

Progressing Disability Services for Children and Young People Programme (PDS)

MID-WEST COMMUNITY HEALTHCARE, DECEMBER 2021



Presentation Objectives



- Background on Children's Disability Services
- *Progressing Disability Services for Children & Young People (PDS)*
- PDS Implementation in CHO3

Reference to the 'family' in this presentation should be understood to include all members of the family (child, parent/carers, siblings, grandparents etc.) and all variations in composition.

Why the Need to Change?

- Wide variation in services across the country according to where children live & their diagnosis
- Significant gaps & inequities in access to services
- Lack of clarity for families & referrers on access to services
- Sláintecare:
 - Right service at the right time as close to home as possible
 - An integrated system of care with healthcare professional working closely together

Objectives of PDS



Clear pathway & equity of access based on need, not diagnosis

Effective teams working in partnership with families & education staff

Best use of finite resources for the greatest benefit of children & their families

Implementation



What does this require?

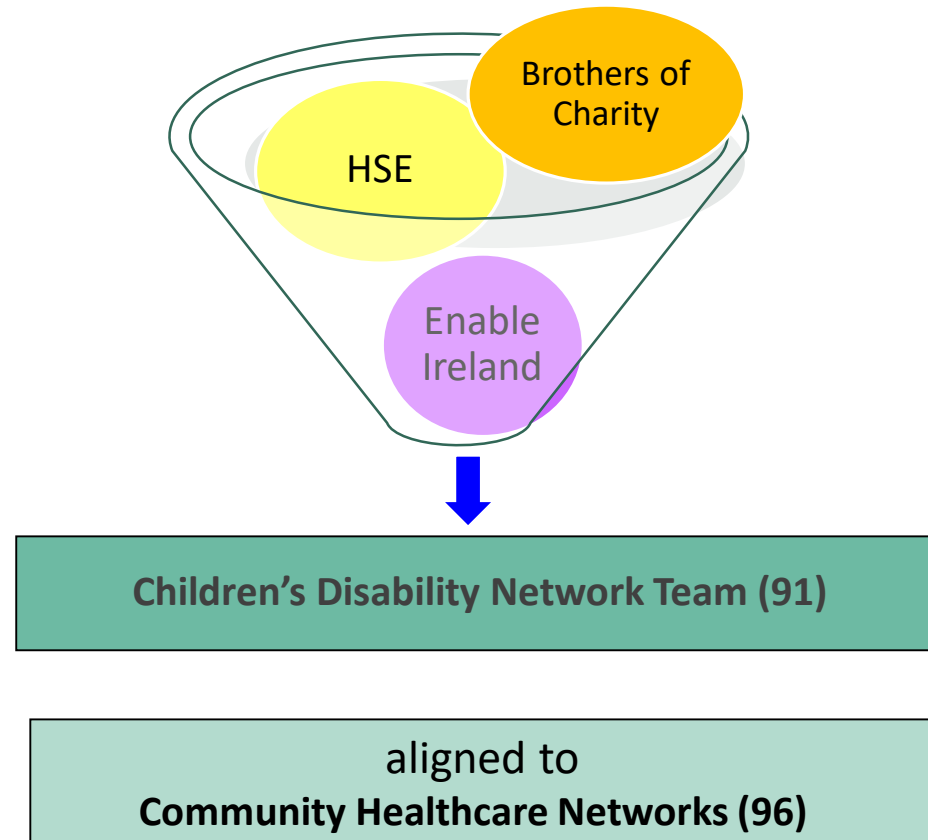
Reconfiguration into Children's Disability Network Teams (CDNT)

Implementation of the National Access Policy

Development of Family centred services

Collaborative working between Education, Health, Children, Young People & their Families.

Setting up Children's Disability Network Teams (CDNT)



Setting up CDNT

- ✓ 91 Children's Disability Networks (CDN) aligned with 96 Community Healthcare Networks (CHN)
- ✓ Each network has 1 Children's Disability Network Team (CDNT) for children with complex needs from birth to 18
- ✓ Each network is managed by an agreed Lead Agency
- ✓ Nationally standardised CHO CDN Governance Structures & Processes.

Children's Disability Network Teams (CDNT)

How will it differ from family (and staff)'s perspective?



- One birth - 18 CDNT providing for all children & young people with complex needs in a defined geographic area, regardless of their disability, where they live or go to school
- **Needs led**, not diagnosis led
- Bio psychosocial model

CDNT



- CDNT work within an interdisciplinary framework - a number of professionals from different disciplines who work together and share information, decision-making and goal-setting, working with the family and child, all of whom are seen as part of the team, to meet their identified needs with a joint care and support plan.
- The functional needs and goals of the child and family dictate interdisciplinary supports offered.
- As the team work in an interdisciplinary way, supports offered will depend on the interdisciplinary team member who can offer supports around the identified goals, rather than on specific disciplines.

Children's Disability Network Manager (CDNM)



CDNM provides leadership to the CDNT's

The CDNM is the accountable and responsible person for ensuring the delivery of children's disability services to the population of their designated networks.

The CDNM is responsible to the Lead Agency for the development of Children's Disability Services within a designated area in line with National Policy.

Referrals



Referrals are accepted in to the service by date of receipt of the referral.

In certain circumstances referrals may have elements that are deemed as urgent, and can be prioritised for certain supports. Examples of reasons for this include, but are not limited to:

- Equipment breakdown
- Choking/aspiration Feeding Eating Drinking and Swallowing issue (if this service is available from the team)
- Critical rehabilitation required post discharge from an acute hospital service following acquired brain or spinal injury
- Presentations and behaviours which may lead to significant risk to health or safety of the child or others

The response to urgent needs will be determined on an individual basis

The response to an urgent referral may be by one or more disciplines for a specific intervention as appropriate to address the child's and family's needs

The child will remain on the non-urgent list for all other interventions/team based interventions as appropriate to their identified needs.

Family Forums

The **Family Forum** provides an opportunity for families to discuss general issues and ideas about the children's disability services in the Network.

Family members and carers of children and young people attending a CDNT in the Network are invited to join the Family Forum.

The purpose of the Family Forum is:

- To involve families in the development of children's disability services in their local Network
- To share information
- To facilitate networking and sharing knowledge and experiences amongst families.
- To elect two **Family Representatives** to represent the forum, who will meet the CDNM regarding Network issues and ideas raised by the Family Forum, and will join the Family Representative Group at area level.

Two Family Representatives from each Family Forum will form a **Family Representative Group** at CHO/regional Level.

Two members of the Family Representative Group will be members of the CHO3 **Children's Disability Network Governance Group**

PDS Model of Service



Moving from:



Traditional model of 1:1 block therapy sessions

Evidence = limited skills retention & transfer into the child's everyday life.

Moving to:



Supporting & empowering families to work with their child in their natural everyday environment - 3 times more effective

'Child/young person is not reliant on intense 1:1 input from "specialists", rather those who surround him/her day to day are empowered to maximise opportunities for growth & development in their everyday environments.... effective in producing better outcomes' (Moore, 2011).

PDS Model of Service

Child and family centred

- Strengths based approach - Building on their strengths, capacity, existing & new skills
- Empowering & coaching parents incl. accessing community & natural supports
- Involving families in goal planning & achievement for their child

Child and Family Outcome focused

Working in partnership with families, preschool/school, local community, community & other service providers for optimal service integration & child/family outcomes.

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Family Centred Practice (FCP)



Family Centred Practice is key to the PDS model of service whereby the priority goals of the child and family are identified and supported by the CDNT interdisciplinary team.

The types of support delivered to achieve these goals takes many forms:

- ▶ Parent, young person family training programmes and group work interventions
- ▶ Formal and informal assessments
- ▶ Parent Coaching and support in implementing strategies within daily home routines/school
- ▶ Links to relevant online supports locally, regionally and nationally
- ▶ Intervention with child
- ▶ Indirect work through parents & education staff
- ▶ Joint programme planning with families and preschools / schools and other relevant professionals and agencies
- ▶ The supports can be delivered in a variety of locations as required, such as in the preschool / school; in the clinic; in the child's home and via telepractice.

Individual Family Support Plan (IFSP)



We have moved away from uni-disciplinary goal setting to inter-disciplinary goal setting through the IFSP. Parents/young person, with the team, set Family Goals and/or Child Goals.

Every child attending the service will have an IFSP and all services are provided based on the goals identified on the plan developed by parents/young person with the team. This is a live document and is subject to change based on a child/young person/family achieving the identified goals or the goals requiring changes.

IFSP



Where there are siblings or family challenges, a family goal can be agreed. This could be a family planning to go on a holiday, social occasion or a family group working on a routine in the home e.g. mealtimes, bedtime routines, etc.

Goals are now predominantly centred around daily family routines which focus on a child's ability to communicate and participate within those routines (E.g. sleep, meal times, social outings, morning/evening routines, personal care routines).

Goals are written using parent friendly jargon-free language.

IFSP can be shared with schools and relevant professionals with parents/carers consent.

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Outcomes for Children and their Families Framework (OCFF)



Outcomes for Children

- Children and young people have a voice in matters which affect them and their views will be given due weight in accordance with their age and maturity
- Children and young people enjoy the best possible health*
- Children and young people are safe
- Children and young people have friends and get on well with other people in their lives
- Children and young people learn skills to help them to be independent
- Children and young people take part in home life, school life and community life

Outcomes for Families

- Families understand their child or young person's needs, what they are able to do well and what they find difficult as they are growing up
- Families look after, take care of and support their child or young person
- Families are supported to ensure that their rights and the rights of their child or young person are respected
- Families take part in community services and supports
- Families feel supported by family, friends and neighbours in their local community

Policy Framework for Service Delivery of CDNT

Twelve principles and values provide the bedrock for the model of service delivery for Children's Disability Network Teams.

1. Accessibility
2. Accountability
3. Bio-psychosocial model
4. Clinical Governance and evidence based model
5. Cultural competence
6. Early Identification of need
7. Equity of access
8. Evaluation of Outcomes
9. Family Centred Practice
10. Inclusion
11. Interdisciplinary Team Approach
12. Staff are valued and respected



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PDS Implementation : Some Challenges

Rising numbers of children with highly complex needs whose needs must be met within the defined resources available

Developing multiagency teams with 1 team culture

Family centred practice & interdisciplinary working

AON demand

PDS Implementation : Enablers

Standardised governance structures across all CHOs

Children's Disability Network Managers in place

National Access Policy developed by Disabilities & Primary Care

Joint Working Protocol - Disabilities, Primary Care, CAMHS, Tusla

National Team Development Programme on PDS & Family Centred Practice

National Electronic Healthcare Record system for all CDNTs: in train

Mid-West – Where We Started



Reconfigured into interdisciplinary multi-agency Early Intervention(EI) and School Aged (SA) teams in 2005.

Had 6 agencies involved in the provision of services:

- Brothers of Charity
- Daughters of Charity
- Enable Ireland
- HSE
- St Gabriel's School and Centre
- St Joseph's Foundation

Catchment areas evolved with local agreement over time – EI based on home address and SA based on school.

Clinical managers in place, along with locally developed governance structures.

Undergoing Change



0-18 teams.

Catchment areas now based on CHN and home address, with some exceptions for Limerick based Special Schools.

All services provided to families who live in CHO3 are now provided within CHO3 therefore St Joseph's Foundation are no longer providing CDNT services for children who reside in CHO3. Agencies now involved in provision of services:

- Brothers of Charity
- Daughters of Charity
- Enable Ireland
- HSE
- St Gabriel's Foundation

CDNM in place for all existing teams.

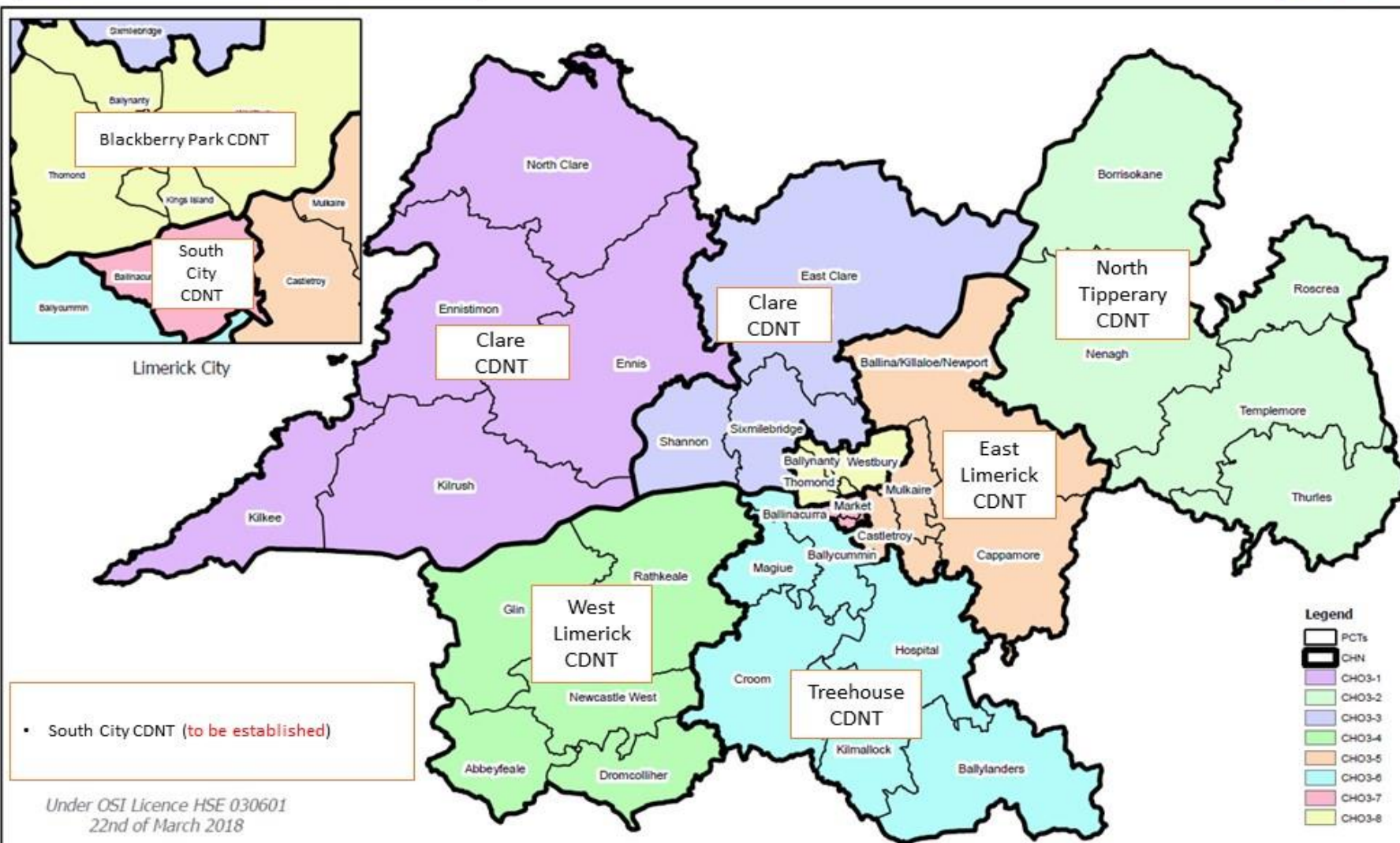
Ongoing transition to Family Centred Practice

New team in progress of set up for CHN 7.



Mid-West Disability Services
Early Intervention & School Age Teams

CHNS and Children's Disability Network Teams (CDNT)





Daughters of Charity
Disability Support Services



Network	CDNT	Lead Agency
Network 1 & 3	Clare	HSE
Network 2	North Tipperary	Enable Ireland
Network 4	West Limerick	Brothers of Charity
Network 5	East Limerick	Daughters of Charity
Network 6	Treehouse	St Gabriel's Foundation
Network 7	South City (under development)	St Gabriel's Foundation
Network 8	Blackberry Park	Enable Ireland

Contact Details

CDNT	Address	Phone number
Blackberry Park CDNT	Ballykeeffe, Limerick	061 498733/061 498161
Clare CDNT	St. Joseph's Hospital, Lifford Road, Ennis, Co. Clare	065 6863500
East Limerick CDNT	Unit 4, Crossgalla, Eastway Business Park, Ballysimon Rd., Limerick	061 603400
North Tipperary CDNT	Belmont, St. Conlon's Road, Nenagh, Co. Tipperary	067 40130
Treehouse CDNT	St. Gabriel's Centre, Springfield Drive, Dooradoyle, Limerick	061 302733
West Limerick CDNT	Gortboy, Newcastlewest, Co. Limerick	069 61919 (Ext 200)
South City CDNT	TBC	TBC



Thank you for listening

A printable copy of this presentation is available on our website: www.mwcds.ie

For more information on PDS including
national policies and guidance documents:

www.hse.ie/childdisability