



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

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Deputy Cian O'Callaghan
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Dear Deputy O'Callaghan

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 21450/21

To ask the Minister for Health the action being taken to address the lack of access to an assessment of social care support needs for persons with disabilities; and if he will make a statement on the matter.

HSE Response

Health Services are provided based on the assessed needs of the individual. It is this clinical, multidisciplinary assessment that determines the appropriate pathway for services, including Primary Care, Disability Services, Older Persons Services and Mental health Services as appropriate to their care needs. This applies to all people who present to Health Services, including people with disabilities. Initially people may access services, mainly in primary care or through acute services and then also the relevant services such as disability and or other services.

An Assessment of Need is an assessment carried out by the HSE for children or young people with a disability. The assessment identifies the child's or young person's health needs and what health services are required to meet those needs.

However an Assessment of Need is not needed to access services. People can apply directly to services outside of the Assessment of Need process.

Services provided to enable the person with a disability to live as independently as possible will vary according to assessment of the individual's on-going needs and local service provision.

Services and Supports

The Health Service Executive Health provides or funds a range of services across the country, for people with disabilities. These services are provided directly by the health service and a number of non statutory organisations across Disability Services.

These services include and are not limited to as follows:

- Children's disability services
- Assisted living supports such as personal assistance and home support,
- therapy supports,
- day services,
- residential care
- respite care
- Rehabilitative training services usually contracted by the health service from the non-statutory sector

Children's disability services

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 will access therapy services via Primary Care, a proportion with more complex needs are referred to disability services.

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.

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.

Assisted living Services

For people assessed as requiring assisted living services, the HSE provides a range of services including Personal Assistant and Home Support Services to support individuals to maximise their capacity to live full and independent lives.

PA and Home Support Services are provided either directly by the HSE or through a range of voluntary service providers. The majority of specialised disability provision (80%) is delivered through non-statutory sector service providers.

Services are accessed through an application process or through referrals from public health nurses or other community based staff. Individuals' needs are evaluated against the criteria for prioritisation for the particular services and then decisions are made in relation to the allocation of resources. Resource allocation is determined by the needs of the individual, compliance with prioritisation criteria, and the level of resources available. As with every service there is not a limitless resource available for the provision of home support services and while the resources available are substantial they are finite. In this context, services are discretionary and the number of hours granted is determined by other support services already provided to the person/family.

Prior to COVID-19, the HSE was committed to protecting the level of Personal Assistant (PA) and Home Support Services available to persons with disabilities. In the 2020 National Service Plan, the HSE's priority was continue to deliver high quality PA and Home Support to approximately 10,000 people with disabilities including 1.67 million PA hours and 3.08 million Home Support hours.

In preparing for and responding to COVID-19 and to fully align with Public Health guidance as recommended via the NPHET, the HSE and its partner service providers put in place a range of measures, which included the prioritisation of vital Residential and Home Support/PA services whilst curtailing or closing certain services such as day services, respite services, and certain clinical & therapeutic supports.

The number of people in receipt of PA and Home Support services remained steady throughout the pandemic. The number of PA hours exceeded the NSP 2020 target by 6.7%, despite the COVID-19

pandemic, mainly as a result of additional PA hours being provided in lieu of other services. Home Support Services were 4.6% below target at year end, mainly due to the complexity involved in the provision of services due to COVID-19.

In the 2021 National Service Plan, the HSE's priority is to continue to deliver high quality PA and Home Support Services to 10,000 people with disabilities including 1.71 million PA hours and over 3 million Home Support Hours. This includes the allocation of an additional 40,000 PA hours in accordance with the NSP 2021.

Therapy supports

People may be assessed as requiring therapy services to meet their needs. Therapy services are provided for all age groups, by a range of services including; Disability Services, Primary Care Services, CAMHS and Acute Services. These therapy services include Speech and Language Therapy, Occupational Therapy, Physiotherapy and Psychology Services.

Rehabilitative Training (RT) and Day Services.

Rehabilitative Training (RT) provides foundation level personal, social and work-related skills to participants, to enable them to progress to greater levels of independence and integration. Rehabilitative training focuses on the development of these life and social skills with the objective of enhancing the trainee's quality of life and general work capacity.

Rehabilitative training and sheltered work is provided largely in accredited training centres that are run by the HSE or by service providers contracted by the HSE.

The HSE and the National Council for Special Education (NCSE) offer information, advice and guidance on HSE training and sheltered work services.

Sheltered workshops give people with disabilities the opportunity to take part in daily work in a sheltered setting where they receive personal support services. Each year, around 400 school leavers enrol in these training courses. Trainees attend these courses for two to four years and are supported to develop and review training plans in line with their needs and abilities.

With regard to day service provision for people with disabilities, every year about 700 school leavers start attending adult day services.

Each day centre provides its own programme and the type of support may differ from centre to centre. However, activities and support offered include, but are not limited to, day programmes which are essentially a support and therapeutic service designed to meet the needs of people through individual plans. The environment is designed to maximise the functional levels of service users. Day programmes provide a range of skills and activities such as independent living skills, personal development, education classes, social and recreational activities, and health-related and therapy supports. Day activation is essentially a programme that does not include work activity.

Currently almost 19,000 people are in receipt of disability Day Service supports at 1,041 locations around the country. These supports are provided by approximately 95 service provider agencies.

Respite care

For people and families assessed as requiring assistance such as respite care, the HSE and its funded Agencies provide respite care to children and adults with disabilities. Respite can occur in a variety of settings for various lengths of time, depending on the needs of the individual service user and their family or carer, and according to available resources. Respite is not always centre-based and can be provided in a number of ways, e.g. Centre based; In-Home; Home-to-Home; Family Support, etc. As a vital part of the continuum of services for families, respite potentially helps prevent out-of-home full-time residential placements, preserves the family unit, and supports family stability.

Prior to the public health emergency with regard to COVID-19 and in accordance with the National Service Plan 2020, the HSE was committed to provide 33,712 day only respite sessions and 166,183 nights (with or without day respite) to people with disabilities in 2020.

The delivery of Respite Services continued to operate during the pandemic, albeit at a reduced capacity; some centres remained open, while others were temporarily re-purposed as isolation facilities. The number of respite overnights operated at just over 50% of the NSP target for 2020; while the number of day only sessions operated at 62% of 2020 target. This was mainly due to necessary precautions to maintain physical distancing and to adhere to infection prevention and control requirements. Throughout the pandemic, staff and resources associated with closed or curtailed services were redeployed where possible to support residential provision and to provide for targeted in-home, community and tele-/online supports for service users and families based on prioritised needs.

Residential Care

Some people require Residential care to meet their assessed needs..Residential services make up the largest part of the Disability funding disbursed by the HSE – over 60% of the total budget of €2.05 billion in 2020.

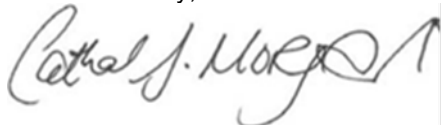
Approximately 90 service providers provide residential services to over 8,000 individuals throughout the country. The bulk of these are provided by the 50 highest funded agencies (comprising both Section 38 & Section 39 organisations) – some 6,300 places, or 75%. The HSE itself provides 1,300 or 16% of the places.

The need for increased residential facilities is acknowledged and the HSE continues to work with agencies to explore various ways of responding to this need in line with the budget available. A significant underlying challenge relates to the latent unmet need for residential and respite care, which exists in our services as a result of the absence of multi-annual investment during the economic downturn. As a result of this we are now experiencing a high annual demand for emergency residential places to respond to the most urgent cases on our waiting list.

HSE Disability Services has introduced a system called the Disability Support Application Management Tool (DSMAT), which enables CHO Areas to record and manage requests for support and to ensure that the application process is equitable and transparent.

The DSMAT provides a consistent listing process for each CHO Area by presenting a detailed profile of the individuals (Adults & Children) who require funded supports outside of the current service quantum.

Yours sincerely,



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Community Operations