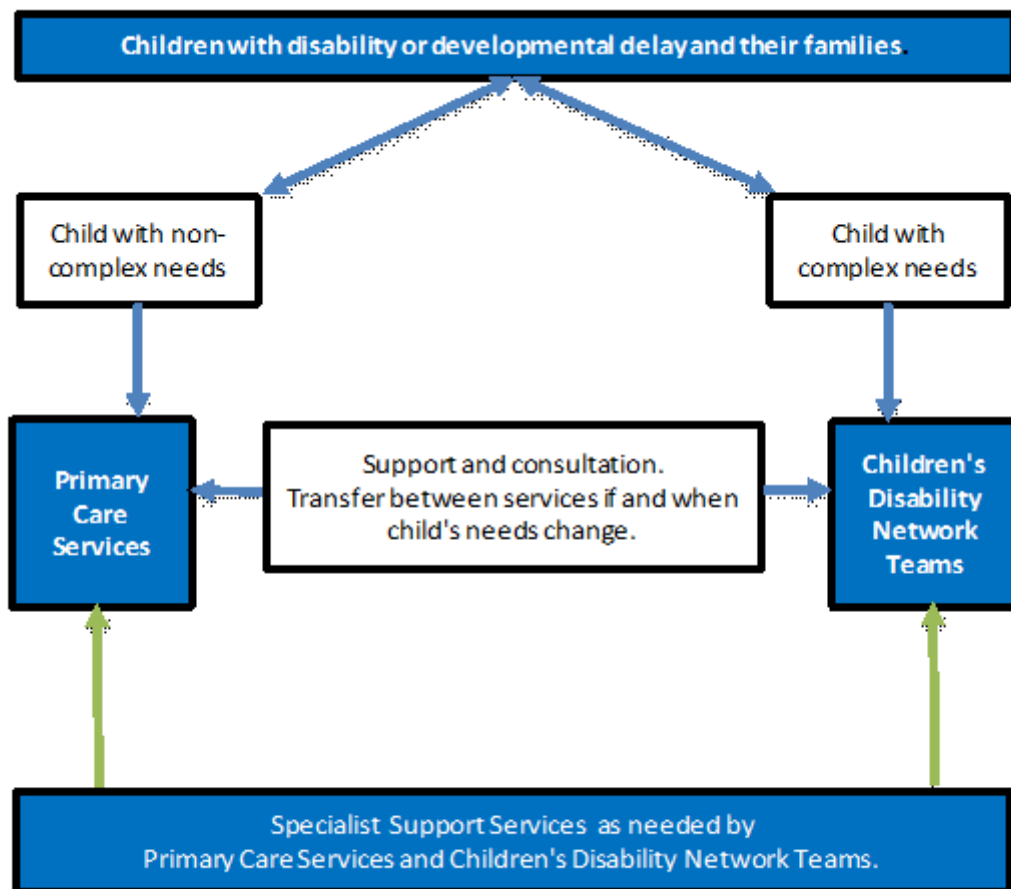
Diagram 1: Access to Services for Children and Young People

2.1   Primary Care Services

Primary Care Services are providers of services for children with non-complex difficulties in functional skills and/or applied skill sets required for activities of daily living, learning new skills and social interactions. This may involve physical, social, emotional, communication and behavioural domains. (See definition of non-complex needs 3.4.1 and the role of Primary Care Services 4.1)

Criteria to access Primary Care Services include the age of the child/young person, his/her home address and his/her needs:

2.1.1   Age of child

Primary Care Paediatric Services are for children from birth until his/her eighteenth birthday.

2.1.2   Geographic area

- Geographic catchment areas for Primary Care Teams and Primary Care Networks are defined nationally by Community Healthcare Organisation (CHO) (Appendix 8.6).
- Responsibility for service delivery is determined by the child's primary residence.

2.1.3   Needs of Child and Family

- Primary Care Services are the main providers of support for children and young people with non-complex needs.
- Access to primary care services is determined by the range and extent of the child's functional difficulties and the level of unidisciplinary and multidisciplinary supports required.
- Evidence must be demonstrated with the referral that the child has this level of need(s).
- A "Form to assist decision making on referrals" (Appendix 8.7) and an "Explanatory Guide" (Appendix 8.8) provides a framework for making this determination on the basis of referral information.
- A child's services may be transferred between levels of service as the complexity of their needs change over time.

2.2   Children's Disability Network Teams

Children's Disability Network Teams (Early Intervention Teams, School Age Teams or 0-18 Teams) are the providers of services for children with complex difficulties in functional skills and/or applied skill sets required for activities of daily living, learning new skills and social interactions. This may involve physical, social, emotional, communication and behavioural domains (see definition of complex needs 3.4.2 and the role of the Children's Disability Network Team 4.2).

Criteria to access Children's Disability Network Team services include the age of the child, his/her home address and his/her needs.

2.2.1   Age of child

Children's Disability Network Team services are for children from birth until his/her eighteenth birthday. Services may be extended to completion of secondary school up to the 19th birthday, if appropriate to address specific needs.

2.2.2 Geographic area

- The child's residence determines the Community Healthcare Organisation which has responsibility for the child's services (Appendix 8.6).

- Children are seen by the Children's Disability Network Team according to the address of their primary residence.

- There must be a local procedure in place for parents to apply for an exception to this criterion due to special circumstances.

- Where a child attends a school or pre-school outside his or her CHO, the home address CHO remains responsible for all the child's services.

- Where a child attends a school or pre-school outside his or her Community Healthcare Network (formerly Health and Social Care Network (HSCN)), local arrangements for service delivery may be coordinated on an individual basis between the child's Children's Disability Network Team and the Children's Disability Network Team where the child's school is based, or on a broader basis as agreed by local management. Management must put arrangements in place to ensure no child is left without access to services.

2.2.3 Needs of Child and Family

- The Children's Disability Network Teams are the main providers of support for children and young people with complex needs who require services and supports from an interdisciplinary disability team.

- Access to Children's Disability Network Teams is determined by the range and extent of functional difficulties and the level of interdisciplinary supports required.

- Evidence must be demonstrated with the referral that the child has this level of need(s) and it should be clearly demonstrable that this need(s) cannot be met within the uni-disciplinary or multidisciplinary framework of a Primary Care Service.

- A "Form to assist with decisions on referrals" (Appendix 8.7) and an "Explanatory Guide" (Appendix 8.8) provide a framework for making this determination on the basis of referral information.

- A child's services may be transferred between levels of service as the complexity of their needs change over time (See *National Policy on Discharge and Transfer of Services for Children with Disability and Developmental Delay*" (February 2016)).

- An infant between 0 and 12 months of age, referred with a diagnosed condition associated with complex needs, or clearly at significant risk of

disability, will automatically be accepted into a Children's Disability Network Team. This is because it would not be possible to determine access on the basis of his/her difficulties in functioning and participation.

2.3 Specialist Supports

Specialist Supports may be delivered at local, CHO, or national level to provide the highly specialised expertise that a small number of children, young people and their families may require and to support the Children's Disability Network Teams and Primary Care Services, who remain the service provider for the child with disability and his or her family.

3   Framework for Access

3.1   International Classification of Functioning, Disability & Health Children & Youth Version

The International Classification of Functioning, Disability and Health (ICF) was developed by the World Health Organisation and provides the framework for this policy (Appendix 8.9).

The International Classification of Functioning, Disability and Health Child and Youth Version (ICF-CY) is intended for use by clinicians, educators, policy makers, family members, consumers and researchers to document characteristics of health and functioning in children and youth.

In the context of health:

- **Body Functions** are physiological functions of body systems (including psychological functions).
- **Body Structures** are anatomical parts of the body such as organs, limbs and their components.
- **Impairments** are problems in body function or structure such as a significant deviation or loss.
- **Activity** is the execution of a task or action by an individual.
- **Participation** is involvement in a life situation.
- **Activity Limitations** are difficulties an individual may have in executing activities.
- **Participation Restrictions** are problems an individual may experience in involvement in life situations.
- **Environmental Factors** make up the physical, social and attitudinal environment in which people live and conduct their lives.[3]

The ICF- CY (2007) includes learning and applying knowledge, general tasks and demands, communication, mobility and self care as functional skill domains within which functional skill deficits/activity limitations occur.

During childhood and adolescence limitations and restrictions may also take the form of delays or lags in the emergence of activities and participation. The ICF-CY includes domains whereby participation restrictions may be experienced in:

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[3] International Classification of Functioning, Disability and Health: Children and Youth Version, World Health Organisation, 2007.

domestic life, interpersonal interactions and relationships, major life areas and community, social and civic life.

3.2 Functional Skills

Applied skill sets relate to day-to-day function in the real world (i.e., higher order, composite skills that enable a child to function confidently and competently in real life settings). Applied skill sets reflect the integrated application of foundational skill and reflect mastery across different situations and contexts' [4] (See Life Needs Model Appendix 8.4).

3.3 Levels of Difficulty

Consideration must be given to the different levels of difficulties across a range of functional skills such a movement/gross motor skills, fine motor skills, sensory processing, daily living skills, communication, speech and language, behaviour and emotions, social interaction, relationships, play and leisure, learning and applying knowledge and skills, vision and hearing, including medical needs which the child experiences.

3.3.1 No difficulty

Within the domain under consideration the child is able to participate and function within a typical / age appropriate range.

3.3.2 Some difficulties

This refers to functional difficulties which:
- Result in restrictions in participation in one or more settings (home, school and community).
- Likely to be mitigated by short-term intervention and/or ongoing low level support or strategies.

The child:-
- Experiences mild difficulties in participating in social, educational, family daily activities.
- Needs little assistance to choose, initiate and engage in activities.

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[4] King, G., Tucker, G.A., Baldwin, P., Lowry, K., LaPorta, J., Martens, L. (2002). A Life Needs Model of Pediatric Service Delivery: Services to Support Community Participation and Quality of Life for Children and Youth with Disabilities, Physical & Occupational Therapy in Pediatrics, Vol. 22(2).

3.3.3   Significant difficulties

This refers to functional difficulties which:
- result in the child's ability to perform in this area being delayed or different from peers and
- result in restrictions in participation in most settings (home, school and community) and
- negatively impact performance across some other areas of function and participation.

The child:-
- Experiences moderate difficulties in participating in social, educational, family and daily activities.
- Needs moderate assistance to choose, initiate and engage in activities.

3.3.4   Highly significant difficulties

This refers to functional difficulties which:
- result in the child's ability to perform in this area being markedly delayed or markedly different from peers and
- result in restrictions in participation in all settings (home, school and community) and
- negatively impact performance across multiple other areas of function and participation and

The child:-
- Experiences severe difficulties in participating in social, educational, family and daily activities.
- Requires maximum assistance to choose, initiate and engage in activities.

3.4 Complexity

Identifying the level of difficulties the child experiences assists services to define complexity based on need and appropriately direct the child and family to the service to meet their needs.

3.4.1   Non Complex Needs

Non complex needs refers to one or more impairments giving rise to functional difficulties which result in mild restrictions in participation in normal daily living. It may also refer to children with moderate functional difficulties which are likely to

be mitigated by uni-disciplinary or multidisciplinary Primary Care Services supports (Appendix 8.7, 8.8).

3.4.2 Complex Needs

Complex Needs refers to one or more impairments which contribute to a range of significant functional difficulties that require the services and support of an interdisciplinary disability team (Appendix 8.7, 8.8).

3.5 Definition of Teams

Children's Disability Network Teams work within an interdisciplinary framework. An interdisciplinary team is a number of professionals from different disciplines who work together and share information, decision-making and goal-setting. They have common policies and procedures and frequent opportunities for communication. They work with the family and child, all of whom are seen as part of the team, to meet their identified needs with a joint care and support plan.

Primary Care Services work within a multidisciplinary framework. A multidisciplinary team is a team of professionals including representatives of different disciplines who coordinate the contribution of each profession, which are not considered to overlap, in order to improve patient care. They have agreed policies and procedures for working together and communication. They work with the family and child, as part of the team, to meet their identified needs with both individual discipline care and support plans and when working together with a joint care and support plan.

4   Description of Levels of Service

4.1   Primary Care Services (Primary Care Team & Network Services)

Primary Care Services for Children & Families known as Primary Care Paediatric Services include services delivered at Primary Care Team (PCT) and/or Primary Care Network Level.

Nine CHOs are established at community level across the country in 2015, following the recommendations of the "Community Healthcare Organisations Report" (2014). This report recommends the reorganisation of Primary Care into 90 Primary Care Networks serving a population of approximately 50,000 people per network. Primary Care Teams (PCTs) will meet the health and social care needs of a defined population of approximately 10,000 people. PCTs and Primary Care Network Services will provide the foundation for medical and non-medical care that people need, whether it is for health or social needs, maintaining at all times the community ethos of primary care. The purpose of defining a Network is to provide management of PCTs within the network and to manage and organise the Primary Care Network services shared across PCTs.

PCTs working with children primarily consist of the General Practitioner, Public Health Nurse and Speech and Language Therapist. Extended Primary Care Services for children and families may be organised at Primary Care Network Level and examples of these services include paediatric physiotherapy, paediatric occupational therapy, paediatric dietetics, psychology, social work, audiology, ophthalmology and Community Medicine. Individual Team members provide services to children and families through surveillance, advice, assessment, diagnosis, referral, treatment and review mechanisms. PCTs and members of the extended Primary Care Network Service collectively focus on the child and family with a range of non complex care needs.

Primary Care clinicians providing services to children and families must have the required paediatric clinical expertise and training, and as such these services should be led by therapists at senior grade. Screening tools need to be agreed nationally to assist this role. In relation to therapy services, rotation of paediatric primary care clinicians into posts in children's disability teams is recommended to extend and retain paediatric knowledge and experience.

4.2 Children's Disability Network Team

Children's Disability Network Teams are being established within defined geographic areas, coterminous with Primary Care Networks in each of the nine CHOs. Children's Disability Network Teams will address the needs of children with a wide range of disabilities including, but not limited to, intellectual disability, physical disability, sensory disability and autism. The team members will work within an interdisciplinary team model, contributing to a joint integrated plan for each child, young person & family. The family will always be seen as part of the Children's Disability Network Team.

4.3 Working together

The Children's Disability Network Teams and Primary Care Services should have clear protocols for the effective transition of children between services when appropriate.

The Children's Disability Network Teams and Primary Care Services should have clear protocols developed nationally for joint working with Child and Adolescent Mental Health services (CAMHS).

5 Procedure

5.1 Duty of Care

In processing referrals and offering services, the best interests and welfare of the child should be paramount at all times. From the time of receipt of referral the service has a duty of care to that child. Duty of care is defined as taking responsible care to avoid any acts or omissions which could reasonably be foreseen and would be likely to cause injury.

5.2 Referral

Children aged from birth to 18 years may be referred by parents/legal guardians, health and social care professionals including General Practitioners, hospitals, education professionals, Assessment Officers or Case Managers to either Children' Disability Network Teams or Primary Care Services. All referrals must be accompanied by signed consent by parent(s)/legal guardian(s) and as much relevant information as possible in order to aid the decision making regarding which service would best meet the child's needs.

A national *'Children's Services Referral Form'* and four national *'Additional Information Form (Age category)'* to accompany the Children's Services Referral Form, specific to an age category: Birth to 11 months; 12 months to 5 years 11 months; 6 years to 11years 12 months; 12 years to 17 years 11 months; have been developed which establishes the minimum data requirement for referral (Appendix 8.8 *Children's Referral Form* and Appendix 8.11-8.14 *Additional Information Forms*). These forms allow all Teams and Disciplines/Services to accept and prioritise referrals on a consistent and equitable basis. This minimum data requirement for referral should be incorporated in any future electronic referral mechanism and Information Communication Technology (ICT) systems development.

Referrals should be made using the national *'Children's Services Referral Form'*, which includes parent/legal guardian consent (Appendix 8.10) and accompanied by the completed *'Additional Information Form'* for the age category (Appendix 8.11, 8.12, 8.13, 8.14) and any relevant existing reports.

If parent(s) are the referrers a parent friendly version of the referral form will be made available for them to complete (Appendix 8.15). The parent completes the *'Children's Services Self Referral Form'* (Appendix 8.15). and the accompanying

'Additional Information Form' for the age category (Appendix 8.11, 8.12, 8.13, 8.14).

Each local service will provide guidance to completing the *'Children's Services Referral Form'* and *'Additional Information Form(s)'* to parents/legal guardians and Referrers as required (Appendix 8.16).

Each local service will develop an information leaflet to be provided to parents and referrers (Appendix 8.17).

The national "Children's Services Referral Form" and the four national "Additional Information Form (Age Category) to Accompany the Children's Services Referral Form", along with the information leaflet for parents/legal guardians and referrers with local contact details, should be distributed widely and regularly to referral agents and local health centres.

5.3   Form to assist with decisions on referrals

The purpose of the *'Form to assist with decisions on referral'* (Appendix 8.7) is to provide a transparent, consistent and efficient process for decisions to be made about the most appropriate service for a child on referral. On later assessment and intervention it may be that a different service is seen to be needed and a transfer can be made.

The *'Form to assist with decisions on referral'* is accompanied by an explanatory note (Appendix 8.8) which gives definitions of domains and levels of difficulty. Those deciding on referrals form a judgement based on the available information from the referral form, the additional information form and available reports on the level of the child's difficulties in each domain. An area of difficulty should not be counted twice e.g. if a child has communication difficulties only, this should only be recorded under communication.

The child's scores in each domain are added to provide a total score.
- A score of 1 – 2 indicates the child's needs would be met by Primary Care Services.
- A score of 7 and over indicates the child's needs would be best met by the Children's Disability Network Team.
- A score of 3 – 6 indicates that further consideration should be given to factors such as the needs for interdisciplinary team input and the family situation in order to decide the most appropriate service. Where a Primary

Care Service or Children's Disability Service scores 3-6 for the child, the Children's Cases will be brought to the Integrated Children's Services Forum for adjudication as to which Team will manage the child's case (See Section 5.4).

5.4 Integrated Children's Services Forum

The local Integrated Children's Services Forum is a meeting of relevant services and disciplines across the Healthcare Divisions i.e. Primary Care, Social Care and Mental Health and across relevant Hospital Services and other Agencies/Departments such as TUSLA the Child and Family Agency, Education and other, which provides a mechanism for deciding where the child or young person's needs will be best met at any particular time, where it is unclear as to the pathway for a child or young person to receive service(s).
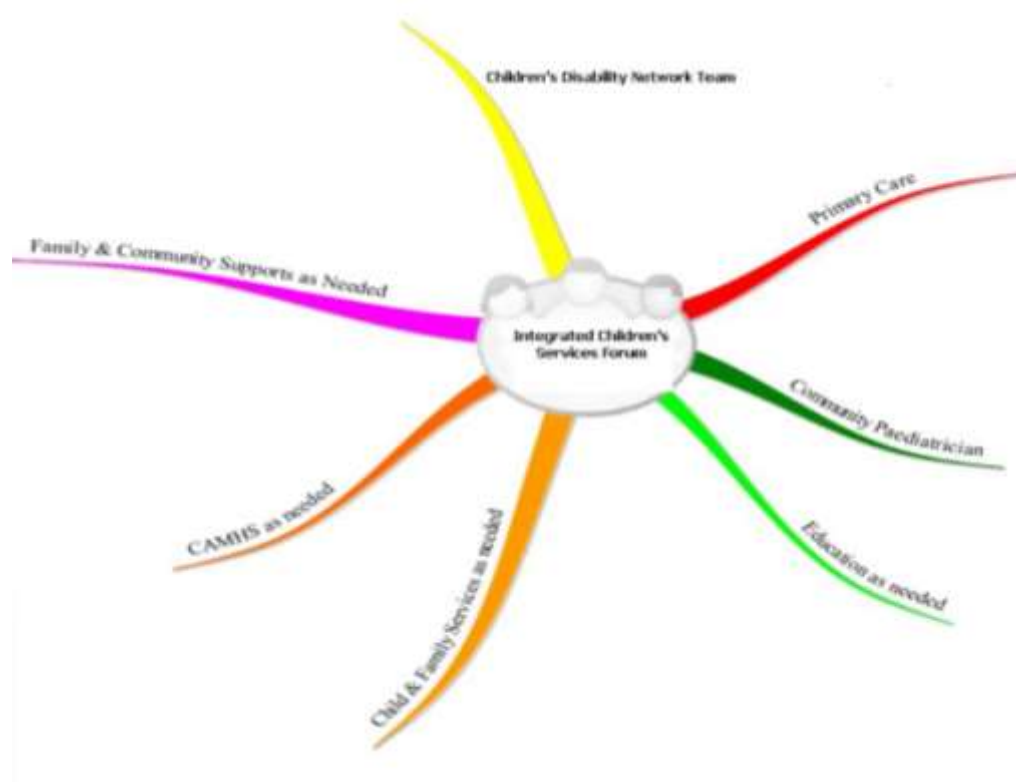

Diagram: Integrated Childrens Services Forum

The functions of the Integrated Children's Services Forum include:

- To act as a decision making forum on referrals where pathways or level of service are not clear.
- To make recommendations for shared care provision such as joint working across Divisions i.e. Primary Care Services, Children's Disability Network Services, and Child Adolescent Mental Health Service (CAMHS) and with

other Hospitals and Agencies, TUSLA the Child and Family Agency and Education as appropriate.

The Integrated Children's Services Forum will be responsible for a designated geographic area across one or more Community Healthcare Networks (Formerly HSCN). It should be chaired by a Senior Manager and may be rotated between Children's Disability Services and Primary Care Services, and meet on a monthly basis, or as needed.

Membership of the Forum should include representatives of Primary Care Services, Children's Disability Network Services, Community Paediatrician, CAMHS, Tusla, the Child and Family Agency, Education and other relevant services as needed (See Appendix 18.19 for suggested Terms of Reference).

5.5 Discharge/Closure

5.5.1 This policy must be read in conjunction with the National Policy on Discharge and Transfer of Services for Children and Young People with Disability or Developmental Delay

5.5.2 Services for a child may cease for one of the following reasons:

- The young person has reached the age of 18 years. Services may be extended to the completion of secondary school up to the 19th birthday to meet specific needs.
- The child has attained the expected outcomes of service interventions or has made significant gains and no longer requires intervention.
- Discharge is requested by the parents, or by the young person if over the age of 16 years.
- The family has not brought their child for services on a consistent and ongoing basis despite efforts by the team to engage and facilitate them.
  - When lack of attendance is shown to be an issue every effort must be made by the Team to engage the family and take account of any vulnerabilities, communication or literacy difficulties, and exceptional personal circumstances such as illness, bereavement.
  - If a child is being discharged because of ongoing non-attendance, despite all possible measures to facilitate the family and there are concerns about the child's health and/or welfare, consideration must be given to the need for referral to Tusla, the Child and Family Agency, and the parents/guardians must be informed of such referral.

5.5.3   At the time of discharge or closure each family will receive a report which summarises the interventions and progress achieved, and makes recommendations on future services and onward referrals where appropriate. A copy of the summary is sent to the family's General Practitioner (GP), referrer and relevant others with the parents permission.

- It must be clearly stated in the summary report that the intervention is at an end and that if the child's condition or developmental progress gives any concern they should contact the service to seek advice and request a review. It should be stated that children who are re-referred will be prioritised for a review.

5.5.4   Discharge or closure should not be confused with transfer between services e.g. from Children's Disability Network Team to Primary Care or from Early Intervention Team to School Age Team.

5.5.5   Transitions between teams/services should be planned in advance, communicated to the relevant parties including the Parents and managed flexibly on an individual family centred basis.

5.6   Inactive or Dormant Status

Where a child or young person is known to the service but not currently availing of services his/her are considered "inactive" or "dormant". If the child and his/her family are given the status of "inactive" or "dormant", the service still has a duty to be actively involved and to regularly review the child's needs.

- If no intervention or review is needed, offered or accepted, according to obligations under Duty of Care the child or young person should be discharged or referred onwards if appropriate.
- Parents/legal Guardians should be informed that a re-referral is available on request.
- Records deemed to be "inactive" or in "dormant" status should not be retained for a long time and could be in breach of the Data Protection Acts.

File Management policies and procedures should be in place which identifies processes for the management of active files and closed files (See HSE Standards and Recommended Practices for Healthcare Records Management, QPSD-D-006-3 V3.0, 2007).

6 Implementation

6.1 Implementation Plan

The National 0-18s Working Group, the National Disability Operations Team and the Primary Care Operations Team on acceptance of this policy document will agree an implementation plan.

The policy will be introduced on a phased basis to allow for frequent review in its early operation. In particular the scoring in the form to assist decisions on referral (Appendix 8.5) will be reviewed as to its effectiveness in identifying where children's needs are best met and the consistency of decisions.

6.2 Roles and Responsibilities

It is the responsibility of management of Children's Disability Services and Primary Care Services to do the following:

- Implement the national access policy as soon as the appropriate structures are in place.
- Provide information for all stakeholders in Children's Disability Services and Primary Care Services including parents, health professionals and other referrers as appropriate.
- Ensure staff members including General Practitioners work within the framework of the access policy.
- Ensure staff members receive training as appropriate to provide a service within the framework of the access policy.

6.3 Revision & Audit

This National Policy on Access to Services for Children and Young people with Disability and Developmental Delay and associated processes and procedures, including referral forms and decision tool will be reviewed annually.

The process for audit and review will be agreed nationally between the Social Care and Primary Care Divisions.

An audit of the use of the form to assist decisions on referral (Appendix 8.5) and the scoring scheme will be conducted during the early phase of implementation and one year following full implementation of the policy. This will include comparison of decisions made across teams and CHOs.

7 References

- A Life Needs Model of Paediatric Service Delivery: Services to Support Community Participation and Quality of Life for Children and Youth with Disabilities, Physical & Occupational Therapy in Paediatrics, Vol. 22(2). King, G., Tucker, G.A., Baldwin, P., Lowry, K., LaPorta, J., Martens, L., 2002.
- Community Healthcare Organisations Report and Recommendations of the Integrated Service Area Review Group (2014).
- Consent Policy, HSE, 2014.
- Consent Policy, Part 2 Children and Minors, HSE, 2014.
- Data Protection Acts 1998, 2003.
- Draft National Access Criteria Policy, 'Progressing Disability Services for Children & Young People' Programme (PDSCYP), 2012.
- Disability Act, 2005
- National Policy on Discharge and Transfer of Services for Children with Disability and Developmental Delay, February 2016.
- Education for Persons with Special Needs (EPSEN) Act, 2004
- Freedom of Information Acts, 1997 and 2003 and 2013.
- HSE Standards and Recommended Practices for Healthcare Records Management, QPSD-D-006-3 V3.0, 2007.
- Miller-Keane Encyclopaedia and Dictionary of Medicine, Nursing and Allied Health, Seventh Edition, 2003.
- The International Classification of Functioning, Disability and Health (ICF) World Health Organisation, 2001.
- The International Classification of Functioning, Disability and Health, Child and Youth (ICF - CY), World Health Organisation, 2006.
- Primary Care National Referral Form and Guidance Documents (2008).
- Primary Care Operations Manual (Draft 2015).

8   Appendices

8.1 Members of NCGPDSCYP

- Ms Breda Crehan Roche - CEO Ability West **(Chair)**
- Ms Aisling Curley- Department of Education
- Ms Grainne Bray -Director of Autism Services Dublin Mid Leinster
- Ms Barbara Bolger – HSE Regional Specialist Primary Care
- Ms Ann Bourke – HSE National Disability Unit
- Ms Caroline Cantan -National Project Co-ordinator
- Ms Catherine Cunningham – Regional Lead HSE West
- Ms Maureen Costello – Director NEPS
- Mr Toni Gleeson -Support Officer DFI
- Dr Owen Hensey -Medical Director Central Remedial Clinic
- Ms Gabrielle Jacob - Office for Disability and Mental Health
- Ms Denise Keoghan – ODDU HSE Dublin Mid Leinster
- Ms Libby Kinneen -Organisation Development and Design Unit HSE West
- Ms Breda Long - Clinical Co-ordinator Early Intervention Services Cork
- Ms Anne Melly – Health Service Executive Dublin North East
- Ms Marion Meany – Lead Disability Services HSE Dublin Mid Leinster
- Ms Suzanne Moloney – Regional Lead HSE South
- Ms Bernie Nyhan -HSE Dublin Mid Leinster
- Ms Jackie Nix – HSE Human Resources
- Ms Anne O'Byrne – Parent Representative Not For Profit
- Ms Fionnula O'Donovan – NFPBA
- Ms Aoife Thornton – Inclusion Ireland
- Ms Maria Walls - Federation of Voluntary Bodies

8.2 Members of the Access Policy Working Group

- Ms. Barbara Bolger, National Specialist Primary Care Operations Health Service Executive (formerly Regional Specialist) and Primary Care representative on the National Co-ordinating Group Progressing Disability Services for Children & Young People.

- Ms. Caroline Cantan, National Programme Co-ordinator Progressing Disability Services for Children & Young People (Chair).

- Ms. Carol Cuffe, General Manager Health Service Executive Dublin South West Kildare West Wicklow.

- Ms. Mary Fitzgerald, Co-Ordinator Regional ASD Services Brothers of Charity Cork and member of National Co-ordinating Group Progressing Disability Services for Children & Young People.

- Mr. Owen Hensey, Consultant Paediatrician Children's University Hospital Temple Street, Medical Director Central Remedial Clinic and member of National Co-ordinating Group Progressing Disability Services for Children & Young People.

- Ms. Denise Keoghan, Performance & Development Health Service Executive Dublin Mid Leinster.

- Ms. Aisling Lenihan, Regional Lead Progressing Disability Services for Children & Young People.

- Ms. Penny O'Connell, Children's Disability Services Co-ordinator Health Service Executive Meath.

- Ms. Aoife Thornton, Inclusion Ireland Parent Representative National Co-ordinating Group Progressing Disability Services for Children & Young People.

- Ms. Maria Walls, Director of Research & Policy Development National Federation of Voluntary Bodies and NFVB representative on National Co-ordinating Group Progressing Disability Services for Children & Young People.

- **The review group in 2014 included some members of the original working group and the following additional members:**

- Ms. Eleanor Stanton Speech and Language Therapy Manager St Joseph's Foundation Cork.

- Ms. Liz Kinsella Transformation Development Officer Wexford and Primary Care representative National Co-ordinating Group Progressing Disability Services for Children & Young People.

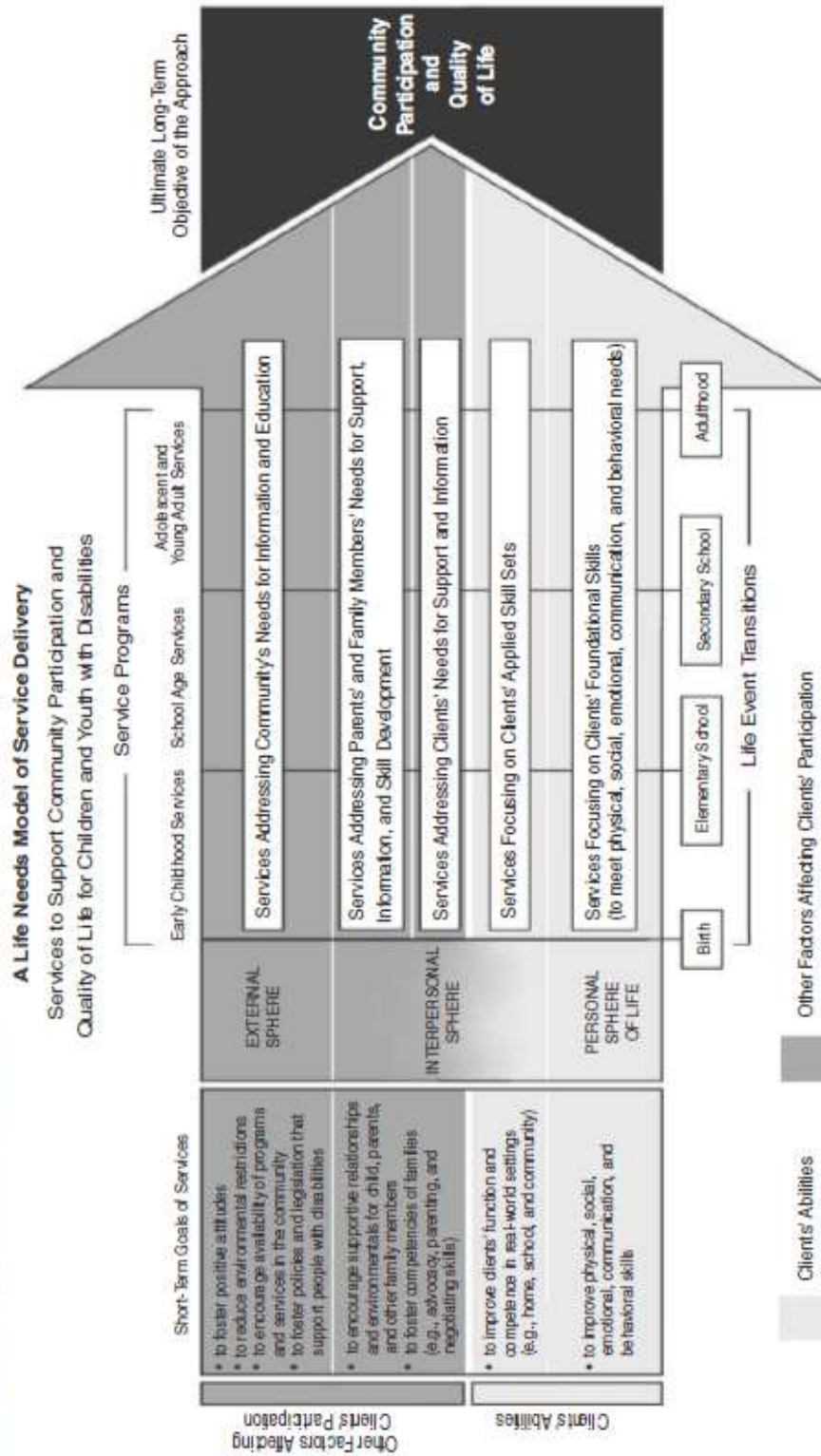## 8.3 Members of the National Coordinating Committee for Primary Care Paediatric Services

- Ms. Carol Cuffe, Integrated Service Area Manager, **Chair**
- Ms. Barbara Bolger, National Specialist Primary Care Operations
- Ms. Caroline Cantan, National Project Lead for Disability Services
- Mr. Mark O'Connor, Parent Representative
- Ms. Liz Kinsella, Primary Care Development Officer
- Mr. John Nwobo, Physiotherapy Manager
- Ms. Mairead Brophy, Occupational Therapy Manager
- Ms. Sheena Rafferty, Dietetics Manager
- Ms. Aisling Finucane, Speech & Language Therapy Manager Replaced in December 2015 by Ms Paula Cregg Speech & Language Therapy Manager
- Ms. Clare Gormley, Principal Psychologist Manager
- Dr. Johanna Joyce, Principal Medical Officer Replaced in October 2015 by Dr Mary Flannery, Principal Medical Officer
- Ms. Mary O'Flynn, Director of Public Health Nursing
- Dr Joe Clarke, GP Clinical Lead, Primary Care. Replaced in Oct 2015 by Dr David O Hanlon, General Practitioner, National Clinical Advisor Group Lead for Primary Care
- Ms. Emma Benton, Programme Manager, National Clinical Advisor Group Lead for Primary Care
- Ms. Margaret Rafferty, HSCP rep National Clinical Programme for Paediatrics & Neonatology
- Ms. Madeleine Halpin, General Manager, Tusla Replaced by in October 2015 by Maria Larkin

8.4 Life Needs model

A life needs model of paediatric service delivery is based on the values of the intrinsic worth, dignity, and strengths of individuals. This developmental, socio-ecological model outlines the major types of service delivery needs of children and youth with disabilities, their families, and their communities within three spheres of life (the personal, interpersonal, and external spheres). The model legitimises the concept of need, emphasises the value of family centred services, and recognises child and family strengths and capacities. This is a trans-disciplinary model which guides paediatric service delivery to meet long-range goals of community participation and quality of life of children and youth with disabilities.

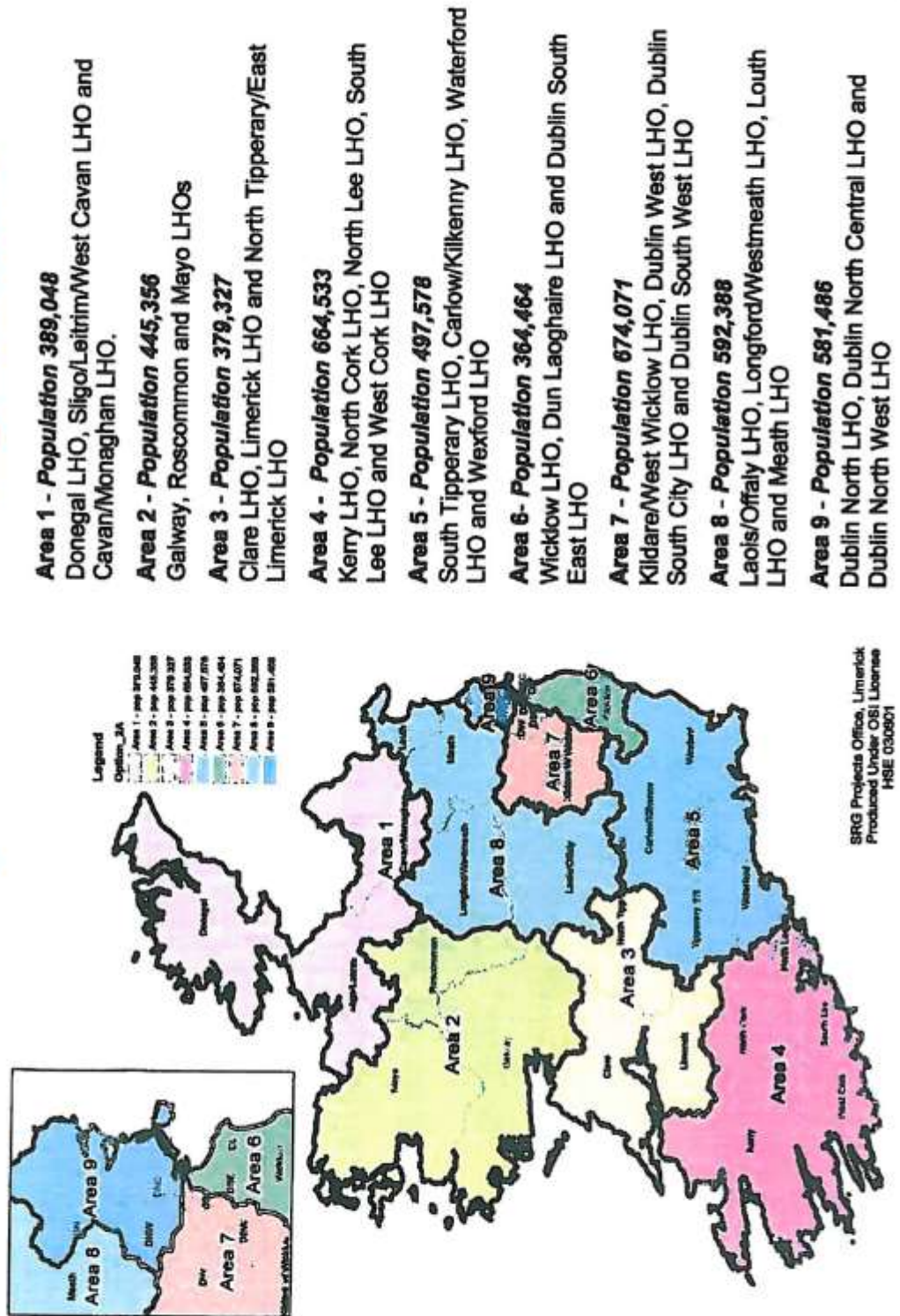Please see diagram "A Life Needs Model of Service Delivery: Services to support Community Participation and Quality of Life for Children and Youth with Disabilities" (King, G., Tucker, G.A., Baldwin, P., Lowry, K., LaPorta, J., Martens, L. (2002). A Life Needs Model of Pediatric Service Delivery: Services to Support Community Participation and Quality of Life for Children and Youth with Disabilities, Physical & Occupational Therapy in Pediatrics, Vol. 22(2)) on page 28.

FIGURE 1. A Life Needs Model of Service Delivery: Services to Support Community Participation and Quality of Life for Children and Youth with Disabilities

A Life Needs Model of Service Delivery

Services to Support Community Participation and Quality of Life for Children and Youth with Disabilities

Ultimate Long-Term Objective of the Approach

Community Participation and Quality of Life

Service Programs

Early Childhood Services | School Age Services | Adolescent and Young Adult Services

Services Addressing Community's Needs for Information and Education

Services Addressing Parents' and Family Members' Needs for Support, Information, and Skill Development

Services Addressing Clients' Needs for Support and Information

Services Focusing on Clients' Applied Skill Sets

Services Focusing on Clients' Foundational Skills (to meet physical, social, emotional, communication, and behavioral needs)

EXTERNAL SPHERE

INTERPERSONAL SPHERE

PERSONAL SPHERE OF LIFE

Birth | Elementary School | Secondary School | Adulthood

Life Event Transitions

Other Factors Affecting Clients' Participation

Clients' Abilities

Short-Term Goals of Services

- to foster positive attitudes
- to reduce environmental restrictions
- to encourage availability of programs and services in the community
- to foster policies and legislation that support people with disabilities

- to encourage supportive relationships and environmentals for child, parents, and other family members
- to foster competencies of families (e.g., advocacy, parenting, and negotiating skills)

- to improve clients' function and competence in real-world settings (e.g., home, school, and community)

- to improve physical, social, emotional, communication, and behavioral skills

Other Factors Affecting Clients' Participation

Clients Abilities

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8.5 Definitions

Definitions	
Children's Disability Network Team	An interdisciplinary group of health and social care professionals who work together to deliver local accessible health and personal social services to children with a disability. They may be such as Early Intervention Teams or School Aged Teams or 0-18 years Teams
Community Healthcare Networks (Formerly Health and Social Care Network Services)	Community Healthcare Networks (Formerly Health and Social Care Networks) support approximately 5 Primary Care Teams and includes a wider network of specialist services such as Children's Disability Network Teams, Child and Adolescent Mental Health Services, who will provide services for members of their population group (50,000 population).
Early Intervention Teams	An interdisciplinary group of health and social care professionals who work together to deliver local accessible health and personal social services to children with a disability from birth up to first year attending primary school, when they are established in Junior Infants.
General Practitioner (GP)	A qualified medical practitioner providing general medical services in a community setting.
Inactive/Dormant	Inactive or dormant cases indicate that the client is known to the service but not currently availing of the service.
Interdisciplinary Team	Interdisciplinary Team is a group of Health professionals from diverse fields who work in a coordinated fashion towards a common goal. (Miller-Keane Encyclopaedia and Dictionary of Medicine, Nursing and Allied Health, Seventh Edition 2003)
Integrated Children's Services Forum	Integrated Children's Services Forum is a meeting of relevant services and disciplines across Divisions i.e. Primary Care, Social Care and Mental Health and across relevant Hospital Services and other Agencies such as TUSLA the Child and Family Agency to provide a mechanism for deciding where the child or young person's need (s) are best met by services at any particular time.
Local Implementation Groups for Progressing Disability Services for Children and Young People programme (PDSCYP),	Local Implementation Group (LIG) is a project group for the implementation of Progressing Disability Services for Children and Young People programme (PDSCYP) within the Community Health Care Organisation, Local Health Office (LHO)/Health Area. The group is lead by local lead which may be a Disability Manager or other Senior Manager and includes member representatives of all service providers in the area, both HSE and non statutory organisations providing disability services, parents representative and education.
Multidisciplinary Team	Multidisciplinary team is a Team of professionals including representatives of different disciplines who coordinate the contribution of each profession, which are not considered to overlap, in order to improve patient care. (Miller-Keane Encyclopaedia and Dictionary of Medicine, Nursing and Allied Health, Seventh Edition 2003)
Primary Care Management Team	Primary Care Management Team takes responsibility for the clinical and business governance of primary care services in their Community Health Care Organisation, Local Health Office (LHO)/Health Area and lead out on the implementation of its associated Projects and Service Plans. It is lead by the Head of Primary Care /Area or General Manager and members include Lead Managers for Disciplines and or Services including representatives from other divisions, Disability Services and Older Peoples Services.

Primary Care Network Services	Primary Care Network Services support approximately 5 Primary Care Teams and includes a wider network of primary care professionals including Dietetics, Psychology, Podiatry, Community Medicine, Paediatric Discipline Services (Occupational therapist, Physiotherapists, specialist PHN/Paediatric Nurses) etc. who provide services for their population group (50,000 population). Members of the network work across Primary Care Teams.
Primary Care Team (PCT)	A multidisciplinary group of health and social care professionals who work together to deliver local accessible health and personal social services to a defined population (approximately 10,000 population).
PCT members	Health and Social Care professionals working to an assigned Primary Care Team such as General Practitioner(GP), Public Health Nurse, Speech and Language Therapist, Physiotherapist, Occupational Therapist.
Referral	Referral is defined as communication received requesting professional intervention for a service user. This communication may be verbal but in all cases should be followed by a written referral on a PCT referral form. This will be done electronically on the introduction of an electronic referral system.
Referrer	Permitted agency or professionally qualified person referring an Individual/Family for assessment and treatment. Permitted referrer sources include: GPs and other members of Primary Care Teams or Health & Social Care Network Services, community doctors, hospital referrals and other agencies/practitioners agreed/contracted by the HSE. A service user may also self-refer.
Register	An official list or record of client details and activity/actions carried out by health and social care professionals/services.
Service User	Includes People who use health and social care services as patients or clients including. ➢ Carers, parents and guardians. ➢ Organisations and communities that represent the interests of people who use health and social care services. ➢ Members of the public and communities who are potential users of health services and social care interventions. The term service user also takes account of the rich diversity of people in our society whether defined by age, colour, race, ethnicity or nationality, religion, disability, gender or sexual orientation, and may have different needs and concerns. The term service user is used in general, but occasionally the term patient is used where it is most appropriate.
Standard Referral Form (SRF)	A standard form agreed between stakeholders for use by referrer when referring a service user to a service.
School Aged Team	An interdisciplinary group of health and social care professionals who work together to deliver local accessible health and personal social services to children with a disability from the first year attending primary school up to 18 years. Services may be extended to the completion of secondary school up to the 19th birthday to meet specific needs.
Service Planning	Health service planning is balancing the health and social care needs of the population, assessed by indices such as deprivation, mortality, morbidity, disability, etc., with the resources available to meet these needs both human and financial. The service plan is a critical component of the accountability framework in terms of ensuring the provision of appropriate, effective and equitable services, and for the effective control of resources.

Transdisciplinary Team	Transdisciplinary Team is a Team composed of members of a number of different professions cooperating across disciplines to improve patient care through practice and research. (Miller-Keane Encyclopaedia and Dictionary of Medicine, Nursing and Allied Health, Seventh Edition 2003)
Waiting List	Number of patients or clients waiting to be seen for assessment and/or treatment

8.6 Community Healthcare Organisations (CHOs)

The nine Community Healthcare Organisations

Area 1 - Population 389,048
Donegal LHO, Sligo/Leitrim/West Cavan LHO and Cavan/Monaghan LHO.

Area 2 - Population 445,356
Galway, Roscommon and Mayo LHOs

Area 3 - Population 379,327
Clare LHO, Limerick LHO and North Tipperary/East Limerick LHO

Area 4 - Population 664,533
Kerry LHO, North Cork LHO, North Lee LHO, South Lee LHO and West Cork LHO

Area 5 - Population 497,578
South Tipperary LHO, Carlow/Kilkenny LHO, Waterford LHO and Wexford LHO

Area 6- Population 364,464
Wicklow LHO, Dun Laoghaire LHO and Dublin South East LHO

Area 7 - Population 674,071
Kildare/West Wicklow LHO, Dublin West LHO, Dublin South City LHO and Dublin South West LHO

Area 8 - Population 592,388
Laois/Offaly LHO, Longford/Westmeath LHO, Louth LHO and Meath LHO

Area 9 - Population 581,486
Dublin North LHO, Dublin North Central LHO and Dublin North West LHO

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HSE 0308901

8.7 Form to assist with decisions on referrals

	Form to assist with decisions on referrals
HSE Feidhmeannacht na Seirbhíse Sláinte Health Service Executive	

Childs Surname:	Individual Health Identifier	
Childs First Name:	DOB	Age

Address	

Date Of Referral	Referrer

Date of Team Referral Meeting

Please tick the relevant Team making the decisions

Primary Care Team/Network Services	
Children's Disability Network Team for home address:	
Early Intervention or School Age Team (if applicable):	

Information received:

Consent signed by parent/legal guardian:	Yes ☐	No ☐
Referral form completed	Yes ☐	No ☐
Additional information form	Yes ☐	No ☐
Clinical reports (list)	Yes ☐	No ☐

Comments

Members of team making decision:

Please note:
- An infant between 0 and 12 months of age referred with a diagnosed condition associated with complex needs, or clearly at significant risk of disability, will automatically be accepted into a Children's Disability Network Team.
- For all other children – see decision making process page 2

Recommendation

1. Service to be offered by:	
2. Further information needed from	
3. Screening assessment to be conducted by:	

Notes/comments

Signed:

Page 1 of 2

Identifying complexity of the Child's Needs

	Area of function and participation (see Explanatory Guide to assist with decisions on referral)	Range & extent of child's functional difficulties and medical needs (put a tick or number in *one* column only for each row)				
		1	**2**	**3**	**4**	**5**
		Insufficient information *(tick)*	**No difficulty** *(tick)*	**Some difficulty = 1**	**Significant difficulty = 2**	**Highly significant difficulty = 3**
1	**Movement (Gross motor skills)**					
2	**Fine motor skills**					
3	**Sensory Processing**					
4	**Daily Living Skills**					
5	**Communication**					
6	**Behaviour & emotions**					
7	**Social interactions relationships and play**					
8	**Learning & applying knowledge and skills**					
9	**Eyesight and hearing**					
	Medical needs		**None (tick)**	**Some Needs=1**	**High Needs =2**	**Very high needs = 3**
	<u>**Summary**</u> **Totals for each column**	███████ ███████ █████	████████ ███████			

Total =

1-2 Primary Care appropriate service to meet child's needs
3-6 Decision to be informed by needs for interdisciplinary team and by family, environmental and other factors. Needs may be met by Primary Care Services or Children's Disability Network Team or jointly as agreed by the Integrated Children's Services Forum.
7 -30 Children's Disability Network Team appropriate service to meet child's needs

<u>**Comments**</u>

Page 2 of 2

8.8   Explanatory Guide for Form to assist with decisions on referrals

| | **Explanatory Guide for**
Form to assist with decisions on referral | |
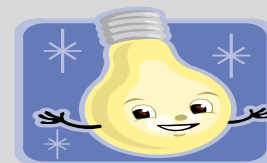
This guide is provided to assist with decisions on referrals

Referral Form

There is one national referral form and four age appropriate forms for additional information (birth to 12 months, 1 year to 5 years 11 months, 6 years to 11 years 11 months and 12 years to 18 years). These forms ask for information about the child and family, what the family's concerns are, what they would like their child to gain from attending the service and details of the child's development. This information will be provided by the parents/family, assisted where necessary by a professional. The level of detail requested supports the decision making process to determine the most appropriate service to meet the child's needs and also provides baseline history and information, which will not subsequently have to be sought by members of the team.

Referrals with insufficient information will not be accepted as services cannot direct the referral to the appropriate service and prioritise the referral. The referral form, additional information forms and local information leaflet for referrers with local contacts should be distributed widely and regularly to referral agents and local Health Centres.

Form to assist decision making on referrals

The Form has been developed to assist Primary Care Services, Children's Disability Network Teams and the Integrated Children's Service forums to make consistent decisions on which would be the appropriate service to meet the needs of each referred child. It also provides transparency on how the decisions are made and which is documented.

Using the information from the referral form and any accompanying reports, the team will score each domain.

Columns 1 and 2
A tick should be placed in the relevant column i.e. in column 1 if there is insufficient information about that particular area of development or in column 2 if there are no difficulties identified according to the information.

Columns 3 – 5
If the child has some difficulty in communication place a 1 in Column 3, if he or she has significant difficulty place 2 in Column 4, and if there is a highly significant difficulty place 3 in Column 5.

Every domain (row) should have a tick or number in *one* of the columns only.

Decisions:

A score of 1 - 2 indicates the child's needs should be met at Primary Care level.

A score of 7 – 30 indicates the child's needs should be met at Children's Disability Network Team level.

The most appropriate service for children with scores between 3 and 6 should be considered in terms of factors such as needs for interdisciplinary disability team intervention and social and family circumstances. Needs may be met by Primary Care Services or Children's Disability Network Team or jointly as agreed by the Integrated Children's Services Forum.

The objective is to identify the service best suited to meet the child's needs as quickly and efficiently as possible. The decision made on referral may be reviewed and changed when the child's needs have been further assessed by a clinician or after a period of intervention.

Definitions of Each Domain

The following definitions should be interpreted in the context of cultural variations and norms that may exist for individual children and their families/communities.

1. Gross motor skills refers to the physical abilities of the person, for example, to access their environment and participate in activities that require whole body movements or movements involving the large muscles of the body. These would include fundamental movement skills; such as walking, kicking, throwing, catching, maintaining balance, and jumping. It also involves the person's ability to learn new motor skills or improve upon basic motor abilities.

2. Fine motor skills refer to actions involving the small muscles of the hands, wrists and fingers and the coordination of hand and eye movements. They include smaller actions such as picking up objects between the thumb and finger, playing, holding a fork to eat, using a pencil to write carefully and communicating using gestures or signs.

3. Sensory Processing refers to the process of taking in information from the world and from within our own bodies, making sense of that information, thus making it possible to use the body effectively within the environment.

4. Daily Living skills (Activities of Daily Living) refer to those skills required to do everyday tasks such as feeding ourselves, bathing, dressing, grooming, playing, doing school work and taking part in leisure activities.

5. Communication refers to the ability to receive, send, process, and comprehend concepts or verbal, nonverbal and graphic symbol systems. Good communication skills are essential to support learning and to develop and maintain social relationships.

6. Behaviour and Emotions

Behaviour refers to the child's observable actions and reactions/responses in various environments

Emotions refer to the child's ability to express (verbally or non-verbally) and recognise, label and regulate the expression of internal states, e.g. joy, sadness, anger.

7. Social interactions and Relationships, Play and Leisure

Social interaction and relationships refer to the child's ability to interact and relate with children and adults, by verbal or non-verbal means.

Play and leisure refers to solitary or interactive games or activities engaged in for enjoyment, including play with objects, social play, pretend play and imaginative play.

8. Learning & applying knowledge and skills refers to the child's ability to gain knowledge or skills by experience, practice or teaching and the ability to retain and access this information when required.

9. Eyesight and Hearing

Hearing refers to the ability to perceive sound and involves the detection, recognition, discrimination, comprehension and perception of auditory information.

Eyesight refers to four levels of visual functioning according to the International Classification of Diseases
1.   Normal vision.
2.   Moderate visual impairment.
3.   Severe visual impairment.
4.   Blindness.
Moderate visual impairment and severe visual impairment are grouped under the term low vision. Low vision together with blindness represents all visual impairment.

Medical need refers to an impairment or limiting condition that requires medical or nursing management and/or use of specialised services. The condition may be congenital, developmental or acquired through disease or trauma and places restrictions in daily living.

Definitions for Levels of Difficulty

No difficulty

Within the domain under consideration the child is able to participate and function within a typical / age appropriate range.

Some difficulties

This refers to functional difficulties which:
- Result in restrictions in participation in one or more settings (home, school and community).
- Likely to be mitigated by short-term intervention and/or ongoing low level support or strategies.

The child:-
- Experiences mild difficulties in participating in social, educational, family daily activities.
- Needs little assistance to choose, initiate and engage in activities.

Significant difficulties

This refers to functional difficulties which:
- result in the child's ability to perform in this area being delayed or different from peers and
- result in restrictions in participation in most settings (home, school and community) and
- negatively impact performance across some other areas of function and participation.

The child:-
- Experiences moderate difficulties in participating in social, educational, family and daily activities.
- Needs moderate assistance to choose, initiate and engage in activities.

Highly significant difficulties

This refers to functional difficulties which:
- result in the child's ability to perform in this area being markedly delayed or markedly different from peers and
- result in restrictions in participation in all settings (home, school and community) and
- negatively impact performance across multiple other areas of function and participation.

The child:-
- Experiences severe difficulties in participating in social, educational, family and daily activities.
- Requires maximum assistance to choose, initiate and engage in activities.

8.9   International Classification of Functioning Disability and Health

International Classification of Functioning, Disability and Health (ICF) The International Classification of Functioning, Disability and Health (ICF) was developed by the World Health Organisation for use in describing functioning and disability. In May 2001, the World Health Assemble endorsed the ICF. The ICF is recognised as the World Health Organisation Family of International Classifications and is complementary to the International Classification of Diseases and related Health Problems (ICD).	
Components of the ICF	The ICF defines functioning and disability as multidimensional concepts, relating to: • The body functions and structures of people • The activities people do and the life areas in which they participate; and • The factors in their environment that affect these experiences For each of these components, the ICF provides a hierarchy of classifications and codes, a person's functioning and disability is conceived as a dynamic interaction between health conditions and environmental and personal factors
Interactions between Components of the ICF	Health Conditions (Disorder or disease) Body Functions And Structures Activity Participations **Environmental Factors** **Personal Factors**
Definitions of Components	➢ **Body Functions** are the physiological functions of body systems (including psychological functions) ➢ **Body Structures** are the anatomical parts of the body, such as the organs, limbs and their components ➢ **Impairments** arte the problems in the body function and structure, such as significant deviations or loss. ➢ **Activity** is the execution of a task or action by an individual. ➢ **Participation** is the involvement in a life situation ➢ **Activity limitations** are difficulties an individual may have in performing activities. ➢ **Participation restrictions** are problems an individual may experience in involvement in life situations. ➢ **Environmental factors** make up the physical, social and attitudinal environment in which people live and conduct their activities.
The International Classification of Functioning, Disability and Health: Children and Youth Version *(ICF- CY)*, *2007*	ICF- CY includes learning and applying knowledge, general tasks and demands, communication, mobility and self care as functional skill domains within which functional skill deficits/activity limitations occur. During childhood and adolescence limitations and restrictions may also take the form of delays or lags in the emergence of activities and participation. The ICF-CY includes domains whereby participation restrictions may be experienced: domestic life, interpersonal interactions and relationships, major life areas and community, social and civic life.

8.10 Children's Services Referral Form

HSE logo Feidhmeannacht na Seirbhíse Sláinte Health Service Executive	**CHILDREN'S SERVICES** **REFERRAL FORM**	<u>**Date of Referral:**</u> <u>**Referrer:**</u> **For discussion at CTM Y ☐ N ☐**

Tick box for Service(s) you are referring to:
- *Children with non complex needs should be referred to Primary Care Services. Referrals may be made directly to the PCT/ relevant discipline or to the Paediatric Network Team. Copies of referral form will be forwarded to all selected disciplines.*
- *Children with complex needs should be referred to Children's Disability Network Teams*

<u>**Primary Care Services**</u>　　**Name of PCT:**　　　**Paediatric Network Team ☐** GP /Practice Nurse　☐　　　　PHN/CRGN/CRM　☐　Physiotherapy ☐ Speech & Language Therapy ☐　Occupational Therapy ☐ Psychology　☐　　　　Social Work　☐　　　Dietetics　　　☐	**Children's Disability Services** **Children's Disability Network Team ☐**
Please return to: *Primary Care Team/Paediatric network Team Referrals Office/Head of Discipline Office as per local arrangement* *CHO / Local Health Area, Address, Address* Tel: . e-mail: referrals.CHOLHOX@hse.ie	**Please return to:** *Children's Disability Network Team. As per local arrangements* *Address, Address* Tel: e-mail:

PERSONAL DETAILS

Childs Surname:	**Individual Health Identifier**	
Childs First name:	**Card Type**　PCRS/GMS ☐　DVC /GP Visit Card ☐　LTI ☐　　None ☐　Other ☐	
Mothers Maiden Name:	**Card Number, if known:**	**Expiry Date**
Gender:　Male ☐　Female ☐	**DOB** *(date/month/year)*	**Child's Age:**　　**Yrs**　　　**Mnth**
Address:	**Telephone:**　　　　**Mobile:**　　　**Email**	
	Consent to receive appointment reminder/ contact by Text Message YES ☐ NO ☐	

Parent 1 Name		**Parent 2 Name**	
Relationship to Child		**Relationship to Child**	
Contact Details	Telephone　　Mobile	**Contact Details**	Telephone　　Mobile
	Email		Email
Address (If different the child's)	**Eircode**	**Address** (If different from the child's)	**Eircode**

Ethnicity	**Religion**	**Country of Birth**	**First Language**	**Interpreter required**　YES ☐　NO ☐

Who does the child live with?

Name of Legal Guardian (If different to the Mother and/or Father)

Siblings Names	DOB	Involved in other services		Give Details
		Yes ☐	No ☐	
		Yes ☐	No ☐	
		Yes ☐	No ☐	
		Yes ☐	No ☐	
		Yes ☐	No ☐	

MEDICAL SERVICE DETAILS

GP Name/Practice	GP Contact Number　　Email
GP Address	

Community Paediatrician:			Contact Number
Children's Hospital /Regional Hospital:	Consultant:		Contact Number
Children's Hospital /Regional Hospital:	Consultant:		Contact Number

OTHER COMMUNITY HEALTHCARE SERVICE DETAILS - List all other services/ agencies involved in clients care			
Children's Disability Network Team ☐	Contact Details	Paediatric Homecare Package ☐	Contact Details
Family/Home Support ☐	Contact Details	Tusla ☐	Contact Details
CAMHS ☐	Contact Details	Other (Please Specify) ☐	Contact Details

OTHER EXTERNAL AGENCIES DETAILS (Attach any Preschool/School report where applicable)	
Creche/Preschool ☐ Childminder ☐ Name	School ☐ Name
Manager/Contact Person	Principal's Name:
Contact Number Email	Class: Teacher's Name:
Preschool /School Contact Address	

REFERRAL DETAILS (Attach any Medical Report where applicable)	
What are the main concerns about the development of the child?	1.
	2.
	3.
Relevant Medical History	
Diagnosis `(if applicable) When was the diagnosis made? Who made it? What does the child /parent understand about his/her condition?	
Hospital discharge date (if applicable) Ward: Contact No.	
Current Medications	
Allergies/Adverse Medication Events	
Relevant Family Medical History	
Reason for Referral if different from the main concerns regarding the child's development(please be specific)	

WOUND CARE (Tissue Viability) Detail existing wounds / pressure sore and current treatment. *Attach any relevant reports and/or prescriptions*

SOCIAL CIRCUMSTANCES (Complete where appropriate)

Is/Are the Parent(s) /Guardian (s) Parenting:	Alone ☐ With their Partner/Spouse ☐ With family members ☐ Other (Specify) ☐ _____

Relevant Social History
Please give any information which may affect the child's progress, for example family health or housing difficulties, financial or employment problems, bereavement or other stresses.

For the Purposes of Equipment Needs and Housing Adaptation where relevant

About the house/home:	Home Owner: ☐ Private ☐ Council ☐ Rented Accommodation Private ☐ Council ☐
	2 Storey House ☐ Bungalow ☐ Flat / Apartment ☐ Living downstairs☐ Other
Are there House Adaptations?	Completed Yes ☐ No ☐ Not sure ☐ or Required Yes ☐ No ☐ Not sure ☐
	Please give details

Any Other Relevant Information (clinical warnings, Staff precautions / Risks etc.)

Staff Precautions / Risk: Should the Referrer be contacted prior to contacting the family YES ☐ NO ☐

Other Information

PLEASE COMPLETE THE ADDITIONAL INFORMATION FORM FOR THE AGE CATEGORY OF THE CHILD/YOUNG PERSON

CONSENT for CHILDREN : Referrals without written consent of parent(s) / guardians will not be accepted.
Please note:
➢ Consent can be completed on the referral form provided
➢ **Or** may be completed on a separate written consent form and held on the client file. Where consent is signed on the separate form please forward a copy of the consent form to the discipline/service referrals office.

In Services consent contains two aspects: Consent for Referral; and Consent for Information sharing
Has Parent(s)/Guardian(s) consented in writing to this referral? YES ☐ NO ☐
Has Parent (s)/Guardian(s) consented in writing to sharing of information? YES ☐ NO ☐
Information sharing allows:

✓ The relevant information to be shared among Team members and relevant Network staff.

✓ Information from the referral form to be entered on a database.

✓ There may be a need to contact external agencies to seek relevant reports and /or request their attendance at relevant meetings.

It is required by law that at least one of the child's legal guardians consents to the referral and signs this form. It is advisable that both parents /legal guardians are aware of this referral.
- **I/We give permission for my/our child to be referred to Children's Disability Services / Primary Care Services.**

- **I/We give permission for information about our child to be held by Children's Disability Services / Primary Care Services in accordance with obligations under the Data Protection Acts 1988 and 2003 (If you require more information about this please contact the named person:** *Insert***)**

- **I/We give permission that in the event that this referral is not appropriate that it may be shared with other relevant services to facilitate an onward referral.**

- **I/we give consent to Children's Disability Services / Primary Care Services to contact and obtain relevant information from relevant professionals. Please list professionals that your child has seen todate:**

Professional	Name	Contact Details

- **I /We give permission for sharing information between relevant professionals.** YES ☐ NO ☐

24.02.2016

Name of Parent 1/Guardian:	Contact No:
Signature:	Date:

Name of Parent 2/Guardian:	Contact No.
Signature:	Date:

REFERRER'S DETAILS

FORM WAS COMPLETED BY

Parent 1/Guardian YES ☐ NO ☐ If yes please give signature above	Parent 2/Guardian YES ☐ NO ☐ If yes please give signature above

Health Professional   YES ☐   NO ☐ If yes please give details below

Name:	Title: Medical Council /AHP/Nursing Registration No if applicable	Date:
Address:	Telephone: Mobile:	
	Email:	
Signature:	Preferred Contact Method: Post ☐ Telephone/mobile ☐ Email ☐	

Give Contact Details for all disciplines where a number of disciplines in a Team/Hospital are making a joint referral

Name:	Discipline:	Telephone:	Fax:	Email:
Name:	Discipline:	Telephone:	Fax:	Email:
Name:	Discipline:	Telephone:	Fax:	Email:

OFFICE USE- only

Date Received:	New Referral: ☐	Re Referral: ☐
Non Complex: ☐ Complex ☐	Urgent: ☐ Routine ☐	Priority (P1-4):
Processed by:		

8.11 Additional Information for Children Birth to 11 months

	ADDITIONAL INFORMATION FORM	**Date of Referral:**
HSE Logo — Feidhmeannacht na Seirbhíse Sláinte Health Service Executive	**Birth to 11 months** To accompany CHILDREN'S SERVICES REFERRAL FORM	**Referrer:**

Form to be completed with the Children's Services Referral Form.
In Order to help Services appropriately accept and prioritise Referrals, please complete all sections with the parent (s) as far as possible.
Some questions may not be relevant

Surname:	First Name:	DOB	Individual Health Identifier

BIRTH HISTORY

Length of Pregnancy		Weeks/days	Place of Birth		Birth Weight	

Was your baby admitted to the neonatal unit?   Yes ☐   No ☐   Has your baby been in hospital since he/she was born?   Yes ☐   No ☐

If Yes, for what reason?

Please give details including medications, hospital and nursing needs, breathing and feeding supports

Your Baby's Development

1. Movement/ Gross Motor Skills

Lying on his/her back…

Can baby grab a toy with either hand?	Yes ☐	No ☐	Not sure ☐	Not relevant ☐
Can baby touch his/her knees?	Yes ☐	No ☐	Not sure ☐	Not relevant ☐
Can baby grab both feet?	Yes ☐	No ☐	Not sure ☐	Not relevant ☐
Does baby attempt to roll to either side?	Yes ☐	No ☐	Not sure ☐	Not relevant ☐
Does baby roll from lying on his/her back to lying on his/her front?	Yes ☐	No ☐	Not sure ☐	Not relevant ☐
Lying on his/her tummy…				
Does baby tolerate lying on his/her tummy?	Yes ☐	No ☐	Not sure ☐	Not relevant ☐
Does baby attempt to roll from tummy onto his/her back?	Yes ☐	No ☐	Not sure ☐	Not relevant ☐
Does baby roll from tummy to back?	Yes ☐	No ☐	Not sure ☐	Not relevant ☐
Sitting…				
Can baby sit with support?	Yes ☐	No ☐	Not sure ☐	Not relevant ☐
Can baby sit unsupported?	Yes ☐	No ☐	Not sure ☐	Not relevant ☐
Standing…				
Does baby pull himself/herself to kneeling?	Yes ☐	No ☐	Not sure ☐	Not relevant ☐
Does baby pull himself/herself to standing?	Yes ☐	No ☐	Not sure ☐	Not relevant ☐
Can baby stand with support?	Yes ☐	No ☐	Not sure ☐	Not relevant ☐
Can baby stand without support?	Yes ☐	No ☐	Not sure ☐	Not relevant ☐
Can baby walk holding onto furniture?	Yes ☐	No ☐	Not sure ☐	Not relevant ☐
When lifting baby does he/she feel floppy or tense? If yes, state which?	Yes ☐	No ☐	Not sure ☐	Floppy ☐ Tense ☐
Have you noticed any differences in baby's abilities on the left or on the right hand side?	Yes ☐	No ☐	Not sure ☐	
Does baby turn or hold his/her head predominantly to one side – left or right?	Yes ☐	No ☐	Not sure ☐	

2. Fine Motor and Hand Movement

Can your baby pick up small items of food such as Cheerios using finger and thumb?	Yes ☐	No ☐	Not sure ☐	Not relevant ☐

3. Sensory Processing (Depends on age of baby)

Do you have any concerns about your baby's sensitivity to noise, touch, textures, movements, smells	Yes ☐ No ☐ Not sure ☐

If yes, give details

4. Daily Living Skills

See Section 4A-4E for daily activities for Eating and Drinking, Urine and Bowel habits, Personal Care and Dressing, Sleep and Rest, Breathing
Describe any other concerns you have about your child daily activities

4A. Food and Drink *Attach copies of relevant bloods results, any medications prescribed. Please provide growth charts where available*

What are your baby's measurements?	Weight Length

What is your baby's daily food routine/stage of weaning? please describe

Has your baby any feeding difficulties? Yes ☐ No ☐ Not sure ☐	Does your baby have special feeding requirements? Yes ☐ No ☐ Not sure ☐

If yes please describe

Is your baby on oral nutrition supplements? Yes☐ No☐ Not sure ☐ | Please specify

4B. Urinary and Bowel Habits (Continence)

Has your baby any special urine problems? e.g. catheter, supra pubic urinary tube?	Yes ☐ No ☐
Has your baby any bowel problems? e.g. Constipation or diarrhoea?	Yes ☐ No ☐ Constipation ☐ Diarrhoea ☐

If yes please give details of the problem and what helps to prevent this problem?

4C. Sleep and Rest

Do you have concerns for your baby's sleep?   Yes ☐   No ☐   Not sure ☐

If yes please describe

4D. Breathing Attach copies of any relevant reports and information.

Does your baby experience respiratory difficulties Yes ☐ No ☐	And use any of the following: Nebuliser ☐ Home Oxygen ☐ CPAP/Ventilation ☐ Other equipment ☐

Please give details

5. Communication, Speech and Language

How do you know what your baby wants?	E.g. looks at you, cries when hungry, smiles, reaches out?

Please describe

What kind of sounds does your baby make?	Eg Happy sounds, sad sounds, types of cries, sounds like aah, babble such as bada, gaga

Please describe

6. Behaviour and Emotions *Attach copies of any relevant reports and/or other information*

Have you concerns about your baby's behaviour? excessive crying, irritable etc	Yes ☐ No ☐ Not sure ☐

Please describe your concerns

7. Social Interaction, Relationships and Play

Do you have concerns about your baby's ability to form relationships with you and others?	Yes ☐ No ☐ Not sure ☐
Do you have concerns about your baby's ability to play and respond to play?	Yes ☐ No ☐ Not sure ☐

Please describe your concerns

8. Learning			
Do you have any concerns about your baby's ability to learn new skills	Yes ☐	No ☐	Not sure ☐
Has anyone expressed any concern about your baby's ability to learn? GP, PHN, Psychologist, Family members etc	Yes ☐	No ☐	Not sure ☐
If yes please give details			

9. Eyesight and Hearing	
Have you concerns about your baby's eye sight? Yes ☐ No ☐ Not sure ☐	Has baby's eye sight been tested? Yes ☐ No ☐ Not sure ☐
If yes, give details of your concerns and result of any tests undertaken	
Was any hearing difficulties detected at the National Newborn Hearing Screening Programmes Yes ☐ No ☐ Not sure ☐ Please specify	
Have you any concerns about your baby's hearing now? Yes ☐ No ☐	Has your baby's hearing been tested recently? Yes ☐ No ☐
If yes, give details of your concerns and result of any tests undertaken	

Any Other Relevant Information Please add any other information you think may be relevant to this referral or which may affect your child's progress, e.g. family health or housing difficulties or employment problems, bereavement or other stresses

Safety and Risk Please give details of any issues which pose a significant risk to the health and wellbeing of the child or others:

8.12 Additional Information for Children 12months to 5 years 11 months

	ADDITIONAL INFORMATION FORM 12 months to 5 years11 months To accompany CHILDREN'S SERVICES REFERRAL	Date of Referral: Referrer:

Form to be completed with the Children's Services Referral Form.
In Order to help Services appropriately accept and prioritise Referrals, please complete all sections with the parent (s) as far as possible.
Some questions may not be relevant.

Surname:	First Name:	DOB	Individual Health Identifier

BIRTH HISTORY (Please attach any relevant reports)

Length of Pregnancy	Weeks/days	Place of Birth		Birth Weight

Was your child admitted to the neonatal unit?	Yes ☐ No ☐ Unsure ☐
Has your child been in hospital since he/she was born?	Yes ☐ No ☐ Unsure ☐

If Yes, for what reason?

Please give details including medications, hospital and nursing needs, breathing and feeding supports

Your Child's Development: Please note some questions may not be relevant for your child

1. Movement (Gross Motor skills)

Has he/she achieved the following? (Please tick the appropriate boxes)

Rolling from tummy to back?	Yes ☐	No ☐	Not sure ☐	If yes at what age
Sitting with support?	Yes ☐	No ☐	Not sure ☐	If yes at what age
Crawling?	Yes ☐	No ☐	Not sure ☐	If yes at what age
Walking independently?	Yes ☐	No ☐	Not sure ☐	If yes at what age
Running?	Yes ☐	No ☐	Not sure ☐	If yes at what age
Jumping?	Yes ☐	No ☐	Not sure ☐	If yes at what age

Is he/she clumsier than his/her peers? Yes ☐ No ☐ Not sure ☐	Does he/she take part in active games? Yes ☐ No ☐ Not sure ☐

Do any of the following describe your child's movements?

Trips a lot	Yes ☐	No ☐	Not sure ☐
Falls a lot	Yes ☐	No ☐	Not sure ☐
Tires easily	Yes ☐	No ☐	Not sure ☐
Bumps into other things a lot	Yes ☐	No ☐	Not sure ☐
Always on the go	Yes ☐	No ☐	Not sure ☐

2. Fine Motor Skills and Hand Movement

Which of the following can your child do?

Pick up small objects such as raisins or beads	Yes ☐	No ☐	Not sure ☐
Play with construction games e.g. building blocks / lego	Yes ☐	No ☐	Not sure ☐
Use a pencil or pen	Yes ☐	No ☐	Not sure ☐
Use a scissors?	Yes ☐	No ☐	Not sure ☐

3. Sensory Processing

Do you have any concerns about your child's sensitivity to noise, touch, textures, movements, smells	Yes ☐ No ☐ Not sure ☐

If yes, give details

4. Daily Living Skills

See Section 4A-4E for daily activities for Eating and Drinking, Urine and Bowel habits, Personal Care and Dressing, Sleep and Rest, Breathing
Describe any other concerns your have about your child's daily activities

4A. Food and Drink *Attach any copies of relevant bloods results, medications prescribed . Please provide growth charts where available*

What are your child's measurements?	Weight	Height

What is your child's daily food routine/stage of weaning? please describe

Can he/she use a cup? Yes ☐ No ☐ Not sure ☐	Can he/she use a spoon? Yes ☐ No ☐ Not sure ☐
Can he/she use a fork? Yes ☐ No ☐ Not sure ☐	
Does your child have feeding difficulties? Yes ☐ No ☐ Not sure ☐	Does your child have special feeding requirements? Yes ☐ No☐ Not sure☐

If yes please describe any feeding difficulties/food requirements

Is your child on oral nutrition supplements? Yes ☐   No ☐   Not sure ☐   Please specify

4B. Urinary and Bowel Habits (Continence)

Is your child toilet trained by day? Yes ☐ No ☐ At what age	Is your child toilet trained by night? Yes ☐ No ☐ At what age
Has he/she any special urine problems? e.g. Catheter	Yes ☐ No ☐ Not sure ☐
Has your child any bowel problems? e.g. Constipation or diarrhoea?	Yes ☐ No ☐ Constipation ☐ Diarrhoea ☐

If yes please to either of the above, describe problems and what helps to prevent it?

4C. Personal Care, Dressing and Independence (Some questions may not be relevant for your child)

Does your child dress independently? Yes ☐ No ☐ Not sure ☐	Does your child undress independently? Yes ☐ No ☐ Not sure ☐

If No to either of the above please describe the problem

Comment on how your child is managing his/her independence compared to other children of similar age?

Please describe

Have you any concerns about your child's safety awareness in the home/community e.g. hot surfaces/open traffic? Yes ☐   No ☐   Not sure ☐

If Yes or unsure please describe the problem

4D. Sleep and Rest

Do you have concerns for your child's sleep? Yes ☐   No ☐

If yes please describe your concerns

4E. Breathing *Attach copies of any relevant reports, or information.*

Does your child experience respiratory difficulties? Yes ☐   No ☐   And use any of the following:
Nebuliser ☐   Home Oxygen☐   CPAP/Ventilation☐   Other ☐

Please give details

5. Communication, Speech and Language

Do you have concerns about your child's ability to communicate?		Yes ☐	No ☐	Not sure ☐
Does your child babble? E.g. "bada" "gaga"	Yes ☐	No ☐	Not sure ☐	If yes at what age
Does your child use gestures? E.g. wave bye bye and point	Yes ☐	No ☐	Not sure ☐	If yes at what age
What age did your child say his/her first word? Age		What age did your child put two words together? Age		

Give an example of a typical sentence he/she would use

Do any of the following describe your child's speech, language, and communication abilities?				
My child has difficulty understanding what I say	Yes ☐	No ☐	Not sure ☐	
My child has difficulty telling a story e.g. telling me about a school day	Yes ☐	No ☐	Not sure ☐	
My child gets confused when I give him/her long instructions	Yes ☐	No ☐	Not sure ☐	
Does he/she express himself/herself by using words, gestures, actions, picture exchange or signs, adapted communication devices or words	Yes ☐	No ☐	Not sure ☐	
My child has difficulty with speech e.g. my child's speech is difficult to understand compared to other children	Yes ☐	No ☐	Not sure ☐	
Please give details of your concerns about his/her speech. language, communication				

6. Behaviour and Emotions *Attach copies of any relevant reports, or information*

Have you concerns about your child's behaviour? Yes ☐ No ☐		Is your child's behaviour difficult to manage at home? Yes ☐ No ☐		
Do the following statements describe your child? (Please tick the appropriate boxes)				
Frequent tantrums ☐	Aggressive ☐	Irritable ☐	Excessive Crying ☐	Clingy ☐
Upset for seemingly minor things ☐	Withdrawn/too quiet ☐	Doesn't like change ☐	Frustrated ☐	Worries a lot ☐
Please describe your concern and what helps to prevent the problem				

7. Social Interaction, Relationships, Play and Leisure

How does your child like to play? You may tick more than one box	Alone ☐ With other children ☐	Next to other children but not with them ☐ With other adults ☐
Do the following statements describe your child? (Please tick the appropriate boxes)		
My child will turn take with other children	Yes ☐ No ☐ Not sure ☐	
My child will share toys with other children	Yes ☐ No ☐ Not sure ☐	
My child shows an interest in other children	Yes ☐ No ☐ Not sure ☐	
How does your child play with toys?	Please describe	
What activities does your child like doing?	Please describe	
What play or social activities does your child join in the community?	Please describe	
What extra help does your child need to play with others?	Please describe	
Please give further comments about your child's play/friendship/peer activities		

8. Learning and Preschool/School.

Do you have any concerns about your child's ability to learn new skills? Yes ☐ No ☐ Not sure ☐	Has anyone expressed any concern about your child's ability to learn? e.g. GP, PHN, Childminder/Creche , Preschool, School Yes ☐ No ☐ Not sure ☐
If yes or unsure please describe	

Do you have any concerns about your child's ability to concentrate?	Yes ☐	No ☐	Not sure ☐

How would you describe your child's overall situation at preschool/school?   Good ☐   Mostly going ok ☐   Some Problems ☐   Major Problems ☐
Please describe the problems

9. Eyesight and Hearing

Have you concerns about your child's eye sight? Yes ☐ No ☐ Not sure ☐	Has his /her eye sight been tested? Yes ☐ No ☐ Not sure ☐
If yes, give details of your concerns and result of any tests undertaken	
Have you concerns about your child's hearing? Yes ☐ No ☐ Not sure ☐	Has his/her hearing been tested? Yes ☐ No ☐ Not sure ☐
If yes, give details of your concerns and result of any tests undertaken	

Any Other Relevant Information *Please add any information you think may be relevant to this referral or which you think may affect your child's progress, for example family health or housing difficulties, financial or employment problems, bereavement or other stresses.*

Safety and Risk Please give details of any issues which pose a significant risk to the health and wellbeing of the child or others e.g. physical injury to self or others, refusal to eat etc

8.13 Additional Information for Children 6 years to 11 years 11 months

ADDITIONAL INFORMATION FORM

6 years to 11 years11 months

To accompany CHILDREN'S SERVICES REFERRAL FORM

Date of Referral:

Referrer:

| Feidhmeannacht na Seirbhíse Sláinte Health Service Executive | | |

Form to be completed with the Children's Services Referral Form.

In Order to help Services appropriately accept and prioritise Referrals, please complete all sections with the parent (s) as far as possible.

Some questions may not be relevant.

Surname:	First Name:	DOB:	Individual Health Identifier

BIRTH HISTORY

Length of Pregnancy	Weeks/days	Place of Birth		Birth Weight

Was your child admitted to the neonatal unit? Yes ☐   No ☐   Has your child been in hospital since he/she was born? Yes☐ No☐

If Yes, for what reason?

Please give details including medications, hospital and nursing needs, breathing and feeding supports

Your Child's Development Please note some questions may not be relevant for your child

1. Movement (Gross Motor Skills)

Has he/she achieved the following? (Please tick the appropriate boxes)

Walking independently?	Yes ☐	No ☐	Not sure ☐	If yes at what age
Running?	Yes ☐	No ☐	Not sure ☐	If yes at what age
Jumping?	Yes ☐	No ☐	Not sure ☐	If yes at what age
Is your child clumsier than his/her peers?	Yes ☐	No ☐	Not sure ☐	
Does he/she take part in active games?	Yes ☐	No ☐	Not sure ☐	

Please describe

Do any of the following describe your child's movements?

Trips a lot	Yes ☐	No ☐	Not sure ☐
Falls a lot	Yes ☐	No ☐	Not sure ☐
Tires easily	Yes ☐	No ☐	Not sure ☐
Bumps into other things a lot	Yes ☐	No ☐	Not sure ☐
Always on the go	Yes ☐	No ☐	Not sure ☐
Have you any concern about your child's posture	Yes ☐	No ☐	Not sure ☐

If Yes, please describe

Does he/she have mobility aids	Yes ☐	No ☐	Not sure ☐

If Yes, please describe

2. Hand Movement and Fine Motor Skills

Which of the following can your child do?

Pick up small objects such as raisins or beads	Yes ☐	No ☐	Not sure ☐
Play with construction games e.g. building blocks /lego	Yes ☐	No ☐	Not sure ☐
Use a pencil or pen	Yes ☐	No ☐	Not sure ☐
Use a scissors	Yes ☐	No ☐	Not sure ☐

3. Sensory Processing

Do you have any concerns about your child's ability to deal with daily life? e.g. sensitive to noise, touch, textures, movements, smells	Yes ☐ No ☐ Not sure ☐

If yes, give details

4. Daily Living Skills

See Section 4A-4E for daily activities for Eating and Drinking, Urine and Bowel habits, Personal Care and Dressing, Sleep and Rest, Breathing
Describe any other concerns your have about your child's daily activities

4A. Food and Drink *Attach copies of relevant bloods results and medications prescribed. Please provide growth charts where available*

What are your child's measurements?	Weight Height

Can your child do the following?

Use a cup? Yes ☐ No ☐ Not sure ☐	Use a spoon? Yes ☐ No ☐ Not sure ☐
Use a fork? Yes ☐ No ☐ Not sure ☐	Use a knife? Yes ☐ No ☐ Not sure ☐
Does your child have feeding difficulties? Yes ☐ No☐	Does your child have special feeding requirements? Yes ☐ No ☐

If yes please describe the feeding difficulty /special feeding requirement

Is your child on oral nutrition supplements? Yes ☐ No ☐	Please specify

4B. Urinary and Bowel Habits (Continence)

Is your child toilet trained by day? Yes ☐ No ☐ At what age?	Is your child toilet trained by night? Yes ☐ No ☐ At what age?
Has he/she any special urine problems? e.g. catheter?	Yes ☐ No ☐ Not sure ☐
Has your child any bowel problems? e.g. Constipation or diarrhoea?	Yes ☐ No ☐ Constipation ☐ Diarrhoea ☐

If yes please to either of the above, describe problems and what helps to prevent it?

4C. Personal Care, Dressing and Independence

Does your child dress independently? Yes ☐ No ☐ Not sure ☐	Does your child undress independently? Yes ☐ No ☐ Not sure ☐
Does your child wash independently? Yes ☐ No ☐ Not sure ☐	

If No to any of the above please describe your concerns

Do you have any concerns about your child's self care skills e.g. organising belongings, managing routines?   Yes ☐   No ☐   Not sure ☐

If Yes please describe

Comment on how your child is managing his/her independence compared to other children of similar age?

Please describe
Have you any concerns about your child's safety awareness in the home/community e.g. hot surfaces/open traffic? Yes ☐   No ☐   Not sure ☐
If Yes please describe

4D. Sleep and Rest

Do you have concerns for your child's sleep or ability to relax?	Yes ☐	No ☐	Not sure ☐
Does your child have difficulty initiating activities or appear lethargic or tire easily?	Yes ☐	No ☐	Not sure ☐

If yes please describe

4E. Breathing *Attach copies of any relevant report or information.*

Does your child experience respiratory difficulties Yes ☐ No ☐	And use any of the following: Nebulise ☐ Home Oxygen☐ CPAP/Ventilation☐ Other ☐

Please give details

5. Communication, Speech and Language

How does your child express himself/herself e.g. words, gestures, actions, picture exchange and signs, adapted communication devices

Do you have concerns about your child's ability to communicate	Yes ☐ No ☐ Not sure ☐

If yes, please describe

What age did he/she start to use sentences?	Age

Give an example of a typical sentence he/she would use now

Do any of the following describe your child?

My child has difficulty telling a story e.g. telling me about a school day	Yes ☐	No ☐	Not sure ☐
My child gets confused when I give him/her long instructions	Yes ☐	No ☐	Not sure ☐
Mt child has difficulty expressing himself/herself e.g. the amount of words my child can say	Yes ☐	No ☐	Not sure ☐
MY child speech is difficult to understand compared to other children	Yes ☐	No ☐	Not sure ☐

If Yes to any of the above please give further details

6. Behaviour and Emotions *Attach copies of any relevant reports and information*

Have you concerns about your child's behaviour?	Yes ☐ No ☐ Not sure ☐
Is your child's behaviour difficult to manage at home and/or school?	Yes ☐ No ☐ Not sure ☐

Please describe

Do the following statements describe your child? (Please tick the appropriate boxes)

Frequent tantrums ☐	Aggressive ☐	Irritable / Frustrated ☐	Excessive Crying ☐	Clingy☐
Upset for seemingly minor things ☐	Withdrawn/too quiet ☐	Doesn't like change ☐	Over-reactive ☐	Worries a lot ☐
Upsetting language toward others ☐	Obsessional ☐ behaviours/interests	Rapid mood swings ☐	Will not comply with activities necessary for their health and well being ☐	

Please give any further comment of your child's behaviour and emotions

7.Social Interaction and Relationships, Play and Leisure				
How does your child like to play? You may tick more than one box	Alone ☐ With other children ☐		Next to other children but not with them ☐ With other adults ☐	
Do you have concerns about your child's ability to form relationships with you and others?			Yes ☐ No ☐ Not sure ☐	
If yes, please give details				
What activities does your child like doing?	Please describe			
What play or social activities does your child join in the community?	Please describe			
What extra help does your child need to play with others?	Please describe			
Please give further comments about your child's play, friendship, peer activities				

8. Learning and School.	
Do you have any concerns about your child's ability to learn new skills? Yes ☐ No ☐ Not sure ☐	Has anyone expressed any concern about your child's ability to learn? Teacher, Psychologist, Family etc Yes ☐ No ☐ Not sure ☐
If yes to either of the above please give details	
Do you have any concerns about your child's ability to concentrate?	Yes ☐ No ☐ Not sure ☐
How would you describe your child's overall situation at school? Good ☐ Mostly doing ok ☐ Some Problems ☐ Major Problems ☐	
If yes or having problems, please give details of your concerns including previous assessments,	
Describe how your child manages homework	
Does your child have extra learning support in school?	Yes ☐ No ☐ Not sure ☐
	Assistive Technology ☐ Special Needs Assistance ☐
If yes please give details	

9. Eyesight and Hearing	
Have you concerns about your child's eye sight?	Yes ☐ No ☐ Not sure ☐
If yes please describe level of visual impairment?	
Have you concerns about your child's hearing?	Yes ☐ No ☐ Not sure ☐
If yes please describe level of hearing impairment?	

Any Other Relevant Information *Please add any information you think may be relevant to this referral or which you think may affect your child's progress, for example family health or housing difficulties, financial or employment problems, bereavement or other stresses.*

Safety and Risk Please give details of any issues which pose a significant risk to the health and wellbeing of the child or others e.g. physical injury to self or others, refusal to eat etc

8.14 Additional Information for Children 12 years to 17 years 11 months

HSE logo - Feidhmeannacht na Seirbhíse Sláinte / Health Service Executive	**ADDITIONAL INFORMATION FORM** **12 years to 17 years11 months** **To accompany CHILDREN'S SERVICES REFERRAL FORM**	**Date of Referral:** **Referrer:**

Form to be completed with the Children's Services Referral Form.
In Order to help Services appropriately accept and prioritise Referrals, please complete all sections with the parent (s) as far as possible.
Some questions may not be relevant.

Surname:	First Name:	DOB	Individual Health Identifier

Your Child's Development Please note some questions may not be relevant for your child

1. Movement (Gross Motor Skills)

Do you have any concerns about your child's ability to move around? E.g. walking, running, jumping, balancing	Yes ☐ No ☐ Not sure ☐

If Yes give details including any assistance required such as crutches, wheelchair for distance etc

How does your child's difficulty with moving impact on his/her ability to do everyday tasks e.g. leisure and social activities, washing, dressing? Please give details

Have you noticed any recent changes in your child's ability to move or their level of fatigue?	Yes ☐ No ☐ Not sure ☐

If Yes, please give details

2. Fine Motor and Hand Skills

Does your child have difficulty using their hands? e.g. handwriting, using scissors, picking up small items, using computers	Yes ☐ No ☐ Not sure ☐

If yes, please give details

3. Sensory Processing

Is your child either unusually sensitive to or does not notice – noise, touch, texture, movement, smells, taste and colour	Yes ☐ No ☐ Not sure ☐

If yes, give details

4. Daily Living Skills

See Section 4A-4E for daily activities for Eating and Drinking, Urine and Bowel habits, Personal Care and Dressing, Sleep and Rest, Breathing
Describe any other concerns your have about your child's daily activities

4A. Food and Drink *Attach copies of relevant bloods results and medications prescribed. Please provide growth charts where available*

What are your child's measurements?	Weight Height BMI
Does your child have special feeding requirements? Yes ☐ No ☐	Is your child on oral nutrition supplements? Yes ☐ No ☐

Describe any concerns you have?

4B. Urinary and Bowel Habits (Continence)		
Has your child any problems such as smearing, soiling, constipation, diarrhoea	Yes ☐	No ☐
Has he/she any special urine problems? e.g. catheter?	Yes ☐	No ☐
If yes please describe		

4C. Personal Care, Dressing and Independence
Describe any concerns you have about your child's self care skills organising belongings, managing money and managing his/her independence or safety awareness in the home/community?

4D. Sleep and Rest			
Do you have concerns for your child's sleep or ability to rest/relax?	Yes ☐	No ☐	Not sure ☐
Does your child have difficulty initiating activities or appear lethargic or tire easily?	Yes ☐	No ☐	
If Yes, please describe			

4E Breathing *Attach copies of any relevant reports, information and/or prescription.*	
Does your child experience respiratory difficulties Yes ☐ No ☐	And use the following: Nebuliser ☐ Home Oxygen ☐ CPAP/Ventilation ☐ Other ☐
Please Specify details	

5. Communication		
Does your child have difficulty expressing himself/herself e.g. asking for help, describing events, holding a conversation?	Yes ☐	No ☐
Does your child have difficulty understanding people?	Yes ☐	No ☐
Is it difficult to understand what your child is saying?	Yes ☐	No ☐
If yes to any of the above please describe		
Can your child use IT/computer to communicate?	Yes ☐	No ☐
If yes please give further information on IT/Computer supports		

6. Behaviour and Emotions *Attach copies of any relevant reports and information.*			
Have you concerns about your child's behaviour?	Yes ☐	No ☐	Not sure ☐
Is your child's behaviour difficult to manage at home or school?	Yes ☐	No ☐	Not sure ☐
Do the following statements describe your child? (Please tick the appropriate boxes)			
Anxious/ Worries a lot ☐	Aggressive ☐	Irritable /Frustrated ☐	Gets upset for seemingly minor things ☐
Withdrawn/too quiet ☐	Doesn't like change ☐	Over-reactive ☐	Sad and unhappy ☐
Upsetting language toward others ☐	Obsessional behaviours/interests ☐	Rapid mood swings ☐	Will not comply with activities necessary for their health and well being ☐
Please describe your concerns			

7. Social Interaction and Relationships, Play and Leisure			
Do you have concerns about your child's ability to form and sustain relationships with others?	Yes ☐	No ☐	Not sure ☐

Please describe your concerns

Please describe your child's participation in leisure or sport activities

8. Learning and School			
Do you have any concerns about your child's ability to learn new skills	Yes ☐	No ☐	Not sure ☐
Has anyone expressed any concern about your child's ability to learn? Teacher, Psychologist, Family etc	Yes ☐	No ☐	Not sure ☐
Do you have any concerns about your child's ability to concentrate?	Yes ☐	No ☐	Not sure ☐
How would you describe your child's overall situation at school?	Mostly going ok ☐	Some Problems ☐	Major Problems ☐

If yes or having problems, please give details including previous assessments,

Describe how your child manages homework

Does your child have extra learning support in school?	Yes ☐	No ☐	Not sure ☐
	Assistive Technology ☐		Special Needs Assistance ☐

If yes please give details

9. Eyesight and Hearing			
Have you concerns about your child's eye sight?	Yes ☐	No ☐	Not sure ☐

If yes please describe level of visual impairment?

Have you concerns about your child's hearing?	Yes ☐	No ☐	Not sure ☐

If yes please describe level of hearing impairment?

Any Other Relevant Information *Please add any information you think may be relevant to this referral or which you think may affect your child's progress, for example family health or housing difficulties, financial or employment problems, bereavement or other stresses.*

Safety and Risk Please give details of any issues which pose a significant risk to the health and wellbeing of the child or others e.g. physical injury to self or others, refusal to eat etc

8.15 Parent Self Referral Form

	SELF REFERRAL FORM **for CHILDREN'S SERVICES**	**Date of Referral:** **Referrer:**

Tick box for Service(s) you are referring to:*(For Primary Care please note copies of this referral form will be forwarded to all selected disciplines)*

Primary Care Services **Name of PCT:** **Paediatric Network Team** ☐ GP /Practice Nurse ☐ PHN/CRGN/CRM ☐ Physiotherapy ☐ Speech & Language Therapy ☐ Occupational Therapy ☐ Psychology ☐ Social Work ☐ Dietetics ☐	**Children's Disability Network Services** **Children's Disability Network Team** ☐
Please return to: *Primary Care Team Referrals Office/Head of Discipline Office as per local arrangement* *CHO / Local Health Area, Address, Address* Tel: **.** e-mail: referrals.CHOLHOX@hse.ie	**Please return to:** *Social Care Central Referrals Office, as per local Team* *Address, Address* Tel: e-mail:

PERSONAL DETAILS

Childs Surname:	**Individual Health Identifier**	
Childs First name:	**Card Type** PCRS /GMS ☐ DVC/GP Visit Card ☐ LTI ☐ None ☐ Other ☐	
Mothers Maiden Name:	**Card Number:**	**Expiry Date**
Gender: Male ☐ Female ☐	**DOB** *(date/month/year)*	**Child's Age:** **Years** **Months**
Address:	**Telephone:** **Mobile:** **Email**	
	Consent to receive appointment reminder/ contact by Text Message YES ☐ NO ☐	

Parent 1/Guardian Name		**Parent 2 / Guardian Name**	
Relationship to Child		**Relationship to Child**	
Contact Details	Telephone Mobile	**Contact Details**	Telephone Mobile
	Email		Email
Address (If different the child's)		**Address** (If different from the child's)	

Who does the child live with?

Siblings Names	DOB	Involved in other services		Give Details
		Yes ☐	No ☐	
		Yes ☐	No ☐	
		Yes ☐	No ☐	
		Yes ☐	No ☐	
		Yes ☐	No ☐	

MEDICAL SERVICE DETAILS

GP Name/Practice	**GP Contact Number** **Email**
GP Address	
Community Paediatrician:	**Contact Number**

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Specialists/Children Hospital/ Regional Hospital:		
Consultant 1:	**Consultant 2:**	**Consultant 3:**
Contact Number	**Contact Number**	**Contact Number**

Other COMMUNITY HEALTHCARE SERVICE DETAILS - List all other services/ agencies involved in your child's care

OTHER EXTERNAL AGENCIES DETAILS (Attach any Preschool/School Report where applicable)

Creche/Preschool ☐ Childminder ☐ Name of Creche/Preschool	Manager/Contact Person's Name	Contact Number Email
School ☐ Name	Principal Class Teacher	Contact Number Email
Contact Address		

REFERRAL DETAILS   (Attach any Medical Report where applicable)

What are your main concerns for the development of your child?	1.
	2.
	3.
Diagnosis `if applicable When was the diagnosis made? Who made it? What does the child understand about his/her condition?	
Current Medications	

Any Other Relevant Information Please give any information e.g. Family health issues, housing difficulties or any other stresses

PLEASE COMPLETE THE ACCOMPANYING ADDITIONAL INFORMATION FORM FOR THE AGE CATEGORY OF THE CHILD/YOUNG PERSON

24.02.2016

CONSENT for CHILDREN : Consent can be completed on the referral form provided

Please note: Referrals without written consent of parent(s) / guardians will not be accepted.

In Services consent contains two aspects: Consent for Referral; and Consent for Information sharing

Information sharing allows:

✓ The relevant information to be shared among Team members and Network staff.

✓ Information from the referral form to be entered on a database.

✓ There may be a need to contact external agencies to seek relevant reports and /or request their attendance at relevant meetings.

Do you consent to sharing of information?   YES ☐   NO ☐

It is required by law that at least one of the child's legal guardians consents to the referral and signs this form. It is advisable that parents /guardians are aware of this referral.

- **I/We give permission for my/our child to be referred to Children's Disability Services / Primary Care Services.**

- **I/We give permission for information about our child to be held by Children's Disability Services / Primary Care Services in accordance with our obligations under the Data Protection Acts 1988 and 2003 (If you require more information about this please contact the named person:** *INSERT* **)**

- **I/We give permission that in the event that this referral is not appropriate for the Children's Disability Services / Primary Care Services this referral form may be shared with other relevant services to facilitate an onward referral to Children's Disability Services / Primary Care Services.   Yes ☐   No ☐**

- **I/we give consent to the Manager and /or Case Worker of Children's Disability Services / Primary Care Services to contact and obtain relevant information from relevant professionals. Please list professionals that your child has seen:**

Professional	Name	Contact Details
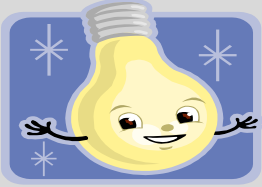
- **I/We give permission for sharing information between relevant professionals. Yes ☐   No ☐**

Name of Parent 1/Guardian:	**Contact No:**
Signature:	**Date:**

Name of Parent 2/Guardian:	**Contact No.**
Signature:	**Date:**

Office Use - only		
Date Received:	**New Referral:** ☐	**Re Referral:** ☐
Non Complex: ☐ **Complex** ☐	**Urgent:** ☐ **Routine** ☐	**Priority:**
Processed by:		

8.16 Explanatory Guide for Referrers Completing the Referral Form and Additional Information Forms

	Explanatory Guide for Referrers Completing the Children's Services Referral Form	

Referral Procedure

The needs of the child are the principal consideration in making a referral.

The child's parents/guardians and the child, where appropriate, need to be involved in the process and have a right to full information on the range of services available to them.

Completed Referral Forms and the Additional Information accompanying the Referral Form assist Children's Disability Services and Paediatric Primary Care Services to accept and prioritise referrals.

Ensure all relevant sections of the referral form and additional accompanying information are completed.

Referrals with insufficient information will be returned, requesting more information before making an appointment with the family and child.

Better information equals better services.

Test results and reports. If relevant, include diagnostic tests, results and any relevant reports. This will facilitate faster and more appropriate care.

Completing the referral form on the computer

Referral Forms and Additional Information are available via electronic template.

- ✓ The template can be printed out blank and the referral form and Additional Information filled in via handwriting and submitted via post, or scanned and emailed via secure email.
- ✓ The template can be filled out on the computer (Double clicking on the relevant box, enabling "check" and then typing in the relevant information) and submit the referral via secure email (healthmail) or encrypted email.

Service Requested

Complete Date of Referral and Primary Care Team /Paediatric Network Team if known or Children's Disability Network Team

For Primary Care Services tick the box for the discipline(s) that you wish to make the referral to.

Please note within the current resources eligibility for services has not changed.

- ✓ A Child/Family will be assessed on the basis of need.
- ✓ However, full eligibility and part eligibility is defined by the Health Acts. Its application has varied within Community Healthcare Organisations (CHO), depending on resources available to the CHO.
- ✓ Services envisages universal eligibility, this is a work in progress and determined by the Department of Health and Department of Children and Youth Affairs.

Child/Family Details

Personal Details

✓ Complete the personal details of the child/family to be referred.

Surname and First Name

✓ Enter the full name (surname and first name) and address of the child and family referred.

✓ Enter Mothers maiden name. This information is used for validating data.

Individual Health Identifier Will be introduced shortly.

✓ Some CHO/Health Areas have used the PPSN as a unique identifier, in assisting in continuity of care between different teams and services, as to date there is no other method of unique identifier. However, non-inclusion of PPSN does not prevent a person from receiving health or social care services.

Public Client Care Type

✓ Where a child/family holds a Primary Care Reimbursement Scheme (PCRS) card (previously known as the General Medical Card (GMS)), Doctor Visit Only Card (DVC)/GP Visit Card or Long Term Illness Card (LTI), please detail type of card and card number in the spaces provided.

Gender

✓ In multicultural society, first names are no longer used to denote gender, please ensure this section is filled.

Date of Birth

✓ Please ensure the correct date of birth is entered.

Age

✓ Please enter the correct age.

Email Address

✓ Please identify if the child/family has an email address and they agree for it to be used for future contact, regarding appointments, health education information, etc. Please ensure that the correct email address is included.

Contact Numbers

✓ Please record all available contact numbers (mobile and landlines).

Consent to receive Text messages

✓ Tick "Yes" if the child/family consents to receive appointment confirmations or changes by text message.

Details of Parent (s)/legal Guardian (if required)

✓ Include the name and contact details of Parent (s) or legal Guardian for the child. Communications for the child will be through the Parent(s) or legal Guardian.

Ethnic Group from the following options:

✓ White: Irish; Irish Traveller; Any other white background

✓ Black or Black Irish: African; Any other black background

✓ Asian: Chinese; Any other Asian background

✓ Roma

✓ Other: including mixed background

Religion

Country of Birth

Language Spoken and Interpreter Required:

✓ If interpretive services are required, please identify which language and give details.

Medical Services Details

GP Name
- ✓ Include the name/practice, address, and telephone number of child/family's GP.

Hospital and Hospital Consultant.
- ✓ Please provide the name of the hospital and the consultant managing the child's care. There many be more than one consultant involved.

Other Community Healthcare Services Details

- ✓ Please list other services involved in the child's care. For example, other Disability Services, Family Support and Tusla

Referral Details Clinical Information

Complete specific details of the referral.

Reason For Referral and relevant Signs and Symptoms
- ✓ Indicate the reason for referral including specific issues and concerns you have and presenting problems relevant to the discipline(s) you are referring to.

Diagnosis
- ✓ Outline the current diagnosis if known.
- ✓ For children when was the diagnosis made and by whom. What does the child understand about the diagnosis

Medical/Developmental History
- ✓ Outline the child's developmental history as appropriate.
- ✓ Outline the child's medical history relating to the reason for referral.

Discharge Date and Ward
- ✓ Please provide discharge date if applicable including name of Ward the person was discharged from and contact number.

Current Medications
- ✓ Where relevant indicate current medications if known.

Allergies and Adverse Medication Events
- ✓ Where relevant indicate allergies and /or any adverse medications events if known.

Relevant Family History.
- ✓ Relevant family medical history.

Reason for Referral if it is different from the main concerns regarding the child's development Free text

Wound Care (Tissue Viability)

- ✓ Please include as it will not be relevant to all referrals.
- ✓ Please include details of wounds and wound management; the type of wounds, the depth of wound, referring to the stages of wound healing; type of dressings required; frequency of dressings required.

Social Circumstances: please complete if applicable.

Parent
- ✓ Please indicate if the Parent/legal Guardian is parenting alone, with his/her partner/spouse, with Family members or other.

Relevant social history
- ✓ Please provide relevant social circumstances that may impact on the child's health and wellbeing and/or the family health and wellbeing, e.g. communication or literacy difficulties, vulnerabilities, family crisis such as loss or bereavement.

Living Circumstances
- ✓ Where relevant please indicate who the child is living with. If parents are separated, who is the custodial parent? If the child is in foster care/residential care please give details.

Home Environment
- ✓ For the purposes of equipment needs and housing adaptations, where relevant please identify type of housing. Indicate location of bedroom/toilet/shower/bath facilities in relation to living accommodation if appropriate to the referral.
- ✓ Please state clearly what, if any, adaptations have been carried out (e.g. level access shower etc) or what is required.

Any Other Relevant Information

- ✓ Provide any other relevant information relating to clinical warnings, staff precautions, risk
- ✓ Please indicate whether the referrer should be contacted prior to contacting the child/family.

Consent for Children

It is essential that all referrals to any Children's Disability Network Teams and Primary Care Paediatric Service include written consent for the child.

Consent contains two aspects:
- ✓ Consent for Referral
- ✓ Consent for Information sharing

Information sharing allows:
- ✓ The relevant information to be shared among team members and Network staff.
- ✓ Information from the referral form will be entered on the database
- ✓ There may be a need to contact external agencies for relevant reports and /or request their attendance at relevant meetings.

All referrals for children and adolescents must have a signed consent by Parents (s) or Legal guardian.

A legal Guardian of a child is:

- Where both parents are married, the child's mother and father are legal guardians.

- Where the child's parents are not married:

  o The child's mother is sole guardian.

  o Both parents jointly sign a statutory declaration when registering or re-registering the child's birth.

  o An unmarried father will automatically be a guardian if he has lived with the child's mother for 12 consecutive months, including at least 3 months with the mother and child following the child's birth. The period of cohabitation can take place at any time before the child turns 18 years old.

  o The child's mother and father have entered into an agreement which has the effect of making the father the guardian of the child.

        ○   A step parent, a civil partner or a person who has co-habited with a parent for not less than 3 years may apply to the court to become guardian where they have both parented the child for more than 2 years.

- The mother of the child & the child's father or any other named person when appointed guardian further to a successful court application for guardianship.

- Following a separation or divorce, both parents remain the child's legal guardian, even if the child is not living with them unless otherwise directed by the courts.

Where one parent is not contactable, note that clearly in the child's Health Record.

Please refer to the *HSE Consent Policy, 2014 and Consent Policy Part 2 Children and Minors 2014*.

Written consent can be provided as part of the referral form or a separate written consent form can be completed and maintained on the Child's Health Record. A copy is sent with the referral form.

Consent must be traceable in the event of audit.

Please note: In Primary Care Services, a referral can proceed where there is consent to referral only. However an individual/family may not give consent to information sharing. In this circumstance the individual/family case will not be scheduled or discussed at Clinical Team Meetings. Each discipline/service will provide a service separately.

Details of Referrer:

Please insert:
- ✓ The referrers name and title; Medical /AHP/Nursing registration number (where applicable)
- ✓ Address
- ✓ Date of referral
- ✓ Signature
- ✓ Contact details**;** indicate how you would prefer to be contacted**; Post, Telephone** or **Email** address as appropriate.

Group Referrals: Please complete additional referrer contact details where a joint referral by a number of professionals within a service e.g. hospital is being made.

Providing this information is important for ensuring the referral goes ahead.

Office Use Only:

Administrative Support/Team member receiving the referral will :
- ✓ Stamp date /record the date that the referral is received.
- ✓ Enter the data on the database and indicate the person who processed the referral.

Following a decision by the Team Leader/Discipline, Administrative Support will:
- ✓ Record the type of Case: Non Complex or Complex; Urgent or Routine and or Priority
- ✓ Record the date of the first appointment where appropriate.

	Explanatory Guide for Referrers **Completing the** **Additional Information to accompany** **Children's Services Referral Form**	
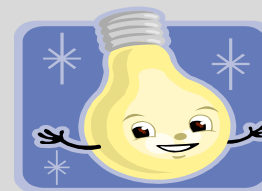
Additional information is supplementary to the Reason for Referral.

Information for all disciplines is compiled within the framework of the International Classification of Function Health and Disability Children and Youth (ICF-CY). There are 9 Domains for Children:

1. **Movement (Gross motor skills)**
2. **Fine motor skills**
3. **Sensory Processing**
4. **Daily Living skills**
5. **Communication**
6. **Behaviour and Emotions**
7. **Social interactions and relationships**, **Play and social contacts**
8. **Learning & applying knowledge and skills**
9. **Vision and Hearing**

This allows all Teams and disciplines to accept and prioritise referrals from the referring information in an efficient and timely manner

This information should be completed with or by the Parent (s)/legal Guardian (s)

Questions are grouped under these domains which are relevant for all disciplines. Questions are balanced between prompt questions and free text options. Not all questions are relevant for every referral.
Referrers need to be familiar with the types of questions asked under each domain.

  ✓ For example when referring to a number of disciplines or specialist team all domains will need to be completed as far as possible.
  ✓ When referring to one discipline, one or more of the relevant domains need to be completed. However additional information completed in the other domains can be helpful when assessing overall need and assigning priority.

A form to assist **decision making for Children** has been developed for Children's Services in order to ensure children are directed to the right service at the right time based on identified need. This scoring system assists the professional judgement of the practitioner in deciding which service is more appropriate to address the needs of the child.

Any Other Relevant Information

  ✓ Please add any information you think may be relevant to this referral or which you think may affect your child's progress, for example family health or housing difficulties, financial or employment problems, bereavement or other stresses.
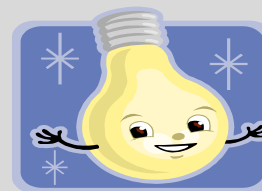
Safety and Risk

  ✓ Please give details of any issues which pose a significant risk to the health and wellbeing of the child or others e.g. physical injury to self or others, refusal to eat etc

8.17 Information for Parents and Other Referrers

	Information for **Parents and Other Referrers**	
Feidhmeannacht na Seirbhíse Sláinte Health Service Executive		

All health services for children and their families should be available as near to their home as possible. Many children with delays in development can have their needs met by their local Primary Care Services. Children with more significant difficulties, whatever the nature of their disability or delay, should be referred to their local Children's Disability Network Team.

Primary Care Team and/or Primary Care Paediatric Network Services

The team/network service includes the following members:

Professions/roles of team members in local service to be inserted here

Age of child

Primary Care Paediatric services are for children from birth until they are 18 years old.

Geographic area

Primary Care Services operate in a defined geographic area. The address of the child's home determines which team provides the service.

Needs of Child and Family

A child has non complex needs will attend Primary Care Services.

Children's Disability Network Teams

The team includes the following members:

Professions/roles of team members in local service to be inserted here

Age of child

Disability services are for children from birth until they are 18 years old. Services may be extended to the completion of secondary school or up to the 19th birthday to meet specific needs. Early Intervention Teams, if they are separate from School Age Teams, are for children from birth until they are established in Junior Infants, at which point they should be transferred to the School Age Team if they still require a disability service.

Geographic area

Children's Disability Network Teams operate in a defined geographic area. The address of the child's home determines which team provides the service.

Needs of Child and Family

A child has complex needs will attend a Children's Disability Network Team.

Referral Forms

In order to decide which service would be the best for a child, detailed information is needed. There is a national referral form and four age appropriate additional information forms, (birth to 12 months, 1 year to 5 years 11 months, 6 years to 11 years 11 months and 12 years to 18 years). These must be completed for every referral.

Any existing reports on the child's needs should also be enclosed with the referral.

The referral and additional information forms ask the parents (who may be assisted if needed by a professional) about the family's concerns, what they would like their child to gain from attending the primary care or children's disability service and details of the child's development. The level of detail requested makes it much easier to make the decision on the best service to meet the child's needs and also gives the team very useful information to start assessment.

Consent

A Parent/legal Guardian of the child <u>must</u> sign the consent for referral and information sharing. Consent can be signed as part of the referral form. **A legal Guardian of a child is:**

- Where both parents are married, the child's mother and father are legal guardians.

- Where the child's parents are not married:

  - The child's mother is sole guardian.

  - Both parents jointly sign a statutory declaration when registering or re-registering the child's birth.

  - An unmarried father will automatically be a guardian if he has lived with the child's mother for 12 consecutive months, including at least 3 months with the mother and child following the child's birth. The period of cohabitation can take place at any time before the child turns 18 years old.

  - The child's mother and father have entered into an agreement which has the effect of making the father the guardian of the child.

  - A step parent, a civil partner or a person who has co-habited with a parent for not less than 3 years may apply to the court to become guardian where they have both parented the child for more than 2 years.

- The mother of the child & the child's father or any other named person when appointed guardian further to a successful court application for guardianship.

- Following a separation or divorce, both parents remain the child's legal guardian, even if the child is not living with them unless otherwise directed by the courts.

The reasons for referral of their child to a *(Please insert - children's disability service or primary* care services) should be clearly explained to the parents so that they can make informed consent.

Decisions on the right service

Based on the available information from the referral form, the additional information form and reports provided, *(Please Insert -the Children's Disability Network Team and Primary Care Service)* will decide which service would best meet the child's needs at this time and they will contact the family and the referrer to let them know.

In some cases the referral may be discussed at the Integrated Children's Services Forum which is a meeting of relevant services and disciplines across Primary Care Services, Children's Disability Services and others to decide where the child or young person's needs will be best met at any particular time, where it is unclear as to the pathway for a child or young person to receive service(s).

A child's services can be transferred between Primary Care Services and Children's Disability Services where it is decided that the child's needs are best met by that service following assessment and intervention or as the complexity of his or her needs change over time.

The quickest route to finding a service for a child

- Find out which *(Insert Primary Care Service and Children's Disability Network Team)* provides services for the child's address (see below).
- Complete the referral form fully, including signed parental consent and the additional information form appropriate for the child's age.
- Send any existing reports on the child with the referral form and additional information form to the address below.

Local information

To be inserted

- Local *(Insert Primary Care Service and Children's Disability Network Team)* and geographic areas they serve
- Contact names, addresses and phone numbers for more information
- Who to send referrals to

8.18 Explanatory notes for Teams

	Explanatory Notes for Children's Disability Network Teams and Primary Care Teams/Network Services on operation of the access policy	

The national policy on access to services has been developed in response to requests from teams to provide clarity and consistency. Clinicians, parents and management have been consulted and actively involved in forming the policy. The draft policy has been tested in four areas and the final policy is informed by the results.

The following are excerpts from the national policy on access to services for children and young people with disability and developmental delay:

Primary Care Services (Primary Care Team and Primary Care Network Services) are the providers of services for children with non complex difficulties in functional skills/applied skill sets required for activities of daily living, learning new skills and social interactions. This may involve physical, social, emotional, communication and behavioural needs. It should be clearly demonstrable that these needs can be met on a uni-disciplinary basis or within the multidisciplinary framework of Primary Care Services.

Criteria to access Primary Care Services include the age of the child/young person, his/her home address and his/her needs:

Age of child
- Primary Care Peadiatric Services are for children from birth until his/her eighteenth birthday.

Geographic area
- Geographic catchment areas for Primary Care Teams and Primary Care Networks are defined nationally and responsibility for service delivery is determined by place of residence.

Needs of Child and Family
- Primary Care services are the main providers of support for children and young people with non-complex needs.
- The threshold for the child's needs to meet eligibility for Primary Care Services is determined by the range and extent of functional difficulties and the level of uni-disciplinary or multidisciplinary supports required.
- Evidence must be demonstrated with the referral that the child has this level of needs.

Children's Disability Network Teams (Early Intervention Teams, School Age Teams or 0-18 Teams) are the providers of services for children and young people with complex needs who require the services and supports from an interdisciplinary disability team.

Criteria to access Children's Disability Network Team services include the age of the child/young person, his/her home address and his/her needs.

Age of child
- Disability services are for children from birth until he/she is 18 years old. Services may be extended to the completion of secondary school or up to the 19th birthday to meet specific needs.

Geographic area
- Children will be seen by the Children's Disability Network Team according to the address of his/her home.

 Needs of Child and Family
- The Children's Disability Network Teams will be the main provider of support for children and young people with complex needs who require services and supports from an interdisciplinary team.
- Evidence must be demonstrated with the referral that the child has this level of needs and it should be clearly demonstrable that these needs cannot be met within the uni-disciplinary or multidisciplinary framework of a primary care service.
- Children's services can be transferred between levels of service as the complexity of their needs changes over time.

Complex Needs

Complex needs refers to one or more impairments which contribute to a range of significant functional difficulties and which require the services and support of an interdisciplinary team.

Children with complex needs will receive their interventions and support at the Children's Disability Network Team level.

An infant between 0 and 12 months of age referred with a diagnosed condition associated with complex needs, or clearly at significant risk of disability, will automatically be accepted into a Children's Disability Network Team.

Children may receive their services and supports at different levels of service as the complexity of their needs changes over time.

Referral Forms

There is one national referral form and four age appropriate forms for additional information (birth to 12 months, 1 year to 5 years 11 months, 6 years to 11 years 11 months and 12 years to 18 years). These ask for information about the child and family, what the family's concerns are, what they would like their child to gain from attending the service and details of the child's development. This information will be provided by the parents/family, assisted where necessary by a professional. The level of detail requested assists decision making on the most appropriate service to meet the child's needs and also provides baseline history and information, which will not subsequently have to be sought by members of the team.

Referrals with insufficient information should not be accepted. The referrer should be contacted to complete the required information in order for Teams/Services to appropriately direct referrals and prioritise referrals. The referral forms, the additional information forms and the information leaflet for referrers with local contacts should be distributed widely and regularly to referral agents and local Health Centres.

Consent

A Parent/legal Guardian of the child <u>must</u> sign the consent for referral and information sharing. Consent can be signed as part of the referral form. **A legal Guardian of a child is:**

- Where both parents are married, the child's mother and father are legal guardians.

- Where the child's parents are not married:

  o The child's mother is sole guardian.

  o Both parents jointly sign a statutory declaration when registering or re-registering the child's birth.

  o An unmarried father will automatically be a guardian if he has lived with the child's mother for 12 consecutive months, including at least 3 months with the mother and child following the child's birth. The period of cohabitation can take place at any time before the child turns 18 years old.

  o The child's mother and father have entered into an agreement which has the effect of making the father the guardian of the child.

  o A step parent, a civil partner or a person who has co-habited with a parent for not less than 3 years may apply to the court to become guardian where they have both parented the child for more than 2 years.

- The mother of the child & the child's father or any other named person when appointed guardian further to a successful court application for guardianship.

- Following a separation or divorce, both parents remain the child's legal guardian, even if the child is not living with them unless otherwise directed by the courts.

The reasons for referral of their child to a *(Please insert - children's disability service or primary* care services) should be clearly explained to the parents so that they can make informed consent.

Framework for Access

The International Classification of Functioning, Disability & Health (ICF) and ICF Children and Youth Version (ICF – CY) provides a framework for this policy. In the context of health:

- Body Functions are physiological functions of body systems (including psychological functions).
- Body Structures are anatomical parts of the body such as organs, limbs and their components.
- Impairments are problems in body function or structure such as a significant deviation or loss.
- Activity is the execution of a task or action by an individual.
- Participation is involvement in a life situation.
- Activity Limitations are difficulties an individual may have in executing activities.
- Participation Restrictions are problems an individual may experience in involvement in life situations.
- Environmental Factors make up the physical, social and attitudinal environment in which people live and conduct their lives.

The ICF-CY includes learning and applying knowledge, general tasks and demands, communication, mobility and self care as functional skill domains within which functional skill deficits/activity limitations occur.

During childhood and adolescence limitations and restrictions may also take the form of delays or lags in the emergence of activities and participation. The ICF-CY includes domains whereby participation restrictions may be experienced: domestic life, interpersonal interactions and relationships, major life areas and community, social and civic life.

Form to assist decision making on referrals

The tool has been developed to assist teams and referral forums to make consistent decisions on which would be the appropriate service to meet the needs of each referred child. It also provides transparency for the record on how the decision was made.

Using the information from the referral form and any accompanying reports, the team will score each domain.

Columns 1 and 2

A tick should be put in the relevant column if there is insufficient information about that particular area of development or if there are no difficulties identified according to the information.

Columns 3 – 5

If the child has some difficulty in communication put a 1 in Column 3, if he or she has significant difficulty put 2 in Column 4 and highly significant difficulty a 3 in Column 5. If using the Excel version these will automatically add up to a total score, in the Word version this must be done manually.

Every domain (row) should have a tick or number in *one* of the columns only.

Decisions

A score of 1-2 indicates the child's needs should be met at Primary Care level.

A score of 7 – 30 indicates the child's needs should be met at Children's Disability Network Team level

The most appropriate service for those with scores between 3 and 6 should be considered in terms of factors such as needs for interdisciplinary disability team intervention and social and family circumstances. Needs may be met by Primary Care Services or Children's Disability Network Team or jointly as agreed by the Integrated Children's Services Forum.

The objective is to identify the service best suited to meet the child's needs as quickly and efficiently as possible. The decision made on referral may be reviewed and changed when the child's needs have been further assessed by a clinician or after a period of intervention.

Definitions

The following definitions should be interpreted in the context of cultural variations and norms that may exist for individual children and their families/communities.

1. **Gross motor skills** refers to the physical abilities of the person, for example, to access their environment and participate in activities that require whole body movements or movements involving the large muscles of the body. These would include fundamental movement skills; such as walking, kicking, throwing, catching, maintaining balance, and jumping. It also involves the person's ability to learn new motor skills or improve upon basic motor abilities.

2. **Fine motor skills** refer to actions involving the small muscles of the hands, wrists and fingers and the coordination of hand and eye movements. They include smaller actions such as picking up objects between the thumb and finger, playing, holding a fork to eat, using a pencil to write carefully and communicating using gestures or signs.

3. **Sensory Processing** refers to the process of taking in information from the world and from within our own bodies, making sense of that information, thus making it possible to use the body effectively within the environment.

4. **Daily living skills** refer to those skills required to do everyday tasks such as feeding ourselves, bathing, dressing, grooming, playing, doing school work and taking part in leisure activities.

5. **Communication** refers to the ability to receive, send, process, and comprehend concepts or verbal, nonverbal and graphic symbol systems. Good communication skills are essential to support learning and to develop and maintain social relationships.

6. **Behaviour and Emotions**: Behaviours refers to the child's observable actions and reactions/responses in various environments. **Emotions** refer to the child's ability to express (verbally or non-verbally) and recognise, label and regulate the expression of internal states, e.g. joy, sadness, anger.

7. **Social interactions and relationships and Play and Leisure:** Social interactions and relationships refer to the child's ability to interact and relate with children and adults, by verbal or non-verbal means. **Play and Leisure** refers to solitary or interactive games, activities engaged in for enjoyment, including play with objects, social play, pretend play, and imaginative play.

8. **Learning & applying knowledge and skills** refers to the child's ability to gain knowledge or skills by experience, practice or teaching and the ability to retain and access this information when required.

9. **Eyesight and Hearing: Hearing** refers to the ability to perceive sound and involves the detection, recognition, discrimination, comprehension and perception of auditory information. **Eyesight** refers to four levels of visual functioning to the International Classification of Disease:
    - Normal Vision
    - Moderate visual impairment
    - Severe visual impairment
    - Blindness
    - Moderate visual impairment and severe visual impairment are grouped under the term low vision. Low vision together with
    - blindness represents all visual impairment.

In addition **Medical need** refers to impairment or limiting condition that requires medical or nursing management and/or use of specialised services. The condition may be congenital, developmental or acquired through disease or trauma and places restrictions in daily living.

<u>Levels of difficulty</u>

➤ **No difficulty**

Within the domain under consideration the child is able to participate and function within a typical / age appropriate range.

➤ **Some difficulties**

This refers to functional difficulties which:

- result in restrictions in participation in one or more settings (home, school and community)
- are likely to be mitigated by short-term intervention and/or ongoing low level support or strategies.

<u>The child:-</u>

- ❖ Experiences mild difficulties in participating in social, educational, family daily activities
- ❖ Needs little assistance to choose, initiate and engage in activities

➤ **Significant difficulties**

This refers to functional difficulties which:

- result in the child's ability to perform in this area being delayed or different from peers and
- result in restrictions in participation in most settings (home, school and community) and
- negatively impact performance across some other areas of function and participation

<u>The child:-</u>

- ❖ Experiences moderate difficulties in participating in social, educational, family and daily activities
- ❖ Needs moderate assistance to choose, initiate and engage in activities

➤ **Highly significant difficulties**

This refers to functional difficulties which:

- result in the child's ability to perform in this area being markedly delayed or markedly different from peers and
- result in restrictions in participation in all settings (home, school and community) and
- negatively impact performance across multiple other areas of function and participation and

<u>The child:-</u>

- ❖ Experiences severe difficulties in participating in social, educational, family and daily activities
- ❖ Requires maximum assistance to choose, initiate and engage in activities

8.19 Integrated Children's Services Forum suggested Terms of Reference

Purpose of the Integrated Children's Services Forum

The purpose of the Integrated Children's Services Forum (ICSF) is to ensure a coordinated and flexible approach to the delivery of services to children and their families based on need. The ICSF will:

- Act as a decision making forum to ensure seamless access to and between agencies and services, using standardized criteria.
- Act as a decision making forum for referrals of children where pathways or level of service is not clear (age group: 0 – 18 years)
- Make recommendations for shared care provision i.e. joint working across services where pathways or level of service is not clear
- Assist the process of meeting the service requirements of children /families based on their needs rather than based on current service arrangements /thresholds
- Make the best use of available resources to meet the needs of children and their families

Membership

- Representatives of Primary Care Services
  - Disciplines
  - Paediatric PCT Chairpersons / Clinical Leads
  - SAMO

- Representatives of Social Care Disability Services
  - Disability Manager
  - Coordinators of Disability Teams (early intervention and school aged teams)
- Representatives of Child and Adolescent Mental Health Services (CAMHS)

- Representatives of Tusla, The Child and Family Agency

- Representatives of Education

Note:
- All disciplines[5] must be represented on the Forum thus additional discipline representatives may be required if they are not represented in the above positions.
- Quorum is required for meeting to proceed. This is worked out as 1/3 +1 of the membership to be present for meetings.

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[5] Physiotherapy, Occupational Therapy, Speech & Language Therapy, Psychology, Public Health Nursing, Social Work

Chairperson

The Chairperson for the ICSF as agreed by the Manager of Primary Care and Social Care. The Chairperson has the authority and mandate to review and prioritise cases prior to consideration at the Forum, recommend additional 'work up' and/or case discussion prior to submission to the Forum.

Based on consideration at the ICSF the Chairperson has the authority to request that services prioritise a case and/or put in place shared care arrangements which are in the best interests of meeting the child's needs.

The Chairperson may also identify the lead service / key worker to co ordinate the case and lead the Individual Family Plan (IFP) for the child.

A Vice Chairperson will also be nominated. This will provide support and continuity.

Reporting Relationship

The ICSF will operate under the auspices of the Primary & Social Care Management Team in terms of overall performance.

Where trends or patterns arise or where operating procedures need to be developed these should be referred to the wider Children's Services Group (subgroup of the Primary & Social Care Management Team) in the first instance.

In relation to the management of specific cases where progress is not being made within a reasonable timeframe at the ISCF, these issues will be discussed by the Chairperson with the Manager for Primary and Social Care so that access to recommended services can be navigated.

Working Arrangements

- Referral Sources
    o Referrals for discussion at the ISCP will be accepted from:
    o Head of Services - Primary & Social Care
    o Coordinators of Disability Services / team members
    o PCT Coordinators /members
    o Medical professionals: AMO; Community Paediatrician
    o Child and Adolescent Mental Health Services (CAMHS)
    o Education
    o Hospital Services

- Referral Criteria
    - Children where it is unclear were they fit within the service in terms of having their needs met.
    - Children in relation to whom there is a difference of clinical opinion between the services / professions (where possible this difference should be resolved at Head of Discipline level as appropriate and only directed to the CRF when it can not be addressed at this level.)
    - In the opinion of the receiving service the child may benefit from a shared care arrangement involving other services/sectors.

- Core Referral Data

    In addition to the above core criteria referrals must be accompanied by evidence of the following:

    - Referral Information and scoring derived by the Team who received the referral
    - The full process for deciding the referral has been followed. The child has been discussed at the relevant clinical team meeting within the referring service and/or a dedicated case discussion has taken place to consider options and possibilities to meet the child's needs.
    - A copy of all relevant reports should accompany the referral including the Individual Family Plan if agreed.
    - The lead service/discipline making the referral should complete a chronology of events in order to present the case in the most effective manner possible.
    - The case has been discussed with relevant service manager/s prior to referral to ensure that all options have been explored based on the information available.

    Note:
    Referral to and the process of awaiting the outcome of the ISCF should not impact on ongoing case management practices within and between disciplines

Decision Making at the ISCF

The task of the ISCF is to make a decision in relation to the most appropriate service and/or the combination of services based on information available and discussion with the referring clinician(s). When a case is down for decision making at the ISCF, existing criteria / thresholds will need to be set aside in the interests of meeting the child's needs. The core questions to be addressed are as follows:

- What is indicated in relation to the child's needs?
- What service / combination of service / expertise can best meet the child's needs?