



16th December 2021

Deputy Michael Healy-Rae
Dáil Éireann,
Leinster House,
Kildare Street,
Dublin 2.

PQ 59530/21 - To ask the Minister for Health if he plans to set up a system in which services (details supplied) and the entire school system could work together in a team like effort; and if he will make a statement on the matter

Details Supplied: NEPS, KIDS, CAMHS in assessing, summarising and providing the needs for children whether they have aspergers or other like related issues under the autism spectrum that many parents and children have to face on a daily basis. Surely this type of unified approach would better serve the most important child and that is the child and lead to better outcomes for their future development in life

-Michael Healy-Rae

Dear Deputy Healy-Rae,

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.

Please see details of Disability and Mental Health services available to children, and the way in which they are co-ordinated with a multidisciplinary approach to best suit the needs of the individual. Please note that KIDS now falls under PDS Cork and Kerry.

Progressing Disability Services for Children & Young People (PDS) programme

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 across all statutory and non-statutory organisations into Children's Disability Network Teams (CDNT) to provide equitable, child and family centred services based on need rather than diagnosis, where the child lives or goes to school. Each Community Healthcare Organisation are working with key stakeholders in their area including parents and education services to ensure that appropriate arrangements are put in place to facilitate in-reach services to special school settings as appropriate to the needs of the children accessing services.

The HSE is committed to the full implementation of the Progressing Disability Services for Children and Young People Programme (PDS). 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 Sláintecare 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.

Children’s Disability Network Teams (CDNTs)

In line with the PDS model, resources assigned to children’s disability services are allocated to the birth – 18 CDNTs, 91 Children’s Disability Networks (CDN) are aligning to 96 Community Healthcare Networks (CHNs) across the country and each Children’s Disability Network will have one CDNT providing services and supports for children aged from birth to 18 years of age. Early Intervention Teams and School Age Teams already in place are reconfiguring into birth-18 CDNTs. On full reconfiguration of children’s disability services into CDNTs, every child across the country with complex needs arising from their disability will have access to a CDNT.

CDNTs are teams of health and social care professionals, including nursing, occupational therapy, psychology, physiotherapy, speech and language therapy, social work and others. The team works closely together in a family centred model, focusing 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.

Alignment with Education Services

The HSE’s PDS programme aligns with the Department of Education’s Resource Allocation Model as both deliver services based on need rather than diagnosis. The establishment of CDNTs in 2021 has simplified the process for providing junior infant data to the National Council for Special Education (NCSE).

The NCSE’s access criteria for special schools and classes represent the only continued requirement for a diagnostic assessment report. Such reports are required at the point of entry to such classes and also at transition to second level.

As required by the 2013 *Framework for Collaborative Working between Education and Health Professionals*, a National Education and Health Collaborative Forum was established. Local Education and Health Fora are in the process of being established. This National forum meets regularly and supports the continued engagement across the health and education sectors. This group has developed a guidance document to clarify the NCSE’s requirements with regard to health professionals’ reports (see attached).

The capacity of children’s disability services to provide reports for NCSE colleagues is limited, in particular when there is a very short timeframe for same. Furthermore, the requirement to provide updated reports for children who have long standing diagnostic reports available as they transition to second level is the subject of on-going discussion between the HSE and NCSE.

Child and Adolescent Mental Health Services

HSE Child and Adolescent Mental Health Services (CAMHS) provide specialist mental health services for children and adolescents up to the age of 18 years, who have moderate to severe mental disorders that require the input of a multi-disciplinary team mental health team.

HSE mental health services are committed to the continued development of quality mental health services for children and adolescents. In keeping with this commitment, the HSE published the Child and Adolescent Mental Health (CAMHS) Operational Guideline in 2019. In line with Section 4 of the guideline: Joint Working and Shared Care, it is recognised that there are some children and adolescents who may present with complex care needs and a moderate to severe mental disorder at the same time. Where the child or adolescent presents with a moderate to severe mental disorder, it is the role of CAMHS to provide appropriate multidisciplinary mental health assessment and treatment for the mental disorder. This may involve joint working or shared care with other agencies, including HSE Primary Care Services, Children's Disability Network Teams and other agencies that support children, adolescents and their families. When information indicates that there is more than one HSE service that could best meet the child or adolescent's needs, consultation should take place with the other service to determine which is the most appropriate or whether a joint approach to assessment and intervention is indicated. Services need to agree on the roles and responsibilities of each service in supporting the child or adolescent including which service has lead responsibility for coordination of care. It is in the best interests of children, adolescents and their families for CAMHS to work in partnership with other agencies and groups who have a role in supporting children and adolescents' well-being, health and emotional development. These may include schools, community groups and other statutory agencies.


Furthermore in March 2017 a Joint Protocol for Interagency Collaboration between the Health Service Executive and Tusla – Child and Family Agency was published to promote the best interests of children and families. The purpose of this protocol was to clarify and set out the respective roles, duties and legal requirements of the HSE and Tusla, in relation to children and young people with a disability and /or mental health issues

Further information on how the services work together can be found at the following link;

https://www.tusla.ie/uploads/content/HSE_Tusla_Joint_Working_Protocol_v_1.0_March_2017_Signed.pdf

I trust this information is of assistance to you.

Yours sincerely,



Yvonne O'Neill,
Interim National Director,
Community Operations