

Oifig an Cheannaire Oibríochtaí,

Na Seirbhísí Míchumais/An Rannán Cúram Sóisialta, 31-33 Sráid Chaitríona, Luimneach.

Office of the Head of Operations,

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21st September 2021

Deputy David Cullinane, Dail Eireann, Leinster House, Kildare Street, Dublin 2.

E-mail: david.cullinane@oireachtas.ie

Dear Deputy Cullinane,

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 43084/21

To ask the Minister for Health the number of new early intervention teams that have been established since February 2020 in view of the Programme for Government commitment to fully implement the access and inclusion model; and if he will make a statement on the matter.

PQ 43085/21

To ask the Minister for Health the number of HSE school age teams currently operating across the country; and if he will make a statement on the matter.

PQ 43086/21

To ask the Minister for Health the cost to fund a school age team in its entirety including a clinical psychologist, occupational therapist and speech and language therapist; and if he will make a statement on the matter.

PQ 43105/21

To ask the Minister for Health the net change in the number of and wholetime equivalent staffing of early intervention teams since February 2020; 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. To date eighty-three CDNTs have been established. All ninety-one teams will be in place and delivering services before the end of November 2021. 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.

In line with the PDS model, development posts 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. The 2021 allocation of posts is being assigned to the CHO areas in two tranches of 50 posts. The first tranche has been assigned based on 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.

A staffing census of these teams will be undertaken in the coming weeks to inform a workforce plan for the sector.

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

The HSE has fully engaged with the development and implementation of the Access and Inclusion Model since its inception in 2016. A governance structure with representation across all 9 CHOs was established in 2017. The HSE developed a Joint Protocol in collaboration with DOH, DCYA and Better Start and following an extensive training programme, implemented the AIM Protocol across all children's disability services and primary care services. These AIM supports have and will transition



with services into the final Children's Disability Network Teams as they are established in the coming weeks. In addition, the HSE continues to:

- participate on the AIM Cross Sectoral Steering Group, AIM Project Team, AIM Training group (Level 2/3), Children with Complex Needs Pilot Group and other groups as required
- Monitor the provision of health care supports requested under Level 6 of AIM
- Advise on equipment and building modification requests under Level 5.

Yours sincerely,

Dr. Cathal Morgan,

Head of Operations - Disability Services,

Community Operations

