



**Oifig an Stiúrthóir Cúnta Náisiúnta,**  
Foireann Míchumais Náisiúnta,  
An Chéad Urlár - Oifigí 13, 14, 15,  
Áras Phlásóg na Rós, Coimpléasc Gnó na hOllscoile,  
Páirc Náisiúnta Teicneolaíochta,  
Caladh an Treoigh,  
Luimneach.

**Office of the Assistant National Director,**  
National Disability Team,  
First Floor- Offices 13, 14, 15,  
Roselawn House, University Business Complex,  
National Technology Park,  
Castletroy,  
Limerick.

23<sup>rd</sup> July 2024

Deputy Claire Kerrane,  
Dail Eireann,  
Leinster House,  
Kildare Street,  
Dublin 2.  
E-mail: [claire.kerrane@oireachtas.ie](mailto:claire.kerrane@oireachtas.ie)

Dear Deputy Kerrane,

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: 32276/24**

*To ask the Minister for Children; Equality; Disability; Integration and Youth if he intends to allow parents whose children are on long waiting lists for essential therapies to be reimbursed the cost of going private where they cannot get the support needed publicly; and if he will make a statement on the matter.*

## **HSE Response**

93 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.

The CDNTs are currently providing services and supports for over 46,000 children and strategies and supports for urgent cases on the waitlist where staffing resources allow. However, there are significant challenges for CDNTs including:

- Significant staffing vacancies
- Growth in numbers of children with complex need
- Growth in demand for Assessment of Need, diverting further resources away from interventions.

## **Roadmap for Service Improvement 2023 – 2026, Disability Services for Children and Young People**

*The HSE's Roadmap for Service Improvement 2023 – 2026, Disability Services for Children and Young People, now in its implementation phase, is a targeted Service Improvement Programme to achieve a quality, accessible, equitable and timely service for all children with complex needs as a result of a disability and their families.*



It sets out the overall aim for Children's Disability Services, provided by the HSE and its partner agencies, for every child to have a childhood of inclusive experiences where they can have fun, learn, develop interests and skills, and form positive relationships with others in a range of different settings.

The Roadmap contains 60 actions of which 12 have been completed and the majority of remaining actions are in train. These include a robust suite of 21 staff retention and recruitment actions.

The HSE acknowledges that some families may source private assessments to facilitate access to educational supports such as special schools or classes. In many cases, these are unidisciplinary assessments. In general, HSE or HSE funded services, in line with best practice guidelines, use a multidisciplinary approach to assessment, most commonly for ASD assessment. In these circumstances, while HSE services may take cognisance of any unidisciplinary reports that may be available, they will undertake a multidisciplinary assessment where appropriate, to confirm a diagnosis and to determine the necessary interventions.

The HSE does not fund or reimburse any fees paid to private practitioners in any of the health service areas where assessments, interventions or therapies have been commissioned by the service user or their family directly.

#### **Targeted Initiative focussed on long waiting families**

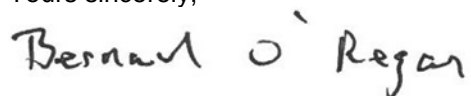
A new targeted waiting list initiative is in place and the Government has allocated funding of €6.89 million to facilitate the HSE to procure up to 2,500 additional Assessments of Need (AON) under the Disability Act 2005, with delivery targeted over the next 6 months.

This waiting list initiative will target those families waiting longest for AONs, with the HSE reimbursing clinicians directly through the procurement of capacity from approved private providers. This provides a more equitable and fair approach rather than reimbursement of parents directly.

It is envisaged that this initiative will be progressed through the existing framework of providers procured by each CHO Area, while also seeking to expand the list with any new private provision.

**It is important to note that children do not require an Assessment of Need as defined by the Disability Act (2005) in order to access a CDNT or Primary Care service.** They can be referred by a healthcare professional or parent/carer to the CDNT for children with complex needs as a result of their disability, or to Primary Care for children with non-complex needs.

Yours sincerely,



**Bernard O'Regan**  
**Assistant National Director**  
**National Disability Team**

