



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Oifig an Cheannaire Oibríochtaí,
Na Seirbhísí Míchumais/An Rannán Cúram Sóisialta,
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19th October 2021

Deputy Violet Anne Wynne,
Dail Eireann,
Leinster House,
Kildare Street,
Dublin 2.
E-mail: violetanne.wynne@oireachtas.ie

Dear Deputy Wynne,

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 47695/21

To ask the Minister for Health the annual cost of running a fully staffed early intervention team, that is, occupational therapist, psychologist, physiotherapist, social worker and speech and language therapist for a child with additional needs; if the cost varies between CHO based on operations to date; and if he will make a statement on the matter.

HSE Response

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) are being established to provide services and supports for all children with complex needs within a defined geographic area. 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 will work 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.



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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.

With regard to the query regarding the annual cost of running a fully staffed early intervention team, in line with the PDS model, resources assigned to children's disability services are allocated to the 0 – 18 CDNTs rather than to a dedicated early intervention team or dedicated school age team.

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.

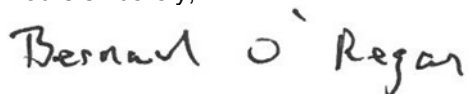
Since 2019, 285 development posts have been allocated to children's disability services across the country. This includes 100 posts allocated under the HSE National Service Plan 2021. 185 development posts were allocated to children's disability services across the country in 2021. These posts have been assigned based on a number of factors, including the existing ratio of staff to the number of children with disabilities in each area.

In June 2021, the Minister of State for Disabilities confirmed that the HSE should progress the recruitment of 85 whole time equivalent (wte) posts 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 must ensure that the allocation of any posts to CDNTs are targeted towards providing appropriate interventions.

The cost of a CDNT varies across several parameters including as outlined above, historical development, staff reconfiguration, staffing mix and ratio of staff to numbers of children with disabilities in each area.

Services in most parts of the country have now reconfigured to CDNTs. The remaining teams will be established before the end of November 2021 thereby all 91 CDNTs will be in place and delivering services at that time. 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. Disability Services to support children and their families will continue in the interim during this final planning stage.

Yours sincerely,



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