



14th April 2021

Deputy Richard Boyd Barrett
Dáil Eireann
Leinster House
Kildare Street
Dublin 2

Re: PQ 18395/21 – “To ask the Minister for Health if a school (details supplied) is to lose all onsite therapists, including speech and language therapists and occupational therapists as part of the progressing disabilities service roll-out; if so, the rationale for the school losing interventional therapies onsite for the 160 children attending the school given the optimal use of the time of the students, their families and the school and the minimum disruption in the students' school day by having onsite therapists; and if he will make a statement on the matter.” - Richard Boyd Barrett

Details provided: Carmona School, Glenageary, Co. Dublin

Dear Deputy Boyd Barrett,

Thank you for your recent correspondence. The Health Service Executive has been requested to reply to you in the context of the above Parliamentary Question. I have examined the matter and the following outlines the current position.

As you will be aware, the HSE is implementing the Progressing Disability Services for Children and Young People Programme (PDS) across the country in partnership with its funded voluntary agencies.

Background:

Disability services for children have developed in an adhoc way across the country over the past 100 years and more. Traditionally, these services have been provided by a mixture of HSE funded section 38 and 39 agencies and the HSE, varying county to county. This has resulted in a wide range in a) availability of services and b) access criteria to services depending on where a child lives or what diagnosis they have. For example, in one area, a child with a physical disability may have a very good service and a child with ASD may have no service. Equally, children with a particular diagnosis living in one part of the country may have access to a local disability service but not children with the same diagnosis in another area.

The purpose of Progressing Disability Services for Children and Young People Programme (PDS) is to address this significant variance and risk, by ensuring that all children with a disability have equity of access to services, based on need, rather than their diagnosis, where they live or go to school. Services will be provided as close to home as possible. This is in line with Government policies such as Sláintecare. The objectives of PDS are to:

1. Provide a clear pathway and fairer access to services for all children with a disability.
2. Make the best use of available resources for the benefit of all children and their families.
3. Ensure effective teams are working in partnership with families and with education staff to support children with a disability to reach their full potential.

Implementation of PDS in Community Healthcare East

Community Healthcare East are in the final stages of implementing the Progressing Disability Services (PDS) for Children and Young People Programme which requires a reconfiguration of both HSE and HSE funded voluntary organisations for children's disability services, into geographically based Children's Disability Networks, providing services for children aged from birth to 18.

The following are the location of the teams:

CDNT	1	2	3	4	5	6	7
Location	Sandymount Enable Ireland	Sandymount Enable Ireland	Leopardstown Enable Ireland	Leopardstown HSE	North Wicklow Enable Ireland	Mid- Wicklow Enable Ireland	South Wicklow Enable Ireland

The Children's Disability Network Teams (CDNT) will comprise of staff from existing disability service providers so their current experience will be still on the team and will provide an upskilling for other team members in conditions which are particularly complex.

It is recognised that children with a complex presentation have needs that require to be met across a number of different areas of life within their home/school/community. The location in which intervention is provided will vary according to the child's needs at a particular stage in their life.

All children/families will have an individual family plan which will outline how the goals for the coming period will be achieved and where. If a child's needs are best met in a particular location that will be acknowledged by the team.

To clarify, in relation to Special Schools, the HSE were never withdrawing therapy services from special schools, therapy staff currently working in those environments following an expression of interest process with staff they would be reconfigured into a Children Disability Network Teams as outlined above.

On 8th April '21, In response to the specific request made by the Minister on behalf of Government, the HSE paused the removal of health and social care professionals from existing Special Schools or in mainstream Education settings that deliver special classes for children with additional needs (i.e. where same exists). This pause allows for additional engagement at local and national levels to ensure full clarity for all stakeholders regarding how the school based setting will align to the fundamental health reform commitments made in NSP 2021.

We are currently engaging with our special schools in the area collating the information and working on our transitional planning for full reconfiguration by the 30th June 2021.

I trust that this information is of assistance to you.

Yours sincerely,



Ms Patricia McEvoy
Head of Service, Disabilities