



Oifig an Cheannaire Oibríochtaí,
Na Seirbhísí Míchumais/An Rannán Cúram Sóisialta,
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15th September 2022

Deputy Marc Ó Cathasaigh,
Dail Eireann,
Leinster House,
Kildare Street,
Dublin 2.
E-mail: marc.ocathasaigh@oireachtas.ie

Dear Deputy Ó Cathasaigh,

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 42197/22

To ask the Minister for Health the position in relation to the number of full-time and part-time occupational therapists in each county; if there are specific hours assigned to early intervention services and whether there are specific hours of service assigned to children and adults with autism in tabular form; and if he will make a statement on the matter

PQ 42198/22

To ask the Minister for Health the position in relation to the number of full-time and part-time speech and language therapists in each county; if there are specific hours assigned to early intervention services; if there are specific hours of service assigned to children and adults with autism in tabular form; and if he will make a statement on the matter.

HSE Response

The HSE is the largest employer in the State, with more than 70,000 direct employees, and a further 40,000 employed by voluntary hospitals and agencies funded by the HSE.

The Strategic Workforce Planning and Intelligence Unit of the HSE is responsible for the provision of high quality and timely data, information and analysis on the health workforce. It has overarching responsibility for the production of employment monitoring reports/Health Service Personnel Census (HSPC), National Absence Reports and Staff Turnover Reports.

Both National and Care Group specific reports are available and can be accessed at

<https://www.hse.ie/eng/staff/resources/our-workforce/workforce-reporting/>

Please see the attached most recently available spreadsheets (National and Disability Service)

Please note that that these are reports on the employment figures for staff employed by the HSE and voluntary Service Providers funded under Section 38 of the Health Act. Data is not collated and



reports are not available regarding staff employed by Service Providers funded under Section 39 of the Health Act.

The staff numbers reported on serve all age groups and the HSE cannot apportion the staff working in adult or children's disability services specifically.

The numbers of staff working fulltime or part time is not broken down by role / grade.

Additionally, staff are not apportioned according to a diagnosis, as patients/service users, in the main, may require the services or supports of various groups/grades/roles of staff to meet their needs.

Disability Services

Disability services are provided based on the presenting needs of the individual rather than by their diagnosis or the actual type of disability or service required. Services are provided following individual assessment according to the person's individual requirements and support needs. Care and/or services provided are tailored to the individual needs and requirements of the person with ASD.

The implementation of the Progressing Disability Services for Children & Young People (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.

Progressing Disability Services for Children & Young People (PDS)

The implementation of the Progressing Disability Services for Children & Young People (PDS) programme is agreed Government and HSE policy. This major reform programme 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. The first step in this programme was 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's 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.

The programme 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):

In line with the Progressing Disability Services 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.



All 91 Children's Disability Network Teams are now in place. These teams provide services and supports for all children with complex needs within a defined geographic area.

Regardless of the nature of their disability, where they live, or the school they attend, every child with complex needs and their families have access to the full range of family centred services and supports of their 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 are 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 and gap analysis for children with highly complex needs including autism, in order to develop standardised approaches to integrated pathways of support for CDNTs and Primary Care staff.

190 posts were allocated to Children's Disability Services this year. In addition, further to recent discussions with An Taoiseach and relevant Government Ministers, the HSE and its CDNT Lead Agencies will receive funding for an additional 136.3 WTEs to provide services in 104 special schools.

These additional posts along with the 185 posts allocated in 2021 are intended to support the newly established CDNTs to prioritise intervention for children with complex needs as well as those in special schools.

CDNTs are teams of health and social care professionals (e.g., occupational therapists, psychologists, physiotherapists, speech and language therapists, social workers) and others disciplines (e.g., nursing).

Each CDNT is managed by a Lead Agency. Each lead agency is responsible for recruiting staff when vacancies arise on their teams or when development posts are allocated to their teams.

Most of the disciplines working in CDNTs are similar to those working in other areas of the health services including Primary Care Services, Mental Health Services, Older Person Services and Acute Hospitals. The HSE and the various Lead Agencies experience ongoing challenges recruiting staff across a range of disciplines and grades.

A CDNT Staff Census and Workforce Review was undertaken in 2021. The report has provided valuable information on the number of staff working in the CDNTs by discipline and grade. This information will allow 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.

Please see the attached CDNT Census Report 2021. This gives more detailed information regarding the numbers of OTs and SLTs working in Childrens Disability services.

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 market CDNTs as an employer of choice in a competitive employment market. 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.

Options regarding the recruitment of staff including speech and language therapists and occupational therapists for the CDNTs being explored include:



- Targeted National Recruitment for CDNTs
- High profile international campaigns for therapy roles.
- Targeted International Recruitment for CDNTs with the possibility of a relocation allowance
- Sponsorship Programme
- Apprentice Programme for therapy grades
- Employment of graduates as therapy assistants as they await CORU registration
- Expansion of therapy assistants in the system with HSE supporting individuals to return to education to qualify as therapists.

The HSE has approved an attractive and competitive relocation package for the international recruitment of all disciplines. The relocation packages include allowances payable to candidates to meet the initial cost for relocating, such as an accommodation and flight allowance for EU/UK candidates and non EU candidates.

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.

National Autism Programme Board

Following the commissioning and publication of the *Review of the Irish Health Services for Individuals with Autism Spectrum Disorder* (the Review), the HSE commenced implementation of a Service Improvement Programme for the Autistic Community based on the recommendations of the Review.

The Service Improvement Programme (SIP) was established with the responsibility for leading the implementation of the Review report recommendations. The Board consists of senior operational and clinical decision makers as well as independent professional / academic support; importantly, the Programme Board has representation of persons with lived experience of Autism participating as equal members of this important collaborative team effort.

Implementation Priorities and Health Service Developments

In implementing the recommendations of the Review Report, the Programme Board has been tasked with leading out on an agreed set of priorities that will have greatest impact in terms of shaping how services can be delivered to people with Autism and in respect of creating greater awareness of Autism in terms of supporting communities in promoting inclusion and fostering positive attitudes.

The agreed set of priorities are summarised as follows;

- Implement a Programme of Awareness Raising / Engagement with the Public;
- Build professional capacity and competence amongst key professionals working with Autistic people, including the implementation of a tiered model of assessment as recommended in the ASD Review Report.



Awareness Working Group

The Awareness Stream of the programme aims to build Awareness of Autism, and the services and supports available to autistic people, both within the Service User, Family Member and Carer communities and within the Service Providers themselves.

It is designed to respond to the call for greater clarity amongst clinicians and Service Providers regarding both Autism and the supports available to autistic people by firstly developing a programme of better information for autistic people and their families, helping them to find services, access support and understand their condition better and secondly providing guidance to clinicians and service providers.

These objectives will be achieved by:

- Mapping and gathering information and resources relating to Autism by reviewing both national and international practices – 25% complete and work is ongoing
- Review material available to provide information on services and supports. – 30% complete and work is ongoing
- To explore gaps within resources available.
- To engage with key stakeholders on the final set of information products and communication means. This will align with the standardised pathways of the Assessment and Pathways Working Group.
- To generate content for an online and print resource emerging from the above
- To launch and promote the new information products

Unfortunately, the Awareness stream of the project was vastly impacted and paused due to the Covid-19 Pandemic and the responses required of the Health Service. The project has recommenced and work will continue to be progressed in Q3 and Q4 2022.

Assessment and Pathway Working Group:

The Assessment and Pathways working group aims to develop a Standardised Assessment approach for use in all services dealing with the assessment of those with Autism to ensure that every assessment is of an acceptable and agreed standard, regardless of which service is being accessed. In addition it seeks to agree a standardised service user journey and the implementation of a consistent core service offered across those providing services to people with Autism.

An interdisciplinary working group with lived experience representation was established and over 12 months period they developed a protocol to streamline autism assessment and intervention and match these to the complexity of presentation. The piloting of this protocol has now commenced. The tender for the independent evaluation of the Autism Assessments & Interventions Pathway Protocol was awarded to the Centre for Effective Services in December 2021, the service contract began in January 2022.

To assist the pilot phase an Expert Advisory Group (EAG) has been formed to provide oversight and advisory to the external independent evaluators Centre for Effective Services. The EAG comprises of one member with a clinical background, one member with lived experience and one member providing advisory relating to research, academic and ethical matters.

The participating pilot sites are within CHO 2, CHO 7 and CHO 9. The fourth pilot site envisaged to participate at tender stage (CHO 4) were unable to proceed due to a number of changes and challenges within their CHO at the time of commencement.



The pilot commenced over the three sites in February 2022, this involved engagement on the co-design and development of a tracker tool to track and assess the data throughout the pilot. The tracking and evaluation of the protocol is currently in progress and will run for a three month period. Fieldwork and interviews with service users and service providers will take place throughout July and August as part of the overall evaluation.

To date, there has been 22 service users assessed or have assessments scheduled in the coming weeks, this figure is expected to increase monthly.

The first stage of the pilot and evaluation will run up to September 2022 with an initial report due in October 2022. The second stage of evaluation will run to the end of March 2023, with the final report due by 24th May, 2023. The budget for stage two of the evaluation has been approved and we are currently engaging with HSE Procurement for re-tendering of the second stage of evaluation.

In tandem with the above ongoing work, the HSE is funding AsIAM to provide a phone line for the autistic community for a three year period.

AsIAM phone line for the Autistic Community

Supported by the HSE, the Information Line operates for 4 hours per day, five days a week. The calls are responded to by either a clinician or an appropriately qualified autistic advisor to ensure appropriate responses and supports to meet the needs and concerns of the range of callers and to inform follow-on activity.

The aim of the service over the next three years will be to develop the range of information resources, seminars and programmatic activity so that callers will receive the information and support they need. The service will operate within the partnership for change model, building on the capacity of individuals and families to manage the challenges of everyday life. All callers will receive a follow-on email summarising their call and where required, will be provided with follow-on information and supporting methods/tools.

The service will be widely promoted nationally through a co-branded information campaign and will operate on both a phone line and instant messaging basis.

Annual insight reports, in addition to interval data reports, on calls received and topics explored, will be provided to inform HSE and Government policy in the area of autism.

Yours sincerely



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