National policy for Children's Disability Network Teams (CDNTs) regarding children accessing private, independent, complementary and alternative therapies

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1.0 Policy Statement:

This policy will be used for all Children's Disability Network Teams (CDNTs).

2.0 Purpose:

This policy sets out the steps to be taken by the CDNT when they become aware of or are informed that a child attending their service is also accessing interventions from a private practitioner. It is intended to facilitate and promote good working practices and to ensure that the best interests of the child and the family are upheld.

3.0 Scope:

This policy applies to any child accessing CDNT services, who may also be accessing interventions from private practitioners.

4.0 Legislation/other related policies:

Policy Framework for Children's Disability Network Teams 2020

5.0 Glossary of Terms and Definitions:

Private/independent therapy:
This term is used in this policy to refer to therapy or treatment which is provided for a fee paid by the client, as opposed to that provided by the HSE or HSE funded service providers.

Complementary and alternative therapy:
Complementary therapy is any non-mainstream practice that is used **in conjunction with** conventional therapeutic interventions.

Alternative therapy is any non-mainstream practice that is used **instead of** conventional therapeutic interventions.

Children's Disability Network Team (CDNT)

A CDNT is an interdisciplinary team providing services for children with complex needs.

Children's Disability Network Manager (CDNM)

The CDNM is the manager of the Children's Disability Network Team.

CORU

CORU is the independent regulator for health and social care professions. Their role is to protect the public by promoting high standards of professional conduct, education, training and competence through statutory registration of health and social care professionals.[1]

Evidence based practice

HSE definition: "Evidence based health care takes place when decisions that affect the care of patients are taken with due weight accorded to all valid, relevant information. Several things follow from this definition:

1. **decisions that affect the care of patients** are taken by managers and health policy makers as well as by clinicians. EBHC is therefore just as relevant to managers and policy makers as it is to clinicians.
2. **due weight** implicitly acknowledges that there are many factors that contribute to decisions about the care of patients. There are many factors other than the results of randomised controlled trials that may weigh heavily in both clinical and policy decisions (for instance, patient preferences and resources). This definition requires that valid, relevant evidence should be considered alongside other relevant factors in the decision making process. It does not assume that any one sort of evidence should necessarily be the determining factor in a decision.
3. **all** is aspirational - but it implies that there should be an active search for valid, relevant information
4. **valid, relevant** implies that before information is used in a decision, an assessment should be made of the accuracy of the information and

[1] https://www.coru.ie/about-us/what-is-coru/

the applicability of the evidence to the decision in question; that is, information should be appraised.

5. **information** is deliberately left unspecified; there are many types of information that may be valid and relevant in particular circumstances."[2]

6.0 Roles and Responsibilities:

It is the responsibility of the CDNM to ensure that all members of the CDNT are aware of this policy.

It is the responsibility of the CDNM to ensure that information is available to facilitate communication of this policy to all families accessing the CDNT.

It is the responsibility of all CDNT staff to be familiar with and implement this policy.

7.0 Procedure:

7.1 Accessing private therapy must not affect a child's place on the waiting list for services, or the services and interventions they are offered by the team. The exception is when it is considered that for clinical reasons the private therapy is in conflict with the intervention being provided by the team. Any decision to defer team intervention for this reason must only be made after full consultation with the family outlining the reasons the private therapy is contra-indicated and allowing the family to decide which service they wish to prioritise.

7.2 When a child commences with a CDNT the family is advised at their initial contact in introductory information packs (*see suggested text for a leaflet in Appendix*) or at introductory meetings, that in order to facilitate and promote good working practices and in the best interests of the child, they should inform the team of any private interventions they access for their child during their time with the team. They should be assured that services or the child's place on any waiting list will not be adversely

[2] https://www.hse.ie/eng/about/who/healthwellbeing/knowledge-management/health-intelligence-work/evidence-based-health-care/about-evidence/what-is-evidence-based-health-care-.html

impacted if their child attends private therapy. The exception is a conflict for clinical reasons with the intervention being provided by the team, which is discussed fully with the family.

7.3 Families are advised that they should also notify the CDNT of any private assessments undertaken for the child. This is because certain assessments cannot be repeated within a period of time, so if a child is assessed by a CDNT member within that time the results cannot be used and are of no benefit.

7.4 If members of the team are asked by a family to recommend a private professional they should refer them to the relevant professional organisation. Families must be advised about the function of CORU registration for some professions. Families should verify the credentials of any professional involved with their child and find out whether they have the required expertise in the relevant area of practice (e.g. children with cerebral palsy or children with ASD).

7.5 Members of the CDNT should use their clinical judgement to consider their approach regarding any private therapy a child is accessing according to the following three categories. (See definition of evidence based practice P.4 above).

1. <u>Therapy with no or little impact, considered benign</u>
   There is little or no contradictory impact evidence of this therapy when used in conjunction with interventions being offered by CDNTs. The CDNT may continue planned interventions and supports and monitor the child's progress, while remaining cognisant of additional therapies that the child is accessing and the possible impact.

2. <u>Evidence based therapy, professional agreement needed</u>
   The child is accessing therapies or interventions from professionally qualified and registered therapists. Joint working, clear goals, outcomes and programmes should be agreed between the private

practitioner and CDNT. If agreement cannot be reached or there is a contradiction in interventions being offered, then the family will be asked to choose which service they want to prioritise for the moment. This can be reviewed again within an appropriate period.

3. No evidence base to the therapy or treatment or contrary to mainstream practice

   In this case CDNTs will not be required to consult with the private therapy provider, but must explain fully to the family why they consider the private therapy not to be based on evidence, or to be contra-indicated for their child. Families should be asked to prioritise which service they want to access at this time. However, where there are concerns about the child's welfare, consideration must be given regarding referral to Tusla, the Child and Family Agency.

7.6 Families should be advised that, in line with best practice guidelines from a number of professional bodies, it is the responsibility of the private practitioner to contact the CDNT. Families are therefore asked to inform the private practitioner that the child has been referred to, or is attending a CDNT and to request that the private practitioner makes contact with a named member of the team. The CDNM will determine, in consultation with the team, which member is the most appropriate to communicate with the private practitioner.

7.7 Should there be undue delay with receiving contact from the private practitioner the appropriate CDNT member should, with the family's consent, initiate contact.

7.8 The CDNT will facilitate communication through meetings in person or online, telephone conversations or e-mail as required, recognising that a private practitioner may be self-employed with time costed to their client.

7.9 Joint working, clear goals, outcomes and programmes should be agreed on contact between the private practitioner and the CDNT, and recorded in the child's IFSP and records.

7.10 In the event of any of the following situations arising, the concerns must be discussed with the family: -

- No engagement with the team from the private practitioner
- No agreement being reached with regard to joint working, goals, outcomes and programmes.
- Clinical concerns exist based on current available information e.g.
    - Private practitioner is not CORU registered where applicable, or appropriately qualified
    - Excessive demands on the child due to frequency of therapy
- Any concerns about unsafe practice

7.11 There is an ethical obligation on the CDNT members to explain any issues or clinical concerns regarding the private therapy to the child's family. The family must decide which course of action they wish to continue to pursue at this time. Any meetings and discussions with the family and their decisions must be documented. Where there are concerns about the child's welfare, consideration must be given regarding referral to Tusla, the Child and Family Agency.

7.12 The CDNT in the above instances (7.10) may defer part or all of their interventions for a period until the private intervention is no longer being accessed or until a clinically appropriate agreement is reached between the CDNT, the private practitioner and the family. The clinical reasons for this action must be communicated to the family and documented on the child's records.

7.13 It is the responsibility of team members to update the IFSP and inform other team members of any outcome of meetings or contacts.

8.0 Revision and Audit:

This policy will be reviewed within one year of the date of issue.

Appendix: Sample text for family leaflet on private therapies

What if my child attends a private therapist?

It is important that you tell us if your child is attending a private therapist. We need to talk to them about how we can both help your child. Please ask the private therapist to contact us.

You should also let the team know about any private assessments you arrange for your child. This is because certain assessments cannot be repeated within a period of time. If a child is assessed again by a team member within that time the results are of no use or benefit.

We assure you that attending a private therapist will **not** affect the service your child receives from us or their place on the waiting list.

The only exception to this is when the private therapy conflicts with the intervention being provided by the team. If both continue it would hold your child's progress back. In this case we will talk to you about why we don't think this will help your child. If you choose to continue attending the private therapist, the team may have to defer providing intervention.

Qualifications and experience

Our team members have fully recognised qualifications. In the case of speech and language therapists, occupational therapists, physiotherapists, social workers and dietitians they must be registered with CORU. If you are thinking of getting private therapy for your child you should check that the therapist is registered. You can check the register at www.coru.ie. As psychology is not currently registered under CORU you should ask about the psychologist's qualifications.

The team members have the particular skills and experience needed to work with children with disabilities and developmental delay. You should make sure that the private practitioner has this knowledge. Ask what specialist training they have done and how much they have worked with children who have the same condition or difficulties as your child.