



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Oifig an Cheannaire Oibríochtaí,
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6th April 2021

Deputy Michael Healy-Rae,
Dail Eireann,
Leinster House,
Kildare Street,
Dublin 2.
E-mail: michael.healyrae@oireachtas.ie

Dear Deputy Healy-Rae,

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 15359/21

To ask the Minister for Health the reason families of children with additional needs were left with no support during Covid-19 (details supplied); and if he will make a statement on the matter.

Details supplied: Minister why were families of children with additional needs left with no support during COVID? These are absolutely essential services and online sessions are not suitable for non-verbal learners. Even under Level 3 services did not resume.

HSE Response

Children's Disability Services were stepped down in March 2020 in line with government recommendations to minimise spread of COVID-19. Through the pandemic, services continued to be provided on the phone/online and also, face to face for some children and families with high prioritised needs, taking all of the required infection prevention and control (IPC) precautions and in line with HSE's Alternative Models of Support (Non-Residential)(March 31st).

On July 31st, the HSE issued the Guidance to Support Resumption of Children's Disability Services <https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/guidance-to-support-resumption-of-children-disability-services.pdf>

This guidance still applies to all Children's Disability Network Teams (CDNTs) and those services planning reconfiguration into CDNTs. The Guidance clearly mapped the pathway of access to services and supports, commencing with on phone/online supports, and where that does not meet the needs of the child and/or their family, moving to face to face interventions and what is required to do so safely.

The HSE and disability service providers recognise the critical need and importance of disability supports for children with additional and special needs and is very much aware of the importance of service provision, such as Respite, Therapeutic Supports and Home Support, for the families of children with disabilities. The impact of COVID-19 on people's lives has and continues to be very significant. Our collective aim is to restore services and ensure continuity of services in a safe way and in line with the very significant investment made by the State and funded agencies.



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Respite Services

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.

At present, centre-based respite facilities are generally providing services at 40 to 60 percent occupancy levels due to necessary precautions to maintain physical distancing and to adhere to infection prevention and control requirements. The majority of centres are open on a reduced capacity basis due to physical distancing requirements. In a very small number of cases, certain centres remain closed or continue to be used for isolation purposes, subject to the prevailing local incidence of infection, but the HSE continue to work with providers locally to maximise both centre-based and alternative non-residential respite and support option to provide target support, wherever possible.

In-home Supports

In addition, the HSE committed to provide 144 intensive transitional support packages for children and young people with complex / high support needs, to include planned residential respite interventions and access to planned extended day / weekend and summer day based activities. However, at end of December 2020, a total of 857 intensive home support packages were developed across the 9 CHOs. The significant increase on the NSP target is indicative of the requirement for additional in-home services to compensate for the reduction in the delivery of traditional respite services. Children with special needs also benefited from traditional Home Support Services, the provision of which remained steady during 2020.

Children's Therapeutic Services

The HSE acknowledges the challenges in meeting the demand for children's therapeutic services and is acutely conscious of how this impacts on children and their families. The HSE is also fully cognisant of the stress that waiting times for early intervention services can cause to families.

A number of service improvements are being introduced that, when implemented, will help improve access to services for children with disabilities and developmental delays. The overall programme of improvement is the ongoing roll out of Progressing Disability Services for Children and Young People (PDS). The HSE is establishing a total of 91 Children's Disability Networks across the nine CHOs, each comprised of one specialist inter-disciplinary Children's Disability Network Team (CDNTs) to work with children aged from birth to 18 years with complex disability needs. This requires the reorganisation of all current HSE and HSE funded children's disability services into geographically-based CDNTs.

PDS is doing this by forming partnerships between all the disability organisations in an area and pooling their staff with expertise in the different types of disabilities to form the CDNTs. These teams will provide for all children with significant disability, regardless of their diagnosis, where they live or where they go to school. This reconfiguration of services under PDS is in line with Health Service Reform and the implementation of Community Healthcare Networks under Sláintecare.

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 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 (CDNT) are being established to provide services and supports for all children with complex needs 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.

Developments in 2021

The HSE welcomes the recent announcements from the Government of additional funding for Disability Services:

- 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