



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

**Oifig an Cheannaire Oibríochtaí,**  
Na Seirbhísí Míchumais/An Rannán Cúram Sóisialta,  
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Deputy Mark Ward,  
Dail Eireann,  
Leinster House,  
Kildare Street,  
Dublin 2.  
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Dear Deputy Ward,

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 56859/21**

*To ask the Minister for Health the number of children waiting on a pre-school support service; the average waiting time after the completion of an assessment of needs by CHO area; and if he will make a statement on the matter.*

**PQ 56860/21**

*To ask the Minister for Health the average number of interventions received after a child is identified as needing a pre-school support service after the completion of an assessment of needs since their initial intervention in the first 12 months by CHO area in the past five years in tabular form; and if he will make a statement on the matter.*

**PQ 56861/21**

*To ask the Minister for Health the number of children waiting for appointments in pre-school support services: the average waiting times by CHO area in tabular form; 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.

The Report of the Inter-Departmental Group on Supporting Access to the Early Childhood Care and Education (ECCE) Programme for Children with a Disability sets out a clear vision for a comprehensive, child-centred model of supports which will ensure that children with disabilities can access and meaningfully participate in the Early Childhood Care and Education (ECCE) Programme in mainstream pre-school settings.

This model, entitled the Access and Inclusion Model or AIM, involves seven levels of progressive support, moving from universal to highly targeted based on the strengths and needs of both the child and the pre-school.

AIM supports are provided through the ECCE programme. Where universal supports are not enough to meet the needs of an individual child, targeted supports are available to ensure the child can meaningfully participate in pre-school. In addition to targeted and universal supports, AIM also provides universal design guidelines for Early Learning and Care settings and AIM Inclusive Play resources.

While data is not collated on the number of children waiting for appointments for pre-school services, the information regarding the number of Assessment of Need reports completed since 2017 is provided below. The detail regarding the number of these reports that identified a requirement for pre-school services is also provided in the table below. This data is not available by CHO area.

Year	AON Reports Completed	No. with identified need for Preschool Support
2017	3660	142
2018	4237	129
2019	3312	96
2020	3911	82
2021	6204	50

Data is not collected on the number of interventions received on average after a child is identified as needing a pre-school support service after completion of an assessment of needs.

It is important to note children do not require an Assessment of Need under the Disability Act to access any health services including pre-school services.

### **Progressing Disability Services for Children & Young People (PDS) programme**

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 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)**

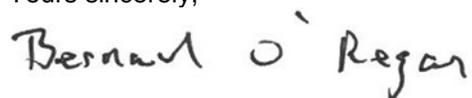
In line with the PDS model, resources assigned to children's disability services are allocated to 91 Children's Disability Networks (CDN) aligned to 96 Community Healthcare Networks (CHNs) across the country and each Children's Disability Network will have one CDNT providing services and supports for 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.

Services in most parts of the country have now reconfigured to CDNTs. The remaining teams in will be established before the end of 2021 thereby all 91 CDNTs will be in place and delivering services at that time.

Yours sincerely,



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