



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

**Oifig an Cheannaire Oibríochtaí,**  
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Deputy Robert Troy  
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Dear Deputy Troy

The Health Service Executive has been requested to reply directly to you in the context of the following parliamentary question, which was submitted to this department for response.

**PQ 18469/21**

*To ask the Minister for Health the supports available to families that are forced to seek private assistance for children with diagnosis of dyslexia or dyspraxia due to the extensive waiting times through the public system; and if families can seek recompense through the HSE or his Department for the substantial financial outlay for services.*

**HSE Response.**

Dyslexia is a specific learning disorder that effects reading. Diagnosis is usually made following an educational psychology assessment. This is the remit of colleagues in the education sector.

Children with dyspraxia may have difficulty with thinking, planning and carrying out sensory/motor tasks, and may benefit from the therapeutic support of healthcare professionals. They also need support and understanding in the education system to help them reach their full potential.

The National Policy on Access to Services for Children & Young People with Disability & Developmental Delay ensures that children are directed to the appropriate service based on the complexity of their presenting needs rather than based on diagnosis. Many children with a disability who have support needs can be effectively supported within mainstream child health services. This policy provides a single point of entry, signposting parents and referrers to the most appropriate service (Primary Care for non-complex functional difficulties and Children's Disability Network Teams for complex functional difficulties).

While many children with dyspraxia will access unidisciplinary occupational therapy services via Primary Care, a proportion with more complex needs are referred to disability services.

The HSE acknowledges the challenges in meeting the demand for children's disability services and is acutely conscious of how this impacts on children and their families.

National HSE Disability and Primary Care are working together collaboratively with Community Health Organisations via their Chief Officers to support implementation of the HSE's National Policy on Access to Services for Children with a Disability or Developmental Delay.

In addition to the significant numbers of additional posts allocated to Primary Care and to Social Care under the Progressing Children's Disabilities Programme in recent years, the HSE is committed to using innovative approaches, involving public, voluntary and private providers, to achieving a targeted reduction in therapy waiting lists.

The HSE also works collaboratively with organisations such as Dyspraxia Ireland who aim to raise awareness of Dyspraxia in Ireland and create a better understanding of the difficulties people with Dyspraxia/DCD and their families face. They also provide information sharing and support network for people with Dyspraxia/DCD and their families and provide a link to professionals for people with Dyspraxia/DCD and their families.

Dyspraxia Ireland runs a number of support groups throughout the country as well as a national help and support line to all those affected by Dyspraxia/DCD.

The HSE Disability Services provides funding to Dyspraxia Ireland under a grant aid agreement, which amounts to €50,000 per year.

With regard to the specific query if families can seek recompense through the HSE for financial outlay for services sourced privately for children with diagnosis of dyslexia or dyspraxia, the HSE does not provide a grant system for funding private services. In some Community Healthcare Organisations, once off funding has been identified to procure private assessments where there have been significant waiting times for specific assessments. However, the preferred option is to provide timely assessment and follow up intervention for children through local primary care or disability services as appropriate. The HSE is aware of the numbers of children waiting for therapy services and is fully cognisant of the stress this can cause to families. One of the key priorities for the HSE is to improve waiting times for therapy services.

### **Allocation of Therapy Posts**

100 therapy posts were allocated to children's disability services under the HSE National Service Plan 2019. These posts were funded at basic grade therapist level. Posts were allocated to CHO areas based on the numbers of overdue Assessments of Need in each area as well as taking cognisance of the existing ratio of staff to the number of children with disabilities in each area. A further 100 posts have been allocated under the HSE National Service Plan 2021.

### **Children's Disability Network Teams (CDNT)**

The implementation of the Progressing Disability Services for Children & Young People (PDS) programme is agreed Government and HSE policy. This policy supports the reconfiguration of children's disability services to provide equitable, child and family centred services based on need rather than diagnosis. The PDS programme will ensure that services are provided for children with complex needs regardless of where they live or where they go to school. A total of 91 Children's Disability Network Teams (CDNT) are being established to provide services and supports for all children with complex needs within a defined geographic area. To date, 31 CDNTs have been established and it is envisaged that the remaining 60 CDNTs will be established by end Q2 2021.

CDNTs are teams of health and social care professionals, including occupational therapy, psychology, nursing, physiotherapy, speech and language therapy, social work and others. The team

will work closely together in a family centred model, focussing on the child's and family's own priorities. Once all teams are in place, every child with complex needs will have access to a team, regardless of the nature of their disability, where they live, or the school they attend.

Children and their families will have access to the full range of services and supports of the CDNT according to their individual needs. This includes universal, targeted and specialist supports, such as individual therapeutic intervention and access to specialist consultation and assessment when needed. Supports will be provided as is feasible in the child's natural environments - their home, school and community.

Progressing Disability Services for Children and Young People Programme (PDS) is a significant change programme for the provision of services and supports for children from birth to 18 years of age, in line with Slaintecare and the Programme for Government, in order to:

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

PDS aligns with two clear objectives of The Sláintecare Report to:

- Provide the majority of care at or as close to home as possible.
- Create an integrated system of care with healthcare professionals working closely together.

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Under PDS, transition plans will be developed with families and special schools to ensure a smooth and safe transition from what is often a unidisciplinary service into the multidisciplinary team over a defined period of time.

On full implementation in mid-2021, there will be 91 CDNTs covering the country and every child with complex needs will have access to a CDNT as close to their home as possible.

### **Developments in 2021**

The HSE welcomes the recent announcements from the Government of additional funding for Disability Services:

- An additional €100 million secured for Disability Services in the recent budget. In the National Service Plan for 2021, the HSE commits to:
  - Providing 100 additional multi-disciplinary posts within children's network teams to improve assessment of need and treatment with a particular focus on behavioural,

dietetics and paediatric services within the children's disability network teams and move towards the completion of reconfiguration under progressing disability services.

- The NSP also commits to the development of additional Respite Services and in-home intensive transitional support packages.
- €20 million in one-off grants will be provided to reform disability services, build the capacity of disability organisations and to improve the quality of life of those who rely on these services.
- €7.8 million has been allocated by Sláintecare to facilitate the HSE and its funded service providers to address the overdue Assessments of Need for children and young adults with disabilities

Yours sincerely,



**Dr. Cathal Morgan,**  
**Head of Operations - Disability Services,**  
**Community Operations**