

Oifig an Cheannaire Oibríochtaí,

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

Office of the Head of Operations,

Disability Services/Social Care Division, 31-33 Catherine Street, Limerick.

T: 00353 (0) 61 483369

Suíomh Gréasáin/Website: http://www.hse.ie

7th April 2022

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 15516/22

To ask the Minister for Health the number of persons on a children's disability network team waiting lists, by age, by team and by discipline, specialty and assessment type; the number on assessment and on intervention treatment waiting lists in tabular form; and if he will make a statement on the matter.

PQ 15518/22

To ask the Minister for Health the number of open cases by children's disability network team; the number of open cases with an individual family service plan; and if he will make a statement on the matter.

HSE Response

Children's Disability Network Teams (CDNTs)

The implementation of the Progressing Disability Services for Children & Young People (PDS) programme is agreed Government and HSE policy. PDS 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. PDS includes 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' 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.

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.

Ninety-one Children's Disability Network Teams (CDNTs) have been established to provide services and supports for all children with complex needs within a defined geographic area.

These 91 Children's Disability Networks (CDN) are aligned to 96 Community Healthcare Networks (CHNs) across the country and each Children's Disability Network has one CDNT 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 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.

In parallel, phase 2, the development of the interdisciplinary family centred practice (FCP) model is now in train. This involves a significant mind-set change for all stakeholders, including health professionals, families and referrers.

Health and social care professionals (HSCP) are trained at undergraduate 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 the most important people in their lives.

Internationally there is widespread change 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. When services are family centred the team of professionals and the family are equal partners. The family brings knowledge of their child and the team brings their expertise. Together they agree on goals and how they will be achieved.

National Information Management System for the CDNTs (CDNTIMS)

Historically the number of children waitlisted for children's disability services provided by section 38 and section 39 providers has not been available nationally. With regard to the number of open cases with an individual family service plan this information is not collated nationally. The establishment of CDNTs will facilitate the collection of this data. A National Management Information System for all 91 CDNTs is in development and when implemented, will provide current data on waiting lists for all CDNTs. In the interim, manual data collection is on-going and will provide information to the local areas regarding the number of children waiting for each CDNT.

Yours sincerely

Bernard O'Regan

Head of Operations - Disability Services,

Bernard O'Regar

Community Operations

