Joint Oireachtas Committee on Disability Matters and Children, Equality, Disability, Integration and Youth

Thursday 2nd June 2022

Progressing Disability Services

Opening Remarks

Minister Anne Rabbitte

Minister of State for Disability

Good morning Chair and members of the Committee.

Firstly, thank you for the invitation to meet with the Committee today to discuss matters relating to the Progressing Disability Services for Children & Young People programme.

I am joined by Department of Health officials:

- Ms. Siobhan McArdle, Assistant Secretary, Social Care and Mental Health Division,
- Ms. Deirdre Comiskey, Principal Officer, Disability Services Unit,
- and Ms. Audrey Hagerty, Principal Officer, Disability Services Unit.

PDS is a very significant programme of reform. Its aim is to provide equitable, child and family centred services, based on need rather than diagnosis, aligned with the UN Convention on the Rights of People with Disabilities.

I do firmly believe the equity that PDS aims for is a better approach than the previous model whereby some children received good service while other children received very limited service.

Unfortunately, the transition to the 91 Children’s Disability Networks Teams has not been smooth.

I think it’s important to state for the record that I’ve seen first-hand the phenomenal work that frontline clinicians are doing. They are doing their best to support children and families but even with 2,100 funded posts allocated across the CDNTs, such is the demand for services and recruitment issues filling the remainder of posts, it’s difficult to achieve the equity of service PDS aims for.

As the Minister for Disability, I take full responsibility for where this policy has failed. The buck stops with me.

I know there is a perception that the equity I speak of is one where we’ve levelled down instead of levelling up.

In my view, PDS has tried to do everything all at once and it simply has not worked. To say otherwise would be disrespectful to the hundreds of parents I’ve met during my time as Minister.

Parents can see the Government’s investment going in but, as many parents have told me, they don’t see it translating into meaningful services on the ground.

As I’ve said, staff are a pivotal part of the process and this is where the investment has largely been.

Since 2019, approximately 475 posts have been funded and allocated to children’s disability services across the country.

However, while I know the HSE and its service providers are doing their best to recruit staff, it remains a huge challenge across the health and social care sector and particularly so in the disabilities sector. As a result of this, families are experiencing long delays accessing crucial therapy supports for their children.

Let me be clear to the Committee and any parents or clinicians watching - I see the policy is not working and I am trying to fix it, as are my colleagues in the HSE.

By that I mean, I as Minister, Department officials and Paul and his team in the HSE are developing a roadmap to bolster the PDS programme.

From my perspective, there are a number of key areas that need to be examined by this roadmap:

- To pilot the use of groups such as local Down Syndrome organisations to ease pressure on CDNTs, even if only for a defined period.
- The return of therapists to Special Schools where not already returned.
- The temporary use of private providers where CDNTs are particularly strained.
- The temporary pausing of the Individual Family Support Plans – or IFSPs – until the CDNTs are more resourced.
- The expansion of the Critical Skills Occupations List to include clinicians that could be recruited internationally.
- To scope out what can be done to entice undergrads to commit to working for a CDNT after they graduate.
- A review of how of the National Access Policy is being implemented across the CHOs.
- And we do need to conduct some form of audit of how PDS is being implemented around the country.

Another key element is the need for better communication with parents. It is vital to provide clear and timely updates to families but also to staff on all network teams. There has clearly been instances of mixed messaging which has left parents unnecessarily frustrated.

There is also wider recruitment and workforce planning that is needed to ensure we not only attract and retain health and social care staff required to deliver these important services, but also that there is a sufficient pipeline of graduates across the different specialities.

More generally then, I think we need a more joined-up approach across areas such as Disability and Aids and Appliances. While the latter is not in my brief, it plays such an integral part of many families lives and while they are already frustrated with PDS, it is further compounded by what appears to be an overly burdened and slow moving Aids and Appliances process, such as one family I’m aware of waiting 16 weeks for a wheelchair and another child with complex needs being given no access to bath support.

I am sure we will discuss this today but before finishing up, I just want to touch on the Assessment of Need process.

While I know that children do not require an AON under the Disability Act to access health services, many parents continue to seek an assessment, as is their right.

On average, approximately 6,000 applications for AON are received by the HSE annually.

One of the first initiatives I pursued as Minister was the provision of €7.8 million to clear a backlog of 6,500 AoN applications ensured children who had been left waiting for an assessment now had one.

Then, as the CDNTs came online, clinicians would not be facing into a long AoN backlog. It's important to note these AoNs were not completed using the PTA.

However, around 10,000 PTAs were completed while this method was in place. Now, in light of the recent High Court ruling, many of these will need to be redone.

I know the HSE are engaging directly with the families of those who received a PTA to establish if they require a further assessment under the terms of the Disability Act.

I welcome the work the HSE is doing to revise their approach to the AON and ensuring it will comply with the requirements of the Act while also protecting the commitment to the provision of intervention and therapeutic supports.

I am conscious of the CDNTs spending all of their time doing assessments instead of interventions. A balance needs to be struck and I am hopeful that this can be achieved.

I also welcome any suggestions from the Committee here today, or indeed any clinicians and their representative groups on an approach that works for everyone.

As I've said, I am the Minister now responsible for the PDS policy and there is undoubtedly work to be done to make it work better for the children of this country.

My core objective as Minister of State for Disability is that every child should have timely access to high quality child centred health and social care services that support each individual child to achieve their full potential and I am sure that we all share that unity of purpose here today.

I look forward to our discussion here today.

Thank You.