

## Roadmap for Service Improvement 2023 – 2026, Disability Services for Children and Young People Quarter 1: January to March 2025 Report

### Section 1: Dashboard

#### Service Demand: Children's Disability Network Teams (CDNT)

Year to date (January to March 2025):

- **2,612 new children** were **referred** to CDNTs, an **increase of 7.3%** over the same quarter in 2024.
- **2,449** children were **discharged**, continuing the historic pattern of greater numbers of children referred to CDNTs than discharged, for many reasons including the rise in birthrate in the 2000s, children's increasing complexities of need and lifelong nature of those needs.
- **11,938 children** were **waitlisted** for CDNT services on March 31st, reduced by 1,200 from 13,138 on the same day last year<sup>1</sup>. Note, during this same 12 month period, a total of 10,457 new children were also referred to CDNTs.
- **708 children transferred as 'Open'** from disability funded services to the new CDNTs in 2021 are awaiting initial contact on March 31<sup>st</sup>, down from 1,090 on Dec 31<sup>st</sup> 2024 and 2,084 on March 31st 2024.

#### Service Provision: Children's Disability Network Teams

In the month of March 2025 (appendix 2)

- **18,312** children and/or their parents were offered an **initial contact, one or more individual and/or group interventions** compared with 16,605 in February and 15,024 in January '25<sup>2</sup>
- **16,152** children received an **initial contact, individual and/or group intervention**, up from 14,759 in February and 13,402 in January, and the monthly average of children seen over the last 12 month of 15,514<sup>2</sup>. This includes:
  - **828** children and/or their parents received an initial contact this month.
  - **12,310** children and/or their parents participated in one or more **individual appointments**.
  - **3,014** children and/or their parents participated in one or more **group interventions**

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<sup>1</sup> Excludes children waiting on 7 CDNTs in the West.

<sup>2</sup> Limited risk of duplicate counting due to manual data gathering which will be eliminated once all teams on the CDNTIMS.

- **43,081** children are on open CDNT caseloads, up from 42,836 at end of December 2024. The HSE's National Service Plan 2025 includes a target to increase the number of children on open caseload by at least 10% in line with clinical staff growth.
- **1,274 waitlisted** children and/or their families participated in one or more individual and/or group intervention appointments in March, up from 912 in January and 855 in September 2024 when this new measure was introduced.
- **2,160** children and/or their parents failed to attend one or more appointments.

## Workforce

**2024 National CDNT Staff Census:** as of 16/10/2024 identified:

- 22% CDNT staff vacancy rate vs 29% twelve months previously
- Workforce increase of 17% across all teams
- Growth of 272 whole time equivalent (WTE) of which 204 are Health and Social Care Professionals (HSCP), and a further 110 WTE were advanced in the recruitment process.

## Assessment of Need (AON)

**AONs completed in the last seven quarters (Q3, 2023 to Q1, 2025) against Roadmap Target**

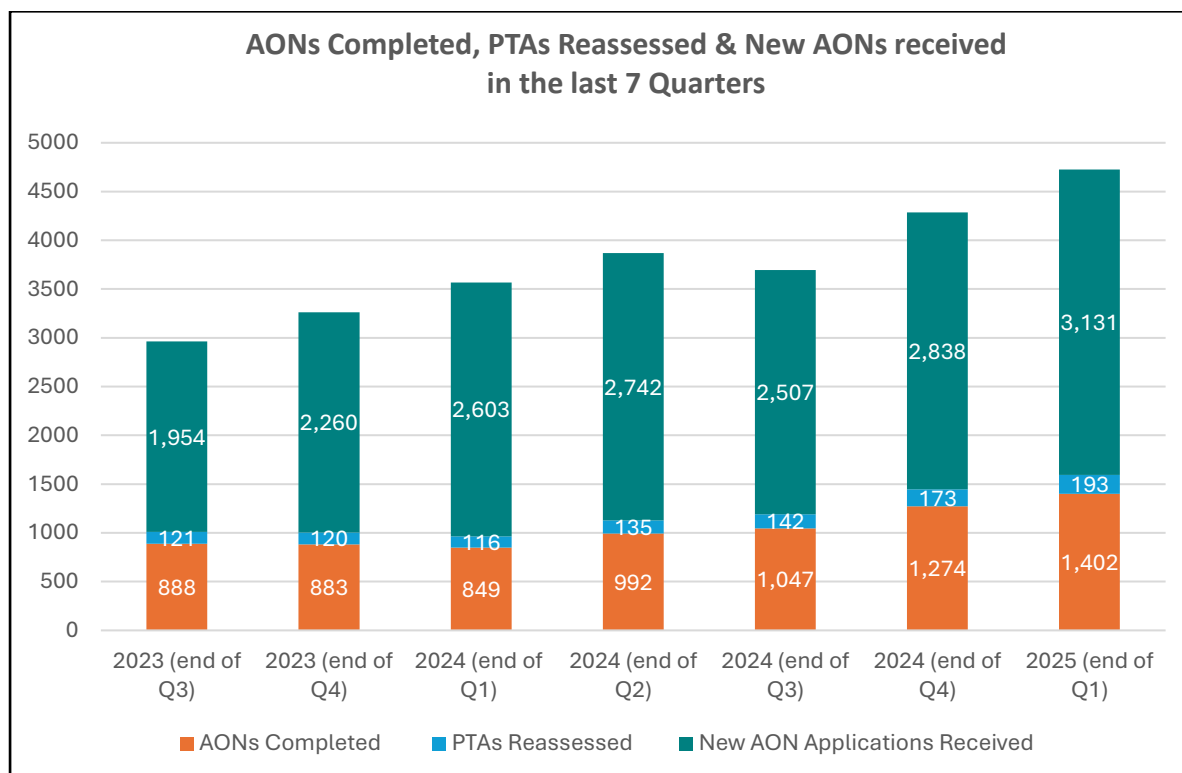
The **AON target of 19,042** set in the Roadmap for completion over the lifespan of the Roadmap (July 2023 – June 2026) is based on AONs overdue in June 2023, estimated new AONs for 2023 and estimated Preliminary Team Assessments<sup>3</sup> (PTA) to be reassessed. Over the last 7 quarters since the target was set, **7,335 AONs** have been **completed**, and an estimated **1,000 PTAs** **reassessed** with a **remaining AON Roadmap target of 10,707** (inclusive of residual PTAs).

In **Quarter 1 2025**, **1,402 AONs** were completed, a **65% increase** over Q1 2024.

**Table 1: AONs completed, PTAs reassessed, Remaining Roadmap Target:**

In the last 7 quarters			
	AONs completed	PTAs* reassessed	Roadmap remaining Target
2023 (end of Q3)	888	121	18,033
2023 (end of Q4)	883	120	17,030
2024 (end of Q1)	849	116	16,065
2024 (end of Q2)	992	135	14,938
2024 (end of Q3)	1,047	142	13,749
2024 (end of Q4)	1,274	173	12,302
2025 (end of Q1)	1,402	193	<b>10,707</b>
<b>Total</b>	<b>7,335</b>	<b>1,000</b>	<b>n/a</b>

<sup>3</sup> Preliminary Team Assessments carried out under the previous Standard Operating Procedure (SOP) were found by the High Court not to have met the requirements of the Disability Act.



**Table 2: AONs overdue for completion, AONs received, AONs completed**

Year	End of Quarter	Overdue	<1 month	1 - 3 Months	>3 Months	AONs received	AONs completed
2023	Q3	7,608	697	1,035	5,876	1,954	888
	Q4	8,893	756	1,174	6,963	2,260	883
2024	Q1	9,924	664	1,119	8,141	2,603	849
	Q2	11,131	618	1,478	9,035	2,742	992
	Q3	12,722	802	1,600	10,320	2,507	1,047
	Q4	14,221	924	1,604	11,693	2,838	1,274
2025	Q1	15,296	789	1,505	13,002	3,131	1,402

**Table 3: AONs procured privately via an ongoing Targeted AON Waiting List Initiative:**

	Number of AONs	Cost	Average Cost per AON
Quarter 2 2024	379	€1,245,455	€3,286
Quarter 3 2024	1031	€3,409,727	€3,307
Quarter 4 2024	1069	€3,574,737	€3,344
Quarter 1 2025	1157	€4,283,033	€3,702
<b>Total to date</b>	<b>3,636</b>	<b>€12,512,952</b>	<b>€3,441</b>

AON waiting lists are growing as demand continues to outstrip capacity. 3,131 applications were received in Quarter 1, 2025 with circa 1,402 completed. By the end of 2025, it is estimated that there may be 24,796 AONs due for completion: AONs overdue at end of Q1 2025 (15,296); new AONs received in remainder of 2025 (8,000); and PTAs to be re-assessed (1,500).

### Special Schools Therapists in Post and Hours<sup>4</sup> provided onsite as of 31/03/2025

Of 136.3 WTE senior therapists allocated in 2022 for service provision onsite in 82 special schools, **88.15 wte HSCPs are currently filled**, and of the 87.42 WTE senior therapists allocated in 2021, **59.55 WTE are filled**. In addition, **9 of 14.5 WTE Therapy Assistant posts** allocated to support delivery of therapy programmes in these special schools are filled. This includes a level of turnover in these posts since they were allocated.

In Q1 2025, **17,272.9 therapy hours** were delivered onsite in 82 specific special schools, an average of 5,757.63 hours per month, equating to 38.26 WTE therapists. These total hours exclude

- therapy hours provided for children attending these 82 special schools that take place outside of the school, e.g. at home or in a clinic, including those focused on enabling children to participate in school and to access the curriculum.
- therapy hours provided for children in other special schools not in this list of 82 who did not have dedicated onsite therapy resources before CDNTs were set up and who are now also receiving supports that enabling them to participate in school.

### Roadmap Targets for 2025:

Roadmap Targets set for 2025:	
✓	At least <b>50% of all Roadmap Actions</b> will be implemented by the end of 2025
✓	A <b>12% increase in CDNT posts recruited</b> in 2025 over 2024 will be achieved, as evidenced in the annual CDNT Workforce Survey October 2024 vs 2025
✓	A <b>minimum of 10% increase in CDNT caseloads nationally</b> , as evidenced in a comparison of December 2025 and December 2024 CDNT metric returns <sup>5</sup> .

### Funding secured in Budget 2025/2026 to drive progress

Children's Disability Services have been allocated funding for the following in 2025 in line with the Roadmap for Service Improvement 2023 – 2026, Disability Services for Children and Young People:

- 20 senior grade and 20 staff grade health and social care professional/Nursing WTE
- 20 Health and Social Care Profession Assistant WTE
- 15 new Psychology Trainee Placements
- €500,000 for AON staff to enhance HSE's compliance with the Disability Act.

<sup>4</sup> This includes former CHO 8's Special Schools data returns as of Feb 2025.

<sup>5</sup> CDNTs return monthly data on 22 metrics per Roadmap Table 'CDNT Metrics' to National HSE Children's Disabilities Team.

## Section 2: Roadmap Actions achieved to date

The HSE in collaboration with partner HSE funded agencies, Department of Children, Disability and Equality (DCDE) and CORU have **completed 17 of 60 Roadmap Actions as of 31/03/2025** as follows:

### (i) Governance and Integrated Children's Services

Action 1.1: A Government Interdepartmental Oversight Group led by the Minister of State for Disabilities was set up in November 2023 to consider any necessary departmental measures to support improvement of children's disability services, implementation of the Roadmap and requirements of the Disability Act (2005). DCDE now participates on all Roadmap Working Groups and its Service Improvement Programme Board.

Action 1.4: A National Service Improvement Lead reporting to the Assistant National Director, HSE Access and Integration - Children's Disability Services, was appointed to coordinate and lead the delivery of the Roadmap Actions.

### (ii) Service Access and Improvement

Action 2.5: Individual Family Support Plan Guidance and nationally standardised template was reviewed and reissued to all teams.

Action 2.7: HSE set up a Framework of Approved Providers for CDNTs to offer appropriate supports to waitlisted children and their families. DCDE and the HSE are addressing final elements prior to roll out.

Action 2.18: The *Interim Clinical Guidance on Assessment* for staff as part of the AON Standard Operating procedures was issued in 2023 and a webinar delivered for staff.

Action 2.20: A National AON tender process was completed to support Regions in achieving their AON targets. It resulted in a small number of successful applications and additional capacity due to private commissioning being already maximised by Health Regions.

Action 2.22: A multistakeholder Task Group reviewed any clinical issues for assessment and intervention following release of the Interim Clinical Guidance on AON and submitted recommendations for updates to the Guidance and AON Standard Operating Procedures to the National Clinical Forum for approval to progress to implementation.

### (iii) Workforce

Action 3.1: Confined Senior Grade competition was completed to promote retention of existing CDNT staff, their knowledge, competencies and experience of.

Action 3.4: The HSE explored the potential with key stakeholders to employ new graduate on therapy graduate grades until they are CORU registered. It was agreed instead to support CORU on expediting registration for new graduates and international recruits which has been achieved (see Action 3.20 below).

Action 3.5: The Health and Social Care Professional Assistant grade is now in place with the job specification developed with HSE funded agencies, Heads of Service Disabilities, Primary Care and CORU, SIPTU and Fórsa, and grade code sanctioned by the Department of Health. Staff webinar on the role, safe task delegation and job spec was delivered in Nov'24.

Action 3.12: National Children's Disability Services approved an increase of CDNT Clinical Specialist posts to 60 WTE.

Action 3.14: National Psychology Placement Office was superseded by an integrated clinical infrastructure approved by the HSE CEO to support practice education of all HSCP students across the health service.

Action 3.15: A Social Worker Apprenticeship programme was launched in September '24 with 12 places and a further 20 places in 2025. A Social Care Worker programme is under development in conjunction with Tusla. Tertiary programmes i.e. pathways under Education and Training Boards developed in 2024 included 123 places for Nursing with an additional 70 ID Nursing places expected in 2025. In addition, tertiary programmes are being considered for Occupational Therapy and Dietetics.

Action 3.18: National CDNT Training Programme 2022/2023 based on CDNTs prioritised competency gaps for development, with an allocation of €650,000, was completed in Q1 2024. National CDNT Training Programme 2024/2025 is now in train for full delivery by December 2025.

Action 3.20: CORU registration process has been successfully expedited to 5 days for graduates trained in Ireland and from 80 to 47 days for international graduates.

#### **(iv) Communication and Engagement**

Action 4.3: National Children's Disability Services delivered workshops for Children's Disability Network Managers (CDNM) in person and online and two sharing events for Independent Facilitators on establishing Family Forums and Family Representative Groups.

Action 4.9: National Children's Disability Services led 3 workshops for CHOs including management and staff of the HSE and its funded agencies on the Roadmap, their responsibilities in it and consultation on the First Intervention Guidance draft in advance of Roadmap Working Groups and SIP Board being set up. Staff feedback informed the Project Charters (Action Plan) for each of the Working Groups.

### **Section 3: Roadmap Actions in place and ongoing**

In addition to above 17 Roadmap Actions completed, **the following 11 Roadmap Actions are in place and ongoing as of 31/03/2025:**

#### **(i) Governance and Integrated Children's Services**

Action 1.2: A Service Improvement Programme Board (SIP Board), in place and meeting monthly since February 2024, is closely monitoring, supporting and driving implementation of the Roadmap Action Plan via the following 4 working groups:

1. Integrated Children's Services
2. Service Access and Improvement
3. Workforce Retention and Recruitment
4. Communication and Engagement.

Action 1.3: Working Group 1 above, set up in March 2024, is leading implementation of the National Access Policy and the Primary Care, Disability, CAMHS Joint Working Protocol, a critical foundation stone of child and family centred services, emphasised by staff and parents. See Section 4, Action 2.10 for further detail.

## **(ii) Service Access and Improvement**

Action 2.1: The HSE and its funded Agencies leading CDNTs continue to maximise use of private service provision for waitlisted children, where funding allows. In June, we will review the level and types of private services accessed by CDNTs in the past year to support waitlisted children.

Action 2.2: During COVID, families generally responded well to online appointments. Post COVID, CDNMs advise that families mostly prefer in person appointments. In June, we will gather data on CDNTs' current use of digital tools for supporting children and families, any processes that staff would like to digitalise and ICT solutions to address these. We will then work with the National Children's Disability Services IT Specialist and Lead Agencies to see what can be progressed, to ensure its ongoing optimal use, where appropriate and in line with families' preferences.

Action 2.3: Temporary redeployment of staff across CDNTs is in place for exceptional circumstances to mitigate risk but it is rarely used as it was found to increase staff burnout and turnover.

Action 2.4: National Children's Disability Services continues to organise webinars for staff by staff to share initiatives and experiences across teams.

Action 2.6: Each Region gathers monthly data (Metrics) on staff and children referred, waiting for and seen by each team for review by their Operational Management Group which includes CDNMs, HSE and Lead Agency Management staff. This gives an opportunity to benchmark teams' activity levels against each other's and to identify performance improvement opportunities as they arise. Areas also submit this data nationally where it is shared with the SIP Board in advance of each monthly meeting.

## **(iii) Workforce**

Action 3.2: 20 new Clinical Psychology trainee placements each year for 3 years in disability services was superseded by the CEO's approval of 45 new Psychology trainee placements each year x 3 years for a total of 135 new placements across all health services of which Disabilities is funding 15 so far.

Action 3.21: National HR continues collaboration with Higher Education Institutes (HEIs) on increasing the number of third level HSCP programme places. National Clinical Programme for People with Disabilities and National Children's Disability Services are working with the HEIs on building and sustaining student placement programmes to enable growth of HSCP trainee numbers.

## **(iv) Communication and Engagement**

Action 4.1: A multistakeholder group of family voices bringing their lived experience, Inclusion Ireland's CEO, HSE and HSE funded agencies representatives worked with Genio to inform the development of their review on the functionality and sustainability of Family Forums and Family Representative Groups (FRG). Genio's Final Report is due for submission to the SIP Board in April, along with Working Group 4's (Communication and Engagement) draft Action Plan to address Genio recommendations.

## **(v) Engagement with Education and Support for Special Schools**

Action 5.2: The *Cross Sectoral Government Group on Children with vulnerabilities*, including the DCDE, Departments of Health, and of Education, HSE Disabilities and Primary Care, National Council for Special Education and National Educational Psychological Services, has been resumed to promote optimal integration of health and education services. In addition, the HSE continues to work closely with DCED, Departments of Education and NCSE on the current Special Schools Pilot in train across 16 special schools in Cork, Dublin and Galway.



## Section 4: Roadmap Actions in progress and on target for delivery in 2025

The following **25 Roadmap Actions are on target for delivery in 2025.**

### (i) Governance and Integrated Children's Services

Action 1.5 HSE Tusla Joint Protocol Review: following significant consultation over a number of months, a revised HSE Tusla Joint Protocol draft is with HSE and Tusla Senior Leadership Teams for consideration with the final version anticipated for launch by midsummer 2025.

### (ii) Service Access and Improvement

Action 2.10 National Workshop on the National Access Policy (NAP) and the Primary Care, Disability, CAMHS Joint Working Protocol (JWP):

Working Group (WG) 1 is tasked with driving implementation across community services of the

- (i) NAP signposting children to the right service at the right time in line with Sláintecare i.e. Primary Care for children with non-complex need and CDNT for children with complex need as a result of a disability.
- (ii) JWP enabling children to access joint assessment and/or interventions, where needed, with 2 or more services working together to help the child and family achieve their outcomes.

CDNT, Primary Care and CAMHS staff were surveyed on what is working, what is not and their proposals to address the challenges. Their feedback informed the development of Regional Integrated Children's Services workshops, to be led by each Region's Senior Leadership, with CDNT, Primary Care and CAMHS Managers responsible for the NAP and JWP implementation. The workshops will be rescheduled to October to allow for the CEO's engagements with staff and family representatives and the finalisation of structures and roles under the Integrated Health Manager in the Health Regions.

Action 2.12: Implementation of 5 actions arising from 2022-23 Reviews of the *Interagency Agreement* and *CHO CDNT Governance Policy* and their implementation as agreed by Heads of Service and all Lead Agencies CEOs is being led by each Head of Service (CDNT Governance Group Chair).

Action 2.13: Aids and Appliances Review is being led by the WHO under a global initiative. Following extensive consultation, the WHO presented preliminary results to the Oversight Committee in April. A draft report is due mid-May with a final report to Government for consideration by mid-summer.

Action 2.14: All CDNTs are fully aligned to Health Region structures e.g. their Community Healthcare Network, Primary Care Network or Integrated Healthcare Area with the exception of Kildare, South Dublin and 1 team in North Dublin which are being progressed by the Regions.

Action 2.15: All HSE teams are now on the CDNT Information Management System (CDNTIMS). A legal issue on data sharing by HSE funded Lead Agencies with the HSE on the CDNTIMS has been resolved. Migration of the remaining 43 teams onto the CDNTIMS has resumed for completion by year end.

Action 2.16: Work has begun on the development of a Capital Plan for CDNTs whose staff are not yet colocated, an enabler for provision of family centred services. National Children's Disability Services is working with the new Assistant National Director (AND) for Estates – Disabilities and the PDS Leads group to provide the AND with insight on the critical accommodation gaps for CDNTs and imperative colocation with Primary Care services, where possible, for optimal service user benefits.



The AND is now exploring all Disability Accommodation needs, including CDNT gaps, collaborating with each Regional Estates Group to inform the development of the National Capital Plan for Disabilities. This will be part of a 10 year HSE wide Capital Plan.

Action 2.17: The NDA has begun the 2 part review of the CDNT service model in operation and optimal workload and staffing of CDNTs for completion in December 2025.

Action 2.19: Eight CHOs set up their AON Hubs in 2023 on a direct request from the Minister of State including 5 AON Administrative Hubs and 3 AON Assessment Hubs. In 2025, National Children's Disability Services will work with the Regions to review these structures, scope, memberships, and processes, and to make recommendations aligned to NCPPD's Taskgroup report (see action 2.22) above) for their standardisation and realignment to the Health Regions.

Action 2.21: DCDE led a 2nd multistakeholder AON workshop in April 2024 to explore AON drivers, communications, CDNT service models where AON demand has remained relatively lower, and AON demand variance nationally. DCDE is working closely with the HSE, NCSE, and Department of Education to explore opportunities to maximise compliance with the Disability Act (2005) in regard to AON.

### **(iii) Workforce**

Action 3.3: A national minimum standard set for CDNTs of 1 student placement per 2 full time staff per discipline in post in each team has resulted in 317 placements in the academic year 2023/2024, a 29% increase, up from 243 student placements in the previous year. This is a strong recruitment and retention strategy, beneficial for student learning and attraction to CDNT work post-graduation, and for individual staff and team development, and a credit to the teams and their managers for this progress.

Action 3.6: 23 Administration posts at Grade 3 and 9 at Grade 6 were allocated to CDNTs in 2023. Whilst it is anticipated that the majority of these have been filled, there may be some turnover. April CDNT Census (report in June) will confirm the Admin WTE in post compared with 2022 CDNT Census.

Action 3.7: National HR Disabilities is developing a qualitative study on what's important for CDNT staff to stay. This will be used to support Regions in developing their Retention Plans for CDNTs this year.

Action 3.9: A proposal for 4 years' salary paid to new graduates over 5 years for a gap year in year 5 initiative was submitted to Department of Health and copied to DCDE in December following discussions with key stakeholders. A final version agreed with the Department of Health is anticipated in the coming weeks.

#### Action 3.10

- (i) and (ii): In 2025, National HR Disabilities will assess feasibility of programmes to support Therapy Assistants/other eligible staff to return to education to qualify as Therapists, including level of interest from staff, net increase in Therapists, short-term reduction in staffing levels during study, drop-out rates, 3rd level institution requirement, and cost of above.
- (iii): In 2023, CHOs were requested to contact their recently retired therapists regarding a Return to Work incentivised programme with no reported uptake on same. This action has now been completed.

Action 3.13: CDNT Workforce Report 2024 (as of 16/10/24) confirms of the 2023 allocation of 50 WTE,

- ✓ 33.75 have been recruited
- ✓ 7.25 are in recruitment
- ✓ 9 have not been fillable to date.

An update on these and recruitment status of 2024 and 2025 Therapy Assistant new posts will be available in the April CDNT Report due in June 2025.

Action 3.16: The Clinical Programme for Paediatrics and Neonatology is currently recruiting 2 Consultant Paediatricians with a special interest in Neurodisability. Interviews have been completed with two successful candidates and their start dates are to be confirmed.

Action 3.17: CDNT Workforce Report 2024 (as of 16/10/2024) confirmed an increase of 272 WTE on CDNTs, of which 204 WTE are HSCPs against the target of 462 HSCPs, and a further 110 WTE advanced in recruitment at that time. The next CDNT Staff Census will take place in April with a report in June. A National Virtual Career Fair will be held in May with an emphasis on CDNT work opportunities.

Action 3.19: CDNT Phase 3 National Training and Development Programme 2024-2025 is in year 2 of delivery with €700,000 budget to enhance Regions and Lead Agencies existing training budgets.

#### **(iv) Communication and Engagement**

Action 4.2: A comprehensive Communication Strategy and Plan was approved by the SIP Board in January and whilst a dedicated staff resource is required to support its implementation across the country, some elements have been commenced. For example, a Guide to Communicating Effectively with Families is in development, and the first of a six monthly webinar for Family Representative Groups was delivered by National Children's Disability Services in January.

Action 4.5: Two remaining Family Forums are to be set up this year.

Action 4.6: Phase 1 of the CDNT Website Review is in train for delivery by November 2025 in tandem with the new National Online Resources Hub for children with Disabilities and their families, both which will be colocated on the HSE's MyChild.ie.

Action 4.7: 1 remaining Family Representative Group (FRG) is to be set up this year, or alternatively, the elected family reps from Family Forums in place, will join the relevant FRGs in the new Health Regions – this will be progressed by the Regions once the new roles under the Integrated Health Managers have been finalised in September.

Action 4.8: Family Representative Group Survey is paused, as recommended by parents involved in driving implementation of the Roadmap until the Genio Report with recommendations and a HSE Action Plan to address Genio Recommendations has been approved by the SIP Board. The Genio Report is due for submission on April 7th.

#### **(v) Engagement with Education and Support for Special Schools**

Action 5.1: Of 136.3 senior HSCPs WTE allocated in 2023, 88.15 WTE are in post as of 31/3/2025 – see page 4 for detail.

## Section 5: Status of the remaining 7 Roadmap Actions

### (i) Governance and Integrated Children's Services

There are no Roadmap Actions remaining under this section.

### (ii) Service Access and Improvement

Action 2.8: Service Improvement Function of National Childrens Disability Services Team to work with individual teams is on hold due to ongoing 65% staffing gap on the team.

Action 2.9: CHO Service Improvement Plan was paused in 2024 to allow developments noted under Action 2.11 to be completed. This will be reviewed mid-year.

Action 2.11: Following wide consultation on a proposal for implementing the First Intervention for waitlisted children, the SIP Board approved Working Group 2's recommendation that in order to progress this action, the following key enablers are developed and in place:

- (i) Welcome packs are now in place in the majority of CDNTs for new children and families referred with the remaining welcome packs in development.
- (ii) Development of standardised initial pathway from CDNT waitlist to caseload: a multistakeholder group reviewed different practices of when teams move a child from waiting list to caseload via a survey, building on learning from 2024 CHO workshops and webinar. A further workshop ran on Jan 22nd to advance this. Completion target: May '25.
- (iii) National Online Resources Platform for children with disabilities and their families awaiting Primary Care/CDNTs/CAMHS services: SIP Board has approved the business case. For Phase 1, we will gather and evaluate against a set of standards existing online resources developed by services and others e.g. NHS for launch in November 2025.

Action 2.23: Whilst AON completion targets per Region have not been set, each Region continues to maximise the delivery of AONs balanced with service provision for children with disabilities and, in addition, privately resourced AONs (See tables 1 to 3 above). This has resulted in a growth of 65% in completed AONs in Q1 2025 over the same period in 2024.

### (iii) Workforce

Action 3.8: Student Sponsorship Programme Phase 1 will be launched next month for final year speech and language therapy, occupational therapy, physiotherapy and social work students who will graduate and be eligible for CORU registration this year. Sponsored students will be matched against current job vacancies in CDNTs.

Action 3.11: Recruitment of the six Regional Leads to drive Roadmap Service Improvement programme across all teams within their respective Regions and Lead Agencies is awaiting approval to proceed.

### (iv) Communication and Engagement

Action 4.4: First Intervention Communication Guidance for Lead Agencies to issue to families – see Action 2.11 update above.

### (v) Engagement with Education and Support for Special Schools

There are no Roadmap Actions remaining under this section.

## Section 6: Key challenges impacting on delivery of Roadmap Actions

- Recruitment to CDNTs remains a key challenge. Staff and CDNMs note this as the most critical factor in achieving the level of service improvement and quality required as outlined in the Roadmap. Filling all vacant CDNT posts is also a critical factor in retaining the highly specialised existing staff and promoting CDNTs as good and rewarding places to work.

The increase in CDNT workforce of 17% or 272 WTE new staff as profiled in the 2024 CDNT Workforce Report is very positive in addition to the further 110 WTE well advanced in the recruitment process at the time of the annual CDNT Staff Census (October 16<sup>th</sup> 2024).

- Significant reduction in the number of new HSCP and Therapy Assistant posts committed to in the Roadmap launched in Oct 2023 risks to undermine momentum, credibility and deliverability of the Roadmap Actions.
  - Depletion of the National Children's Disability Services Team: The team remains at 35% of its capacity pre-launch of the Roadmap which is impacting on the level of support available to drive existing and oncoming multiple workstreams required and agreed to deliver on Roadmap Actions in 2025.
  - Reduction in new development posts 2025 vs those defined in the Roadmap 2023-2026: The Roadmap detailed 180 new development HSCP posts in 2025 whilst 20 Senior and 20 Staff Grades have been funded this year. Several CDNTs, fully staffed for a period of time, are evidencing their inability to meet current demand for CDNT services. National Disabilities is working with Public Health to upload all CDNTs onto Health Atlas, to use a population based approach for allocation of new resources from this year onwards, taking into account the local profile on age, disability and social deprivation, and approved senior and staff grade health and social care and nursing professional, and therapy assistant.
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## Appendix 1: Acronyms and Abbreviations:

AND	Assistant National Director
AON	Assessment of Needs
CDNM	Children’s Disability Network Manager
CDNT	Children’s Disability Network Team
CDNTIMS	Children’s Disability Network Team Information Management System
CHO	Community Healthcare Organisation
DCDE	Department of Children, Disability and Equality (from Jan 2025)
DCEDIY	Department of Children, Equality, Disability, Integration & Youth (to Jan 2025)
DOH	Department of Health
FRG	Family Representative Group
HEI	Higher Education Institute
HSCP	Health and Social Care Professional
ICT	Information and Communications Technology
ID	Intellectual Disability
IFSP	Individual Family Support Plan
NCSE	National Council for Special Education
NDA	National Disability Authority
NEPS	National Educational Psychological Services
PTA	Preliminary Team Assessment
SIP Board	Service improvement Programme Board
WHO	World Health Organisation
WTE	Whole Time Equivalent

## Appendix 2: CDNT Metrics – March 2025

National CDNT Interim Metrics		Mar-25						
No.	Metric	HSE West and North West	HSE Midwest	HSE South West	HSE Dublin and South East	HSE Dublin Midlands	HSE Dublin and North East	Total
1	No. of <b>staff WTE allocation</b> @ month end i.e. on the last day of the month	392.74	194.18	362.70	418.49	437.84	519.76	2325.71
2	No. of <b>staff WTE actually working</b> @ month end	330.83	146.38	293.90	269.13	327.67	374.78	1742.69
3	No. of <b>staff WTE on maternity leave</b> @ month end	15.21	11.00	26.80	23.95	20.00	26.10	123.06
4	No. of children on <b>open caseload</b> @ month end	6013	6050	7755	6476	8768	8722	<b>43,784</b>
5	No. of <b>children referred</b> to the CDNT this month	156	77	159	140	215	183	930
6	<b>No.</b> of children <b>transferred as 'Open'</b> from disability services prior to reconfiguration who have not had an initial contact or intervention by month end	72	0	0	375	235	26	708
7	No. of <b>children discharged</b> during the month	86	96	110	129	229	159	809
8	No. of children with a <b>current IFSP</b> @ month end	4373	5322	3674	2776	4681	4606	25,432
9	<b>% of children with a current IFSP</b> @ month end	73%	88%	47%	43%	53%	56%	<b>58%</b>
10	No. of <b>children waiting 0-3 months</b> for an initial CDNT contact @ month end	126	138	162	144	284	308	1,162
11	No. of <b>children waiting 4-6 months</b> for an initial CDNT contact @ month end	64	151	122	146	243	223	949
12	No. of <b>children waiting 7-12 months</b> for an initial CDNT contact @ month end	92	251	89	291	392	330	1,445
13	No. of <b>children waiting over 12 months</b> for an initial CDNT contact @ month end	364	523	266	2133	2116	2980	8,382
14	<b>Total no. of children on the CDNT waiting list</b> @ month end.	646	1063	639	2714	3035	3841	<b>11,938</b>
15	<b>Total No. of children</b> and/or their parents who were <b>offered an initial contact, an individual or group intervention appointment</b> this month	1840	1425	3193	3129	4322	4403	<b>18,312</b>
16	No. of children &/or their parents who participated in an <b>initial contact</b> this month	48	74	116	93	191	306	828

17	No. of children &/or their parents who participated in <b>individual intervention appointment</b> this month	1348	905	2093	2126	2974	2864	12,310
18	No. of children &/or their parents who participated in a <b>group intervention appointment</b> this month	228	314	655	426	685	706	3,014
19	<b>Total</b> No. of children &/or their parents who <b>participated in an initial contact, an individual or group intervention appointment</b> this month	1624	1293	2864	2645	3850	3876	<b>16,152</b>
20	<b>No. of children</b> &/or their parents who <b>have not attended</b> an individual or group intervention appointment this month	216	132	329	484	472	527	2,160
21	<b>% of children</b> &/or their parents who have <b>not attended</b> an individual or group intervention appointment this month	12%	9%	10%	15%	11%	11%	12%
22	No. of children (&/or their parents) <b>on CDNT waiting list</b> who have <b>participated in one or more individual and/or group intervention appointments</b> this month.	47	5	258	410	131	423	<b>1,274</b>