



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

Oifig an Cheannaire Oibríochtaí,  
Na Seirbhísí Míchumais/An Rannán Cúram Sóisialta,  
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Dear Deputy Devlin,

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

**PQ 22027/21**

*To ask the Minister for Health the method or system used by the HSE to decide on the amount of speech and language and physiotherapy and occupational therapy sessions a child with a severe or profound learning disability should receive per year; and if he will make a statement on the matter.*

**PQ 22028/21**

*To ask the Minister for Health the HSE budget allocated per child diagnosed with needs (details supplied) and if he will make a statement on the matter.*

Details Supplied: a severe or profound general learning disability for necessary therapeutic interventions; b. a moderate or minor general learning disability for necessary therapeutic interventions; c. a severe or profound general learning disability and who is non verbal, for speech and language therapy services; and has the budget for children with disabilities described in 1a, 1b, 1c, increased year on year since 2005.

**HSE Response**

**Children's disability services**

Health Services are provided based on the assessed needs of the individual. It is this clinical, multi or interdisciplinary assessment that determines the appropriate pathway for services, including Primary Care, Children's Disability Services and perhaps Mental Health Services as appropriate to their care needs.

The assessment identifies the child's health needs and the health services required to meet those needs. The needs of children will vary depending on a wide range of factors including the severity of the disability, the availability of supports (family, community school etc), transition periods (e.g.

starting school, transitioning to adult services etc). The allocation of services to children with complex needs will be influenced by the resources available in that service or area.

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 their 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, 67 CDNs have been established and it is envisaged that the remaining 24 CDNs 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.



## Funding

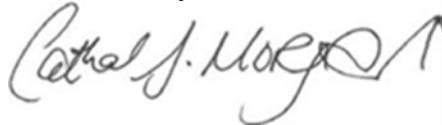
Disability Services has been allocated €2.2 billion in 2021. This funding is providing Disability Services throughout the country, including Residential, Day and Respite Services; Home Support & Personal Assistant Services; Children's Disability Services; and Multidisciplinary supports for children and adults. This allocation is being spent in line with nationally agreed policy for disability services whilst at the same time maximizing value.

The manner in which funding is allocated/distributed allows for a distinction between broad categories of funding such as services for older people, primary care and disabilities in general. Disability services are provided based on the needs of an individual rather than by the actual type of disability or service required. Hence, current funding allocated per child diagnosed with needs (as referenced in the question) is not routinely collated and aggregated into a statistical profile.

The budget for Disability Services has increased significantly since the HSE was established, from €1,285 million in 2005 to €2,210 million in 2021. In this context, the HSE welcomes the recent announcements from the Government of additional funding for Disability Services in 2021:

- 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**