



Mr Dessie Ellis, TD
Dáil Éireann
Leinster House
Kildare Street
Dublin 2

11th March 2022

Email: dessie.ellis@oireachtas.ie

PQ 10880/22 To ask the Minister for Health the staffing levels and waiting lists for the Finglas children's disability network team; the number of speech and language therapists, occupational therapists, physiotherapists, psychologists who are currently working as part of the team; if each member of the team is working with the Finglas team full-time; the number of vacancies for each position; the number of children who are currently attending the services; the number of children who are currently on the waiting list for each of these services; the current waiting times for each service; and if he will make a statement on the matter.

Dear Deputy Ellis,

The Health Service Executive has been requested to reply directly to you with information in the context of the above Parliamentary Question which you submitted for response. I have examined the matter and the following outlines the position.

The below table outline the current staffing on the Finglas Children's Disability Network Team:

Position	WTE	Vacant	Comment
Professionally Qualified Social Worker	1		
Social Work Team Leader	1		
Speech and Language Therapist Staff Grade	2		
Speech and Language Therapist Senior	1		
Occupational Therapist Staff Grade	1		
Occupational Therapist Senior	1.9	Yes 0.9 WTE	maternity leave
Clinical Psychologist	1		
Psychologist Senior	1	Yes	
Senior Clinical Psychologist	1	Yes	
Staff Grade Physiotherapist	1	Yes	
Physiotherapist Senior	1		
Clinical Nurse Manager 1	0.5	Yes	
Children's Disability Network Manager	1	Yes	maternity leave
Clerical Officer	1	Yes	
Totals	15.4	8	

The current caseload for the team is 213 children on the open and active caseload and 322 on the waiting list.

The Children's Disability Network Teams (CDNT) were established in Community Healthcare Organisation Dublin North City & County (CHO DNCC) on 20th September 2021. It is a very significant change programme with a new model of service which focuses on outcomes for children and families rather than inputs. An inter-disciplinary team will work with each family to develop an Individual Family Service Plan (IFSP) and support children and parents to reach goals identified on the plan. The focus is on the goals that children and families may meaningfully aim to achieve at home and steps they may take together with the Children's Disability Network Team rather than the number of sessions of therapies like speech and language.

CHO DNCC Disability Services have significant concerns regarding our current waiting lists for some CDNT services. We are continually exploring all options available to us to address these waiting lists to improve the access to services for children and their families. We are acutely aware of the high demand for services in our CHO. This demand for services is caused by a number of factors, including but not limited to significant population growth coupled with some vulnerable population groups and areas of deprivation.

Disability Services is a highly regulated sector, with services required to comply with legislative obligations as well as numerous policy documents which require implementation. CDNTs are mandated to comply with the provisions of the Disability Act 2005 and this must be their priority when providing services. However as a consequence of this and working with limited resources, staff are spending a significant amount of time conducting assessments which reduces capacity to for therapeutic interventions.

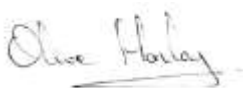
The HSE are utilising any availability within the private sector to conduct assessments but again this is a market which is limited and is reaching maximum capacity.

Concurrently as Head of Service Disability I chair a CHO DNCC Governance Group overseeing CDNTs, and this group is exploring if there are any alternative staff grades or qualifications which may assist staff in CDNTs whilst they navigate the significant change within service delivery. The level of staff vacancies is not easily resolved as there are essentially more posts for Allied Health Professionals than qualified staff available nationally. We have also increased the level of administrative support to these teams. The teams are also experiencing high levels of maternity leave. In this regard and in an effort to mitigate the risk, I have agreed with the CEOs of the Lead Agencies to approve the backfill of maternity leave which is not resourced within the allocated budget and Inter Agency Agreement for delivery of children's services in CDNTs.

I assure you that we are continuing to work towards improved access to services with a focus on rolling out universal and targeted care pathways for children and families on waiting lists including developing webinars, group-based workshops and information sessions for children and families and development of a repository of online resources for children and their families to promote and enable wellbeing at home.

I trust this information clarifies this matter for you.

Yours sincerely,



Ms Olive Hanley
Head of Service for Disability