



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

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23rd November 2022

Deputy Emer Higgins,
Dail Eireann,
Leinster House,
Kildare Street,
Dublin 2.
E-mail: emer.higgins@oireachtas.ie

Dear Deputy Higgins,

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: 57288/22

To ask the Minister for Health the current policy for the management of urgent cases within children's disability network teams; if a CNDT can carry out a diagnostic assessment without instruction from the assessment of needs' division; and if he will make a statement on the matter.

HSE Response

Children's Disability Network Teams (CDNTs):

In line with the PDS model, resources assigned to children's disability services are allocated to the CDNTs; 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 will 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.



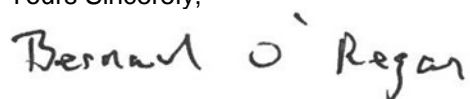
As outlined in the National Policy on Prioritisation of Referrals for CDNTs, each Children's Disability Network Manager will review all referrals and identify any requirement for urgent assessment and / or intervention. Urgent referrals include the following:

- Equipment / pressure care breakdown
- Family in crisis
- Critical transition stage where intervention / assessment is essential for continuity of a service
- Choking / aspiration Feeding Eating Drinking and Swallowing issue
- Critical rehabilitation required post discharge from an acute hospital service following acquired brain or spinal injury
- Presentations and behaviours which may lead to:
 - Significant risk to health or safety of the child
 - Significant risk to health or safety of others
 - Very severe loss in quality of life or daily functioning of child
 - School placement breakdown
- A combination of significant and multiple child and family vulnerabilities likely to lead to severe deterioration in the child's wellbeing and disability related problems

Children can be referred directly to CDNT services without requiring an Assessment of Need as defined by the Disability Act (2005). The Children's Disability Network Manager in consultation with the CDNT members will determine the appropriate assessment or intervention pathway for each child. This may include a diagnostic assessment.

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**

