



Oifig an Cheannaire Oibríochtaí,
Na Seirbhísí Míchumais/An Rannán Cúram Sóisialta,
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5th April 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: 14377/22

To ask the Minister for Health the breakdown of the additional 375 posts created in children's disability services in the past two budgets as outlined in Dáil Éireann on 8 March 2022 in terms of the number of these positions that have been filled; the grade of each position; the total amount of funding provided; the details of the positions that remain vacant; and if he will make a statement on the matter.

PQ: 14378/22

To ask the Minister for Health the number of senior grade posts that will be appointed to children's disability services as indicated in Dáil Éireann on 8 March 2022; the total amount of funding provided; the timeline for the appointments; and if he will make a statement on the matter.

PQ: 14380/22

To ask the Minister for Health the number of the administrative staff posts for children's disability services announced in Budget 2022 that have been filled to date; if the HSE plans to fill any further positions in 2022; and if he will make a statement on the matter.

PQ: 14381/22

To ask the Minister for Health her plans to recruit and deploy assistant psychologists for children's disability services as indicated in Dáil Éireann on 8 March 2022; the number of these posts that were sanctioned and issued to his Department in 2021; the number of these posts that have been filled to date; and if he will make a statement on the matter.

PQ: 14382/22

To ask the Minister for Health her plans to address the shortfall of 400 staff in children's disability services as outlined by him in Seanad Éireann in October 2021; and if he will make a statement on the matter.



HSE Response

Children's Disability Network Teams (CDNTs)

In 2021, the remainder of ninety-one 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 (e.g., occupational therapists, psychologists, physiotherapists, speech and language therapists, social workers) and others disciplines (e.g., nursing). The reconfiguration into CDNTs and the resultant staffing mix was influenced by a number of factors including the staff resources of existing services and the expressions of interest process. Hence, some CDNTs may have other disciplines such as nurses, family support workers or early educators.

Regardless of the nature of their disability, where they live, or the school they attend, every child with complex needs and their families have access to the full range of family centred services and supports of their 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 are provided as is feasible in the child's natural environments - their home, school and community.

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.

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. Please see 2021 and 2022 below for the breakdown of the 375 posts referred to in the question.

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

A staffing census of the Children's Disability Network Teams is currently being finalised. The data is currently in draft format and an examination and verification of the details is currently in progress. It is intended that this information will become available in April. This will provide a comprehensive overview of all staff on CDNTs. This information will inform a comprehensive workforce plan for the sector.

In 2021, in accordance with the National Service Plan, the HSE was allocated €3.5m for 100 additional posts for the CDNTs. This equates to the full year costs of 7 million for these therapy posts. In addition, in 2021, we were also allocated 85.99 posts for special schools at a cost of €6.1m which is now recurring in 2022.

In summary, the table on the next page shows 185.99 posts at total funding of €13.1m.



PDS update on NSP allocation 2021											
Progressing Disability Services (Children)	€7m	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Total
WTE Phase 1	50	5.5	4	4	5	7	1	8.5	8	7.5	50.5
WTE Phase 2	50	9.7	7.1	9.4	2.5	4.7	5.7	2.2	4.3	4.4	50
Total	100	15.2	11.1	13.4	7.5	11.7	6.7	10.7	12.3	11.9	100.5
Comment											
85 WTE Therapy posts for special schools	€6.1M	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Total
Posts		1	4.4	0	5.8	4.3	23.69	15.9	2.65	27.75	85.49
TOTAL POSTS	13,100,000	16.2	15.5	13.4	13.3	16	30.39	26.6	14.95	39.65	185.99

In accordance with the NSP 2022, the HSE has also been allocated €8.2 million toward a target of 190 additional posts in 2022. These posts will include multidisciplinary, administration and specialists posts for the CDNTs.

The additional posts provided for under the National Service Plans for 2021 and 2022 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.

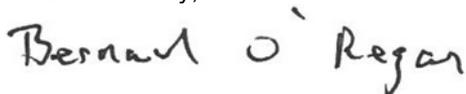
Each CHO area will decide, in partnership with the lead agencies in the area, how these posts should be allocated across the CDNTs, the required disciplines and grades. These may include assistant psychologists. These decisions and resulting recruitment plans are currently being finalised. Recruitment remains a challenge across all areas in the health sector which is compounded by the limitations of the employment market, however the HSE and its lead agency partners are continuously working to recruit staff for children's disability services.

Commencement of services in all ninety-one CDNTs in 2021 marked the end of Phase 1 of the reconfiguration of children's disability services. In parallel, phase 2, the development of the interdisciplinary family centred practice model is now in train. The HSE acknowledges that this change programme has been challenging for some stakeholders. This programme, in particular the development of family centred practice, involves a mind-set change for all stakeholders, including health professionals, families and referrers regarding how services will be delivered (though what is delivered will continue).

Health and social care professionals have traditionally been trained at undergraduate and postgraduate level to provide 'care and treatment' for children and their families, typically in 'blocks of therapy' and this is what parents and referrers have come to expect. However, all children develop and learn by taking part in daily life and activities with their family, in their home, in pre-school, in school and their community. The child's family and those who are with them every day are therefore the most important people in their lives.

Internationally recognised best-practice indicates the value of changing from providing disability services 'to' or 'for' children, towards supporting families in their role. Services are moving from being professionally-centred, or expert-led, to being family-centred and family-facilitated. When services are family-centred the team of professionals and the family work as equal partners. The family brings knowledge of their child and the team brings their expertise. Together they agree on and co-design goals and how they will be achieved.

Yours Sincerely,



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

