



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>

1st 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 56868/21

To ask the Minister for Health the number of children waiting on a complementary and play therapy 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 56869/21

To ask the Minister for Health the average number of interventions received after a child is identified as needing a complementary and play therapy 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 56870/21

To ask the Minister for Health the number of children waiting for appointments in complementary and play therapy: the average waiting times by CHO area in tabular form; and if he will make a statement on the matter.

HSE Response

Play Therapy is a form of therapy for children with a wide range of emotional and behavioural difficulties and with issues relating to difficult life experiences such as abuse, bereavement and loss, family breakdown / separation, domestic violence and trauma.

Children use play as a form of communication in everyday life. In Play Therapy children use play to express themselves.

Complimentary therapy use for children can range from providing remedies in lieu of medical treatments—for example using a homeopathic flu remedy instead of a prescription to using Complimentary therapy in conjunction with conventional treatments and therapy.

Therapy services for children are provided through Primary Care Teams in Community Healthcare Organisations to children and young people requiring assessment, diagnosis and treatment. Children with complex needs access these supports through Childrens' Disability Network Teams.

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 complementary and play therapy service is also provided. This data is not available by CHO area. HSE Disability Services does not gather data on the service provided through other service areas.

Year	AON Reports Completed	No. with identified need for Complementary / Play Therapy
2017	3660	45
2018	4237	27
2019	3312	29
2020	3911	21
2021	6204	15

Waiting list data for complementary and play therapy services is not collated by Disability or Primary Care services.

Of note, children do not require an Assessment of Need under the Disability Act to access any health services. Children access services regardless of whether or not they applied through the AON process.

The HSE acknowledges that significant levels of vital therapies 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.

Progressing Disability Services.

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 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.

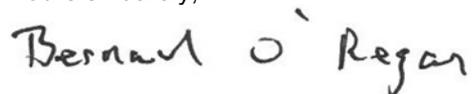
91 Children's Disability Networks (CDN) are aligning to 96 Community Healthcare Networks (CHNs) across the country and each Children's Disability Network will have one CDNT providing services and supports for children aged from birth to 18 years of age. Early Intervention Teams and School Age Teams already 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.

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