Appendix 3: Decision-making flowchart for CIO

Referral received

Is the child eligible for this service?

**NO**
E.g. outside age limits, existing/pending diagnosis, eligible for/attending alternative service

**Unsure**

Does the issue require a PRIORITY (urgent or immediate) response?
E.g. infant with feeding issue or torticollis

**NO**
Provide advice, information and resources regarding alternative services

**YES**
Redirect to Discipline Senior

How old is the child?

<4 years

Are the issues non-complex or complex?

**Non-complex**

Will attendance at HES be appropriate for this family?

**NO**
Arrange for screening/Ax

**YES**
Allocate to HES

>4 years

Are the issues non-complex or complex?

**Non-complex**

Allocate to MEiT

**Complex**

Allocate to MAIP

**NO**
Provide advice, information and resources regarding alternative services

Ax Assessment
EIPP Early Intervention and Prevention Program
HES Health Education Sessions
MEIT Multidisciplinary Early Intervention Team
MAIP Multidisciplinary Assessment and Intervention Program