Service Improvement & Planning
2026-2027

Disabilities Services for Children & Young People

THIS DOCUMENT SHOULD BE READ IN CONJUCTION WITH XXXX.

Service Improvement & Planning 2026 to 2027 **Disabilities Services for Children & Young People**		Document developed by:	xxx
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Executive Summary

This Improvement Plan for 2026–2027 sets out the HSE's approach to sustaining and further advancing the *Roadmap for Service Improvement 2023–2026 for Disability Services for Children and Young People*.

The plan is informed by the principles of Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People, which continues to provide a foundational, child centred and outcomes focused approach to service delivery, and is aligned with current national health and disability policy.

The plan is firmly aligned with Sláintecare, supporting its objectives of timely access to care, integrated services delivered as close to home as possible, equity of access, and a shift towards prevention and early intervention. It is grounded in the HSE's statutory responsibilities and Ireland's national and international commitments, including the UN Convention on the Rights of the Child (UNCRC), the UN Convention on the Rights of Persons with Disabilities (UNCRPD), and the National Human Rights Strategy for Disabled People 2025-2030.

Together, these frameworks underpin a rights-based, equitable and integrated model of service delivery, with a strong focus on accountability and improved outcomes for children and young people with disabilities and their families.

The plan prioritises:

- Timely, equitable access to children's disability services in line with Sláintecare principles
- Integrated care pathways across Children's Disability Network Teams (CDNTs), CAMHS and Primary Care, enabling coordinated, community-based care
- Compliance with statutory Assessment of Need (AON) requirements
- Workforce planning, development and sustainability

- A consistent, person and family centred experience across all services and providers

The plan establishes a coherent system-wide framework to strengthen delivery across the HSE, Section 38 and Section 39 agencies, and private providers, in line with Sláintecare's whole-system approach. Through strengthened governance, integrated service planning, workforce sustainability, and a strong focus on performance management, quality assurance and continuous improvement, the HSE will deliver safe, effective, equitable and sustainable services that support positive outcomes for children and young people with disabilities and their families.

Building on the governance, data and digital enablers established under the Roadmap, the plan sets out a clear set of measurable service improvement objectives. By Q4 2027, the HSE will:

- Reduce waiting times for CDNTs by 50%, supporting earlier access to services and supports
- Increase compliance with statutory Assessment of Need (AON) timelines, supported by strengthened governance, monitoring and reporting arrangements
- Improve family communication and experience ratings to ≥85%, reflecting a consistent, person- and family-centred service experience
- Expand access to respite services nationally for children, improving equity of access and supporting children and families with complex needs
- Develop national guidance on respite and residential provision, to support a consistent, transparent and equitable approach to service planning and delivery across all regions and providers.

Key Strategic Priorities

1. Child- and Family-Centred Care and Support

Services will be designed and delivered around the needs, rights and lived experience of children and their families. Care and support will be responsive to individual circumstances, strengths and preferences, supporting children's participation, autonomy and dignity, and ensuring families are actively involved as partners in service planning, decision-making and review.

2. Effective, Integrated Care and Support

Services will be evidence informed, outcomes focused and coordinated across care pathways, including Children's Disability Network Teams (CDNTs), CAMHS, Primary Care and community-based supports. Integrated working will support timely access, early intervention and continuity of care, improving outcomes for children and young people with disabilities.

3. Safe, High Quality Services and Support

Services will prioritise safety, quality and safeguarding, ensuring children are protected from harm and that risks are identified, managed and mitigated. Learning from incidents, complaints and feedback will inform continuous improvement, strengthening trust and confidence for children and families.

4. Better Health, Wellbeing and Participation

Services will support children and young people to achieve the best possible health, wellbeing and quality of life, enabling participation in family, education and community life. Families will be supported with appropriate information, respite and supports to sustain caring roles and promote resilience and wellbeing.

5. Leadership, Governance and Management

Clear leadership, governance and accountability arrangements will underpin service delivery across the HSE, Section 38 and Section 39 agencies, and private providers. Strong governance will support statutory compliance, effective risk management, performance oversight and delivery of agreed service improvement objectives.

6. Workforce Planning and Sustainability

A skilled, supported and sustainable workforce will be central to delivering high quality, child and family centred services. Workforce planning will focus on recruitment, retention, skill mix, supervision and professional development to ensure services are safe, effective and responsive to demand.

7. Effective and Equitable Use of Resources

Resources, including staffing, infrastructure, respite capacity and funding, will be planned and deployed efficiently and equitably to support consistent service delivery and reduce regional variation. Investment decisions will be informed by need, demand and outcomes, in line with Sláintecare principles.

8. Use of Information, Data and Digital Enablement

Information will be used as a strategic asset to support service planning, performance management, statutory reporting and quality improvement. Strengthened data and digital systems will improve transparency, enable monitoring of waiting times and outcomes, and enhance communication with children and families.

Context and Transition from the 2023-2026 Roadmap

The Roadmap for Service Improvement 2023-2026, Disability Services for Children and Young People (known as "the Roadmap"), was launched by two Government Ministers and the HSE CEO on October 23rd, 2023, and closed out in December 2025, with:

- 40 actions delivered
- 15 in train

Key Achievements Over 2 Years

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- Over 43% reduction in children waiting for CDNT from 16,500 to 9,360, of which 30% was achieved in 2025. Whilst a first intervention for 16,500 children waitlisted in July 2023 when Government approved the Roadmap, was paused to first develop the National Online Resources and standardisation of the CDNT pathway, 21,094 children moved from the CDNT waiting list onto caseload having completed their Initial Contact Intervention.
- 28% net increase in workforce with an additional 447.8 WTE staff recruited into CDNTs since October 2023
- 11% reduction of CDNT vacancies from 29% national average to 18%
- 55% increase in student placements on CDNTs, a proven incentive for staff to seek employment in CDNT services post-graduation
- CDNT Student sponsorship programme 2025 has delivered 45 new graduate HSCPs onto CDNTs
- New Health and Social Care Assistant Grade (Therapy Assistant) was developed and rolled out for CDNTs, complementing existing discipline specific assistant grades to support safe task delegation and optimise HSCP clinical hours available for direct inputs. All 93 Family Forums and 8 of 9 Family Representative Groups are in place, with 2 elected family reps on each CDNT Governance Group.
- Multistakeholder National, Regional and Local Communication Plan developed and now in implementation. Regional Workshops with CDNT staff on communicating effectively with families were delivered in Q4 with targeted work to continue throughout 2026 on its full roll out.
- National Online Resources Hub for children with disabilities and their families waiting or in any health service was launched in November 2025 with further resource

gathering and developments in train along with staff and families research to inform future expansion of this new support service

- Standardisation of initial CDNT pathway from waiting list onto caseload having completed the initial contact intervention has been developed to roll out for all new children referred from June 1st, 2026. This will remove the postcode lottery, providing clarity and consistency across the country for families on the pathway, what they can expect and when.
- Increase of 60 CDNT Clinical Specialist wte posts to lead development of unidisciplinary and interdisciplinary clinical pathways, service improvement initiatives and clinical supervision of senior staff, and providing a clinical career pathway to support staff retention.
- 3rd biannual National Team Training and Development Programme was delivered address team competency gaps, and support staff development and retention.
- €16,569m was spent on private service commissioned to support over 5,700 CDNT waitlisted children and their families in 2024 alone which included therapeutic interventions, AON and autism assessments.

This 2026-2027 Plan aims to build on this progress, embedding consistent practice and developing and implementing performance standards across all teams.

Roadmap Actions critical to continue, to maintain this momentum of service improvement

- **Action 1.5**: HSE Tusla Joint Protocol to be finalised for implementation in Q1 ‘26
- **Action 2.6**: National CDNT Metrics monthly returns to be shared by Regions with all CDNMs and tabled for regularly review in their Operational Management Groups (OMG) to identify and progress opportunities for service improvements.
- **Action 2.10**: Targeted Regional Implementation of the NAP and Primary Care, Disability, CAMHS Joint Working Protocol to optimise service integration for children who need one or more of Primary Care, CDNT and/or CAMHS services
- **Action 2.11**: Develop and implement the 2nd half of the CDNT pathway post completion of the Initial Contact intervention through services and supports to discharge, where appropriate, driving consistency across all teams and clarity and transparency for families and referrers.

- **Action 2.16**: CDNT Capital Plan to be developed and incorporated into the Disability Capital Plan, to address infrastructural gaps, and enable staff of each CDNT to be collocated, and where possible with Primary Care, a critical enabler to provision of child and family centred services.
- **Action 2.17**: Review recommendations from the NDA Review on:
    - CDNT service against the 12 principles of Progressing Disability Services for Children and Young Persons (PDS)
    - Optimal CDNT staffing to inform development and implementation of a HSE Plan to address the gaps
- **Action 3.3**: CDNT Student Placement: Continue building on the 55% growth achieved by CDNTs over the past 2 years, to ensure that all disciplines on all teams achieve the minimum national standard of 1 student per year per 2 WTE in place per discipline.
- **Action 3.7:** Regional CDNT Staff Retention plans aligned to national CDNT retention strategy to be developed, rolled out and monitored for implementation
- **Action 3.8:** Student Sponsorship Programme: deliver 2nd sponsorship programme
- **Action 4.1**: Complete implementation of HSE's 10-point Action Plan to address Genio recommendations arising from their review of Family Forums and Family Representative Groups, to strengthen the Family Forums, the role of elected family reps and their coproduction practice with CDNMs, the OMG and CDNT Governance Group.
- **Action 4.6:** Building on the PDS Website review phase 1 in 2025, phase 2 will focus on merging it with the ongoing development of the National Online Resources Hub for children and young people with disabilities and their families to provide one reliable and evidence based 'source of truth' via the HSE's My Child platform
- **Action 5.1**: Under the now resumed Cross Sectoral Group on Disability Issues for Children and Young People, a HSE, NCSE, DEY subgroup to be established to proactively collaborate and address cross sectoral challenges for children and their families, providing seamless services, based on the Framework for Collaborative Working between Education and Health.

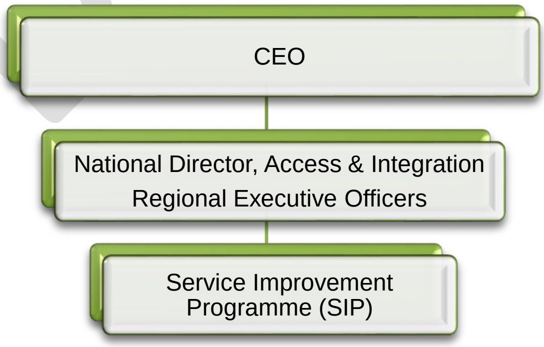
Key Parameters

As integrated care develops, Primary Care and CAMHs will become further imbedded into the service improvement and planning set out in this document. The 2026 National Service Plan was developed in tandem with a Pay & Numbers Strategy to ensure continued recruitment within the funded ceiling. Each Health Region and the HSE Centre will have a defined WTE allocation for Disability Services, accompanied by a pay budget covering pay, agency, and overtime. CDNT workforce priorities will complement the Pay & Numbers framework by focusing on recruitment, retention, and workforce development.

Governance, Reporting and Consultation

The development and implementation of this Improvement Plan is informed by ongoing consultation and engagement with children, families, staff and key stakeholders across children's disability services.

Feedback from families and carers, frontline clinicians, managers and partner organisations has been central to identifying priorities for improvement, strengthening integrated pathways and enhancing the consistency of the service experience. The plan will continue to be shaped through structured and ongoing cross sectoral engagement, including established forums and interdepartmental working groups involving the Department of Children, Disability and Equality (DCDE), the Department of Health (DoH), the Department of Education (DoE), Tusla, and other relevant statutory and voluntary sector partners. This collaborative approach supports shared accountability, alignment of policy and operational responses, and the delivery of



coordinated child and family centred services across health, education and social care systems.

Abbreviations

AON	Assessment of Need
CAMHS	Child and Adolescent Mental Health Services
CDNTs	Children's Disability Network Teams
CDNM	Children's Disability Network Manager
DCDE	Department of Children, Disability and Equality
DOH	Department of Health
FF	Family Forums
FRG	Family Representative Groups
IFSP	Individual Family Service Plan
IHA	Integrated Health Area
JWP	HSE Tusla Joint Working Protocol
HSE	Health Service Executive
KPI	Key Performance Indicator
KSI	Key Success Indicator
NDA	National Disability Authority
OMG	Operational Management Groups
PEPA	Planning, Enablement, Performance and Assurance
PDS	Progressing Disability Services for Children and Young People
QI	Quality Improvement
SIP	Service Improvement Programme
UNCRC	UN Convention on the Rights of the Child
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities

Contents

Section 1: Co-Design and Production with Children and Families

Engagement with Families

Enable Ireland's Parent Connection Programme will roll out in HSE Dublin and North East, HSE Dublin and South East, and HSE South West in 2026, and in HSE West and North West, HSE Midwest, and HSE Dublin and Midlands in 2027.

Family Engagement, Codesign and Coproduction

National Disabilities will continue its leadership of 2 multi-stakeholder groups, including staff and family representatives, to drive full implementation of the HSE's 10-Point Action Plan by mid-2026, addressing Genio recommendations from its review of Family Forums (FF) and Family Representative Groups (FRG).

This 10 Point Action Plan includes:

- Realignment of CHO CDNT Governance structures including Family Forums, Family Representative Group, Operational Management Group (CDNMs), the FRG/OMG subgroup, Clinical Advisory Group, and the CDNT Governance Group to the Regions
- Regional implementation of the "Working towards Codesign in Children's Disability Services" guidance
- Regional Joint Training of CDNMs, elected family representatives and facilitators on:
    - Their roles and responsibilities as defined in the guidance
    - On developing codesign and coproduction practice for service improvements
- Regional Training of CDNT staff on basic consumer service communications skills and Trauma Informed Approach

Child Engagement in Service Planning and Delivery

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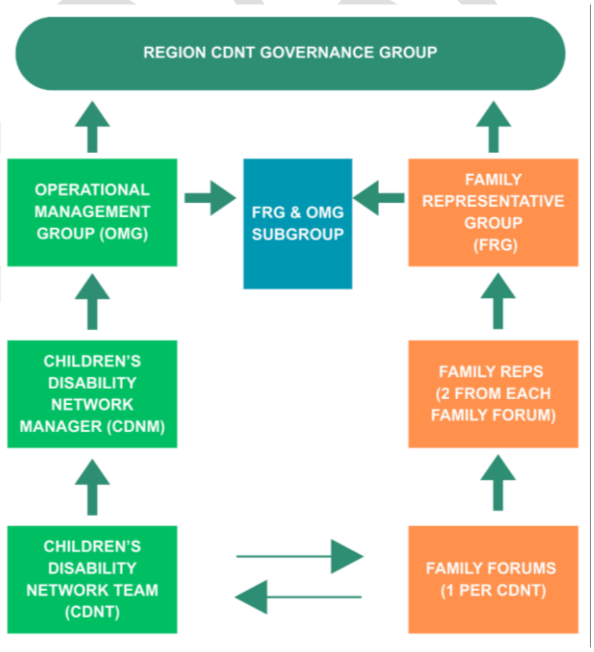
The HSE is committed to ensuring that the child is central to the planning, delivery, review, and improvement of all services for children with disabilities. Children will be supported to express their views, wishes, and feelings in a manner appropriate to their age, developmental stage, communication needs, and capacity, and these views will be given due weight in accordance with the child's best interests.

Services will actively promote meaningful participation by children in decisions that affect their lives, including decisions relating to assessment, care planning, placement, daily routines, and transitions. A range of child-friendly, accessible, and inclusive methods will be used to facilitate participation, including alternative and augmentative communication supports where required.

In residential and community-based services, care planning and review processes will explicitly document how the child's input has been sought, heard, and considered. Where a child's expressed wishes cannot be fully met, this will be clearly explained, recorded, and reviewed, ensuring transparency and accountability.

The HSE will ensure that children are informed of their rights, including their right to be listened to, to be treated with dignity and respect, and to raise concerns or make complaints in a safe and accessible manner. Staff will receive training and support to enable them to engage effectively with children and to embed a culture of listening, respect, and child-centred practice across all services.

Partnership and Participation



Section 2: Purpose and Scope

Purpose: Deliver a two-year programme that improves access, equity, and quality for children with disabilities and their families, with clear accountability at all levels.

Scope: Regional Health Areas (IHAs, Section 38s and 39s children service providers) including CDNTs in partnership with family engagement, CAMHS, Primary Care, Education, and Tusla; includes AON, respite, residential pathways and digital enablement.

Section 3: Guiding Principles

This Services Improvement Plan is built on the guiding principles set out in the Roadmap for Service Improvement 2023-2026 for Disability Services for Children and Young People. These guiding principles include child and family centred practice, equity of access, timely intervention, integrated and coordinated care, rights based and inclusive service delivery, quality and safety, workforce sustainability, and accountability through strong governance and data led decision making.

As the Roadmap transitions to this next phase of delivery, these principles continue to provide a consistent and shared framework for service improvement, ensuring continuity of approach while strengthening focus on measurable outcomes, statutory compliance and improved experiences for children, young people and their families.

In transitioning from the Roadmap to this Improvement Plan, the Roadmap's guiding principles will be embedded and delivered in practice through the enhanced Single Point of Access (SPoA) principles for children's services:

1. **Equitable & Timely Access** – Fair, transparent access for all; urgent needs addressed quickly. Equity and inclusion: reduce unwarranted variation; apply Universal Design to information, environments and processes.

2. **Family-Centred Approach** – Services shaped around children and families; clear, compassionate communication. Child and family-centered practice, rights-based, culturally responsive, inclusive of diverse communication needs.
3. **Integration Across Services** – Connects health, disability, education, and social care; prevents duplication. Integration by design: seamless access and coordinated care across CDNTs, CAMHS, Primary Care, Education and community supports.
4. **Standardisation with Flexibility** – Nationally consistent processes with room for regional adaptation.
5. **Transparency, Accountability & Learning** – Evidence-based decisions, strong governance, and continuous evaluation. Clear governance and accountability with transparent reporting to families and staff.
6. **Service Responsibility** – Services must accept referrals and provide assessment; escalation where obligations are unmet. Evidence, outcomes and learning: use common data, KPIs and feedback loops to drive continuous improvement.
7. **Sustainability & Adaptability** – Embedded into structures with long-term resourcing; evolves with needs and policy.

The principles will also consider workforce wellbeing and capability, including the recruitment, retention and development of interdisciplinary teams encompassing therapy, coordination, assistant and administrative roles, alongside the adoption of digital first approaches where appropriate to enable access, improve communication and enhance service productivity through effective single points of access.

Section 4: Governance and Programme Architecture

A three-tier governance model aligns local teams, Regional structures and National oversight to sustain momentum, ensure accountability and enable problem-solving.

Tier	Core Responsibilities	Key Outputs (Quarterly/Annual)
Team/ CDNT level	○ Co-produce Individual Family Support Plans (IFSPs) for all children on CDNT caseload ○ Implement Initial CDNT pathways ○ Track caseload, waiting lists with emphasis in 2026 on those waiting over 12 months, and team productivity ○ Student placements against national minimum standard set ○ Deliver National Communications Plan- CDNT responsibilities ○ Apply Universal Design	Quarterly dashboard on family feedback reports, quality improvement (QI) cycles, student placements and supervision capacity
Regional/ IHA level	○ Coordinate integrated children's services across CDNTs, CAMHS and Primary Care ○ Implement the HSE's Primary Care, Disability, CAMHS Joint Working Protocol ○ Implement Single Point of Access (SPoA) ○ Monitor and address CDNT waiting lists against target and CDNTs productivity levels ○ Deliver National Communications Plan – Regional responsibilities ○ Integration and co-ordination of estates/ capital plan ○ Workforce plans ○ Respite and residential pathways ○ AON process alignment	Regional KPI reporting on capacity and demand reviews, CDNT service provision against national targets, family feedback reports, service improvement initiatives and milestones, capital pipeline updates, workforce activity and retention plan progress, AON performance

National level	○ Programme Board oversight ○ Policy alignment (DCDE/DoH/DoE/Tusla) ○ Implement National Communications Plan – National responsibilities ○ Training programmes ○ Digital and resourcing standards evaluation	National scorecard, quarterly public report on programme evaluations and National guidance updates

Section 5: Integrated Service Access and Improvement Objectives

- Define clear, end-to-end care pathways that place the child at the centre of decision-making, minimise unnecessary hand-offs between services, and establish clear accountability at each stage of the pathway.
- Reduce waiting times and unwarranted variation in access and service delivery through standardised processes, improved capacity planning and performance monitoring, ensuring timely and equitable access for children and families.
- Strengthen codesign and co-production with children and families, embedding meaningful engagement, peer support and partnerships with community and voluntary organisations to enhance service responsiveness and continuity of care.
- Maintain a strong "Eyes on the Child" focus across all pathways and points of access, ensuring that children's safety, wellbeing and lived experience remain visible and prioritised at all times. This includes shared responsibility for child safeguarding, proactive identification of risk, effective information-sharing, and coordinated responses across health, education and social care services.

Key Priority Area: Access, Pathways, and Transition Across Lifespan

The HSE recognises that timely access to services, consistent pathways of care, and effective transition planning are critical to achieving positive outcomes for children with disabilities and their families. This Service Improvement Plan prioritises the delivery of coordinated, equitable, and child and family centred services, with a strong focus on reducing waiting times, improving pathway consistency, strengthening workforce capacity, and ensuring safe and well-planned transitions from children's to adult services.

Transition from Children's to Adult Services

The transition from children's to adult disability and mental health services is a critical period that requires early planning, coordinated working, and clear accountability. The HSE is committed to strengthening transition pathways to ensure continuity of care, minimise service disruption, and support young people and their families to navigate this change in a planned and person-centred manner. Transition planning will commence at an appropriate age and developmental stage, involve the young person and their family, and be supported through joint working arrangements between children's and adult services, including Disability Services, CAMHS, Primary Care, and Adult Mental Health Services where relevant.

Transition arrangements will be clearly documented, reviewed regularly, and aligned with national policy, ensuring that young people experience a seamless and supported progression to adult services, education, training, or other appropriate supports.

Service Improvement Core Actions

To support improved access, pathway consistency, and transition outcomes, the HSE will:

- Implement and monitor Single Point of Access (SPoA) arrangements and joint working protocols across CDNTs, CAMHS, and Primary Care, aligned with the National Access Policy.
- Implement the standardised initial CDNT pathway from waitlist to caseload and develop and implement the remaining CDNT pathway through intervention, review, and, where appropriate, discharge.
- Drive CDNT waiting list initiatives to achieve the Regional target reduction of 25%, prioritising children waiting the longest.
- Work to achieve and maintain current Individual Family Service Plans (IFSPs) for 100% of children on CDNT caseloads, in line with the National Service Plan 2026 target.
- Support targeted regional implementation of the National Access Policy and the Primary Care, Disability, and CAMHS Joint Working Protocol.
- Complete migration to the CDNT Information Management System (CDNTIMS) and utilise data to drive service improvement initiatives, optimise service provision, and improve access and equity.

- Grow student placements to at least the national minimum standard set per discipline per CDNT.
- Expand sponsorship programmes where funded and implement regional retention plans focused on supervision, workforce development, and the use of flexible working arrangements where service needs allow.

Respite and Residential Services

- Expand and diversify respite provision, including centre-based respite and flexible, alternative models of support, to respond to assessed need, support family wellbeing, and enable children to remain living at home and within their communities wherever possible. Respite services will be planned and delivered in a child- and family-centred manner, with equitable access and consistent quality standards nationally.

- Strengthen planning, governance, and oversight of residential services for children, recognising residential provision as a last-resort option, to be used only where a child's needs cannot be safely met through family-based, community, or respite supports. Residential services will be subject to robust assessment, clear decision-making, regular review, and strong child safeguarding arrangements, ensuring that placements are necessary, appropriate, time-limited where possible, and focused on the best interests of the child.

Statutory Compliance and Accessibility

Further compliance with statutory obligations under the Disability Act 2005 will be achieved through a more integrated and coordinated regional approach to Assessment of Need (AON), building on existing enabling systems and supported by national service improvement measures. This includes a cohesive approach to privately procured clinical assessments where required, with service design and delivery driven by Integrated Health Area Managers.

Section 6: Workforce and Resourcing: Retention, Recruitment and Capability

Implement national and regional retention strategy and associated plans (engaging/ retaining workforce) by:

- Attracting a high performing and diverse workforce
- Building future pipeline
- Supporting the health, wellbeing and resilience of our workforce
- Building a positive and inclusive workforce culture

Expand funded student sponsorships and further develop clinical placements in collaboration with HEIs; ensure pro rata placement capacity per filled WTE.

Diversify the workforce at multiple educational entry points and increase utilisation of safe task transfer to therapy assistant and administrative roles to optimise clinical time where appropriate.

Continue targeted applicant pool engagement and recruitment campaigns and fast-track processes where available; support international recruits through clinical adaptation requirements and onboarding.

Key Workforce Priorities

- Targeted retention and recruitment initiatives across service providers to achieve funded staffing levels
- Workforce diversification through safe task delegation and creation of new roles tailored for children's service
- Pipeline development via clinical placement infrastructure and mapping new graduates into CDNTs and Disability teams
- Cross-sectoral talent engagement to strengthen recruitment and retention.
- Delivery of a Workforce Strategy for Disability Services

Section 7: Communication and Engagement

We will accelerate implementation of the rolling National Communications Plan to deliver fully on its activities laid out under the responsibility of CDNTs, Regional and National Disabilities. The Communications Plan clearly defines who should provide what, to whom, why, how and when. It includes, for example:

- Newsletters, infographics and letters that are aligned to nationally standardised templates to drive consistency in how we communicate with families
- CDNT's acknowledgement of referral received, estimated wait time and Welcome pack (with standardised headings) for all new children within 2 weeks of receipt of referral
- Follow up phone call with parents/carers within 5 weeks of referral received via the SPoA
- Initial contact intervention within 10 weeks of referral received
- Social stories for children and young people, where appropriate, in advance of their first visit to our services
- Regular and specific information provided for elected family representatives to enable them to fulfil their roles in the Family Forum, Family Representative Group/OMG, and Governance Group.
- Specific information to be provided to families in advance of their Family Forum
- Regular regional review of CDNT service data to identify opportunities to spread good practice and optimise team efficiencies and effectiveness

Implementation of the "*Working Towards Codesign in Children's Disability Services*" guidance via Regional joint CDNMs/family reps/facilitators training sessions will also support enhancement of quality and consistency of communications with families as key stakeholders.

Developed with family representatives, it details information that must be shared with elected family reps and with all families who are invited to attend Family Forums. We will continue to develop resources for the National Online Resources Hub for children with disabilities and their families. This will be informed by research led by National Communications in Q1 2026 which will include online surveys and focus groups for families and staff.

Section 8: Digital and Evaluation

- Review and evaluate monthly data across regions for referrals, waiting lists, caseload, interventions (including waitlisted children), workforce census, student placements, AON performance and family feedback at Regional level to drive service improvements, optimisation, throughput, and at National level to inform development of CDNT standards.
- Integrate CDNTIMS with regional dashboards; publish quarterly scorecards and an annual national report.
- Continue development of the National Online Resources hub for children with disabilities and families awaiting or receiving any health service.
- Publish quarterly scorecards and an annual national report accessible to families and staff.
- The new HSE ICT System for Community Services, Community Connect, will launch in June 2026, commencing with dedicated functionality to support SPoA. A regional rollout of the full Community Connect system will then commence in Q3 2026, as will a dedicated Community Connect Discovery process for Disability. This Discovery process will examine existing Disability ICT systems, such as CDNTIMS and the AON tracking system, to determine their future integration or transition pathway towards Community Connect and the full Electronic Health Record system.

Any integration with, or transition to, Community Connect will occur after the completion of the regional Community Connect rollout, scheduled for end 2027.

Section 9: 2026 – 2027 Key Success Indicators (KSIs)

Indicator	Definition	2026 Baseline (TBC)	2027 Target
Median days from referral to first intervention	Calendar days from accepted referral to first contact (any modality).	Per region baseline Q2 2026	≤ 30 days
% children offered at first intervention within 8 weeks	Children receiving an evidence-informed offer (group/individual) within 8 weeks of referral.	Per region baseline Q2 2026	≥ 80%
Waiting list volume (CDNTs)	Children awaiting first contact first intervention at month end.	To be confirmed	≥ 50% reduction vs. Q2 2026
Student placements per academic year	Number of student placements across CDNTs.	2025/26 baseline	≥ 500 placements
Workforce Growth rate	WTE growth	7% TBC	≤ 10% TBC
% Children's Services	Teams live and reporting via CDNTIMS.	Near universal	100%
% families rating communication family satisfaction good/very good	From standard national survey, weighted by response rate.	To be confirmed	≥ 85%
% AON within statutory timelines	Completed AONs within statutory timeframe.	20% year-on-year increase in total AON Assessment Reports completed.	≥ 20%

		40% year-on-year increase in reports completed within 6 months of application acceptance.	≥ 40%
		60% of Service Statements completed within 1 month of receipt of AON Report by end of 2026.	Increasing to 80% by end of 2027

Section 10: Implementation Timeline (Q1 2026 – Q4 2027)

Period	**Milestones**
Q1–Q2 2026	Complete SPoA implementation plans per Region: ○ Finalise CDNTIMS migration ○ Deliver communication training ○ Agree national scorecard ○ Commence retention plan delivery
Q3–Q4 2026	Roll out First Intervention Pathway: ○ Align AON process and SOPs ○ Expand respite alternatives ○ Publish baseline evaluation and first national scorecard
Q1–Q2 2027	Strengthening Service Capacity/Quality: ○ Grow student placements ≥ 500 ○ Strengthen online resources hub (editorial governance in place) ○ Targeted improvement cycles for underperforming indicators
Q3–Q4 2027	Evaluation and Planning

Section 11: Respite Services for Children and Young People with Disabilities

Purpose and Context

Children's respite services play a critical role in supporting children with disabilities and their families by providing planned, short-term care that enhances family sustainability, promotes child wellbeing, and supports positive outcomes across health, education, and social participation. Respite services are a core component of the HSE's disability service continuum and are integral to meeting statutory requirements, national policy objectives, and service user expectations.

The HSE acknowledges the central role of the Department of Children, Disability and Equality (DCDE) in developing a national policy framework for children's respite services to ensure clarity of purpose, consistency of provision, and equity of access nationally. Pending the development and implementation of this national policy, the HSE will develop and implement interim guidance to support consistent decision-making in relation to eligibility criteria, service models, quality standards, and governance arrangements across all children's respite services.

This interim guidance will promote a child and family-centred approach to respite provision, ensure transparency and fairness in access to services, and support consistent quality and child safeguarding standards, while retaining flexibility to respond to assessed individual and family need. The guidance will also inform service planning, commissioning, and review processes, supporting the expansion and diversification of respite provision, including centre-based respite and flexible and alternative models of support, to enable children to remain living at home and within their communities wherever possible.

This Service Improvement Framework sets out the HSE's approach to strengthening the planning, delivery, governance, and quality assurance of children's respite services nationally. It responds to increasing demand, service variability, workforce pressures, and the need for greater consistency, transparency, and accountability in service delivery. The framework aligns with the HSE's broader disability reform agenda, national service planning priorities, and the principles of person centred, needs led, and outcomes focused care and support.

Current Challenges, Improvement and Planning Rationale

A number of systemic and operational challenges have been identified across children's respite services, including:

- Variability in access, eligibility, and service models across regions
- Capacity constraints arising from workforce availability, infrastructure limitations, and funding pressures
- Inconsistent use of data to inform planning, prioritisation, and performance monitoring
- Gaps in governance, oversight, and escalation arrangements at regional and national levels
- Increased complexity of need among children accessing respite services

These challenges necessitate a structured and coordinated improvement approach to ensure that children's respite services are equitable, sustainable, safe, and aligned with national policy and service standards.

Service Improvement and Planning Objectives

The primary objectives of the Children's Respite Services Improvement Programme are to:

- Improve equitable and timely access to respite services for children with disabilities and their families
- Strengthen service planning and capacity management at local, regional, and national levels
- Enhance quality, safety, and regulatory compliance across all respite settings
- Ensure effective governance, performance oversight, and accountability arrangements
- Support workforce sustainability through improved planning, recruitment, and retention
- Embed a consistent, data-driven approach to decision-making and performance reporting

Governance and Oversight

Robust governance is central to the delivery of safe, effective, and accountable respite services. The HSE will implement strengthened governance arrangements to support oversight, assurance, and continuous improvement. Key governance measures include:

- Clear accountability structures from service delivery level through regional management to national oversight
- Defined escalation pathways for risks, service pressures, and quality concerns
- Regular performance and financial review mechanisms aligned to HSE planning cycles
- Integration of children's respite services into existing disability governance and assurance structures

Governance arrangements will ensure that risks are identified early, mitigations are implemented, and service performance is transparently monitored and reported.

Service Planning and Capacity Management

Improved service planning will be underpinned by a structured, data informed approach to understanding demand, capacity, and need. This will include:

- Standardised assessment of respite need based on agreed eligibility and prioritisation criteria
- Improved visibility of available respite capacity, including residential and community-based options
- Alignment of funding, workforce, and infrastructure planning to identified service needs
- Development of flexible and innovative respite models to respond to changing family and child needs

This approach will support more responsive, sustainable, and equitable service provision.

Workforce and Service Sustainability

The sustainability of children's respite services is highly dependent on a skilled and supported workforce. Service improvement actions will focus on:

- Workforce planning aligned to service demand and complexity of care
- Targeted recruitment and retention initiatives for respite services
- Training and development to support quality, safety, and regulatory compliance
- Consideration of alternative staffing models where appropriate to enhance service flexibility

Workforce risks and pressures will be actively monitored through governance and performance review processes.

Quality, Safety and Continuous Improvement

Quality and safety will remain central to all service improvement actions. The HSE will ensure that children's respite services operate in line with regulatory requirements, national standards, and best practice. Key actions include:

- Strengthened quality assurance and compliance monitoring
- Consistent use of incident management, risk registers, and learning systems
- Engagement with children and families to inform service improvement
- Ongoing evaluation of service outcomes to support continuous improvement

Monitoring, Reporting and Accountability

A structured performance monitoring and reporting framework will support transparency and accountability across children's respite services. This will include:

- Standardised performance indicators covering access, capacity, quality, workforce, and finance
- Regular reporting at regional and national levels
- Use of performance data to inform decision-making, escalation, and resource allocation
- Clear documentation of actions, responsibilities, and timelines arising from governance forums

Section 12: Residential Services for Children and Young People with Disabilities

Purpose and Context

The Health Service Executive (HSE) recognises that residential services for children with disabilities are necessary in certain circumstances and is therefore committed to delivering high-quality, safe, and child-centred residential services, provided in a child's own area or as close as possible to their home when the need arises. This Service Improvement Plan (SIP) sets out a structured and measurable approach to strengthening the quality, safety, governance, and effectiveness of all services for children with disabilities, including residential services.

In line with a child and family-centred model of care, the HSE emphasises that residential care is the least preferred option and should be considered only as a last resort, after all appropriate family-based, community, and respite supports have been fully explored and exhausted, and where placement is clearly in the best interests of the child.

Each residential placement must include a clear discharge or step-down plan, agreed at the point of commissioning and admission, with regular reviews involving the child and their family to ensure ongoing appropriateness and to support timely transition to less restrictive supports.

All placements must comply with the HSE–Tusla Joint Working Protocol (JWP), ensuring that clinical, financial, and governance arrangements are agreed in advance, or as soon as possible following an emergency placement. Joint reviews will adopt an "Eyes on the Child" approach.

This plan reflects HSE values, national disability policy, the HSE Residential Framework for the Management of Residential Supports, and regulatory requirements. It is informed by learning from service reviews, regulatory inspections, quality audits, feedback from children and families, and staff engagement. The purpose of this plan is to:

- Improve outcomes, safety, and quality of life for children ensuring that the necessary home supports and community supports are provided in line with a child's needs before considering a referral to residential services

- Ensure residential placements are needs led, time limited where appropriate, and regularly reviewed in line with the HSE Residential Framework
- Strengthen child safeguarding, governance, and accountability arrangements
- Promote a strong focus on family support and early intervention to prevent residential placement where possible
- Support staff through training, supervision, and workforce planning
- Promote continuous quality improvement and compliance with national standards

This plan aligns with relevant legislation and guidance, including the Health Act 2007, Children First National Guidance, the HSE Residential Framework, and the National Standards for Residential Services for Children and Adults with Disabilities issued by HIQA.

Service Context and Overview

Residential services for children with disabilities provide 24-hour care and support to children with a range of physical, sensory, intellectual, and complex needs. Services are delivered by multidisciplinary teams and aim to provide a safe, nurturing, and inclusive environment that supports each child's health, development, communication, emotional wellbeing, and social participation.

Residential services operate within a complex care environment, balancing clinical, developmental, emotional, and child safeguarding needs. In line with the HSE Residential Framework, residential placement is considered only following comprehensive assessment and where community-based and family supports are insufficient to meet the child's assessed needs. Residential placements for children should be time limited and targeted to meet the short to medium term needs of the child and family with a view to returning home as soon as possible where appropriate.

Children accessing residential services may have experienced significant transitions, family stress, unmet needs, or child safeguarding concerns prior to admission. As such, the service has a responsibility to deliver care that is not only safe and effective, but also compassionate, trauma-informed, rights-based, and responsive to individual needs.

Supporting Children to Remain at Home and Prevent Residential Placement

In line with the HSE Residential Framework, the HSE is committed to supporting children with disabilities to remain at home with their families wherever possible and in the child's best interests. Actions will include:

- Strengthening early intervention, respite, home support, and community-based disability services to reduce reliance on residential placement
- Ensuring comprehensive multidisciplinary assessment prior to consideration of residential care
- Working collaboratively with families to build capacity, resilience, and sustainable care arrangements
- Reviewing residential placements regularly to identify opportunities for step-down, transition, or return home with the necessary local supports where appropriate

This approach reflects a rights-based and least-restrictive model of care and supports positive outcomes for children and families.

Key Areas for Improvement and Planning

Child-Centred Care and Individual Planning

- Strengthen the development, implementation, and review of Individual Care Plans in line with assessed need and the HSE Residential Framework
- Ensure care plans reflect each child's communication needs, preferences, cultural background, family relationships, and developmental goals
- Actively seek and record children's views using age-appropriate and accessible communication methods
- Ensure regular and timely placement reviews occur which consider progression, step-down options, and reintegration with family where appropriate

Child Safeguarding and Protection

- Strengthen child safeguarding arrangements to ensure children are protected from abuse, neglect, and harm at all times

- Ensure full compliance with Children First requirements, including mandatory reporting, child safeguarding statements, and regular staff training
- Enhance risk assessment, incident management, and learning systems in line with HIQA expectations
- Maintain strong interagency child safeguarding responses with Tusla where concerns arise

Governance, Leadership, and Regulatory Compliance

- Strengthen governance arrangements to ensure clarity of roles, accountability, and decision-making at all levels
- Ensure services are delivered in line with HIQA regulations and standards, with robust preparation for inspection and ongoing compliance monitoring
- Use audit findings, inspection reports, and quality reviews to drive continuous improvement
- Ensure timely escalation, management, and learning from incidents, complaints, and child safeguarding concerns

Workforce Capacity and Capability

- Address staffing levels, skill mix, and recruitment challenges to ensure continuity, stability, and safety of care.
- Strengthen induction, mandatory training, and continuous professional development, including disability-specific care, positive behaviour support, child safeguarding, and trauma-informed practice.
- Enhance staff supervision, support, and wellbeing initiatives to promote reflective practice and staff retention.

Environment and Quality of Life

- Ensure residential placements are secured as close as possible to the child's local area
- Ensure residential environments are safe, homely, developmentally appropriate, and responsive to sensory and emotional needs

- Promote access to education, healthcare, recreation, family contact, and community participation
- Support children's emotional wellbeing through stable relationships, consistent caregiving, and meaningful daily routines

Interagency Working with Tusla

The HSE recognises the importance of effective interagency collaboration with Tusla to ensure the safety, welfare, and best interests of children. The service will:

- Maintain clear protocols for joint working, information sharing, and child safeguarding responses
- Engage in joint planning and case management where children have complex needs or safeguarding concerns
- Ensure timely referral, consultation, and escalation in line with Children First guidance
- Participate in interagency reviews and learning processes to strengthen practice

Actions and Implementation

Actions arising from this plan will be implemented through a structured and time-bound approach, including:

- Clear action plans with assigned responsibility, timelines, and outcome measures
- Regular governance and review meetings to monitor progress and manage risk
- Ongoing engagement with children, families, advocates, and staff
- Use of quality improvement methodologies to embed sustainable change

Progress will be documented and reported through established HSE governance and quality assurance structures.

Monitoring, Evaluation and Review

The effectiveness of this Service Improvement Plan will be monitored through:

- Key performance indicators related to safety, quality, and outcomes
- HIQA inspection findings and regulatory compliance outcomes
- Audit results and quality reviews
- Feedback from children, families, and staff
- Analysis of incidents, complaints, and safeguarding trends

The plan will be reviewed regularly to ensure it remains responsive to emerging needs, learning, and regulatory requirements.

Section 13: Key Risks and Mitigation

Risk	Likelihood	Impact	Impact on Services	Mitigation Measures
Workforce, PNS, Recruitment, Retention,	4	5	Service disruption, reduced quality of services, access and equity	**P**: Workforce planning **E**: Recruitment drives aligned to allowable growth, retention incentives, training pipelines **P**: Validated data, tracking variances, monthly engagements **A**: Monthly engagements, monitoring KPIs
Resistance to change due to resources, and competing pressures, and priorities	4	3	Delays in implementation	**P**: Ongoing multi agency / key stakeholder engagement and active consultation **E**: Active listening and tracking gaps and risks, supporting Regions as required. **P**: Oversight of implantation at SIP board **A**: Monitoring implementation of outcomes, success and gaps

Data, Quality and Validation	3	4	Inability to monitor outcomes	**P**: Identifying key KPIs and success outcomes including tools to collate data **E**: Develop validates KPIs and success outcomes, training programmes and IT systems for data collection. **P**: Monthly regional engagement, identify strengths, gaps and emerging risk **A**: Tracking and trending outcomes, learning.
Regional Variance in implementation	5	3	Inequity of service delivery, poor outcomes.	**P**: National Standards & Policy, equitable resource allocation **E**: Training, peer learning, targeted support as required and equity monitoring **P**: Monthly regional engagement, corrective action plans **A**: Reporting on implementation and national reports
Changes to policy, legislative and standards i.e. AON, no	3	2	Implementation delays or amendments to plan	**P**: Engagement with DCDE, TUSLA, Voluntary, Federation, families, HIQA and HSE colleagues,

respite or residential care entitlement				**E**: Influence as appropriate, training and support as required. **P**: Review SIP if changes in legalisation to ensure compliance **A**: Monitor change through performance engagement

Section 14: Actions -to be added

Children's Physical Disability Supports

The National Children's Physical Services and Supports Steering Group and associated working groups will advance in 2026.

Section 15: Implementation -to be added

Appendix A: Alignment: Roadmap 2023 -2026 to Service Improvement and plan 2026 - 2027

Roadmap Priority (2023–2026)	Improvement Plan Action (2026–2027)
Integrated services across Disabilities, Primary Care, CAMHS and Tusla	Implement SPoA and joint protocols, regional governance for integrated pathways
CDNT service access & improvement including AON	Standardised First Intervention pathway; AON process aligned to SOP; quarterly scorecards

Workforce	National and Regional retention strategy and plans; funded student sponsorships; diversification of workforce and increase safe task delegation including coordinator roles, assistants and admin to optimise clinical time
Communication & engagement	Strengthen Family Forums and FRGs; 6-monthly surveys; “You Said, We Did” reporting
Engagement with Education & Special Schools	Coordinate with DoE/NCSE/NEPS; deploy assistants to support needs arising from disability in education settings

Appendix B: Key Success Indicators Definitions and Calculation Methods

Detailed definitions, inclusion/exclusion criteria, and data sources for each KPI will be maintained in the national data dictionary and implemented consistently via CDNTIMS. Baselines will be confirmed in Q2 2026 and published in the first national scorecard.

Sources
HSE (2023) Roadmap for Service Improvement 2023–2026: Disability Services for Children and Young People.