



Children's
Disability
Network
Team



Children's Disability Network Team

CDNT1 - North Mayo

**Welcome to our Service
Information Booklet**



The vision for Children's Disability Services

- Easy access to the services children need
- Fairness in providing services
- Families, health services and schools working together to support children in developing their potential

Our Mission

Our team's mission is to ensure each child has an inclusive and enriching childhood with opportunities to form relationships, build interests and have fun in every environment.



About this booklet

You have been given this booklet because your child, or the child you care for, has been accepted into Children's Disability Network Team (CDNT1) in North Mayo.

This booklet tells you how our CDNT works. There are terms in this booklet that you might not have heard of before. We include a short explanation of what those terms mean at the end of this booklet (Glossary of terms).

We would like to thank the parents who contributed to the development of this booklet. We appreciate the time they gave to this work. Their help was invaluable. We hope you find this booklet easy to understand and helpful to you as a family.

Contact Details

📍 Ballina - Newman Institute, 1st Floor, Cathedral Grounds, Ballina, Co. Mayo, F26 YV61

📍 Swinford - Bungalow 12, Park Road, New Park, Mayo Community Living, Swinford, Co. Mayo, F12 AE02

☎ Reception: 096 95420 📠 087348 1480

✉ Email: CDNT1.CHW@hse.ie

👤 Mary Horkan - Children's Disability Network Manager
📠 087 120 9984



Table of content's

- 2. The vision for Children's Disability Services
- 2. Our Mission
- 3. About this Booklet
- 3. Contact Details
- 5. What is a Children's Disability Network Team?
- 6. What is a Family Centred Practice?
- 7. Who is on the team?
- 11. My child has been placed with CDNT1 - what happens next?
- 12. What kind of supports does the team offer?
- 12. Universal Supports
- 12. Targeted Supports
- 13. Focused
- 14. Types of Intervention
- 15. Does the team work with other services?
- 15. What is an Individualised Family Support Plan (IFSP)?
- 16. What should I do before an IFSP meeting?
- 17. Example of an Individual Family Support Plan Goal
- 18. How to prepare for your first appointment?
- 18. Things to note when attending appointments
- 19. Do you require an Interpreter?
- 19. If you cannot attend an appointment?
- 20. What can you expect from the team?
- 21. What does the team expect from you?
- 22. How will the team communicate with you?
- 23. Private Therapy
- 23. What if my child attends a private therapist?
- 24. Transfer to another CDNT
- 24. Discharged from CDNT1
- 25. Confidentiality and Data Protection
- 25. Record Keeping
- 25. Child Welfare
- 26. Dignity and Respect Policy
- 26. Social Media Policy
- 27. Giving us feedback
- 28. Glossary of terms
- 31. Appendices



What is a Children's Disability Network Team?

Children's Disability Network Team is made up of staff who have expertise and experience in different disciplines. The team members work together to provide therapeutic services to children who have complex needs arising from a disability, and who need different disciplines working closely together to help them and their families to meet their goals.

The CDNTs are often called 'interdisciplinary' teams. This is just another way of saying that the team members work closely together to achieve the best outcomes for your child.

Each team provides therapeutic services for children and young people up to 18 years of age

The team share information, decision-making, and goal setting. They have common policies and procedures, and they communicate with each other regularly to keep everyone up to date.

They work with the child and the family, who are all considered to be part of the team. Together, CDNT create a support plan called an Individual Family Support Plan (IFSP). There is more information on this plan later in this booklet.

A Children's Disability Network Manager (CDNM) leads each team. CDNMs are responsible for developing and delivering a safe and quality children's disability service. They use the principles that are the foundation of the PDS model of service (*see Glossary of Terms, page 30*) to support:

- Day-to-day management
- Leadership and team development
- Managing resources
- Ensuring best practice and working to regulatory clinical standards
- Quality improvements
- Managing risk
- Working closely with other services and community supports that families might access



What is a Family Centred Practice?

We follow a Family-Centred Practice (FCP) approach. FCP is internationally considered to be the best way to support the development, learning and wellbeing of children with complex needs arising from a disability.

Progressing Disability Service's policy framework for service delivery of children's disability network teams was revised in May 2022.

- The Family-Centred Practice approach places the family at the centre of service delivery. It recognises that each family, and their circumstances, is unique.
- Family members are the most constant people in a child's life
- Family members are the experts on their child.

This approach is different to the traditional medical approach where therapists are seen as the "experts".

The FCP approach recognises that all children develop and learn through taking part in daily life and activities with their family, and at school or pre-school. This means the CDNT will support families to make the most of these everyday learning opportunities which will help your child to reach their full potential.

The goal of FCP is to empower you and your family by giving you the knowledge and strategies to help you all to reach the goals agreed in your Individual Family Support Plan (IFSP). We do this by working with you and others close to your child who are supporting your child's development in everyday settings – for example, at home and at school. Your family, along with other important people in your child's life – such as preschool and crèche teachers, teachers, childminders and grandparents – spend the most time with your child.

The FCP approach is a much more effective way to work with you, your child and family. It acknowledges that the adults who have the deepest relationships and spend the most time with a child have the skills to provide intervention on an ongoing basis. It's what happens outside therapy sessions that makes the difference.



Who is on the team?

- Children's Disability Network Manager (CDNM)
- Administration (Admin)
- Behaviour Support Specialist (BSS)
- Nursing Support
- Dietician
- Key Contacts(KC)
- Occupational Therapists (OT)
- Physiotherapists (PT)
- Psychologists (Psych)
- Social Care Staff
- Social Workers (SW)
- Speech and Language Therapists (SLT)

Each professional brings their own unique expertise to the team. Depending on your child's needs and goals, the roles and responsibilities of team members often overlap based on their area of expertise. Various team members may be involved with your child at different stages.

This makes it easier for the child and family to work with the team to meet the goals set out in the Individual Family Support Plan (IFSP).

See the next three pages for a brief explanation of the roles within CDNT1 in North Mayo.



Children's Disability Network Manager (CDNM)

Please see page 5 for a description of their role.

Administration (Admin)

The administrators on the team will often be your main point of contact with the team, as they manage the CDNT's email inbox and phone line. They will support your interactions with the wider team.

Behaviour Support Specialist (BSS)

A Behavioural Specialist will have special skills in breaking down and analysing behaviours. They develop and help put supports in place to help with behaviour. These supports aim to maximise your child's participation in school, home and in the wider community.

Nursing Support

They will assess the care needs of a child and develop nursing care pathways. They will also participate in team assessments across various settings (home, clinic, preschool, school, and community).

Dietitian

Children with complex medical needs often encounter feeding and nutritional problems. A dietitian can advise and support the child and family through oral or tube-feeding difficulties where they arise. Families frequently seek advice on such nutritional topics as growth, weight-management, food-aversion, infant feeding, and healthy eating.

T E A M



Key Contacts

Every child and family will be assigned a Key Contact. This person will be a member of your child's team and will be your main point of contact with CDNT1. Your Key Contact is there to:

- Answer any questions you may have about the service or supports you're receiving
- Share relevant information with you
- Help you prepare for your Individual Family Support Plan (see below)
- Support you in identifying your child's needs
- Offer guidance and support for your family
- Your Key Contact is your direct link with the Children's Disability Network Team (CDNT1) and is there to help guide and support you throughout your journey.

Occupational Therapists (OT)

An Occupational Therapist will have special skills in assessing how a health condition or disability can affect a child's ability to take part in daily activities. They can support your child with gross motor skills and fine motor skills, and with sensory processing and integration. OTs also help with daily living skills and with sourcing equipment to help your child take part and engage in activities (for example, managing posture which they will work on with the Physiotherapist).

Physiotherapists (PT)

A Physiotherapist will have special skills that improve or maintain maximum and functional ability in someone's body. They will help support all aspects of your child's physical and motor development. This includes helping your child meet their physical potential to the best of your child's abilities. They are involved with providing equipment to enhance your child's physical abilities (for example, a walker or orthotics). They are also involved in managing posture with the OT.



Psychologists (Psych)

A psychologist has special skills in psychological assessment and psychological formulation (*see Glossary of terms on page 30*). They further provide support in areas such as emotions, behaviours, learning, and educational placements. Speech and Language Therapist (SLT) An SLT has expertise in understanding communication and the different ways people can express themselves. They also have expertise in feeding, eating, drinking and swallowing (FEDS).

Social Care Staff

Social Care Staff develop and implement support plans, and connect families with necessary resources. Their work focuses on promoting the child's safety, welfare, and overall development, while also supporting the family unit.

Social Workers (SW)

A Social Worker has special skills in providing emotional and practical support to you, your child, and your family. They will help you to tap into and maximise the supports available to you within your family and wider community. This could include making sure you access all your rights and entitlements.

Speech and Language Therapists (SLT)

A Speech & Language Therapist has expertise in understanding communication and the different ways people can express themselves. They also have expertise in feeding, eating, drinking and swallowing (FEDS).

T E A M



My child has been placed with CDNT1 - what happens next?

Once your child is placed with a Children's Disability Network Team (CDNT), you will be offered an Initial Visit appointment within 8 weeks.

It will be at this visit you will have the opportunity to discuss your child's needs and get a better understanding of what the service can offer your child.

You will be assigned a key contact. You can contact your Key Contact if you have any queries, or if there is a change in your child's circumstances which you have significant concerns about.

Your key contact will complete Individual Family Support Plan, either individually or with other members of the team.

Depending on your child's current needs, a Service Request for specific disciplines will be made following this meeting. Your child will be placed on a waiting list for these services. There is no set waiting time. The waiting time varies across the team. This depends on the demand in the service and staffing.

The CDNT provides support in different ways (*see page 12 for more info*). You may be invited to join a group or attend a workshop, depending on your child's needs and goals identified. We encourage you to attend these groups or workshops, and we usually ask for your feedback at the end. We value your feedback – it helps to improve how we deliver services.

You will work closely with the team using a wide range of services and supports. The team members you meet, and how often you meet them, will depend on your child's needs and goals. This will be discussed with you and your child when your Individual Family Support Plan (IFSP) is being designed.



What kind of supports does the team offer?

Model of CDNT Supports - We use a three-pronged approach to providing services:

Universal Supports (information sessions, talks and workshops)

Universal supports are designed to support all children and young people. They are available to all families receiving services, as well as families waiting for services, when available.

Examples of topics covered include:

- Visuals and Social Stories Workshops
- Toileting Triumphs
- Sensory Workshops
- AAC (Augmentative and Alternative Communication)
- Gestalt Language Processing
- Advice in relation to entitlements are typically done on an individual basis.

Targeted Supports (group work)

Targeted supports are designed to be provided in partnership with others. Group work is where parents are educated together about how best to work with their child to support their development. It brings together parents who have common challenges, and gives them a chance to share their ideas and experiences.

Examples of group work include:

- Early Bird Training Programme for parents of children who have recently been given an autism diagnosis
- Lego Groups
- Hanen programmes for developing communication
- Lámh Courses
- Parents Plus

Some groups are run for children who have similar needs for example - The Friday Fun Group is run for young babies. Bringing children together in groups is more fun for them and they can learn from each other.



Focused

Individual supports are for children and young people whose goals are best met through working directly with a clinician.

Not all children with complex needs, arising from a disability, will need individual supports.

Individual support might be needed for certain clinical needs, such as difficulties with postural management, feeding, eating, drinking, or swallowing.

Examples of group work include:

- Working with an Occupational Therapist or a Physiotherapist to find the right equipment
- Having a Speech & Language Therapy assessment
- Diagnostic Assessment
- Introduction of Assistive Technology to aid communication

All these approaches have equal value.

Your child's needs may be met using just one approach, or they might benefit from a mix of two or three.

The team will consider what supports are needed, and they will recommend universal, targeted, or individual supports based on your child's needs and goals.

Types of Team Interventions

Parent Talks, Parent Workshops (Universal Strategies)

This is the main type of intervention we provide.

Examples of topics covered include:

- Visuals and Social Stories Workshops
- Toileting Triumphs
- Sensory Workshops
- AAC (Augmentative and Alternative Communication)
- Gestalt Language Processing
- Advice in relation to entitlements are typically done on an individual basis.

Smaller Groups (Targeted Intervention)

Extra support are needed at times.

Examples include:

- Early Bird Training Programme for parents of children who have recently been given an autism diagnosis
- Lego Groups
- Hanen programmes for developing communication
- Lámh Courses
- Parents Plus

Focused

Some children at times will need 1:1 support from the team to meet specific needs. This could be DIRECT working with a child or INDIRECT working with teacher/parents.

Examples include:

- Working with an Occupational Therapist or a Physiotherapist to find the right equipment
- Having a Speech & Language Therapy assessment
- Diagnostic Assessment
- Introduction of Assistive Technology to aid communication



Does the team work with other services?

Sometimes, we may need to link with other services involved in your child's care and development – for example, Child and Adolescent Mental Health Services (CAMHS), a paediatrician, schools, and hospitals.

If we need to do this, we will make sure you're included, and we encourage you to let us know about any other services involved in your child's care.

What is an Individualised Family Support Plan (IFSP)?

What Is It?

An Individual Family Support Plan is a plan which sets out the goals for your child and how your family and team are going to work towards them.

Who Is Involved?

Parent(s)/ Guardian(s) and any other key people in your child's life you would like to attend, e.g., childminder or grandparent. Your key contact and any relevant team members if needed. Children over 12 years can be invited to attend this meeting if appropriate.

What Happens?

You will discuss what is important for your child and family. The team will work with you to agree goals to target what is important for you and your child. You will then get a written plan that will outline what both you and the team will do to achieve these goals - see the example below*.

When?

This plan is reviewed with you and updated when most appropriate in agreement with the parents and the team. Each child will have one IFSP per year, unless otherwise indicated.



What should I do before an IFSP meeting?

Think about the way your child is developing. Ask yourself what is most important to you and to your child right now. Talk to your family about this.

Think about what your child is good at and what they enjoy, as well as what they find difficult. It's a good idea to write down any questions or concerns you have and bring these to your IFSP meeting.

Some questions worth considering:

- What is going well currently?
- What is the priority for our child and our family at the moment?
- What have we tried already? Was this successful?
- How can we work on this priority?
- Is this the best time to work on this goal for us as a family?

Example of an Individual Family Support Plan Goal for an 8-year-old, who has difficulty with the social aspects of play.

What is important to you right now?

Priorities

Jimmy will find it easier to initiate play and develop friendships.

Goal

Jimmy will engage in joint imaginative play with his construction set for 30 minutes with two classmates of his choice at home.

What will the family and others do?

1. Set up short play dates once a week with two classmates of his choosing.
2. Family will rehearse pretend play scenarios with Jimmy the day before the playdate.
3. Support Jimmy if he moves away from joint cooperative play.
4. Bring Jimmy to the Lego group in the CDNT centre and attend the parent and teacher feedback session.

Baseline

Jimmy has a good imagination and loves any construction toys. He is interested in classmates but finds it hard to initiate play. He will play in a group for a short time if others include him.

1. Target social communication and cooperative play skills in a 6-week Lego group, where Jimmy will be matched with peers.
2. Offer a parent and teacher session to feedback on strategies that worked well with Jimmy in the Lego group so they can be implemented at home and school.
3. Offer the universal training to parents and teachers on supporting social communication and peer interaction at home and school.

What is happening now?

Baseline

Jimmy has a good imagination and loves any construction toys. He is interested in classmates but finds it hard to initiate play. He will play in a group for a short time if others include him.

What will the CDNT do?

1. Target social communication and cooperative play skills in a 6-week Lego group, where Jimmy will be matched with peers.
2. Offer a parent and teacher session to feedback on strategies that worked well with Jimmy in the Lego group so they can be implemented at home and school.
3. Offer the universal training to parents and teachers on supporting social communication and peer interaction at home and school.

If your child no longer needs support from the team and you have not identified any goals for them, they may be discharged from the CDNT1.

How to prepare for your first appointment?

Before you and your child come into the clinic for the first time, there are a few things you might want to think about. Ask yourself these questions:

- Do you know where to go and who to contact when you arrive at the clinic?
- Would your child benefit from extra supports for their first appointment, for example, a social story, photos of the building, or a quiet space?
- Are you concerned about how your child may manage attending an appointment in an unfamiliar environment?
- If you need further support on any of these, please contact your Initial Visitor or Key Contact.



Things to note when attending appointments

Before or when you arrive, our team will guide you through the relevant health and safety procedures you will need to know.

- You will need to report to reception. If possible, we would ask that only the relevant people attend the appointment.
- We would ask that you supervise your child/children at all times including in the carpark and while waiting for an appointment.
- Parents are expected to stay in the building for the duration of your child's appointment.
- If you need to have your phone turned on during an appointment, please ensure it is on silent.
- Explicit consent must be sought by staff in advance to take a photo or record part of your session.



Do you require an Interpreter?

If you need an interpreter, please contact the team to let us know which language you require for your appointment.

Access to an interpreter will depend on availability.



If you cannot attend an appointment?



We aim to work in partnership with you and will try to schedule appointments that will work for you as a family where possible.

Members of the team try to work with as many children as possible within a tight schedule. We understand that families are busy and sometimes appointments may need to be cancelled or rescheduled.



If you cannot attend an appointment - please give us as much notice as possible, so we can offer that time to another child.

- **If you arrive late for an appointment** - the session time may be reduced or may be rescheduled.
- **If your child is sick with a transmissible illness** - Please contact us to reschedule an appointment
- **DNA (did not attend and failed to cancel appointment)** - If you do not attend an appointment and do not contact us to cancel it, we will refer to our Family Engagement Policy to manage missed appointments. This policy will be explained to you during your initial visit. If you miss an appointment and do not contact us, one of our team will contact you and go through this policy with you.
- **Repeated missed appointments** - may result in discharge from the service. See policy at the end of the document. Your key contact will work with you to try to ensure appointments are offered at a time most suitable to you to reduce cancellations/non-attendance.





What can you expect from the team?

Respect and recognition

We will treat you and your family members with courtesy and respect at all times. We will acknowledge and value you as the most important person in your child's life.

Clear CDNT contact points

Each child will be assigned a Key Contact, who can assist with any queries about services and supports.

You can reach your Key Contact through reception at 096 95420. These CDNT contact details, which can be found on page 3, can be used to help with:

- booking and managing appointments
- service enquiries
- service information
- taking service feedback.

Support in different settings

We will deliver supports in a variety of settings depending on where your child will benefit most – for example, at home, at school, or in a clinic.

Individual Family Support Plan

We will develop an Individual Family Support Plan (IFSP) for you and your child. We will provide the support and services that we have available to meet the goals of the IFSP in as timely manner as possible, however there are waiting lists for services.

Support if your child is moving services

We will provide you with information and support if your child is moving on – for example, moving to a new setting such as preschool or school, or transferring to another service, such as Primary Care or to a CDNT in a new county.



What does the team expect from you?

Respect

We ask that you treat all team members with courtesy and respect at all times.

Attendance as agreed – or tell us if there is an issue

We ask that you and your child attend all appointments or groups as agreed by you and the team, as set out in your Individual Family Support Plan. For parent-only groups, we ask that you attend without your child. We ask that you let us know if you are going to be late or unable to attend your appointment.

Help with the Individual Family Support Plan

We ask that you share ideas and information and help us to develop the IFSP for your child.

Carry out agreed activities

We ask that you try to carry out the recommendations and activities agreed with the team. If you need more support to do this, please tell the team members you are working with.

Ask us questions if you want or need to

We ask that you talk with your Key Contact if you have any queries or concerns about our service.

How will the team communicate with you?

✓ **Face-to-face**

✓ **Phone calls**

✓ **Email and text messages**

Appointments:

All appointments will be confirmed in writing. A reminder text will be sent the day before your appointment.

Community Events & Family Forum:

Information will be sent via email unless you request a postal copy. Please inform the service if you would like to opt. out of receiving emails.

Updating Your Contact Details:

If you change your address, please notify your Key Contact or a member of the team by contacting CDNT1.CHW@hse.ie or phoning reception at 096 95420 to update your records.

Private Therapy

Families may choose to engage in private therapy for a number of reasons, while engaging with the supports of the of the Children's Disability Network Teams (CDNT).



What if my child attends a private therapist?

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

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

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

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

There is a CDNT policy on accessing private, independent, complementary and alternative therapies, called the National policy for Children's Disability Network Teams (CDNTs) regarding children accessing private, independent, complementary and alternative therapies.

<https://www.hse.ie/eng/services/list/4/disability/progressing-disability/pds-programme/documents/national-policy-for-cdnts-on-private-therapies.pdf>



Transfer to another CDNT

Why might my child be transferred to a different CDNT?

If you move to a new address outside your current CDNT's catchment area, your child will be transferred to the CDNT that covers the new location.

A transfer document will be completed, and your child's file will be handed over to the Children's Disability Network Manager (CDNM) in the new CDNT.

Discharged from CDNT1

Your child may be discharged from the Children's Disability Network Team (CDNT) for the following reasons:

They no longer have complex needs. In this case, they may be discharged from all services or referred to Primary Care for support.

- All goals set with the CDNT have been met, and there's no further need for their involvement.
- They are over 18 and have finished their final year of secondary school
- You (or your child, if they're over 16) request for the young adult to be discharged.
- The family has repeatedly not attended appointments or engaged with services, despite the team's efforts to stay in contact and offer support.

If further support is needed in the future, your child/young person can be referred again. The referral forum will then decide which service is the best fit for your child's current needs.



Confidentiality and Data Protection

The Children's Disability Network Team complies with General Data Protection Regulation (GDPR) legislation and employees have a confidentiality obligation under their contract of employment.

Information is shared within the team and with outside agencies on a strict 'need to know' basis only. Families will be asked who they wish us to share information about their child with.

Record Keeping

We will keep a record of the services you and your child receive from us. The record on leaving the service will tell the story of your child during the period in which they availed of services from the CDNT. A copy of summary reports will be provided to you.

Child Welfare

The CDNT aims to work in the best interests of children at all times and to promote children's welfare. We have a duty to ensure that children are protected and kept safe from harm while they are in our services. We do this by:

- Making sure that staff and volunteers are carefully selected, trained and where necessary, supervised.
- Letting parents know how to voice their concerns or complain if there is anything they are not happy with.

As part of the Children First Act 2015 there is a legal obligation on certain staff (mandated people), to report child protection concerns at or above a defined threshold to TUSLA, the Child and Family Agency.

Under this legislation all CDNT members who work directly with children are mandated people. We have a duty to notify TUSLA, the Child and Family Agency if we see or hear anything we are concerned about in terms of a child being protected and safe e.g., children left at home alone, children regularly not being brought to appointments and children who are being physically, sexually or emotionally abused.



Dignity and Respect Policy

The CDNT has a dignity and respect at work policy. The purpose of this policy is to demonstrate our commitment to protecting the dignity of employees and to encourage respect for others at work.

The policy applies to all employees, service users and their families, contractors, suppliers and visitors.

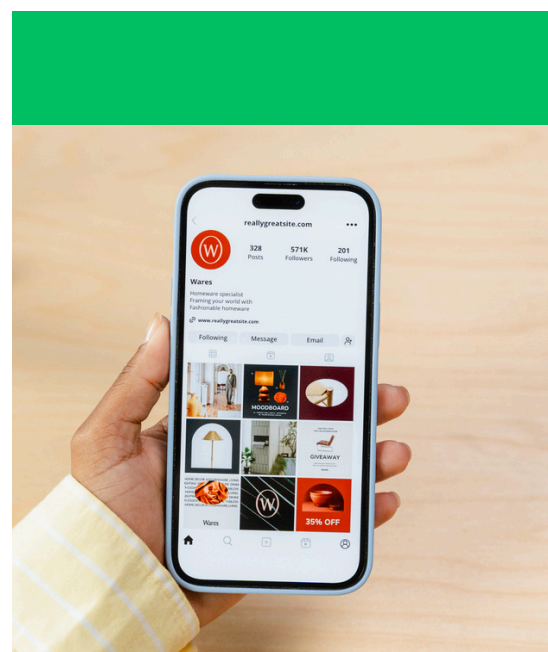
This is done by creating a work environment that is free from discrimination, bullying, harassment or sexual harassment and by welcoming diversity. There are clear guidelines for dealing with any breaches of behaviour in this regard.

Social Media Policy

We have a social media policy. The purpose of this policy is to define acceptable, safe and secure standards for the use and management of social media within the CDNT.

It is never permissible to post a video or photograph of service users or staff to social media sites without the specific joint consent of the service user or staff member.

If defamatory material is posted on a social networking site, defamation claims may arise against the users.



Giving us Feedback

Comments, compliments and complaints

Your CDNT aims to provide high-quality health and social services. Please bring any comments, compliments and/or complaints you have to our attention.

Your feedback helps us to learn what we are doing well and where we need to do better.

You can Complete the HSE Feedback form, which is available at reception in Newman CDNT1 to you can download <https://www2.hse.ie/services/hse-complaints-and-feedback/your-service-your-say.html>

Sharing feedback or making a complaint about services received

As a first step, we ask you to share your feedback to your Key Contact or the team providing services to your family

If you decide you want to take a complaint further

If you decide you want to make a complaint, please contact www.yoursay@hse.ie



Glossary of Terms

Behaviour

The way somebody acts, especially towards someone else.

CAMHS

Child and Adolescent Mental Health Services This is a service that provides assessment and treatment for young people and their families who are experiencing moderate to severe mental health difficulties.

CDNT

Children's Disability Network Team This is the team of health and social care professionals responsible for delivering disability services to children aged up to 18 with complex needs, arising from a disability. Each CDNT covers a specific geographic area (catchment area).

CHO2

Community Healthcare Organisation 2 Catchment areas are called CHO with a number to indicate what area they serve. CHO2 consists of Galway, mayo Roscommon.

Discipline

A particular subject area a person is trained in, usually by studying the subject at college or university. For example, your doctor's discipline is medicine.

FCA

Family-Centred Approach A family-centred approach is a way of working in partnership with families to better understand the family's needs. It recognises parents and guardians as the experts on their child's needs.

Family forums

Forums are meetings that are open to all families receiving services or waiting to receive services from their CDNT. They are an opportunity for families to come together to discuss general issues and ideas about children's disability services in their area. They will take place at least twice a year.



Glossary of Terms

Fine motor skills

Fine motor skills are the small, precise movements we make with our hands, fingers, feet and toes. They involve co-ordinating muscles, joints, and nerves to make the movements necessary to complete a task. For example, doing up buttons, tying shoelaces, using cutlery, and so on.

Functional ability

This is someone's ability to perform activities of daily living according to their basic needs.

Goal

An aim or desired result. It is statement of what you want to achieve.

Gross motor skills

Gross motor skills are the big movements we make with the large muscles in our body – for example our legs and arms. Walking and waving your arms are examples of gross motor skills.

HSCPs – Health and Social Care Professionals

HSCPs provide a range of services to support the development, health and wellbeing of the child. For example, these services would include occupational therapists, psychologists, physiotherapists, social workers and speech and language therapists.

Intervention

An intervention is any support provided by the CDNT to help a child achieve their IFSP goals.

Interdisciplinary team

In healthcare, an interdisciplinary team is a group of professionals working together. They share skills, information and decision making, and work with the child and family to create a plan and set goals.

Lead agency

Lead agencies are the providers of disability services. They manage each of the CDNTs. The lead agency may be an HSE-funded non-statutory organisation or a CHO (Community Healthcare Organisation).

Glossary of Terms

Motor Skills

Motor skills describe your body's ability to manage how it moves its muscles in a coordinated way. There are two types of motor skills: gross and fine motor skills. Examples of gross motor skills would be a child holding their head up, crawling, or reaching. Fine motor skills would include being able to use a spoon or hold a pencil.

Partnership

Two or more people or groups working together on an activity or working together to reach a particular goal.

Policy

A policy is a plan of action proposed or adopted by an organisation or person.

Procedure

An agreed way to carry out an action.

PDS – Progressing Disability Services for Children and Young People

PDS is a national programme to ensure a unified approach across Ireland in the delivery of children's disability services. The programme was established by the HSE and is being run in partnership with voluntary organisations across Ireland.

Psychological formulation

Psychological formulation is a structured approach psychologists use to understand factors underlying a person's challenges, issues or behaviours. Typically, psychological formulations take place after an assessment period, and will inform the recommendations made by the psychologist and any intervention that may follow.

Social Story

This is a learning tool to explain to a person what is happening in a particular situation and how they can deal with it. They will include text and images relevant to the situation, so the person can relate to them. For example, a child might benefit from a story about starting school so that they are prepared and know what to expect.



Appendices

National policy for Children's Disability Network Teams on family engagement and attendance

<https://www.hse.ie/eng/services/list/4/disability/progressing-disability/pds-programme/documents/national-policy-for-children-s-disability-network-teams-on-family-engagement-and-attendance.docx>

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

<https://www.hse.ie/eng/services/list/4/disability/progressing-disability/pds-programme/documents/national-policy-for-cdnts-on-private-therapies.pdf>

National Policy on Discharge/Closure and Transfer from Children's Disability Network Teams Revised 9.10.17

<https://www.hse.ie/eng/services/list/4/disability/progressing-disability/pds-programme/documents/national-policy-on-discharge-and-transfer-from-cdnts.pdf>

The HSE Management of Service User Feedback Policy for Comments, Compliments and Complaints 2017

<https://www2.healthservice.hse.ie/files/213/>



