SERVICE SPECIFICATION

MID WEST DISABILITY SERVICES

EARLY INTERVENTION AND SCHOOL AGE CHILD DEVELOPMENT TEAMS
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1. Introduction

This service specification describes the service provided by Early Intervention and School Age Child Development Teams in the Mid West Region. The service, which has been in development since 2003, is provided by the HSE in partnership with Enable Ireland, St Gabriel’s Centre, the Brothers of Charity, St Joseph’s Foundation and the Daughters of Charity.

Services for children in the Mid West are provided by the following teams:

- Treehouse Early Intervention and School Age Teams, Dooradoyle, Limerick
- Blackberry Early Intervention and School Age Teams, Dock Road, Limerick
- West Limerick Early Intervention Team and School Age Teams, Newcastle West, Co. Limerick
- St. Joseph’s Foundation Early Intervention Team, Charleville, Co. Cork
- East Limerick Early Intervention and School Age Team, Ballysimon Road, Limerick
- North Tipperary Early Intervention and School Age Team, Nenagh, Co. Tipperary
- Clare Early Intervention and School Age Team, Ennis, Co. Clare

The service specification was developed by a working group which included Disability Managers, Children’s Services Managers and Clinical Leads in consultation with team members, and replaces earlier service specifications.

1.1. Mission Statement:

Child Development Teams in the Mid West are committed to working in partnership with families of children with disabilities/developmental delay to minimise the impact of disability and maximise opportunities for growth and development.

1.2. Principles or values underpinning the service:

The service will reflect the six operational principles of the National Children’s Strategy (DOHC, 2000), which state that services should be:

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

The values of the Service are further underpinned by the guiding principles and national goals of the National Health Strategy (DOHC, 2001), which directs that service delivery should be based on:
• Fair and equitable access to services, which favour the vulnerable and disadvantaged
• ‘Whole-Person’ centred, holistic services
• Responsive, appropriate and integrated delivery of supports and services
• Delivery of quality, ‘citizen-friendly’ respectful services, underpinned by evidence-based Best Practice, and
• Effective management of a governance ethos that ensures delivery of accountable, transparent services, delivered with integrity

The Agenda for Children’s Services (DOHC, 2007) specifies that in order to promote best outcomes for Children, services need to strive to achieve 5 essential characteristics:

• Connecting with family and community strengths.
• Ensuring quality services.
• Opening access to services.
• Delivering integrated services.
• Planning, monitoring and evaluating services.

Following consideration of the themes reflected in national policy for children, the Working Group identified the following overarching goals for service delivery:

**Child Development Teams in the Mid-West will strive to deliver a service which is:**

Child and Family Centred  
Team Based  
High Quality  
Accessible  
Integrated and  
Safe

The working group has identified standards and criteria which will be used to measure success in achieving these goals (Section 3 below). These standards are based on those contained in the National Framework for the Delivery of Early Intervention Disability Services (HSE, 2010).
2. Description of the service

Child Development Teams exist for the purpose of assessment and intervention for children with a disability or developmental delay. “Intervention should be to support and empower families within the community.” (DOHC, 2000)

2.1. Assessment:

The teams offer an interdisciplinary assessment of children, with actual or potential developmental difficulties, to determine the nature and extent of a child’s problems. Referrals for assessment can be made by health professionals in Primary Care or in Specialist Services or through the Assessment of Need Process. Details of the geographical catchment area for each Early Intervention Team are available in Appendix B, while the list of primary and post primary schools served by each School Age Team is available in Appendix C.

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

<table>
<thead>
<tr>
<th>Children under 6 years of age (up to and including their 6th birthday) not yet attending school who:</th>
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<tr>
<td>1. Have been diagnosed with or are considered to be at risk of developing a disability (physical, sensory (hearing or vision) or intellectual) and</td>
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<td>who have complex developmental needs requiring input from two or more therapy disciplines within a specialist disability team.</td>
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<tr>
<td>2. Are or have been a ‘High Risk Neonate’ by meeting criteria a, b or c:</td>
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<td>a. &lt;28 weeks gestation</td>
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<tr>
<td>b. &lt;1,000g birth weight</td>
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<tr>
<td>c. Infants &lt;1500g with history of any of the following:</td>
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<td>c.1: broncho-pulmonary dysplasia (chronic lung disease or oxygen dependent for at least 4 weeks)</td>
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<tr>
<td>c.2: Grade 3-4 intraventricular haemorrhage</td>
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<tr>
<td>c.3: Retinopathy of prematurity</td>
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<td>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).</td>
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The following children should be referred to a Disability Services School Age Child Development Team for assessment:

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).

2.2. **Intervention:**

Depending on the findings of the assessment, treatment and management may be offered from within the Child Development Team or by referral to other services as appropriate in response to the child’s needs.

Teams deliver services to children through an interdisciplinary model which supports families, schools and other services in meeting the needs of the child.

"An interdisciplinary team is a [group] of professionals from different disciplines who work with the child and family, sharing information, decision-making and goal-setting. They have common procedures and policies and frequent opportunities for communication. They work collaboratively to meet the identified needs of the child with a joint service plan, and see the child separately or together as appropriate.” (HSE, 2009)

Team members include physiotherapists, occupational therapists, speech and language therapists, clinical psychologists, and administrative staff. Some teams may also include a coordinating public health nurse, social worker, early intervention specialist/educator, educational psychologist, therapy assistant, community nurse (ID), general nurse, paediatric link worker or early intervention resource coordinator. Each team has a defined management structure with responsibility for clinical and administrative governance.
Early Intervention for very young children is primarily focused on supporting the child’s family to provide an environment which enables the child to reach his/her potential:

“The family provides the environment for growth [...] towards independence, and the family is the primary educator, mentor and advocate for the child. [...]. The child is with their family immeasurably more than with any therapist [...]. Give a child a session of therapy and the service intervenes with the child for that hour. Educate the parents and carers in how to develop the child’s strengths [...]. and the service enables the family to maximise the child’s development throughout his or her life.” Report of the National Reference Group on Multidisciplinary Disability Services for Children aged 5-18 (HSE, 2009)

When a child with a disability starts school the focus of the interdisciplinary team changes to reflect the child’s new environment:

“Direct therapy for a child with a disability is only a fraction of the whole programme for maximising the child’s potential. The major role is played by family and others in daily contact with the child, and they learn from the therapists how to support the child’s development. School staff, who may spend up to six hours per school day with a child, have a unique opportunity to make an impact on the child’s achievements, self-confidence and independence.” (HSE, 2009)

In general, the level of direct contact with a school age child is likely to be less than when the child is younger. Intervention from the School Age Team is mainly provided in the school and team members provide advice and support to school personnel as well as parents and carers. The team contributes to an Individual Educational Plan for the child when requested to do so.

Overall, teams aim to support children, families and schools through a combination of:

- Ongoing assessment of the growing child’s changing needs
- Facilitating families in identifying existing strengths, resources and family and community support networks
- Individual or group intervention in clinic, school or home.
- Individually tailored home or school programmes and training in use of these for parents, carers, teachers and classroom assistants.
- Provision of training, advice and support for parents and carers, and for other health and educational professionals.
- Referral to and liaison with other service providers, e.g. seating and postural management clinics, gait analysis laboratory etc.
• Support for the family in identifying and accessing potential resources such as housing, entitlements, educational supports and respite and home support services as appropriate.
• Assessment for and provision of adaptive equipment.
• Support at key ‘transition’ stages of children’s lives – such as moves between home, childcare, preschool and school.

3. Specific standards related to service goals

Services are planned and delivered based on the following standards, which in their turn are based on the standards contained in the National Framework for the Delivery of Early Intervention Services (H.S.E., 2010). Further standards are in development nationally specific to School Age services and when these become available they will be used to inform review of these standards.

While the standards have been grouped under discrete headings for clarity, the values and principles outlined in Section 1 underpin and support all standards and the criteria used to measure compliance with standards.

Goal 1: A Child and Family Centred Service

Standard 1.1

The services’ ethos is child and family centred and underpins the primacy of the role of parents and carers in their child’s development.

Criteria:

1.1.1 Policies and procedures are written and reviewed to reinforce the centrality of the family.
1.1.2 Parents/carers are partners in decision making in relation to their child’s care pathway/s.
1.1.3 Parents/carers are offered a range of interventions to provide them with skills to enhance their child’s development, which may include as appropriate: Group programmes and courses, opportunities to meet with other parents, individual advice and support, relevant literature and Information, family support and respite services.
1.1.4 Parents/carers are given strategies to support their child’s development while awaiting direct intervention with the team.
1.1.5 There is a regular opportunity for parents/carers and service users to express their opinions and experiences of the services they receive and make comments and suggestions on services (e.g. annual focus group).
Standard 1.2

Assessment is child and family focused and reflects social and cultural needs as far as they impact on the child and family.

Criteria:

1.2.1 Child Development Teams are flexible regarding appointment times and venues and there is adequate notification of appointments.
1.2.2 Parents/carers are assigned a designated contact person throughout the assessment process.
1.2.3 Parents are provided with information on the assessment purpose and process and team members involved.
1.2.4 Families are provided with feedback throughout the assessment process, which focuses on the child’s strengths as well as needs in a manner that is clearly understood.
1.2.5 Team members assessing the child regularly check with the family that they are clear about the assessment and its findings with follow-up appointment if necessary.
1.2.6 Recommendations and any helpful literature relating to the child’s difficulty are given to parents/carers as appropriate.
1.2.7 A written report is compiled and families are given an opportunity to provide feedback on the report.
1.2.8 Where appropriate, professional approved translators/interpreters are provided and there is a clear policy relating to provision of translators in place.

Standard 1.3

Assessment is coordinated, collaborative, timely and appropriate to the needs of the child and family.

Criteria:

1.3.1 Adequate existing and relevant background information is accessed prior to assessment.
1.3.2 Teams familiarise themselves with all the referral information prior to meeting child/family.
1.3.3 There is a minimum of 2 disciplines involved in determining the needs for assessment and for carrying out assessment.
1.3.4 Teams aim to commence assessment within 3 months of acceptance of referral.
1.3.5 Assessment is completed within 3 months of commencement (where clinically appropriate).
1.3.6 Information from assessments is discussed by the team collaboratively and conveyed to parents/carers in person and by written reports.
1.3.7 Where a team carries out a team assessment they compile a joint team assessment report with input from all disciplines involved in the assessment.

Standard 1.4

Assessment will identify the child and family’s strengths and needs in order to determine functional goals and intervention.

Criteria:

1.4.1 Team members will gather information from a variety of contexts as appropriate in order to contribute to assessment and help determine strengths and needs e.g. home/education setting.
1.4.2 The assessment identifies goals that are functional, specific, achievable, and measurable and contribute to intervention planning.

Standard 1.5

An Intervention Plan is developed for each child based on the needs and goals of the child and family.

Criteria:

1.5.1 All children have an Individual Intervention Plan:
   - All children in Early Intervention have an Individual Development Plan (IDP), based on a documented policy and procedure.
   - School-Age Teams will contribute to an Individual Educational Plan (IEP) when requested to do so by school personnel.
   - Where an IEP has not been completed there is evidence on the child’s file of a team intervention plan.
1.5.2 Parents/carers, preschool and school personnel are encouraged to be actively involved in the development and delivery of the child’s plan.
1.5.3 With parents’/carers’ consent, agencies and disciplines relevant to the child and family are invited to participate in the individual plan.
1.5.4 Goals in the Plan are clearly defined, outcome based and measurable.
1.5.5 In the case of an IDP, the plan is developed in collaboration with relevant team members and the family and signed by both.
1.5.6 In the case of an IDP, a named person is identified who is responsible for the co-ordination of the IDP.
Standard 1.6

Parents, carers and school personnel are provided with relevant reports and programmes as an integral part of intervention

Criteria:

1.6.1 All written material for parents/carers and school personnel is in clear, concise and jargon free language.
1.6.2 Translation is made available where appropriate

Standard 1.7

Parents/ carers and children are empowered and supported to contribute to decisions about the intervention they are offered

Criteria:

1.7.1 Parents/carers have opportunities to express their priorities for interventions for their child.
1.7.2 Children and young people will be given the opportunity to identify the goals that are important to them.
1.7.3 Children and families who need additional support to contribute to the decision making process may be facilitated to avail of the services of an advocate.
1.7.4 Feedback is sought from parents/carers regarding their expectations and outcomes of service delivery on a regular basis.

Goal 2: A Team Approach

Standard 2.1

Child development teams consist of a full interdisciplinary team to meet the needs of the child and family

Criteria:

2.1.1 Members of each team are in place/post, and vacancies are filled as they arise.
2.1.2 The roles and responsibilities of team members are clearly documented.
2.1.3 Each team member has access to adequate administrative support including filing, typing, reception, coordination of appointments and other duties as assigned by the team manager.
2.1.4 There is a comprehensive induction process for all staff concerning the service model and roles and responsibilities of team members.
Standard 2.2

The service has a clearly defined model of service delivery.

Criteria:

2.2.1 The model of service delivery is understood by each team, documented and communicated to all team members and line managers.
2.2.2 The service has a written mission and vision statement which is in accord with the service delivery model and is child and family centred.
2.2.3 The model of service delivery is reviewed at agreed regular intervals to ensure it continues to meet the needs of stakeholders.

Standard 2.3

Teams provide interventions in a coordinated and planned way in collaboration with children, families and schools.

Criteria:

2.3.1 Team managers ensure that each team works in a co-ordinated and collaborative fashion e.g. documentary evidence of joint sessions, co-ordination of appointments etc.
2.3.2 Teams have a documented policy on the process of conducting team meetings encompassing operational and clinical discussion and planning.
2.3.3 The agenda and minutes of team meetings are recorded and circulated. Agreed decisions and actions are identified, documented and followed through.
2.3.4 There is an agreed system of decision making within each team.

Standard 2.4

Each family has a dedicated keyworker/contact person.

Criteria:

2.4.1 Teams have documented evidence of agreed role and responsibilities of key worker/contact person.
2.4.2 There is documented evidence of the family being informed of their key worker/contact person.
Standard 2.5

Teams ensure that feedback to parents/carers and school personnel about a child is consistent from all team members

Criteria:

2.5.1 There is a documented policy in relation to the provision of feedback by team members
2.5.2 Feedback is coordinated and recorded

Standard 2.6

Services are delivered in an environment that meets the needs of children and families and the team.

Criteria:

2.6.1 Services are delivered in a building which is child and family-friendly.
2.6.2 All team members including administrative support are based in the same building.
2.6.3 Teams have documented criteria in relation to provision of services in a variety of settings such as the home, local clinics, pre-school and school.
2.6.4 Team members have access to IT facilities.
2.6.5 Telephone facilities are adequate to meet the needs of all team members.
2.6.6 There is access to confidential space for meeting and working with families.
2.6.7 Teams have the appropriate tools/equipment necessary to meet the needs of service users.

Goal 3: A High Quality Service

Standard 3.1

Teams have a clearly defined organisational and governance structure.

Criteria:

3.1.1 Each team is accountable to a designated manager/coordinator with appropriate clinical and management experience.
3.1.2 The manager/coordinator has clearly defined roles and responsibilities regarding implementation of service model, clinical management, quality assurance, service planning and accountability.
3.1.3 The manager undertakes an annual review of the team structure and associated documentation.
3.1.4 Each team’s governance and reporting relationship is clearly outlined and documented.

**Standard 3.2**

**Teams have documented operational policies and procedures in relation to service delivery**

**Criteria:**

3.2.1 Policies and procedures relevant to the service are readily available and followed.
3.2.2 All policies and procedures record date of development, date of approval and proposed review date.
3.2.3 Written policies and procedures are available to all stakeholders.
3.2.4 Policies and procedures are clearly communicated through the staff induction process.

**Standard 3.3**

**Assessments including informal assessments for children and families are valid, reliable and evidence based and in line with professional best practice guidelines.**

**Criteria:**

3.3.1 The child’s clinical records document the assessment tools used
3.3.2 Informal assessments record the decision making process in relation to findings

**Standard 3.4**

**Intervention provided to children and families is evidence based, measurable and provides optimal outcomes for children and families.**

**Criteria:**

3.4.1 Each team has a documented framework for measuring intervention outcomes.
3.4.2 There are regular file audits undertaken to ensure that intervention plans are in line with best practice and appropriate to the individual client.
Standard 3.5

Team members are appropriately qualified, experienced and skilled in the area of childhood disability services.

Criteria:

3.5.1 There is evidence that team members have the necessary qualifications and skills to carry out their role.
3.5.2 Each manager, in consultation with their team, identifies on an annual basis the competencies within the team and those competencies needed to be developed to meet the needs of the children and families within the service.
3.5.3 There is team development and training scheduled, planned and delivered on an annual basis that ensures team members develop skills appropriate to the needs of children and families accessing the service.
3.5.4 The training needs identified are incorporated in budget planning.

Standard 3.6

Team members engage in continuous professional development appropriate to the needs of the service.

Criteria:

3.6.1 All team members have a structure for clinical supervision which is provided by a suitably qualified and experienced professional in their own discipline.
3.6.2 Clinical supervision has protected time and is planned, documented, audited and supported within all disciplines.
3.6.3 All team members have access to evidence based research e.g. journals, on line libraries and professional/clinical interest groups.
3.6.4 All team members have a professional development plan which is reviewed annually and linked to the team development plan.

Goal 4: An Accessible Service

Standard 4.1

There is clear and accessible information available regarding the access to Child Development Team services.

Criteria:

4.1.1 There is a clear map of all Child Development Teams.
4.1.2 Clear pathways exist for referral to Child Development Teams.
4.1.3 Teams have clear and up to date information leaflets available, specifying the services they provide and for whom they are provided.
4.1.4 Clear and up to date referral packs are available to referrers giving information on access to Child Development Teams.

Standard 4.2

The referral process is transparent and family friendly.

Criteria:

4.2.1 There is a clearly defined referral system in place.
4.2.2 There is a standard referral form for access to services, which includes contact details of a designated person in each Child Development Team who can support the referrer in completing the form and discuss any aspects of the referral process or general information about what the service offers. The form includes signed parental consent for referral.
4.2.3 Clear information is available to parents/carers along each step of the referral process.
4.2.4 The service has a documented referral appeals process in place, which is made available to all parents/carers and referrers.
4.2.5 The service has a documented policy on managing a waiting list, including prioritisation, and all parents/carers with children whose names are placed on a waiting list are informed of this policy and regularly updated with their child’s place on the waiting list.

Standard 4.3

Response to referrals is timely and coordinated.

Criteria:

4.3.1 Receipt of referral is acknowledged in writing to the parents/carers and referrer within 2 weeks.
4.3.2 Decisions regarding referrals are agreed at a multi-disciplinary referral intake meeting within one month of receipt of referral.
Goal 5: An Integrated Service

Standard 5.1

Child Development Teams collaborate with other providers of services for children

Criteria:

5.1.1 Where additional support needs are identified to meet the needs of the child and family, onward referrals are made to other services as appropriate.
5.1.2 A documented system is in place to plan, manage and support transitions for the child and family.
5.1.3 Teams engage with other service providers to establish working practices to ensure smooth transition between services for the child and family.
5.1.4 Protocols are in place for referral, information sharing and shared care arrangements with tertiary services/centres
5.1.5 Protocols are in place for referral, information sharing and linkage with primary care services.
5.1.6 Protocols are in place for information sharing and collaboration with external agencies.
5.1.7 Child Development Teams contribute to a Case Planning Panel which includes representation from Primary Care, Child and Adolescent Mental Health teams and other relevant stakeholders to support collaboration between health service providers.
5.1.8 Teams identify any gaps or breaches in continuity of service provision for children and families and informs senior management through the governance structure.

Standard 5.2

Information on Child Development Teams is available to all stakeholders.

Criteria:

5.2.1 There is an information leaflet for referrers and other service providers providing information on the service and access to the service.
5.2.2 There is an information leaflet for parents/carers including information on team members and their roles, access, the assessment process and other service information.
5.2.3 Parents/carers receive relevant information throughout the child's involvement with the service.
5.2.4 Information is available in a range of accessible formats.
Standard 5.3

Parents and carers and other relevant community providers are facilitated to identify areas for skill development and offered appropriate programmes.

Criteria:

5.3.1 The service has a process in place to allow skill development needs to be expressed by parents, carers and community providers.
5.3.2 There is a calendar of training events accessible to all parents and carers within the area.
5.3.3 Child Development Team members develop programmes to support other service providers in the community.

Goal 6: A Safe Service

Standard 6.1

Each team has a child protection policy.

Criteria:

6.1.1 Each team has a written policy and protocol on reporting and managing child protection concerns (including allegations against staff) in accordance with Children First guidelines and the Trust in Care policy as appropriate.
6.1.2 All team members have regular training regarding awareness of child protection and protocols for reporting concerns.

Standard 6.2

Services are delivered in an appropriately confidential manner.

Criteria:

6.2.2 There is evidence that each team member understands the team’s policy on confidentiality and their duties to keep and maintain child and family information in confidence.
Standard 6.3

Each team has clear procedures for gaining informed consent.

Criteria:

6.3.1 Teams have a written policy on consent in accordance with organisational and legislative guidelines. This includes details of:

- Consent for assessment and intervention
- Information recorded
- Retention of information
- Sharing of information
- Specific occasion consent
- Legal guardianship

Standard 6.4

Teams comply with the terms of the Freedom of Information Act 1997/2003 and Data Protection Act 1988/2003

Criteria:

6.4.1 Each team member receives FOI and Data Protection training.
6.4.2 Records are audited for compliance with the Acts.
6.4.3 Parents/carers are informed about their rights under the Acts.

Standard 6.5

Each team has a health and safety statement which meets the needs of clients, staff and the environment.

Criteria:

6.5.1 Each team has a written health and safety statement developed in line with corporate health and safety strategy.
Standard 6.6

Teams have standardised policies in relation to information management, record keeping and maintenance of integrated client files.

Criteria:

6.6.1 Teams have written policies and procedures in relation to information management, record keeping and client file management.
6.6.2 All team members use integrated shared client files.
6.6.3 All collected data applies legislative and professional best practice standards in terms of client consent and information sharing.
6.6.4 The service has a standardized mechanism in place for collation and return of data in line with governance arrangement at national and local levels.

4. Monitoring Arrangements

Local Management Groups (already in existence) have developed an Audit Tool to measure performance against the agreed criteria outlined above. The Management Information System (MIS) will be used to generate management reports on agreed performance indicators.

A regional management group with representation from the local groups will be developed and will meet on a quarterly basis to review performance against the criteria, and to determine actions required to bring services up to the agreed standard where criteria are not being met.
5. References


6. Appendices

Appendix A: Service Specification Working Group Final Membership

Breda Corcoran, Children’s Services Manager, East Limerick Children’s Services
Fearghal Gray, A/ Area Manager, Disability Services North Tipperary/ East Limerick
Anne Long, Children’s Services Manager, Blackberry Children’s Services
Carmel McLaughlin, A/ Area Manager, Disability Services Limerick
Joanne McNamara, Children’s Services Manager, North Tipperary
Ethna McTeague, A/ Area Manager, Disability Services Clare
Brian Muldoon, Manager, West Limerick Children’s Services
Mary O’ Dwyer, Children’s Services Manager, St. Joseph’s Foundation
Máire O’ Leary, CEO, St. Gabriel’s Centre
Aisling Ryan, Case Manager, Disability Services Limerick, HSE
Facilitated by: Aisling Ryan, Case Manager, Disability Services, Limerick.

The Working Group acknowledges the contribution of team members in reviewing the original Service Specification, in particular those who attended regional meetings to discuss the content:

Karen Arnold, Senior Speech and Language Therapist, North Tipperary Children’s Services
Paula Cregg, A/ Community Speech and Language Therapy Manager, Clare
Fiona Eason, Senior Physiotherapist, Clare Children’s Services
Elaine Horgan, Early Intervention Specialist, East Limerick Children’s Services
Treasa McMahon, Senior Physiotherapist, Treehouse Children’s Services
Bridget Mullins, Coordinating Public Health Nurse, Clare Children’s Services
Eimear Ni Riain, Senior Occupational Therapist, Clare Children’s Services
Brian O’Flanagan, Administrator, East Limerick Children’s Services
Rosemary O’Regan, Senior Occupational Therapist, Blackberry Children’s Services
Dr. Toby Sachsenmaier, Clinical Psychologist, Clare Children’s Services
Baerbel Schlueter, Principal Social Worker, East Limerick Children’s Services
Appendix B: Geographical Catchment Areas for Early Intervention Teams

BLACKBERRY EARLY INTERVENTION TEAM
(ENABLE IRELAND, BLACKBERRY PARK, BALLYKEEFFE, LIMERICK. TEL: 061 – 498161)

AREA COVERED: LIMERICK CITY NORTH NETWORK
Ballynanty  Moyross
Caherdavin  Mungret
Castle  North Circular Road
Corbally  The Abbey
Kildimo

CLARE EARLY INTERVENTION TEAM
(LIFFORD ROAD, ENNIS, CO. CLARE. TEL: 065-6863500)

AREA COVERED:
Ballyvaughan, via Galway  Lisdoonvarna
Bodyke  Lisseycasey
Broadford, via Limerick  Meelick
Caher, via Limerick  Miltown Malbay
Carrigaholt  Mountshannon
Clonlara  Moyasta
Corofin  Mullach
Cratloe  Newmarket-on-Fergus
Crusheen  O’Callaghans Mills
Doonbeg  O’Gonnelloe
Ennis  Parteen
Ennistymon  Quilty
Flagmount  Ruan
Kilkee  Scarriff
Kilkishen  Shannon
Kilmihil  Sixmilebridge
Kilmurry McMahon  Spanish Point
Kilrush  Tubber, Gort
Labasheda  Tulla
Lahinch  Whitegate, via Limerick

EAST LIMERICK EARLY INTERVENTION TEAM

Final Draft 27 06 11
(4 CROSSAGALLA, EASTWAY BUSINESS PARK, BALLYSIMON ROAD, LIMERICK. TEL: 061 – 603400)

AREA COVERED: LIMERICK EAST NETWORK AND O’BRIENSBRIDGE

Ahane Killeely
Ballyneety Lisnagry
Ballysheedy Milford
Ballysimon Monaleen
Caherconlish Mulgrave Street
Cappamore Murroe
Castleconnell Newport
Donoughmore O’Briensbridge
Doon Oola
Dromkeen Pallasgreen
Dublin Road Singland
Killinure

NORTH TIPPERARY EARLY INTERVENTION TEAM
(BELMONT HOUSE, ST. CONLONS ROAD, NENAGH, CO. TIPPERARY. TEL: 067-40130)

AREA COVERED: NORTH TIPPERARY AND KILLALOE

Birdhill Nenagh
Birr Puckane
Borrisokane Roscrea
Borrisoleigh Silvermines
Cloughjordan Templemore
Horse & Jockey Thurles
Killaloe

ST. JOSEPH’S FOUNDATION, EARLY INTERVENTION TEAM.
(Bakers Road, Charleville, Co. Cork, 063 89252)

AREA COVERED: LIMERICK SOUTH NETWORK

Ballingarry Croom
Ballylanders Galbally
Bruff Hospital
Bruree Kilfinane
Castletown Kilimallock

TREEHOUSE EARLY INTERVENTION TEAM.
(SPRINGFIELD DRIVE, DOORADOYLE, LIMERICK. 061- 303300)
AREA COVERED: LIMERICK CITY SOUTH NETWORK
Adare  O’Connell Street
Ballycummin  Patrickswell
Clarina  Rosbrien
Crecora  Sexton Street
Dooradoyle  South Circular Road
Galvone  Southill

WEST LIMERICK EARLY INTERVENTION TEAM
(1 DAARWOOD CRESCENT, GORTBOY, NEWCASTLEWEST, CO. LIMERICK. TEL: 069-61919)

AREA COVERED: LIMERICK WEST NETWORK
Abbeyfeale  Foynes
Askeaton  Glin
Athea  Kilmeedy
Ballyhahill  Newcastle West
Ballykenny  Pallaskenry
Broadford  Rathkeale
Drumcollogher

7. Appendix C
Summary of Primary and Post Primary Schools served by each School Age Team

(The full list of schools served by each team is available in a separate document. The following is a summary only.)

BLACKBERRY SCHOOL AGE TEAM,
(BLACKBERRY PARK, BALLYKEEFFE, LIMERICK. TEL: 061 – 498733)

The Blackberry School Age Team serves all primary and post primary schools in the LIMERICK CITY NORTH NETWORK and also St. Nessan’s N.S. in Mungret by special agreement with the Treehouse Team.

CLARE SCHOOL AGE TEAM
(LIFFORD ROAD, ENNIS, CO. CLARE. TEL: 065-6863500)

The Clare School Age Team serves primary and post primary schools in Co. Clare except Ballina N.S. (Killaloe) which receives a service from the North Tipperary Team and O’Briensbridge N.S. which is served by the East Limerick Team.

EAST LIMERICK SCHOOL AGE TEAM
(4 CROSSAGALLA, EASTWAY BUSINESS PARK, BALLYSIMON ROAD, LIMERICK. TEL: 061 – 603400)

The East Limerick School Age Team serves all primary and post primary schools in the LIMERICK EAST and LIMERICK SOUTH NETWORKS except the following schools in Croom and Ballingarry which are covered by the West Limerick School Age Team:

• Ballymartin National School, Croom, Kilmallock
• Croom National School, Croom
• Manister National School, Manister, Croom
• Scoil Chriost An Slanaiththeoir, Ballingarry
• Scoil Mhuire, Achadh Lin, Ballingarry
• Colaiste Chiarain, Croom.

NORTH TIPPERARY SCHOOL AGE TEAM
(BELMONT HOUSE, ST. CONLONS ROAD, NENAGH, CO. TIPPERARY. TEL: 067-40130)

The North Tipperary School Age Team serves all primary and post primary schools in North Tipperary.

TREEHOUSE SCHOOL AGE TEAM
(SPRINGFIELD DRIVE, DOORADOYLE, LIMERICK. 061- 302734)

The Treehouse School Age Team serves all primary and post primary schools in the LIMERICK CITY SOUTH NETWORK and also Limerick City East Educate Together which is temporarily located in Mungret College.

WEST LIMERICK SCHOOL AGE TEAM
(1 DAARWOOD CRESCENT, GORTBOY, NEWCASTLEWEST, CO. LIMERICK. TEL: 069-61919)

The West Limerick School Age Team serves all primary and post primary schools in the LIMERICK WEST NETWORK as well as the schools in Croom and Ballingarry listed above.