



**Roadmap for Service Improvement 2023 – 2026,  
Disability Services for Children and Young People  
Quarter 3, 2025 Report**

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## Section 1. Introduction

The **Roadmap for Service Improvement 2023 – 2026, Disability Services for Children and Young People** ([here](#)) referred to ‘the Roadmap’ was approved in July 2023 by Government and launched in October 2023 by the then Minister for Children, Disability, Equality, Integration and Youth, Roderic O’Gorman, Minister of State for Disability, Anne Rabbitte and HSE CEO, Bernard Gloster. Following 3 months of industrial action, the HSE’s Service Improvement Programme Board (SIP Board) and its following four working groups (WG) in March 2024 were established in February and March 2024 respectively to lead and drive the delivery of its 60 actions:

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

Each WG was charged with the delivery of specific, assigned actions and reporting monthly to the Roadmap’s SIP Board. The SIP Board and 4 WGs include multistakeholder membership of HSE, Section 38 and Section 39 staff and management, family voices, union and Department of Children, Disability and Equality representatives.

In the 18 months to end of Sept 2025, significant progress has been made with

- **26 Roadmap actions achieved**
- **A further 12 actions in place and ongoing**
- **16 actions in train**
- **Remaining 6 on hold or stepped down.**

The following quarterly report provides an update on the achievements of Roadmap implementation to date, the status of each Roadmap Action and the continued service improvement works in train for children’s disability services in line with the objectives set out in the Roadmap.

## Section 2: The Roadmap Dashboard

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

#### Year to date (01/01/2025 to 30/09/2025):

- **7,905 children referred** to CDNTs, an **increase of 3% (230)** over the same period in '24.
- **7,909 children discharged**, an **increase of 29.3% (1,794)** over same period in 2024.
- **10,099 children waitlisted** for CDNT services on Sept 30th, a **reduction of 21.84% (2,821)** year to date, from 12,920 on 31/12/2024<sup>1</sup>.
- **412 children transferred as 'Open'** from disability funded services to CDNTs in 2021 awaiting initial contact on 31/6/2025, a **reduction of 62.2% (678)** from 1,090 on 31/12/24.

### (ii) Service Provision: Children's Disability Network Teams

#### In Sept 2025 (appendix 2)

- **17,210** children and/or their parents were offered an **initial contact, one or more individual and/or group interventions** compared with 12,598 in Dec 2024.
- **15,280<sup>2</sup>** children received an **initial contact, individual and/or group intervention, a 36.7% increase** from 11,177 in Dec. 2024. (Note, interventions historically drop in December and August months as peak holiday periods for families and staff.)

This included:

- **560** children and/or their parents received an initial contact this month.
- **12,696** children and/or their parents participated in one or more **individual appointments**.
- **2,024** children and/or their parents participated in one or more **group interventions**
- **1,921 (11%)** children and/or their parents failed to attend one or more appointments.
- **1,283 waitlisted** children and/or their families **participated** in one or more individual and/or group intervention appointments, up from 722 children in Dec. 2024.
- **44,440 children** are on open CDNT caseloads, **3.75% increase** from 42,836 in Dec. 2024.

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<sup>1</sup> Excludes children waiting on 6 CDNTs in the West.

<sup>2</sup> Limited risk of duplicate counting due to manual data gathering. This will be eliminated once all teams move on to the CDNTIMS by year end 2025.

### (iii) Assessment of Need (AON)

#### AONs completed in the last eight quarters (Q3, 2023 to Q2, 2025) against Roadmap Target

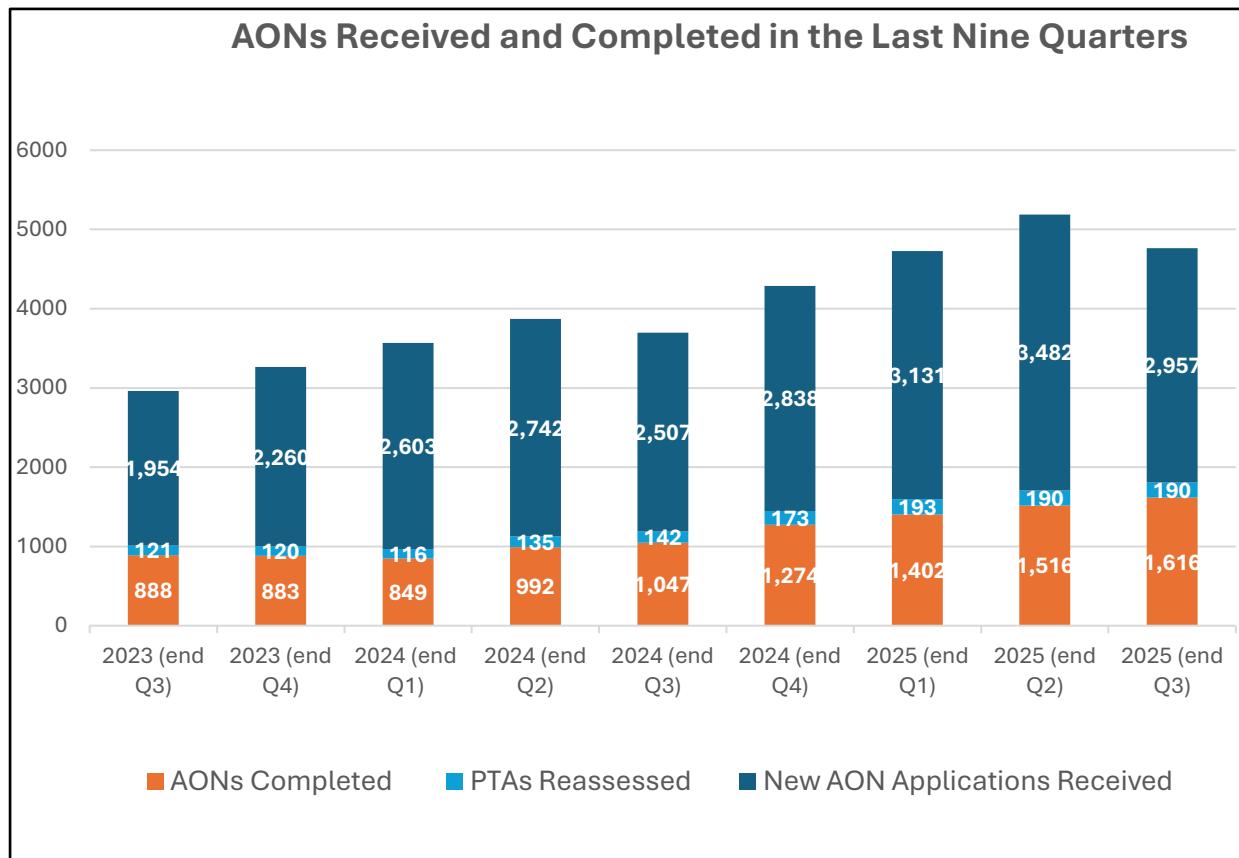
The **AON target of 19,042** set in the Roadmap for completion over the lifespan of the Roadmap (July 2023 – June 2026) is based on AONs overdue in June 2023, estimated new AONs for 2023 and estimated Preliminary Team Assessments<sup>3</sup> (PTA) to be reassessed. Over the last 9 quarters since the target was set, **10,467 AONs** have been **completed**, and an estimated **1,380 PTAs reassessed** with a **remaining AON Roadmap target of 7,195** (inclusive of residual PTAs).

Quarter 3 2025: 1,616 AONs were **completed**, **54% increase** on the same period in 2024 (1,047).

**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	10,707
2025 (end of Q2)	1,516	190	9,001
2025 (end of Q3)	1,616	190	<b>7,195</b>
<b>Total</b>	<b>10,467</b>	<b>1,380</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
	Q2	16,593	710	1,885	13,998	3,482	1,516
2025	Q3	18,097	1,149	1,692	15,256	2,957	1,616

**Table 3: AONs procured privately via 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	1,031	€3,409,727	€3,307
Quarter 4 2024	1,069	€3,574,737	€3,344
Quarter 1 2025	1,157	€4,283,033	€3,702
Quarter 2 2025	1,340	€5,085,362	€3,795
Quarter 3 2025	1,402	€5,333,701	€3,804
<b>Total to date</b>	<b>6,378</b>	<b>€22,931,015</b>	<b>€3,595.49</b>

AON waiting lists are growing as demand continues to outstrip capacity. 2,957 applications were received in Quarter 3, 2025 with circa 1,616 completed. By the end of 2025, it is estimated that there may be 22,297 AONs due for completion: AONs overdue at end of Q3 2025 (18,097); new AONs received in remainder of 2025 (3,000); and PTAs to be re-assessed (1,200).

**(iv) Roadmap Targets for 2025**

- 1. At least 50% of all Roadmap Actions to be implemented by yearend**
- 2. 12% increase in CDNT posts to be recruited in 2025 over 2024**
- 3. 10% minimum increase in CDNT caseloads nationally**

**As of end of Sept 2025:**

- 1. 63% of Roadmap Actions have been met** including 26 met and closed out, and 13 in place and going
- 2. October 2025 CDNT Workforce Report** for comparison with October 2024 report will be available for Q4 Roadmap report.
- 3. Whilst CDNT caseload has increased by only 3.75%,** it is important to note the **21.84% reduction in waiting list year to date**, even though 7,905 new children were referred to CDNTs during this same period.

## Section 3: Roadmap Key Achievements to date

In the 18 months to end of Sept 2025, significant progress has been made with

- **26 Roadmap actions achieved**
- **A further 12 actions in place and ongoing**
- **16 actions in train**
- **Remaining 6 on hold or stepped down.**

The following table outlines key Roadmap achievements to date, enabled by a rigorous, ongoing, targeted, and integrated recruitment campaign across HSE, Sections 38 and 39 Lead Agencies. In addition, the focused growth in our CDNT Student Placement programme is already resulting in students returning to work as new graduates in CDNTs. CORU registration reduction to 5 days for Irish trained graduates and from 80 to 47 days for those trained abroad has expedited onboarding of new staff.

Key Roadmap Achievements to date	June -23 Gov approved Roadmap	Sept-25	% change
Reduction in number of children waitlisted for CDNTs	16,522	10,099	38.9 %
Increase in number of children on CDNT caseload	40,541	44,400	9.9 %
No. of children taken off CDNT waiting lists onto caseload having <b>completed</b> their <b>Initial Contact</b>	<b>21,094 children</b>		
No. of <b>waitlisted</b> children and/or their families who <b>received interventions</b> in Sept '25	0	1,283	1,283 %
Increase in number of <b>filled HSCP/Nursing</b> wte	1,245.2	1,562.7 <sup>4</sup>	25.5%
Increase in number of <b>filled Admin</b> wte to CDNTs to optimise clinical hours available	133.4	213.2	60%
Increase in number of <b>filled Therapy Assistant</b> wte	0	62.8	628%
National <b>CDNT staff wte vacancies</b> average	29%	18%	11%
Increase in number of CDNT student placements per year - a critical attraction strategy for CDNT recruitment.	243	376	55%

<sup>4</sup> Per National CDNT Workforce Report April 2025. Next Workforce Census is in Oct with report by year end.

## Section 4: Roadmap Actions achieved to date – 26 of 60

The HSE in collaboration with HSE funded agencies, Department of Children, Disability and Equality (DCDE) and CORU have completed 26 of 60 Roadmap Actions as of September 30<sup>th</sup>, 2025.

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

Action 1.1 Interdepartmental Oversight Group: established by DCDE and chaired by then Minister of State for Disabilities for implementation of the Roadmap.

Actions 1.2 and 1.4 Service Improvement Programme Board and 4 WGs set up, Service Improvement Lead appointed to drive, monitor and oversee delivery of the Roadmap actions.

Action 1.3 Integrated Children's Services Working Group: completed a Primary Care, Disabilities, CAMHS staff survey on what is working well, what is not and the solutions to address challenges for full implementation of the *National Access Policy* ([here](#)) and *the Primary Care, Disability, CAMHS Joint Working Protocol* ([here](#)). Both are critical foundation stones for integrated, child and family centred services, as emphasised by staff and parents. The survey learning is now informing the **Single Point of Access** (SPoA) implementation programme in all Regions.

Following a series of engagements with families and staff from April to June '25, where a strong call to streamline access to services for children and their families was made, the HSE's CEO directed a 'No Wrong Door' policy to be implemented via the introduction of a SPoA to community services for children this year. A National and 6 Regional Implementation Groups were set up in August and 6 Regional SPoA workshops were delivered in September to support development of Regional SPoA plans. These plans will be submitted to the CEO by Oct. 12<sup>th</sup> for approval and feedback.

The SPoA is dependent on the National Access Policy and HSE Primary Care, Disabilities, CAMHS Joint Protocol being applied.

Work is ongoing in reviewing the nationally standardised referral form of the National Access Policy to incorporate CAMHS needs and to be automated for the SPoA process.

The CEO has also expedited the launch of Community Connect, a digital record across community based services, to June '26, a critical enabler identified in the North Dublin Centralised Referral Office pilot, to support management of referrals through this single point of access.

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

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

Action 2.7 Framework of Approved Providers: was set up by the HSE for CDNTs to offer appropriate supports to waitlisted children and their families via the CDNM.

Action 2.10 6 Regional Workshops: on implementation of the NAP and Primary Care, Disability, CAMHS Joint Protocol was incorporated into 6 Regional SPoA Workshops delivered in Sept '25.

Action 2.13: Aids and Appliances Review: has been concluded by the World Health Organisation and a report with recommendations submitted to DCDE.

Action 2.14 CDNT Alignment to Health Region structures: e.g. Community Healthcare Network, Primary Care Network or Integrated Healthcare Area has been completed as confirmed by the Regions.

Action 2.18 Interim Clinical Guidance on Assessment: for staff as part of the AON Standard Operating Procedures (SOP) was issued in 2023 and a webinar delivered for staff.

Action 2.20: National AON tender process was completed in 2023 to support Regions in achieving AON targets. A new National AON tender will be run in Q4 to supersede any Regional AON contracts in place, in order to optimise value for money and standardise service provision.

Action 2.22 Review of the Interim Clinical Guidance on AON for any issues was completed and recommendations made for updates to the Guidance and AON SOP which are being progressed nationally.

## **(iii) Workforce**

Action 3.1 Confined Senior Grade competition was completed to promote retention of highly skilled CDNT staff.

Action 3.2 - 60 new Clinical Psychology trainee places in disability services was superseded by the CEO's approval of 135 new trainee places across all health services over 2023 to 2025. All are now in place.

Action 3.4 Employing new graduates on Therapy Graduate Grade until CORU registered was explored. Instead, it was agreed instead to support CORU on expediting registration for new graduates and international recruits which has been achieved (Action 3.20 below).

Action 3.5 Health and Social Care Assistant: nationally standardised Job specification is in place, following broad stakeholder engagement, and its grade code sanctioned by Department of Health (DOH). This role, along with existing therapy specific assistant role, supports optimisation of HSCP/Nurse roles on the team.

Action 3.6 Recruitment of 32 Admin wte: April 2025 CDNT Workforce Report confirmed an additional 69.4 funded Admin wte above the 2022 baseline and a growth of 79.8 Admin wte filled.

Action 3.9 Four years' salary over five years option: to allow a gap year in year 5 has been finalised by the HSE and supported by DOH and DCDE.

Action 3.10 (iii) Recently retired therapists: were contacted by CHOs in 2023 regarding a Return to Work incentivised programme. No reported uptake materialised.

Action 3.12 CDNT Clinical Specialist posts: were increased to 66.9 (target 60) of which 29.6 HSCP and 26.3 Clinical Nurse Specialist posts are filled (April 2025 Workforce Report).

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

Action 3.15 Apprenticeship Programme: for Social Work launched in September '24 with 12 places and a further 21 places in 2025. Social Care Worker programme is under development. 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 in 2025 and OT programme commenced this year with 20 places. SLT is in development for 2026.

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.

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 CDNMs in person and online and two sharing events for Independent Facilitators on establishing Family Forums and Family Representative Groups.

Action 4.5 Family Forms: All 93 are now in place.

Action 4.9 CHO Workshops : National Children's Disability Services led 3 CHO workshops for HSE and funded agencies management and staff on the Roadmap, their responsibilities and consultation on the 1<sup>st</sup> Intervention Guidance draft (action 2.11). Critically, staff feedback informed development of the Project Charter for Roadmap's WG 2 on Service Access and Improvement.

## Section 5: Roadmap Actions in place and ongoing - 12

In addition to the 26 actions completed, **the following 12 Roadmap Actions are in place and ongoing** as of September 30<sup>th</sup> 2025:

### (i) Governance and Integrated Children's Services: None.

### (ii) Service Access and Improvement

Action 2.1 Private service provision: continues to be maximised by all 12 Lead Agencies for waitlisted CDNT children, where funding allows, evidenced by data gathered on the level and types of services commissioned privately throughout 2024.

Action 2.2 Digital tools: The 75 teams now on CDNTIMS are using it to set digital appointments for children and families. CDNTs also continue to provide virtual appointments, where appropriate, and in line with families' preferences, however, this is not as popular with families. We are reviewing survey feedback of CDNMs on digital supports, to identify opportunities to increase digital supports across all teams.

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 Supporting teams on Family Centred Practice: National Children's Disability Services continues to host monthly webinars for staff by staff to share initiatives, innovative practices and experiences across CDNTs including learning from engagement with and feedback from children and families, to drive child and family centred practice.

Action 2.6 National CDNT Metrics: Each Region gathers monthly data on children referred, waiting for and seen by each team for review by their Operational Management Group (OMG) (CDNMs, HSE and Lead Agency Management), and submission nationally where it is shared with the SIP Board.

OMGs are encouraged to review the collated CDNT Metrics data to learn from each other's teams and to identify opportunities for service improvements.

### (iii) Workforce

Action 3.3 CDNT Student Placements: the national minimum standard was set of 1 student placement per 2 full time staff per discipline in post per CDNT. For 2024/5 academic year, 376 student placements were provided representing a 55% increase over those provided in 2022/23 (243).

Whilst the national target was achieved, we are exploring reasons behind where student placement targets were not met at team/discipline level via a CDNMs survey to identify additional supports required. We will continue working with all key stakeholders e.g. CDNMs, Higher Education Institutes (HEI), NCPPD, National HSCP Office and Regional Integrated Development Leads to grow CDNT student placement numbers as a key attraction and retention strategy for CDNTs.

Action 3.8 Student Sponsorship Programme Phase 1: launched in May for final year OT, PT, SLT, SW students graduating and eligible for CORU registration this year. 38 graduates are on track for appointment to CDNTs currently. A business case has been submitted to DCDE for 2026 to extend sponsorship to 3<sup>rd</sup> year undergraduate and 1<sup>st</sup> year post graduate students and to dietician students.

Action 3.21 Collaborating with HEIs: on increasing trainee places continues with HSE National HR participation on DCDE led group. 320 new places were launched in '25. HR is now commencing work with Education and Training Boards on increasing Therapy Assistant training places.

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

Action 4.1 Supporting Family Forums (FF) and Family Representative Groups (FRG : Two subgroups are leading the implementation of the 10 HSE Actions approved by the SIP Board to address Genio Report recommendations (April 2025) on the functionality and sustainability of FFs and FRG. Target completion date: **March 2026**.

Action 4.2 Communication Plan: National Children's Disability Services have begun roll out of a comprehensive, SIP Board approved, Communication Action Plan for CDNTs. It includes

- quarterly Roadmap progress reports dissemination to key stakeholders
- 2<sup>nd</sup> six monthly webinar for FRGs members in July
- 3 Regional Communication Workshops planned for November/December with CDNT staff to include the Communication Plan, the SIP Board approved *Guide for Communicating Effectively with Families* and a team benchmarking tool, and a space to reflect and share communication practices, strategies and experiences across teams. to support consistent, clear communications with key stakeholders.

Action 4.8 FRG Survey: The first 6 monthly survey was run in August and likely due to peak holiday time, a low completion rate resulted. It was reopened in October for 2 weeks and the data is now being reviewed.

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

Action 5.2 The *Cross Sectoral Government Group on Disability Issues for Children and Young People*: including DCDE, DOH, Department of Education (DoE), HSE Disabilities and Primary Care, National Council for Special Education (NCSE) and National Educational Psychological Services (NEPS), has resumed to promote optimal integration of health and education services. HSE continues to work closely with DCED, DoE and NCSE on the Special Schools Pilot in train in Cork, Dublin and Galway.

The CSG has agreed for the HSE, NEPS, NCSE group to be re-established, this time under governance of the CSG, to drive integrated working across the respective services. To commence in Q4.

## Section 6: Roadmap Actions in train - 16

The following **16 Roadmap Actions are in train** as of September 30<sup>th</sup> 2025:

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

Action 1.5 HSE Tusla Joint Protocol: The HSE AND Tusla developed a Memorandum of Understanding which is now being reviewed to align with and be incorporated into the revised HSE Tusla Joint Protocol draft. Revised completion date is **Quarter 1 2026**.

### (ii) Service Access and Improvement

Action 2.11 First Intervention for waitlisted children: Following wide consultation on a proposal for its implementing, the SIP Board approved WG 2's recommendation to pause this action, in order to develop and implement 3 key enablers first:

- (i) Welcome packs are now in place in all CDNTs for new children and families referred with the remaining welcome packs in development.
- (ii) A standardised initial pathway from CDNT waitlist to completion of initial contact intervention has been submitted to the SIP Board for approval. A date for its implementation will be confirmed once a pathway for existing waitlisted children has been defined and SIP Board advised (Nov. 18<sup>th</sup> meeting).

The WG will then commence work on standardising the remainder of the CDNT pathway post Initial Contact intervention through to discharge from service.

Completion Target: Q2 '26

(iii) National Online Resources Hub for children with disabilities and their families awaiting any health service will be launched on Nov. 19<sup>th</sup> with the initial suite of resources from St Michael's House, former CHO 7 and Enable Ireland hubs. Feedback will be sought on its content and accessibility from stakeholders, especially children, young people, families and CDNT/Primary Care/CAMHS staff over 3 months from the launch.

Meanwhile, work will continue on auditing all other existing online sources being gathered across CDNTs, Primary Care, CAMHS services for upload onto the National Platform up to August 2026. A proposal has been submitted for the ongoing management of the platform and its resources, and the development of new resources, informed by children, young people, their families and staff needs.

Whilst the 1st intervention for all 16,522 children waitlisted as of June '23 technically remains on hold until all 3 initiatives above are implemented, it is important to note that since July '23, **21,094 children have moved from waiting list to caseload having completed their Initial Contact intervention** or been assessed and transferred to Primary Care as the appropriate service based on their identified needs.

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

Action 2.15 CDNT Information Management System (CDNTIMS): 75 of 93 teams have now transitioned to the CDNTIMS and a further 13 teams have agreed go live dates for Q4. The remaining 5 CRC teams will migrate to the CDNTIMS in 2026.

Action 2.16 CDNT Capital Plan: HSE's Assistant National Director - Disabilities Estates is developing a Disabilities Capital Plan, including CDNTs, in collaboration with National Disabilities by year end for inclusion in the 10 year HSE wide Capital Plan. The object is for CDNTs to be colocated with Primary Care Services, where possible, and for all staff of each CDNT to be colocated as a team to enable interdisciplinary and child and family centred service delivery and to support staff retention.

Action 2.17 NDA Review of CDNT: service delivery against the 12 principles of Progressing Disability Services for Children and Young People (PDS) and optimal staffing of CDNTs is on target for completion by year end.

Action 2.19 AON Hubs: Work is in train to develop more integrated AON approaches across Disabilities, Primary Care and CAMHS e.g. review of the AON Hubs, review of waiting lists across the 3 service areas for duplication, negotiating a Grade VIII post per Region to lead AOs, LOs and Administrative staff and support services to achieve their AON targets.

Action 2.21 Consultation with staff and families on AON: has been completed by DCDE via a number of multistakeholder AON workshops. These explored topics such as AON drivers, AON information gaps and communication requirements, AON varying demand per capita nationally and its link to varying implementation of the CDNT service model. The insights gained are informing a legislative reform of AON under the Disability Act. DCDE is working closely with the HSE on development of AON Statutory Guidelines. The HSE is leading a working group on the statutory guidelines and review of the AON Standard Operating Procedure, incorporating learning from the NCPPD review.

### **(iii) Workforce**

Action 3.7 Regional CDNT Retention Plans: New Regional Director of People rep. on WG4 Workforce will drive the development of Regional CDNT Retention Plans. A HSE Retention Toolkit providing guidelines and practical support on improving retention within teams, launching in Q4, will support HSE and HSE funded Lead Agencies in reviewing their staff retention strategies – **Q2 2026.**

Action 3.13: April CDNT Workforce Report 2025 confirms of the 95 Therapy Assistants funded wte, (50 in 2025, 25 in 2024 and 20 in 2025), 62.8 are filled, in addition to 34.3 Psychology Assistant wte.

Action 3.16 Three consultant Paediatrician wte with a special interest in Neurodisability: 2 have commenced and funding for the 3<sup>rd</sup> is currently being clarified.

Action 3.17 HSCP and Nurse wte recruitment: Against 462 wte target, April 2025 CDNT Workforce Report confirms a 317.5 HSCP and Nurse wte increase since Oct 2022 Report, the baseline for the Roadmap. Intensive recruitment activities continue across all Lead Agencies. S38 and S39 Lead Agencies have access to HSE's career hub greatly expanding their access to candidates and to advertise their vacant posts. Results of the next CDNT Workforce Census in October 2025 will be available by year end.

Action 3.19 CDNT Phase 3 National Training and Development Programme 2024-2025: with €700,000 budget to enhance Regions and Lead Agencies existing training budgets will be fully delivered by December 2025. A new National CDNT Training and Development Programme 2026-2027 is being developed and will include a programme for CDNMs.

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

Action 4.6 PDS Website review: Phase 1 is in train for delivery by Nov. 2025 in tandem with the National Online Resources Hub for children with Disabilities and their families.

Action 4.7 Family Representative Groups: the remaining one is being set up in Q4. Review of the 9 FRGs and overall CDNT Governance Policy structures will be reviewed to align to the new roles in Regions once they have been finalised in Q4.

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

Action 5.1 Special Schools (80) Therapy Posts: Of 136.3 wte senior therapists allocated in 2022 for service provision onsite in 80 special schools, **86.90 wte HSCPs were filled** as of Sept 30th.

Of the 87.42 wte senior therapists allocated in 2021, **63.93 wte were filled** on Sept 30<sup>th</sup> 2025.

In addition, **8.3 of 14.5 Therapy Assistant wte** allocated in 2023 to support delivery of therapy programmes in these special schools were filled.

The above figures include a level of turnover in these posts since they were allocated.

Finalization of the Disabilities Pay and Numbers Strategy by year end will confirm the funding status of the balance of unfilled posts above.

Year to date, 45,591.85 **therapy hours** were delivered onsite in 80 specific special schools, an average of 5,065.76 hours per month, equating to 33.66 wte senior therapists. These total hours do not include

- therapy hours provided for children attending these 80 special schools that take place outside of the school, including those focused on enabling participation in school.
- therapy hours provided for children in other special schools who did not have dedicated onsite therapy resources pre CDNTs, who are now also receiving supports to enable their participation in school.

### **Section 7: Remaining Roadmap Actions - 6**

#### **(i) Governance and Integrated Children's Services:** None.

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

Action 2.8 Service Improvement function of National Childrens Disability Services Team: to work with individual teams was stepped down due to staffing gaps now unfunded. The team continues to work with the PDS Leads group, CDNMs and Lead Agencies for specific work strands where capacity allows.

Action 2.9 CHOs Service Improvement Plans: were paused in 2024 to allow for critical enablers to be developed for Action 2.11 (First intervention for all waitlisted children - see Section 4 above) to be completed first.

Action 2.23 CHO monthly AON targets: to be set in the above CHOs Service Improvement Plans, was deemed unimplementable due to CHOs ongoing dependency on private providers capacity to supplement HSE/Section 38/Section 39's completion of AONs. Regions continue to maximise AON completion both directly and via private commission as evidenced by a **54% growth in AONs completed** in Q3 2025 over the same period in 2024. However, demand continues to grow with **51% increase in AON applications** in Q3, 2025 over the same period in 2024.

### **(iii) Workforce**

Action 3.10 (i) and (ii) to support Therapy Assistants/other eligible staff to return to education to qualify as Therapists, in: National HR Disabilities will complete a feasibility assessment by **Q2 2026** of programmes available, level of interest from staff, net increase in Therapists, short-term reduction in staffing levels during study, drop-out rates, HEIs requirements and costs of above.

Action 3.11 Recruitment of 6 Regional Leads: to drive the Roadmap Service Improvement programme at regional level was not progressed due to the posts not being funded. This action has been closed out.

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

Action 4.4 First Intervention for Waitlisted Children Communications Guidance: on hold (see Action 2.11 update in Section 4 (ii) ).

## **Section 8: 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 very positive net increase of +415 wte filled CDNT posts (Workforce Report April 2025) is now materialising in increasing access to services and reduction of waiting lists. However, ongoing focus on recruitment and retention across all Lead Agencies is critical in filling the remaining CDNT wte funded posts. This is anticipated to be further challenged with the essential reopening of recruitment in Primary Care and in the growth of private therapy service providers attracting public service disability specialised staff to move to work with them.

- Significant reduction in new HSCP/Nursing and Therapy Assistant posts: 360 HSCP/Nursing and 300 Therapy Assistant wte posts were committed to in the Roadmap, launched in October 2023. Over 2024, and 2025, a total of 40 HSCP/Nursing and 95 Therapy Assistant wte posts were approved. Whilst the 150 wte new posts (non HSCP/Nursing or Therapy Assistant) now approved for 2026 will bring much needed support for HSCP/Nursing staff in driving optimal team effectiveness and efficiencies, the shortage of HSCP/Nursing posts continues to be raised as a service risk by all Lead Agencies, including for their fully staffed teams. The reduction of development posts now materialised risks undermining the Roadmap momentum gained, CDNT staff retention and deliverability of the Roadmap objectives and actions, and its credibility amongst a wide stakeholder group.
- Hugely varying staff to child with disability population across the 93 CDNTs: is challenging service delivery and the sustainability of some teams. All new CDNT posts must be allocated on a population health basis, in order to minimise this impact over time. It is anticipated that the NDA Review of CDNT optimal staffing will also provide recommendations on addressing this longstanding issue.

## **Section 9: Transition from Roadmap to**

### ***“Service Improvement for Children and Young People’s Disability Services 2026”***

Whilst at least 42 of the Roadmap actions will be met by the end of 2025, a number of key ‘foundation’ Roadmap actions are critical to continue into and throughout 2026 to achieve the optimal outcomes of the Roadmap 2023 – 2026 including:

#### **Recruitment**

- National HR – Disabilities ‘assisted recruitment’ for chronically hard to fill posts on CDNTs
- National HR Disabilities’ commissioned literature review on retention of disability services staff indicated a stigma around coming to work in Disabilities which impacts the recruitment pool and on balance, a positive perception of Disability staff recognising their impact on the quality of life and personal development of people with disabilities they support. This will inform a retention initiatives for existing staff and a disabilities workforce recruitment strategy, including customised to age groups of staff within the workforce.
- Expansion of Student Sponsorship programme to include dietician students and 3<sup>rd</sup> year undergraduate and 1<sup>st</sup> year post graduate students pending funding.

- National Children's Services Team driving growth of CDNT student placement programme –
- HR ongoing work with DCDE led workforce group on expanding HSCP pool.
- Sustained outreach and engagement with applicant pools and future potential workforce showcasing CDNTs e.g. webinars preceding job offers, career fairs.
- Optimising all recruitment streams in the HSE, Section 38s and 38s CDNT CDNTs through shared access to HSE national recruitment panels and new grad panels.
- Unfilled jobs are kept advertised until there are sufficient candidates to interview.
- In the majority of cases recruitment panels in place are used for permanent and temporary jobs i.e. the same panel is used regardless of the job tenure.
- Funding apprenticeships for social work, registered general nursing to ID post graduate programme and psychology trainees
- Rotational programmes across health service to encourage staff into CDNT (and other Disability) posts.

## **Retention**

- Qualitative study on what's important for CDNT staff to stay to inform Regions Retention Plans and Recruitment programmes
- Roll out of the (4<sup>th</sup> biannual) National CDNT Team Development Programme 2026 – 2027. €800, 000 has been secured, including €100,000 dedicated to a National CDNM programme.

## **AON**

- Completion and roll out of the National AON tender to supersede all local tenders, optimising value for money and efficiencies
- Allocation of 1 Grade VII per Region, additional Assessment Officers, Liaison Officers and Grade V staff to implement an AON service improvement programme.
- Finalisation and implementation of the DCDE led Statutory Guidelines and HSE led updated AON SOP.
- Training programme for AOs, LOs, Admin staff and clinicians on AON with continued learning from AON legal cases.

## Conclusion

As a majority of the Roadmap actions (63%) have now been achieved and a further 27% are well advanced, we are now planning the transition from the Roadmap by year end to a new ***Service Improvement Programme for Children and Young People's Services 2026***. This programme will be broader, incorporating residential and respite services, Single Point of Access to Childrens Services, roll out of Enable Ireland's Parent Peer to Peer Support Pilot, a nurse led Early Intervention service for waitlisted children and more.

Further detail will be provided in the final quarterly Roadmap report.

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## **Appendix 1: Acronyms and Abbreviations:**

AND	Assistant National Director
AON	Assessment of Needs
CAMHS	Child and Adolescent Mental Health Services
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
CORU	Health and Social Care Professionals Council regulatory body
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
FF	Family Forum
FRG	Family Representative Group
HEI	Higher Education Institute
HSCP	Health and Social Care Professional
HSE	Health Service Executive
ICT	Information and Communications Technology
ID	Intellectual Disability
IFSP	Individual Family Support Plan
JWP	Primary Care, Disabilities, CAMHS Joint Working Protocol (2017)
NAP	National Policy on Access to Services for Children with disability or developmental delay
NCSE	National Council for Special Education
NDA	National Disability Authority
NEPS	National Educational Psychological Services
OT	Occupation Therapist
PDS	Progressing Disability Services for Children and Young People
PTA	Preliminary Team Assessment
SOP	Standard Operating Procedures
SPoA	Single Point of Access
SIP Board	Service improvement Programme Board
WHO	World Health Organisation
Working Groups	WG
WTE	Whole Time Equivalent

Appendix 2: CDNT Metrics – Sept 2025

National CDNT Interim Metrics		Sep-25							
No.	Metric	HSE West North West	HSE Midwest	HSE South West	HSE Dublin South East	HSE Dublin Midlands	HSE Dublin North East	Total	
1	No. of staff WTE allocation @ month end i.e. on the last day of the month	409.62	202.03	368.08	427.03	458.20	531.40	2396.36	
2	No. of staff WTE actually working @ month end	343.08	141.64	296.89	281.17	322.66	371.92	1757.36	
3	No. of staff WTE on maternity leave @ month end	10.36	15.50	24.32	17.05	28.60	25.10	120.93	
4	No. of children on open caseload @ month end	5882	6060	7631	6506	9000	9361	44440	
5	No. of children referred to the CDNT this month	189	81	110	131	222	174	907	
6	No. of children transferred as 'Open' from disability services prior to reconfiguration who have not had an initial contact by month end	20	0	0	242	150	0	412	
7	No. of children discharged during the month	150	97	133	173	232	209	994	
8	No. of children with a current IFSP @ month end	5026	5451	3641	2941	5337	5817	28213	
9	% of children with a current IFSP @ month end	85%	90%	48%	45%	59%	62%	63%	
10	No. of children waiting 0-3 months for an initial CDNT contact @ month end	210	162	174	118	236	255	1155	
11	No. of children waiting 4-6 months for an initial CDNT contact @ month end	88	161	140	172	176	236	973	
12	No. of children waiting 7-12 months for an initial CDNT contact @ month end	80	259	143	276	325	295	1378	

13	No. of children waiting over 12 months for an initial CDNT contact @ month end	162	679	187	1892	1905	1768	6593
14	<b>Total no. of children on the CDNT waiting list @ month end.</b>	540	1261	644	2458	2642	2554	<b>10099</b>
15	<b>Total No. of children and/or their parents who were offered an initial contact, an individual or group intervention appointment this month</b>	1560	1403	2209	2976	4189	4864	<b>17201</b>
16	No. of children &/or their parents who participated in an <b>initial contact</b> this month	44	65	87	90	89	185	560
17	No. of children &/or their parents who participated in <b>individual intervention appointment</b> this month	1128	1008	1591	2287	3132	3550	12696
18	No. of children &/or their parents who participated in a <b>group intervention appointment</b> this month	198	185	295	305	471	570	2024
19	<b>Total No. of children &amp;/or their parents who participated in an initial contact, an individual or group intervention appointment this month</b>	1370	1258	1973	2682	3692	4305	<b>15280</b>
20	<b>No. of children &amp;/or their parents who have not attended</b> an individual or group intervention appointment this month	190	145	236	294	497	559	1921
21	<b>% of children &amp;/or their parents who have not attended</b> an individual or group intervention appointment this month	12%	10%	11%	10%	12%	11%	<b>11%</b>
22	No. of <b>CDNT waitlisted children</b> (&/or their parents) who have <b>participated in 1 or more individual and/or group intervention appointments</b> this month	20	17	6	459	396	85	<b>1283</b>