



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

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>

29th November 2021

Deputy Jim O'Callaghan,
Dail Eireann,
Leinster House,
Kildare Street,
Dublin 2.
e-mail: jim.ocallaghan@oireachtas.ie

Dear Deputy Callaghan,

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 55997/21

To ask the Minister for Health the number of therapies carried out on children with special needs to date in 2021; if a sufficient number of therapy posts have been filled to allow for the needs of children with special needs; 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.

Therapies including Speech and Language Therapy, Occupational therapy and other therapy services are provided through Primary Care Teams in CHO Areas to children and young people requiring assessment, diagnosis and treatment.

Whilst accepting that significant levels of vital therapies including speech and language therapy were temporarily curtailed due to the current Covid-19 pandemic, the restoration and continuity of services is underway in a safe way in line with the very significant investment made by the State and funded agencies. We continue to work with service users and their families/carers to ensure that we achieve this aim.

While it is not possible to give information on the number of therapies carried out on children with special needs to date in 2021, a number of service improvements are being introduced that, when implemented, will help improve access to services including therapy services 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 to provide equitable, child and family centred services based on need rather than diagnosis. The PDS programme will ensure that services are provided for children with complex needs regardless of where they live or where they go to school.

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 ensures that children are directed to the appropriate service based on the complexity of their presenting needs rather than based on diagnosis. Many children and adults with a disability who have support needs can be effectively supported within mainstream child and adult health services. This policy will provide 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 the 0 – 18 Children's Disability Network Teams (CDNTs) rather than to a dedicated early intervention team or dedicated school age team.

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 0-18 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 Children's Disability Network Team.

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.

The first step for all areas is the reconfiguration of existing staff resources into CDNTs. The staffing mix available in each area will be 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.

With regard to the query concerning sufficient therapy posts, 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.

With regard to the breakdown of these new staff that have been instated per CHO area as committed to in the Budget 2021, at 30th Sept 2021 there were 27.5 posts filled with a further 12 at the contracting stage. A staffing census of the CDNTs is currently being undertaken to help identify gaps and to inform a workforce plan for the sector.

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 29/11/21

Please note also a useful weblink 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>

Yours sincerely

Bernard O'Regan

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