

Joint Committee on Disability Matters

13th May 2021

OPENING STATEMENT

Dr Cathal Morgan

Head of Operations – Disability Services

Good afternoon Chair and members. Thank you for the invitation to meet with the Committee today to address matters relating to the Progressing Disability Services for Children & Young People¹ (PDS) programme and what was referenced in the invitation as the “withdrawal of occupational therapies from Schools”.

I am joined today by my colleagues;

- Professor Malcolm MacLachlan, Clinical Lead for People with Disabilities;
- Ms Breda Crehan-Roche, Chief Officer, Community Healthcare Organisation West; and,
- Ms Angela O’ Neill, National Disability Specialist, Community Operations.

PDS is a significant programme of reform that will change the way we deliver services and supports for children with complex needs. Children’s disability services in Ireland developed in an ad hoc manner whereby some children received an excellent service and others received none. The provision of services is currently inequitable and varies depending on a child’s disability, their age, where they go to school or where they live. The reform of services in line with the PDS programme is an integral part of Sláintecare health reforms and is a key policy commitment in the Programme for Government.

In essence, PDS will;

- *Provide a clear pathway and fairer access to services for all children with a disability based on their needs;*
- *Make the best use of and fairly distribute available resources for the benefit of all children and their families; and,*
- *Ensure effective clinical teams are working in partnership with families and with education staff to support children with a disability to reach their full potential.*

¹ Progressing Disability Services for Children and Young People with Disability & Developmental Delay (see <https://www.hse.ie/eng/services/list/4/disability/progressing-disability/pds-programme/>).

Further, PDS aligns with two clear objectives of the Sláintecare Report in that it seeks to;

- Provide the majority of care at or as close to home as possible; and,
- Create an integrated system of care with healthcare professionals working closely together.

Children's Disability Network Teams (CDNT) have been established to provide services and supports for all children with complex needs within a defined geographic area.

CDNTs are teams of health and social care professionals, and which can include occupational therapy, psychology, nursing, physiotherapy, speech and language therapy, social work and others. The teams work closely together in a family centred model, focusing on the child's and family's own priorities. Once all teams are in place, every child with complex needs will have access to a team, regardless of the nature of their disability, where they live, or the school they attend.

Children and their families will have access to the full range of services and supports of the CDNT according to their individual needs. This includes universal, targeted and specialist supports, such as parent programmes, individual therapeutic intervention and access to specialist consultation and assessment when needed. Inter-disciplinary Supports for children with complex disability needs will be provided as far as possible in the child's natural environments - their home, school and community.

Special Schools

There are 136 special schools across the country of which 33 of these schools have an on-site health funded service provision and which equates to approximately 85 whole time equivalents at an approximate cost in excess of €6 million. The children attending these 33 schools represent approximately 6% of children with complex needs in the State.

The level of service available in these schools varies widely. Many children with equally complex needs attend mainstream schools or special schools that do not have dedicated on-site services.

This committee specifically referred to occupational therapy services. 15 special schools have an on-site OT service. The level of service available varies from 1 OT: 30 pupils to 1 OT: 460 pupils. This is a huge variation. There are approximately 320 occupational therapists working in children's disability services. The average ratio of OTs to children with disabilities is 1:126. It should be noted that in the existing model where on-site services exist they generally provide a uni-disciplinary model of service. 10 special schools deliver only speech and language therapy services with ratios varying from 1 SLT: 125 pupils to 1 SLT: 425 pupils. The average ratio of SLTs to children with disabilities in the wider community is 1:115. The net point here equates to there being widespread inequity in both the distribution of and access to specialist health and social care supports for children with complex disability needs.

The clear aim of the PDS model is to address these inequities so that children access services based on their needs. CDNTs have already been established in many parts of the country and the remaining CDNTs will be established by end quarter 2 of this year. These interdisciplinary teams work with children in schools, including Special Schools, and provide a service for all children with complex needs in their geographical area. They deliver a child and family centered model of support, working with children, their families and within school settings as required.

Supporting staff to be members of CDNTs ensures that they can benefit from appropriate management and clinical governance support.

This will allow the health services to ensure that staff have the necessary skills and competencies to meet the needs of children with disabilities, and that they can benefit from inter-disciplinary working and complementary insights from other professions, from whom they will often not previously had access to.

Working closely with Government, the HSE has been reviewing the services in Special schools to ensure that these schools fully benefit from the enhanced service provision afforded by the CDNTs. In this regard, the HSE confirms that existing supports provided to the small number of special schools will remain in place, however delivered in line with the PDS policy and via the CDNT. Additionally, the HSE and our Section 38 and 39 Lead Agency Partners are very mindful to reassure parents with children attending special schools of our commitment to build the capacity of these Network Teams to give greater levels of inter-disciplinary supports.

In summary, the Minister and the HSE remain committed to the implementation of the PDS model and are anxious to ensure that children in special schools as well as children with complex needs in special classes or mainstream education can access the full range of services provided by CDNTs as appropriate. Our services are for all children with disabilities regardless of their type of disability, their location or the type of school they attend.

We are happy to address any questions that the Committee wishes to ask.

Thank you.