



Children's
Disability
Network
Team

Roadmap for Service Improvement 2023 – 2026

Disability Services for Children
and Young People

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Abbreviations

AON	Assessment of Need under the Disability Act 2005
BIU	Business Information Unit (HSE)
CAMHS	Child and Adolescent Mental Health Service
CDNT	Children’s Disability Network Team
CDNM	Children’s Disability Network Manager
CHN	Community Healthcare Network
CHO	Community Healthcare Organisation
CCO	Chief Clinical Officer
COO	Chief Operations Officer
DRESS	Disability Regional Enhanced Supports and Services
FEDS	Feeding, Eating, Drinking, Swallowing
HSCP	Health and Social Care Professionals
HSE	Health Service Executive
ICF	International Classification of Functioning, Disability and Health
NCPPD	National Clinical Programme for People with Disabilities
PDS	Progressing Disability Services for Children and Young People
PTA	Preliminary Team Assessment
RHA	Regional Health Authority
SEED	Sharing Experience and Expertise in Disability
SMART	Specific, Measurable, Attainable, Realistic, Timely
WTE	Whole Time Equivalent

Executive Summary

The HSE and its partner organisations are fully committed to the development and provision of high quality, responsive and timely services to meet the needs of all children with disabilities and their families.

There are significant challenges at this time for Children's Disability Network Teams to achieve the level, quality and types of service that we want to provide.

- 1. Waiting lists:** Over 16,500 children are awaiting their first appointment with a CDNT.
- 2. Staffing vacancies:** Children's Disability Network Teams have a national average vacancy rate of 34%, i.e. 700 posts, with some teams experiencing over 60%. Filling these vacancies is hugely challenged by a shortage of health and social care professionals internationally. In a tight labour market, we are competing against public and private services to fill these posts.
- 3. Assessment of Need (AON) under the Disability Act 2005:** Demand continues to grow every year with a 20% increase in the last year over the previous one. The current annual AON rate of over 7,600 requires 285 clinicians dedicated full time to complete in 1 year, drawing from the limited resources available for therapeutic supports for children and families. The 2023 projected AON figure of 19,042, including also 6,259 overdue AONs and 5,171 Preliminary Team Assessments (PTA) for AON, would take 714 fulltime clinicians to complete in 1 year.
- 4. Growing service demand:** Teams reconfigured a number of years are reporting an annual increase in the number of new children received e.g. the Midwest has a 21% total increase over the past 3 years.

The HSE and its partner agencies are providing CDNT services for over 45,740 children at this time. 1,395 experienced and deeply committed health and social care professionals and administrative staff in 91 teams across the country are working in partnership with these children and their families, supporting them to identify and work towards achieving their key priorities. Feedback from families receiving services is generally very positive. In addition, a range of evidence-informed universal strategies and supports are provided for waitlisted children and families, based on their needs and available team resources e.g. information sessions, workshops on toilet training, communication and sleep development, and online or drop in advice clinics.

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.

Children and families need a service based on their needs, reduced waiting times and a timely response to their needs. Families need regular, open, accurate communication, and their voices to be heard and their input to be taken on board. Families need health services to work collaboratively with each other, with Education, and with them, the child and family, and they need an appropriate mix of evidence-informed universal, targeted and individual services based on need, in order to support their children to realise their full potential.

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 longterm as a good place to work.

Reports of progress on implementation of the Roadmap targets will be published quarterly on the HSE's website.

The Roadmap contains a detailed plan of SMART (Specific, Measureable, Attainable, Realistic and Timely) actions under the following headings:

1. Integrated Services between Disabilities, Primary Care, CAMHS and Tusla:

establishes a clear, robust governance structure to drive the delivery of the Roadmap and provides the critical building blocks for service integration for the benefit of children and families.

2. CDNT Service Access and Improvement including AON: sets out a suite of actions focused on improving service access and quality. Each CHO will provide a CHO specific Service Improvement Plan including monthly targets on Assessment of Need (AON) and first appointment for their waitlisted children (as of June 2023), implementation of the Primary Care, Disabilities and CAMHS Joint Protocol, and their CHO's bespoke CDNT Staff Retention Plan developed with their Lead Agencies.

Whilst a robust CDNT Retention and Recruitment campaign continues, the HSE is committed to using all resources available to it to fund other supports that are meaningful and useful for children and their families and is currently seeking proposals in this regard. It will develop a National Framework of Service Providers that CDNTs can access for appropriate supports to offer waitlisted children and families based on need.

The HSE will review access to Aids and Appliances for children with disabilities to drive consistency across all CHOs. With partner agencies, the HSE will develop a Capital Plan to support staff of each team to be located in the same premises to support child and family centred practice.

An Independent Review of the CDNT Service Model by the NDA will include a review of competencies and skill mix required and staffing to child population ratios across teams, to optimally support children and families. It will evaluate the experience of children and families in CDNT services, service providers and staff providing children's disability services including CDNTs, Primary Care, CAMHS, and Disability Act Office.

The HSE and Lead Agencies will continue to develop and deliver team development supports, including for new staff on-boarding, as informed by CDNT staff, in order to drive the ongoing transition to and embedding of family centred practice at the core of our work.

The HSE will complete the set up of 6 Assessment Hubs to streamline the AON process, separating it, where required, from the work of CDNTs. A tender process is in train to establish a Framework for external service providers on provision of AON to support CHOs in achieving their targets. We will consult with families, staff and other stakeholders, to inform a proposal for balancing competing demands of AON and service provision for children while staff resources are limited. The National Clinical Programme for People with Disabilities will set up a Task Group to address any outstanding clinical issues for assessment and intervention post release of the Revised AON Standard Operating Procedure.

- 3. Workforce:** sets out a comprehensive range of staff retention, development and recruitment actions, now in train, which are critical to delivery of the Roadmap actions and importantly, the ongoing development of CDNT services to meet current and growing demand. It includes student sponsorship programmes for health and social care professionals (HSCP), 20 new clinical psychology trainee placements per annum from September, a recruitment plan for 462 HSCP by the end of 2024, and 300 therapy assistants over 2023-2025 to support HSCPs in delivering most effective and efficient services in environments appropriate to each child's needs. It includes a confined Senior grade competition and the upgrading of up to 60 senior posts to clinical specialist grade, initiatives to support retention, service quality and safety, and providing a career pathway. Achievement of this section's actions will help to set the CDNT as a quality, progressive and safe place to work nationally.
- 4. Communication and Engagement with Children and Families, and with Staff:** All Family Forums and Family Representative Groups will be in place in 2023 with 2 Family Representatives on each CHO CDNT Governance Group. This is critical to ensuring that families' voices are heard and an authentic partnership with children's disability services is forged to inform service developments and improvements. HSE National Disabilities will survey Family Representative Groups on their experience of the Roadmap implementation on a six-monthly basis. CHO Workshops will be hosted with CDNT

staff on the Roadmap, communication, CDNT culture, and training and development requirements.

5. Engagement with Education and Support for Special Schools. Ongoing recruitment of an additional 136.3 senior posts remains a priority to restore health and social care supports historically provided in special schools as directed by the Government. HSE National Disabilities will continue engagement with the Department of Education, National Council for Special Education and National Education Psychology Services, to optimise health and education integration for the benefit of children with disabilities. The recruitment target of 300 Therapy Assistants over the next 2 and ½ years to work on CDNTs will also support children onsite in special schools with additional needs arising from their disability.

This Roadmap reaffirms the commitment of the HSE and Lead Agencies, supported by Government, to providing high quality, responsive supports and services for children with complex disabilities and their families. It provides an accountability and reporting framework including a robust governance structure to drive, monitor and report on its implementation and delivery of supports and services.

The Roadmap has been approved by the HSE Board, the Department of Children, Equality, Disability, Integration and Youth, Minister Roderic O’Gorman, and Minister of State, Anne Rabbitte.

1. Aims for Children’s Disability Services

The overall aim of Children’s Disability Services is 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.

Children’s disability services in Ireland have been reconfigured into 91 Children’s Disability Network Teams (CDNTs) to provide services equitably for all children with complex needs arising from their disability, regardless of where they live or the type of disability they have. Approximately 70,000 children needing the support of specialist Disability Services, and their families are the primary beneficiaries of the Service Improvement Roadmap outlined in this document. A child does not need a diagnosis or Assessment of Need to access a CDNT service.

What are the needs of the children and their families?

	A service that is available to children based on their needs, and not a diagnosis.
	Reduced waiting times and timely response to their needs.
	Regular, open, timely and accurate communication with them, and their voices being heard and evident.
	A collaborative approach in the way service members, families and education work together.
	A service that also works collaboratively with other services to support individual children’s needs e.g. CAMHS, Primary Care, Tusla and in preparation for children’s transition to adulthood, Adult Disability Services.
	Integrated care pathways across the region to ensure service continuity, irrespective of which service is supporting the child and family
	The right mix of universal, targeted and individual services to support each child to reach their full potential.
	Respect for the essential role of the family in the development of the child and their partnership role in shaping our services.
	Children’s Disability Network Teams that are properly staffed, and staff who are well-trained, motivated, and skilled.

There are significant challenges for provision of children’s disability services at this time. This Roadmap sets out a range of actions to address these challenges and improve services experienced by children and their families. The focus is on the actions which are within the control and influence of the HSE and Lead Agencies (appendix 2: Lead Agencies and Employers) responsible for leading the 91 CDNTs.

This Roadmap reaffirms the commitment of the HSE and Lead Agencies, supported by Government, to providing high quality, responsive supports and services for children with complex disabilities and their families. It also provides an accountability and reporting framework for its implementation and delivery of supports and services.

Whilst a robust Retention and Recruitment Campaign for CDNTs continues, the HSE is committed to using all resources available to it to fund other supports that are meaningful and useful for children and their families and is currently seeking proposals in this regard.

It is important to note that in the midst of significant challenges for CDNTs, the HSE and Lead Agencies, there are more than 45,741 children in CDNT services across the country. When the CDNT Information Management System is rolled out by Q2 2024, this data, currently gathered manually and with a degree of under reporting, is expected to rise. In addition, a range of evidence informed universal strategies and supports are provided for waitlisted children and families, based on their needs and available team resources e.g. information sessions, workshops on toilet training, communication and sleep development, online and drop in advice clinics. Families feedback on these measures has been positive.

The Roadmap, which is a living plan that will evolve and develop, addresses improvements in the following key areas:

1. Integrated Services between Disabilities, Primary Care, CAMHS and Tusla
2. CDNT Service Access and Development, including the statutory Assessment of Need
3. Workforce
4. Communication and Engagement
5. Engagement with colleagues in Education and Support for Special Schools

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
- Improve children and families experience of CDNT service
- Enable teams to optimise service effectiveness and efficiencies, and opportunities to collaborate with community support networks such as local Children and Young People's Services Committees.
- Improve staff retention on CDNTs in the longterm as a good place to work.

Reports of progress on implementation of the Roadmap Targets will be published quarterly on the HSE's website.

2. Background and Current Service Model

Children’s disability services have been reconfigured into 91 Children’s Disability Network Teams (CDNTs) to provide services on an equitable basis for all children with complex needs arising from their disability, regardless of where they live or what type of disability they have. A child does not need a diagnosis or Assessment of Need to access a CDNT service.

What is a Children’s Disability Network Team?

A Children’s Disability Network Team is a team of health and social care professionals supported by administration staff, who provide services for children with complex needs in a specific geographical area. All teams have occupational therapists, psychologists, physiotherapists, social workers, and speech and language therapists. Some teams may also have access to dietitians, family support workers, nurses, behaviour support workers or social care workers. A CDNT Service Review will consider the competencies and skill mix required on CDNTs (see action 2.17). Each team is led by a children’s disability network manager on behalf of a Lead Agency

The CDNT service model is based on a partnership between families and team members which focuses on a child’s strengths, capacity and skills. This is family-centred practice. Teams help families develop confidence to support their child’s needs at home, at school and in their community. Teams work in partnership with educators to gain a comprehensive understanding of the needs of the child and their family. This is set out in the Individual Family Support Plan to enable joint priority goal setting and collaborative working between the child, family and staff.

Types of support provided to children and families

There are three types of support provided for children and families, based on their needs and set out in the Individual Family Support Plan.

- **Universal Supports:** supports provided for all children with disabilities. They are used when a child has needs which many children with disabilities and their families share. Universal supports are usually delivered through information sessions, talks and workshops for families on topics such as sleep, toilet training and communications.
- **Targeted Supports:** supports for needs which some but not all children with disabilities and their families share. Bringing families together with common and shared challenges can be powerful. Examples of evidence informed group work with good outcomes include, “It Takes Two to Talk” (relevant for children with language delay), “More than Words” and “Talkability” (relevant for children with autism or social communication disorder).

- Individual Supports: address a child or family’s specific individual needs. This can be the child’s movement difficulties, feeding and communication difficulties.

Each type of evidence-informed support above has an important part to play in meeting the needs of a child and their family.

Disability policy change and the current Model of Service

The *United Nations Convention on the Rights of Persons with Disabilities* requires us to provide a social model of support that facilitates people with disabilities to achieve maximum independence. The traditional, expert led model of service provision is no longer fit for purpose. A family centred model of support aligns with current international best practice and policy direction.

Progressing Disability Services for Children and Young People is focused on improving supports for children by reorganising children’s services into multi-disciplinary Children’s Disability Network Teams providing for all children with disabilities based on need, regardless of diagnosis, where they live or where they go to school.

The Progressing Disability Services programme

- Provides a clear pathway and fairer access to services, for all children with a disability.
- Makes the best use of available resources for the benefit of children and their families.
- Ensures effective teams working in partnership with families and education staff to support children with a disability to reach their full potential.

Traditional Model of Service versus Children’s Disability Network Team Model of Service	
Expert Medical Model	Family Centred Model
Focus is on the child’s deficits	Focus on child and family’s strengths, capacity and skills
Asks how we can fix it.	Partnership between the child, the family and the team of health professionals.
Professionals have the answers	Team working with the child and family to
Professionals doing ‘to’ and ‘for’ the child. Family not included.	<ul style="list-style-type: none"> • Explore what everyday life is like • Identify the family’s choices, priorities and goals, and how best to achieve them.
Families feel they lack competence and are disempowered	<ul style="list-style-type: none"> • Determine how the team can best support the child and family to achieve these.
Care typically provided in a clinic	Families develop confidence in supporting their child’s needs in their everyday environment at home, in school, in the community

Assessment of Need (AON)

Part 2 of the Disability Act (2005) provides for a legal right to assessment for people suspected of having a disability born on or after 1st June 2002. The assessment must be provided within a fixed timeframe. 7,612 new AON applications were received in the last 12 months (June 2023) by the HSE. That is an increase of over 20% on the number received in the previous 12 months. This requires 285 full time clinicians assigned exclusively to AON each year, and 57 WTE Admin Grades, 1 per 5 WTE clinicians to optimise clinician time for clinical assessment.

An Assessment of Need is not necessary to access health services.

Applicants who are determined to have a disability as defined by the Act must receive a service statement that sets out the health services that will be provided and a Review within 12 months. The Act also provides for a statutory complaints and redress system. In circumstances where the HSE does not meet its legislative obligations, applicants routinely use the Circuit Court enforcement mechanism provided for in the Act.

Case Study – Kerry Pre and Post set up of CDNTs	
Services before re-organisation	Services from 2013
<p>John was born in 2007. He has Down Syndrome and a moderate intellectual disability. He accessed the Brothers of Charity Early Intervention Services until he went to school. Once he reached school age, he attended St Francis’ Special School where he had access to an on-site dedicated multidisciplinary team.</p> <p>Ciara was born in 2005. She has Down Syndrome and a mild intellectual disability. She accessed the Brothers of Charity Early Intervention Services until she went to school. When she attended St Ita’s and St Joseph’s Special School she accessed Primary Care Speech and Language Therapy. She also had significant occupational therapy needs but was not eligible to access occupational therapy.</p>	<p>Kerry Children’s Disability Network Teams were set up in 2013. There are 3 teams serving County Kerry.</p> <p>John and Ciara through their local team have access to a full range of supports including dietetics, occupational therapy, physiotherapy, psychology, social work and speech and language therapy depending on their needs and stage of development.</p> <p>John and Ciara’s services are provided based on their needs, not on where they attend school or where they live.</p>

3. Primary Targets and Dependencies

This Roadmap sets out the actions being progressed by the HSE and Lead Agencies to improve services provided for children with disabilities and their families, thereby supporting children to realise their full potential. Structures underpinning the Roadmap will change in 2024 with the introduction of the Regional Health Authorities but the roadmap goals will remain the focus. No single solution or action will provide the level and type of improvement needed. The challenges must be addressed simultaneously so that the necessary changes are delivered and sustained over time.

The HSE has set two primary targets for this Service Improvement Programme: to

- 1. Provide a meaningful intervention for 16,522 children waitlisted (BIU June 2023) for CDNT service**
- 2. Complete 19,042 Assessments of Needs (AONs) estimated in 2023 (see detailed breakdown on page 14).**

A number of important dependencies to delivery of the Roadmap actions within agreed timelines include:

- Addressing 34% average team vacancies (Census 2022), including some over 60%, via a robust recruitment and retention plan.
- Successful procurement of AON and Autism Spectrum Disorder (ASD) Assessments.
- Increasing staffing levels to meet the actual caseloads of and legislative demands on CDNTs.
- Collaborative leadership across all divisions within each CHO.
- 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, including those for AON.
- Addressing the cultural shift required for all lead agencies to ensure CDNTs operate consistently as high performance units.

Two other critical challenges beyond the remit of the HSE that are also required to be reviewed by the relevant stakeholders:

1. The HSE is committed to continued working towards compliance with AON requirements of the Disability 2005. The HSE work in this regard has been impacted significantly by the Courts' ongoing interpretations and clarifications on the legislation. Whilst an AON is not required to access CDNT services, legislative requirements of the Disability Act continue to draw significant resources from the provision of therapeutic supports and interventions. The 2023 AON demand, including over 7,600 new AONs, 5,171 PTAs for AON and 6,259 overdue AONs would take 714 full time clinicians to complete in one year. The current waiting list for AON results in frustration for families and staff, and increasingly in complaints and litigation.
2. Schools requirement for a diagnostic assessment by CDNTs creates additional unnecessary demands on the already heavily subscribed health services and needs to be amended to ensure health service resources are targeted appropriately and that children can still access education and the educational supports they require.

4. Current context and why the need for change

The rationale for change is clear and below sets out the current context which informs the need for change.

Significant challenges exist for CDNTs	
<p>1. Waiting Lists & Service Demand</p> <ul style="list-style-type: none"> • 16,522* children awaiting 1st CDNT appointment (June 2023). • 45,741* children on case load of 91 CDNTs. • Exponential year on year growth in CDNT service demand e.g. Midwest: 21% increase over 3 years in number of new children referred annually i.e. 300 more children referred in 1 CHO in 2022 than in 2019. • 5.6% of child population/over 70,000 children now require CDNT service - 3.5%/42,000 children a decade ago. 	<p>3. AON vs Therapeutic Intervention</p> <ul style="list-style-type: none"> • Challenge to comply with AON legal obligation and provide therapeutic interventions for children within available staff resource. • >7,600 AON applications received each year. Requires 285 WTE clinical staff assigned exclusively to complete AONs. • 6,197 AON overdue for completion - June 2023. • 5,171 diagnostic assessments required for AONs where Preliminary Team Assessment previously completed.
<p>2. Staffing Shortfall</p> <ul style="list-style-type: none"> • 707.32 CDNT vacancies: Average CDNT staff vacancy nationally = 34% • High % of vacancies, particularly in Psychology, SLT, OT, PT • Staff Retention: Anecdotal evidence of higher than usual turnover amongst CDNT experienced, highly skilled staff and managers. 	<p>4 . Infrastructure</p> <ul style="list-style-type: none"> • Staff of some teams are not yet co-located in one setting, critical component of child and family centred service. • Other teams do not have adequate facilities for teams to work interdisciplinary with children and their families as required.

*Caveat: these figures are gathered and collated manually for the majority of teams and there is an element of underreporting. The CDNT Information Management System will be implemented across all teams by Q2 2024, providing more accurate data and thus, numbers of children waiting and in service reported via the CDNTIMS may increase at that time.

Detailed numbers on AON and Waiting List per CHO					
CHO	CDNT Waitlist (June 2023)	Estimated PTAs¹ for Assessment	AONs overdue 30/06/23	Estimated new AON 2023²	Estimated Total No. of AONs in 2023
CHO1	1,620	509	278	464	1,251
CHO2	949	227	80	264	571
CHO3	1,284	778	327	249	1,354
CHO4	1,558	491	684	878	2,053
CHO5	1,987	266	324	374	964
CHO6	1,280	577	357	760	1,694
CHO7	2,590	699	1982	1,838	4,519
CHO8	2,425	727	427	1213	2,367
CHO9	2,829	897	1800	1,572	4,269
Totals:	16,522	5,171	6,259³	7,612	19,042

1 PTA = Preliminary Team Assessment formally applied to AONs. In 2022, the High Court ruled that a PTA did not comply with the Disability Act 2005, therefore, all AONs completed with a PTAs require a full assessment, with a diagnosis where practicable. Interim Clinical Guidance and Updated AON Standard Operating Procedures have been launched in July 2023.

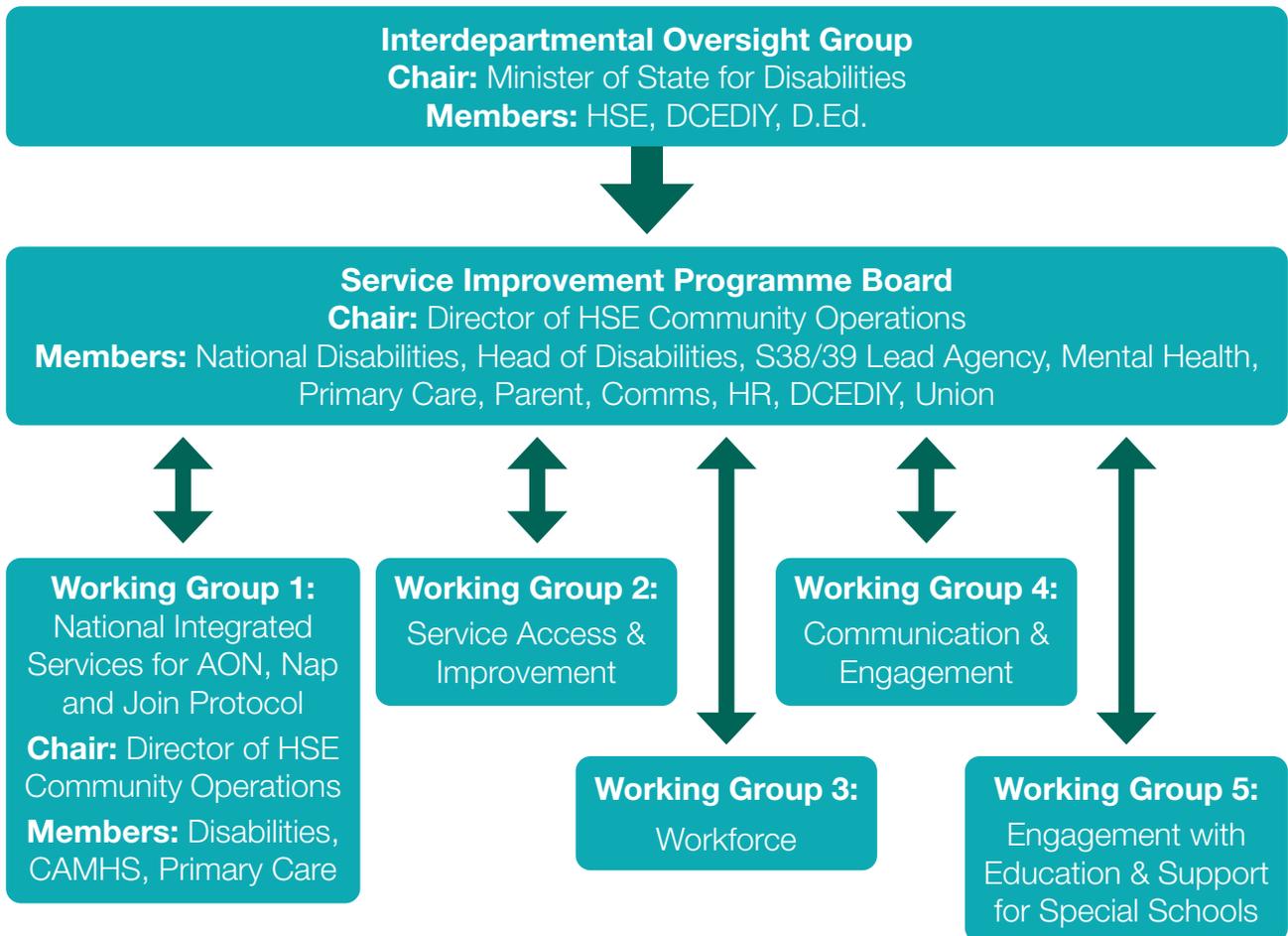
2 Based on last 12 months AON received up to end of June 2023.

3 This number of AONs overdue is exclusive of those on hold due to exceptional circumstances.

5. Roadmap for Service Improvement 2023-2026: Plan to implement

A governance structure, as set out in the diagram, will be established to ensure the roadmap is implemented. This sets out the accountability and reporting framework for the implementation and delivery of supports and services.

Reporting to an Interdepartmental Oversight Group led by the Minister of State for Disabilities, a Service Improvement Programme Board to be chaired by the HSE National Director, Community Operations will be established in Q3 2023. Five Working Groups will be established to work under and report into the Service Improvement Programme Board via the National Service Improvement Lead for implementation of the Roadmap. It includes a National Integrated Services Working Group to lead on the Implementation of the HSE Primary Care, Disabilities, CAMHS Joint Protocol and the National Access Policy across Primary Care, Disabilities and Mental Health. Each Working Group will have a clear remit to lead on the progression of a specific set of actions and ensure their delivery to address the improvements needed.



Disability Regional Enhanced Supports and Services (DRESSs)

The National Clinical Programme for People with Disability has developed a framework for the delivery of Disability Regional Enhanced Supports and Services (DRESSs) to facilitate access to specialised supports and services for children with disabilities. These services will in-reach to support CDNTs and CHNs through education, supervision, and interventions for children with exceptionally complex presentations. Now approved by the Chief Clinical Officer, we will progress the planning and implementation of this framework and associated pathways.

In the short term, capacity within the service is being built through:

- Establishing SEED (Sharing Experience and Expertise in Disability) centres, as virtual interconnected national networks of practice - in Motor Management and Feeding Eating Drinking and Swallowing (FEDS)
- Development and delivery of educational support in Motor Management and FEDs to CDNTs and CHNs.
- Implementing the Collaborative Proactive Solutions approach, a team-based capacity-building to manage complex behaviour, as a demonstration across eight CDNTs in two CHOs, with potential for national rollout pending a successful Estimates application.
- Establishing a national specialised service to support CDNTs and CHNs in the management of children with visual difficulties and who may have co-occurring complex disabilities.
- Establishing a national interdisciplinary team to support CDNTs and CHNs in the management of children who are deaf and hard of hearing and who may have co-occurring complex disabilities
- In collaboration with the Clinical Programme in Paediatrics and Neonatology, recruiting two consultant paediatricians in 2023 and a further one in 2024 with a special interest in neurodisability and 80% of their time in community to support CDNTs and specialised service pathways
- Continuing to review, improve and develop where needed, integrated specialised service and support pathways for children with disabilities, including those with complex neurological conditions, within the CDNT programme framework.

CDNT Metrics

The following metrics will be collated and reviewed each month from each CDNT and CHO, and reports will be published quarterly on the HSE website:

1.	No. of staff WTE allocation @ month end i.e. on the last day of the month
2.	No. of staff WTE actually working @ month end
3.	No. of staff WTE on maternity leave @ month end
4.	No. of children on active caseload @ month end
5.	No. of new children referred this month
6.	No. of children transferred as 'Open' from disability services prior to reconfiguration who have not had an initial contact or intervention @ month end
7.	No. of children discharged during the month
8.	No. of children with a current IFSP @ month end
9.	% of children with a current IFSP @ month end
10.	No. of children waiting 0-3 months for an initial contact @ month end
11.	No. of children waiting 4-6 months for an initial contact @ month end
12.	No. of children waiting 7-12 months for an initial contact @ month end
13.	No. of children waiting over 12 months for an initial contact @ month end
14.	Total no. of children waiting for an initial contact @ month end
15.	No. of children and/or their parents who were offered an initial contact, individual or group intervention this month
16.	No. of children and/or their parents who participated in an initial contact this month
17.	No. of children and/or their parents who participated in an individual intervention this month
18.	No. of children &/or their parents who participated in a group intervention this month
19.	Total no. of children and/or their parents who participated in an initial contact, individual or group intervention this month
20.	No. of children and/or their parents who have not attended an initial contact, individual or group intervention appointment this month
21.	% of children and/or their parents who have not attended an initial contact, individual or group intervention appointment this month

6. Action Plan for the Roadmap for Service Improvement 2023 - 2026

The Roadmap addresses improvements in 5 key areas and a detailed action plan has been developed under each area:

3. Integrated Services between CDNTs, Primary Care, CAMHS and Tusla
4. CDNT Service Access and Improvement (including AON)
5. Workforce
6. Communication and Engagement
7. Engagement with colleagues in Education and Support for Special schools

Below is an overview of key milestones to achieve.

Detailed Action Plan for the Roadmap for Service Improvement 2023 - 2026

1. Roadmap Governance Structures and Enablers			
	Action	Timeframe	Lead
1.1	Establish an Interdepartmental Oversight Group chaired by the Minister of State for Disabilities for implementation of the Roadmap. This will provide a platform to consider measures at departmental level to support Children's Disability Service improvement and to identify concerns or challenges associated with this action plan and the requirements of the Disability Act (2005).	Nov 2023	Minister of State for Disabilities/DCEDIY
1.2	Convene and chair a Service Improvement Programme Board to drive the implementation of the Roadmap.	Nov 2023	HSE National Director, Community Operations
1.3	Establish and chair a Community Operations Integrated Services Group including Primary Care, CAMHS and Disabilities to lead on implementation of the National Access Policy and Primary Care, Disabilities, CAMHS Joint Protocol for children with disabilities, including those undergoing the Assessment of Need (AON) to ensure all AONs are routed to the most appropriate service such as Primary Care, CDNT or CAMHS.	Nov 2023	National Director, Community Operations
1.4	Appoint a National Service Improvement Lead reporting to the National Head of Operations - Disabilities to coordinate, lead and have a single remit for the delivery of the agreed Roadmap.	Sept 2023	Head of Operations - Disabilities
1.5	Review operation of the HSE Tusla Joint Protocol.	Sept 2024	Heads of Operations – Disabilities, Primary Care, Mental Health / Tusla COO

2. CDNT Service Access and Improvement			
No.	Action	Timeframe	Lead
2.1	Maximise the current use of voluntary and private disability service providers for children on CDNT waiting lists, to ensure optimization for delivery on assessments and where appropriate, interventions, based on individual provider's capacity and capability.	Ongoing	Heads of Disability Service/Lead Agencies
2.2	Ensure optimal use of digital tools for online appointments where appropriate, and in certain cases, provide access to specialist expertise including the potential to access expertise overseas.	Ongoing	Heads of Disability Service/Lead Agencies
2.3	Ensure, where necessary and possible, cross cover or temporary redeployment to address operational gaps, optimise risk mitigation and ensure equitable service delivery across the area.	Ongoing	CHO CDNT Governance Groups
2.4	Provide ongoing development supports for teams on child and family centred services.	Ongoing	HSE National Disabilities
2.5	Complete a review of the current template for Individual Family Support Plans and Guidance and issue the revised guidance for CDNTs.	July 2023	HSE National Disabilities
2.6	Collate, review and use monthly National CDNT Metrics to ensure oversight of activity levels and appropriate performance management against action targets and publish quarterly on HSE website	Monthly	Heads of Disability Service/Lead Agencies/ CDNT Steering Group
2.7	The HSE will run an Expression of Interest for organisations currently providing services for, or that are appropriate for children with disabilities, to make a submission for inclusion in a Framework of Approved Providers for CDNTs to offer waitlisted children and their families, as appropriate, for additional supports whilst they await CDNT services.	Oct 2023	Head of Operations - Disabilities
2.8	Develop a Service Improvement function managed by the National Children's Disabilities Services Team to work with individual teams experiencing significant challenges to improve prioritisation and access to services for children and families.	Nov 2023	Head of Operations - Disabilities

2.9	Each CHO will develop a CHO Service Improvement Plan, including SMART actions aligned to all relevant Roadmap Actions, including those required to implement the National Access Policy and Primary Care, Disabilities, CAMHS Joint Protocol as key dependencies for achievement of other Roadmap actions, including waiting list action 2.11.	Dec 2023	Chief Officers
2.10	Host a joint Primary Care, Disability and CAMHS workshop on development of integrated CHO Action Plans for implementation of the National Access Policy and the Joint Working Protocol.	Dec 2023	Heads of Operations – Disabilities, Mental Health and Primary Care
2.11	As a waiting list initiative, provide in-person 1st intervention for 16,522 CDNT waitlisted children (BIU: June 2023) in line with National Guidance to be issued. Each CHO to set and deliver a monthly waiting list target for each of their CDNTs, providing an in-person 1st intervention for all children on the CHO's CDNT waiting list as of BIU June 2023, and based on staff contact hours per team available, for inclusion in the CHO Service Improvement Plan (2.9).	Dec 2023	Heads of Disability Service/Lead Agencies
2.12	Implement actions agreed from Reviews of the Interagency Agreement and the CHO CDNT Governance Policy and their implementation.	Dec 2023	Heads of Disability Service /Lead Agencies
2.13	Review access to aids and appliances to ensure consistency across all CHOs and teams.	Mar 2024	Community Operations – National Director
2.14	Ensure CDNT alignment with 96 Community Health Networks and where appropriate, establish additional CDNTs.	Mar 2024	Heads of Disability Service/ Head of Operations - Disabilities
2.15	Roll-out of the CDNT Information Management System to enhance the range and quality of data available to demonstrate the impact of the service and the outcomes for children.	June 2024	Head of Operations – Disabilities/ Heads of Disability Service/ Lead Agencies
2.16	Develop a Capital Plan to support teams to be co-located, a prerequisite to delivering family centred services, taking stock of all HSE funded buildings.	June 2024	Head of Operations –Disabilities / National Estates

2.17	<p>Commission and complete an independent review of the CDNT service model in 12 months.</p> <p>Scope of this review will be agreed with the Minister of State for Disability and undertaken using the expertise of the National Disability Authority, (independent statutory body providing evidence-informed advice and research to Government on disability policy and practice).</p> <p>It may include:</p> <p>A review of current literature regarding health and social care supports for children with disabilities.</p> <p>Consideration of the competencies and skill mix required to inform CDNT composition, in order to optimally support children with complex disabilities and their families.</p> <p>Review of the operation of CDNTs in line with the 12 principles of PDS</p> <p>Review of current allocation of staff resources to child population per team within a CHO/RHA to be</p> <p>An evaluation of the experience of children and families in accessing and waitlisted for CDNT services.</p> <p>An evaluation of the experience of service providers and staff providing children’s disability services including CDNTs, Primary Care, CAMHS and the Disability Act Office</p>	Nov 2024	Head of Operations - Disabilities
Assessment of Need			
2.18	Issue an “Interim Clinical Guidance on Assessment of Need” for staff as part of an Assessment of Need within the statutory timelines set out in the Disability Act 2005.	July 2023	HSE National Clinical Programme for People with Disabilities
2.19	The HSE will complete the establishment of six Assessment of Need Hubs to align with the Health Regions to be established under Slaintecare	Aug 2023	Head of Operations – Disabilities/ Heads of Disability Service/ Lead Agencies

2.20	Complete a tender process and put in place a Framework as a Waiting List Initiative to support CHOs in achieving their AON targets required under the terms of the Disability Act (2005).	Oct 2023	Head of Operations -Disabilities / National Procurement
2.21	Undertake a consultation with families, staff and other stakeholders to develop a proposal for balancing the competing demands of the AON and intervention when resources are limited.	Dec 2023	Head of Operations - Disabilities
2.22	Establish a Task Group to address outstanding clinical issues for assessment and intervention following the release of the Interim Clinical Guidance on Assessment of Need.	Dec 2023	HSE National Clinical Programme
2.23	Each CHO to set and deliver on an AON target per CDNT spread over December 2023 to June 2026, based on each team's AON waitlist 2023 i.e. 1. AON waitlisted in Q1 2023 Report, 2. PTAs for assessment, 3. New AONs 2023 (est. based on past 12 months), and included in the CHO Service Improvement Plan.	June 2026	Heads of Disability Service/Lead Agencies

3. Workforce			
No.	Action	Timeframe	Lead
Retention and Recruitment			
3.1	Finalise a confined senior grade competition to promote retention of knowledge and experience of existing CDNT staff and reduce turnover.	July 2023	Heads of Disability Service /Lead Agencies
3.2	Establish 20 new clinical psychology trainee placements per annum from Sept 2023 in addition to 3 in place.	Sept 2023	Head of Operations - Disabilities
3.3	All teams will provide student placements on a pro rata basis to the number of filled posts on their teams in line with National Guidance to be issued.	Sept 2023	Heads of Disability Service /Lead Agencies
3.4	Identify and progress as appropriate the option to employ new graduates on therapy graduate grades until CORU registration has been completed.	Sept 2023	National HR/ Finance
3.5	Progress a Therapy Assistant programme to support health and social care professional roles.	Sept 2023	National HR
3.6	Complete new administrative grades recruitment to minimise the administrative burden on staff and optimise their time available for therapeutic interventions for children and families.	Sept 2023	Heads of Disability Service /Lead Agencies
3.7	Each CHO to include in their CHO Service Improvement Plan, a bespoke CDNT Staff Retention Plan developed with their Lead Agencies.	Sept 2023	Heads of Disability Service /Lead Agencies
3.8	Sponsor Speech and Language Therapy, Occupational Therapy, Physiotherapy, Dietetics and Social Work students in final two years of training in return for commitment to work in a CDNT post grad for 18 months per year sponsored, with first graduates commencing in CDNTs June 2024. A fund of €3m in each year of the Roadmap will be made available to resource this.	Dec 2023	Head of Operations - Disabilities/ National HR
3.9	Explore the viability of newly appointed staff to receive four years' salary over a five year period, to facilitate a career break in year 5.	Dec 2023	National HR/ Finance

3.10	<p>Launch programmes to support</p> <ol style="list-style-type: none"> i. therapy assistants in CDNTs to return to education to qualify as therapists, ii. eligible staff to complete a Masters to qualify as therapists e.g. science graduate transferring to dietetics iii. Return to Work incentivised programme for therapists retired in recent years. <p>This is in addition to ongoing DCEDIY led work on Workforce Planning which includes increasing the number of undergraduate courses and numbers of places on existing courses for OT, PT and SLT.</p>	Dec 2023	National HR
3.11	<p>Appoint a CHO Lead reporting to the Head of Disability Services, who is responsible for driving the Roadmap Service Improvement Programme across the CHO and its Lead Agencies.</p>	Dec 2023	Heads of Service Disabilities
3.12	<p>Increase to 60 the number of posts upgraded to clinical specialist posts on CDNTs.</p>	Dec 2023	Heads of Disability Service /Lead Agencies
3.13	<p>Recruit Therapy Assistants to support children onsite in special schools as follows:</p> <ul style="list-style-type: none"> • 2023: 50 Assistants • 2024: 125 Assistants • 2025: 125 Assistants 	<p>Dec 2023 Dec 2024 Dec 2025 respectively</p>	Heads of Disability Service /Lead Agencies
3.14	<p>Establish a National Placement Office within the HSE as recommended in the Report of the National Psychology Project Team to improve access to training in psychology.</p>	Dec 2023	HSE HSCP Office
3.15	<p>Identify and progress as appropriate an apprenticeship programme for new clinical support roles.</p>	Jan 2024	National HR
3.16	<p>The National Clinical Programme for People with Disabilities collaborating with the Clinical Programme in Paediatrics and Neonatology will recruit 2 consultant paediatricians in 2023 and 1 in 2024 with a special interest in neuro-disability, allocating 80% of their time in community to support CDNTs and specialised service pathways.</p>	Sept 2024	NCPD Lead / Chief Clinical Officer

3.17	Implement a Recruitment Plan for 462 HSCP staff by Q4 2024, including a bespoke Disabilities recruitment campaign, and to support CDNT staff retention. HSE HR National Recruitment Service annual recruitment campaign will target health and social care graduates, Successful candidates will be offered staff grade opportunities across all HSE services including in all CDNTs. The CDNT Recruitment Plan will be updated to account for current vacancies and new development posts throughout the lifespan of the Roadmap.	Dec 2024	Head of Operations –Disabilities / National HR
CDNT Staff Development			
3.18	Complete delivery of Phase 2: National CDNT Training Programme 2022/2023 based on CDNTs prioritised competency gaps for development with an allocation of €650,000.	Mar 2024	HSE National Disabilities
3.19	Develop & deliver a follow on CDNT Training and Development Programme 2024-2025 to support ongoing development of child and family centred services across all CDNTs (augmenting local training resources).	Dec 2025	HSE National Disabilities/CDNM Forum
CORU Registration			
3.20	Continue to engage with CORU to determine if the current registration process, especially for international candidates for employment, can be expedited (incl. a “fast-track” pathway and additional requirements for UK trained Speech and Language Therapists and Psychologists).	Dec 2023	National HR
Expanding Workforce Availability			
3.21	Collaborate with Higher Education Institutes re increasing third level HSCP programmes capacity to meet service demands and to increase Therapy Assistant grades through FETAC programmes.	Sept 2023	National HR

4. Communication and Engagement

No.	Action	Timeframe	Lead
Engagement with Children and their Families			
4.1	Continue working with service providers, Inclusion Ireland, Disability Federation of Ireland and parent representative to provide ongoing support to Lead Agencies on setting up their Family Forums and CHO Representatives Groups.	Ongoing	HSE National Disabilities

4.2	Deliver a dedicated and continuous communication plan, using a wide range of media, informed by stakeholder engagements and collaborative partnership with parents and families.	Ongoing	HSE National Disabilities / HSE Comms
4.3	Deliver a webinar for CDNMs on establishing the Family Representatives Group in each CHO, comprising Family Reps from each Family Forum and ensuring their participation on the CHO CDNT Governance Group.	July 2023	HSE National Disabilities
4.4	Develop a “First Intervention” communication template for Lead Agencies to issue to families of waitlisted children, to provide in advance clarity on its purpose and objective (see Action 2.11).	Nov 2023	HSE National Disabilities / HSE Comms
4.5	Establish remaining of the 91 Family Forums per <i>The Guide to Setting up and Sustaining Family Forums</i> (Sept 2022) and key learning from Oct 2022 and Jan 2023 workshops for CDNMs and facilitators respectively.	Dec 2023	Heads of Disability Service / Lead Agencies
4.6	Review and update the HSE website with stakeholder input to provide families, staff and other stakeholders with accessible information on the services available and resources that will assist them in supporting their child.	Mar 2024	HSE National Disabilities /HSE Comms Digital
4.7	Establish remaining of the 9 CHO Family Representatives Groups	Mar 2024	HSE National Disabilities
4.8	Survey Family Representative Groups of their experience on implementation of the Roadmap on a six-monthly basis	Mar 2024	HSE National Disabilities
Engagement with and Support for Staff			
4.9	Facilitate a series of CHO workshops with CDNT staff on the Roadmap and to address communication, CDNT culture, and training and development requirements.	Dec 2023	Head of Operations - Disabilities / HSE Comms/ HSE HR

5. Engagement with Colleagues in Education and Support for Special Schools

No.	Action	Timeframe	Lead
5.1	Complete recruitment of an additional 136.3 WTE senior posts prioritised in the senior recruitment action (2.2) to progress the requirement to restore the health and social care supports that were historically provided in some special schools as directed by the Government.	Dec 2023	Heads of Disability Service /Lead Agencies
5.2	Continue engagement with Department of Education, and with National Council for Special Education and the National Educational Psychological Service via the National Education and Health Collaborative Forum, to optimise integration between health and education and supports for special schools for the benefit of children with disabilities.	Ongoing	Head of Operations – Disabilities

7. Roadmap Implementation - Risks and Challenges

Progressing Disability Services is a major reform programme. The principles of equity of access, effective and efficient use of limited resources and promotion of family centred interdisciplinary services are strongly evidence based. As with all change programmes, a period of disruption is inevitable but this policy is fully supported by Government, the HSE and its partner agencies. The Roadmap demonstrates this deep commitment and intention to deliver and by doing so, it will:

- Build confidence for parents and children, create greater access and equity, and deliver a better experience for families by supporting efforts to shift the clinical response to one of family centred intervention as distinct to diagnostic and assessment centred practice.
- Build upon the work done to date through reconfiguration and consolidation of the 91 teams, improve the retention rate of staff and promote the CDNTs as an attractive place to work
- Underpin the bedding down of evidence based child and family centred services

Full implementation of the Roadmap will take significant effort to ensure that it stays on track and delivers on the aims. A number of risks have been identified that will warrant ongoing monitoring and evaluation of the impact of the mitigation steps identified. Key risks are as follows:

Risk	Likelihood (1-5)	Impact (1-5)	Overall Risk Rating	Mitigation
Non delivery of CDNT waiting list and first intervention and AON targets due to delays in recruitment and/or staff attrition rates remaining higher than expected	4	5	20	<ul style="list-style-type: none"> • Implement robust Retention and Recruitment Action Plan - Section 3 actions • Implement actions to improve staff retention through development opportunities. Section 3 actions
Non collaboration of key stakeholders outside of Disability sector, critical to the delivery of the action plan, due to their own service pressures, including staff shortages.	4	5	20	<ul style="list-style-type: none"> • Implement effective governance structures to achieve the required level of engagement and collaboration. See Section 1 Actions and Section 5 Governance Structure
Lack of sufficient focus across the organisation to implement actions over entire duration of the programme	3	5	15	<ul style="list-style-type: none"> • Implement effective governance structures to achieve and maintain the required focus and monitoring on achievement of critical milestones of the Roadmap for its duration. See Section 1 Actions and Section 5 Governance Structure
Ongoing and rising legislative demands impacting on available clinical hours to provide therapeutic interventions	4	5	20	<ul style="list-style-type: none"> • Implement robust Retention and Recruitment Action Plan: Section 3 actions • Implement actions to improve staff retention through facilitation of staff development opportunities - Section 3 actions • Assessment of Need: Implementation –See Section 1 AON Actions

8. Funding and Workforce Requirements

The Roadmap actions will optimise the use of existing budgets including time-related savings whilst additional funding requirements outlined below will be progressed through the Estimates and budgetary processes. Additional capital and infrastructural requirements will be informed by development of the CDNTs National Capital Plan by Q1 2024 (Action 2.17).

2023 Funding

- 11m (Budget 2023) to implement the Special Schools initiative
- Additional €11.5m to implement the Waiting List Initiative to provide diagnostic assessments for those children on waiting lists

2024 Funding

- €6.0m for additional 78 WTE paediatric posts to Primary Care CHNs to build service capacity to meet the needs of children with disabilities with non-complex need)
- €1m for staff to drive the Roadmap Service Improvement Programme
 - » National Service Improvement Lead
 - » 9 CHO Service Improvement Leads

2025 Funding

- €12.55m for additional 180 CDNT posts (2025), half year costs*
- €12.5m for 300 Therapy Assistant posts*

2026 Funding

- €12.55m for additional 180 CDNT posts (2025), full year costs*
- €12.55m for additional 180 CDNT posts (2026) half year costs* (FYC requires additional 12.55m in 2027)

*This is a critical part of a two and half year commitment over 2023 - 2026 to enhancing the staffing levels on CDNTs to meet the needs of children and families.

Workforce Summary

- 462 of the 700 CDNT vacancies to be filled by Q4 2024
- 240 balance of CDNT vacancies to be filled in 2025
- 360 WTE new CDNT posts 2025-2026
- 300 Therapy Assistant posts over 2023 (50), 2024 (125) and 2025 (125)
- 78 WTE paediatric posts to Primary Care CHNs - 2024
- 1 WTE National Lead for Service Improvement Programme 2024
- 9 WTE CHO Service Improvement Leads - 2024

Appendix 1: Contributors

This document was prepared by the HSE Head of Operations, Disability Services with significant engagement and input from the following:

- HSE CEO and COO
- HSE National Director of Community Operations
- HSE Community Operations Disabilities Team
- HSE HR
- HSE National Clinical Programme for People with Disability
- HSE Communications
- Heads of Disability Services
- CEOs of Lead Agencies for CDNTs
- HSE Planning and Performance Board Committee, including family members of children with disabilities
- Department of Children, Equality, Disability, Integration and Youth
- Department of Health

Appendix 2: Lead Agencies and Employers

Organisation		Lead Agency	No. of Children's Disability Network Teams
Ability West	Section 39	No	0
Avista	Section 38	Yes	4
Brothers of Charity	Section 38	Yes	6
Central Remedial Clinic	Section 38	Yes	5
Cheeverstown	Section 38	No	0
CoAction West Cork	Section 39	Yes	1
Cope Foundation	Section 38	Yes	3
Enable Ireland	Section 39	Yes	20
HSE		Yes	41
Kare	Section 38	Yes	1
Muriosa	Section 38	No	0
St Catherine's	Section 39	No	0
St Gabriel's	Section 39	Yes	2
St John of God	Section 38	No	0
St Joseph's Foundation	Section 39	Yes	2
St Michael's House	Section 38	Yes	4
Stewart's Care	Section 38	Yes	2
Western Care	Section 39	No	0
18 employers		12 Lead Agencies	91 Teams



**Children's
Disability
Network
Team**