Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

National Policy on
Access to Services for Children & Young People with Disability & Developmental Delay

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1 Introduction

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

This policy was 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

As required by government policy and as described in the 2017 Sláintecare report, health and social care services in Ireland must be delivered in an integrated manner, as close to the person's home as possible. The fundamental organisational unit to deliver these services will be the Community Healthcare Network serving an average population of 50,000 people. To facilitate integration and to support the delivery of population based healthcare each person's home address will determine their 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

In this document:

- 'Children' refers to babies, children and young people, from birth to eighteen years of age.

1.3 **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.

1.4 **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).
- Referrers of children and young people to Primary Care Services and Children's Disability Services.

1.5 **Relevant Legislation, Reports and PPPGs**

- Child Care Act, 1991.
- Children and Family Relationship Act, 2015.
- Children First: National Guidance for the Protection and Welfare of Children, 2011.
- Children's Act 2001.

- Committee on the Future of Healthcare, Sláintecare Report, May 2017
- Data Protection Acts, 1988 and 2003.
- Disability Act, 2005.
- Education for Persons with Special Needs, 2004
- Freedom of Information, 2014.
- General Data Protection Regulation, 2018
- Joint Working Protocol – Primary Care, Disability and Child & Adolescent Mental Health Services, HSE 2017
- National Consent Policy HSE 2014.
- National Policy on Discharge and Transfer of Services for Children with Disability and Developmental Delay, 2016
- National Standards for Safer and Better Healthcare, 2012.
- The Report of the Reference Group on Multidisciplinary Services for Children aged 5 to 18 Years (2009).
- Trust In Care, 2005.

2 Access to Services for Children and Young People

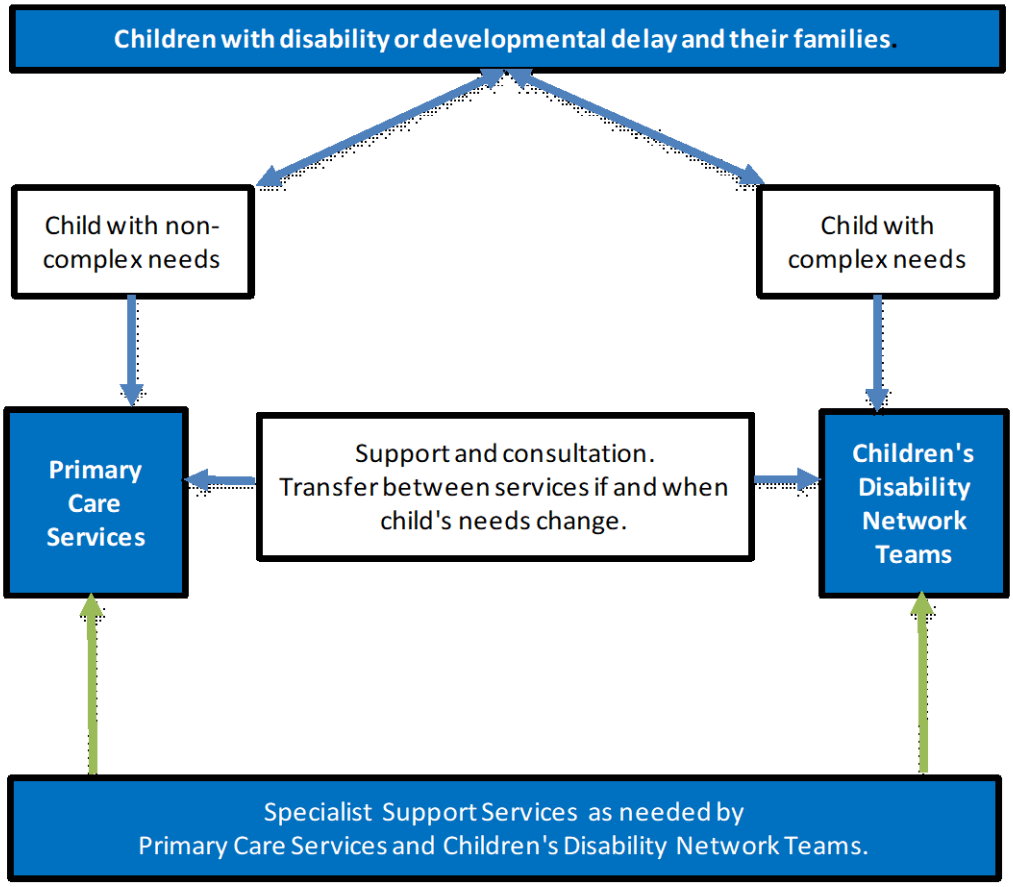

Diagram 1: Access to Services for Children and Young People

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 arising from a disability 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, their home address and their needs:

2.1.1 Age of child

Primary Care Paediatric Services are for children from birth until their eighteenth birthday.

2.1.2 Geographic area

- Geographic catchment areas for Primary Care Teams and Primary Care Networks have been agreed within each Community Healthcare Organisation (CHO) area.
- 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 arising from a disability.
- Access to primary care services is determined by the range and extent of the child's functional difficulties and the level of uni-disciplinary 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 8.2) and an "Explanatory Guide" (Appendix 8.3) 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 arising from a disability 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, their home address and their needs.

2.2.1 Age of child

Children's Disability Network Team services are for children from birth until their 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 and the Children's Disability Network Service which has responsibility for the child's services.
- Children are seen by the Children's Disability Network Team according to their home address.
- 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 significant numbers of children with complex needs arising from a disability (as defined in Section 3.4) attend a special school outside of the catchment area for their Children's Disability Network Team, local arrangements whereby these children may access services from the Children's Disability Network Team nearest to that special school may be agreed. This arrangement should be clearly defined and must take full cognisance of the principles for service delivery for Children's Disability Network Teams. This arrangement does not mean that this service provision will necessarily be school based, nor does it mean that services for these children are prioritised over services for children attending mainstream school.
- Each Community Healthcare Organisation area is required to have a process in place that will consider any exceptional individual circumstances that may require a child to access an alternative Children's Disability Network Team to that determined by their home address.

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 arising from a disability 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 8.2) and an "Explanatory Guide" (Appendix 8.3) provide a framework for assisting clinicians in 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 arising from a disability, 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 their 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 their 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 .

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.'[1]

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:

[1] 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' [2]

3.3 **Levels of Difficulty**

Consideration must be given to the different levels of difficulties across a range of functional skills such as 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.

[2] 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 arising from a disability 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.

3.4.2 Complex Needs

Complex needs arising from a disability 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.

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 Community Healthcare Network Level.

Nine CHOs were established at community level across the country in 2015, following the recommendations of the "Community Healthcare Organisations Report" (2014). This report recommended the reorganisation of Primary Care into 90 Primary Care / Community Healthcare 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 Community Healthcare Organisations. 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 engage with Child and Adolescent Mental Health services (CAMHS) as outlined in the 2017 HSE Joint Working Protocol.

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's 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 five 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 2 years 11 months; 3 years to 5 years 11 months; 6 years to 11 years 11 months; 12 years to 17 years 11 months) have been developed, which establishes the minimum data requirement for referral. 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 and accompanied by the completed *'Additional Information Form'* for the age category (and any relevant existing reports.

Each local service will develop an information leaflet to be provided to parents and referrers.

The national "Children's Services Referral Form" and the five national "Additional Information Forms (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.

These forms are available in two formats; a hard copy for completing by hand or an editable PDF format that the referrer / parent can complete on a computer or mobile device before printing and signing the necessary consent.

5.3 Form to assist with decisions on referrals

All referrals must be considered by clinicians using their professional judgment. The purpose of the *'Form to assist with decisions on referral'* (Appendix 7.2) is to provide a transparent, consistent and efficient process in order to form a picture of the child's needs at a single point in time and support decisions 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 7.3) which gives definitions of domains and levels of difficulty. Those deciding on referrals form their opinions 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.

The child's scores in each domain are added to provide a total score.

- A score of 1 – 2 indicates the child's needs are likely to be best met by Primary Care Services.
- A score of 7 and over indicates the child's needs are likely to 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.

The form is intended solely to provide a consistent means of organising the available information about the child at the time of referral. Scoring on the form must never be regarded as conclusive and must be supported by the professional judgement of clinicians in deciding the most appropriate pathway for a child.

This form is not intended to support decision making about discharge from, or transfer between services, nor should it be used in any other way as a tool to determine a child's needs.

If after due consideration it is unclear which is the most appropriate service for a child, the referral and all supporting documentation may be brought to the Integrated Children's Services Forum for a decision.

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 (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).

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 care groups i.e. Primary Care Services, Children's Disability Network Services, and Child Adolescent Mental Health Service (CAMHS) and with other Hospitals and Agencies, Tusla (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. It should be chaired by a senior manager rotated between Children's Disability Services, Primary Care Services and Child and Adolescent Mental Health 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 (Child and Family Agency), Education and other relevant services as needed (See Appendix 7.4 for suggested Terms of Reference and membership).

5.5 **Discharge/Closure**

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

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

- The young person has reached the age of 18 years. Children's Disability 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 (Child and Family Agency), and the parents/guardians must be informed of such referral.

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

The form to assist with decisions on referrals is only intended as a guide at the time of referral and is not appropriate for use in deciding on discharge or transfer of a child's services.

6 Implementation

6.1 Implementation Plan

The policy is being introduced on a phased basis to allow for frequent review in its early operation. In particular the use of the form to assist decisions on referral will continue to 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.
- 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 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 every two years.

The process for audit and review will be agreed nationally between Community Operations Disability and Primary Care Services.

An audit of the use of the form to assist decisions on referral 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.
The forms were reviewed in 2019 by a group of nominated clinicians from Primary Care and Disability Services.

7 Appendices

7.1 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 and young people aged from birth to 18 years with complex needs arising from a disability.
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).
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 led by a local lead who 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 leads out on the implementation of its associated Projects and Service Plans. It is led 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. 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	A standard form agreed between stakeholders for use by referrer when referring a service user to a service.
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.
Waiting List	Number of children waiting to be seen for assessment and/or treatment

7.2 Form to assist with decisions on referrals

Feidhmeannacht na Seirbhíse Sláin
Health Service Executive

Form to assist with decisions on referrals

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 arising from a disability, or clearly at significant risk of disability, will automatically be accepted into a Children's Disability Network Team.		
Recommendation		
1. Service to be offered by:		
2. Further information needed from		
3. Screening assessment to be conducted by:		
Notes/comments **Signed:**		

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Identifying complexity of the child's needs

Child's Name: **DOB:**

	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)				
		A	B	C	D	E
		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	Communication					
4	Social interactions relationships and play					
5	Daily Living Skills					
6	Behaviour & emotions					
7	Learning & applying knowledge and skills					
8	Vision and hearing					
9	Sensory Processing					
	Medical needs		None (tick)	Some Needs=1	High Needs =2	Very high needs = 3
	Summary Totals for each column	[redacted]	[redacted]			
	Total =					

All decisions on the most appropriate service for a child must be based on clinical judgment. This form and the suggested scoring is only to be used as a guide.

1-2 Primary Care is likely to be the 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.
7 -30 Children's Disability Network Team is likely to be the appropriate service to meet child's needs

Comments

7.3 Explanatory guide for form to assist with decisions on referrals

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Health Service Executive

Explanatory guide for using the form to assist with decisions on referral

The form is only intended to provide a consistent means of organising the available information about the child at the time of referral and for no other purpose. It is not appropriate for use to determine ongoing intervention or discharge/transfer from a service.

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. However decisions on referrals must always be made on the basis of clinical judgement.

Using the information from the referral form and any accompanying reports, the clinician or 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 are likely to be best met at Primary Care level.

A score of 7 – 30 indicates the child's needs are likely to be best 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.

Scoring according to the form must never be regarded as conclusive on its own. In all cases clinicians must use their own professional judgment in deciding the most appropriate pathway for a child.

If after due consideration it is unclear which is the most appropriate service for a child, the referral and all supporting documentation may be brought to the Integrated Children's Services Forum for a decision. (See Section 5.4).

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. 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.

4. 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.

5. 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.

6. 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.

7. 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.

8. 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.

9. 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.

10. 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.

7.4 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.
- 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
- Make the best use of available resources to meet the needs of children and their families

Membership

- Representatives of Primary Care Services
- Representatives of Children's Disability Services
- Representatives of Child and Adolescent Mental Health Services (CAMHS)
- Representatives of Tusla The Child and Family Agency
- Representatives of Education

Chairperson

The Chairperson for the ICSF should be rotated between managers of Primary Care, Disabilities and Mental Health services. 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.

Reporting Relationship

The ICSF will operate under the auspices of the Primary, Social Care and Mental Health Management Teams in terms of overall performance.

Where trends or patterns arise or where operating procedures need to be developed these should be escalated to the Primary & Social Care Management Teams in the first instance.

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

Working Arrangements

- Referral Sources

Referrals for discussion at the ICSF will be accepted from:

  - Head of Services - Primary & Social Care
  - Children's Disability Network Managers
  - Primary Care professionals
  - Medical professionals
  - Child and Adolescent Mental Health Services (CAMHS)
  - Education services
  - Hospital Services

- Referral Criteria
  - Children where it is unclear where 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 Network Manager/Head of Discipline level as appropriate and only directed to the ICSF when it cannot 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 Service 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 ICSF

The task of the ICSF 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 child has been referred for decision making at the ICSF, 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?

7.5 Children's Services Referral Form and Additional Information Forms

These forms are available in two formats - editable PDF for completing on a computer and read only Word for completing by hand. They are reproduced in this document for information purposes only.

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CHILDREN'S SERVICES REFERRAL FORM

Date of Referral	**Referrer**

SERVICE YOU WISH TO REFER TO (Please see attached sheet for addresses of local services)

Primary Care Services	**Children's Disability Services**
Children with non-complex needs arising from a disability should be referred to Primary Care. Copies of referral forms will be forwarded to all selected disciplines. Dietetics ☐ Physiotherapy ☐ Speech & Language Therapy ☐ Occupational Therapy ☐ Social Work ☐ Psychology ☐Community Medicine Service ☐ Nursing ☐ Other ☐ (specify) _____	**Children with complex needs arising from a disability should be referred to Children's Disability Services** A child has complex needs arising from a disability if he or she has a range of significant difficulties that require the services and support of a disability team. **Children's Disability Network Team** ☐

CHILD'S PERSONAL DETAILS

Surname		**First name**	
Gender	**Date of Birth**	**Child's Age Years**	**Months**
Address		**Eircode**	

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

Country of Birth	**First Language** **Other languages spoken at home**	**Interpreter required** YES ☐ NO☐

Number of siblings, their ages and details of any services they are attending

REASONS FOR REFERRAL	
What are the main concerns and priorities for the child and their family?	1.
	2.
	3.

GENERAL PRACTITIONER DETAILS		
GP Name/Practice	**GP Telephone**	**Email**
GP Address		

OTHER COMMUNITY HEALTHCARE SERVICES List all other services currently involved or waitlisted	
Children's Disability Network Team ☐	**Primary Care:** Speech and language therapy ☐ Occupational therapy ☐ Physiotherapy ☐ Psychology ☐ Other (please give details) ☐
Child & Adolescent Mental Health Service ☐	**Tusla** ☐
Other (Please give details) ☐	

CRECHE, PRE-SCHOOL OR SCHOOL DETAILS (Attach any Preschool or School Reports)	
Creche **Preschool** **Address**	**School** Child's Class **Address**
Manager/Contact Person	**Principal's Name**
Telephone **Email**	**Telephone** **Email**

MEDICAL HISTORY (Attach any relevant Medical Reports)
Relevant Medical History & Birth History
Any diagnosis e.g. medical condition, learning disability, developmental disorder, hearing impairment. There may be more than one. Who made the diagnosis and date?
If the child is currently in hospital what date is he/she expected to be discharged?
Current medications
Allergies/Adverse medication events
Current investigations e.g. blood tests, scans, hearing tests

SOCIAL CIRCUMSTANCES
Relevant family and social history For example family health or housing difficulties, financial or employment problems, bereavement or other stresses.

ANY OTHER RELEVANT INFORMATION
Please indicate whether referrer should be contacted prior to the initial appointment YES ☐ NO ☐
Are there any relevant risk factors in relation to this referral?

CONSENT: Referrals without signed consent of parent(s) / guardian(s) will not be accepted.

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.

Definition of a Legal Guardian

All mothers, whether they are married or unmarried, have automatic guardianship status in relation to their children, unless they give the child up for adoption. A father who is married to the mother of his child also has automatic guardianship rights in relation to that child. This applies even if the couple married after the birth of the child.

A father who is not married to the mother of his child does not have automatic guardianship rights in relation to that child. If the mother agrees for him to be legally appointed guardian, they must sign a joint statutory declaration. However an unmarried father is automatically a guardian if he has lived with the child's mother for 12 consecutive months after 18/1/2016, including at least 3 months with the mother and child following the child's birth.

Children in Care

For children in voluntary care or on an interim order, the parents must sign the consent. For children on a care order the consent is signed by a Tusla Child and Family Agency social worker.

Child's Name **Date of Birth**

- **I give permission for my child to be referred to Primary Care Services /Children's Disability Services** YES ☐ NO ☐
- **I give permission for information about my child to be held by Primary Care Services/Children's Disability Services in accordance with obligations under the Data Protection Acts 1988, 2003 and 2018** YES ☐ NO ☐
- **I give permission that in the event that this referral is not appropriate it may be shared with other relevant services to facilitate an onward referral. I will be contacted in advance of this information being forwarded on to another service.** YES ☐ NO ☐
- **I give permission to Primary Care Services/ Children's Disability Services to contact and obtain relevant information in order to understand and address my child's needs from the professionals and services listed below, such as a hospital consultant, psychologist, speech & language therapist, teacher etc. Only those listed below will be contacted.** YES ☐ NO ☐

Name (if available)	Service	Contact Details

Name of Parent 1/Guardian

Signature **Date:**

Name of Parent 2/Guardian

Signature **Date**

REFERRERS DETAILS

Name: **Role (Parent/ Legal guardian, professional):**		**Date:**
Address:	**Telephone:**	**Mobile:**
	Email:	
Signature:		

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ADDITIONAL INFORMATION FORM TO ACCOMPANY CHILDREN'S SERVICES REFERRAL FORM

Baby aged from birth to 11 months

Date of Referral	**Referrer**

In order to help services appropriately accept and prioritize referrals, this form should be completed by the baby's parents or in consultation with them, and sent with the Children's Services Referral Form.

Please also attach any health or other reports you have on your child

Child's Surname	**Child's First Name**	**Date of Birth**

Parents' names and contact details

BIRTH HISTORY			
Length of Pregnancy Weeks/days	Place of Birth	Birth Weight	Birth Length

Was your baby admitted to the neonatal unit? Yes ☐ No ☐

Has your baby been in hospital at any time since they were born? Yes ☐ No ☐

If Yes, for what reason?

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

Please provide your baby's up to date length, weight and head size centile scores from their growth chart if available.

TELL US ABOUT YOUR BABY'S DEVELOPMENT

Can your baby....	
Grab a toy with either hand?	Left ☐ Right ☐ Not yet ☐
Grab both feet when lying on his or her back?	Yes ☐ Not yet ☐
Roll over…	On to tummy ☐ On to back ☐ Neither yet ☐
Tolerate lying on his or her tummy?	Yes ☐ Not yet ☐
Sit….	On his or her own ☐ Only with support ☐ Not yet ☐

Crawl… On tummy ☐ On hands and knees ☐ Not yet ☐
Does your baby pull to standing? Yes ☐ Not yet ☐
Stand…. Without support ☐ Only with support ☐ Not yet ☐
Do you have any other concerns about your baby's movement such as being floppy or tense when you lift him or her? If so please give details:
Is your baby able to fully open his or her hands including thumb? Yes ☐ Not yet ☐
Is your baby able to grasp and release a toy? Yes ☐ Not yet ☐
Does your baby use one hand more than the other? Yes ☐ Not yet ☐
Can your baby pass toys from one hand to the other? Yes ☐ Not yet ☐
If you have concerns about your baby's hand movements please give details:
Do you have any concerns about your baby's weight or growth? Yes ☐ No ☐ If Yes please describe Please enclose any growth and weight charts.
Describe your baby's daily feeding routine, times and size of feeds. How does your baby feed? How long does a breast or bottle feed take? If your baby has started spoon feeding, is it going well?
Do you find feeding stressful? Yes ☐ No ☐ If Yes please describe
Is your baby taking any specialised feeds, drinks or foods? Yes ☐ No ☐ Please give details

Do you have concerns about your baby's sleep? Yes ☐ No ☐ If Yes please describe
How do you know what your baby wants? e.g. does he or she look at you, cry when hungry, smile, reach out?
Can your baby look at an object and follow it when it moves? Yes ☐ Not yet ☐
What kind of sounds does your baby make? e.g. happy sounds, sad sounds, types of cries, sounds like aah, babble such as bada, gaga
Do you have concerns about how your baby's behaves? e.g. excessive crying, irritable, too quiet Yes ☐ No ☐ If Yes please describe your concerns
Do you have concerns about your baby's ability to play and respond to play? Yes ☐ No ☐ Please describe your concerns:
Do you think your baby is over-sensitive to noise, textures, movements or smells? Yes ☐ No ☐ If Yes please give details
Do you have concerns about your baby's eye sight? Yes ☐ No ☐ If Yes, give details of your concerns and result of any tests undertaken
Has your baby had a hearing test? Yes ☐ No ☐ Please give details
Do you have any concerns about your baby's hearing now? Yes ☐ No ☐ If Yes, give details of your concerns
Has anyone else expressed concern about any aspect of your baby's development? e.g. Doctor, Public Health Nurse, family members, childminder Yes ☐ No ☐ If Yes please give details including who expressed the concern:

Is there anything else you would like to tell us about your baby?
Tell us about what he or she enjoys and can do, along with any concerns you have
What is your main concern and priority for your baby?

Safety and Risk Please give details of any issues which pose a significant risk to the health and wellbeing of your baby or of others.
Please give details of who completed this form
Form completed by: Relationship to child: Contact details:

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ADDITIONAL INFORMATION FORM TO ACCOMPANY CHILDREN'S SERVICES REFERRAL FORM

Child aged from 12 months to 2 years11 months

Date of Referral	**Referrer**

In order to help services appropriately accept and prioritize referrals, this form should be completed by the parents or in consultation with them, and sent with the Children's Services Referral Form.

Please also attach any health or other reports you have on your child

Surname	**First Name**	**Date of Birth**

Parents' names and contact details

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 ☐

Has your child ever been in hospital since they were born? Yes ☐ No ☐

If Yes, for what reason?

Please give details of any 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 and Gross Motor Skills

Has your child achieved the following?

Rolling from back to tummy	Yes ☐	At what age	Not yet ☐	
Sitting	Yes ☐	At what age	Not yet ☐	
Crawling	Yes ☐	At what age	Not yet ☐	
Walking independently	Yes ☐	At what age	Not yet ☐	
Running	Yes ☐	At what age	Not yet ☐	

If your child is walking do they tend to walk on tiptoes? Yes ☐ No ☐

Is your child clumsier than other children their age? Yes ☐ No ☐

Describe any concerns you have about your child's movement and gross motor skills:

2. Fine Motor Skills and Hand Movement

Which of the following can your child do?
Pick up small objects such as raisins Yes ☐ Not yet ☐
Play with construction games e.g. building blocks or Duplo Yes ☐ Not yet ☐
Use a pencil or crayon to scribble or draw Yes ☐ Not yet ☐
Describe any concerns you have about your child's ability to use their hands

3. Communication, Speech and Language
Please explain how your child lets you know they want something? (e.g. crying, pulling, pointing, sounds, gestures, uses signs, uses pictures, words, sentences or a combination of these?)
Has your child achieved the following?
Babbling (e.g. gaga bada) Yes ☐ At what age ☐ Not yet ☐ Skill achieved but since lost ☐
Gestures such as wave "bye bye" and point? Yes ☐ At what age ☐ Not yet ☐ Skill achieved but since lost ☐
First word such as 'cat' 'more'? Yes ☐ At what age ☐ Not yet ☐ Skill achieved but since lost ☐
Putting two words together? Yes ☐ At what age ☐ Not yet ☐ Skill achieved but since lost ☐
How many words can your child put together now in a sentence?
Give an example of the kind of things your child says now:
Does your child have difficulty understanding what you say? Yes ☐ No ☐
Please give details of any concerns you have about your child's speech, language, communication and voice:

4. Social Interaction, Relationships, Play and Leisure
When playing does your child allow you or other adults to join in? Always ☐ Sometimes ☐ Never ☐ When playing does your child allow other children to join in? Always ☐ Sometimes ☐ Never ☐ Describe how your child plays with others:
Describe what toys your child plays with and how they play with them:
What activity does your child like to do?
Does your child engage in pretend play and make believe games? Yes ☐ No ☐

Is there anything you would like us to know about your child's play, friendships and activities?

5. Daily Living Skills

5A Food and Drink

Do you have any concerns about your child's weight or growth? Yes ☐ No ☐

If Yes, give details

Do you have any concerns about your child's nutrition or the range of foods they eat? Yes ☐ No ☐

If Yes, give details

Describe your child's usual food, drinks and mealtime routine?

Can your child use a spoon to feed him or herself? Yes ☐ Not yet ☐

Can your child drink from a beaker with a spout or a cup by themselves? Yes ☐ Not yet ☐

Give details of any concerns about your child's ability to feed themselves

Do you have any concerns about ***how*** your child is chewing, swallowing or drinking? Yes ☐ No ☐

If Yes please describe

Are mealtimes stressful? Yes ☐ No ☐

If Yes please describe

Is your child on specialised feeds, drinks or foods? Yes ☐ No ☐

If Yes, give details

5B. Urinary and Bowel Habits

Please describe what stage your child has reached with toilet training

Are there any issues around toileting? Yes ☐ No ☐

If Yes, describe

5C. Sleep and Rest

Do you have concerns about your child's sleeping routine? Yes ☐ No ☐

If Yes, describe:

Do you have any concerns about your child's level of energy? Yes ☐ No ☐

If Yes, describe

6. Behaviour and Emotions

Have you any concerns about your child's emotional wellbeing and behaviour? At home ☐ Out and about ☐

Describe any concerns

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

Frequent prolonged tantrums ☐	Aggressive ☐	Irritable ☐	Excessive Crying ☐	Clingy ☐
Upset for seemingly minor things ☐	Withdrawn or too quiet ☐	Doesn't like change☐	Frustrated ☐	Worries a lot☐

If Yes to any of the above, how often does this occur? Daily ☐ Weekly ☐ Monthly ☐ Less often ☐

What impact does this have on your child and on your family and what helps to prevent problems?

7. Learning

Do you have any concerns about your child's ability to learn new skills? Yes ☐ No ☐

If Yes, describe

Has anyone else expressed any concern about your child's ability to learn, such as the creche, a family member?

Yes ☐ No ☐

If Yes, give details of the concern and who expressed it

8. Vision and Hearing

Does your child have vision problems which cannot be corrected with glasses? Yes ☐ No ☐

If Yes, give details

Does your child attend a specialist service for their vision or for their hearing? Yes ☐ No ☐

If Yes, give details

9. Sensory Processing

If you have concerns about your child's sensitivity to any of the following, either avoiding them or seeking them out, please tick:

Noise ☐ Touch ☐ Textures (such as fabrics) ☐ Movements ☐ Smells ☐ Food ☐ Lights ☐

If you have ticked any of the above, please give details and describe how this impacts on everyday life

10. **Is there anything else you would like to tell us about your child?**

Tell us what your child enjoys and is good at as well as the things they find difficult:

What is your main concern and priority for your child?

Safety and Risk

Are there any issues which are a significant risk to the health and wellbeing of your child or others, such as physical injury to self or others, refusal to eat?

Please give details of who completed this form

Form completed by:

Relationship to child:

Contact details:

Date:

N.B. Please attach copies of any health or pre-school reports that you have.

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ADDITIONAL INFORMATION FORM TO ACCOMPANY CHILDREI SERVICES REFERRAL FORM

Child aged from 3 years to 5 years 11 months

Date of Referral:	**Referrer:**

In order to help services appropriately accept and prioritize referrals, this form should be completed by the parents or in consultation with them, and sent with the Children's Services Referral Form.

Please also attach any health or school or pre-school reports you have on your child

Child's Surname	**Child's First Name**	**Date of Birth**
Parents' names and contact details:		

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 ☐		
Has your child ever been in hospital since they were born? Yes ☐ No ☐ If Yes, for what reason?		
Please give details of any 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 and Gross Motor Skills

Has your child achieved the following?

Walking independently	Yes ☐	At what age	Not yet ☐
Running	Yes ☐	At what age	Not yet ☐
Jumping	Yes ☐	At what age	Not yet ☐
Climbing up and down stairs	Yes ☐	At what age	Not yet ☐
Throwing a ball	Yes ☐	At what age	Not yet ☐
Catching a ball	Yes ☐	At what age	Not yet ☐
Kicking a ball	Yes ☐	At what age	Not yet ☐

Please tick if any of the following describe your child's movements

Trips more than other children their age	☐

Falls more than other children their age ☐
Bumps into other things more than other children their age ☐
Tends to walk on tiptoes ☐
Clumsier than other children their age ☐
My child is losing skills they did have ☐
My child's posture looks different from other children ☐
If you have ticked any of these, give details:
Is your child keeping up with other children of their age in physical development and activity? Yes ☐ No ☐ If No, give examples
Describe any other concerns you have about your child's movement and gross motor skills
2. Fine Motor Skills and Hand Movement
Which of the following can your child do if they have had a chance to try it?
Pick up small objects such as raisins or beads Yes ☐ No ☐
Play with construction toys such as building blocks or Lego Yes ☐ No ☐
Use a pencil or crayon to scribble or draw Yes ☐ No ☐
Use a child's scissors to cut paper Yes ☐ No ☐
Open their lunchbox Yes ☐ No ☐
Describe any concerns you have about your child's fine motor and hand movements
3. Communication, Speech and Language
Please explain how your child communicates ***most*** of their messages ***now***? (e.g. crying, pulling, pointing, sounds, gestures, uses signs, uses pictures, words, sentences or a combination of these?)
Has your child achieved the following?
First words, such as 'cat' 'more'? Yes ☐ At what age ☐ Not yet ☐ Skill achieved but since lost ☐
Putting two words together? Yes ☐ At what age ☐ Not yet ☐ Skill achieved but since lost ☐
How many words can your child put together now in a sentence?
Give an example of the kind of things your child says now
Do any of the following describe your child's speech, language, and communication abilities?
My child has difficulty understanding what I say Yes ☐ No ☐

If yes, please give examples

My child has difficulty telling a story, such as telling me about something that happened during their day
Yes ☐ No ☐

My child finds it hard to pronounce/say certain sounds, for example says "tup" for "cup Yes ☐ No ☐

Please give details of any concerns you have about your child's speech, language, communication and voice

4. Social Interaction, Relationships, Play and Leisure

When playing does your child allow you or other adults to join in? Always ☐ Sometimes ☐ Never ☐

When playing does your child allow other children to join in? Always ☐ Sometimes ☐ Never ☐

Describe how your child plays with others

Does your child show an interest in other children? Yes ☐ No ☐

Does your child take turns with other children? Yes ☐ No ☐

Does your child share toys with other children? Yes ☐ No ☐

What toys does your child like to play with and how do they play with them?

Does your child engage in imaginative play e.g. pretend and make believe games?

What activities do your child like to do?

Please give any further comments about your child's play, friendships and activities:

5. Daily Living Skills

5A. Food and Drink.

Do you have any concerns about your child's weight or growth? Yes ☐ No ☐

If yes, give details

Please enclose any growth or weight charts available

Do you have any concerns about how much your child eats and drinks, or the range of foods they eat? Yes ☐ No ☐

If yes, give details

Describe your child's usual food, drinks and mealtime routine?

Can your child use a spoon to feed themselves? Yes ☐ No ☐

Can your child drink from a cup by themselves? Yes ☐ No ☐

If No, give details:

Do you have any concerns about ***how*** your child is eating, swallowing and drinking? Yes ☐ No ☐

If Yes please describe:

Are mealtimes stressful? Yes ☐ No ☐

If Yes please describe

Is your child on any specialised feeds, drinks or food? Yes ☐ No ☐

If Yes, give details

5B. Urinary and Bowel Habits

Please describe what stage your child has reached with toilet training

Are there any issues around toileting? Yes ☐ No ☐

If Yes, describe

5C. Personal Care, Dressing and Independence

Does your child dress themselves? Yes ☐ No ☐ With some help ☐

Does your child undress themselves? Yes ☐ No ☐ With some help ☐

Describe what your child can do for themselves

Have you any concerns about your child's safety awareness in the home or out and about? Yes ☐ No ☐

If Yes, describe

6. Behaviour and Emotions

Do you have concerns about your child's emotional wellbeing and behaviour?

At home ☐ At crèche, pre-school or school ☐ Out and about ☐

Please describe any concerns

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

Frequent prolonged tantrums ☐	Aggressive ☐	Irritable ☐	Excessive Crying ☐	Clingy ☐

Upset for seemingly minor	Withdrawn/too quiet ☐	Doesn't like change ☐	Frustrated ☐	Worries a lot ☐

If Yes to any of the above, how often does this occur? Daily ☐ Weekly ☐ Monthly ☐ Less often ☐

What impact does this have on your child and on your family and what helps to prevent problems

7. Learning

Do you have any concerns about your child's ability to learn new skills? Yes ☐ No ☐

If yes please describe

Has anyone else expressed any concern about your child's ability to learn such as a teacher, psychologist, family member?

Yes ☐ No ☐

If Yes give details of the concern and who expressed it

Do you have any concerns about your child's ability to concentrate? Yes ☐ No ☐

Is your child having any difficulties keeping up with learning or school work? Yes ☐ No ☐

If Yes give details

8. Vision and Hearing

Does your child have vision problems which cannot be corrected with glasses? Yes ☐ No ☐

If Yes, give details

Does your child attend a specialist service for their vision or hearing? Yes ☐ No ☐

If Yes, give details

9. Sensory Processing

If you have concerns about your child's sensitivity to any of the following, either avoiding them, getting annoyed with them or seeking them out, please tick:

Noise ☐ Touch ☐ Textures (such as fabrics) ☐ Movements ☐ Smells ☐ Food ☐ Lights ☐

If you have ticked any of the above, describe how this impacts on everyday life for your child and for you

10. **Is there anything else you would like to tell us about your child?**

Tell us what your child enjoys and is good at as well as the things they find difficult

What is your main concern and priority for your child?

Safety and Risk

Are there any issues which are a significant risk to the health and wellbeing of your child or others, such as physical injury to self or others, refusal to eat?

Please give details of who completed this form

Form completed by:

Relationship to child:

Contact details:

Date:

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

ADDITIONAL INFORMATION FORM TO ACCOMPANY CHILDREN'S SERVICES REFERRAL FORM

Child aged from 6 years to 11 years 11 months

Date of Referral: **Referrer:**

In order to help services appropriately accept and prioritise referrals, this form should be completed by the child's parents or in consultation with them, and sent with the Children's Services Referral Form.
Please also enclose copies of any health or school reports you have on your child

Child's Surname	**Child's First Name**	**Date of Birth**

Parents' names and contact details

YOUR CHILD'S DEVELOPMENT *Please note some questions may not be relevant for your child*

1. Movement and gross motor skills

Do you have any concerns about your child's ability to move around such as walking, running, jumping, balancing compared to other children their age? Yes ☐ No ☐

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

How does your child's difficulty with moving impact on their ability to do everyday activities? e.g. washing, dressing, play

Have you noticed any recent changes in your child's ability to move or their level of fatigue? Yes ☐ No ☐
If Yes, please give details

Do you have any other concerns about your child's movement or gross motor skills?

2. Hand Movement and Fine Motor Skills

In comparison with other children their age can your child do the following?

Pick up small objects with finger and thumb	Yes ☐	No ☐
Play with construction toys such as building blocks or Lego	Yes ☐	No ☐
Use a pencil or pen to write	Yes ☐	No ☐
Use a scissors to cut paper	Yes ☐	No ☐
Open their lunchbox	Yes ☐	No ☐

If you answered No to any of the above questions or you have other concerns about your child's hand movement please give details

3. Communication, Speech and Language

Do any of the following describe your child? Please tick if Yes

My child has difficulty telling a story e.g. telling me about something that happened at school	☐
My child gets confused when I give them long instructions	☐

My child has difficulty holding a conversation with other children	☐
My child has difficulty holding a conversation with adults	☐
My child's speech is difficult to understand compared to other children	☐
My child likes to talk about particular topics to the exclusion of others	☐
My child has difficulty holding eye contact	☐
My child has difficulty understanding what is said to them	☐
My child does not consistently respond to their name	☐
My child has issues with their voice e.g. prolonged hoarseness	☐
My child has a stammer	☐

If you have ticked any of the above please give further details:

Does your child use technology or a computer to communicate? Yes ☐ No ☐

If yes please give further information on technology or computer use:

Please give details of any other concerns about your child's speech, language, communication and voice:

4. Social Interaction, Relationships, Play and Leisure

When playing does your child allow you or other adults to join in? Always ☐ Sometimes ☐ Never ☐

When playing does your child allow other children to join in? Always ☐ Sometimes ☐ Never ☐

Give details of any concerns about how your child plays with others

What toys and games does your child like to play with and how do they play with them?

Does your child engage in imaginative play e.g. pretend and make believe games?

What activities does your child like to do?

What activities in the community does your child take part in?

Does your child need extra help to play with others and if so what kind of help?

Please give any further comments about your child's play, friendships and activities:

5. Daily Living Skills

5A. Food and Drink

Do you have any concerns about your child's weight or growth? Yes ☐ No ☐

If Yes, give details

Please describe your child's usual meal, food and drink routine:

Do you have any concerns about how much your child eats or the range of foods they eat? Yes ☐ No ☐

If Yes, describe

Does your child have special feeding requirements? Yes ☐ No ☐

If Yes, describe

Do you have any concerns about ***how*** your child is eating, swallowing and drinking? Yes ☐ No ☐

If Yes, describe

Are mealtimes stressful? Yes ☐ No ☐

If Yes, describe

5B. Urinary and Bowel Habits

Does your child have any issues with toileting? Yes ☐ No ☐

If Yes please describe

5C. Personal Care, Dressing and Independence

Do you have concerns about your child's ability to manage the following compared with other children their age?

Dressing	Yes ☐ No ☐	Undressing	Yes ☐ No ☐
Washing	Yes ☐ No ☐	Brushing teeth	Yes ☐ No ☐
Organising belongings	Yes ☐ No ☐	Getting ready for school	Yes ☐ No ☐
Getting ready for bed	Yes ☐ No ☐		

If Yes to any of the above please describe your concerns

5D. Sleep and Rest

Do you have concerns about your child's sleeping routine? Yes ☐ No ☐

Do you have any concerns about your child's level of energy? Yes ☐ No ☐

If Yes to either of these questions give details

6. Behaviour and Emotions

Do you have concerns about your child's emotional wellbeing and behaviour?

At home ☐ At school ☐ Out and about ☐

Please describe any concerns

Do any of the following describe your child's behaviour? (Please tick if Yes)

Frequent prolonged outbursts or meltdowns ☐	Aggressive ☐	Avoids certain activities or people ☐	Excessive crying ☐	Clingy ☐
Upset for seemingly minor things ☐	Withdrawn or too quiet ☐	Doesn't like change ☐	Frustrated ☐	Worries a lot ☐

If Yes to any of the above, how often does this occur? Daily ☐ Weekly ☐ Monthly ☐ Less often ☐

What impact does this have on your child and on your family and what helps to prevent problems?

7. Learning

Do you have any concerns about your child's ability to learn? Yes ☐ No ☐

If Yes please describe

Has anyone expressed any concern about your child's ability to learn such as a teacher, psychologist or family member?

Yes ☐ No ☐

If Yes, give details of the concern and who expressed it

Is your child having any difficulties keeping up with learning and schoolwork? Yes ☐ No ☐

If Yes, give details:

Has your child had any assessments of their learning? e.g. NEPS

Please enclose with this form copies of any school or psychology reports you have on your child.

Does your child have any additional support in school, such as SNA, Special Education teaching? Yes ☐ No ☐

If Yes, give details :

8. Vision and Hearing

Does your child have vision problems which cannot be corrected with glasses? Yes ☐ No ☐

If Yes, give details:

Does your child attend a specialist service for their vision or for their hearing? Yes ☐ No ☐

If Yes, give details:

9. Sensory Processing

If you have concerns about your child's sensitivity to any of the following, either avoiding them, getting annoyed with them or seeking them out, please tick:

Noise ☐ Touch ☐ Textures(such as fabrics) ☐ Movements ☐ Smells ☐ Food ☐ Lights ☐

If you have ticked any of the above, describe how this impacts on everyday life for your child and for you:

Is there anything else you would like to tell us about your child?

Tell us what your child enjoys and can do well, as well as the things they find difficult

What is your main concern and priority for your child?

Safety and Risk

Are there any issues which are a significant risk to the health and wellbeing of your child or others, such as physical injury to self or others, refusal to eat?

Please give details of who completed this form

Form completed by:

Relationship to child:

Contact details:

Date:

Please attach copies of any health or school reports

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

ADDITIONAL INFORMATION FORM TO ACCOMPANY CHILDREN'S SERVICES REFERRAL FORM

Child/young person aged from 12 years to 17 years 11 months

Date of Referral: **Referrer:**

In order to help services appropriately accept and prioritize referrals, this form should be completed by the child's parents or in consultation with them, and sent with the Children's Services Referral Form.
Please also enclose copies of any health or school reports you have

Child's or Young Person's Surname	First Name	Date of Birth

Parents' names and contact details

YOUR CHILD'S OR YOUNG PERSON'S DEVELOPMENT Please note some questions may not be relevant

1. Movement (Gross Motor Skills)

Do you have any concerns about your child's or young person's ability to move around such as walking, running, jumping, and balancing? Yes ☐ No ☐

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

How does their difficulty with moving impact on their ability to do everyday tasks e.g. leisure and social activities, washing, dressing?

Have you noticed any recent changes in their ability to move or their level of fatigue? Yes ☐ No ☐
If Yes, please give details

Do you have any other concerns about their movement or gross motor skills?

2. Fine Motor and Hand Skills

Does your child or young person have difficulty using their hands such as handwriting, using scissors, picking up small items, using computers? Yes ☐ No ☐
If yes, give details

3. Communication

Does your child or young person have difficulty expressing themselves e.g. asking for help, describing events?
Yes ☐ No ☐

Do they have difficulty understanding people? Yes ☐ No ☐

Is it difficult to understand what they are saying? Yes ☐ No ☐

Do they have difficulty going along with a conversation if the other person changes the topic? Yes ☐ No ☐

Do they have any difficulty with understanding jokes or phrases such as 'I'm only pulling your leg'? Yes ☐ No ☐

If Yes to any of the above questions please describe:

Do they use technology or a computer to communicate? Yes ☐ No ☐

If yes please give further information on technology or computer use:

Do they have any issues with their voice e.g. prolonged hoarseness?

Do you have any other concerns about their speech, language, communication and voice?

4. Social Interaction, Relationships and Leisure

Do you have concerns about your child's or young person's ability to form and keep up relationships with others?

Yes ☐ No ☐

Please describe your concerns

Please describe any leisure or sport activities they take part in

5. Daily Living Skills

5A. Food and Drink

Do you have any concerns about your child's or young person's weight or growth? Yes ☐ No ☐

If Yes, give details

Do you have any concerns about how much food they eat or the range of foods they eat? Yes ☐ No ☐

If Yes, give details

Describe their daily food, drinks and mealtime routine

Do you have any concerns about *how* they are eating drinking or swallowing?

If yes please describe

Are mealtimes stressful? Yes ☐ No ☐

If Yes, describe

Are they on specialised drinks or foods? Yes ☐ No ☐

If Yes, give details

5B. Bowel and Urinary Habits

Are there any difficulties with toileting? Yes ☐ No ☐

If Yes, give details:

5C. Personal Care, Dressing and Independence

Do you have concerns about your child's or young person's ability to manage the following compared with others their age?

Dressing	Yes ☐	No ☐	Undressing	Yes ☐	No ☐
Washing	Yes ☐	No ☐	Brushing teeth	Yes ☐	No ☐
Organising belongings	Yes ☐	No ☐	Getting ready for bed	Yes ☐	No ☐
Getting ready for school	Yes ☐	No ☐			

If Yes to any of the above give details

5D. Sleep and Rest

Do you have concerns about their sleep or ability to rest or relax? Yes ☐ No ☐

Do they have difficulty initiating activities or appear lethargic or tire easily? Yes ☐ No ☐

If Yes to either of these questions, give details

6. Behaviour and Emotions.

Have you concerns about your child's or young person's emotional wellbeing and behaviour?

At home ☐ At school ☐ Out and about ☐

Please describe any concerns

Do the following statements describe their behaviour and emotions? (Please tick the appropriate boxes)

Frequent prolonged outbursts or meltdowns ☐	Aggressive ☐	Avoids certain activities or people ☐	Low mood ☐	Clingy ☐
Upset for seemingly minor things ☐	Withdrawn/too quiet ☐	Doesn't like change ☐	Frustrated ☐	Worries a lot ☐

If Yes to any of the above, how often does this occur? Daily ☐ Weekly ☐ Monthly ☐ Less often ☐

What impact does this have on them and on your family and what helps to prevent problems?

7. Learning

Do you have any concerns about your child's or young person's ability to learn? Yes ☐ No ☐

If Yes give details

Has anyone expressed any concern about their ability to learn such as a teacher, psychologist or family member?

Yes ☐ No ☐

If Yes give details of the concern and who expressed it

Are they having any difficulties keeping up with learning and school work? Yes ☐ No ☐

If yes please give details

Have they had any assessments e.g. NEPS?

Please enclose with this form copies of any school or psychology reports you have on your child.

Do they have extra learning support in school such as SNA, Special Education teaching? Yes ☐ No ☐

If Yes give details

8. Vision and Hearing

Does your child or young person have problems with eyesight or vision which cannot be corrected with glasses?

Yes ☐ No ☐

If Yes, give details

Do they attend a specialist service for their vision or hearing? Yes ☐ No ☐

If Yes, give details

9. Sensory Processing

If you have concerns about your child's or young person's sensitivity to any of the following, either avoiding, getting annoyed with or seeking out, please tick

Noise ☐ Touch ☐ Textures (such as fabrics) ☐ Movements ☐ Smells ☐ Food ☐ Lights ☐

If you have ticked any of the above, please describe how this impacts on everyday life for your child and for you

Is there anything else you would like to tell us?

Tell us what your child or young person enjoys and can do well as well as those things they find difficult

What is your main concern and priority?

Safety and Risk

Are there any issues which are a significant risk to their health and wellbeing or that of others, such as physical injury to self or others, refusal to eat?

Please give details of who completed this form

Form completed by:

Relationship to child:

Contact details: