Policy Title: Interim revised national policy on prioritisation of referrals to Children's Disability Network Teams

Developed By: Prioritisation Working Group Progressing Disability Services for Children and Young People programme	**Date Developed: 27.10.15**
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Approved By:	**Date Approved:**

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1.0 Policy Statement

This policy was developed by the Prioritisation Working Group convened under the 'Progressing Disability Services for Children and Young People' programme. It has been revised by the Prioritisation Working Group convened by the National CDNT Steering Group, pending their full review of the policy.

1.1 Terms of Reference of the Working Group

To advise on a national policy for all Children's Disability Network Teams (CDNTs) on prioritisation of referrals for assessment and intervention, taking into account both the child's and the family's needs.

Outside the Terms of Reference

- Prioritisation for individual caseloads
- Management of individual caseloads
- Ongoing reappraisal of needs when children are in service

1.2 Objectives of the Progressing Disability Services for Children and Young People programme

- One clear pathway to services for all children with disabilities according to need
- Effective teams working in partnership with parents
- Resources used to the greatest benefit for all children and families
- Health and education working together to support children achieve their potential

1.3 The principles of the programme in relation to prioritisation of referrals are as follows:

- Equity of access to services according to needs rather than to diagnosis
- Family centred services
- Evidence based best practice
- Services accountable for outcomes for children and their families
- Consistency in service delivery across the country

1.4 Relevant policies and programme guidance documents

- National Policy on Access to Services for Children and Young People with Disability or Developmental Delay 2016

- National Policy on Discharge/Closure and Transfer from Children's Disability Network Teams 2017

- Policy Framework for Service Delivery of Children's Disability Network Teams May 2022

2.0 Policy Purpose

This policy provides a national consistent and equitable method of prioritising referrals for CDNTs. It does not apply to individual clinical caseloads which will be managed on an individual discipline basis according to professional and clinical guidelines.

3.0 Scope of the Policy

This policy applies to management and staff in all Children's Disability Network Teams.

4.0 Roles and Responsibility

It is the responsibility of each CHO and governance group for children's disability services to oversee the implementation of this policy at management and CDNT level and to monitor its operation.

5.0 Procedure

5.1 Model of Service

The model of service for all CDNTs is family-centred and based on the needs of the child. This includes universal, targeted and specialised supports and interventions, as appropriate to the individual child and family. It is based on the objectives of empowering and supporting parents and others who are with the child on a daily basis to facilitate the child's developmental needs.

The CDNT is an interdisciplinary team of health and social care professionals who have specific expertise to support children with complex needs arising from a disability and their families. Members of the CDNT support parents by building

capacity and resilience within the child's immediate network of support, thus enabling children and young people reach their individual potential. The model is based on the primacy of preventative rather than reactive strategies.

It must be acknowledged that services are at all times resource dependent and children may be on a waiting list to access services. The waiting list will at all times be monitored and reviewed, but it is dependent on appropriate persons ensuring that the CDNT is kept informed of any change in a child's needs.

5.2 Referral

The appropriate service for each child (Primary Care or CDNT) is decided according to the complexity of the child's needs on the basis of referral information (see National Policy on Access to Services for Children with Disability or Developmental Delay). Therefore this policy on prioritisation of referrals applies to children whose needs have already been determined as complex and who will access the CDNT.

CDNTs can only make decisions based on the information they receive on referral. Referrers have a duty of care to ensure accurate detailed and relevant information is provided. Lack of relevant information provided by the referrer may lead to unnecessary delay in the processing of the referral.

The CDNM will take the lead in processing referrals and, where relevant, request further information and clarification, or alternatively assign this role to a senior professional on the CDNT.

The National Children's Services Referral Form and Additional Information Forms include questions which will assist in identifying needs for urgent intervention.

From the time of receipt of a referral, the service has a duty to act in a fair, open and transparent manner in processing referrals. If the child is placed on a waiting list for services their families must be given information about how the waiting list is managed and a guideline regarding the current waiting period for initial appointment.

5.3 Prioritisation of referrals

Children will be seen in order of date of receipt of referral. Some children either at the point of referral or while they are on the waiting list may have urgent needs which are within the remit and competence of the CDNT to support, such as equipment breakdown.

Clinical judgement will form the basis of decisions on an individual basis as to a response to urgent needs. Decisions on responding to urgent needs should be documented with clear reasoning for the decision, as set out in a local urgent response protocol.

When information on a referral indicates there might be concerns of an urgent nature the CDNM or a member of the team may need to make contact with the parent or referrer to obtain more information.

The response to an urgent need may be by one or more disciplines for a specific intervention as appropriate to address the child's and family's needs, and is dependent on the resources available in the CDNT. The child will remain on the waiting list for all other interventions as appropriate to their identified needs.

Transfers and re-referrals
If a child's service is transferred between CDNTs, the new CDNT must take the date of the original referral to a CDNT as the referral date , not the date of transfer.

If a child is re-referred subsequent to discharge from a CDNT the date of the original referral must be taken as the date they were referred, not the date of re-referral.

5.4 Protocol for managing urgent issues

Each CDNT must have a protocol for the identification and management of urgent issues and clinical risk. This should include:-
- Documenting clinical decisions regarding an urgent issue, who made the decision and reasons
- How to respond to whoever is providing the information

- How to ensure the responsibility for action is appropriately assigned
- How to communicate with parents or guardians regarding their child's urgent referral and the basis for any decisions
- How to communicate effectively with all members of staff who need the information

5.5 Protocol for management of the referral process

Each CHO must have a protocol for the management of CDNT referrals including clarity on waiting list procedures for parents, referrers and the CDNT members.

6.0 Implementation Plan

This policy will be implemented in conjunction with the National Policy on Access to Services for Children with Disability or Developmental Delay in all Children's Disability Network Teams.