

Oifig an Cheannaire Oibríochtaí,

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

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6th April 2021

Deputy Cormac Devlin, Dail Eireann, Leinster House, Kildare Street, Dublin 2.

e-mail: cormac.devlin@oireachtas.ie

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 14572/21

To ask the Minister for Health the details of the Progressing Disability Services for Children and Young People project; if it is suitable for persons with severe and profound intellectual disabilities; if so, the evidence to support same; and if he will make a statement on the matter.

PQ 14577/21

To ask the Minister for Health the clinical data that underpins and has been relied upon in the design, roll-out and implementation of the progressive disability services to schools which cater for children with severe and profound intellectual disabilities and complex needs; and if he will make a statement on the matter.

PQ 14578/21

To ask the Minister for Health if a child psychologist experienced with dealing with children with severe and profound intellectual disabilities has signed off on the new progressive disability services model; and if he will make a statement on the matter

PQ 14579/21

To ask the Minister for Health if a risk assessment was carried out to identify the risks to children with severe and profound intellectual disabilities and complex needs arising from changing the disability services they receive on site at school to the progressive disability services model and its off-site model of delivery of services; the outcome of any such risk assessment; and if he will make a statement on the matter

PQ 14580/21

To ask the Minister for Health if the National Disability Authority was consulted or requested to advise on the new progressive disability services model; and if he will make a statement on the matter.



PQ 14581/21

To ask the Minister for Health the reason the national policy on progressive disability services has been designed at variance with the recommendations contained at pages 48 and 49 of the working reference group document 2009 and international best practice; and if he will make a statement on the matter.

HSE Response

The implementation of the Progressing Disability Services for Children & Young People (PDS) programme is agreed Government and HSE policy. This policy represents 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.

Children's Disability Network Teams (CDNT) are being established to provide services and supports for all children with complex needs as close to their home as possible within a defined geographic area.

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.

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.

The Framework for Collaborative Working between Education and Health Professionals was developed in consultation with parents, health and education staff. Its purpose is to identify and address gaps between health and education in provision of services with a focus on joined up planning and working together. There is a National Collaborative Forum in place and local Education and Health Forums are being established throughout the country.



In the context of all of the above, the HSE is working to ensure there is a continuation of services for the children attending specials schools and that safe and effective transition plans are put in place and carried out in an appropriate way in full consultation and collaboration with all stakeholders.

While risk assessments with regard to this reconfiguration are managed and recorded on a regional basis, the HSE nationally has provided clear direction to CHOs regarding the requirement to undertake such risk assessments. In this regard, please see attached document which is a December 2020 memo that was issued to all CHOs as a sample of these communications. The 2014 Guidance on Reconfiguration of Services under the Programme contains further detail (attached).

Documents which provide significant levels of guidance and direction for CHOs with regard to consultation, governance structures etc can be found at:

https://www.hse.ie/eng/services/list/4/disability/progressing-disability/pds-programme/documents/

The Progressing Disability Services for Children and Young People (PDS) model addresses the existing inequity in service provision whereby there may be an excellent service for some children and little or no service for others. This variance may be linked to diagnosis, age group or geography. For example, in one county, a child with an intellectual disability may have a good service and a child with ASD may have no service. Equally in one county a child with complex need but no diagnosis may have no access to a service. 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 i.e. Primary Care for children with non-complex needs and Children's Disability Network Team for children with complex needs. Research and reports associated with PDS have been focussed on service delivery for all children with disabilities.

A wide cross section of health and social care professionals, including psychologists were and continue to be involved in co-ordinating and working groups associated with the development and implementation of PDS.

The National Disability Authority has provided considerable support to the Progressing Disability Services for Children and Young People programme, including conducting the research resulting in the 2015 report 'Children's Disability Services in Ireland' and development of a *Self-Assessment Questionnaire on the Development of Governance Structures and Policies* for Local Implementation Groups planning reconfiguration into CDNTs under PDS. The NDA is one of several organisations that has worked with the HSE to support the implementation of the Transforming Lives Programme, of which PDS is one component. The NDS specifically references PDS as a key policy document on their website: http://nda.ie/disability-overview/key-policy-documents/

Yours sincerely,

Dr. Cathal Morgan,

Head of Operations - Disability Services,

Community Operations

