



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Oifig an Cheannaire Oibríochtaí,
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2nd December 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 questions, which were submitted to this department for response.

PQ 56862/21

To ask the Minister for Health the number of children waiting on a home 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 56863/21

To ask the Minister for Health the average number of interventions received after a child is identified as needing a home support service after 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 56864/21

To ask the Minister for Health the number of children waiting for appointments in home 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 HSE provides a range of assisted living services including Home Support Services to support individuals to maximise their capacity to live full and independent lives.

Home Support Services are provided either directly by the HSE or through a range of voluntary service providers. The majority of specialised disability provision (80%) is delivered through non-statutory sector service providers.

Services are accessed through an application process or through referrals from public health nurses or other community based staff. Individuals' needs are evaluated against the criteria for prioritisation for the particular services and then decisions are made in relation to the allocation of resources. Resource allocation is

determined by the needs of the individual, compliance with prioritisation criteria, and the level of resources available. As with every service there is not a limitless resource available for the provision of home support services and while the resources available are substantial they are finite. In this context, services are discretionary and the number of hours granted is determined by other support services already provided to the person/family.

COVID-19 Public Health Emergency

Prior to COVID-19, the HSE was committed to protecting the level of Home Support Services available to persons with disabilities. In the 2020 National Service Plan, the HSE's priority was continue to deliver high quality Home Support to approximately 7,000 people with disabilities including 3.08 million Home Support hours.

In preparing for and responding to COVID-19 and to fully align with Public Health guidance as recommended via the NPHET, the HSE and its partner service providers put in place a range of measures, which included the prioritisation of vital Residential and Home Support services whilst curtailing or closing certain services such as day services, respite services, and certain clinical & therapeutic supports.

The number of people in receipt Home Support services remained steady throughout the pandemic, although the number of hours provided was 4.6% below target at year end, mainly due to the complexity involved in the provision of services due to COVID-19.

In the 2021 National Service Plan, the HSE's priority is to continue to deliver high quality Home Support Services to 7,000 people with disabilities, including over 3 million Hours.

While data is not collated on the number of children waiting for appointments in home support 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 home support services is also provided in the table below. This data is not available by CHO area.

HSE Disability Services does not gather data on the service provided through other service areas, including Primary Care.

Of note, children do not require an Assessment of Need under the Disability Act to access any health services.

Year	AON Reports Completed	No. with identified need for Home Support Services
2017	3660	39
2018	4237	33
2019	3312	32
2020	3911	27
2021	6204	27

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)

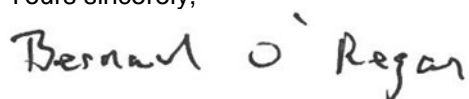
In line with the PDS model, resources assigned to children's disability services are allocated to 91 Children's Disability Networks (CDN) aligned to 96 Community Healthcare Networks (CHNs) across the country and each Children's Disability Network will have one CDNT providing services and supports for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