



13/06/2019

Deputy John Brassil,
Dáil Éireann,
Leinster House,
Kildare Street,
Dublin 2.

PQ 24918/19

To ask the Minister for Health his plans to remove the *in loco parentis* clause from HSE policy in view of the fact that it is causing hardship for many families and is perceived as unworkable; and if he will make a statement on the matter

-John Brassil

Dear Deputy Brassil,

The Health Service Executive (HSE) has been requested to reply directly to you in the context of the above Parliamentary Question, which you submitted to the Minister for response.

The HSE is committed to the on-going provision of Paediatric Homecare Packages (PHCPs) to support the discharge of children with complex healthcare needs from acute hospital services into the care of their families. A home care package is required when a child has medical and/or nursing needs that cannot be met by existing Primary Care services and Children's Disability services. The HSE's responsibility is to facilitate the child to lead as normal a life as possible in order to maximise their quality of life and developmental opportunities and to manage their complex healthcare needs within the home setting.

It is intended that 80 additional packages will be provided during 2019, bringing the total number of Paediatric Homecare Packages to 457. To support this level of service, €28.7 million has been allocated in the 2019 National Service Plan for the provision of PHCPs in 2019, an increase of over €6 million when compared to 2018. This investment ensures that more children with complex healthcare needs, who may otherwise have to remain in acute hospital, are facilitated to be discharged home in the care of their families, whilst accessing appropriate nursing care to safely manage their healthcare needs in the home setting.

Parents of children in receipt of PHCPs retain overall responsibility for the welfare of their child, and health services work in tandem with parents to support their role. The nursing and health care staff who provide the PHCP have responsibility for the clinical care of the child as detailed in each child's clinical care plan. Whilst providing nursing care to the child with complex healthcare needs in the home, the nursing staff cannot assume sole responsibility for a child where parents may not be available, and a designated and competent person (appointed by the parent) is required to be available to act *in loco parentis*.

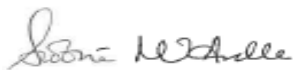
The HSE is committed to the delivery of safe, high quality care to all children in receipt of Paediatric Homecare Packages. In recent years, the HSE has implemented a centralised and standardised process for the approval of funding for Paediatric Homecare Packages nationally. Through this process it was identified that variation and inconsistency in the way packages were being provided was leading to high risk situations. The *In Loco Parentis* requirement had been put in place by various Community Healthcare Organisations to support a risk management approach in the delivery of these packages. The requirement for a nominated person is to have a second person present in the event of an acute medical emergency such as respiratory arrest, grand mal seizure etc.

The HSE has commissioned a National Quality Assurance Initiative for Paediatric Homecare Packages to develop procedures, standardised documentation and guidelines for the operation of PHCPs across acute hospitals and Community Healthcare Organisations in Ireland. These guidelines have been developed through engagement with parents, and in consultation with the Royal College of Nursing in the UK and the School of Nursing in Trinity College, Dublin. The work has also been informed by the findings of the EU Research Initiative for Children with Complex Healthcare Needs. The team have developed a suite of documents including a National Assessment Tool, a Discharge Protocol for acute hospitals, a standardised Patient Passport, a Parental Contract and a standardised Care Plan Template. A training plan has commenced with relevant healthcare staff across acute and community settings in advance of the launch and the implementation of these new procedures. This development will ensure an evidence-based, standardised, best-practice approach to the delivery of paediatric homecare packages.

Although these developments are primarily intended as a clinical support, the HSE is very aware that respite can be an issue for parents of children with complex healthcare needs. The recently completed NQAI process also examined the question of respite care and included extensive engagement with families. The team have developed a new “Guideline for the child with Complex Healthcare Needs: Carers Break Approval and Risk Minimisation” which will provide for a carer’s break subject to a risk assessment and the meeting of certain criteria. This should introduce greater flexibility into the operation of individual PHCPs and has the potential to provide additional support to parents and families as part of an integrated approach to the delivery of care. The full suite of documents developed by the NQAI team will be launched and implemented in Quarter 3 (July-August 2019) pending final approval by senior management. In summary, the HSE is committed to the provision of safe, high-quality healthcare to all children with complex healthcare needs in receipt of Paediatric Homecare Packages. We welcome the implementation of procedures which will enhance the quality of care provided, and improve supports for their parents and families in caring for their children with complex healthcare needs.

I trust this information is of assistance to you.

Yours sincerely,



Siobhán McArdle,
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