



Oifig an Cheannaire Oibríochtaí,
Na Seirbhísí Míchumais/An Rannán Cúram Sóisialta,
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16th December 2022

Deputy Richard Bruton,
Dail Eireann,
Leinster House,
Kildare Street,
Dublin 2.
E-mail: richard.bruton@oireachtas.ie

Dear Deputy Bruton,

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: 60832/22

To ask the Minister for Health if he will report on the improvements in the context of early intervention with children who have need for assessments and for therapeutic intervention.

HSE Response

The National Access Policy

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. This 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).

National HSE Disability and Primary Care are working together collaboratively with Community Health Organisations via their Chief Officers to support implementation of the HSE's National Policy on Access to Services for Children with a Disability or Developmental Delay.

Progressing Disability Services for Children & Young People (PDS)

The implementation of the Progressing Disability Services for Children & Young People (PDS) programme is agreed Government and HSE policy. This major reform programme 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. The first step in this programme was the reconfiguration of children's disability services into Children's Disability Network Teams to provide equitable access and child and family centred services based on need rather than diagnosis, and regardless of the nature of a child's disability, where they live or which school they attend. This policy aligns with the UN Convention on the Rights of People with Disabilities and also the objectives of Sláintecare and the Programme for Government 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.

The programme 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 Progressing Disability Services 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 school age team. 91 CDNTs are aligned to 96 Community Healthcare Networks (CHNs) across the country and are providing services and supports for children aged from birth to 18 years of age.

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.

Children and their families have access to a 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.

Work is ongoing on mapping specialised services and supports, and paediatric supports available as well as an analysis of the service gaps for children with highly complex needs. This will facilitate the HSE to develop standardised approaches to integrated pathways of support for CDNTs and Primary Care staff.

Since 2019, more than 610 development posts have been allocated to children’s disability services across the country. These posts have been assigned to teams based on a number of factors, including the existing ratio of staff to the number of children with disabilities in each area. This figure includes the 190 posts provided in 2022 as well as the recently agreed funding for an additional 136.3 WTEs at a cost of €11.48m to restore pre-existing services in 104 special schools.

These additional posts are intended to support the newly established CDNTs to prioritise intervention for children with complex needs in special schools.

Ongoing Developments and Improvements in Children’s’ Disability Services

With all 91 teams in place, the primary focus now is development of the interdisciplinary family centred practice (FCP) model consistently across all teams. Moving from the traditional deficits focused ‘Expert/Medical’ model to a strengths based, child and family outcome focused model involves a significant mind-set change for all stakeholders, including health professionals, families and referrers.

All children develop and learn by taking part in daily life and activities with their family, in their home, in pre-school, in school and their community. The child’s family and those who are with them every day are the most important people in their lives. Family centred practice focuses on the child and family’s strengths, capacity and skills. The family and team work in equal partnership to explore the child and family’s daily routine and to identify the child and family’s priorities and goals and how the team will support them to achieve their goals.

Following on from the National Team Development Programme, HSE Disabilities is providing continued training and development for CDNTs in Family Centred Practice, including service planning and delivery with families.

Recruitment and Retention

Most of the disciplines working in CDNTs are similar to those working in other areas of the health services including Primary Care Services, Mental Health Services, Older Person Services and Acute Hospitals. The HSE and the various Lead Agencies experience ongoing challenges recruiting staff across a range of disciplines and grades.



The HSE is operating in a very competitive global market for healthcare talent as there are significant shortages of qualified healthcare professionals across the globe.

The HSE continues to explore a range of options to enhance the recruitment and retention of essential staff across all aspects of the health services. In addition, the HSE Community Operations Disability Services is working collaboratively with the CDNT lead agencies at CHO level to promote CDNTs as a workplace of choice in a competitive employment market.

Options to support the recruitment of staff for the CDNTs currently being explored include:

- Targeted National Recruitment for CDNTs
- Targeted International Recruitment for CDNTs with an agreed relocation allowance
- Sponsorship Programme for therapy grades
- Apprentice Programme for therapy grades
- Employment of graduates as therapy assistants as they await CORU registration
- Expansion of therapy assistants in the system with HSE supporting individuals to return to education to qualify as therapists.

International Recruitment campaigns have been launched for qualified healthcare professionals. To support these international campaigns, the HSE is working in partnership with CORU, the regulator, and government departments to maximise this pool.

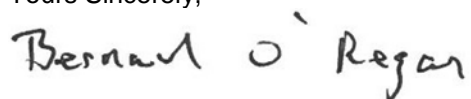
Some further points to note in relation to recruitment and retention of CDNT staff include the following:

- There are panels in place for occupational therapists, psychologists, physiotherapists, and speech and language therapists.
- National Disability Operations is currently reviewing the area of Assistant Grades.
- A comprehensive Team Development Programme 2020/2021 has been provided for CDNMs and cascaded to all team members. This programme, which was designed to support the establishment of the new CDNTs and the implementation of the new model of service, will also support staff retention. All resources from this Programme are available online for CDNMs
- An extensive CDNT Training and Development Programme 2022/2023 has been launched. This is supported with dedicated funding and based on the current competency gaps identified and prioritised by the National CDN Forum. The HSE and Lead Agencies are committed to providing ongoing training and development supports for CDNT staff supporting their professional development and retention.

A secure site for CDNMs and their staff has been set up on Basecamp to facilitate sharing of training and development resources as well as clinical and service resources.

The HSE remains committed to the delivery of appropriate services for children with disabilities and will work with families and staff to develop services that meet their needs.

Yours Sincerely,



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

