



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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17th April 2023

Deputy Catherine Connolly,
Dail Eireann,
Leinster House,
Kildare Street,
Dublin 2.
E-mail: catherine.connolly@oireachtas.ie

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 15836/23

To ask the Minister for Children; Equality; Disability; Integration and Youth if it is the case that that any child with a moderate or severe/profound disability and who is in crisis must first go through the Tusla Child Protection Criteria (Reasonable Grounds/Thresholds) in order to be considered for residential funding; and if he will make a statement on the matter.

HSE Response

Childrens' Disability Services

Children's disability services are provided based on the presenting needs of the child rather than by their diagnosis or the type of disability or service required. Services are provided following assessment according to the child's individual requirements and support needs. The assessment may be completed by one or more health and social care professionals pending the child's referral information, individual needs and presentation.

Children who may present with a moderate or severe/profound disability can present either through; Primary Care Services, through Children's Disability Network Teams (CDNTs), through Child and Adolescent Mental Health Services (CAMHS), or through the Assessment of Need process under the Disability Act, 2005.

The National Access Policy to CDNT and Primary Care services

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 may access supports from a Children's Disability Network Team or from Primary Care depending on the complexity of their needs.



HSE Joint Protocol Primary Care, Disability and Child and Adolescent Mental Health Services (2017)

This Protocol underpins the pathway and process for shared assessment and/or shared interventions provided by 2 or more services where it has been identified in the best interest of the child, in addition to transfer to the most relevant service when a child's needs change.

Under this protocol, children in state care or known to child protection services will be appropriately prioritised based on clinical intervention. Due regard will be given to their clinical need and additional vulnerability status by virtue of their circumstances of being in care or having a disability, mental health issue or having a life limiting medical condition.

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.

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.

In addition to clinical intervention, respite and home support services are provided for children and adults with disabilities based on individual needs, in order to support them to realise their optimal potential and sustain them in their home and local community. Residential care is a last resort option when all other stepped approaches to care no longer are sufficient.

The following principles also apply:

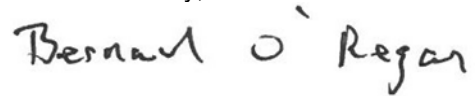
- No child or young person with a mental health and/or disability issue should be taken into state care as a consequence of insufficient disability /mental health services or support.



- While receiving a child formally into state care should be seen as a measure of last resort, the best interests of the child must be the guiding principle to ensure their interests and welfare are being appropriately protected.
- State care refers to children formally received into the care of the Child and Family Agency under provisions of the 1991 Child Care Act by virtue of care proceedings or voluntary parental consent.
- Formal state care is separate from arrangements/placements such as residential provision solely to meet a child's disability care needs that to date are not subject to statutory regulation.

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,

A handwritten signature in black ink that reads "Bernard O'Regan". The signature is written in a cursive style with a clear 'O' and 'R'.

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