Oifig an Cheannaire Oibríochtaí,
Na Seirbhísí Míchumais/An Rannán Cúram Sóisialta,
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7th April 2022

Deputy Holly Cairns,
Dail Eireann,
Leinster House,
Kildare Street,
Dublin 2.
E-mail: holly.cairns@oireachtas.ie

Dear Deputy Cairns,

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 15743/22

To ask the Minister for Health his views on the policy of requiring parents of children with disabilities to attend training courses in order that they can carry out therapies on their own children who remain on long waiting lists.

HSE Response

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.

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).

Children's Disability Network Teams (CDNTs):

PDS is a significant change programme. All 91 teams are now in place and 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. Early Intervention Teams and School Age Teams previously in place have reconfigured into 0-18 CDNTs. Every child across the country with complex needs arising from their disability now has access to a Children's Disability Network Team regardless of the nature of their disability, where they live, or the school they attend.

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 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 (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.

Yours Sincerely,

Bernard O' Regan

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