



National Policy ☒ National Procedure ☐ National Protocol ☐ National Guideline ☐  
National Clinical Guideline ☐

## National Policy on Transfers between Children's Disability Network Teams and Primary Care Children's Services

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| <i>Insert additional rows as required</i>                                                |                                                                                     |

### DOCUMENT MANAGEMENT <sup>2</sup>

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Note: Original document is Version 0. First revision is Version 1. Second revision is Version 2, and so on.

Note: HSE National PPPGs and Clinical Guidelines should be formally reviewed every 3 years, unless new legislative/regulatory or emerging issues/research/technology/audit etc. dictates sooner.

<sup>1</sup> Records the governance and approval of the document.

<sup>2</sup> Records the control information about the document.

| VERSION CONTROL UPDATE <sup>3</sup>        |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| Version No.<br>(most recent version first) | Date reviewed<br>(most recent date first) | Comments<br>(1 sentence max, if required)                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 1                                          | 02/07/2026                                | The (V0) document has been revised into three separate policies (V1) for greater clarity. <ul style="list-style-type: none"> <li>• <b>National Policy on Transfers between Children's Disability Network Teams and Primary Care Children's Services</b></li> <li>• <b>National Policy on Transfers between Children's Disability Network Teams</b></li> <li>• <b>National Policy on Redirection of Referrals between Children's Disability Network Teams and Primary Care Children's Services</b></li> </ul> |
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| PUBLICATION INFORMATION <sup>4</sup> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Topic:</b>                        | Transfer of services for children between Children's Disability Network Teams and Primary Care services                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>National Group:</b>               | HSE Access and Integration – Children's Disability Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Short summary:</b>                | The procedure to be followed when a child's services are transferred between Primary Care and a Children's Disability Network Team.                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Description:</b>                  | Children with disabilities may receive services and supports from either a Children's Disability Network Team or Primary Care services, according to the complexity of their needs. If their needs change, services may be transferred between Children's Disability Network Team and Primary Care, in either direction. This policy specifies the procedure to be followed to ensure the transfer is safe, co-ordinated, equitable and family centred. The policy includes a clinical transfer form template in the appendix. |

<sup>3</sup> Records details of the document review or update, even if no changes are made.

<sup>4</sup> Records the document information required for publication on the HSE National Central Repository.



## **National Policy on Transfers between Children's Disability Network Teams and Primary Care Children's Services 2026**

|                              |                                                                                                                                                     |                                            |                                                                                            |
|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>Document developed by</b> | <b>Working Group 2 Service Access and Improvement<br/>Roadmap for Service Improvement 2023-26 Disability Services for Children and Young People</b> |                                            |                                                                                            |
| <b>Revision number</b>       | <b>Version 1</b>                                                                                                                                    | <b>Document approved by</b>                | <b>Assistant National Director Access and Integration – Children's Disability Services</b> |
| <b>Approval date</b>         | <b>2/7/2026</b>                                                                                                                                     | <b>Responsibility for implementation</b>   | <b>All RHAs, IHAs and Lead Agencies for Children's Disability Network Teams</b>            |
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## **1. Background and Context**

Working Group 2 - Service Access and Improvement, under the Roadmap for Disability Services for Children and Young People 2023 -2026, is engaged in developing clear pathways for children and their families. Arising from that work it is evident that the process where children are transferred from one service to another requires attention to improve consistency, transparency and the equitable management of referrals, so that children are not disadvantaged in terms of waiting times in the receiving service due to their transfer.

Following consultation, it was clear that the different scenarios which lead to the transfer of professional and ethical responsibility for a child's care between Primary Care and Children's Disability Network Teams (CDNTs), require processes which must be differentiated:

1. Transfer of professional responsibility after the child has been actively engaged with the Primary Care or CDNT service, has received therapeutic intervention and their needs have now changed.
2. Re-direction of professional responsibility for the care of a child to an alternative service prior to the commencement of therapeutic intervention, where it is determined that the other service is more appropriate to meet the child's individual needs.

This policy covers the first scenario where the child has received intervention from either Primary Care or a CDNT and their needs have now changed, so they will be transferred to the appropriate service. For scenario 2 see National Policy on Re-direction of Referrals between CDNTs and Primary Care 2026.

## **2. Policy Purpose**

This policy ensures that transfers in either direction between Children's Disability Network Teams (CDNTs) and Primary Care Children's Services, as per the National Access Policy for Children with Disability or Developmental Delay 2019 (NAP), are conducted in a safe, coordinated, equitable, and family-centred manner. It supports:

- consistent access to the right service at the right time

- continuity of care during transitions
- clear communication between services and with families

### **3. Scope of the Policy**

This policy covers transfers of professional responsibility and accountability for some or all aspects of a child's or young person's care between Primary Care Children's Services and CDNTs in both directions. It applies to children and young people attending and in receipt of services in Primary Care or a CDNT, whose needs have changed and the other service is now more appropriate based on the child's needs and clinical judgement.

#### **Out of Scope**

Redirection of new referrals from one service to another. See Standard Operating Procedure for the Single Point of Access for Children Community Services 2026.

Re-direction of professional responsibility for the care of a child to an alternative service prior to the commencement of therapeutic intervention, where it is determined that the other service is more appropriate to meet the child's individual needs. See National Policy on Re-direction of Referrals between CDNTs and Primary Care 2026.

Transfers to and from CAMHS Transfers to and from CAMHS are set out in the CAMHS Operational Guidelines 2025.

Transfers between CDNTs See National Policy on Transfers between CDNTs 2026

### **4. Objectives of the Policy**

- Ensure seamless continuity of care when a child transitions between teams/services.
- Promote a child- and family-centred approach, ensuring families are fully informed and supported.
- Align children with the team/service most appropriate to their needs.

- Support effective communication and shared understanding of clinical responsibility.
- Standardise transfer processes.
- Maintain robust clinical governance, child safeguarding and data protection standards.
- Clarify roles and responsibilities throughout the transfer pathway.

## 5. Principles Guiding Transfers

- **Family-Centred:** Families are informed early, involved meaningfully, and supported throughout.
- **Equity:** All children access services fairly and transparently when being transferred from one service to another
- **Timeliness:** Transfers occur within agreed timelines to avoid delays in care.
- **Quality and Safety:** Transfers comply with clinical governance, safeguarding legislation, and data protection requirements (e.g. GDPR).
- **Clear accountability:** Professional responsibility remains with the referring team until formal acceptance by the receiving team/service.

## 6. Relevant policies and guidance documents

- National Policy on Access to Services for Children and Young People with Disability and Developmental Delay V 2 2019 Reissued 2023
- National Policy on Prioritisation of Children on a CDNT Waiting List 2025
- Joint Working Protocol between Primary Care Disability and CAMHS 2017
- HSE National Consent Policy 2024
- National Guidance for the Protection and Welfare of Children 2017
- Joint Protocol for Interagency Collaboration Between the Health Service Executive and Tusla Child and Family Agency to Promote the Best Interests of Children and Families 2020

- National policy for Children's Disability Network Teams on family engagement and attendance 2021
- Policy Framework for Children's Disability Network Teams 2025
- General Data Protection Regulations 2018
- National Policy on Redirection of Referrals between CDNTs and Primary Care 2026
- Standard Operating Procedure for the Single Point of Access for Children Community Services 2026
- National Policy on Transfers between CDNTs 2026

## 7. Glossary of Terms

Re-direction: Re-direction of professional responsibility for the care of a child to an alternative service prior to the commencement of therapeutic intervention, where it is determined that the other service is more appropriate to meet the child's individual needs. (see National Policy on Redirection of Referrals 2026 )

Transfer The child has received therapeutic intervention and following clinical review the service now determines their needs would be more appropriately met by another service at this time.

*A child's services may be transferred between levels of service as the complexity of their needs change over time (NAP 2019 reissued 2023)*

Access criteria are determined by the National Policy on Access to Services for Children with Disability and Developmental Delay 2019 reissued 2023): -

*2.1.3 Primary Care Services are the main providers of support for children and young people with non-complex needs.*

*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.*

*2.2.3 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.*

### **3.4.1 Non-Complex Needs**

*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 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.*

Family A family in this policy refers to parents and others who are the principal carers of the child or young person, including members of extended family and foster carers.

## **8. Procedure for Transfers of Services between CDNT and Primary Care**

1. CDNT or Primary Care Service identifies the child's services should be transferred based on the child's presenting needs, clinical judgement and the access criteria for the team.
2. The proposed transfer is discussed with the family
  - Explain rationale for proposed transfer
  - Provide information on the proposed receiving service
3. The transfer is discussed with the receiving service, and an agreement is reached within one month of the discussion.
4. If no agreement can be reached between the services, it is tabled for discussion and decision within one month at the local referral meeting or Integrated Children's Service Forum, according to the agreed processes in the area.

5. When transfer of services has been agreed, it is again discussed with the child's family.
6. Timeframe for transfer is agreed with the family and the receiving service, and all necessary information collated.
7. If the parents refuse to consent for transfer, the CDNM or CHNM/Discipline Manager will attempt a resolution. If no resolution is reached, refer to senior management. Provide the parents with information on the complaints process.
8. The transferring service completes the clinical transfer form (see appendix). A transfer will not be accepted by the receiving service without a completed clinical transfer form and all relevant reports.
9. The receiving service will process the referral as per the date of transfer and, using clinical judgement, will prioritise care based on the level of need as identified in the information received and in line with their service prioritisation procedures.

## **9. Safeguarding Requirements**

If there are active child protection concerns:

- Consult the Designated Liaison Person (DLP)
- Follow Children First procedures and JWP with Tusla
- Inform Tusla and liaise as required
- Agree information that should be shared with the receiving service

## **10. Roles and Responsibilities**

### **10.1 Transferring Service / Team**

- Discuss rationale for transfer with the family.
- Identify any particular support needed by the family e.g. interpretation services
- Discuss transfer with the receiving service
- Once transfer agreed with the receiving service, discuss details and timeframe with family

- Complete required documentation.
- Ensure clinical information is up to date and safely transferred.
- Maintain clinical responsibility until transfer acceptance is confirmed.
- Administration to ensure completed reports are sent to receiving service, parents and relevant others and date of transfer is documented.
- Close records in line with the organisation's record management policies and procedures.
- Record the child as discharged.

## **10.2 Receiving Service / Team**

- Review information.
- Confirm acceptance or request additional details within set timeframe.
- Allocate key contact where applicable.
- Send families written confirmation of the transfer, contact details for the receiving CDNT /Primary Care Service and information on what to expect next.

## **10.3 Team/Service Managers**

- Oversee compliance with this policy.
- Resolve disputes or delays.
- Ensure teams collaborate to minimise disruption.

## **10.4 Required documentation for transfer**

- Clinical Transfer Form (see Appendix)
- All relevant information
- Risk management or safeguarding alerts (in compliance with safeguarding policy)
- Copies of communication with family about the transfer

## **11. Implementation Plan**

It is the responsibility of each RHA and IHA to oversee the implementation of this policy in Children's Disability Network Teams and Primary Care Services at management and team level and to monitor its operation.

## Appendix – Clinical Transfer Form

Transfer refers to the process of transferring professional responsibility and accountability for some or all aspects of a patient's care from one healthcare service to another.

**Please Note:** Clinical care remains with the referring team until the case is agreed and formally handed over including all required documents.

| Clinical Transfer Summary Checklist                                                  |  | Yes                      | No                       | N/A                      |
|--------------------------------------------------------------------------------------|--|--------------------------|--------------------------|--------------------------|
| Service determines child/young person should be transferred to another service       |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Discussion with the receiving service and transfer agreed                            |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Transfer discussed with the parents/guardians and/or young person (where applicable) |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Timeframe for transfer agreed with family and receiving service                      |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Clinical Transfer Form completed or clinical reports and/or transfer letter          |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| All relevant information and documentation transferred                               |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| List all reports and dates                                                           |  |                          |                          |                          |
| Letter sent to family confirming transfer sent                                       |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| From: Transferring Service | To: Receiving Service |
|----------------------------|-----------------------|
| Name:                      | Name:                 |
| Address:                   | Address:              |
| Contact No:                | Contact No:           |

| Child/Young Person's Details                  |          |
|-----------------------------------------------|----------|
| Name:                                         | Address: |
| Gender:                                       |          |
| Date of Birth:                                |          |
| Contact No:                                   |          |
| Interpreter required? (if yes what language): |          |

**Parent(s)/Guardian(s) Details**

|                                               |          |
|-----------------------------------------------|----------|
| Name:                                         | Address: |
| Contact No:                                   |          |
| Nationality:                                  |          |
| Interpreter required? (if yes what language): |          |

**School/Preschool**

|                                                   |                |
|---------------------------------------------------|----------------|
| Name:                                             | Address:       |
| Contact No:                                       | Current Class: |
| Specific educational supports e.g. AIMS, SNA, SET |                |

**GP/Consultant**

|          |             |
|----------|-------------|
| Name(s): | Contact No. |
|          |             |
|          |             |

**Service Summary**

|                                                |
|------------------------------------------------|
| Original Reason and date of original Referral: |
| Assessments Completed:                         |
| Diagnosis/Formulation:                         |

**Interventions Type and Date Completed** - *This should be a summary of all MDT interventions completed including date last seen. The description should include intervention, disciplines and courses/groups attended and the dates that the child/family last attended these.*

| Intervention Type | Discipline(s) | Date |
|-------------------|---------------|------|
|                   |               |      |
|                   |               |      |
|                   |               |      |
|                   |               |      |

Progress Achieved:

Current Presentation/Diagnosis/Formulation:

### **Current Functional Impact Across Domains**

Fine and Gross Motor:

Speech, Language and Social Communication:

Emotion and Behaviour:

Feeding and Drinking:

Urinary and Bowel Habits:

Personal Care and Independence:

Sleep and Rest:

Sensory Processing:

Learning and Applying Knowledge:

|                                                                                                                                                                                          |                              |                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>Medical, Vision, Hearing and Medication History (if applicable):</b>                                                                                                                  |                              |                             |
| <b>Specific Needs</b> <i>e.g. Equipment Needs /Special Accommodations:</i>                                                                                                               |                              |                             |
| <b>Main concerns and Priority Goals outstanding for the family.</b>                                                                                                                      |                              |                             |
| <b>Social Circumstances</b>                                                                                                                                                              |                              |                             |
| <b>Relevant Family History:</b> family composition, family support needs, other family members accessing other supports / services                                                       |                              |                             |
| <b>Relevant Social History:</b> e.g. housing difficulties, financial or employment problems or other stresses.                                                                           |                              |                             |
| Child/young person is known to TUSLA                                                                                                                                                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, provide further details                                                                                                                                                          |                              |                             |
| Child / Young person is in care                                                                                                                                                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Child/Young person is subject to a court-mandated care order                                                                                                                             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, describe the care arrangements in place                                                                                                                                          |                              |                             |
| <b>Safety and Risk:</b>                                                                                                                                                                  |                              |                             |
| Outline any issues which are a significant risk to the health and wellbeing of this child or others, such as physical injury to self or others, refusal to eat, risk from other siblings |                              |                             |
| Additional Information                                                                                                                                                                   |                              |                             |

|                                                                   |  |
|-------------------------------------------------------------------|--|
| <b>Date of Transfer of Care including documentation transfer:</b> |  |
| <b>Completed by:</b>                                              |  |
| <b>Signature</b>                                                  |  |

**To be Completed by Receiving Service**

|                                                                           |                          |
|---------------------------------------------------------------------------|--------------------------|
| Acknowledgement sent to parent/guardian/young person by receiving service | <input type="checkbox"/> |
|---------------------------------------------------------------------------|--------------------------|