Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Care Pathway for Children Presenting to Primary Care Physiotherapy and/or Occupational Therapy Services in the Mid West

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		Pages	15

1. Policy Statement

It is policy of the HSE Mid West and its partners in Children's Disability Services to use this care pathway to ensure that children access the service most appropriate to their needs.

2. Purpose

This pathway was developed to promote an integrated approach to decision making regarding assessment and intervention for children presenting to Primary Care Physiotherapy and Occupational Therapy Services in the Mid West.

Specifically it has been highlighted that, to date, clear, consistent pathways have not been developed for children who present at primary care level with sensory difficulties and/or motor coordination difficulties. Working groups were established to examine issues arising and to develop appropriate care pathways between primary care and specialist disability services to ensure that these children could access services appropriate to their needs.

Integration of suggestions and feedback from sensory and motor coordination pathway workshops over an eight month period in 2012 led to the development of this care pathway, which is applicable to all referrals to Primary Care Physiotherapy and Occupational therapy.

This pathway is a decision making tool to guide clinicians in dealing with referrals, helping to establish and agree the appropriate service for a child. It illustrates a three pronged pathway (Appendix 1) for children whose needs can be met in Primary Care, those for whom a referral to Network Disability Teams is appropriate, and thirdly those children for whom a joint approach is needed.

It is hoped that the pathway will serve to:

- Provide a joint framework for assessment and service provision for children that promotes joint and multidisciplinary working across services.
- Clarify and improve inter-service working practices by setting out details of each service's access and assessment procedures.
- Improve communication and information sharing through use of a common pathway.

3. Scope.

This pathway applies to Occupational Therapists and Physiotherapists working in Primary Care in the Mid West and to Disability Services Child Development Teams.

The pathway applies to referrals for children and young people up to 18 years of age, or over 18 years and attending secondary school.

It is hoped that the scope of the pathway may be expanded in the future following further consultation with other stakeholders, including other disciplines at primary care level and in other specialist services.

4. Related Legislation/Polices:

This pathway reflects and is consistent with:

- HSE Transformation Programme
- Vision for Change
- National Children's Strategy
- National Health Strategy
- UN Convention on the Rights of the Child
- Disability Act 2005
- EPSEN Act 2005
- 1991 Child Care Act
- Children First Guidelines
- Progressing Disability Services for Children and Young People

This pathway reflects the six operational principles of the National Children's Strategy, which state that services should be:

- Child centred
- Family-oriented
- Equitable
- Inclusive
- Action Oriented, and
- Integrated

5. Glossary of Terms and Definitions

Sensory Processing Disorder:

"Sensory Processing Disorder exists when the sensory signals don't get organized into appropriate responses and a child's daily routines and activities are disrupted as a result."
"The hallmark of children with Sensory Processing Disorder is that their sensory difficulties are chronic and disrupt their everyday life. "Miller (2006)

6. Roles and Responsibilities:

6.1 Roles:

6.1.1 Role of Primary Care Teams:

Children with 'Non Complex Needs' will receive their interventions and support at the Primary Care Team level.

'Non Complex Needs' refers to one or more impairments giving rise to functional difficulties which result in mild restrictions in participation in normal daily living. It may also refer to children with moderate functional difficulties which are likely to be mitigated by unidisciplinary or primary care team level supports.

6.1.2 Role of Child Development Teams

The following children should be referred to their local Disability Services *Early Intervention* Team:

Children **under 6 years of age (up to and including their 6th birthday) not yet attending school** who:

1. Have been diagnosed with or are considered to be at risk of developing a disability (physical, sensory (hearing or vision) or intellectual)

and

who have complex developmental needs requiring input from two or more therapy disciplines within a specialist disability team.

2. Are or have been a 'High Risk Neonate' by meeting criteria a, b or c:

a. <28 weeks gestation
b. <1,000g birth weight
c. Infants <1500g with history of any of the following:
    c.1: broncho-pulmonary dysplasia (chronic lung disease or oxygen dependent for at least 4 weeks)
    c.2: Grade 3-4 intraventricular haemorrhage
    c.3: Retinopathy of prematurity

3. Have been appropriately screened by another service / referrer and who have a query of or diagnosis of ASD. This will include the broad definition of ASD as outlined in the UK National Autism Plan for Children (NAPC).

The following children should be referred to a Disability Services *School Age* Child Development Team:

Children **over 6 years of age, or under 6 years of age and attending school** who:

1. Have primary physical, sensory (hearing or vision), or intellectual disabilities

and

who have complex developmental needs requiring input from two or more therapy disciplines within a specialist disability team .

2. Have been appropriately screened by another service / referrer and who have a query of or diagnosis of Autism Spectrum Disorder (ASD). This will include the broad definition of ASD as outlined in the UK National Autism Plan for Children (NAPC).

In addition, referrals will be accepted by Child Development Teams where it is clearly demonstrable, following liaison between primary care and specialist teams as per this protocol, that the child has

complex needs which cannot be met within the uni-disciplinary basis or multidisciplinary framework of a primary care service. '**Complex Needs'** refers to one or more impairments giving rise to significant activity limitations or at least moderate restrictions in participation in normal daily living activities and interactions. The child with complex needs and their family will require additional supports in terms of key working, interdisciplinary management and or medical supports to mitigate against secondary impairments and their challenges in terms of environmental and personal factors. The child will have impairments in one or more areas which contribute to a range of functional skill deficits, activity limitations and/or participation restrictions.

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

6.1.3 Role of the Paediatric Resource Clinic

The role of the Paediatric Resource Clinic is to provide a decision making forum to inform decisions re appropriate service provision where a doubt exists as to the most appropriate service provider.

(See guideline for operation of Paediatric Resource Clinic.)

6.1.4 Role of CAMHS

Referral should be made to the Child and Adolescent Mental Health Service if the child's difficulties appear to be related to attention or a high activity level and a diagnosis of ADD or ADHD needs further investigation.

6.2 Responsibilities:

6.2.1 Disability Services School Age Child Development Teams

It will be the responsibility of the Clinical Lead of each Child Development Team to ensure that this pathway is followed.

6.2.2 Primary Care Team

It will be the responsibility of Primary Care Occupational Therapy and Physiotherapy Managers to ensure that this guideline is followed within their discipline.

7. Procedure:

This section provides supplementary notes to the Pathway contained in Appendix 1 which outlines an integrated pathway for children presenting to Physiotherapy/Occupational Therapy services in the Mid West.

7.1 Underlying Principles:

Effective communication between services must be the cornerstone of the pathway. While the pathway specifies particular points of liaison between clinicians across services, it is expected that communication between services will take place at any time as required.

Children will be seen at the level of service (Primary Care Team, Network Disability Team or other Specialist Service) most appropriate to their needs. The purpose of this pathway is to ensure that teams work together to ensure that each child accesses the service most appropriate to his/her needs.

Diagnosis may play an important role in determining a child's needs and the intervention indicated, as well as access to educational and other supports. However, diagnosis on its own does not determine the most appropriate service to meet those needs, and in the absence of diagnosis no child should be denied access to services. Any diagnostic process which is required should be carried out by the service most appropriate to meeting the child's health needs. In all cases the best interests of the child must be the primary consideration in decision making, and decisions will be made by clinicians on a case by case basis.

Each service will ensure the highest employee and professional standards are maintained in relation to confidentiality and any information sharing will have the appropriate informed consent.

Children, depending on their needs, may be seen by therapists at primary care level, by specialist network teams, or by a combination of both.

7.2 Screening/Assessment

Following a review of best practice guidelines in relation to assessment and diagnosis the working groups concluded that there is no one tool that will inform clinicians where a child should receive their service and what their full needs are. It is best practice for a holistic assessment of the impact of presenting difficulties to be carried out in a variety of settings.

7.2.1 Motor Coordination Difficulties:

The Motor Coordination Working Group identified the following assessment tools as best practice in terms of screening for Motor Coordination Difficulties:

Information from home/school as appropriate
+
Motor Skills Assessment: (Movement ABC or DCDQ or Mvt ABC Checklist or Bruininks)
+
Functional Assessment

Other assessment tools which may be useful in terms of building a holistic picture of the child's difficulties include Berry Visual-Motor Integration Test, Detailed Assessment Speed of Handwriting, Irish Adaptation Handwriting Speed Test, in addition to non-standardised assessments and clinical observations.

7.2.2 Sensory Difficulties:

The Sensory Working Group identified the following assessment tools as best practice in terms of screening for Sensory Difficulties:

Information from home/school as appropriate, gathered through use of tools such as:

- Parent and Teacher Questionnaires
- The Short Form Sensory Profile (Winnie Dunn),
- The Long Form Sensory Profile (Winnie Dunn),
- The Sensory Processing Measure (Diane Parham and Sheryl Ecker).
- Sensory Profile Teacher Companion (Winnie Dunn)

+

Standardised and/or Non-standardised Sensory and Functional Assessments

In order to contribute to a holistic assessment of the child's needs, Information from all relevant professionals involved with the child should be gathered e.g. educational psychology, speech and language therapy, physiotherapy.

7.3 Impact on Function and Participation:

Clinical reasoning in conjunction with assessment findings, the interpretation of questionnaires and profiles and parental feedback should be used to decide whether the child's difficulties have a mild, moderate or severe impact on function and participation.

7.3.1 Mild

The child's needs can be met within the primary care service e.g. advice and consultation to home and school and/or basic environmental changes allow the child to cope with these mild functional difficulties.

7.3.2 Moderate

Difficulties significantly impact on at least two areas of the child's activities of daily living e.g. level of access to normal social experiences, ability to learn in a classroom situation, level of emotional well being. Difficulties may impact on the child's safety at home and at school.

Children whose difficulties are resulting in moderate impact on their function and participation will in general access some intervention at primary care level. This intervention may include advice, home and/or

school programmes or direct therapy. Children who do not make expected progress towards goals as a result of this intervention will warrant liaison with specialist services as outlined in the pathway and decisions regarding most appropriate future service provision will be made on a case by case basis.

7.3.2 Severe:

Difficulties significantly impact on the child's functioning in many/all areas of daily living. These children are likely to have another disability and or mental health diagnosis.

Children whose difficulties are causing severe impact on function and participation will warrant liaison with specialist services as outlined in the pathway and decisions regarding most appropriate future service provision will be made on a case by case basis. At any point in the pathway, referrals will be accepted by Child Development Teams where it is clearly demonstrable, following liaison between primary care and specialist teams as per this protocol, that the child has 'Complex Needs' (not related to a primary mental health diagnosis) as per clarifications below.

8. Implementation Plan

8.1 This pathway will be provided to each Child Development Team as well as Primary Care Discipline Managers on 04/10/12.

8.2 The pathway will be operational from 08/10/12

8.3 Training will be required for Primary Care and Specialist Team members to support implementation of the pathway, and this will be provided by Clinical and Discipline Managers in their areas of responsibility. Training programmes will be developed and implemented by Managers as needed to build therapist competencies in screening and intervention with children.

8.4 A subgroup of the original working group will liaise with services not currently represented in the pathway to develop further links required.

9. Revision and Audit

9.1 Ongoing evaluation and review of the Pathway will be necessary to ensure its success and that it is meeting its intended objectives The working group responsible for the development of this pathway will meet on 23/04/13 to review the implementation of the pathway and make recommendations for next steps.

9.2 The working group will review documentation including numbers and profile of referrals to Paediatric Resource Clinics, and records of Clinic decisions to inform evaluation of the pathway.

9.3 The pathway will remain subject to review based on experience of its implementation.

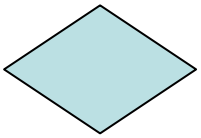
10. Appendices

10.1 Decision-making Matrix for Children referred to Primary Care Physiotherapy or Occupational Therapy services in the Mid West

The following is a decision making tool to guide clinicians in dealing with referrals and help in establishing and agreeing the appropriate service for a child. It illustrates a three pronged pathway, reflecting children whose needs will be met in Primary Care, those suitable for the Specialist Teams and thirdly those children for whom a joint approach is needed.

Key:

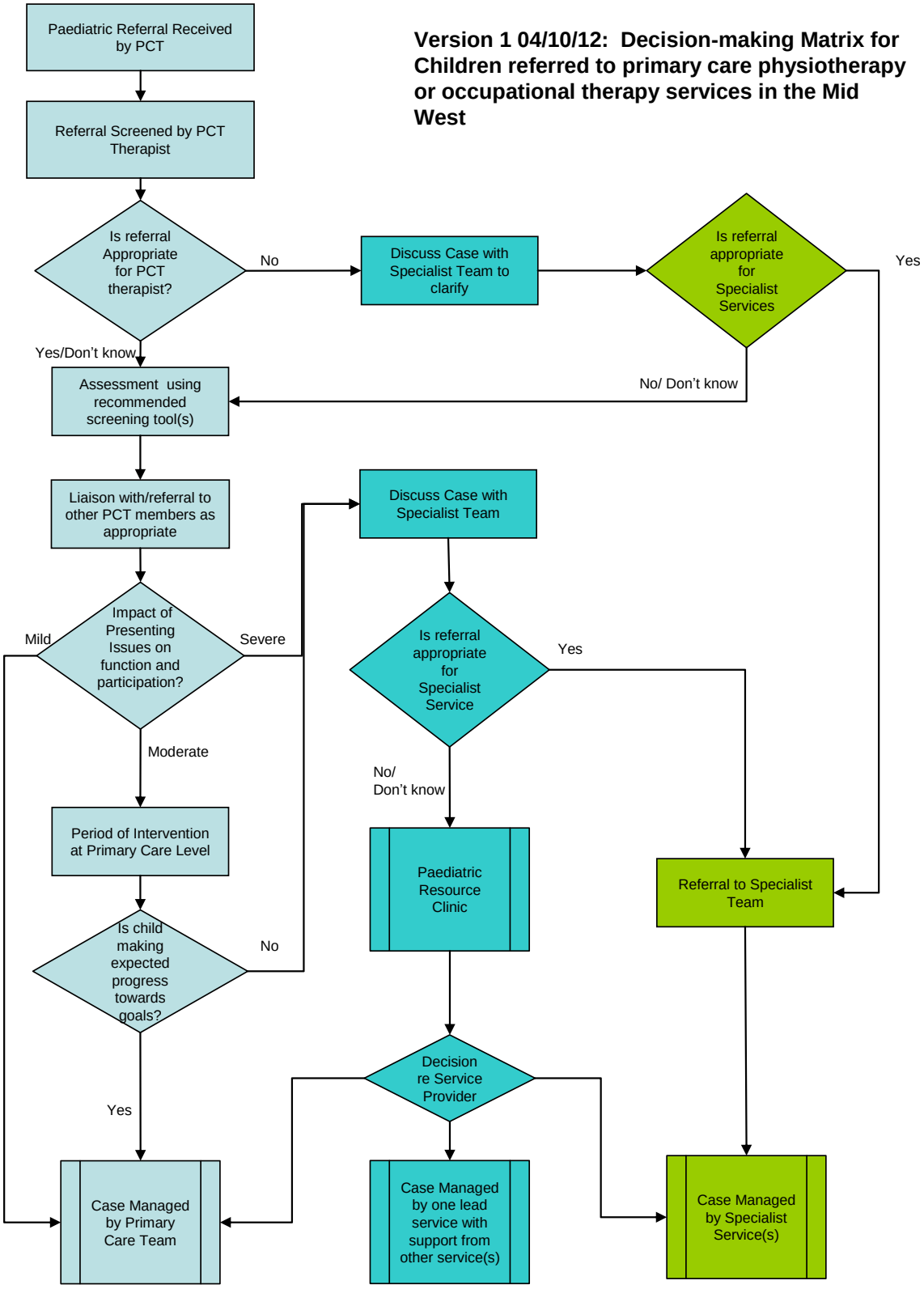
Process



Decision

Predefined Process

Version 1 04/10/12: Decision-making Matrix for Children referred to primary care physiotherapy or occupational therapy services in the Mid West



10.2 Membership of the Sensory and Motor Coordination Pathway Working Groups:

The following contributors gave generously of their time and expertise in developing this pathway:

Sensory Difficulties Working Groups:

Niamh Malone, P. Care OT Manager, Nth Tipp/East Limerick
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Martin O'Connor, Clinical Leader, Clare Children's Services
Maire O'Leary, Clinical Manager, Treehouse Teams
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Stephanie O'Neill, Snr O.T. P. Care, Clare
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Sandra Lawlor, Limerick Disability Services (Minutes)

Jenny Lambert and Patrick Ryan, Occupational Therapists in CAMHS provided written feedback.

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Sandra Lawlor, Limerick Disability Services (Minutes)
Jenny Lambert and Patrick Ryan, Occupational Therapists in CAMHS provided written feedback.

Facilitated by:
Aisling Ryan, Children's Services Manager, Primary Care Areas 1&2, HSE Mid West.

Signature Sheet:

I have read, understand and agree to adhere to the attached pathway:

Print Name	Signature	Area of Work	Date