



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.

16th May 2024

Deputy Reada Cronin,
Dail Eireann,
Leinster House,
Kildare Street,
Dublin 2.
E-mail: reada.cronin@oireachtas.ie

Dear Deputy Cronin,

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: 22208/24

To ask the Minister for Children; Equality; Disability; Integration and Youth the policy and procedures extant to guarantee continuity of service and care in the time when a child leaves primary care services and moves to within the remit of the children's disability network team, in order that this is as seamless as possible without 'closure' of discharge involving services; if there is no such policy, if she will introduce one; 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 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.

With regard to policies and procedures concerning continuity of service between Primary Care Services and Childrens Disability Services, in the first instance, 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 health services. This policy provides a single point of entry, signposting parents and referrers to the most appropriate service (Primary Care for non-complex functional difficulties and Children's Disability Network Teams for complex functional difficulties).

In addition to the *National Policy on Access to Services for Children & Young People with Disability & Developmental Delay*, the HSE's *National Policy on Discharge/Closure and Transfer from Children's Disability Network Teams 2017* and the *Policy Framework for Service Delivery of Children's Disability Network Teams May 2022* also provide support and guidance.

Please see the following website for further information:

<https://www.hse.ie/eng/services/list/4/disability/progressing-disability/pds-programme/documents/>

Roadmap for Service Improvement for Disability Services for Children and Young People

The HSE is committed to prioritising the needs of children. Substantial work has been undertaken by the HSE to develop a Roadmap for Service Improvement for Disability Services for Children and Young People which was launched by the Government and the HSE on Tuesday 24th October 2023.

The Roadmap 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, that 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.

Implementation of the Roadmap for Service Improvement Actions will:

- Ensure children are referred to the most appropriate service (National Access Policy)
- Reduce the waiting time for children currently waitlisted for CDNTs
- Optimise use of voluntary and private disability service providers for assessments and interventions.
- Improve HSE's legislative compliance for AONs as defined in the Disability Act
- Improve outcomes for children and families and their experience of CDNT service
- Enable teams to optimise service effectiveness and efficiencies, and opportunities to collaborate with community networks such as Children and Young People's Services Committees.
- Improve staff retention on CDNTs in the long-term as a good place to work.

Many of the 60 actions contained in the Roadmap have already been progressed

Joint Working Protocol

The HSE has established a joint working protocol between Primary Care, Disabilities, and CAMHS services with the aim to make the referral process between the three services easier for medical professionals and families to navigate.

When information indicates that there is more than one service that could best meet the child's needs, consultation should take place with the other service(s) to determine which is the most appropriate or whether a joint approach is indicated. Joint assessment may be indicated when presenting concerns or initial assessment indicates that there is a significant possibility of differential or co-morbid diagnosis of disability and/or mental health conditions.

In addition, the Integrated Children's Services Forum has been established to provide a formal, regular mechanism for services to meet and discuss individual children whose needs are not clear or who require some level of joint assessment or intervention and for whom direct consultation between the relevant services has not led to a decision on the best arrangement for the child.

Historically services have developed in differing ways leading to inequity and inconsistency. One aspect of this inconsistency is in joint case management of complex cases between Primary Care, Disability Services and CAMHS. The joint protocol between Primary Care, Disabilities and CAMHS has been designed to address this and work is ongoing to strengthen the connections between the services.



The CDNT Roadmap for Service Improvement establishes a clear, robust governance structure at national level to drive the delivery of integrated Services between Disabilities, Primary Care, CAMHS and Tusla at local level, providing the critical building blocks for service integration for the benefit of children and families. Fundamental to this is the implementation of the Primary Care, Disabilities, CAMHS Joint Protocol and National Access Policy by Primary Care, Disabilities and CAMHS jointly for all children with disabilities.

Yours Sincerely,

Bernard O'Regan

Bernard O'Regan
Assistant National Director
National Disability Team

