

**February 2025**

Review of the Children’s Disability Network Teams Service Model – Overview

**Project timeframe:** Approx. 1 year

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# Abbreviations

|  |  |
| --- | --- |
| Abbreviation | Definition |
| CAMHS | Child and Adolescent Mental Health Services |
| CDNT | Children’s Disability Network Teams |
| CHO | Community Health Organisations |
| DCEDIY | Department of Children Equality Disability Integration and Youth |
| DOH | Department of Health |
| HSE | Health Service Executive |
| NDA | National Disability Authority |
| PDS | Progressing Disability Services |

# Statement on Language

In this document, we use the term “children with disabilities” which reflects person first language. This is in line with what is commonly used in disability services and reflects the language used in the UNCRPD (persons with disabilities). We recognise that the term ‘disabled persons/people’ which is considered to be identity first or social model language is preferred by some people. Identity-first language acknowledges the fact that people with an impairment are disabled by barriers in the environment and society and so aligns with the social and human rights model of disability. We also acknowledge that some people do not identify with either term.

For further information on disability-related language and terminology, please refer to the NDA’s Advice Paper on Disability Language and Terminology[[1]](#footnote-2)

# Review Structure

This review of the Children’s Disability Network Teams (CDNT) service model will be conducted in three separate parts as shown in Figure 1.

Part 1 is a broad-ranging review that will use multiple methods to measure the performance of CDNTs against the 12 principles of the CDNT service model plus an additional management and leadership principle. It will collect and analyse information on the operation of the CDNT service model and stakeholders’ views on same. The review will take approximately 12 months.

Part 2 deals with the issue of staffing and workload in CDNTs. This part will run for approximately 6 months and will develop evidence informed estimates as to the ideal staffing in CDNTs.

Part 3 will be a brief review of the in-school therapy pilot scheme. Part 3 will run for approximately 5 months and will make recommendations as to the operation of the service.

Figure 1: Structure of the review of CDNT service model

The methodology for Part 1 has been agreed with the HSE.

The methodology for Part 2 is currently being developed and will be discussed with the HSE and shared with the Review Advisory Group.

The methodology for Part 3 is at an earlier stage of development and an update will be shared with the Review Advisory Group in due course.

The remainder of this briefing document presents a summary of the methods to be used in Part 1.

# Part 1: Aims and scope

This review will be analysed through the lens of the current policy and legislative framework, such as the family-centred and interdisciplinary team approach and the legislative underpinning of the Disability Act 2005 and the UNCRPD. It will also be informed by recent an ongoing work by the HSE such as on governance of the CDNT service model and on Family Forums. The review will also be informed by international literature and approaches taken in other countries and by a number of reports written by statutory organisations and advocacy groups in Ireland.

## Review Aims

The primary aim is to provide an independent review of the operation of the Children’s Disability Network Teams service model.

Part 1 will:

* Review the CDNT service model,
* Identify what is working well and what is working less well within the CDNT service model, in particular relating to the principles of CDNT service model,
* Analyse the available administrative data,
* Provide recommendations to improve the CDNT service model.

## Independence

The NDA will retain independence in terms of writing the report, interpretation of results and deciding on the final content of the report.

# **Part 1: Methods**

This review takes into account a wide range of information which can be summarised into three broad categories. Stakeholder experiences and suggestions, data analysis, international literature (Figure 2).

Figure 2: Structure of Part 1 of the review of the CDNT service model

## Stakeholder experiences and suggestions

Table 1 summarises the methods that will be used to collect stakeholder views and experiences. The methods of data collection include surveys, interviews, focus groups, and written submissions.

Table 1: Summary of the stakeholder data collection methods

|  | Families | CDNT staff and managers | Other Staff | Other stakeholders |
| --- | --- | --- | --- | --- |
| Survey | Families with a child receiving or waiting for a CDNT service. | All CDNT staff and managers  Recently resigned staff |  |  |
| Interviews | Families of children who have received a service  Children who have received a service | CDNM connected to 14 selected CDNTs | Interim discipline managers  DCEDIY representative  PDS Leads  DRESS representative  Heads of services  HSE Primary Care Lead  DoH relevant Mental Health lead | Therapist/nurses representative bodies |
| Focus Group | Families | Staff connected to 14 selected CDNTs | Service representatives from primary Care, CAMHS |  |
| Written Submissions |  |  |  | Wide ranging group of other stakeholders |

### Families

To examine families’ experiences of accessing CDNT services online surveys will be conducted with:

* Parents and guardians of children with disabilities who have received or are in receipt of CDNT services,
* Children who are in receipt of services,
* Parents and guardians of children with disabilities who are waiting to receive CDNT services.

The survey includes a section of questions for children to answer.

This will be distributed via CDNTs and Family Forums.

In addition, a series of interviews and focus groups will be conducted with parents/guardians and children. The one-on-one interviews will allow some case studies to be developed and may be more accessible for children with disabilities who find it difficult to participate in a group.

### Staff and managers

To review the operation of the children’s disability network teams, all CDNT staff members, managers and some former staff will be surveyed. The surveys will consist of scales and free-text questions based on the principles of the CDNT service model.

In addition, a number of focus groups and one-to-one interviews will be held with staff, managers and former staff from 14 selected CDNTs.

Other staff including leads of agencies, therapy managers (former heads of discipline), and senior disability managers and officials will also be interviewed.

Interview and focus groups will also be conducted with staff from primary care and CAMHS.

### Examination of the views of other stakeholders

Other stakeholders such as Disabled Persons Organisations, disability and children’s advocacy groups, parents’ groups and professional bodies will be invited to make a written submission with the option for an interview on request.

## Data Analysis

The HSE monthly data from CDNTs will be analysed in conjunction with the HSE CDNT staff census and the census of the population to create an understanding of the activities of CDNTs. The data will be analysed by Health Region, CHO, lead agency type and staffing level.

## International Findings

A series of literature reviews are being conducted regarding health and social care supports for children with disabilities. Specifically, the reviews will:

* examine the evidence regarding family centred practice in community healthcare settings,
* examine the concept of an interdisciplinary team within international literature,
* examine the service models and structures used in other jurisdictions for children’s disability services,
* examine how the level of services/supports a child receives is calculated in other jurisdictions,
* review referral prioritisation tools and techniques in community-based health and social care services,
* identify the non-clinical competencies required by multi-disciplinary teams to adequately support children with disabilities and their families,
* examine the views of parents and children regarding the implementation of services in other jurisdictions including how these views are captured.

# Part 1: Analysis

All data will be analysed through the prism of the 12 principles and an additional principle relating to management/leadership. All analyses will also consider findings though the lens of the UNCRPD and the current legislative framework.

There are four primary data sources: surveys, interviews/focus groups, written submissions and monthly data.

Integrating data from different data sources is known as Triangulation. Triangulation seeks to gather complimentary yet distinctly different data on the same topic which can then be integrated for analysis and interpretation. This provides opportunities for convergence and corroboration of results that are derived from different review methods.

The international literature reviews will be used to put the findings in context and to examine whether they align with or are significantly different to practices elsewhere.

# Part 1: Outcomes and deliverables

* The draft findings and emerging recommendations will be shared with the Review Advisory Group as the review progresses,
* It is intended that an interim report on Part 1 will be developed after approximately four months,
* A final draft report is anticipated after 11 months,[[2]](#footnote-3)

The final draft will be shared with the HSE and DCEDIY. [[3]](#footnote-4)

1. https://nda.ie/publications/nda-advice-paper-on-disability-language-and-terminology [↑](#footnote-ref-2)
2. The NDA will have to receive approval of the report from its Authority. [↑](#footnote-ref-3)
3. The HSE will have ownership of the final report and will choose a publication date in collaboration with the NDA. [↑](#footnote-ref-4)