

Mari O'Donovan Acting Head of Service, Primary Care, Cork Kerry Community Healthcare, Email: <u>Mari.ODonovan@hse.ie</u>

1st October, 2024.

Ms. Holly Cairns, T.D., Dáil Éireann, Dublin 2

PQ ref 37306/24

"To ask the Minister for Children; Equality; Disability; Integration and Youth the number of clinical sessions typically offered to children and adolescents attending the CHO4 primary care occupational therapy services; and if these clients are placed on another waiting list following discharge in the event that they require ongoing support."

Dear Deputy Cairns,

The Health Service Executive has been requested to reply directly to you in the context of the above Parliamentary Question, which you submitted to the Minister for Health for response.

The main aim of HSE Primary Care Occupational Therapy Service is to help people 18 years and older living in the community to do the everyday things that they want to do or need to do when faced with a physical illness, injury or disability. Our services include tips on managing everyday activities at home, particularly after an illness, advice on preventing falls in your own home, using memory aids and strategies, advice on housing alterations, posture and wheelchairs, self-management programmes for chronic conditions e.g. Parkinson's Disease, Muscular Sclerosis etc. and rehabilitation programme following stroke and other conditions.

Following triage and prioritisation of their referral, children/adolescents referred to Occupational Therapy services will receive an initial assessment that is in line with their identified needs. Further to that the treating Occupational Therapist will develop an individualised plan of care for each child/adolescent which includes prescription of the number of clinical sessions offered to the child. On average 4-6 clinical sessions are provided to children accessing Primary Care Occupational Therapy dependent upon identified need; children may also be offered access to group sessions in line with their identified needs. Upon completion of their episode of care children are discharged from the service. If a child/adolescent requires re-access to the service for the same identified need they can do so via a patient initiated review pathway without needing a re-referral. If a new need emerges for a child/adolescent a new referral will be required.

If I can be of any further assistance, please do not hesitate to contact me.

Yours sincerely,

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