



**Oifig an Cheannaire Oibríochtaí,**  
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Deputy Ged Nash,  
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Leinster House,  
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Dublin 2.  
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Dear Deputy Nash,

The Health Service Executive has been requested to reply directly to you in the context of the following parliamentary questions, which were submitted to this department for response.

**PQ 58783/21**

*To ask the Minister for Health the number of children who were on each children's disability services' caseload in June 2021 by county; the number of children's cases which were reviewed and discharged from each children's disability services to date in 2021 by county; the number of families consulted either in person or through online video call as stakeholders and advocates for their children in case reviews to date in 2021 by county in tabular form; and if he will make a statement on the matter.*

**PQ 58784/21**

*To ask the Minister for Health the services now available to children with disabilities who are not on the caseload of the new children's disability network teams; and if he will make a statement on the matter.*

**HSE Response**

**Progressing Disability Services**

The implementation of the Progressing Disability Services for Children & Young People (PDS) programme is agreed Government and HSE policy. This policy supports the reconfiguration of children's disability services across all statutory and non-statutory organisations into Children's Disability Network Teams (CDNT) to provide equitable, child and family centred services based on need rather than diagnosis, where the child lives or goes to school.

The PDS model addresses the previous inequity in service provision whereby there may have been an excellent service for some children and little or no service for others. This variance may have been linked to diagnosis, age group or geography. Under the PDS programme children's disability services are changing from diagnosis based to needs based, so that all children with a disability or developmental delay have access to the right service based on their needs no matter where they live.

The National Policy on Access to Services for Children & Young People with Disability & Developmental Delay policy provides a single point of entry, signposting parents and referrers to the most appropriate service (Primary Care for non-complex functional difficulties and Children's Disability Network Teams for complex functional difficulties).



The HSE is committed to the full implementation of the PDS programme. PDS is a significant change for the provision of services and supports for children from birth to 18 years of age, in line with Sláintecare and the Programme for Government, in order to:

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

PDS aligns with two clear objectives of The Sláintecare Report to:

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

### **Children's Disability Network Teams (CDNTs)**

In line with the PDS model, resources assigned to children's disability services are allocated to the birth – 18 CDNTs, 91 Children's Disability Networks (CDN) are aligning to 96 Community Healthcare Networks (CHNs) across the country and each Children's Disability Network will have one CDNT providing services and supports for children aged from birth to 18 years of age. Early Intervention Teams and School Age Teams already in place are reconfiguring into birth-18 CDNTs. On full reconfiguration of children's disability services into CDNTs, every child across the country with complex needs arising from their disability will have access to a CDNT

CDNTs are teams of health and social care professionals, including nursing, occupational therapy, psychology, physiotherapy, speech and language therapy, social work and others. The team works 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 individual therapeutic intervention and access to specialist consultation and assessment when needed. Supports will be provided as is feasible in the child's natural environments - their home, school and community.

Since 2019, 285 development posts have been allocated to children's disability services across the country. This is broken down as follows:

- 100 posts provided in NSP 2019
- 100 posts provided in NSP 2021
- 85 posts for services in special schools approved mid 2021

The range of posts recruited / in recruitment in 2021 include; dietitians, occupational therapists, physiotherapists, psychologists, speech & language therapists, nurses and some administrative support. These posts have been assigned based on a number of factors, including the existing ratio of staff to the number of children with disabilities in each area.

The special school posts were approved by the Minister of State for Disabilities to facilitate the provision of in-reach services to those special schools that have heretofore provided a school based service. These staff members will be employed as part of the new CDNTs and will report to the Children's Disability Network Manager. CHOs will ensure that the allocation of any posts to CDNTs are targeted towards providing appropriate interventions.

Services in most parts of the country have now reconfigured to CDNTs. The remaining teams in Mayo will be established before the end of 2021 thereby all 91 CDNTs will be in place and delivering services at that time. The newly established CDNTs are currently providing services for children in prioritised groups while also validating their new caseloads.

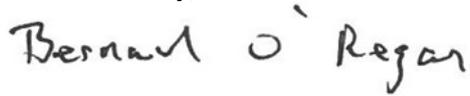
Data regarding the validated caseloads on each team is not currently available. However, it is accepted that 3.5% of children present with complex needs that will require support via an interdisciplinary CDNT. The table below provides this figure for each Community Healthcare Organisation area.



CHO	Children with Complex Needs
1	3,600
2	3,916
3	3,369
4	5,899
5	4,603
6	3,091
7	6,029
8	6,065
9	5,095
<b>Total</b>	<b>41,667</b>

A staffing census of the CDNTs has been undertaken to help identify gaps and to inform a workforce plan for the sector. A National Management Information System for all 91 CDNTs is in development and when implemented, will provide current data on caseloads and waiting lists for all CDNTs.

Yours sincerely,



**Bernard O'Regan**  
**Head of Operations - Disability Services,**  
**Community Operations**

