



Oifig an Stiúrthóir Cúnta Náisiúnta,
Foireann Míchumais Náisiúnta,
An Chéad Uirlár - Oifigí 13, 14, 15,
Áras Phlásóg na Rós, Coimpléasc Gnó na hOllscoile,
Páirc Náisiúnta Teicneolaíochta,
Caladh an Treoigh,
Luimneach.

Office of the Assistant National Director,
National Disability Team,
First Floor- Offices 13, 14, 15,
Roselawn House, University Business Complex,
National Technology Park,
Castletroy,
Limerick.

18th February 2025

Deputy Rory Hearne,
Dail Eireann,
Leinster House,
Kildare Street,
Dublin 2.
E-mail: rory.hearne@oireachtas.ie

Dear Deputy Hearne,

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: 2387/25

To ask the Minister for Children; Equality; Disability; Integration and Youth the average waiting time for a child to receive a therapy or other support appointment in the period after they have been referred for one following an assessment of need, by CHO and age category; the number of children waiting less than three months, between three to six months, between six to nine months, and more than nine months to receive a therapy or other support appointment in the period after they have been referred for one following an assessment of need, by CHO and age category, in tabular form; and if he will make a statement on the matter.

HSE Response

The National Access Policy

The National Policy on Access to Services for Children & Young People with Disability & Developmental Delay ensures that children are directed to the appropriate service based on the complexity of their presenting needs i.e. Primary Care for non-complex functional difficulties and Children's Disability Network Teams for complex functional difficulties.

Importantly, Children do not require an Assessment of Need as defined by the Disability Act (2005) in order to access a CDNT or Primary Care service. They can be referred by a healthcare professional or parent/carer to the CDNT for children with complex needs as a result of their disability, or to Primary Care for children with non-complex needs.

Childrens Disability Services

In line with the Progressing Disability Services model, 93 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.



Each CDNT covers a specific geographical area and holds a waiting list for children with complex needs residing in that area.

The model of service for all CDNTs is family-centred and based on the needs of the child. This includes universal, targeted and specialised supports and interventions, as appropriate to the individual child and family. It is based on the objectives of empowering and supporting parents and others who are with the child on a daily basis to facilitate the child's developmental needs.

The CDNTs are currently providing services and supports for over 42,000 children and strategies and supports for urgent cases on the waitlist where staffing resources allow. However, there are significant challenges for CDNTs including:

- Significant staffing vacancies
- Growth in numbers of children with complex needs as a result of their disability.
- Growth in demand for Assessment of Need, diverting further resources away from interventions

Roadmap for Service Improvement 2023 – 2026, Disability Services for Children and Young People

The HSE's Roadmap for Service Improvement 2023 – 2026, Disability Services for Children and Young People is a targeted Service Improvement Programme to achieve a quality, accessible, equitable and timely service for all children with complex needs as a result of a disability and their families.

The Roadmap, has four Working Groups which report into a Service Improvement Programme Board every month which in turn reports to the Roadmap Oversight Group which was chaired by the Minister of State, Ann Rabbitte.

Working Group 1 **Integrated Children's Services** – has responsibility for the implementation of National Access Policy (NAP) and the Primary Care, Disability, CAMHS Joint Working Protocol (JWP), Equity of Access to Aids and Appliances across all CHOs; and the Review of HSE Tusla Joint Protocol.

Working Group 2: **Service Access and Improvement** – has responsibility for Waitlist Management and Services; Optimising Teams Efficiencies, Effectiveness and Governance; AONs overdue for completion; and the development of a National Capital plan to enable all staff of a CDNT to be co-located.

Working Group 3: **Workforce** – has 21 actions dedicated to Retention of specialised CDNT staff, Recruitment of new graduates and experienced staff for all CDNTs Deployment of Students/Trainees/New Graduates; and Development of Existing Staff.

Working Group 4: **Communication and Engagement** – has responsibility for developing and ensuring the delivery of a rolling Communication Plan for the Roadmap and CDNT service, which is a key priority; review and updating the HSE PDS Website to meet information needs of families, further Staff Engagement and Workshop days and ensuring sustainability of the Family Forums and Family Representative Groups.

In addition, the Cross Sectoral Group on issues for children with disabilities will be resumed in the coming weeks to drive integration and collaboration between education and health services, and supports for special schools for optimal benefit and outcomes for children with disabilities.

Waiting List for the Childrens Disability Services

Historically the number of children waitlisted for children's disability services provided by section 38 and section 39 providers has not been available nationally. The establishment of CDNTs in 2021 has facilitated the collection of this data. A National Management Information System for all 93 CDNTs is being rolled out and when implemented, will provide current data on waiting lists and other details for all CDNTs.

Pending full roll-out, manual data collection is on-going. The table below is the most recent validated data available. - end of December 2024 activity reports. This shows the number of children that are waiting for an initial contact with a CDNT in the 9 CHO Areas. Information is not collated separately for children who may have been referred following and Assessment of Need under the disability Act 2004



Status report	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9
No of children waiting 0-3 months for an initial contact @month end	109	175	247	157	82	61	151	296	48
No of children waiting 4-6 months for an initial contact @month end	70	102	157	120	83	74	153	178	62
No of children waiting 7-12 months for an initial contact @month end	58	136	298	104	150	138	325	282	128
No of children waiting over 12 months for an initial contact @month end	405	242	605	305	1091	1228	1942	800	2358

In addition, 722 children (&/or their parents) who are on the CDNT waiting list participated in one or more individual and/or group intervention appointments during December 2024.

Please also note that this is an interim dataset as we await the roll out of the National Information Management System and some individual CDNTs indicate that they do not have a system in place to capture this level of activity, therefore there are gaps in data returns for some of the CHO Areas.

Recruitment

The HSE is operating in a very competitive global market for healthcare talent. There are significant shortages of qualified healthcare professionals across the globe. Seven of the disciplines working in Children's Disability Network Teams (CDNTs) have been included on the Department of Enterprise, Trade and Employment's Critical Skills Occupations List.

To address resourcing challenges the HSE Resourcing Strategy 'Resourcing our Future' was launched in May 2023 to ensure a sufficient domestic supply of health care staff. The strategy is being implemented to maximise the resourcing and delivery of publicly funded health services for the future. Children's Disability Services benefit from resourcing actions in the HSE Resourcing Strategy including increasing training places in Health & Social Care Professionals, delivery of apprenticeship programme for Social Workers and development of further apprenticeship programmes.

Health & Social Care Professionals training places in Higher Education Institutes have increased with a growth in clinical placements in Children's Disability Network Teams- this serves to improve recruitment of Health & Social Care Professionals into Children's Disability Network Teams. Tertiary programmes are also being developed for Health & Social Care Professionals to increase the pathways into Disability services. Within recruitment, there is a particular focus on Irish trained overseas applicants and international recruitment with a relocation package marketed to Irish trained Health & Social Care Professionals who have travelled overseas.

The HSE and funded agencies are focused on identifying barriers to workforce growth and putting in place corrective retention and recruitment initiatives. These initiatives have led to a marked growth in CDNT staffing levels in 2024, particularly in Health & Social Care Professionals roles.

The HSE optimises multiple applicant engagement opportunities to encourage uptake of CDNT vacancies including recruitment fairs, outreach to third level colleges and secondary schools, presence at national events and virtual engagements.

To optimise recruitment into our funded agencies, the HSE have facilitated direct access for funded agencies to existing HSE HSCP panels which will shorten the recruitment process for them and will provide direct access to competent and eligible candidates. The HSE have also enabled our funded agencies to advertise their vacant posts through our advertisement channels which provides them with direct access to the substantial candidate pools registered on the HSE's CareerHub portal.

In 2025 the HSE and funded agencies will continue to focus on maximising recruitment potential and engagement within the current applicant market to achieve workforce growth.



These activities form part of an ongoing suite of initiatives to populate vacancies and increase retention on Children's Disability Network Teams.

Yours Sincerely,

Bernard O'Regan
Assistant National Director
National Disability Team

