



**Oifig an Stiúrthóir Cúnta Náisiúnta,**  
Foireann Míchumais Náisiúnta,  
An Chéad Urlár - 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.

14<sup>th</sup> May 2024

Deputy Ruairí Ó Murchú,  
Dail Eireann,  
Leinster House,  
Kildare Street,  
Dublin 2.  
E-mail: [ruairi.omurchu@oireachtas.ie](mailto:ruairi.omurchu@oireachtas.ie)

Dear Deputy Ó Murchú,

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: 19131/24**

*To ask the Minister for Children; Equality; Disability; Integration and Youth the measures being taken by his Department to review and improve the waiting times and outcomes for assessment of needs, the provision of therapies for children with disabilities through the CDNTs, primary care and adult services for people with disabilities; and if he will make a statement on the matter.*

**HSE Response**

The National Policy on Access to Services for Children & Young People with Disability & Developmental Delay ensures that people are directed to the appropriate service based on the complexity of their presenting needs rather than based on diagnosis. Many children and adults with a disability who have support needs can be effectively supported within mainstream child and adult health services. This policy provides a single point of entry, signposting parents and referrers to the most appropriate service (Primary Care for non-complex functional difficulties and Children's Disability Network Teams for complex functional difficulties).

Community based care is currently undergoing substantial reform in line with Sláintecare. This includes strategies such as Enhanced Community Care, Progressing Disability Services and Sharing the Vision for mental health services. The move to the new regional structure over the coming months will present more opportunities to design services around the needs of individuals, their families and local communities and also to bring about greater integration with acute services.

Waiting List initiatives in community services as part of the 2024 Waiting List Action Plan are agreed for Primary Care (Psychology & Orthodontics) and Mental Health (CAMHS) with the Department of Health. This builds on the success of Waiting List Initiatives undertaken over the previous two years.



## Childrens' Disability Services

With regard to specialist disability services for children, 91 Children's Disability Network Teams (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.

The CDNTs are currently providing services and supports for 45,741 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 need
- Growth in demand for Assessment of Need, diverting further resources away from interventions.

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. Clinicians working on CDNTs undertake assessments, reviews and provide interventions for children on their caseloads.

### 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 was approved by the HSE Board on July 28th and launched by the Government and the HSE on Tuesday 24th October 2023.

The Roadmap 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.

It sets out the overall aim for Children's Disability Services, provided by the HSE and its partner agencies, for every child to have a childhood of inclusive experiences where they can have fun, learn, develop interests and skills, and form positive relationships with others in a range of different settings.

As mentioned above, there are over 700 vacant whole time equivalent posts in CDNTs. The HSE continues to explore a range of options to enhance the retention and recruitment of essential staff across all aspects of the health services. The HSE is operating in a very competitive global market for healthcare talent as there are significant shortages of qualified healthcare professionals across the globe. 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.

The Roadmap actions includes a robust suite of 60 actions, including 21 on CDNT Retention and Recruitment targets, and many of which are now in train.

The Roadmap' Working **Group 3 Workforce**: sets out a comprehensive range of staff retention, development and recruitment actions, which are critical to delivery of the Roadmap actions and importantly, the ongoing development of CDNT services to meet current and growing demand. It includes student sponsorship programmes for health and social care professionals (HSCP), 20 new clinical psychology trainee placements per annum from September, a recruitment plan for 462 HSCP by the end of 2024, and 300 therapy assistants over 2023-2025 to support HSCPs in delivering most effective and efficient services in environments appropriate to each child's needs. It includes a confined Senior grade competition and the upgrading of up to 60 senior posts to clinical specialist grade, initiatives to support retention, service quality and safety, and providing a career pathway.

With regard to Assessment of Need under the Disability Act 2005, 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 directly to the CDNT for children with complex needs as a result of their disability, or to Primary Care for children with non-complex needs.

Overall, it is estimated that there are approximately 15,000 applications 'overdue for completion' at this time. This includes AONs currently overdue and Preliminary Team Assessments that now require diagnostic assessment.

In addition, an estimated 8,000 new AONs are anticipated during 2024 based on the number of AONs received over in 2023.



## **Actions to address AON waiting lists**

The HSE's National Clinical Programme for People with Disability (NCPD) has led the process of developing a revised AON Standard Operating Procedure (SOP) incorporating guidance on completion of clinical assessment to replace the element of the SOP which was found to be non-compliant with the Disability Act (2005) – the Preliminary Team Assessment. This was launched on July 14<sup>th</sup> 2023.

### ***Additional funding***

Approximately €10.5m was spent to address waiting lists for clinical assessments identified through the Assessment of Need process and in 2024, €5m in one off funding has been allocated. This funding is being utilised to procure diagnostic ASD assessments from the private sector. In addition, the HSE at local level is using time related savings to source AON assessments privately for children in the order as registered on the AOS (AON information management system).

A National AON tender process has been completed for the delivery of Assessment of Need from private providers. This will provide limited additional private capacity in provision of AONs due to level of private service provider engaged already for AONs. However, learning from this tender process will be shared with CHOs to support standardisation across CHOs.

In line with appropriate procurement procedures, Garda vetting and due diligence practice, private providers are currently being contracted by the HSE to provide assessments and / or interventions. In such instances, the HSE ensures that the contracted providers are appropriately qualified and that any assessments or interventions are provided in line with the appropriate standards.

### **Adult Services**

The HSE provides and funds a range of community services and supports to enable each individual with a disability to achieve his or her full potential and maximise independence, including living as independently as possible. Services are provided in a variety of community and residential settings in partnership with service users, their families and carers and a range of statutory, non-statutory, voluntary and community groups. Services are provided either directly by the HSE or through a range of voluntary service providers. Voluntary agencies provide the majority of services in partnership with and on behalf of the Health Service Executive.

Services provided include Residential, Respite, Day Services and Rehabilitative Training, Assisted Living Services (PA and Home Support), and Therapeutic Supports.

There is no centrally maintained waiting list for these services. The local HSE CHO areas would be aware of the need and requirements in their respective areas and would work with the local Service Providers with a view to responding to the level of presenting needs within the resources available.

### **Disability Support Application Management Tool (DSMAT)**

HSE Disability Services has introduced a system called the Disability Support Application Management Tool (DSMAT), which provides a list and detailed profiles of people (Adults & Children) who need additional funded supports in each CHO.

DSMAT captures detailed information on home and family circumstances and a detailed presentation profile of the individuals. This enables Community Healthcare Organisation (CHO) areas to record and manage requests for support and to ensure that the application process is equitable and transparent.

It is important to note that in the absence of a statutory, legislative framework providing entitlement to services, the DSMAT is not a chronological waiting list. Rather, it is a support to the CHO area to feed into its decision making process around prioritisation of services, subject to budgetary constraints.

This means that services are allocated on the basis of greatest presenting need and associated risk factors.

### **Future Planning**



The recently published Action Plan for Disability Services 2024 – 2026, sets out a three year programme to increase service capacity so that future and present unmet need can be provided for by specialist community-based disability services. This aim will be supported by efforts to refresh the overall reform agenda and progress strategic change to deliver better efficiency and joined-up service provision and improve management and monitoring capacity.

With regard to therapy services, the headline service improvements includes as follows:

**Children’s Disability Services:**

Around 600 extra WTE staff for Children’s Disability Network Teams 2024-2026 to address vacant posts, build capacity, deliver timely access to early intervention and multidisciplinary supports, and ensure continuity of services

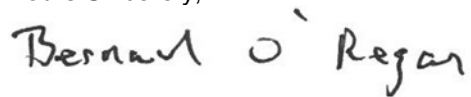
**Adult Multidisciplinary Therapies:**

Additional 222 posts in specialist adult therapy services

Develop a nationwide network of neuro-rehabilitation services including managed community rehabilitation networks.

Each CHO continues to actively manage applications for service from service users with high levels of acuity/ safeguarding risks, through lower-cost non-residential interventions such as respite service, active case-management and inter-agency cooperation.

Yours Sincerely,



**Bernard O'Regan**  
**Assistant National Director**  
**National Disability Team**

