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Na Seirbhísí Míchumais/An Rannán Cúram Sóisialta,
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25th January 2023

Deputy Cian O' Callaghan,
Dail Eireann,
Leinster House,
Kildare Street,
Dublin 2.
E-mail: cian.ocallaghan@oireachtas.ie

Dear Deputy O'Callaghan,

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 1982/23

To ask the Minister for Health the action that he will take in 2023 to address the long waiting lists and ensure that children with autism spectrum disorder receive the necessary supports for early intervention; and if he will make a statement on the matter.

HSE Response

The HSE acknowledges the challenges in meeting the demand for children's disability services and is acutely conscious of how this impacts on children and their families.

Children's disability services are provided based on the presenting needs of the child rather than by their diagnosis or the actual type of disability or service required. Services are provided following individual assessment according to the child's individual requirements and support needs.

The principle and importance of early intervention is recognised by the HSE across its services and in particular in the context of the services and supports it provides to children with disabilities, and their families. Additionally, in developing the national policy for the provision of children's disability services, the focus of the HSE is to ensure that services are:

- Reflective of best national and international practice
- Responsive to the requirements of the UN Convention on the Rights of Persons with Disabilities
- Family and child centred
- Provided as close as possible to the community where children and their families live in line with Sláintecare.

Progressing Disability Services for Children & Young People (PDS)

The implementation of the 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.

The PDS model 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. Under the PDS programme, access to children's disability services has changed from diagnosis based to



needs based, so that all children with a disability or developmental delay have access to the right service based on their needs no matter where they live or where they go to school.

PDS is a significant change programme for the provision of services and supports for children from birth to 18 years of age, in order 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 i.e. Primary Care for non-complex functional difficulties and Children's Disability Network Teams for complex functional difficulties. Children with ASD may access supports from a Children's Disability Network Team or from Primary Care depending on the complexity of their needs.

Children's Disability Network Teams (CDNTs)

There are ninety one Children's Disability Network Teams (CDNTs) providing services for children with complex disability needs aged 0 – 18 years.

Regardless of the nature of their disability, where they live, or the school they attend, every child with complex needs including autism 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.

Recruitment and Retention of staff for the CDNTs.

Since 2019, more than 610 development posts have been allocated to children's disability services across the country. These posts have been assigned to teams based on a number of factors, including the existing ratio of staff to the number of children with disabilities in each area. This figure includes 190 posts provided in 2022 as well as an additional 136.3 WTEs to restore pre-existing services in 104 special schools. These additional posts are intended to support the newly established CDNTs to prioritise intervention for children with complex needs in special schools.

The HSE and Lead Agencies are operating in a very competitive global market for healthcare talent as there are significant shortages of qualified healthcare professionals across the globe.

In partnership with our CDNT Lead Agencies, we continue to explore a range of options to enhance the recruitment and retention of essential staff into our CDNTs. In addition, the HSE Community Operations Disability Services is working collaboratively with our partnering Lead Agencies to promote CDNTs as a workplace of choice in a competitive employment market.

The lead agencies and the number of teams they lead are: HSE (41 teams), Enable Ireland (20 teams), Avista (formerly Daughters of Charity - 4 teams) Brothers of Charity (6 teams), Central Remedial Clinic (5 teams), St. Michael's House (4 teams), Cope Foundation (3 teams), St. Gabriel's (2 teams), St. Josephs Foundation (2 teams), Stewarts Care (2 teams), with CoAction West Cork and KARE leading 1 team each. Each lead agency is responsible for recruitment of staff on their CDNTs and is using a variety of approaches to fill funded vacancies. Each agency has on-going rolling recruitment to address a range of vacancies including short term temporary posts, full time permanent posts, development posts, part time posts etc. CDNTs and Lead Agencies report on the number of vacancies rather than the number of staff appointed.

Options to support the recruitment of staff for the CDNTs currently being progressed include:

- Targeted National Recruitment for CDNTs



- Targeted International Recruitment for CDNTs with an agreed relocation allowance
- Sponsorship Programme for therapy grades

In addition, the following options are being explored:

- 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 launched International Recruitment campaigns for qualified healthcare professionals. To support these international campaigns, the HSE is working in partnership with CORU, the regulator, and government departments to maximise this pool. In addition, some of the CDNT Lead Agencies are also progressing International Recruitment.

Some CHO Areas report that staff from outside the European Union have been successful at interview recently. However, the pre-clearance stage to appointment time frame can take a number of weeks and is heavily dependent on a number of factors including the candidate returning documentation in a timely manner, the requirement in some cases for overseas clearances or visas, return of references and notice period to be worked. Pre-clearances can take a minimum of 2 weeks (if all documentation is submitted as requested), however it can take significantly longer if provision of the aforementioned documentation is delayed. It should also be noted that some candidates may be available for an immediate start with other candidates having to provide notice to a current employer. This will impact the time to hire.

Some further points to note in relation to recruitment and retention of CDNT staff include the following:

- There are panels in place for occupational therapists, psychologists, physiotherapists, and speech and language therapists.
- National Disability Operations is currently reviewing the area of Assistant Therapy Grades.

Filling the current staffing vacancies will take time. In the interim, the HSE continues to drive a number of initiatives to reduce waiting times for children and families. These include sourcing therapy assessments and interventions externally via private service providers.

Another key focus of HSE Disabilities is staff retention. A comprehensive Team Development Programme 2020/2021 was provided for CDNMs and cascaded to all team members. The programme, designed to support establishment of the new teams and implementation of a child and family centred model of services, will also support staff retention. All resources from this programme are now accessible online for CDNT staff. A further CDNT Training and Development Programme 2022/2023 has been launched, with dedicated funding and based on competency gaps identified and prioritised by the teams. A secure online site has been set up for CDNMs and their staff to facilitate sharing of training and development resources as well as clinical and service good practice models in place across the country. The HSE and partner Lead Agencies are committed to providing ongoing training and development for CDNT staff supporting their professional development and retention, and promoting CDNTs as an attractive place to work.

The HSE acknowledge that waiting times for CDNT service at this time are not appropriate and particularly stressful for children and their families, and will continue, with its Lead Agencies, to explore and implement progressive strategies to address current recruitment challenges.

Autism Service Improvement Programme

In addition, there are ongoing improvements in the provisions of services for children and adults with autism.

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.

This work takes two specific forms. First, there has been a Task Group established under the National Clinical Programme for People with Disability to design improvements in disability services generally. This group is a multi-stakeholder group with lived experience representation. Secondly, and more specifically related to autism, a Service Improvement Programme for the Autistic Community has been commenced.



National Autism Programme Board

This programme was subsequently renamed to The Service Improvement Programme (SIP) for the Autistic Community, due to use of language and that we should refer to autistic people.

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. The programme aims to respond to the need for greater awareness amongst clinicians and the general public regarding both autism and the support for Service Providers working with autistic people.

In tandem with the above, the HSE agreed to fund 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.

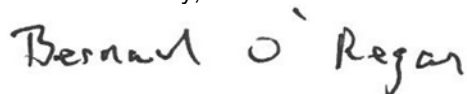
The aim of the service over the next three years will be to develop the range of information resources, seminars and programmatic activity so that callers will receive the information and support they need. The service will operate within the partnership for change model, building on the capacity of 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.

The HSE awaits the publication of the 2023 National Service Plan which will inform any further planned development of disability services including children's disability services.

Yours Sincerely,



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

