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Na Seirbhísí Míchumais/An Rannán Cúram Sóisialta,
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5th August 2022

Deputy Sean Sherlock,
Dail Eireann,
Leinster House,
Kildare Street,
Dublin 2.
E-mail: sean.sherlock@oireachtas.ie

Dear Deputy Sherlock, See emails 2nd August in relation to this PQ

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: 39854/22

To ask the Minister for Health the number of children without individualised family service plans in each individual children's disability network team by CHO area.

HSE Response

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.

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. 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.

Commencement of services in all ninety-one CDNTs in 2021 marked the end of Phase 1 of the reconfiguration of children's disability services. In parallel, phase 2, the development of the interdisciplinary family centred practice model is now in train. The HSE acknowledges that this change programme has been challenging for some stakeholders. This programme, in particular the development of family centred practice, involves a mind-set change for all stakeholders, including health professionals, families and referrers regarding how services will be delivered (though what is delivered will continue).

Health and social care professionals have traditionally been trained at undergraduate and postgraduate level to provide 'care and treatment' for children and their families, typically in 'blocks of therapy' and this is what parents and referrers have come to expect. However, all children develop and learn by taking part in daily life



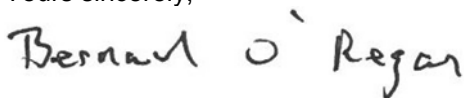
and activities with their family, in their home, in pre-school, in school and their community. The child's family and those who are with them every day are therefore the most important people in their lives.

Internationally recognised best-practice indicates the value of changing from providing disability services 'to' or 'for' children, towards supporting families in their role. Services are moving from being professionally-centred, or expert-led, to being family-centred and family-facilitated. When services are family-centred the team of professionals and the family work as equal partners. The family brings knowledge of their child and the team brings their expertise. Together they agree on and co-design goals and how they will be achieved.

National Information Management System for the CDNTs (CDNTIMS)

A National Management Information System for all 91 CDNTs is in development and when implemented, will provide current data for all CDNTs. In the interim, manual data collection is on-going. The most recent data collected manually shows that at the end of June 2022 there were 15,569 Individual Family Service Plans in place. That is 42.2% of children on the CDNTs caseload have a current Individualised Family Support Plan (IFSP).

Yours sincerely,



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

