



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Oifig an Cheannaire Oibríochtaí,
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29th November 2021

Deputy Mark Ward,
Dail Eireann,
Leinster House, Kildare Street,
Dublin 2.
e-mail: mark.ward@oireachtas.ie

Dear Deputy Ward,

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 55718/21

To ask the Minister for Health if he will provide an update on progressing disability's teams; the services they provide; the number of people on waiting list by service by CHO area in tabular form; and if he will make a statement on the matter.

HSE Response - 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 Progressing Disability Services for Children and Young People (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 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 91 Children's Disability Networks (CDN) aligned 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 in December 2021, 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 and available resources. 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.

The first step for all areas is the reconfiguration of existing staff resources into CDNTs. The staffing mix available in each area has been influenced by the historical development of services. For example, some areas may have a significant number of nurses available for reconfiguration, others may have family support workers or early educators.

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 allocation of posts by CHO is summarised in table below.

Allocation of Development Posts by CHO			
	2019	2021	2021 Special School Posts
CHO1	12	14.7	1
CHO2	3.5	11.1	4.4
CHO3	12	13.4	0
CHO4	6	7.5	5.8
CHO5	15	11.7	4.3
CHO6	3.5	6.7	23.69
CHO7	13	10.7	15.9
CHO8	19	12.3	2.65
CHO9	16	11.9	27.75
Total	100	100	85.49

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 will be established before the end of 2021, thereby all 91 CDNTs will be in place and delivering services at that time. The table below outlines the current status of the CDNTs in each of the nine Community Healthcare areas.

CHO	Status
1	7 CDNTs in place since 20/9/21
2	6 CDNTs in place since 11/10/21 3 CDNTs in Mayo to be established in Dec '21
3	7 CDNTs in place
4	14 CDNTs in place
5	12 CDNTs in place since 27/9/21
6	7 CDNTs in place since 13/9/21
7	11 CDNTs in place since 20/9/21
8	4 CDNTs in place in Meath / Louth since 25/10/21 8 CDNTs in Midlands in place since 8/11/21
9	12 CDNTs in place since 20/9/21

A staffing census of the CDNTs is currently being undertaken to help identify gaps and to inform a workforce plan for the sector.

Historically the number of children waitlisted in each organisation providing children's disability services has not been available nationally. A National Management Information System for all 91 CDNTs is in development and when implemented, will provide current data on waiting lists for all CDNTs.

A child and family centred service model is being implemented across all teams, which will focus on the child and families own prioritised goals and an Individual Family Service Plan including the CDNTs services and supports to enable the child and family to achieve their goals, CDNTs prioritise the team's waitlist and caseloads based on need. The provision of equitable services by a CDNT will inevitably mean that some children will receive less than they may have done previously in order to accommodate children with disabilities who have not received services previously.

Yours sincerely



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