

Information required by An Cuan to process a referral for outreach support.

Referral Booklet.

The referral booklet gathers the necessary information to determine if a person referred meets the eligibility criteria for An Cuan Regional Support Service. When information is missing or incomplete, it can delay the referral process.

Before completing the referral booklet, please make sure the person referred meets our eligibility criteria:

- Referred person must be 18yrs +.
- Referred person must reside in Cork or Kerry.
- Must be attached to an agency, organisation or HSE service.
- Must have a mild to moderate intellectual disability. If the person has a severe to profound intellectual disability, please complete the referral for consultation support.
- Must engage in behaviours that challenge. An Cuan recognises behaviours that challenge as any behaviour that negatively impacts on the persons' quality of life and/or inhibits the person from achieving their goals.

To complete the referral booklet, you will need details on the following:

- The person being referred.
- Their primary service provider.
- Their conditions/diagnoses; intellectual disability (level of functioning), mental health, current medication/s and so on.
- A clear reason for referral; this may include information regarding behaviours that challenge. An Cuan recognises behaviours that challenge as any behaviour that negatively impacts on the person's quality of life and/ or inhibits the person from achieving their goals.
- Information on any substance misuse or dependency.
- Confirmation that the person being referred is aware of the referral to An Cuan.
- Details of the person making the referral to An Cuan.

Individual Consent Form.

In line with the Assisted Decision-Making (Capacity) Act (2015), capacity to consent should be assumed unless proven otherwise. The Individual Consent Form is to be signed by the person who is being referred and under no circumstances can it be signed on their behalf. The referral to An Cuan should be explained to the person in a manner they understand. This can be facilitated by a trusted person who knows the person being referred to well, understands their communication needs, their will and preference, values, and beliefs to support the person to make an informed decision. Capacity to consent should be assumed unless proven otherwise via a functional capacity assessment. If it is determined that the person does not have the capacity to consent to the referral, then a decision-making agreement should be in place. Should you require additional support to explain An Cuan to the person, please contact us and we will be more than happy to provide this.

Service Agreement Form.

The Service Agreement is to be signed by the lead agency regardless of who made the referral to An Cuan. There is a list of protocols on this consent form which outlines what the Lead Agency is agreeing to by signing the form. The support provided by An Cuan are reliant on the Service Provider following these protocols; if they are not An Cuan will have to withdraw from our service.

Copies of Psychology and/or Psychiatry report.

Every referral requires a copy of a psychology report, and a psychiatry report where necessary. It is preferable that the reports included are the most recent and up-to-date available. We require the following to be included in the report: 1) the persons' level of intellectual disability and other diagnoses if appropriate, 2) along with the name of the psychologist, and 3) date of such assessment. If the reports do not provide the information, we may need to request further information from the referred Psychologist/ Psychiatrist.

Additional information.

If you have additional reports which are not listed above that you feel are relevant to the referral, please include copies with the referral pack. Examples of additional information could be Occupational Therapy reports, Speech and Language Therapy reports, medical reports etc. However, please note that you may see certain reports as important to the referral but are not listed. We can only accept reports which are relevant to our admissions criteria; these are in line with GDPR and our privacy policies. Further

information such as behaviour recordings, if required, will be requested by us at the assessment stage of the process.

Completed checklist.

Once every section in the list is filled out correctly and the information provided on the reports is relevant then the referral pack will proceed to the preliminary stage.

The preliminary stage is carried out by a member of the An Cuan team. This will consist of a phone call or visit with the person making the referral and other relevant parties where appropriate.

Once the preliminary call/visit is completed, the referral will proceed to the An Cuan Allocations meeting'; this takes place once every 4 to 6 weeks. At this meeting it will be decided if the referral meets the criteria of An Cuan, and if An Cuan is the best service to provide support to the person. The person who made the referral will be informed in writing of the decision of the admission committee.

For more information:

If at any point when completing the referral form and you have any questions, please contact An Cuan by email: ancuan@horizonscork.ie or by phone: 021 455 4166.

Referral checklist for outreach support with An Cuan Regional Support Service.

The following documentation should be submitted with each referral:	Please tick if present when submitting referral.
1. Completed referral form.	
2. Signed individual consent form.	
3. Signed service agreement form.	
4. Copies of Psychology and/or Psychiatry report.	
5. Completed referral checklist.	

This list is not exhaustive, and we will accept copies of any additional reports that are deemed relevant e.g. Occupational Therapy report, Speech and Language report, etc. Reports and information provided by you or others and relating to this referral will be held by us for a full year, after which time, if they are of no current use, we confidentially shred such data.

All items in the above checked list must be completed before the referral can proceed to the preliminary stage. Omission of any documentation will delay any application for supports.

Please send completed Referral Packs to:

Ancuan@horizonscork.ie or

Mr Joe McDonald,
Regional Coordinator,
An Cuan Regional Support Service,
Horizons,
Bonnington,
Montenotte,
Cork,
T23 PT93.

Referral form for outreach support with An Cuan Regional Support Service

Person being referred to An Cuan?	
Name:	
Date of birth and age in years:	
Family/ Circle of support?	
Name:	
Address and Eircode:	
Phone:	
Email:	

Lead agency for the person being referred?	
Name of service provider:	
Nature of service provided (residential, day, respite, etc.)	
Location:	

Person making the referral?	
Name and job title:	
Service name and address:	
Phone:	
Email:	
Date of referral:	

Reason for referral: (please outline in detail why you are making this referral)

Behaviours that challenge?	
Please include what the behaviour looks like, how often it happens and how long it has been happening for:	
Behaviour 1	
Behaviour 2	
Behaviour 3	
Behaviour 4	
Behaviour 5	
Behaviour 6	
Does the person referred have a Positive Behaviour Support (PBS) Plan? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are there any rights restrictions in place (e.g., use of seclusion, physical restraint, medication to control behaviour, or other restrictive practices)? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Any other information regarding behaviours that challenge/ rights restrictions?	




Has the person been diagnosed as functioning within the range associated with a mild to moderate intellectual disability? (if the person has a severe to profound intellectual disability, please complete a referral for consultation support) Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have a report/assessment that states this? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, who completed the assessment: (full name and discipline).	
Date of assessment:	
Level of cognitive function stated in the report:	
Please add any other information on the persons' level of functioning or diagnoses received here.	


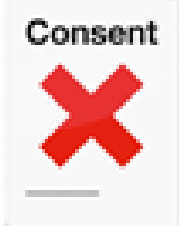
Is the persons' mental health currently their primary challenge? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the person is currently involved in the criminal justice system? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there concerns that the person currently has a drug or alcohol dependency? Yes <input type="checkbox"/> No <input type="checkbox"/>



Is the person aware of the referral to An Cuan? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are the persons' family aware of the referral? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are the staff who work with the person aware of the referral? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are other services the person accesses aware of the referral? Yes <input type="checkbox"/> No <input type="checkbox"/>

For An Cuan use only	
Name of recipient: (PRINT)	
Date referral received:	

Individual Consent Form

I understand that.	
	An Cuan have been asked to support me.
	An Cuan will need information and reports about me.
	Information about me will be kept private and in a safe place.

Please mark the correct box.	
 <p>Yes, An Cuan can support me.</p>	 <p>No, An Cuan cannot support me.</p>
<input type="checkbox"/>	<input type="checkbox"/>

	<p>My signature</p>	
	<p>Date</p>	

To be completed by the party supporting the individual referred to complete the individual consent form.

You can find easy-to-read resources about An Cuan at www.horizonscork.ie/ancuan. Other resources are also available to you such as visual supports, videos, tools and resources (e.g., Social Stories®, Talking Mats®), and more.

When supporting the person to make an informed decision about this referral, what methods of communication were used to provide the information?

Please provide below how consent has been determined? If unsure, what additional supports would help support the person to understand the referral to An Cuan? Consider the persons' communication needs, relevant previous referrals to support services, where the primary focus has been to support the person, the persons' Will and Preference, values, and beliefs. If a decision-making agreement is in place, please specify the decision(s) listed within same.



Service Agreement with An Cuan Regional Support Service

Please note that the provision of the An Cuan Regional Support Service is reliant on the Referral Agency complying with the following protocols. Failure to comply with these protocols shall result in an immediate withdrawal of the supports.

- The Individual must meet the eligibility criteria for the An Cuan Regional Support Service.
- All the necessary referral documentation shall be provided by the referring Agency to the An Cuan Regional Support Service Co-Ordinator as part of the application process.
- The referring Agency must cooperate fully with the design, implementation and monitoring of a Person-Centred Plan (PCP) and behavioural interventions for the individual along with the necessary trainings, which aim to develop staff understanding of the processes for Person-Centred Planning (PCP) and Positive Behaviour Support (PBS).
- The referring Agency will allocate the necessary resources to implement the Individual's new Person-Centred Plan.
- The referring Agency must engage fully with all stakeholders, e.g. families, allied professionals, etc.
- Personnel of the referring Agency shall make themselves available to meet with in person or remotely and cooperate fully with the An Cuan Regional Support team.
- An Cuan is a supplementary short-term service. Once An Cuan has disengaged the service provider should ensure that plans, at a minimum are reviewed annually, in line with best practise from HIQA. If the service provider does not have the resources to carry this out you may request a review from An Cuan.
- An Cuan adheres to the HSE 'Safeguarding Vulnerable Persons at Risk of Abuse National Policy & Procedures' (2014) when responding to allegations or concerns of abuse. An Cuan shall respond to and report any such concerns on 'day 1' as per this policy to the Line Manager and Designated Officer of the lead agency for follow up.

It is the responsibility of the lead agency to ensure preliminary screenings and all subsequent actions if any.

Name of Individual being referred: (PRINT)	
Name of person signing service agreement: (PRINT)	
Job Title of person signing service agreement: (PRINT)	
Signature of person signing service agreement:	
Date:	

People we Support and their Families, [Privacy Statement](#).

You have a right to know about personal data we hold about you and why that information is held. An Cuan obtains personal data from you to:

- provide you with a service
- meet legal and contractual obligations

An Cuan may also need to obtain relevant information and reports including medical reports that exist within the services listed below:

- The Health Service Executive (HSE).
- Other HSE contracted service providers.
- Education Service Providers.
- The National Educational Psychological Service.
- General Practitioners/ Medical Consultants/ and other Health Professionals.

An Cuan may need to share personal data with other service providers who are involved in provision of services appropriate to you. This will be done in strictest confidence and on a need-to-know basis only.

We will store your personal data in accordance with Data Protection Legislation and relevant Horizons policies such as our Data Protection and Records Management policies and An Cuan protocol.

Our full Privacy Statement is available on our website www.horizonscork.ie/privacy-policy, which details information about your rights to seek access, rectification and limitation to the processing of your personal data.

Please note that when a person is under 18-years-old, then their family or advocate are to be informed of the person's data protection rights.

Horizons,
1st Floor, 1D – 1 F, The Atrium,
Blackpool Retail Park,
Blackpool, Cork, T23 T2VY
Tel: 021 464 3100
Data Protection Office Tel: 021 464 3360