



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,
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26th April 2023

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 questions, which were submitted to this department for response.

PQ: 17318/22

To ask the Minister for Children; Equality; Disability; Integration and Youth if he will engage with the HSE to investigate whether providing group speech and language therapy while children await therapy sessions would be possible to ensure that more children get access to speech and language therapy; and if he will make a statement on the matter.

PQ: 17319/22

To ask the Minister for Children; Equality; Disability; Integration and Youth if he has considered allowing children to access therapies in a neighbouring CHO, if that CHO has capacity to offer additional services and their own CHO does not; and if he will make a statement on the matter.

HSE Response

91 Children's Disability Network Teams (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.

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 a range of family centred services and supports of their CDNT according to their individual needs. This includes evidence based universal, targeted and specialist supports, such as individual therapeutic intervention and access to specialist consultation and assessment when needed.

Universal supports are provided by CDNTs for a group of children with disabilities and their families who share the same needs, and are typically delivered through information sessions, talks, and workshops for families on topics such as sleep, toilet training and communications. Targeted supports are provided for needs which some but not all children with disabilities and their families share. Bringing



families together with common and shared challenges for group work can be powerful. Examples of evidence based group work with good outcomes include “It takes Two to Talk” for children with language delay, and “More than Words” and “Talkability” for children with autism or social communication disorder. Supports are provided as is feasible in the child’s natural environments - their home, school and community.

The HSE’s 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. Many children with a disability who have support needs can be effectively supported within mainstream Primary Care health services. This policy provides a single point of entry, signposting parents and referrers to the most appropriate service, i.e. Primary Care for non-complex functional difficulties and Children’s Disability Network Teams for complex functional difficulties.

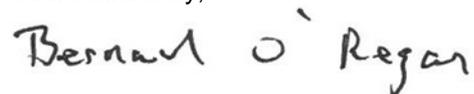
Children with complex functional difficulty as a result of their disability access CDNT based on their home address. Each Community Healthcare Organisation area is required to have a process in place that will consider any exceptional individual circumstances that may require a child to access an alternative Children’s Disability Network Team to that determined by their home address.

An interdisciplinary team is a number of professionals from different disciplines who work together and share information, decision-making and goal-setting. They have common policies and procedures and frequent opportunities for communication. They work with the family and child, all of whom are seen as part of the team, to meet their identified needs with a joint care and support plan.

CDNTs, in line with national PDS policy, offers services based on the child’s individual needs and family priorities as identified in the child’s Individual Family Service Plan (IFSP) through a family centre practice model.

This model of service ensures that the supports provided are determined from family priorities, taking into account the factors relevant to each child. It recognises that each family has its own role, values, structures, beliefs and coping styles and it aims to strengthen families own abilities in dealing with their child’s challenges. This approach is supported by national and international best practice.

Yours Sincerely,



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

