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Dear Deputy Connolly,

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 12050.23**

*To ask the Minister for Health his plans to expand public healthcare services for children with disabilities, with a view to decreasing the use of private providers in this area; and if he will make a statement on the matter.*

#### **HSE Response**

##### **Children's Disability Services**

Historically services for people with a disability in Ireland were provided by religious orders and later by voluntary parent and friends associations. Some organisations provided services for people with a specific type of disability or in a specific age group. This resulted in a wide variation in the availability of services and in access criteria to services depending on where a child lived or what diagnosis they had. For example, in one area a child with a physical disability may have had a very good service and a child with ASD may have had no service; equally, children with a particular diagnosis living in one part of the country may have had access to a local disability service but not children with the same diagnosis in another area.

The Progressing Disability Services for Children and Young People Programme (PDS) was developed to address this significant variance and risk, with a view to ensuring that all children with a disability or complex developmental delay have equity of access to services, based on their need, rather than their diagnosis. Services are to be provided as close to home as possible. This is in line with the Programme for Government and with Government policy, specifically Sláintecare. In addition, PDS aligns with the UN Convention on the Rights of People with Disabilities.

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**

In addition, 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.

## **Reform of Children's Services**

Children's Disability services in Ireland are currently undergoing a major reform process. This change programme, while necessary, has been challenging for all stakeholders. Reconfiguration of children's disability services took place as the State, its citizens and its health services were in the midst of a global pandemic. Notwithstanding the unprecedented demands on service providers, ninety-one Children's Disability Network Teams (CDNTs) were established to provide services for at least 42,000 children with complex needs in the State. The establishment of CDNTs is intended to facilitate the provision of equitable, child and family centred services for all children with complex needs associated with their disability or developmental delay.

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.

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.

The establishment of CDNTs represents the first step in the delivery of the Sláintecare programme. The reconfiguration of these networks was a major change project and required complex interagency arrangements and ground breaking industrial relations agreements on reporting relationships. This change in disability structures occurs in the wider context of transformation within the disability sector.

Work is ongoing on mapping specialised services and supports, and paediatric supports available and gap analysis for children with highly complex needs, in order to develop standardised approaches to integrated pathways of support for CDNTs and Primary Care staff.

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 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.

## **Retention and Recruitment**

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 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 CDNTs 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 CDNTs 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.

Yours Sincerely,



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