



Oifig an Cheannaire Oibríochtaí,
Na Seirbhísí Míchumais/An Rannán Cúram Sóisialta,
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6th July 2022

Deputy Pauline Tully,
Dail Eireann,
Leinster House,
Kildare Street,
Dublin 2.
E-mail: pauline.tully@oireachtas.ie

Dear Deputy Tully,

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: 32989/22

To ask the Minister for Health the ratio of therapy staff to children with disabilities in each children's disability network team in tabular form; and if he will make a statement on the matter.

PQ: 32990/22

To ask the Minister for Health the number of clerical administrative support staff in each children's disability network team; the ratio of therapy staff to clerical administrative support staff; and if he will make a statement on the matter.

PQ: 32991/22

To ask the Minister for Health the number of the therapy posts referenced by the Minister of State for Disability at the Joint Oireachtas Committee on Disability Matters on 2 May 2022 that have been filled to date in children's disability network teams; and if he will make a statement on the matter.

HSE Response

The HSE acknowledges the challenges in meeting the demand for children's disability services and is acutely conscious of how this impacts on children and their families. An additional 190 posts have been allocated this year to Children's Disability Services in addition to the 185 posts in 2021, which will support the implementation of family centred services across all CDNTs. These additional posts are intended to support the newly established CDNTs to prioritise intervention for children with complex needs.

In parallel, the recently published Department of Health Waiting List Action Plan provides for funding to address community waiting lists for children.



Children's Disability Network Teams (CDNTs)

In 2021, the remainder of ninety-one multidisciplinary CDNTs were established to provide services and supports for all children with complex needs within a defined geographic area.

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.

Work is ongoing on mapping specialised services and supports, and paediatric supports available and gap analysis for children with highly complex needs, in order to develop standardised approaches to integrated pathways of support for CDNTs and Primary Care staff.

A Children's Disability Network Team (CDNT) Staff Census and Workforce Review was undertaken in October 2021 and a final report has been issued to the Department of Health and relevant stakeholders. This report has provided valuable information on the number of staff working in the CDNTs by discipline and grade and staff vacancies at a point in time. This information is supporting targeted workforce planning by the HSE in consultation with the CDNT lead agencies to reinforce the skill mix of their teams to accommodate local population need.

With regard to the ratio of therapy staff to children with disabilities in each children's disability network team, while we don't have this information available by CDNT, we can provide the information by CHO based on the number of approved posts at the time of the staff census in Oct '21 (see Table 1 below).

Table 1

CHO	CWD*	Networks	Staffing**	Ratio
1	3,600	7	161.49	22.29
2	3,916	9	218.55	17.92
3	3,369	7	168.27	20.02
4	5,899	14	277.92	21.23
5	4,603	12	168.15	27.38
6	3,091	7	174.75	17.69
7	6,029	11	232.82	25.9
8	6,065	12	255.59	23.73
9	5,095	12	241.24	21.12
Total	41,668	91	1898.78	21.94
CWD*	Calculated based on 3.5% of child pop (2016)			
Staffing**	Approved posts as per 2021 staff census			

Table 2 below is taken from the attached Staff Census and Workforce Review Report and gives the information collated in the report regarding the number of clerical administrative support staff in each Community Healthcare Area.

Table 2 Administration

CHO	Approved WTE	Filled WTE	Vacant WTE	% Filled	% Vacant
CHO1	13.11	11.60	1.51	88%	12%
CHO2	15.13	11.10	4.03	73%	27%
CHO3	19.64	17.14	2.50	87%	13%



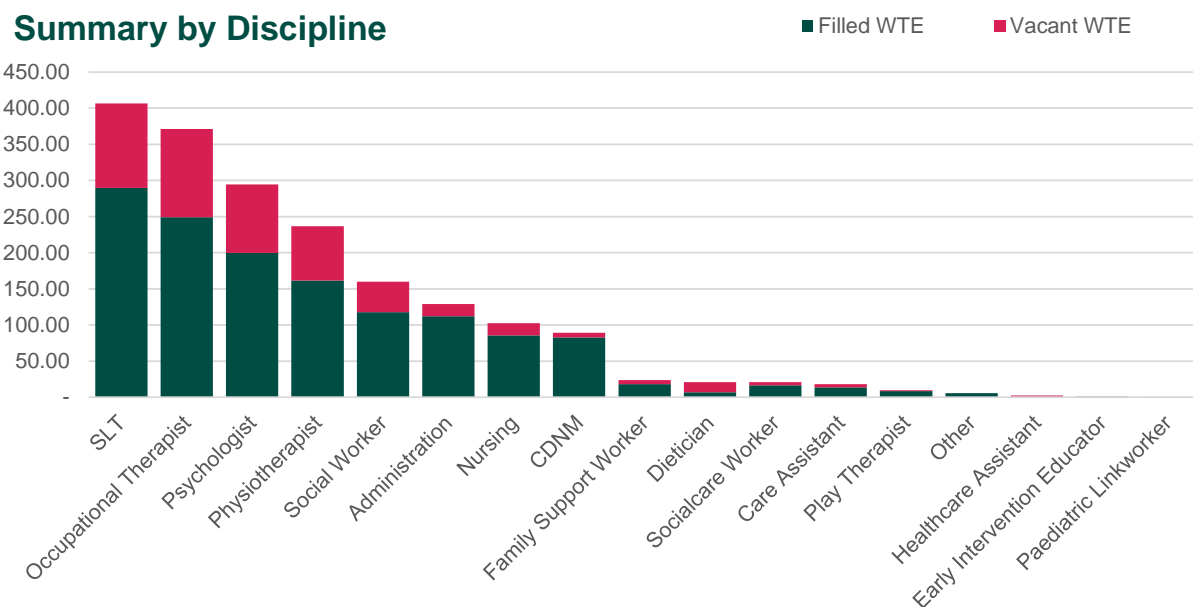
CHO4	17.75	17.59	0.16	99%	1%
CHO5	10.02	8.62	1.40	86%	14%
CHO6	9.85	8.05	1.80	82%	18%
CHO7	10.63	8.30	2.33	78%	22%
CHO8	22.20	19.90	2.30	90%	10%
CHO9	10.80	9.60	1.20	89%	11%
Total	129.13	111.90	17.23	87%	13%

The ratio of therapy / clinical to administration / management filled WTE is 6:1.

The HSE will be working with Lead Agencies to implement a ratio of 5:1 therapy / clinical to administration / management between 2022 – 2023 to reduce the time spent by clinicians / therapists on administrative duties thereby maximising the therapy hours available for direct service provision with children and their families.

Table 3 below (Summary by Discipline) is taken from the attached Census report gives information regarding the filled and unfilled posts by discipline.

Table 3



Most of the disciplines working in CDNTs are similar to those working in other areas of the health services including Primary Care Services, Mental Health Services, Older Person Services and Acute Hospitals. The HSE experiences ongoing challenges recruiting staff across a range of disciplines and grades.

The HSE continues to explore a range of options to enhance the recruitment and retention of essential staff across all aspects of the health services. In addition, the HSE is working collaboratively with the CDNT Lead Agencies at CHO level to progress recruitment initiatives for these teams. Each lead agency is responsible for recruitment of staff on their CDNTs and is using a variety of approaches to fill funded vacancies.

A comprehensive PDS national team development programme has been provided for CDNMs and cascaded to all team members. This programme, which was designed to support the establishment of the new CDNTs and to support the implementation of the new model of service, will also support staff retention.

With regard to the 2021 development posts for the CDNTs, based on the most recent information at the end of May 2022, 101.89 WTE have been recruited with most of the remainder at an advanced stage of recruitment.



Options regarding the recruitment of staff for the CDNTs being explored in the first instance include:

- Targeted National Recruitment for CDNTs
- Targeted International Recruitment for CDNTs with the possibility of a relocation allowance
- Sponsorship Programme
- Apprentice Programme for therapy grades
- Employment of graduates as therapy assistants as they await CORU registration
- Expansion of therapy assistants in the system with HSE supporting individuals to return to education to quality as therapists.

The HSE Community Operations, Disability Services is actively developing business propositions for approval by HSE National Human Resource Services.

National Information Management System for the CDNTs (CDNTIMS)

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. Table 4 below provides this figure for each Community Healthcare Organisation area.


Table 4

December 2022

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
Total	41,667

Information regarding the numbers of children with disabilities in each CHO area is not collated. 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

