



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Oifig an Cheannaire Oibríochtaí,
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11th October 2021

Deputy Neale Richmond,
Dail Eireann,
Leinster House,
Kildare Street,
Dublin 2.
e-mail: neale.richmond@oireachtas.ie

Dear Deputy Richmond,

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 46135/21

To ask the Minister for Health if the progressing disability services programme has been stopped in respect of its application to special schools and that special schools that heretofore had school based clinicians prior to the programme will continue to have clinicians based on site in accordance with the advice given to the HSE in the December 2009 Report of the National Reference Group on Multidisciplinary Disability Services for children aged 5 to 18; if this has been confirmed with special schools throughout Dublin city and county; and if he will make a statement on the matter

PQ 46136/21

To ask the Minister for Health if all special schools previously being brought under the progressing disability services programme will receive the same number of clinicians of the same grade and same skill set specialisation based on-site for the same number of clinical hours, not allocated hours, as they had pre-Covid-19; and if he will make a statement on the matter.

HSE Response

The implementation of the Progressing Disability Services for Children & Young People (PDS) programme is agreed Government and HSE policy. This policy represents a significant change programme for the provision of services and supports for children from birth to 18 years of age, in line with Slaintecare 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 Slaintecare 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 (CDNT) 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 occupational therapy, psychology, nursing, physiotherapy, speech and language therapy, social work and others. The team will work closely together in a family centred model, focussing 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.

Under PDS, transition plans will be developed with families and special schools to ensure a smooth and safe transition from what is often a unidisciplinary service into the multidisciplinary team over a defined period of time.

Services in most parts of the country have now reconfigured to CDNTs. The remaining teams in Community Healthcare Organisations 2 and 8 will be established before the end of November 2021.

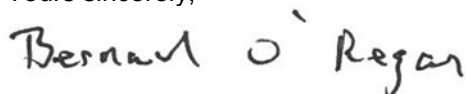
The PDS model addresses the pre-existing inequity in service provision whereby there may have been an excellent service for some children and little or no service for others. This variance may have been linked to diagnosis, age group or geography. Under the PDS programme children's disability services 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.

With regard to special schools, parents in a number of schools raised concerns regarding the perceived withdrawal of services from their children's schools under the PDS model. In this regard, the HSE engaged with the Department of Health and the Minister of State for Disabilities. In April of this year Minister Rabbitte instructed the HSE to pause the withdrawal of "on site" services from these schools pending further discussion. In June, the Department of Health confirmed that Minister Rabbitte had approved the following:

- To employ an additional 85 WTEs therapy posts within those CDNTs not yet fully reconfigured and mapped by the HSE. These posts will be those which are of closest proximity to the special schools referred to above.
- Therapists are to be assigned to provide in-reach therapy to the special school.
- CDNTs will provide the required clinical governance and supervision for the therapists.
- As the CDNT model is bedded down and integrated within the community services the therapy assignments may change based on the geographic and child needs.
- HSE will commit to ongoing communication and engagement with families.

On this basis, the HSE in collaboration with its section 38 and section 39 partner agencies has progressed the establishment of CDNTs across the country.

Yours sincerely,



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