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Na Seirbhísí Míchumais/An Rannán Cúram Sóisialta,
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20th July 2022

Deputy Paul McAuliffe,
Dail Eireann,
Leinster House,
Kildare Street,
Dublin 2.
E-mail: paul.mcauliffe@oireachtas.ie

Dear Deputy McAuliffe,

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: 37498/22

To ask the Minister for Health the action that is being taken to expedite the process of assessment and treatment for children with disabilities given the importance of early intervention; and if he will make a statement on the matter.

HSE Response

The HSE acknowledges the challenges in meeting the demand for children's disability services and is acutely conscious of how this impacts on children and their families.

The principle and importance of early intervention is recognised by the HSE across its services and in particular in the context of the services and supports it provides to children with disabilities, and their families. Additionally, in developing the national policy for the provision of children's disability services, the focus of the HSE is to ensure that services are:

- Reflective of best national and international practice
- Responsive to the requirements of the UN Convention on the Rights of Persons with Disabilities
- Family and child centred
- Provided as close as possible to the community where children and their families live in line with Sláintecare.

Progressing Disability Services for Children & Young People (PDS)

The implementation of the 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. This aligns with the UN Convention on the Rights of People with Disabilities.

The 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, access to children's disability services has changed 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 or where they go to school.



PDS is a significant change programme for the provision of services and supports for children from birth to 18 years of age, 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.

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 i.e. Primary Care for non-complex functional difficulties and Children's Disability Network Teams for complex functional difficulties.

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.

In 2021, the remainder of ninety-one multidisciplinary CDNTs were established to provide services and supports for all children with complex needs within a defined geographic area.

Since 2019, more than 475 development posts have been allocated to children's disability services across the country. 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.

Work is ongoing on mapping specialised services and supports, and paediatric supports available and gap analysis for children with highly complex needs, in order to develop standardised approaches to integrated pathways of support for CDNTs and Primary Care staff.

A Children's Disability Network Team (CDNT) Staff Census and Workforce Review was undertaken in October 2021 and a final report has been issued to the Department of Health and relevant stakeholders. This report has provided valuable information on the number of staff working in the CDNTs by discipline and grade and staff vacancies at a point in time. The vacancy rate at the time of this staff census was 28%. This information is supporting targeted workforce planning by the HSE in consultation with the Children's Disability Network Managers to reinforce the skill mix of their teams to accommodate local population need.

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 is working collaboratively with the CDNT Lead Agencies at CHO level to progress recruitment initiatives for these teams. Each lead agency is responsible for recruitment of staff on their CDNTs and is using a variety of approaches to fill funded vacancies.

A comprehensive PDS national team development programme 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 to support the implementation of the new model of service, will also support staff retention.

National Information Management System for the CDNTs (CDNTIMS)

With regard to waiting lists, historically the number of children waitlisted for children's disability services provided by section 38 and section 39 providers has not been available nationally, however the establishment of CDNTs will facilitate the collection of this data systematically across all CDNTs.

A National Management Information System for all 91 CDNTs commencing roll out in Q4 2022 will further enhance the collection and validation of current data on waiting lists and other important information to support service management and development for all CDNTs.



Ongoing Developments and Improvements in Childrens' 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 commencing a National Support Programme for CDNTs in Family Centred Practice, including service planning and delivery with families.

Assessment of Need

Since the Disability Act commenced in June 2007, the HSE has endeavoured to meet its legislative obligations under the Act. However, as a consequence of a High Court ruling of December 2009, the effect of which was to open eligibility to all children born after 1st June 2002, the number of children aged five and over, and in addition of school-going age, has risen steadily as a percentage of all applications received. At the end of 2011, the figure stood at 26%, while throughout 2021, this figure averaged 53%. This is a reflection that the AON process is an accumulative process in terms of numbers of children seeking access. The first quarter of 2022 has also seen an increase in the number of applications for assessment of need received (1,645) which is up 12.2% on the profiled target of 1,466 for the period. It is acknowledged that the numbers of assessments overdue for completion remain high.

Activity throughout 2021 indicates that there was significant progress in the number of Assessment of Need reports completed during the year, 8,353 by year end. This activity continued during the first quarter of 2022 with a further significant reduction in the total number of applications 'overdue for completion'.

However, as a result of the High Court judgement delivered on 11th March 2022, the nationally standardised Preliminary Team Assessment under the AON SOP has been stepped down and approximately 8,500 AONs completed with the PTA from January 2020 to December 2021 will be required to be reassessed. CHOs are currently finalising CHO specific arrangements to address this requirement in parallel to continuing to process new AON applications. The National Clinical Programme for People with Disabilities, through wide stakeholder engagement, is finalising new interim guidance on completion of AON assessments that meet the requirements of the Disability Act.

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.

Of note, children do not require an Assessment of Need to access health services.

Yours Sincerely,



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

