



Assistive Technology – Regional Service

Information Pack & Forms for Referral (ADULT)



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(091) 545 800

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About Us

Who are the Assistive Technology (A.T.) Regional Service?

We are a specialist Enable Ireland team. Team members can include; Occupational therapists, Speech and language therapists, Clinical engineering technicians & support assistants.

What do we do?

- We work in **community settings** such as homes, places of employment or education. We work across three counties - **Galway, Mayo & Roscommon** - with adults with a physical disability.
- We provide **assessments** looking at a person's A.T. needs. This may involve;
 - Looking at adapting technology appropriate for your personal needs
 - Figuring out where the best place to use it from is and,
 - Trying out ways A.T. can be used to improve your quality of life
- We work with and provide **training** to local health care professionals around their use of A.T.
- We **advise** carers, family members and people who support adults with a disability about relevant assistive technologies.
- We **customise** or **combine** different types of assistive technologies. For example, this could involve the control of lights in a home from the joystick on a wheelchair.
- We look at the **best position** to have technology in so it's comfortable to use and easy to get too.

Who do we work with?

The team works with individuals who satisfy the **entry requirements** found on **Page 7** of this booklet. Family members, clinicians, educators, and employers may also be involved with the work carried out. Once a person has been successful in their referral to the A.T team, they then become a **Service Owner** – Ref:

www.enableireland.ie/resources/news/adult-service-users-service-owners.

Frequently Asked Questions

Can I send in my own referral?

Yes. Self-referrals are considered. However, having assistance from a clinician familiar with your needs throughout your episode of care is more common in the referrals sent to us.

How will I know which is the most appropriate support for me?

We have **three** potential strands for your referral;

1. The first, is for **information only**. This is normally a once off request on a specific topic and is carried out over a phone call or through email.
2. The next is carried out as a **phone** or **video consultation**. Again, this may be a once off and may involve a more detailed discussion about your needs.
3. And finally, we have a **full assessment** strand. Typically, this involves one or more visits with a team member. This can also be carried out as a video call, when suitable.

With these strands, each referral will differ and people may avail of one or several, depending on their needs.

What is an Episode of Care (E.O.C.)?

The A.T. service operates under an "episode of care" model. The episode is the period when you will be working with a team member on the targets that you or your clinician provided to us at the time of your referral.

What happens in an Episode of Care?

- The team, or you clinician will contact you **within 4 weeks** of receiving your referral to arrange the consultation or to visit you at your home address. In some cases, a **video call** can be offered.
- Member/s of the team **meet with you**. This starts your involvement with the Assistive Technology team.
- Your clinician (e.g. Speech and language therapist, Occupational therapist) will be invited to attend this meeting. If they're unable to attend, the A.T. team will discuss your needs with them in advance of meeting with you. Please be assured that this discussion will only occur if you have provided us with permission to do so – We have more details about this on **Enable Ireland's Privacy Policy** at www.enableireland.ie/privacy-policy.

- Your reason/s for referring to us are discussed and if time allows, equipment may be trialled. Visits can last up to **90 minutes** and for certain episodes, several visits might be necessary for us to fully understand your needs.
- Assistive technology may then be provided on loan to you. Loan periods can vary - **2 - 3 weeks** being common. We will contact you (or, someone you have nominated to us) at prearranged intervals in this period to check on your progress and if required, we will make changes to how it performs.
- Finally, and if needed, a report will be put together for you (and your clinician if you provide us with consent to do this) with recommendations and findings from your episode with the team. At this point, your **episode of care is closed**.

Do I need to have someone with me when we meet?

We'd ask that your **clinician** (e.g. Speech and language therapist, Occupational therapist) would be present when we meet. This person should ideally be the person who submitted or assisted you in submitting your referral request. Having a contact person from your home is also recommended, though not always required.

Can I trial a device/s in my episode of care?

Yes. After an initial evaluation, we may recommend that you trial a device/s. On occasions, we will borrow items from private companies for trial. These products have their own loan procedures, and these trials typically last for about 10 days.

Do I need to provide any reports with my referral?

Referrals, in general, do not need supportive reports. However, at times we may require additional information or refer you to another service to get more information before we can look at your A.T. needs. If this is the case, we will discuss this with you, **before** any such referral takes place.

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ASSISTIVE TECHNOLOGY – REGIONAL SERVICE

Information for Your Referral

INTRODUCTION. The purpose of the introduction is to provide information to assist you in making an informed and successful referral to the A.T. Regional Service. This booklet contains all of the forms required to complete your request. **PAGES 6 & 7**, are essential reading before commencing.

FORM UPDATES: This form is subject to change/s. If this is your first occasion completing one, please ensure it's the most recent version – **VERSION 5.5**

Incomplete referrals, i.e. those which are received without consent, relevant reports, or, which do not contain adequate information, **will be returned to the sender.**

Sending Your Referral

To begin, the referral and consent forms must be completed and returned for consideration. If you are completing these for the first time, please read the **Frequently Asked Questions** section - **PAGES 3 & 4** - and / or contact our team (Administrator) before you begin.

If you are sending your referral to us through **email**, please ensure that;

- Our email address is correct – it is atwest@enableireland.ie.
- Your email is sent encrypted from a secure source. If you're sending us your referral from your Enable Ireland, H.S.E. or Healthmail email address, please note that these are automatically encrypted.

REF: H.S.E. Electronic Communications Policy - <https://bit.ly/3CBJUVP>.

- You have included valid and informed **Consent (PAGES 11 - 16)** to support the referral.
REF: H.S.E. National Consent Policy – <https://bit.ly/3Cw3Pp6>.

This team will endeavour to respond to all new referrals with a receipted response. If you have not received a response within **1 week** of sending it to us, please contact us at **(091) 545 800**.

Criteria for Service Entry

Age: Adults who are 18 or over and who have not yet reached their 65th birthday.

Address: Permanent residents in County Galway, Mayo or Roscommon (CHO2 Region)

Presentation / Diagnosis: Individual must present with a **complex physical disability**. This may relate to a genetic condition affecting movement, a difficulty with muscle development or an acquired condition acquired e.g. Spinal Cord Injury, Acquired Brain Injury.

Functional Goals: Individual must present with a task or an activity which can be met or supported through use of assistive technology.

If the individual is residing in a **Nursing Home** or **Health Care facility**, the referral must identify and name **key member within the facility**. This person must be present throughout the A.T. team's involvement.

See **Appendix 1** on **PAGE 16** for the Service **Exclusion Criteria**.

Information Essential to each Referral

Contact details (in FULL). This should include contact details for the person being referred, a main contact person and any other relevant clinician or professional involved.

**PAGES
8 & 10**

Clear reasoning for referral. Describe the tasks and functional goals specific to the challenge/s identified in this referral.

**PAGE
9**

Consent for Service Forms

**PAGES
11 - 16**

Reports relevant to referral. This information should highlight;

- (a) Previous strategies used to address the reason/s for this referral and
- (b) Medical detail relating to the condition of the person considering referral.

Assistive Technology Referral Form – Adult Service

OFFICE USE ONLY

DATE RECEIVED	Click or tap to enter a date.	NOTES
INITIAL CRITERIA MET	YES <input type="checkbox"/> NO <input type="checkbox"/>	
APPT TYPE	IP <input type="checkbox"/> PHONE <input type="checkbox"/> VIDEO <input type="checkbox"/>	

Personal Details

Name		Contact No	
Home Address		Eircode	
Date of Birth		Email	
Gender			
Interpreter required for appointments?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Language requested	
Preference for Contact	Phone <input type="checkbox"/> Text <input type="checkbox"/>	Email <input type="checkbox"/> Main Contact below <input type="checkbox"/>	
Do you live on your own?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Additional support/s for appointments – e.g. Poor Internet coverage, preferred time of the day to meet, people to be present, special instructions for entering the property.

Main Contact Person e.g. Self, Parent / Guardian / Advocate / Family Member

Name		Mobile No	
Address			
Email		Relationship to Person	

Lead Clinician i.e. The Clinician supporting this Referral

Name		Role	
Mobile No.		Email	
Address		Eircode	
Signature		Date	

Referral Detail

Type of referral requested (Tick one)

Information Training Full Assessment

Describe the functional goal / task necessitating referral at this time.

Task

1

2

3

How is this task achieved, currently? Describe the supports or strategies in place.

Has A.T. been used or tried previously? If so, please share this information e.g. how long was the technology used for, brief summary around its impact.

Product	Period Used For	Levels of Success. Include Goals / Targets / Outcomes achieved.

Diagnosis and relevant medical detail. Include medical equipment in use in the home e.g. ventilator, mechanical cough assist devices,

Have A.T. services or goods been provided by another team or service? Please TICK one. If Yes, detail the team involved.

Yes No

If Yes, please detail e.g CDNT, Private, Other.

Contact Details – Clinicians / Professionals

FIELD / CLINICIAN	NAME	MOBILE No.	E-MAIL
Occupational therapy			
Speech & language therapy			
Psychology			
Specialist / Consultant			
Physiotherapy			
Voluntary Agencies			
¥Other (1)			
¥Other (2)			

¥Add all of the relevant Professional / Clinical team members currently involved. Area / Clinician detail not known, can be added under **Other** fields.

Contact details – Placement e.g. Education / Residential / Day Care / Place of Employment (if relevant to Referral).

Name & Address of Placement			
EIRCODE		Contact No.	
Name of Primary Contact		Role	
Mobile No.		Email	
Is this contact aware that this referral is taking place?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If No , please detail the reason/s why this is the case?			



Consent Form to Enable Ireland Services

I (name of person being referred) of
.....
(address)

DOB: / /

hereby consent to an assessment being carried out on me by Enable Ireland Disability Services (Enable Ireland) and, where appropriate, for intervention to commence.

I consent for Enable Ireland to access relevant information/reports from the HSE and other relevant Service Providers where necessary. Where there is a need for a referral⁽¹⁾ to another service provider (e.g. Education, Social Welfare, HSE), I consent to the sharing of the assessment findings and reports with these service providers. ⁽¹⁾ Any such referral will only be made with my permission.

Signed: **Date:**
(Person being referred)

PRINT NAME

This form may alternatively be signed by the parent(s)/ Legal guardian(s) of the Adult Service Owner if appropriate.

Signed: **Date:**
Parent / Legal guardian

PRINT NAME

Signed: **Date:**
Parent / Legal guardian

PRINT NAME

Should you be accepted into the Enable Ireland services, it would be useful to inform your local GP in order to maintain links with primary care services. I consent to Enable Ireland informing my GP of my referral to Enable Ireland:

Yes **No**

GP's name and address



Consent of Adult Service Owner to Data Processing, Services & Direct Marketing

I (name of service owner) of

..... (address of service owner)

DOB: / / acknowledge and consent to the following:

1. Personal information relating to me will be processed by Enable Ireland Disability Services (Enable Ireland) and/or its partners and service providers which may include Adult Services Teams, the HSE, Medical Consultants to include, GPs, speech and language therapists, occupational therapists, physiotherapists, dental care providers and any other medical treatment services/practitioners in accordance with the General Data Protection Regulation (GDPR). Enable Ireland provides full details of my data protection rights including the right to withdraw consent to data processing in the attached Data Protection Notice (which is also available to view online via the Privacy Policy section on Enable Ireland's [website](#)).
2. The personal information relating to me will be processed for the purposes of planning and provision of services by Enable Ireland for me which will include processing your information using online platforms (to include but not limited to: Microsoft Teams, Attend Anywhere, Webex) where there is need. My personal information will also be processed to ensure compliance with legal and regulatory obligations. This will also include processing personal information of my parents or legal guardians as these will be recorded in my service owner file.
3. The processing of my personal information may include the disclosure of such personal information to third parties. This will be discussed with me in advance. It may also include the need to obtain relevant professional reports about me from third parties.
4. The content of telephone calls that Enable Ireland staff make to and receive about me may be transcribed, as appropriate and relevant, onto my service owner file. Enable Ireland will, where possible, contact me by text to advise me of appointments and reminders about these appointments.
5. I am aware that I need to advise Enable Ireland of any changes to my personal information relevant to the provision of services to me to ensure that Enable Ireland holds accurate and updated information about me e.g. change of address or GP details.

I hereby EXPLICITLY CONSENT for the purposes of the GDPR to the processing of personal information relating to me as outlined above.

Signed: **Date:**

Service Owner

PRINT NAME

This form may be signed by the parent(s)/ Legal guardian(s) of the Adult Service Owner. If appropriate, please complete the following;

Signed: **Date:**
Parent / Legal guardian

PRINT NAME

Signed: **Date:**
Parent / Legal guardian

PRINT NAME



Information Leaflet with Consent – Using software to remotely provide A.T. support.

Service Owners of Enable Ireland using Personal or loan devices often require AT support. TeamViewer (REF: www.teamviewer.com) is a software program that enables the Enable Ireland Assistive Technology (AT) Regional Team to provide this support remotely and securely. If you are using an Enable Ireland device it should be installed, otherwise you will be sent a link where you can download the app or a team member will contact you to discuss how to do this. Typically the type of data processing that will occur when a Service Owner requests support in connection with use of their personal or borrowed device as follows:

- a. Service Owner makes contact with the AT Team and requests support for accessing various AT resources using their own personal or borrowed computing device.
- b. At an agreed time the service user is asked to start the TeamViewer program. If TeamViewer is not already installed AT gives the Service Owner (via email or phone) a web link where it can be downloaded and talks them through its installation.
- c. When TeamViewer is running and connected to the internet it will show 2 codes. Your ID (9 or 10 digit number) and Password (6 – 8 alphanumeric code which changes on every run event).
- d. Service Owner user must share this ID number and a unique passcode with the AT team member to allow remote access. If using an Enable Ireland device AT may keep a record of the ID and only request the password.
- e. Remote access means that AT can see your desktop and control your computer. If you have any files you do not wish AT to see please make sure they are closed and inform AT what folders/drives are off limits. Alternatively create a folder called “Private” and move files there.
- f. The Service Owner can end the remote access session at any time by closing TeamViewer or requesting that the connection is ended.

Once the AT team member has completed the support task, then the session is ended. The session cannot be re initiated again unless the Service Owner provides their consent.

Data Processing

Teamviewer will process the following personal information about each individual that allows connection to the software as follows:

- Name
- IP address
- Language preference
- Location
- Profile Picture (optional)
- Content data transferred in the use of the Software and Services
- Connection data stored on the user’s device (logfiles, connection-txt-files).
- Data contained in session recordings stored on the user’s device.

Your personal data (as detailed on the previous page) is used by Teamviewer for the following purposes:

- 1) To allow the A.T. Team access to personal or borrowed devices of service users to support them should issues of an A.T. nature arise.
- 2) Troubleshooting call issues and assessing connectivity problems.
- 3) Analytical purposes.

For further information about the data processing activities of Teamviewer please see:

www.teamviewer.com/en/privacy-policy/

CONSENT TO DATA PROCESSING WHEN USING TEAMVIEWER

Re: _____

(Print Name - Service Owner)

DOB://

By requesting remote support and starting the TeamViewer program I am providing my consent that the A.T. team member can access my computer at an agreed time, for the purpose of providing me with help or support.

I hereby **EXPLICITLY CONSENT** for the purposes of the GDPR to the processing of personal information relating to me as outlined on the **Information Leaflet – Using software to remotely provide A.T. support.**

Please list any special conditions or exceptions to consent:

Signature Service Owners

Signed: Date:

Enable Ireland's privacy statement that can be found at www.enableireland.ie/privacy-policy including the right to withdraw your consent at any time. Please contact us at atwest@enableireland.ie or call **091 545 800** should you wish to withdraw consent or require any further information.

Appendix 1 - Exclusion Criteria

Individuals are deemed unsuitable for referral to the A.T. Regional team if:

- Non-specialist solutions to the identified needs and functional goals are already successfully in place.
- The individual's cognitive ability and / or motivation to learn how to use assistive technology does not match the needs identified upon referral.
- The provision of equipment is inappropriate due to social, environmental or other circumstances.
- The individual being referred is already availing of assistive technology supports from another service.
- The individual being referred is seeking training in developing general information technology (I.T.) skills or, is seeking mainstream I.T. supports. For example, setting up printers, Wi-Fi networks or cabling systems.
- There is a request to fund assistive technologies. The A.T. Regional Service does not receive any such funding and therefore does not exclusively provide any equipment/devices. The following **H.S.E. Aids & Appliances resources** link <https://bit.ly/HSE-Funded-Schemes> may provide a suitable resource to consider in this regard.

DOCUMENT END

Private and Confidential

If these recommendations are misplaced and found by an unintended party, please inform the team below and return to;

A.T. Regional Service,

Enable Ireland

Seamus Quirke Road,

Galway

H91 E8P4

Tel: (091) 545 800

Email: atwest@enableireland.ie

Enable Ireland is committed to protecting your privacy and the personal information you and others provide to us. Full details about how we handle your information is available from **Enable Ireland's Privacy Statement** – This is available online at www.enableireland.ie/privacy-policy.