



Oifig an Cheannaire Oibríochtaí,
Na Seirbhísí Míchumais/An Rannán Cúram Sóisialta,
31-33 Sráid Chaitríona, Luimneach.

Office of the Head of Operations,
Disability Services/Community Operations,
31-33 Catherine Street, Limerick.

T: 00353 (0) 61 483369
Suíomh Gréasáin/Website: <http://www.hse.ie>

16th December 2020

Deputy Alan Farrell,
Dail Eireann,
Leinster House,
Kildare Street,
Dublin 2.
e-mail: alan.farrell@oireachtas.ie

Dear Deputy Farrell,

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 59953/21

To ask the Minister for Health the number of speech and language therapists and occupational therapists who were successfully recruited in 2020 and to date in 2021; and if he will make a statement on the matter.

PQ 59955/21

To ask the Minister for Health the way the HSE manage cases assigned to speech and language therapy and occupational therapists when they need to take maternity cover or have a long-term absence; and if he will make a statement on the matter.

HSE Response

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.

Therapy services including speech and language and occupational therapy services for children are provided through Primary Care Teams in Community Healthcare Organisations to children and young people requiring assessment, diagnosis and treatment. Children with complex needs access these supports through Childrens' Disability Network Teams.

A number of service improvements are being introduced that, when implemented, will help improve access to services including therapy services including speech and language and occupational therapists for children with disabilities and developmental delays.

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.

The PDS model addresses the previous inequity in service provision whereby there may have been an excellent service for some children and little or no service for others. This variance may have been linked to diagnosis, age group or geography. Under the PDS programme children's disability services are changing



from diagnosis based to needs based, so that all children with a disability or developmental delay have access to the right service based on their needs no matter where they live.

The National Policy on Access to Services for Children & Young People with Disability & Developmental Delay 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).

The HSE is committed to the full implementation of the PDS programme. PDS is a significant change 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) have aligned to 96 Community Healthcare Networks (CHNs) across the country and each Children's Disability Network has one CDNT providing services and supports for children aged from birth to 18 years of age. 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.

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.

Since 2019, 285 development posts have been allocated to children's disability services across the country. This is broken down as follows:

- 100 posts provided in NSP 2019
- 100 posts provided in NSP 2021
- 85 posts for services in special schools approved mid 2021

The range of posts recruited / in recruitment in 2021 include; dietitians, occupational therapists, physiotherapists, psychologists, speech & language therapists, nurses and some administrative support. These posts have been assigned based on a number of factors, including the existing ratio of staff to the number of children with disabilities in each area.

The special school posts were approved by the Minister of State for Disabilities to facilitate the provision of in-reach services to those special schools that have heretofore provided a school based service. These staff members will be employed as part of the new CDNTs and will report to the Children's Disability Network Manager. CHOs will ensure that the allocation of any posts to CDNTs are targeted towards providing appropriate interventions.

Services in most parts of the country have now reconfigured to CDNTs. The remaining teams in Mayo will be established before the end of 2021 thereby all 91 CDNTs will be in place and delivering services at that time. The newly established CDNTs are currently providing services for children in prioritised groups while also validating their new caseloads.



With regard to the number of speech and language therapists and occupational therapists recruited in 2020 and to date in 2021, please see the useful weblink below for information on HSE Staff levels and S38 Staff levels,

Monthly reports are available here:

<https://www.hse.ie/eng/staff/resources/our-workforce/workforce-reporting/social-care.html>

The table provided below gives information regarding the Whole Time Equivalent (WTE) for the OT and SLT Therapy Grades to end of October 2021.

Disability Services	WTE Dec 2020	WTE Oct 2021
Occupational Therapists	279	299
Speech & Language Therapists	307	306

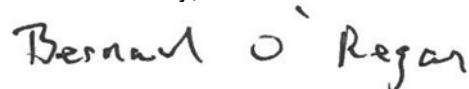
Please note that these reports and the table provided refer to staff numbers in the HSE and in S38 organisations and do not include staff employed in S39 organisations.

With regard to OT and SLT therapists currently working within CDNTs, a staffing census of the CDNTs has been undertaken to help identify gaps and to inform a workforce plan for the sector.

Staff working in the CDNTs may be employed by the HSE or its partner service providers and the ability of each employer to backfill vacancies as a result of leave/maternity leave is dependent on their ability to stay within their funding allocation. In the HSE these kinds of vacancies are not typically backfilled as this would impact on paybill controls and the requirement for health services to live within existing levels of funding.

There is little capacity within current resources, caseloads and model of service provision to take over the caseload of a therapist who is on maternity leave or on long term leave, although, in this situation, local services will endeavour to put arrangements in place to provide, as far as possible, continuity of service provision.

Yours sincerely,



Bernard O'Regan
Head of Operations - Disability Services,
Community Operations

