



Oifig an Cheannaire Oibríochtaí,
Na Seirbhísí Míchumais/An Rannán Cúram Sóisialta,
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8th March 2022

Deputy Donnchadh Ó Laoghaire,
Dail Eireann,
Leinster House,
Kildare Street,
Dublin 2.
E-mail: donnchadh.olaoighaire@oireachtas.ie

Dear Deputy Ó Laoghaire,

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

PQ 9554/22

To ask the Minister for Health the number of staff members by role currently employed and working on children's disability network teams in each county by team in tabular form; and the number of unfilled posts

HSE Response

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 to provide equitable, child and family centred services based on need rather than diagnosis. This aligns with the UN Convention on the Rights of People with Disabilities.

The Progressing Disability Services for Children and Young People (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.

PDS is a significant change programme 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.



The National Policy on Access to Services for Children & Young People with Disability & Developmental Delay ensures that children are directed to the appropriate service based on the complexity of their presenting needs rather than based on diagnosis. Many children with a disability who have support needs can be effectively supported within mainstream health services. This 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).

Children's Disability Network Teams (CDNTs)

In 2021, ninety one Children's Disability Network Teams (CDNTs) were 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, including nursing, occupational therapy, psychology, physiotherapy, speech and language therapy, social work and others. The team will work closely together in a family centred model, focusing on the child's and family's own priorities. 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.

As required under the Progressing Disability Services for Children and Young People (PDS) Programme, CDNTs provide services for children aged 0 – 18 years. In effect these teams replace what were in some areas previously referred to as 'Early Intervention Teams' and 'School Age Teams'. Furthermore, children do not need to go through the Assessment of Need process to be referred to the CDNT. Parents of children with complex needs can refer directly to these teams.

The first step for all areas has been the reconfiguration of existing staff resources into CDNTs. The staffing mix available in each area is influenced by the historical development of services. For example, some areas may have had a significant number of nurses available for reconfiguration, others may have family support workers or early educators.

Since 2019, more than 475 development posts have been allocated to children's disability services across the country. 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.

Information regarding the number of staff members by role currently employed and working on children's disability network teams and the number of unfilled posts is current being collated and verified by the HSE.

The table below provides detail regarding the number of development posts by whole-time equivalent allocated to CDNTs in 2019, 2021 and 2022. The Children's Disability Networks Governance Group at CHO level, decided the allocation of these posts by discipline and team in line with the governance procedures for CDNTs. The full allocation for 2022 has not yet been agreed, so only those posts that have been allocated are included here.

CDNT Development Posts			
	2019	2021	2022
CHO1	12	15.7	11
CHO2	3.5	15.5	5
CHO3	12	13.4	4
CHO4	6	13.3	14.5
CHO5	15	16	26



CHO6	3.5	32.32	4
CHO7	13	26.6	24.5
CHO8	19	14.95	23.5
CHO9	16	39.55	17.5
Specialist Services			18.5
Total	100	187.32	148.5

Much of the expenditure on Disability Services is on staffing and the Strategic Workforce Planning and Intelligence Department of the HSE, as part of the Health Service Personnel Census (HSPC), produce a series of monthly reports detailing the numbers of staffing, per grade type in disability services, broken down by CHO Area and by HSE and Section 38 provider organisations. The latest reports can be accessed and downloaded on the following weblink:

<https://www.hse.ie/eng/staff/resources/our-workforce/workforce-reporting/social-care.html>

The Health Service Workforce census figures give a broad indication of the numbers of Health & Social Care professionals employed in Disability Services, which includes personnel employed by the HSE and voluntary Service Providers funded under Section 38 of the Health Act; it does not include staff employed by Service Providers funded under Section 39 of the Health Act. This would include a number of key providers in Children's Disability Services such as Enable Ireland.

It should be noted that the figures refer to staff employed across both adult and children's services. Furthermore, it should also be noted that some children access services via Primary Care services. Primary Care staffing is not included here.

Please see attached Social Care Disability Services Employment Report: January 2022

Yours sincerely



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

