



**Oifig an Cheannaire Oibríochtaí,**  
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28<sup>th</sup> October 2022

Deputy Thomas Gould,  
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Dear Deputy Gould,

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 49681/22**

*To ask the Minister for Health the action that he is taking to improve children's disability services.*

**HSE Response**

The HSE is committed to the full implementation of the Progressing Disability Services for Children and Young People Programme (PDS). 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.

**Children's Disability Network Teams (CDNTs)**

In line with the PDS model, resources assigned to children's disability services are allocated to the Children's Disability Network Teams (CDNTs); 91 CDNTs are aligned to 96 Community Healthcare Networks (CHNs) across the country and are providing services and supports for children aged from birth to 18 years of age.

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 works closely together in a family centred model, focusing on the child's and family's own priorities.

Children and their families will have access to a 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.

Work is ongoing on mapping specialised services and supports, and paediatric supports available as well as an analysis of the service gaps for children with highly complex needs. This will facilitate the HSE to develop standardised approaches to integrated pathways of support for CDNTs and Primary Care staff.

### **Staffing of the CDNTs**

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.

Since 2019, more than 475 development posts have been allocated to children's disability services across the country. These posts have been assigned to teams based on a number of factors, including the existing ratio of staff to the number of children with disabilities in each area.

In addition, further to recent agreement with Government, the HSE and its CDNT Lead Agencies will receive funding for an additional 136.3 WTEs to provide services in 104 special schools.

These additional posts are intended to support the newly established CDNTs to prioritise intervention for children with complex needs in special schools.

### **Recruitment and Retention**

Each CDNT is managed by a lead agency. Each lead agency is responsible for recruiting staff when vacancies arise on their teams or when development posts are allocated to their teams.

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 and the various Lead Agencies are experiencing ongoing challenges recruiting staff across a range of disciplines and grades.

A CDNT Staff Census and Workforce Review undertaken in 2021 has provided valuable information on the number of staff working in the CDNTs by discipline and grade. At that time, there were 1,367.88 whole time equivalent staff working on CDNTs. Teams reported an average vacancy rate of 28%. The detailed information available following this review is allowing targeted workforce planning by the HSE in consultation with lead agencies and the Children's Disability Network Managers to reinforce the skill mix of their teams so that we accommodate local population needs. Data for the 2022 CDNT Staff Census and Workforce Review is currently being collated. It is intended that this updated information will be available in December 2022 allowing for a 2021 / 2022 trend analysis.

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 Community Operations Disability Services is working collaboratively with the CDNT lead agencies at CHO level to promote CDNTs as a workplace of choice in a competitive employment market. Each lead agency is responsible for recruitment of staff on their CDNTs and is using a variety of approaches to fill funded vacancies.

Options to support the recruitment of staff for the CDNTs currently being explored include:

- Targeted National Recruitment for CDNTs
- Targeted International Recruitment for CDNTs with an agreed relocation allowance
- Sponsorship Programme for therapy grades
- 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 qualify as therapists.



In addition, there are panels in place for occupational therapists, psychologists, physiotherapists, speech and language therapists. These panels will be expanded further in November 2022.

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.

### **Assessment of Need under the Disability Act, 2005**

Part 2 of the Disability Act (2005) provides for a statutory entitlement to an Assessment of Need for people born on or after 1<sup>st</sup> June 2002 who are suspected of having a disability. This assessment must be provided within a prescribed timeframe. Further to this Assessment of Need (AON) applicants will receive an assessment report that sets out:

- Whether the applicant has a disability as defined by the Disability Act 2005
- When the applicant is assessed as having a disability
  - A statement of the nature and extent of the disability
  - A statement of the health and education needs occasioned by the disability
  - A statement of the services considered appropriate to meet these needs and the optimum time frame for same
  - A statement of when a review of the assessment should be undertaken

Applicants who are determined to have a disability must also receive a service statement that sets out the health services that will be provided and the time frame in which they will be provided. Each service statement will take account of the services that the HSE can provide and the waiting times for these services. The Act does not provide a legislative entitlement to services. In addition, the Act provides for a statutory complaints and redress system.

The HSE receives approximately six thousand applications for AON each year and has struggled to meet its legislative obligations with regard to the timely provision of these assessments. The introduction of a standardised and streamlined approach to assessment (Preliminary Team Assessment) in January 2020 facilitated the HSE to offer timely assessments and ensure that children with disabilities were on an appropriate intervention pathway as quickly as possible. A High Court Judgement in the case of CTM & JA v HSE determined in March 2022 that this approach to assessment did not comply with the requirements of the Act, consequently the HSE must revert to the system of providing lengthy diagnostic assessments within the timeframes provided for in the Act.

As a result of the High Court judgement there are approximately 10,000 children who received Preliminary Team Assessments and who require a review of their AON. These assessments are required in addition to the ongoing requirement to manage new applications and routine reviews.

The National Clinical Programme for People with Disability has developed clinical guidance to support clinicians who are undertaking AONs. This is currently subject to discussion with the Forasa trade union under the auspices of a Workplace Relations Commission facilitated process. In the interim, Assessment Officers and clinicians are progressing relatively small numbers of AONs.

The HSE has secured funding for a waiting list initiative to facilitate additional assessments through a range of measures including recruitment of dedicated AON assessment teams, private procurement and overtime initiatives for existing staff. The capacity of the domestic market to provide the necessary skilled clinicians for direct employment or the procurement of private assessments is extremely limited. As a result, the HSE is exploring the potential to progress a large scale international procurement process to secure significant numbers of diagnostic ASD assessments. The provision of ASD assessments through AON is a particular challenge because of the complexity and length of these assessments. In parallel to the procurement process, CDNTs will be required to identify a defined portion of their available clinical time to deliver AONs.



The legislative obligations associated with the Act will require the CDNTs to prioritise AONs. This is likely to have the effect of further increasing the volume of AON applications. Children do not require an AON to access any health or social care services. Parents can arrange a direct referral to CDNT or Primary Care services as appropriate. Unfortunately, the demands of AON will continue to impact negatively on the capacity of CDNTs to provide the necessary supports for children with complex disability needs.

### **Ongoing Developments and Improvements in Children's' Disability Services**

With all 91 teams in place, the primary focus now is development of the interdisciplinary family centred practice (FCP) model consistently across all teams. Moving from the traditional deficits focused 'Expert/Medical' model to a strengths based, child and family outcome focused model involves a significant mind-set change for all stakeholders, including health professionals, families and referrers.

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 the most important people in their lives. Family centred practice focuses on the child and family's strengths, capacity and skills. The family and team work in equal partnership to explore the child and family's daily routine and to identify the child and family's priorities and goals and how the team will support them to achieve their goals.

Following on from the National Team Development Programme, HSE Disabilities is providing continued training and development for CDNTs in Family Centred Practice, including service planning and delivery with families.

Yours Sincerely,



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