



**Oifig an Cheannaire Oibríochtaí,**  
Na Seirbhísí Míchumais/An Rannán Cúram Sóisialta,  
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8<sup>th</sup> April 2022

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Dear Deputy Cullinane,

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 16489/22**

*To ask the Minister for Health the number of staff at grade level currently employed in each of the 91 children's disability network teams; the number of posts assigned to each children's disability network team; 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.



<b>CDNT Development Posts</b>			
	<b>2019</b>	<b>2021</b>	<b>2022</b>
<b>CHO1</b>	12	15.7	11
<b>CHO2</b>	3.5	15.5	5
<b>CHO3</b>	12	13.4	4
<b>CHO4</b>	6	13.3	14.5
<b>CHO5</b>	15	16	26
<b>CHO6</b>	3.5	32.32	4
<b>CHO7</b>	13	26.6	24.5
<b>CHO8</b>	19	14.95	23.5
<b>CHO9</b>	16	39.55	17.5
<b>Specialist Services</b>			18.5
<b>Total</b>	<b>100</b>	<b>187.32</b>	<b>148.5</b>

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 during April. This will provide a comprehensive overview of all staff on CDNTs. This information will inform a comprehensive workforce plan for the sector.

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 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



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