PARENT PERSPECTIVES ON THE CHILDREN'S DISABILITY NETWORK TEAM SERVICES

NPC

SUPPORTING PARENTS
SUPPORTING CHILDREN

NPC Vision

The National Parents Council want to see an Ireland where every child has the opportunity to reach their full potential

NPC Mission

The National Parents Council exists to ensure that all parents are supported and empowered to become effective partners in their children's education. NPC will work to increase the capacity and capability of the education sector, to achieve true partnership and deliver better outcomes for all children and young people.

Values

NPC knows that when parents and schools work together, children do better. Therefore, NPC believes that in order to achieve this parents must feel:

Engaged: Parents must be actively engaged in the education of their children.

Supported: Parents' involvement in children's education must be supported by the attitudes, beliefs and practices of all members of the school and broader education community.

Partners: Parents must be viewed as partners in facilitating children's learning and be supported in this role by the school and broader education community.

Valued: Parents should be viewed as full partners in the decisions that affect their children and their family.

Welcomed: Parents should be welcome in the school, and their support and assistance sought as a valuable resource to support children's education in the school.

Connected: All communication and dialogue with parents must be regular, open, two-way and meaningful.

National Parents Council
Key Activities

SERVICE DELIVERY

NPC's services are developed to empower parents so that they can support their children in all aspects of education.

HELPLINE

The NPC helpline is a national confidential service for parents. The helpline staff listen and give information and support to parents to help them make the best possible decisions for and with their children.

TRAINING AND DEVELOPMENT

The NPC Training and Development programme is a national programme of training, development and support for parents. The purpose is to empower parents to play an active part in their child's education at every level.

WEBSITE

The NPC's website www.npc.ie aims to provide parents with information regarding education at early years, primary and post primary levels.

ADVOCACY

NPC engages in awareness-raising activities and campaigning and lobbying at a national level on the objectives of its Strategic Plan.

REPRESENTING PARENTS

NPC represents the voice of parents through representation on external bodies and other mediums. NPC consults with parents and brings parents' views to bear on education policy.

BUILDING PARTICIPATION

NPC builds participation strategies and activities to ensure parents and children are an integral part of the work of NPC.

Table of Contents

INTRODUCTION ---------- 05

SURVEY FINDINGS ---------- 07

ONLINE GROUP CONSULTATION SESSIONS FINDINGS ---------- 27

CONCLUSION ---------- 38

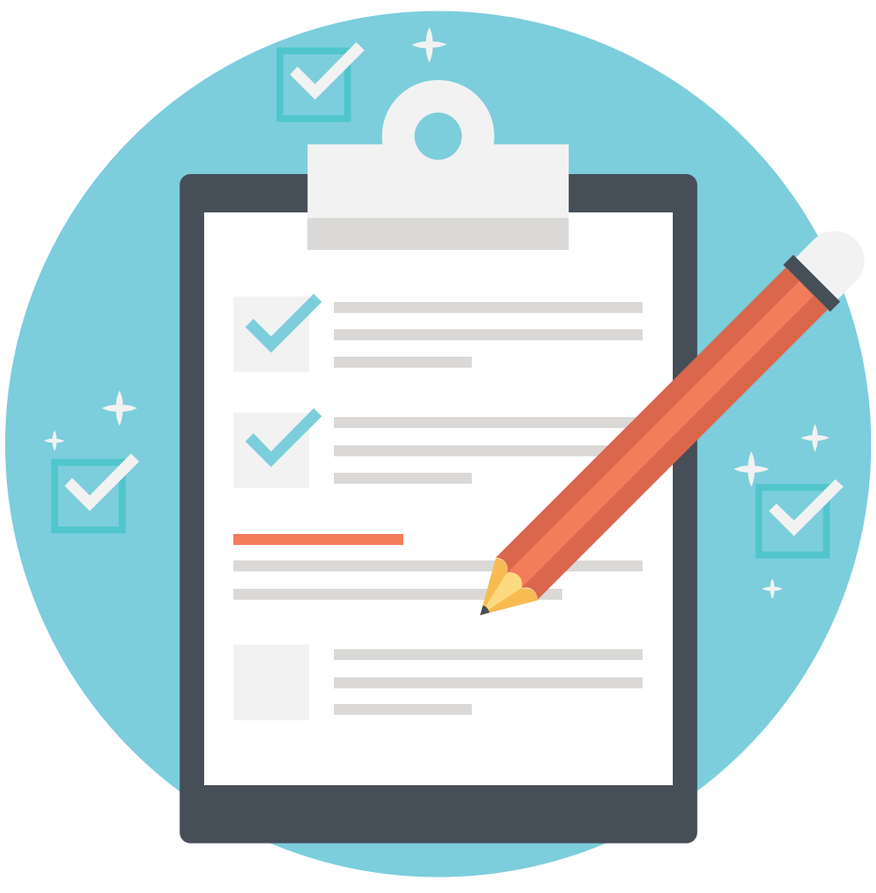
APPENDIX ---------- 39

Introduction

The Children's Disability Network Team (CDNT) service plays an important role in helping children with disabilities and their families across Ireland. As part of an independent review of the CDNT model, the National Disability Authority (NDA) invited the National Parents Council (NPC) to collect feedback from parents about their experiences with the service. In response, the NPC carried out a national survey and held online group consultations to better understand how well the CDNT service is working in real life.

This work aimed to find out how well families feel supported, what parts of the service are working well, and where things could be improved. The survey included a mix of multiple-choice and open-ended questions, giving parents the chance to share their views on the support they received, the difficulties they faced, and their ideas for making the service better. The online group consultation gave parents more time and space to talk about their experiences in detail and to suggest changes they would like to see.

The findings in this report are based on the survey and online group consultation carried out in August 2025. The survey was open from 7th to the 20th of August 2025 and was sent to the NPC data base of parents of children in early years, primary, and post-primary who had consented to receiving such invitations. A total of 382 parents completed the survey. Those who responded were also invited to join online group consultations, which took place on 18 August and were attended by 30 parents. This report shares the views and experiences of all the parents who took part.





Surveys

A survey titled CDNT Services was shared with parents to gather feedback on their experiences with the CDNT. The survey aimed to understand how well CDNT services are supporting children with disabilities and their families, and to identify areas that are working well or need improvement.

It included a combination of multiple-choice questions, rating scales, and open-ended questions. This allowed parents to express their views clearly and provide additional insights. Parents were also asked to reflect on how inclusive and responsive the CDNT has been to their child's needs, including cultural and educational considerations. The main findings from the survey and parent perspectives, will be presented in this report.

Online Group Consultation



On 18 August 2025, two online group consultation sessions were held with 30 parents to gather more detailed insights into their experiences with the CDNT services.

The sessions were organised by the NPC, who began by explaining the purpose of both the survey and the group discussions. They highlighted how this feedback would help inform improvements to the way children with disabilities and their families are supported through the CDNT model.

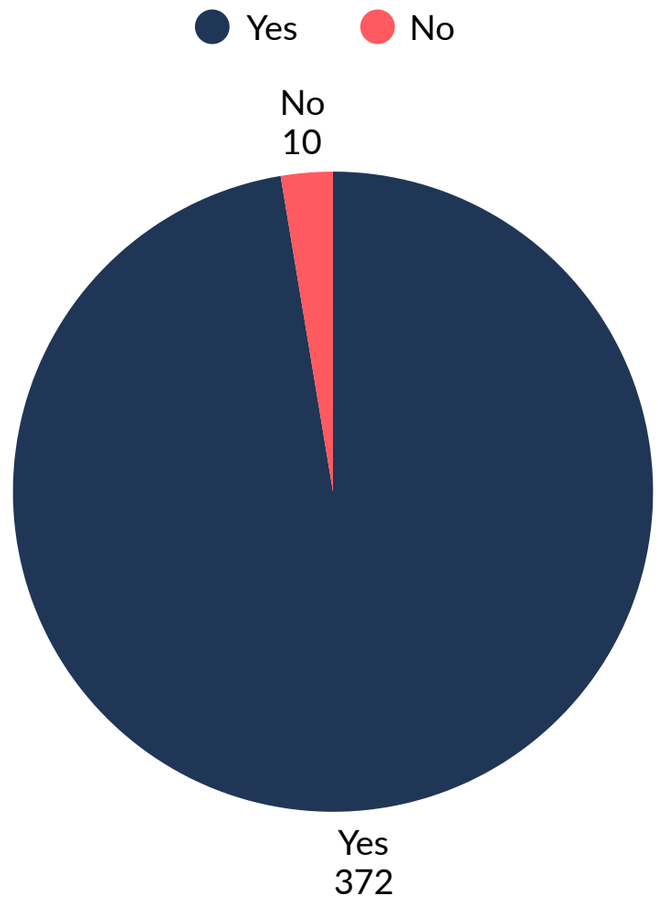
A key part of the session involved sharing early findings from the survey responses of 382 parents. These results showed a mix of positive and challenging experiences, especially around accessing services, the quality of support provided, and communication with CDNT teams.

During the group discussions, parents were asked to respond to a set of questions designed by the NDA to explore their views and experiences in more depth. These questions focused on:

- What is working well in the CDNT service model?
- What is not working well in the CDNT service model?
- What are the key things that need to be improved, and how can this be done?
- Can you please describe what you think would be the ideal service model?

Survey Findings

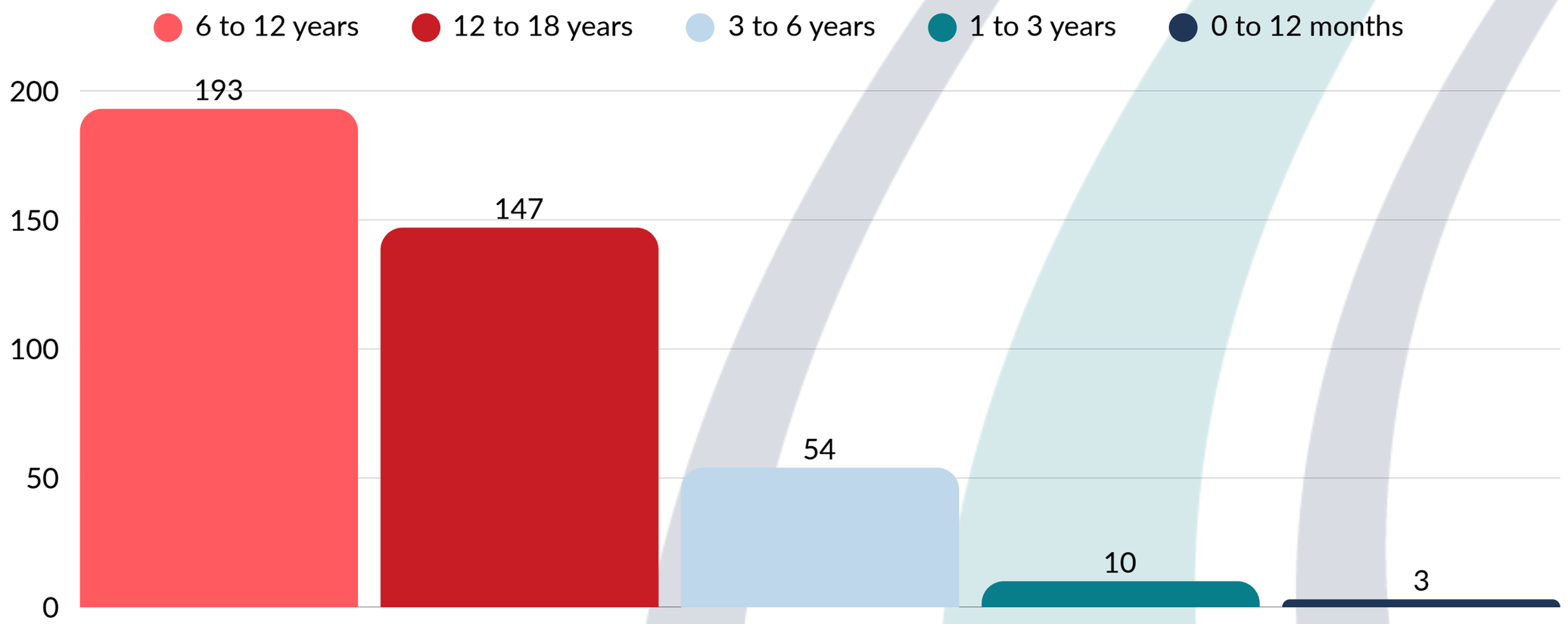
When parents were asked whether their child needed the services of the CDNT, the majority indicated that their child did require support, while a smaller group reported that their child did not currently need these services (see Figure 1).



(Figure 1)

Do you have a child who needs the services of the Children's Disability Network Team?

When parents were asked about the age of their child or children receiving support from the CDNT, responses covered a wide range. Most children were reported to be between 6 to 12 years of age, followed by those in the 12 to 18 years and 3 to 6 years brackets. Fewer children were reported in the younger age groups of 1 to 3 years and 0 to 12 months (see Figure 2).



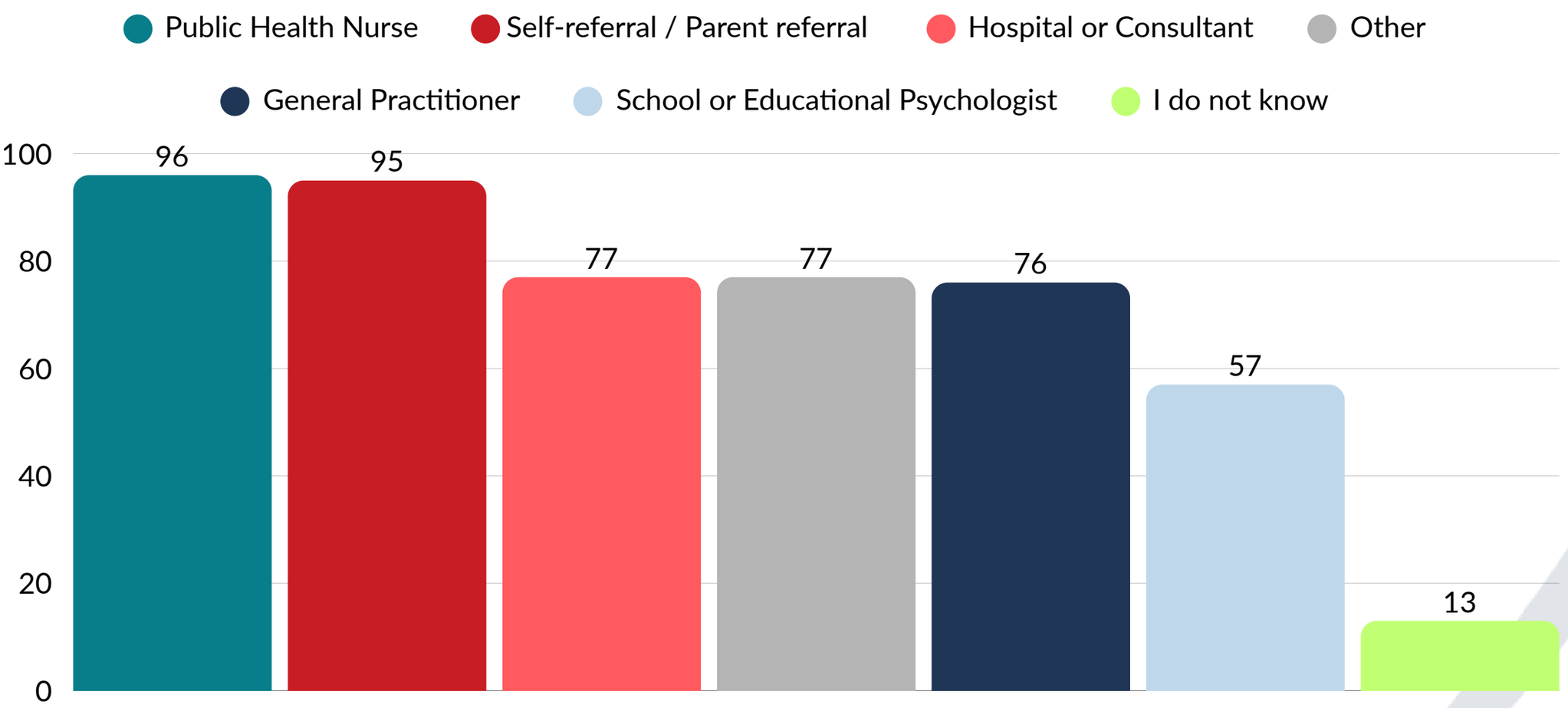
(Figure 2)

What age is your child/children?



When parents were asked how their child was referred to the CDNT, responses showed a variety of pathways. The most common sources of referral were public health nurses and self-referral by parents. General practitioners, hospitals or consultants, and “Other” were also frequently mentioned. Fewer referrals came through schools or educational psychologists, and a small number of parents were unsure of the referral source (see Figure 3).





(Figure 3)
How was your child referred to the Children’s Disability Network Team?

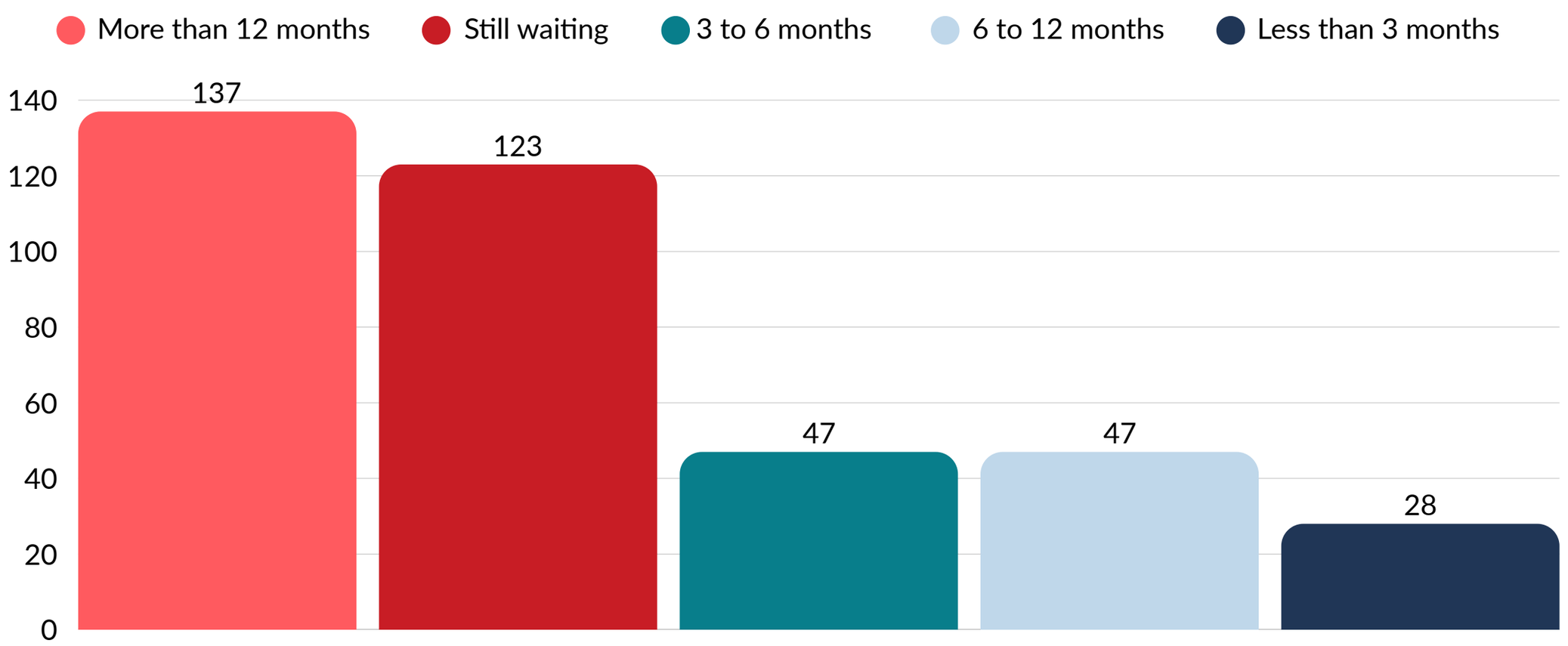
Many parents who chose “Other” as their child’s referral route to the CDNT shared detailed comments that show a wide range of pathways. A large number of children were moved from services like Early Intervention Teams, Primary Care, Child and Adolescent Mental Health Services (CAMHS), and St Michael’s House. Several parents mentioned the Assessment of Need (AON) process as the reason for referral, while others described transfers from organisations such as Enable Ireland, the Brothers of Charity Services Ireland, or hospital-based services. Some families were referred following a private diagnosis or through their child’s school. A few responses also reflected confusion or frustration with how the referral happened, especially when changes to the CDNT model led to automatic referrals without consultation.

*This is a summary of the parents' voices; please refer to the appendix for full answers.

When parents were asked how long they waited from the time of referral to their child’s first appointment with the CDNT, responses varied widely. A significant number of parents reported waiting more than 12 months, and many were still waiting at the time of the survey. Others experienced delays of 6 to 12 months or 3 to 6 months, while a smaller group reported waiting less than three months (see Figure 4).







(Figure 4)
How long did you wait from the time of referral to your child's first appointment with the Children's Disability Network Team?

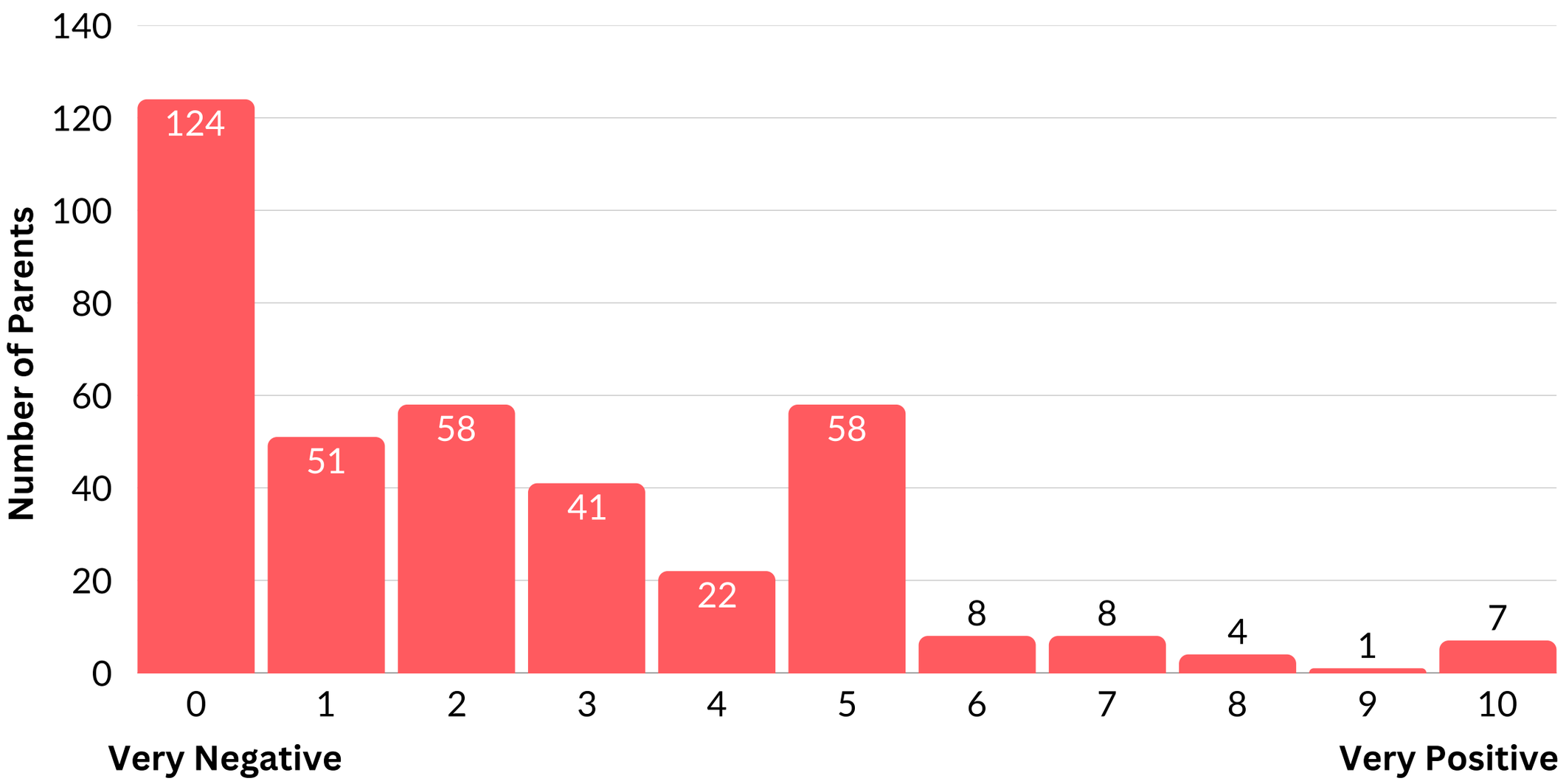
Parents reported a wide range of waiting times for access to CDNT services, with 88 clear responses analysed. The most common waiting periods were between 2 and 4 years, with many families also reporting waits of 4 to 5 years. Alarmingly, some families have been waiting over 7 years for support. Only a small number of respondents reported waiting less than a year. These findings highlight a serious and widespread issue with delays in service provision, with many families experiencing prolonged periods without access to the support their children need.

Alongside these long waits, parents shared stories about what they have been through. Some said they were taken off waiting lists without being told or were accepted into the service but never got an appointment. Others said they were passed from one service to another without getting any real help. A few parents were very upset, saying the system is broken and that it gives the impression children are getting support when they are not. Some families were so worried, especially when their child was struggling with serious mental health problems, that they paid for private help. Many said they had to chase things up themselves again and again. These stories show that delays are not the only problem. Poor communication and lack of proper support are making things harder for families who are already under pressure.

*This is a summary of the parents' voices; please refer to the appendix for full answers.

When parents were asked about the impact of waiting times to access the CDNT, most described the effect on their child as very negative or negative. A smaller number reported a moderate or mixed impact, while fewer parents felt the delay had little or no effect. Only a very small group described the impact as positive (see Figure 5).

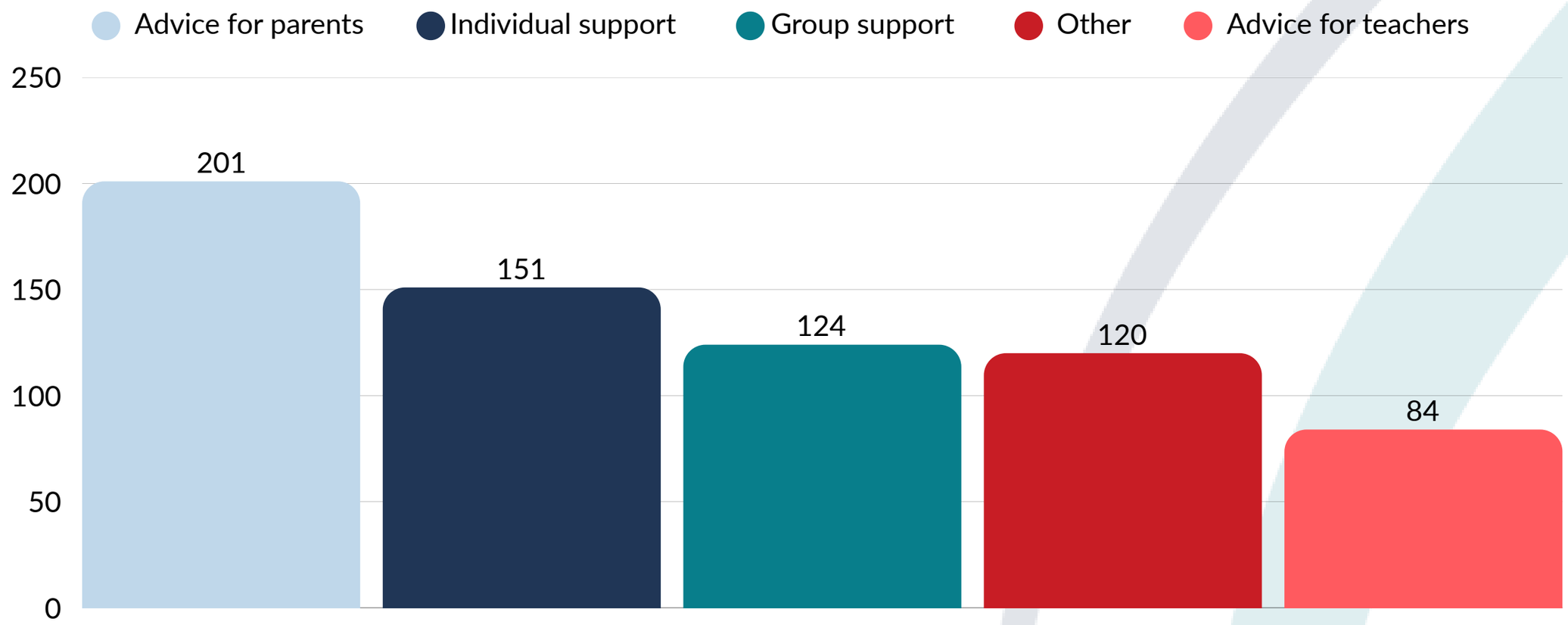




(Figure 5)

What was the impact on your child of the length of time you had to wait to see a member of the Children's Disability Network Team?

When parents were asked about the type of support they received from the CDNT, the most frequently mentioned was advice for parents. This was followed by individual support tailored to the child's needs, group support sessions, and advice for teachers. Some parents also selected "Other" to describe additional forms of support (see Figure 6).



(Figure 6)

What type of support have you received from the Children's Disability Network Team?

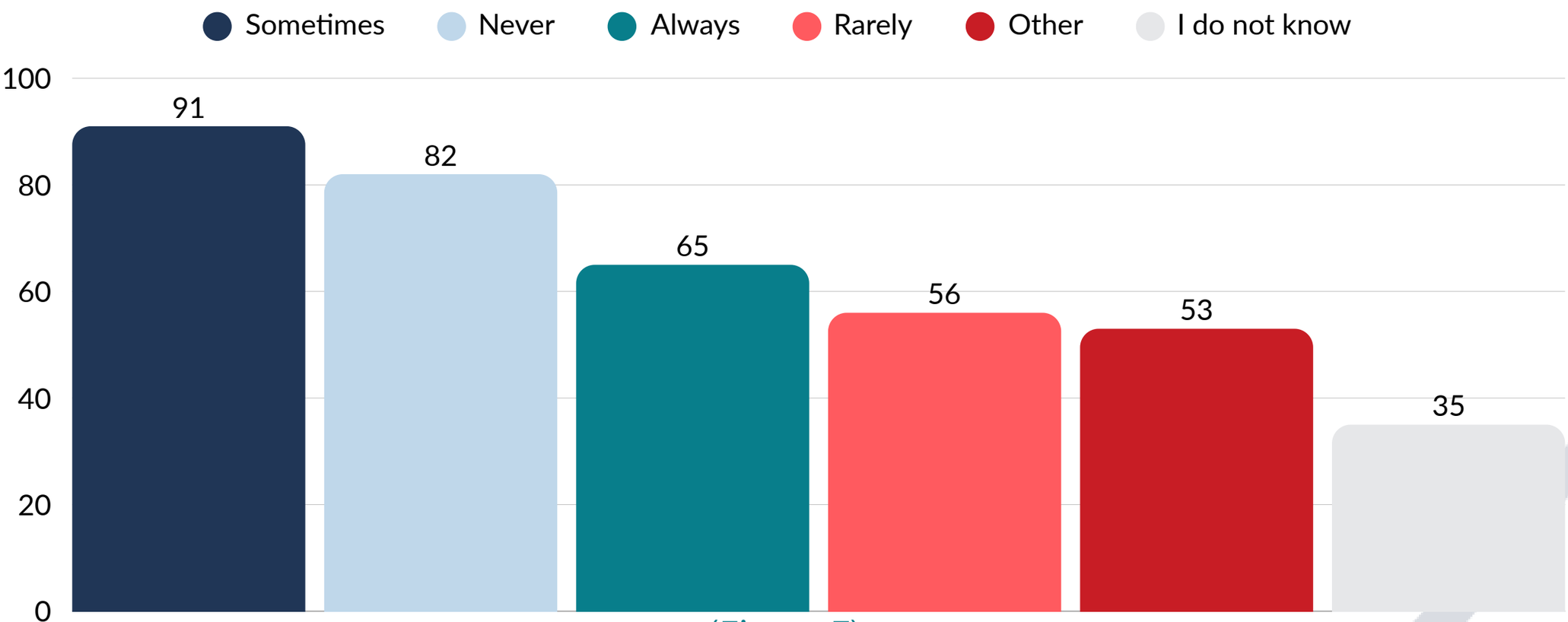
Many parents who chose "Other" said they had not received any real support from the CDNT. Most said they had received nothing at all, and many were still waiting to be seen or added to a waiting list. Some families said they had only been offered general advice or group sessions that did not suit their child's needs. A few parents explained that they had to pay for private services because they could not wait any longer. Others described problems with how their child's case was handled, such as being moved to another service without being told, not meeting unclear criteria, or getting no follow-up after an initial contact. These responses show that many families feel let down and unsupported, even after being referred to CDNT.

*This is a summary of the parents' voices; please refer to the appendix for full answers.





When parents were asked whether they felt included in decisions about the support provided for their child by the CDNT, the responses varied. Most parents said they were included sometimes. A large number said they were never involved, while others felt they were rarely included. Some parents said they were always part of the decision-making. A smaller group were unsure, and others chose “Other” (see Figure 7).

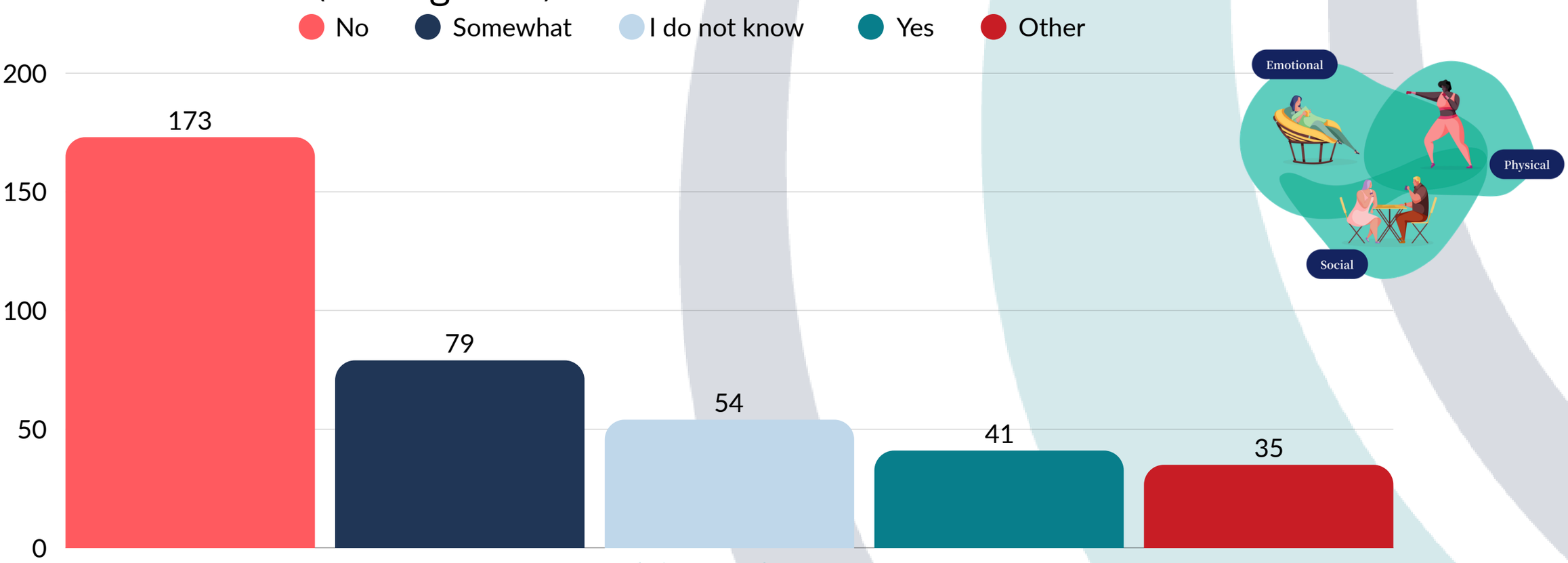


(Figure 7)
Do you feel included in decisions about the support provided for your child?

Among parents who selected “Other” when asked if they felt included in decisions about their child’s support from the CDNT, many shared concerns about the lack of meaningful involvement. A large number said they had received no support or had not yet been seen by the team. Others described being invited to meetings or courses that felt superficial and not tailored to their child’s needs. Some families reported being transferred to other services without clear communication or being discharged without agreement. Several parents said they were left to make decisions on their own due to a lack of engagement from the CDNT.

*This is a summary of the parents' voices; please refer to the appendix for full answers.

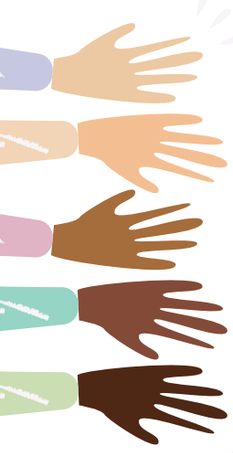
When parents were asked whether the CDNT considered all aspects of their child’s life—physical, emotional, and social—when planning support, responses varied. Many parents felt that these aspects were not considered, while others said this was only somewhat the case. A smaller number felt the team did take a holistic approach, and some were unsure or selected “Other” (see Figure 8).



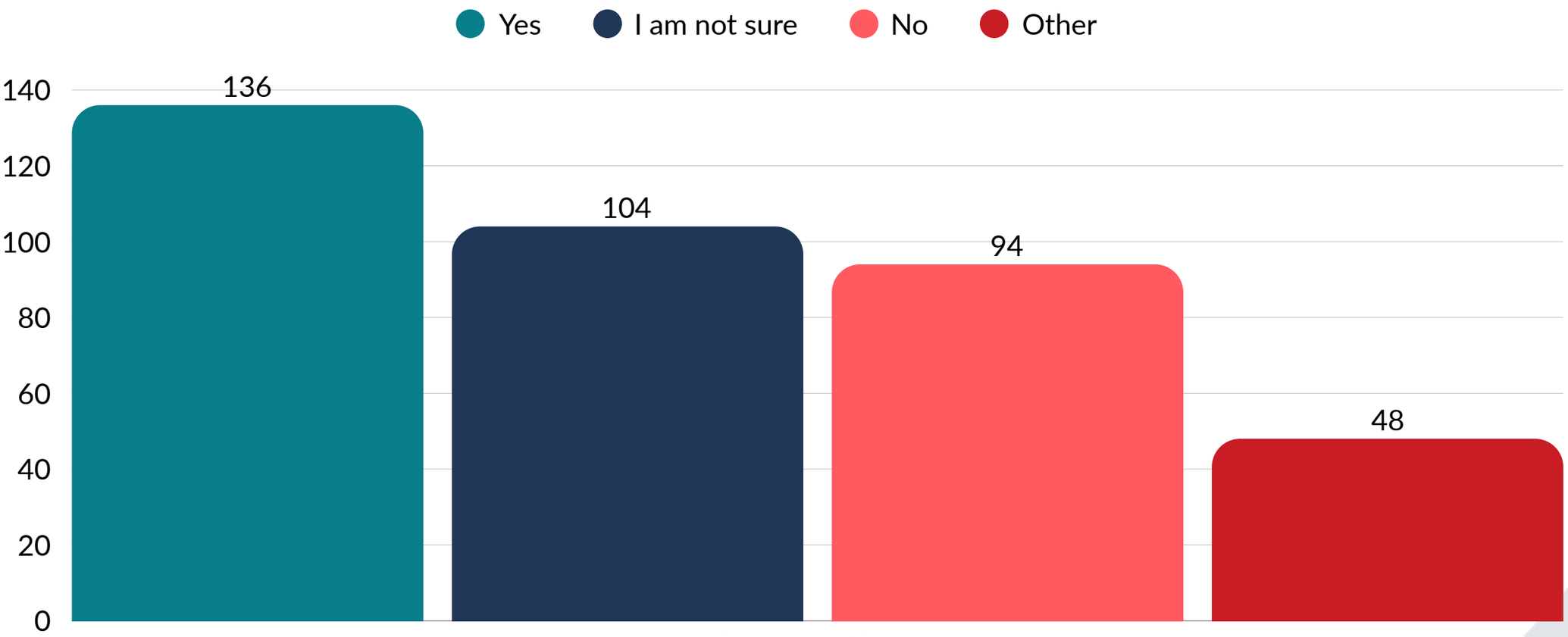
(Figure 8)
In your opinion, does the Children’s Disability Network Team consider all aspects of your child’s life (physical, emotional, social) when planning support?

Among parents who selected “Other” when asked whether the CDNT considers all aspects of their child’s life when planning support, most shared concerns about the lack of meaningful involvement. Many said they had received no support or were still waiting to be seen. Some described only brief contact or no follow-up, and others felt the team did not look at the full picture of their child’s needs. A small number of parents shared positive experiences, saying the support matched their level of need.

*This is a summary of the parents' voices; please refer to the appendix for full answers.



When parents were asked whether the CDNT had taken their family’s culture, language, or background into consideration while providing services, responses were mixed. Some parents felt that these aspects were acknowledged and respected, while others said they were not considered. A number of parents were unsure, and some selected “Other” to describe their experience (see Figure 9).



(Figure 9)
In your opinion, has the Children’s Disability Network Team taken your family’s culture, language, or background into consideration while providing the service



Among parents who selected “Other” when asked whether the CDNT considered their family’s culture, language, or background, most said they had not received any support or were still waiting to be seen. Many responses were marked as not applicable, often because families had not yet had any contact with the team. A few parents shared negative experiences, including concerns about discrimination or being labelled unfairly. Only a small number gave neutral or slightly positive feedback, saying things may be improving with newer staff.



*This is a summary of the parents' voices; please refer to the appendix for full answers.

When parents were asked whether they had noticed any improvements in their child’s development or well-being since receiving support from the CDNT, responses varied. Many parents felt there had been no improvement, while others said the changes were only somewhat noticeable. A smaller group reported positive changes, and some said it was too early to tell or selected “Other” to describe their experience (see Figure 10).





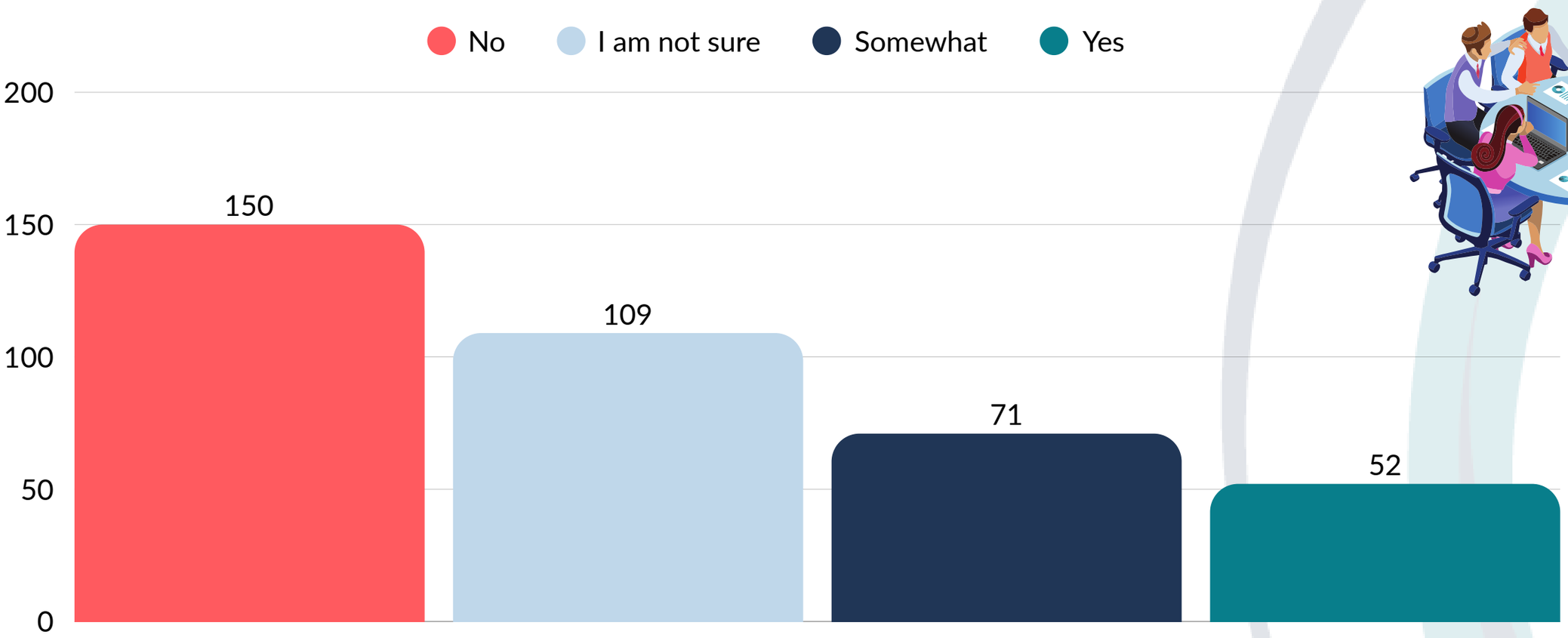


(Figure 10)
Have you noticed any improvements in your child's development or well-being since receiving support from the Children's Disability Network Team?

Among parents who selected "Other" when asked about improvements in their child's development or well-being since receiving support from the CDNT, most said they had not received any support or were still waiting to be seen. Many families explained that any progress their child had made was due to private therapy, school support, or their own efforts, rather than help from the CDNT. Some parents shared concerns about negative impacts, including regression and missed opportunities for early intervention. Only a small number of responses included positive feedback, and this was usually linked to advice given to parents rather than direct support for the child.

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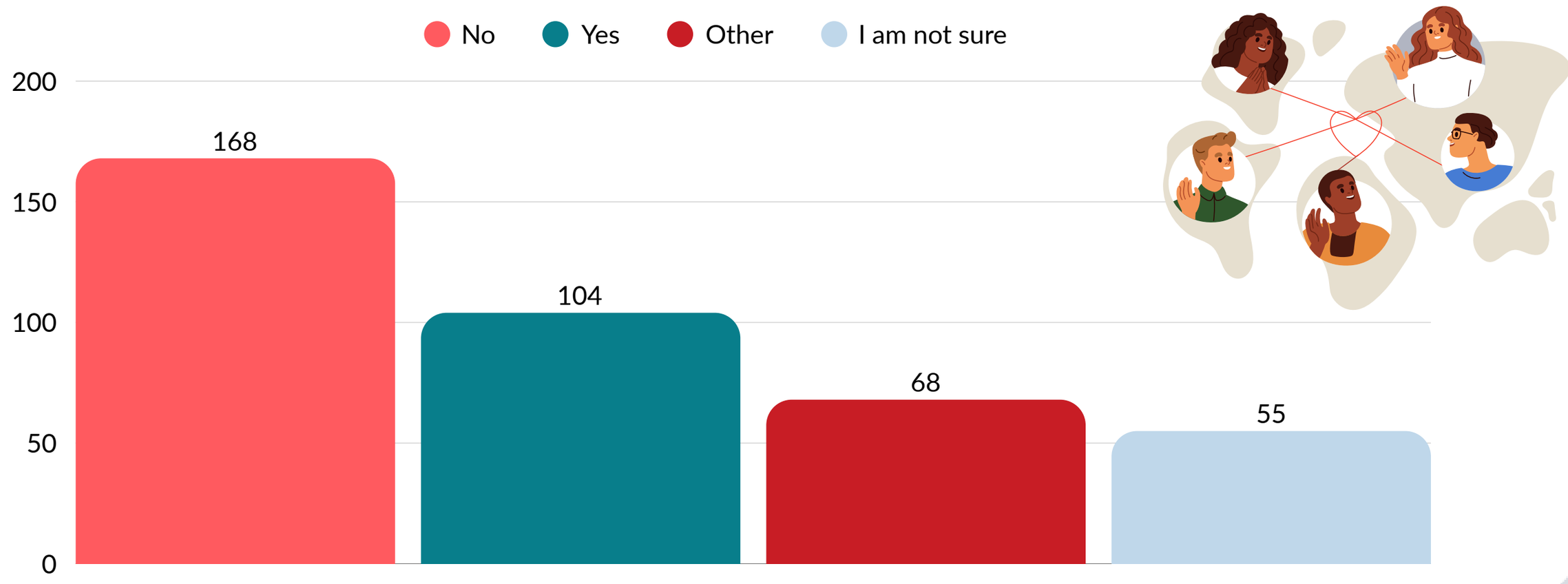
When parents were asked whether the professionals on their CDNT, such as therapists, psychologists, and social workers—worked well together to support their child, responses varied. Many parents felt that collaboration was poor, while others said the team worked together somewhat effectively. A smaller group felt the team collaborated well, and some parents were unsure (see Figure 11).



(Figure 11)
Do the professionals on your Children's Disability Network Team (e.g., therapists, psychologists, social workers) work well together to support your child?



When parents were asked whether different members of the Children's Disability Network Team (CDNT) communicated clearly with them or their child, responses varied. Many parents reported difficulties or a lack of clarity in communication, while others said communication was clear and effective. Some parents were unsure, and others selected "Other" to describe their experience (see Figure 12).

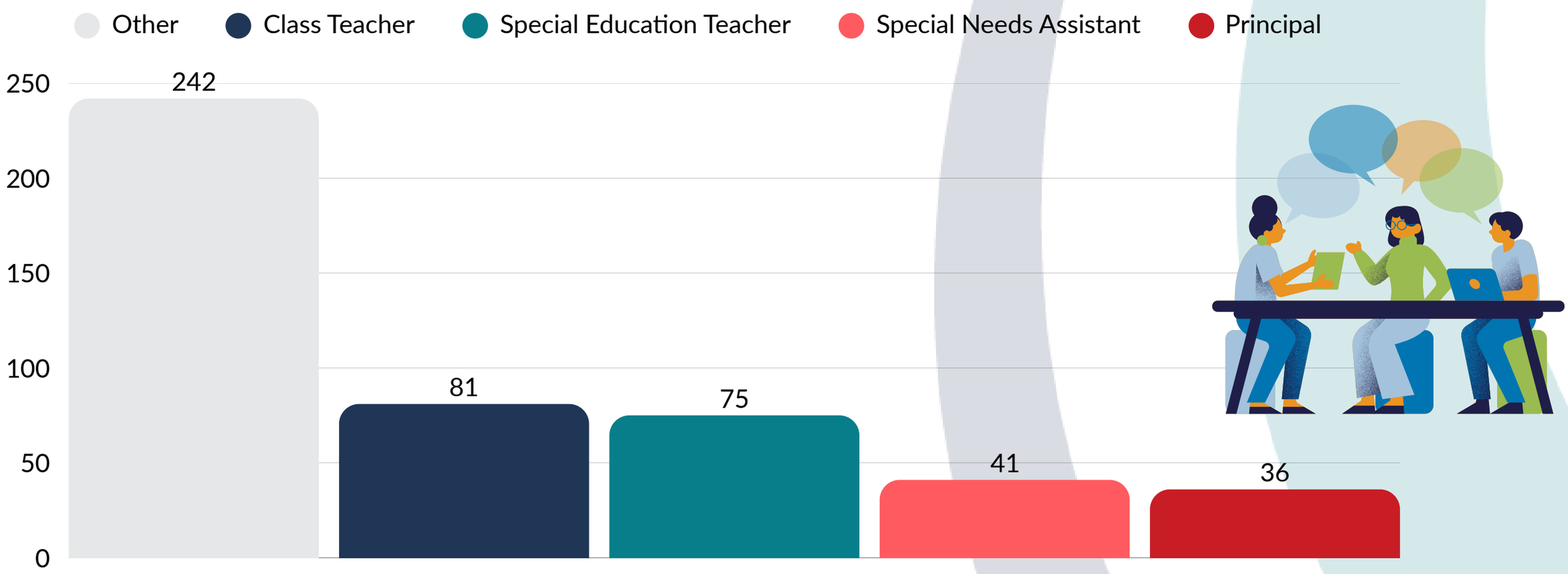


(Figure 12)
Do the different team members of the Children's Disability Network Team communicate clearly with you or your child?

Among parents who selected "Other" when asked about communication from different team members of the CDNT, most said they had not received clear communication or were still waiting to be seen. A few parents shared positive experiences, saying communication was clear once they reached a certain stage. Others described negative experiences, including miscommunication, lack of follow-up, and the use of complex language that was difficult for children to understand.

*This is a summary of the parents' voices; please refer to the appendix for full answers.

When parents were asked whether members of the CDNT worked with individuals in the school community, responses highlighted several key connections. Many parents reported collaboration with class teachers, special education teachers, special needs assistants, and principals. A significant number selected "Other". (see Figure 13).



(Figure 13)
Do the different team members of the Children's Disability Network Team work with the following members of the school community?

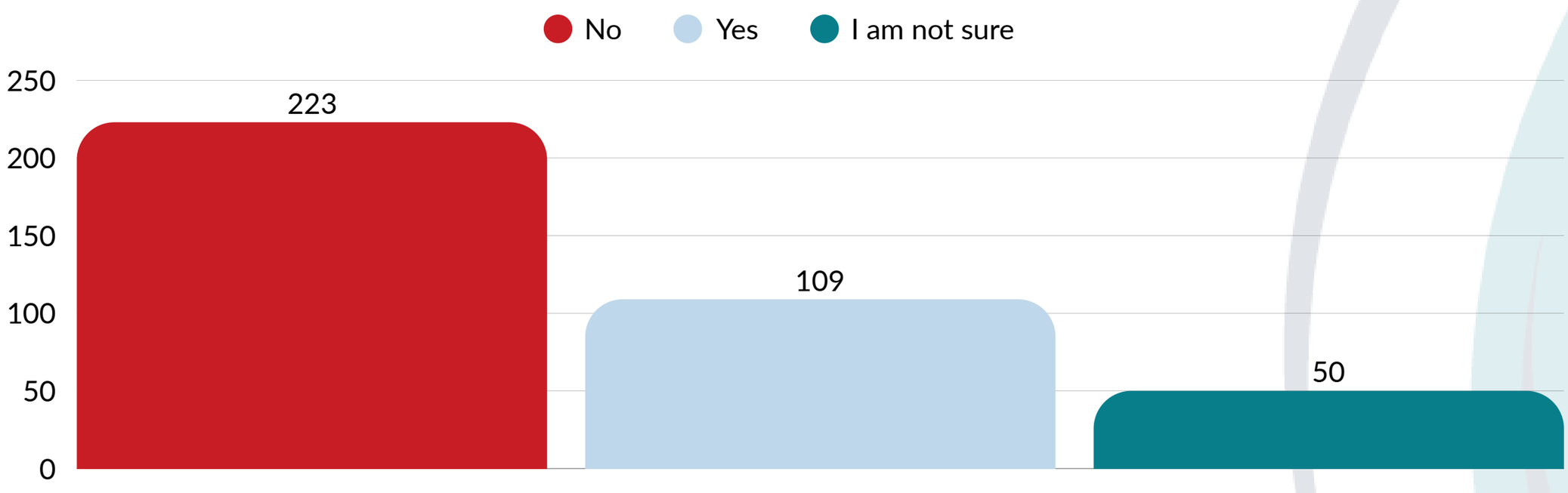
When parents chose “Other” in response to whether the CDNT works with schools, most said there was little or no real contact. Many explained they had never heard from the CDNT themselves, and neither had their child’s school. Many families were still waiting for appointments, while others had been discharged without the school ever being involved. In many cases, parents said they were the only link between the CDNT and the school—often having to pass on reports or push for communication on their own.

A smaller number of parents did report some limited contact, like a single school visit or a quick call between a therapist and a teacher. These efforts were seen as useful but not enough, especially when staff changes or lack of follow-up meant the support did not last. Some parents mentioned that reports were sent to schools, but without any direct discussion or explanation.

Parents also voiced frustration about delays, poor coordination, and missed chances to help their children in school. Some felt that support came too late or was not suited to their child’s needs. Others pointed out bigger system problems, such as the lack of connection between the HSE and the Department of Education or the fact that some CDNT teams do not have therapists.

*This is a summary of the parents' voices; please refer to the appendix for full answers.

When parents were asked whether they knew who to contact if they had concerns or complaints about the CDNT service, responses were mixed. While some parents said they were aware of the appropriate contact person or process, a larger number reported not knowing who to reach out to. A smaller group indicated they were unsure (see Figure 14).

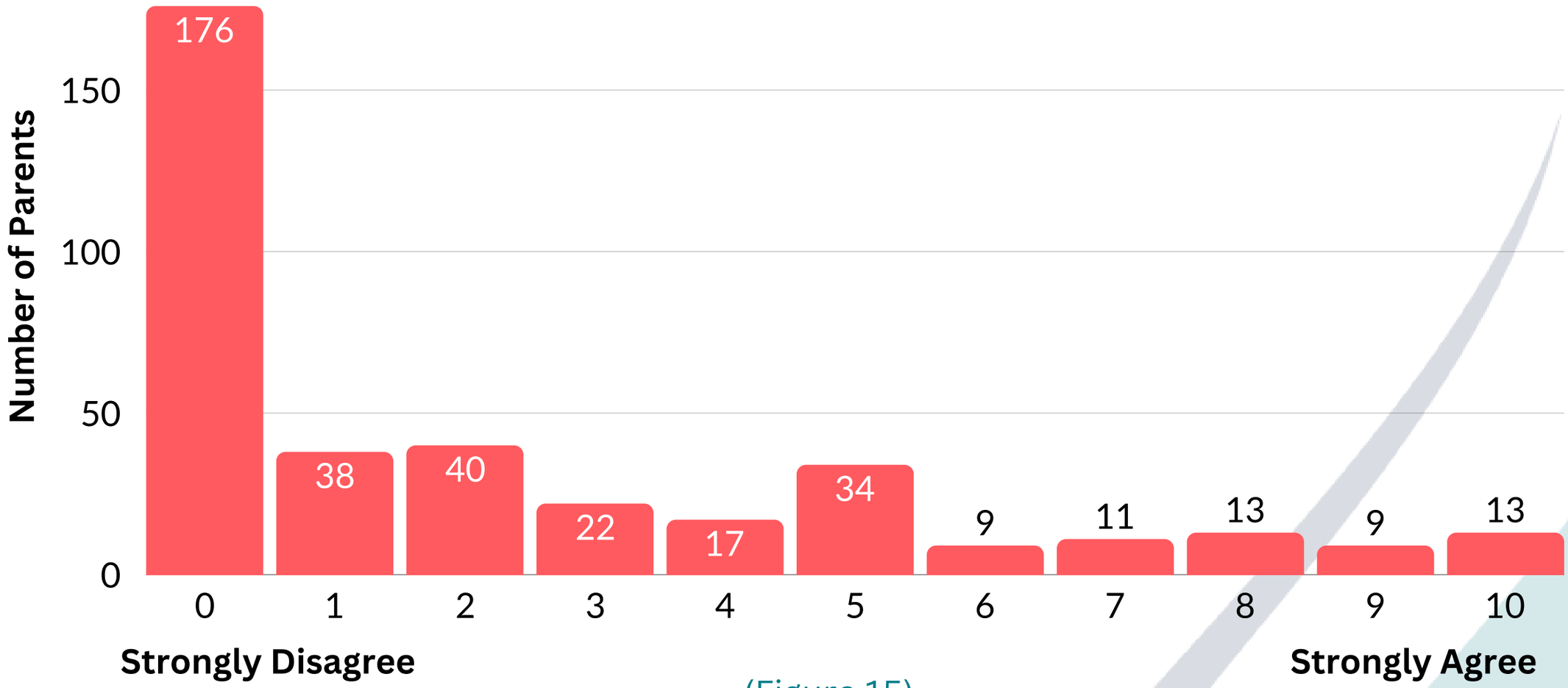


(Figure 14)
Do you know who to contact if you have concerns or complaints about the Children’s Disability Network Team service?





When parents were asked whether they felt their child had equal access to services through the CDNT, regardless of where they lived or their child's diagnosis, responses revealed a notable divide. The majority of parents expressed disagreement, pointing to concerns about regional disparities and barriers linked to specific diagnoses. A smaller group of parents felt that access was fair and consistent, indicating agreement with the statement (see Figure 15).



(Figure 15)

In your overall experience, do you feel your child had equal access to services regardless of where you live or their diagnosis?



Is there anything else you would like to add with regard to the Children's Disability Network Teams?

The responses from parents regarding their experiences with CDNT reveal a system that is deeply strained, inconsistent, and often failing to meet the needs of children with disabilities. While a minority of families reported positive experiences, the overwhelming majority expressed frustration, disappointment, and a sense of abandonment. The following summary captures their views:

*This is a summary of the parents' voices; please refer to the appendix for full answers.



- **Access and Waiting Times**

A major concern raised in the feedback is the very long waiting times for services. Many families reported waiting several years—sometimes seven or more—without their children receiving any direct therapy. In many cases, children were placed on waiting lists after being diagnosed but then had no further contact or follow-up. Instead of proper support, parents were offered general webinars or workshops, with some being told that attending a webinar counted as their child being "seen" by the CDNT.

Because of this lack of meaningful support, many families felt they had no choice but to pay for private services, often at significant cost. While some parents could afford private assessments and therapy, others could not, leaving them without any help. This has created a clear inequality, where access to services depends on a family's financial situation.



- **Staffing and Service Delivery**

Parents repeatedly highlighted staff shortages and high turnover as major obstacles to getting the right support. Many CDNT teams were described as under-resourced, with key roles such as psychology, speech and language therapy, occupational therapy, and physiotherapy left unfilled. In some areas, parents said their children had never met a member of the multidisciplinary team. Instead, support was limited to handouts or group sessions, which often did not meet individual needs.

Frequent staff changes have also resulted in disjointed care. Families reported being passed back and forth between CDNT and primary care services, often without clear communication or explanation. Some parents said their child was discharged from CDNT without warning, while others were told their child was "not complex enough" to receive support—even though they faced serious developmental and behavioural difficulties.



- **Communication and Transparency**

Parents repeatedly raised concerns about poor communication and a lack of openness from CDNT teams. Many described unanswered emails, unreturned phone calls, and little to no updates about their child's place on waiting lists. Some families only found out that their child had been removed from a list or moved to another service through others—such as school staff or their general practitioner rather than directly from the CDNT.

Parents also reported confusion about referral pathways. Families often felt caught between CDNT, primary care, and Child and Adolescent Mental Health Services, with no clear guidance on which service was responsible for meeting their child's needs. This lack of coordination has left many parents feeling unsupported and forced to navigate a complicated system on their own.



- **Equity and Discrimination**

Parents raised strong concerns about unequal access to services, often describing it as a "postcode lottery." The level of support varied greatly depending on where families lived, with some CDNTs able to provide more comprehensive care than others. Families in rural areas or outside HSE-managed units faced extra challenges, often due to staff shortages and lower funding.



There were also worrying reports of discrimination. Families of children with Down syndrome, ADHD, or rare conditions felt their children were deprioritised in comparison to those with autism diagnoses. Many parents said their child's needs were not fully recognised or properly supported.

Some parents told us that they had found the means to pay for disability-related supports even when it meant going without everyday essentials, and in the most serious cases, even basic needs like food. This highlights the urgent need for a fairer and more equal system.

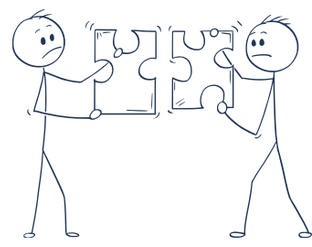


- **Impact on Families**

The combined effect of these challenges has taken a heavy emotional and financial toll on many families. Parents described their journey as a "constant battle," with some experiencing burnout, mental health difficulties, and feelings of hopelessness. Delays in receiving support have, in some cases, resulted in children avoiding school, loss of developmental progress, or showing increased behavioural challenges.



Amid these difficulties, a small number of parents highlighted positive experiences with individual staff members or teams who went above and beyond to help. However, these were seen as rare exceptions rather than the norm.



- **Inappropriate Service Matching**

Several parents reported that when services were eventually offered, they often did not meet their child's needs. For example, verbal children were placed in programmes designed for non-verbal peers, or group sessions were offered when one-to-one therapy was required. This mismatch not only wasted valuable time but also caused further delays in accessing meaningful intervention.



- **Lack of Follow-Up and Continuity**

Many families said that after an initial assessment or short period of contact, there was no follow-up or ongoing support. Sessions that were promised were cancelled or never rearranged, and in some cases, children were discharged without explanation. This lack of sustained care left parents feeling abandoned and forced to manage complex needs without professional guidance.



- **Systemic Barriers and Bureaucracy**

Parents frequently described the CDNT system as overly complex and difficult to navigate. Referral processes were often unclear, and families found themselves passed between services with little coordination. Many parents felt the system was designed more to manage waiting lists than to provide care, with decisions appearing to be based on administrative convenience rather than the clinical needs of children.

If you were to suggest improvements to the service, what would they be?

Parents across Ireland shared thoughtful and passionate suggestions for improving the CDNT service. Their feedback highlights systemic issues and offers practical ideas for change. Below is a thematic summary of their recommendations, written in clear and accessible language:

*This is a summary of the parents' voices; please refer to the appendix for full answers.



- **Reduce Waiting Times and Provide Timely Support**

One of the most urgent requests from parents was to shorten the waiting lists and ensure children receive support without unnecessary delays. Many families reported waiting several years for services, with some never receiving any direct intervention. Parents stressed that early support is critical for children's development, and delays can lead to worsening conditions, missed school opportunities, and emotional distress.

They suggested that CDNTs should track referrals more closely, provide estimated timelines, and prioritise children based on need rather than administrative processes. Several parents also asked for interim support options while waiting, such as check-ins, advice sessions, or temporary therapies.



- **Increase Staffing and Retain Skilled Professionals**

A major concern was the lack of staff across CDNT teams. Parents described frequent turnover, long vacancies, and overstretched professionals. Many teams were missing key roles such as psychologists, occupational therapists, and speech and language therapists. This shortage directly affects the quality and availability of services.

Parents recommended better recruitment strategies, improved working conditions, and competitive pay to attract and retain skilled professionals. Some suggested hiring therapy assistants or supervised trainees to help manage caseloads. Others called for national workforce planning to ensure every CDNT has a full multidisciplinary team.



- **Improve Communication and Transparency**

Many families expressed frustration with poor communication. Emails and phone calls often went unanswered, and parents were left in the dark about their child's progress or place on the waiting list. Some only found out about changes to their child's status through schools or third parties.

Parents asked for clearer communication channels, regular updates, and a named contact person or key worker who could guide them through the process. They also wanted more transparency about how decisions are made, how children are prioritised, and what services are available.



- **Offer More One-to-One Therapy and Individualised Support**

A common theme was the need for direct, personalised therapy. Many parents said their children were only offered group sessions or general parent workshops, which did not meet their specific needs. While some found these helpful, most felt they were not a substitute for one-to-one therapy.

Families asked for tailored interventions based on each child's diagnosis and developmental profile. They emphasised that children with complex needs require consistent, hands-on support from qualified therapists—not just advice for parents. Some also requested follow-up sessions to track progress and adjust therapy plans.

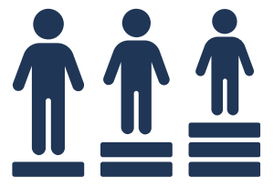
- **Bring Services into Schools and Communities**



Several parents suggested that CDNTs should work more closely with schools, offering therapy and support in the child's everyday environment. This would reduce travel for families and allow therapists to collaborate with teachers and special needs assistants.

Others recommended community-based services, such as mobile clinics or outreach programmes, especially for families in rural areas. These approaches would make services more accessible and reduce the burden on parents who currently have to travel long distances or take time off work.

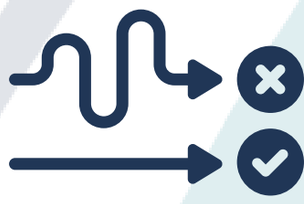
- **Ensure Fair and Equal Access Across All Areas**



Many parents described the system as a postcode lottery, where access to services depends on where you live. Some areas had better staffing and facilities, while others were severely under-resourced. Families in rural areas or those receiving services which had been outsourced by HSE often faced additional barriers.

Parents called for national standards to ensure every child receives the same level of care, regardless of location. They also asked for equity across diagnoses, noting that children with Down syndrome, ADHD, or rare conditions were sometimes deprioritised compared to those with autism.

- **Simplify the System and Reduce Bureaucracy**



The CDNT model was described by many as confusing and overly bureaucratic. Parents were often passed between CDNT, primary care, and CAMHS, with no clear guidance or coordination. Some felt the system was more focused on managing waiting lists than delivering care.

Suggestions included streamlining referral pathways, reducing paperwork, and creating a more family-friendly process. Parents also wanted better integration between services, so that children could receive holistic support without being "bounced" between teams.

- **Respect and Involve Parents as Partners**



Parents asked for greater respect and involvement in their child's care. Many felt dismissed or blamed, and said their concerns were not taken seriously. They emphasised that parents know their children best and should be treated as partners in the process.

They recommended more collaborative planning, where professionals listen to families, explain options clearly, and work together to set goals. Some also asked for emotional support for parents, recognising the stress and isolation that often comes with navigating the system.

- **Provide Consistent Follow-Up and Continuity of Care**

Parents highlighted the need for ongoing support, not just one-off assessments or short-term interventions. Many said that after an initial appointment or diagnosis, there was no follow-up, and they were left to manage alone. Others described being passed between therapists with no continuity or understanding of their child's history.

They asked for regular reviews, consistent therapists, and a clear plan that evolves with the child's needs. This would help build trust and ensure that progress is monitored and supported over time.

- I**nvest in Early Intervention and Prevention**

Many parents stressed the importance of early intervention, noting that delays in support often lead to more complex issues later. They called for services to be available as soon as a concern is raised, not just after a formal diagnosis.

They also suggested preventative approaches, such as school-based screenings, early developmental checks, and support for families before crises occur. These measures could reduce long-term costs and improve outcomes for children.

Is there anything else you would like to add with regard to the Children's Disability Network Teams?

Parents and carers provided extensive feedback on their experiences with the CDNT. Their responses reflect a mix of frustration, disappointment, and in some cases, appreciation for individual staff members. The following summary captures the key themes raised:

*This is a summary of the parents' voices; please refer to the appendix for full answers.

- **A System That Feels Broken**

Many parents described the CDNT as fundamentally flawed. They spoke of a service that promises support but delivers very little, leaving families feeling abandoned. Children are placed on waiting lists for years, often without any contact or follow-up. Some parents discovered their child had been removed from the list without notice, while others were told their child did not meet the threshold for support—despite clear diagnoses and needs.

This lack of engagement has led to a widespread belief that the system is not working. Parents used words like “shambles,” “disgrace,” and “traumatising” to describe their experience. The absence of meaningful intervention has left many children without the therapies they need during critical developmental windows, with long-term consequences for their health, education, and emotional wellbeing.



- **Staff Shortages and High Turnover**

A major concern raised by parents was the chronic shortage of staff across CDNT teams. Key roles such as psychologists, occupational therapists, and speech and language therapists are often vacant or filled temporarily. High turnover means children are repeatedly reassigned to new professionals, disrupting continuity of care and delaying progress.

Parents noted that when staff are present, they are overwhelmed by large caseloads and administrative duties. This results in limited availability for direct therapy and minimal time for building relationships with families. Suggestions included increasing pay, improving working conditions, and offering incentives to retain skilled professionals. Without a stable workforce, the service cannot meet the growing demand or deliver consistent support.



- **Poor Communication and Lack of Transparency**

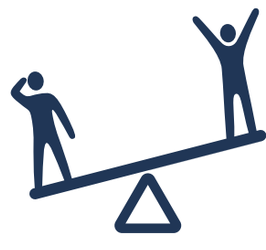
Communication was one of the most frequently cited issues. Parents described being left in the dark about their child’s status, with unanswered emails, missed calls, and no clear point of contact. Some only received generic letters or were directed to online resources that did not address their specific concerns.

There is a strong call for greater transparency—Parents want more clarity. They want to know where their child is on the waiting list, what services are available, and who they can talk to for updates. The lack of clear information has left many feeling worried, alone, and unsupported. Parents suggested having a named key worker for each family, regular updates, and ways to give feedback as simple ways to improve things.

- **Over-Reliance on Parent Training**

Although parent training can be helpful, many families felt it was being used instead of real therapy for their children. Parents said they were offered workshops and online sessions instead of direct support. These sessions were often general, out-of-date, and held during working hours, so many families could not attend.

Parents stressed that they are not trained therapists and should not have to provide complex therapy on their own. They want a balanced approach, where parent training supports—but does not replace—professional therapy. The current system puts too much responsibility on families without giving them the right support or guidance to help their children effectively.



- **Inequity and the "Postcode Lottery"**

Access to CDNT services is very different depending on where families live. Many parents described it as a "postcode lottery": some areas have good teams, while others provide little or no support. This feels unfair, especially when children with similar needs get very different levels of care.

Families in rural areas or outside HSE-managed units often face extra problems, such as long travel times and fewer therapists. Some parents also felt their children were overlooked because of their background, diagnosis, or how well they could speak up for themselves. Many suggested a national plan with standardised service levels so all children get a fair chance, no matter where they live.



- **Lack of Joined-Up Thinking Across Services**

Parents often said their children were passed between CDNT, primary care, Child and Adolescent Mental Health Services, and schools, with no clear coordination. This fragmented approach causes delays, repeated work, and confusion. Families are left to manage the system themselves, often having to tell their child's history to many different professionals and chase referrals that go nowhere.

Parents want services to work together more closely. Ideas to improve this included shared referral systems, joint planning meetings, and collaborative case management, so children get coordinated support and families feel less stressed.



- **Emotional and Financial Toll on Families**

The problems with CDNT services affect not just children, but whole families. Parents described feeling exhausted, defeated, and overwhelmed. Many reported mental health difficulties, strained relationships, and financial pressures from paying for private therapy.

Some families had to give up work or take on debt to get the support their children needed. Others felt forced to become full-time carers without proper training or resources. The emotional strain is made worse by feeling ignored or dismissed by the system. Parents want empathy, respect, and practical help to manage these challenges.

- **Positive Experiences and Hope for Improvement**



Despite widespread criticism, a few parents shared positive experiences. They praised individual therapists who went above and beyond, and early intervention teams that provided timely, effective support. These examples show that when the system works well, it can make a real difference.

Many parents hope that CDNT can improve with the right investment, leadership, and changes. They want a service that listens to families, values its staff, and puts children's needs at the centre of everything it does.

- **Lack of Continuity and Follow-Up**



Many parents reported that after an initial assessment or brief contact, there was no follow-up. Children were left without ongoing support, and families had to chase updates or repeat their child's history to new staff. This lack of continuity slows progress and wastes valuable time.

Parents want regular reviews, consistent therapists, and clear care plans that change as their child develops. They want a system that tracks progress, adjusts support as needed, and maintains relationships over time.

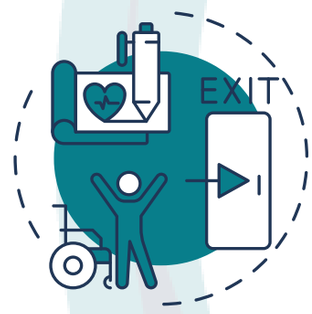
- **Inadequate Support for Complex Needs**



Children with multiple or complex diagnoses often miss out on support. Parents reported being told their child was "too complex" for CDNT or "not complex enough" for other services, leaving them stuck with no clear path to help.

Families of children with Down syndrome, ADHD, or rare conditions felt especially overlooked. They want specialised teams, tailored interventions, and a more inclusive approach that recognises all their child's needs.

- **Discharge Without Preparation or Transition**



When children age out of CDNT, many families are left without guidance. Reports are not completed, referrals to adult services are missed, and there is no transition planning. This abrupt end to support creates anxiety and leaves young people vulnerable.

Parents asked for structured discharge processes, including final reviews, onward referrals, and preparation for adulthood. They want to ensure that their children continue to receive care as they move through different life stages.

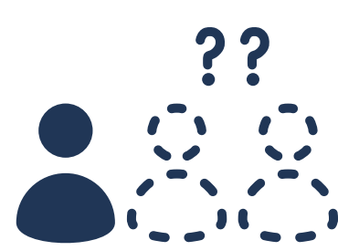
- **Lack of School-Based Collaboration**



Schools are an important part of children's lives, but many parents felt CDNT teams were not working closely with teachers. Therapists rarely visit classrooms, leaving teachers to manage without enough guidance or training.

Parents suggested having therapists based in schools, running joint sessions with teachers, and providing resources to support inclusive education. They believe that close collaboration between CDNT and schools is essential for children to succeed.

- **Absence of Key Workers and Named Contacts**



Without a designated key worker, families find it hard to navigate the system. They do not know who to contact, how to get updates, or where to raise concerns. This lack of accountability causes confusion and delays.

Parents want every family to have a named professional who coordinates care, communicates regularly, and advocates for their child's needs. This would make services more consistent and help build trust between families and CDNT.

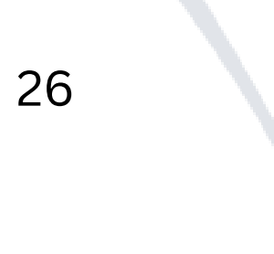
- **Barriers for Working Families**



Many parents who work full-time find it difficult to access CDNT services. Appointments and workshops are often scheduled during working hours, with little flexibility. This forces families to choose between employment and their child's care.

Suggestions included offering evening and weekend sessions, online consultations, and more flexible scheduling. Parents also asked for better support in managing time off work and accessing financial assistance.

- **Need for Cultural Sensitivity and Inclusion**



Families from diverse backgrounds reported feeling excluded or misunderstood. Language barriers, cultural differences, and lack of representation were cited as obstacles to accessing care.

Parents called for more inclusive practices, including translation services, cultural awareness training for staff, and outreach to underrepresented communities. They want a service that reflects and respects the diversity of the families it serves.

Online Group Consultation Sessions Findings

What Is Working Well in the CDNT's Service Model?

- **National Infrastructure and Consistency**

One of the main strengths of the CDNT model is that it provides a national framework. Parents recognised that, at least in theory, services are now available across the whole country, reducing some of the geographic gaps that existed before. While the way services are delivered still varies by region, having a single structure is seen as a step forward compared with the old fragmented system, where access often depended on location or how much parents pushed for support.

Although many families currently receive only limited help, there is cautious optimism that the model could develop into something more consistent and effective. The principle that every child, no matter where they live, should have access to disability services is viewed as a key strength of the CDNT approach.

- **Individual Staff Dedication**

Across consultations and surveys, parents often praised individual staff who went "above and beyond" to support families. Physiotherapists, psychologists, key workers, and administrators were described as caring, responsive, and dedicated—often working under huge pressure in under-resourced teams.

Examples included:

- A physiotherapist who was the only consistent support for one family.
- Two psychologists who gave excellent care before leaving due to staff turnover.
- Key workers described as "lifelines," offering guidance and emotional support.

Parents said they often felt "lucky" when connected with such staff. Their efforts were seen as the glue holding together a strained system. These individuals not only provide care, but also help rebuild trust and give families hope.

- **Early Intervention and Pre-CDNT Models**

Many parents spoke positively about the early intervention services. These were described as more child-centred, responsive, and coordinated, often giving families a single point of contact and a clear pathway to support.

Teams such as Beech Park in Stillorgan were highlighted as strong examples. They were praised for their multidisciplinary approach, proactive work with families, and ability to tailor support to each child's needs. Parents said children who had access to early intervention made better progress and had smoother transitions into school and other services.

- **Family-Centred Planning and Key Workers**

Parents often spoke positively about the Individual Family-Centred Plan (IFCP). They described it as a "core working document" that brought professionals together, set clear goals, and made responsibilities easier to understand. When used properly, it helped families and staff work as a team and ensured services matched the child's needs.

Having access to a key worker or administrator was also seen as a major benefit. Families with a named contact person felt more supported and informed. Responsive key workers helped parents navigate the system, answered questions, and pushed for services, easing the burden on families.

These roles are vital for making the CDNT model more family-friendly, and expanding them could greatly improve how services are delivered.

- **Improved Access Once Inside the System**

Although getting initial access to services is often difficult, some parents said that once their child was "in the system," support became more reliable. For example:

- One parent with a consultant referral reported no waiting time.
- Families who already had one child in the system found it easier to get services for siblings.
- The Joint Working Protocol, when it worked well, helped different services collaborate more effectively.

These examples show that the CDNT model can work well when it has the right resources and is put into practice properly. They also suggest that making referral pathways simpler and ensuring children receive continuous care can lead to much better outcomes.

- **Peer Support and Parent Networks**



Although not officially part of the CDNT model, many parents valued connecting with other families through workshops and forums. These groups offered emotional support, practical advice, and a sense of solidarity. In some cases, parent groups were the only form of engagement provided, but they still gave families a space to share experiences and learn from each other.

Parents stressed that these networks should support—not replace—professional services. Still, their presence shows the resilience and resourcefulness of families trying to navigate the system.

- **Awareness and Access to the Family Forum**



Parents who were familiar with the Family Forum described it as a valuable part of the CDNT service model. They felt it offered a meaningful way for families to engage with service providers, contribute to service improvements, and share feedback in a collaborative environment. The forum was seen as a space that encouraged family involvement, open communication, and co-design of services, while also helping to build supportive networks among parents and guardians. However, when parents in the sessions were asked about the Family Forum, most of them said they had never heard of it or were unsure about its purpose and how to participate.

What Is Not Working Well in the CDNT's Service Model?



- **Excessive Waiting Times and Service Gaps**

One of the biggest problems families reported was the extremely long wait for services. A few parents said they waited 6 to 8 years, and some children became too old for CDNT before getting any real support. These delays often left families in crisis, with urgent needs unmet and children's development suffering.

Even after waiting so long, some families were told to go back to primary care or were discharged without help, leaving them feeling abandoned and misled. The lack of timely access goes against the purpose of the CDNT model and has caused widespread frustration and loss of trust.



Misleading and Inadequate Service Provision

Parents reported that services were often presented in a tokenistic way, where very minimal actions were treated as if they were full therapy. Examples included:

- Receiving a beanbag and being told this counted as occupational therapy.

- Being offered a parenting course and then recorded as having received speech and language therapy.
- Being removed from waiting lists after attending a workshop, even though their child never had direct therapy.

This practice not only gives a false picture of service delivery but also leaves families feeling dismissed and invalidated. Parents who could not attend workshops—because of work, childcare, or scheduling issues—were treated as though they had refused support, which added more stress to already overstretched families.

- **Lack of Communication and Transparency**



A common concern was the lack of clear communication between CDNTs and families. Parents described the system as “tone deaf,” where professionals claimed services were being delivered, but families’ experiences told a different story.

Key issues included:

- Emails going unanswered.
- Parents reported that the staff had told them that they had no internet access.
- No clear point of contact or knowledge of who the local manager was.
- No updates on waiting list status or what services were available.
- Promised newsletters that never arrived.

This lack of openness leaves families in the dark, making it hard to understand what support their child is entitled to or to push for appropriate care.



- **Transferring Knowledge Model**

Many parents strongly criticised CDNT’s approach of training parents to act as therapists. While educating families can be useful, the current model puts unrealistic pressure on parents to deliver professional-level interventions without the right training, resources, or support.

Parents described feeling forced to become therapists, often downloading materials from the internet and running sessions themselves. This shift from professional care to parent-led therapy was seen as dismissive, ineffective, and emotionally exhausting.



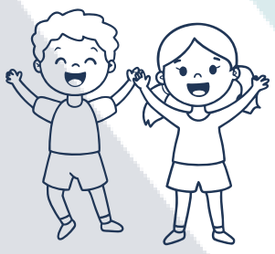
- **Administrative Burden and Lack of Access**

Families described being overwhelmed by endless forms and paperwork. Examples included:

- 20-page forms for the Domiciliary Care Allowance.
- Complicated applications for July Provision.
- Bureaucratic barriers preventing access to basic supports like nappies or respite.

Parent forums, meant to give families a voice, were often cancelled, scheduled at inconvenient times, or ignored. Parents felt that CDNT staff spent too much time on challenges with regards to Assessments of Need (AON) instead of providing therapy.

- **Absence of a Child-Centred Approach**



Parents felt the CDNT system is not really designed around children. It was described as bureaucratic, rigid, and dismissive. Children were sometimes told their needs were “too complex” or “not complex enough” to qualify for services.

Key concerns included:

- Children needing urgent psychological support have no access to it.
- Schools not receiving adequate support from the CDNT.
- Lack of coordination between the CDNTs and the school staff which resulted in the child’s diagnoses not being fully addressed.
- No clear pathway for children with dual or complex diagnoses.

This lack of focus on children’s well-being undermines the purpose and credibility of the CDNT system.



- **Systemic and Structural Failures**

Many parents felt the CDNT model is broken, using phrases like:

- “Not fit for purpose”
- “Corrupt”
- A “national disgrace”

They criticised the focus on middle management and paperwork over having enough trained therapists. CDNT teams were described as working in isolation, with no national standards or accountability.

Families felt the system prioritises appearances and legal compliance rather than real care. Parents often had to fight legal battles just to access basic support for their children.

What are the key things that need to be improved, and how can this be done?

- **Reduce Waiting Times and Improve Access to Services**

Long waiting times were one of the most frequently cited issues. Families described waiting months or years for assessments, therapy sessions, or follow-up appointments. In many cases, children were placed on waiting lists without any indication of when they would be seen, or whether they were still on the list at all.

Parents emphasised that early intervention is critical, and delays can have lasting consequences on a child's development. To address this, they proposed increasing staffing levels, introducing triage systems to prioritise urgent cases, and offering interim supports such as phone consultations, resource packs, or online guidance. Transparency around waiting lists and expected timelines was also seen as essential to rebuild trust.

- **Strengthen Staffing and Retention**

The shortage of qualified professionals within CDNT teams is a major barrier to service delivery. Parents reported frequent staff turnover, long-standing vacancies, and an over-reliance on temporary or part-time staff. This instability leads to inconsistent care, disrupted therapy plans, and a lack of continuity for children.

To improve retention, families suggested aligning pay scales with HSE standards, offering permanent contracts, and creating career development pathways. They also recommended investing in staff wellbeing, reducing administrative burdens, and providing mentorship programmes to support new therapists. Without a stable and well-supported workforce, the CDNT cannot meet the growing demand for services.

- **Improve Communication and Transparency**

Many parents expressed frustration with poor communication from CDNT teams. Emails and phone calls often went unanswered, and families were left without updates or clear information about their child's progress. Some only received generic letters or were directed to online resources that did not address their specific concerns.

There is a strong call for improved transparency and responsiveness. Parents want a named key worker assigned to each family, regular updates on their child's status, and clear information about available services and referral pathways. Communication should be timely, personalised, and respectful of the family's circumstances.

- **Provide Direct Therapy, Not Just Parent Training**



While parent education can be beneficial, many families felt it had become a substitute for actual therapy. Parents reported being offered workshops instead of direct support for their children, with little consideration for individual needs. These sessions were often generic, outdated, and scheduled during working hours, making them inaccessible for many.

Families stressed that they are not trained therapists and should not be expected to deliver complex interventions alone. They called for a balanced approach where parent training complements, but does not replace, professional therapy tailored to the child's specific needs. Direct, one-to-one therapy must remain a core component of CDNT services.



- **Ensure Equity Across Regions and Diagnoses**

Access to CDNT services varies significantly depending on location and diagnosis. Parents described a "postcode lottery" where some areas offer comprehensive support while others provide very little. Children with Down syndrome, ADHD, or rare conditions were often deprioritised in favour of those with autism, despite having equally complex needs.

To ensure fairness, parents recommended standardising service delivery across all CDNTs, monitoring regional disparities, and training staff to support a wide range of conditions. Inclusive policies and equitable resource allocation are essential to ensure that all children receive the support they deserve, regardless of where they live or what diagnosis they carry.



- **Integrate Services and Improve Coordination**

Families frequently reported being passed between CDNT, primary care, CAMHS, and schools, with no clear coordination. This fragmented approach leads to delays, duplication, and confusion. Parents are often left to navigate the system alone, repeating their child's history to multiple professionals and chasing referrals that go nowhere.

Integrated care pathways, shared referral systems, and joint planning meetings were suggested to improve efficiency and reduce stress. A centralised digital platform for communication and case management would help ensure that all professionals involved in a child's care are aligned and informed.



- **Support Families Emotionally and Practically**

The emotional toll of managing a child's needs without adequate support was evident throughout the feedback. Parents described feeling exhausted, overwhelmed, and financially strained. Many had to pay for private therapies, take time off work, or give up employment entirely to care for their children.

Families asked for counselling services, peer support groups, and financial guidance. They also called for respite options and practical assistance tailored to their circumstances. Recognising and responding to the emotional impact on families is a vital part of improving the service and ensuring long-term wellbeing.



- **Improve School Collaboration and In-School Support**

Schools are central to children's daily lives, yet many parents felt CDNT teams were not engaging effectively with educators. Therapists rarely visit classrooms, and teachers are left to manage without adequate input or training. This disconnect undermines the child's progress and places additional pressure on schools.

Parents recommended embedding therapists within school settings, providing training for teachers and SNAs, and developing joint therapy plans that align with educational goals. Collaboration between CDNT and schools was viewed as essential for successful outcomes and smoother transitions.



- **Plan for Transitions and Long-Term Support**

Transitions between services or age groups are often poorly managed. Families reported abrupt discharges, missing reports, and a lack of preparation for adulthood. This creates anxiety and leaves young people vulnerable during critical life stages.

Structured transition plans, final reviews, and onward referrals were suggested to ensure continuity of care. Parents also called for long-term planning that supports children as they grow and their needs evolve, including preparation for secondary school, adolescence, and adult services.



- **Make Services More Flexible and Accessible**

Working families face significant barriers to accessing CDNT services. Appointments and workshops are typically scheduled during standard hours, with little flexibility. This forces parents to choose between employment and their child's care, adding to stress and financial pressure.

Evening and weekend appointments, online consultations, and flexible scheduling were proposed to make services more accessible. Parents also asked for consideration of transport and location challenges when planning interventions, particularly for those in rural areas.

- **Build Cultural Competence and Inclusive Practices**

Families from diverse backgrounds often face additional challenges in accessing services. Language barriers, cultural differences, and lack of representation can lead to exclusion and misunderstanding. Some parents felt discriminated against or overlooked due to their ethnicity or socio-economic status.

To address this, parents recommended providing translation services, training staff in cultural awareness, and engaging with community organisations. Inclusive practices that reflect and respect the diversity of families are essential to building trust and improving access.

- **Learn from Proven Models**

Some parents suggested that Ireland could learn from models of service provision that have been successful within other contexts. Both Scotland and Australia were noted as countries that had implemented a “needs-based model”, as opposed to a “diagnosis-based model” - how some parents perceived the current approach via CDNTs. One parent pointed out that certain diagnoses may require multiple years to become evident, and within a diagnosis-based model, this would prevent children receiving early intervention care. This parent noted that within a model that reacted to needs, children could receive care “more or less straight away” when an issue were to arise.

One parent also discussed the Individual Family Centred Plans (IFCPs) model which had been used by CDNTS when they had first been implemented. This parent discussed how IFCPs had provided a clear framework and helped to coordinate multi-disciplinary work across multiple dimensions of a child’s care provision. This model was also praised for its ability to act as a “core working document” which could be easily used to familiarise new practitioners with a child’s needs.

Can you please describe what you think would be the ideal service model?

- **A Child-Centred, Needs-Based Model**

Many parents said the system should focus on children’s needs rather than just their diagnosis. They want services that respond directly to what their child requires, not only what a label or assessment allows. As one parent put it: services should “start at the beginning – build the service around the referral.”

Parents explained that the current model often delays help until a formal diagnosis is in place, which can take a long time and cause extra stress. Families in the focus groups called for a more flexible approach—one that looks at the child first and provides support quickly, based on their development and needs.

- **Balance Between Parent and Professional Expertise**

Parents agreed that they are experts on their own child, but stressed that this should not replace the role of trained professionals. Some felt that CDNTs relied too heavily on parents' "expertise" as a way of shifting responsibility for care. One parent described how their child's care plan was based only on the parent's account, without a proper professional assessment.

Families want their voices heard and valued as part of the process, but they emphasised that professional knowledge and support must remain central. Parents see their role as complementing—not replacing—specialist expertise.

- **A Model with Transparency and Accountability**

A strong theme across focus groups was the lack of clarity about waiting lists, service availability, and progress updates. Parents expressed frustration at being kept in the dark and called for real accountability.

They suggested that CDNTs should publish clear performance reports. This would not only increase transparency but also ensure families understand exactly what services are available, and hold services accountable when commitments are not met.

- **A Service with a Dedicated Key Contact**

Many families said they felt lost in a fragmented system, often repeating their child's story to different professionals with no continuity. Parents felt that each family should have a named point of contact—someone who knows their case, understands the system, and can guide them through it.

Where this role did exist, parents found it very helpful, but it was inconsistent and carried out by different people (nurses, coordinators, administrators, or managers). A single, consistent key worker was seen as essential for reducing stress and providing stability.

- **Early Intervention and Proactive Support**

Parents spoke highly of the early intervention services. These teams were described as well-staffed, joined-up, and effective. Families said this was when they received the best care, with a broad range of professionals available and strong expertise across teams.

They want these strengths restored within CDNTs—services that start early, prevent crises, and provide help before problems escalate. Parents consistently said that early, proactive support makes the biggest difference to children's development.



- **Integration with Schools and the Community**

Parents highlighted the need for closer collaboration between CDNTs, schools, and families. They wanted to see therapists working directly with teachers and Special Needs Assistants, who often know the child best, to make sure support is consistent across home and school.

Some suggested group sessions in schools, where therapists could work with several children at once. This was seen as a practical way to maximise limited resources while ensuring children's needs are met in their everyday environments.

Parents emphasised that linking CDNTs with schools and community supports would make care more relevant, timely, and effective.

Conclusion

This report captures parents' experiences of the Children's Disability Network Team (CDNT) services, highlighting both the strengths of the model and the significant challenges that continue to impact families. While examples of dedicated staff and effective early intervention were noted, the findings point to persistent issues with waiting times, staffing shortages, communication, and unequal access across regions and diagnoses.

To build a service that truly meets the needs of children with disabilities, it is vital to reduce delays, strengthen workforce capacity, and ensure transparent and respectful engagement with families. Greater collaboration with schools, clearer referral pathways, and consistent follow-up will help create a more reliable and supportive system. By addressing these systemic barriers and valuing parents as key partners, the CDNT can evolve into an equitable, child-centred service that gives every child the opportunity to thrive.

Appendix

·Q3. How was your child referred to the Children's Disability Network Team? "Other" answers:

- transferred accross from the brothers of charity when CDNT's were formed
- CAMHS, Primary Care
- Primary Care
- We migrated from the system where she was under early intervention
- Asd services
- GP
- Transfer from Primary Care
- Transferred from Early Intervention Team
- Originally under the care of St Michaels House
- School age team who previously gave intervention
- Primary care/camhs
- Primary Care and cahms
- Primary care
- School Age Disability Team
- From Early Intervention and consultant reffered initially to Early Intervention
- Its too long ago
- Principal
- I contacted HSE and then without consultation we were moved to different CDNT team (charity) due to our post code!
- Via private diagnosis
- I can't remember it's been so long but it would've been through the school
- Transferred from Early Intervention both times
- Aon recommended
- Not sure
- AON following diagnosis
- HSE Clinic initial assessment & AON Assessment
- From early intervention team
- REIS
- CAMHS
- Diagnosis at birth
- Assessment of Need
- Speech and language
- School
- AON officer
- Aon
- AON process

- Referred by Primary Care. Referred 2 times. Accepted the 2nd time.
- He transferred from CRC when cdnt was established
- Assessment of Need
- NA
- From st Michael’s house
- We went through assessment of need process with brothers
- My child was referred from the maternity hospital to St. Vincent's and then referred by Vincent's when the CDNT model was created. My child has Down Syndrome.
- CAMHS would not see my son because he is autistic until I could show that he was engaged with another service such as cdnt
- Moved from other service
- From enable ireland to 6 to 18 team
- From St Michaels house service
- Multiple referrals from Peds, GPs, Educational psychologist, behavioural therapist etc
- Also recommended by psychologists
- following AON
- Primary care psychologist
- Referred from bridgeway to cope
- Primary Care, CAMHS & AON
- Assessment of need
- Moved to CDNT from previous services after new set up. Diagnosis at birth lead to referral to st Michael's
- Psychologist
- Moved on from SAIT Churchtown
- Primary Care Psychologist
- Primary care services
- Speech and language
- Primary Care Team - Social worker, Psychologist, Physiotherapist
- Early intervention team
- AON
- Primary care team
- Referred from the early intervention team
- Primary care
- We have applied for AON I don't know if she has been referred to cdnt but she needs to be
- St. Joseph's Foundation
- Physiotherapist from primary care
- CAMHS
- From aon
- Community Medical Doctor
- Primary Care Team
- Assessment of Neec
- ASsesment of Need
- Tusla
- AON HSE

Q5. How long have you been waiting?

- 1yr
- 18 months
- 5 years
- since they were formed
- 1 year
- 4 years
- 2 years
- 8 months
- 5 years
- 3 years
- 5.5 years
- Over a year and a half
- 8 months
- We haven't been seen in 3 years since we moved from early intervention
- 3 years
- From February 2025
- I don't even know if we're on a list. Zero services and everyone passes the buck.
- 5 years
- Years as we moved and fell through the cracks despite repeated follow up from me. And go having info I never received
- Never ever been seen by cdnt and still waiting
- A few years
- 7years child 1 and almost 2 years child 2
- 3 years
- 2 months
- 6 months
- 10yrs
- 3 and a half years
- 8 months
- 6 months
- Over 4 years
- 5 to 6 year's
- 6 years
- 27 months
- A disgraceful 4.5 years!
- Years
- We never saw them- they looked at the case and without seeing my child said they didn’t need the help of CDNT and just referred to the Public health . We are at the bottom of an ever expanding wait list - it was one year now 2 years of a wait
- Never seen by CDNT saw prior to its set up
- 3 years
- Unsure , long time
- 2years

- 3 years
- 18 months
- More than 18 months
- Over 12 months
- 13 months
- 3 years
- 5 years - Based on my experiences over the past 5+ years, I can only assert that management of CDNT are more concerned with making numbers on waiting lists APPEAR to be receiving services than actually providing those services in a meaningful and impactful way. If I attend a parent only workshop on generic topics it is logged as my child receiving "intervention" despite the fact that my child is not present or receiving any clinical support.This is skewed data. Whatever number you have in front of you as being the number of children waiting on Disability Services, is actually much higher! This is mis-management and I would go as far as saying it is fraudulent.
- 1 year
- 6 years
- Over 1 or 2 years
- 6 years.
- Since October 2024
- Was seen then discharged after first appointment. Was recommended to stay, was accepted again but no word since. 6 months ago
- 2 years
- Since 2022
- 2 years
- 3 years
- Since approx 2021
- Over a hard and half
- 1 year
- Over 7 years absolute disgrace of a system
- Since 2019
- 3yesrs
- Over 2 years
- 3 years
- Half year
- Six+ years.
- 18 months
- I was told my child wouldn't get services
- 6 years
- almost 2 years
- 4 years.
- 4 years
- 10 months
- Since 2016
- 5 plus years
- 2.5 years
- 2 years

- 5 yrs
- Over one year
- 18 months
- 2 years 3 months
- 7 years
- December 2023. I have been told we should receive services by January 2028
- So far 1 year
- 4 years
- My child was taken on by the disability services at age 7. We never had an in-person appointment. Since the CDNT took over from disability services, I have received letters and some phone calls but never an appointment. She is now almost 17
- 3 years
- 15 months
- I've been advised to refer to CDNT. But where I live they only see most complex cases, so took a year for my referral to be assessed and another 9 months before referral to community was picked up.
- 8 plus years
- 5 months
- 5 years - since cdnt 11 set up in 2020
- Many years
- Since reconfiguration
- Over three years. I couldn't wait for so long , because my son was having thoughts on ending his own life. I was so worried and frightening that I paid to a private psychologist to get the diagnosis. The school and our family were struggling and afraid of the situation would be out of reach for my son then I took action and looked for help.
- Noy sure
- 4 years
- 12months
- Didn't even get seen. Without my GP or me being notified my daughter was apparently discharged. This we only found out after 15months when my GP rang to chase up where my daughter was on list.
- Approx 3 years
- 2 years
- 3 years
- 3 years
- 5/6 years
- More than 12 months
- 1 year
- Jan 2025.
- 7 years
- Four years
- 4 years
- 3 years
- Up to 2 years at least
- 5 months approx

- 3 years
- 5 years
- 4 years
- Almost 3 years
- 2020
- 3 years
- a year
- 2 years
- Over a year

Q7. What type of support have you received from the Children's Disability Network Team? "Other" answers:

- Still waiting
- None ,
- i attended a webinar
- None yet
- None, they are conducting a social work assessment since March and still don't have that completed. They are saying they do not have services with staff shortages in terms of OT and Psychology
- Very little 1-1 support after 24 months on waiting list. We are paying over E2000 each month on private therapies for both our sons to assist them but its not sustainable. Have requested 1-1 emotional regulation sessions for son, and told we had to wait. System is not fit for purpose.
- None
- None, still waiting, have enquired about group sessions i have heard about being available while on waiting list but have not received any info
- A referral for a school
- They transferred her to Primary Care - the wrong service. Didn't advise us of the change. 2 years in and she's been referred back to CDNT by CAMHS
- None as yet , they confirmed a 26 month waiting
- None as yet
- None
- No advice
- None. Teachers are not part of the CDNT
- I haven't received any support yet.
- None yet
- None
- Equipment for one child & offered groups for another which isn't suited
- Our daughter with Down syndrome was born in 2011. Whilst services were poor.then (eg. Waiting a year to see a Speech amd Language Therapist at one stage), the CDNT services are non-existent for my daughter now.
- Assessment in August 2023.
- Nothing as of yet

- Honestly not a lot. I was sent to a group that had no relevance to my child.
- None
- None
- Very little to be fair . The most involved was behaviour therapist . The rest is just for show.
- Non yet
- Group welcome talk
- Still waiting on o/t
- Nothing
- None
- After almost 5 years waiting, confirmation of private diagnosis I sourced, parent group support (with others left lengthy time with no support)
- requirement to do yet another parent course while we waited.
- Nothing other than emails inviting me to a parent forum, which I see little point in attending since we have received no services whatsoever
- Short talk and ot assessment
- None
- Absolutely none
- Very broken and fractured
- None yet
- I attended every Course they ran for Parents
- None she seems to have been forgotten
- Nothing
- None still
- None
- None
- Assessment (autism and educational)
- None
- Telephone support
- haven't been seen yet by the team
- None
- Still waiting
- None
- None
- None
- General advice from a clinical
- He has had speech thepary. Received an AAC device. Waited over a year for OT. Currently waiting for speech thepary as the speech theperist left. See a physio as he has insoles.
- Not anything in last 3 years
- Absolutely nothing
- Nothing as if yet
- Nothing
- None
- None on a waiting list for aon
- None
- Nothing
- Nothing

- Have only seen a physio, and met the OT in a group setting which is not ideal.
- Haven’t received support.
- joint working with other agencies
- None
- 0 support
- Sweet nothings
- Still waiting
- Couldn't get services
- we are still waiting to be seen so i can't yet comment on this question :)
- None
- Got a single phone call from a psychologist once a couple of years ago
- None
- Got none
- None
- None
- Non
- Waiting
- Preschool visit
- Have not been seen yet
- No support
- None
- None
- None so far
- Still waiting to be seen
- None
- Onward referral
- None
- None yet
- Generic advice, not tailored to my child. Some OT and Physio camps during school holidays
- Nothing as of yet. Just an information meeting.
- The suppirt is not woeking as he neefs suppoort he is not getting...ie offered training and talk therapy, needs OT , active daily living skills, trauma therapy
- After 5cyears waiting they've told us to go to primary care. Our child has definitely needs that require multidisciplinary team
- None so far
- None
- No support
- None
- Still waiting for Assesment
- Nice sensory experience to swimming pool with choreographed music and puppets - once
- None, emails about events
- Assessment
- Nothing yet, we've had 1 appointment with a dietitian which I had to fight for, that was over a year ago and there has been no follow up whatsoever

- None
- None, have had a phone call from a physiotherapist to say he is on the list but won't be seen within 12 months, absolutely appalling
- None
- Medical support
- None, they said he didn't meet their criteria
- Nothing yet
- Referred to private SLT clinic for assessment 2024
- Initial first meeting to see if he should be assessed for diagnosis
- Nothing
- They were to send on a report for our adopted child
- Parental homework since services are none existant
- Nothing
- NONE!
- No support
- None still waiting

Q8. Do you feel included in decisions about the support provided for your child? “Other” answers:

- Still waiting
- i have not met anyone to discuss my child.
- No support yet
- No, we attend meeting where they say we will have more meetings but we feel like this is lip service and they do not make decisions in the best interest of our child or our family
- No
- N/A as my child has not been seen by CDNT yet
- No support given
- Very littlesupport
- No, as it is normally just parent courses.
- I have found the system provides very little beyond retrospective confirmation of the approach that I’ve spent an inordinate time having to research and figure out without support.
- Not applicable since he has never been seen
- I haven't heard back since the ot assessment
- No decisions made as no help given
- I make all the decisions as the CDNT haven't engaged with us outside the assessment appointment for either child
- No support was provided for my child. I was switched recently to Primary Care Support
- No support
- My child is rarely seen by them we have phone calls and parenting classes but no actual OT speech and language physiotherapy nothing
- haven't been seen yet by the team
- N/A

- Waiting to be seen
- General mundane advice from a therapist who does t know my child and doesn't have the time to get to know them
- Child was moved from Limerick north to Clare based on school location in summer 2023 has received nothing from clare
- It was take or leave it
- My son never received any appointment yet so i can't say
- Absolutely not
- He didn’t receive support , he was invited to come in and sit in a circle with other autistic teens to discuss being autistic.
- No support has been provided
- Haven’t had any
- None
- Still waiting
- Couldn't get services
- we are still waiting to be seen so i can't yet comment on this question :)
- No support provided
- No Support at all
- Have not been seen yet
- No support
- N/a
- Yes until the point was made to discharge the child from the service against my wishes.
- I have a feeling of the team being harassed out of their minds , and trying to survive.
- The CDNT rarely makes a decision, they leave everything to the parents and provide minimal support
- Still waiting to be assesed
- No support provided
- Haven't been seen to be given options
- No support
- Don't know yet. He has complex needs & he hasn't been seen
- He didn't receive any support after the initial meeting
- awaiting appointment
- If by included you mean onus on the parent to provide interventions
- Have received no support or decisions made
- No they don’t even answer there phone or get back to u
- NO Support and NO decisions made yet!
- there hasn't been any support as yet specific to the child
- Still waiting

Q9. In your opinion, does the Children's Disability Network Team consider all aspects of your child's life (physical, emotional, social) when planning support? "Other" answers:

- Still waiting
- I have had little interaction to be able to judge this as they have not engaged with my child
- No involvement yet
- They can't possibly make informed decisions when so many of the children on their cases have not been seen in years and possibly never by a member of the team as staff turnover is incredibly high
- I doubt it.
- Planning support. I don't understand the question. They don't dot plan support??? If you mean seeing a slt they only check every couple of years to see how he is progressing. That's not support that's a record keeper.
- The try but they dont actually have enough ppl to support all the kids needs.
- Unknown as yet
- Not applicable, as no support
- I wouldn't think so as it was a year since diagnosis for a short meeting and nothing since
- The CDNT neither considers my child nor plans support
- No supports
- No support provided
- haven't been seen yet by the team
- Waiting
- They have zero understanding of what our lives entail. Each department looks at its one area. It's not multidisciplinary. It's so much admin and work just to keep on top of everything and they have zero understanding of this.
- No they are simply fire fighting, there's no planning
- Not really. The OT never replied in over a year of contacting her. Still waiting for the new speech theperist to make contact.Physio is going on maternity leave and I'm not sure she has cover.
- Have not been seen.
- None
- Still waiting
- we are still waiting to be seen so i can't yet comment on this question :)
- No support provided
- Not at all
- Have not been seen yet
- No support
- Needs minimal support but were really mindful of that when we approached them which was good. Support was commensurate w our level of need
- Have not received support

- Good on school. Little outside of that. OT and SLR support was fantastic. Our experience of psychology supports was very poor
- N/a
- I tried several times phoning, calling to the Cdnt office to ask how my son didn't meet their criteria, I was ignored, no one ever returned my messages
- awaiting appointment
- What support- there is no support, just questionnaires and form filling
- NO communication and NO appointments!
- Still waiting

Q10. In your opinion, has the Children's Disability Network Team taken your family's culture, language, or background into consideration while providing the service? "Other" answers:

- Still waiting
- NA as they have not engaged with my child
- CDNT services are non-existent for our daughter with Down syndrome.
- If anything it'd be the opposite
- We have received no service so far
- Unknown as yet
- Not applicable
- Perhaps, it hasn't been an issue
- Still waiting
- No supports offerec
- haven't been seen yet by the team
- Waiting to be seen
- NA
- I've never taken much notice
- N/a
- n/a we're Irish
- NA
- Have not been seen.
- None
- N/A
- Not applicable to me
- I hope not, is that why were waiting? Discrimination, charming
- Still waiting
- we are still waiting to be seen so i can't yet comment on this question :)
- No service
- Have not been seen yet
- N/a
- Have not received support
- Not always, getting better over time with younger therapists
- Haven't seen anybody
- Don't know
- N/a
- Never had an appointment so don't know.
- We are still waiting for an appointment

- Dont know, they aren't providing any services
- Havent take details of fact this is a complex case that requires more intensive 1:1 treatment. Were promised wrap around treatment school/cdntse i
- What does that mean
- Still waiting for Assesment
- N/A
- n/a
- N/A
- Can't say as havnt met them yet
- Not relevant
- awaiting Appointment
- They have called me the "nuisance father" in internal emails. I guess thats taking background into consideration!
- Na
- NO Communication!
- As above

Q11.Have you noticed any improvements in your child's development or well-being since receiving support from the Children's Disability Network Team? "Other" answers:

- Still waiting
- no engagement so no support so no improvements
- No involvement yet
- Not had intervention yet
- Haven't had any activity with them
- No intervention as yet
- I haven't received support
- Have never received services so can't answer
- No supports received as yet
- Still waiting
- We have had to use private therapy, where we can get it, as the CDNT does not deliver therapeutic services, at least to my child
- No support yet, just a long waiting passing the valuable learning age
- N/A
- CDNT services are non-existent for our daughter with Down syndrome.
- She now knows why she feels different as she got assessment
- My child's progress is down to his, mine and his schools hard work. The only thing the cdnt wad good for is letters for schools
- Nothing provided
- There isn't enough support, they can't possibly get through their work load. I don't think it is enough for our kids, they are important years, but with not enough support to prepare them properly for their future
- Still waiting
- Still waiting
- To be honest, confirmation was welcome that we were on the right path is self-supporting...that was all we got.

- Haven't received services yet
- The assessment appointment was very stressful, with five adults sitting in a circle around my autistic child and taking turns to ask questions for over an hour. This is the only interaction either of my children have had with them.
- Child has got no support
- No support received except what I learned at courses and that helped support me to support my child
- Haven't seen in ages
- Has had no services
- Again no supports on Carlow
- Zero support at present
- Still waiting
- Unknown , not heard from anyone
- No support
- my child’s development has improved with me and his father’s input having to go private with a lot of therapies and his assessment for diagnosis and this is what happened to my child
- No support to date.
- haven't been seen yet by the team
- Still waiting
- Waiting to be seen
- No support
- No, in fact lack of appropriate intervention has lead to regression and unfortunately now very little help to deal with any behavioural issues and as a consequence he needs medicated another thing he cannot access as a result of professionals not acting in a timely fashion
- We have received no meaningful support
- Was making great progress until everything stopped. Last appointment with anyone was 3 years ago
- N/A as support has been parent support ie we are invited to sessions in a group and with the little time we have, the sessions use our free time, and we can’t apply the learnings if any to the child. Every course starts with what is autism and it is a waste of our time after 6 years waiting
- as no direct interaction - can not directly associate CDNT with our child's development or wellbeing
- She has lost things she will never get back, she has suffered medical interventions she never should have needed as a result of the neglect of CDNT and the abject failure of this new system
- Never seen by CDNT.... 3 boys
- Haven't received an appointment yet
- Yes from the advice they have given us as parents but it is us who put the advice into practice.
- He hasn’t received support
- None received
- I've not recieved a one on one appointment only offers of coffee mornings for parent

- We are still waiting to receive ANY support
- N/A
- None
- Have not received an appointment yet
- Has not received care
- Still waiting
- Couldn't get services
- Nope
- we are still waiting to be seen so i can't yet comment on this question :)
- Theres been no support for my child. I dont consider 1 parent evening support for 1 year. No OT no S&LT, she was getting more support in Primary care. No consideration of single parent families or timining of events to accomodate parent trying to work to have mobey for private interventions.
- Haven't received any support
- Haven't had support
- Have not been seen yet
- Still waiting
- No support
- N/a
- Didn't need supports but were there to advise when needed.
- We have only attended a Cygnet group session so far. My child won't receive services for another 5 years at least
- Has not received support
- Same as above
- The OT and SLT support was very impactful for his ASD diagnosis. The psychology support was very poor to the point of having a negative effect.
- We received good services before CDNT, when the CDNT system came into place that’s when services dropped. The CDNT system is set up not for children or families, but for paperwork it does not provide an adequate or effective service for our child. The reason that our wait to access services in the earlier question was so short (within 3 months) was because at that stage it was Early Intervention and CDNT wasn’t in operation then. We have lost any type of beneficial service since CDNT had come in. It’s a complete shambles. All tick box exercise. Inviting parents/children to things during school time/when parents are working that we are unable to attend. Complete lip service.
- Any improvement is work me his father and sibling have put in nothing else
- There is no continuous support for me to answer this
- N/a
- Never had an appointment so don't know.
- Not started using service yet
- No service
- Yes but that is down to private therapy and her amazing teacher (who contacts the private therapist)
- Presentation hasdemised year on year in plain sight

- Haven't received any support yet
- Not seen yet
- Havent received any help
- Still waiting for Assesment
- Has not been seen
- Still waiting for assessment through pri.ary care and assessment of needs
- Haven't received any services yet
- I feel this is a ridiculous question - even if he was seen yet from listening to others support is minimal-appointments too far apart-I honestly have not heard any positive feedback regarding support-it just doesn't seem to be enough
- No, I am left to support my son's Asd myself with some access to Camhs
- Not seen yet
- Not enough support given yet.
- All private therapies made an impact
- Awaiting appointment
- Have yet to be seen
- Have had no support
- NO Communications!
- No support provided as yet
- Haven't received an appointment
- No as no supports given

Q13. Do the different team members of the Children's Disability Network Team communicate clearly with you or your child? "Other" answers:

- no idea. it would be nice have engagement from one person to start!
- Once you get to that stage
- We only see one member of the multi disciplinary team
- My son has met his key worker once.
- They never saw my child bar 1 physio apt for orthotics. They transferred her without talking to her or us parents
- Waiting
- Still waiting
- CDNT services are non-existent for our daughter with Down syndrome.
- No idea as still waiting to be seen
- Not receiving any helpyet
- Not yet
- My child has not been seen yet
- they have never met my child despite being 5 years in their service
- Yes but there is very little communication
- Still waiting
- I think we were taken off the books once the diagnosis was confirmed, need for pen confirmed and no technology assistance at that time (private assessor would not assess ASD person) and no ongoing support.
- No, the SLT informed me I couldn't have an Assessment when I asked about it and it was then recorded as a parental refusal to have the Assessment byServisource
- Sometimes
- No supports
- No support
- Depends on the clinician
- haven't been seen yet by the team
- They weren't great at the start. 9 years now.
- Still waiting
- Waiting to be.seen
- No- if you ask a question or put forward a written query it gets lost and never replied to. You are either ignored or put off. Everything is a "miscommunication" when they finally do answer you. They prefer to make calls rather than put items in writing. Communication is probably the worst I have ever encountered and it's all because no one wants to take ownership of a problem. It's always kick it down the road or pass off to someone else. No one is ever accountable for "miscommunications"
- The one we speak to yes. Others not sure
- Send emails they go nowhere. Mgr is good to communicate somewhat
- That would require them to communicate at all
- On occasion there has been far too advanced/medical/therapeutic jargon used with my child. Therapists need reminding to keep sentences/instructions short and uncluttered.

- I had to attend a parents group of six meetings. We were shown videos of autistic adults from the uk discussing their experiences of life. That time sent by a psychologist would have been put to better use speaking with my son face to face
- Emails re coffee morning
- N/A
- Awaiting assessment
- Still wiaijtf
- Couldn't get services
- we are still waiting to be seen so i can't yet comment on this question :)
- They rarely communicate with me and most of the communication is initiated by me.
- They've only been here to see me and talk to me
- Have not been seen yet
- No support
- N/a
- Can only comment on each individually. OT and SLT yes. Psychology, no.
- So many leave their positions, and we have to start from scratch. Wasting appointments bringing parents in to make IEP plans for the child when no regular appointments available.
- Haven't heard from anyone since the first sort meeting
- N/a
- Child discharged very early in the process. More problems with their later development
- Never had an appointment so don't know.
- Waiting for first appointment
- Email contact about courses only
- Sometimes
- They don't contact me at all
- We have no received any services yet.
- It’s not very often or regular
- Some do and some are extremely condescending
- Still waiting on the list
- It depends on the team member, most are great and also it depends on their ability to communicate through English and understand my meaning through English.
- No still waiting
- NA
- He hasn’t had appointments yet
- It depends. Some will and some won't.
- Plenty of letters to tell me they cant see my child
- Only been given parent advice so far. No support to my child.
- awaiting appointment
- Zero communication
- No communication as yet
- Occasionally
- No contact from anyone

Q14. Do the different team members of the Children's Disability Network Team work with the following members of the school community? "Other" answers:

- NO
- No support provided
- They should but dont
- No
- Do not liase at all
- None
- no they have engaged with noone
- No work yet
- NO
- Haven't yet
- No intervention yet
- They don't work or interact with school
- Not yet we are waiting on the team to reach out to the crèche
- They called out to school at my request because my son was struggling
- No services yet
- Unknown
- N/a
- None
- NO
- None of the above
- Starting school this year
- No
- Never got that far
- No clue who.....never informed
- No interaction with school.
- I have heard they will work with the school
- They dont
- No
- They will provide support if needed (however I don't know what this entails as they have never met my daughter)
- Have never received serviced so can't comment
- No
- Unsure
- Nothing available yet
- N/A
- Seno
- None
- No one
- No
- No they ask me to talk to schools
- No. CDNT has had zero contact with me, my child or the school
- No they have not
- No
- No

- No info yet
- No
- No
- No
- Don't know
- Communication seems completely broken
- Severely lacking on school visits. SN teacher said his “supports” were non existent. The salt visited once said great job 🤷‍♀️ that was it. She’ll does annual visits doesn’t interact. Takes notes. Had an appointment with her last week and she was shocked he could talk🙈 he’s been verbal 4 years now.
- No
- No
- No idea
- None
- Not receiving any help
- No
- Not yet
- I don't know yet
- Not in school yet
- No real contact, sparse, not individualised to the child
- O
- Just once to observe (psychologist) and they contacted the principal
- No
- No
- They have been very helpful with school issues and great support. But teachers keep changing so there work sometimes isn't fully beneficial to my child, but that is not there problem. One to one needs lots more support to fully benefit children, as it wasn't enough for my child
- Still waiting
- I advised that the letter was needed to support us as parents, teacher and Support teacher
- No engagement at all to date
- I get the idea there hasn't been any communication with school
- No
- No
- Don't help at all
- School has never heard from them
- Still waiting 27 months
- I’m with Primary Care now and have had 1 SLT session & 1 OT session, no mention of school support
- No
- The CDNT have not worked with members of post primary level. I the parent have been going between both but school were reluctant to help r follow through with CDNT suggestion, I the parent had to press the issue
- Na
- No support offered

- Don't know, it's a while since we were involved in the service, my child was discharged from it after a short time as they said she didn't need them.
- No support plan at all still
- Still waiting
- Not heard from anyone still
- No they do not
- No support at the moment
- Not sure if they do
- No
- Not yet
- Nor sure there is communication
- haven't been seen yet by the team
- None of the above
- N/A
- Still waiting
- Waiting to be seen
- No supports
- The speech theperist we were working with did communicate with the school.I'm hoping the new theperist will as well
- SLT in September 2022 worked with teacher via phone call since move to Clare noone has contacted a teacher
- Spoke to teacher once in relation to seating otherwise no interaction
- No
- don't know
- The school is metres from the cdnt, we have not succeeded in getting them to engage to the point her teacher and I have google sensory supports because it's a special school and we have zero support from them
- Private therapy
- Rarely with any of the above unless at my request/insistence
- Nobody
- My son is still waiting for services
- No
- We haven't seen them yet
- N/a
- N/A
- I wish
- Never
- The few visits made to the school in evolved connection occasionally with a deputy principal and then one chat with an sna.the team visited the school s few times observed the child in class and delivered no therapies assessment or follow up, though the child has Down Syndrome and needed a range of therapies, slt, pt, ot and some psychological.

- Don’t know, but my sons main problem was school related anxiety, which is why individual meetings would have been helpful so that the cdnt team members could have engaged with the school to help support him better
- Noone
- Hasn't happened
- Have not been seen
- I've not seen this happening
- None
- Not working with anyone
- No
- No
- There is no communication whatsoever as the hse smd has the dept of ed do not work together
- Never interacted with anyone
- N/A
- They don’t offer services
- Head teacher
- ?
- No
- None
- Received no services
- No
- Still waiting for support
- They don't
- Still waiting
- Couldn't get services
- Nope
- we are still waiting to be seen so i can't yet comment on this question :)
- No support provided
- I dont know if they have given any support to my childs school to be honest.
- None
- Not sure
- Na
- I don’t not know I have never heard anything from the school about this
- They dont
- None
- No
- No service
- Preschool
- No as of yet
- Not necessary at times
- Preschool
- Have not been seen yet
- Still waiting
- No support
- Nobody

- No
- No
- N/a
- This is due to happen but child is only starting school
- Daughter was discharged 2022 so they didn't communicate directly w school
- N/A
- Didn't engage with achool
- None
- No
- No they don’t work with the school
- No
- No support received
- Yes but only every 5 or so years
- As above
- I am speaking here in relation to waiting ASD assessment and S&L appointments as well as even appointment for eye test/exam etc via the public system. My son was removed from public because we got a private diagnosis. So no history in the public records for my son.
- None have been in touch with school
- Not that I know of but do supply reports.
- Don't know, still waiting
- No
- No
- N/a
- Report provided for school
- Never had an appointment so don't know.
- No
- None
- Don’t know
- In my case I don't think so
- Not applicable
- Not applicable
- No we were waiting months for a key worker to be assigned
- None
- Not applicable yet
- No one
- Not really there is a reactive pkan...supports came too late for school.even though were flagged for transitions between schools...ot report came too late assigned therapists haven yer yiung person even though in service more than 3 full years 3 full e
- They just want to pass him over to a different waiting list
- None
- No
- Don't know
- On Waiting list

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- No
- N/a
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- No
- Don't know
- On Waiting list

- Not at the moment
- Discharged without any meeting or communication
- N/a
- No. Showed the school a chair
- Still waiting
- Not in school yet
- None of above. They have never engaged with our child's primary nor secondary school, but I never asked them to. We didn't feel the need
- No
- My child is still waiting assessment
- Don't know yet, still waiting
- No
- Not so far. I have sent copies of printed notes from my children's visits with members of the CDNT so they understand what's going on with my children. Recently I've been impressed by receiving an email from the O.T. which came immediately and I forwarded on to the school principal.
- No
- We have got only audiologist appointment till now
- Too early to tell
- Don't know
- Yet to hear from them. It was a difficult road to diagnosis I went private and even when we met hse Physio he was discharged same day. SLT did same without seeing him. Told there is no OT within thd hse to see him.
- NA
- Don't know
- They are due to work with therapists in the school
- None
- No work with school has taken place yet
- I asked the Psychologist to communicate with Class teacher
- They do their best but there's often a communication breakdown that the parents have to solve but that's usually because the CDNT will be telling the school to do more for our child and they (the school) don't really want to.
- They don’t work with them
- All communication with school is via parent
- No
- Parent
- No
- No communication has been made with anyone
- no contact with school
- Don't know
- awaiting appointment
- None
- not sure
- No
- NO, despite repeated requests from both school and family
- No
- No

- No contact from CDNT
- It does not represent the child fairly
- NO Appointments and NO Communication!
- Nothing has been done yet
- I'm not sure still awaiting an appointment
- No
- None
- No

Q17. Would you like to give us more details?

- CDNT did not accept my child, despite educ psych diagnosis. They provided a single phone call to indicate they would not take him on. We have gone privately for all help received to date.
- They have no time for us. We are on waiting lists and them waiting on our cdnt to hire relevant clinicians.
- I would love to speak to someone as i was reported to tusla after a 20 visit in my house ,where the person in question never met me before and has never met my son ,obviously tusla could see it was just a very bitter person trying to show who wore the pance during our very short meeting
- The only time we met each other
- My son was diagnosed 18 months ago . We are in kildare still waiting to be seen. We were contacted to say if we want to go on a parenting course we would be taken of the list without my son being seen. My son is autistic. We are in the lucky position that we can access services privately. I understand completely that any professional I have spoken to wants to help but the system is completely flawed and does not enable themto help in a meaningful way. You need 1 contact who can guide you what way to turn once you receive your diagnosis.
- We were provided with a parents SLT course after almost a year. My husband attended and it was for non verbal children. Our child was verbal, so it didn't apply. We were offered another course at the start of 2020, but it was cancel when lock downs started. We were never provided with a new date or any other services. I received a number of letters to reply in order to stay on the waiting list. I haven't received one of these lately, so I've started to assume he was removed, despite we doing all that was asked. The complete lack of services for my almost 10 year old autistic child who was on the waiting list since he was 3, is shocking. He has had nothing from the cdnt at all, only a parents SLT course which was irrelevant. It is unacceptable that vulnerable children are neglected in this way.
- zero engagement, when I emailed to ask if my child was still on the waiting list, the answer I was given was that because I had attended a webinar that counted as my child being 'seen', and therefore he was no longer on the waiting list! Have you ever heard the likes of it!

- Cillian has not yet been seen by the CDNT
- No. We keep being told they don’t have services due to staff shortages.
- Due to staffing levels waitlist are longer or shiter in some areas.
- When younger she got plenty of support. When transitioning to secondary school there was no support at all
- The CDNT are not providing any therapy to my child. They appear to want to have parental meetings more than therapy sessions.
- It is not fit for purpose.
- Dublin 15 high demand long waiting lists
- Child was moved from primary care to cdnt then waited 3 years for CDNT. We only got access to physio when SPLT & OT were required urgently. Then after 12 months CDNT said they were referring him back to primary care and he still hasn't been seen by primary care over 12 months later. CDNT was a waste of time. We should have been allowed stay in primary care
- We have requested help with potty training and have not received any help. We are not given any guide or assistance on how to improve the speech difficulties our child is having. We were not advised of who our key support worker is from the multi disciplinary team.
- No therapy as told there was no evidence to support OT was of benefit
- No speech and language therapy
- No psychology therapy
- Outside of one group emotional regulation workshop my son has had NO 1-1 interaction. I raise it and they blame resources.
- Still waiting for any contact or services whatsoever with CDNT
- I have never had such a fight on my hands to get professionals to take me seriously about the issues I have highlighted with my son since he was 2.5 years of age. A constant battle that is draining especially when already managing a child with additional needs.
- Have been told currently some children are waiting over four years to be seen by cdnt. Having difficulty accessing ot and slt services privately, practitioners who have responded to my emails tell me they are not taking new patients.
- The system is completely broken. It’s very complicated to access , you get little to no support and the staff are overwhelmed and underfunded . Children are being categorically failed by this country over and over again and it needs a complete overhaul
- My son is Autistic, however he does not have enough challenges according to the CDNT to warrant support from them, which is disgraceful as my son has severe social. sensory and language needs and faces challenges in school which are not met either. I feel we have been totally abandoned by the services.
- We have had next to no support in over a year for one child and over two years for the other. I rang to complain had one session with a promise of follow up that never happened.

- I got a name of a school from them for my son, and all I have got from them since is the odd invitation to join them at a talk or outing, but these are all wait-list so never have the chance to get my son involved. It's a joke to be honest, is parents of children who have disabilities are just left to fend for ourselves. It's pathetic that this is happening in a Country that is one of the richest. Our kids do not matter in the eyes of the government and it's shows with how little funding is actually given to our kids and their education etc. I am ashamed to say I'm Irish and this is how our children with special needs/ disabilities are being treated. I would have left this country many years ago due to the lack of services for our kids but this would have a major impact on my son in a negative way so it's not possible. The CDNT "service" is not fit for purpose, they are wonderful people who have thousands of kids to look after so many fall through the cracks. It's a disgrace.
- It took 5 1/2 years for my child to be seen by anyone in relation to Autism. She was transferred across 3 services. When CDNT transferred to Primary Care, they transferred only to Speech & Language without any consideration for her mental health which was quite serious at the time - we had to fight to get her on to the Primary Care Psychologist wait list. It took months for them to just get the chart from CDNT. She was transferred in July 2023, her chart wasn’t received until March 2024 and she was finally seen in August 2024. She still hasn’t seen an OT, or SLT.
- My middle child who needs the most amount of help as he's non-verbal & moderate global delay seems to have to wait longer for continual therapies as he was on a waiting list for 2 years for OT. (6 sessions). He's on a waiting list for SLT again for another 6 sessions for 2 years nearly.
- The biggest issue at present is staff retention. You reach out for the SLT to issue a sensory diet from the week before to be told she had left. We have a whole new SLT team this year and they are learning in the same tutorial as us to gain knowledge of the systems we use.
- Since our child started school 1 year ago, ASD special class, the CDNT have not had any interaction with him or the school. They have not followed up to see how he is progressing in school, how he is developing or what his current support needs are.
- The CDNT does not provide a timely service for children and as a result my child's development has been seriously hindered. We can not afford to go privately for the services our child needs and the CDNT is not providing them in our area. They are working off a waiting list of children who applied in 2019. That means there is a 6 year waiting time.
- We have been waiting over 7 years to see psychology as an urgent referral
- My child wasn't complex enough to get attention from the CDNT in a timely manner, but was too complex for Primary Care. It took 4 years to get support which was 4 sessions for my child as part of a group to help them understand their diagnosis and recognise their emotions.
- The CDNT that we are linked with are a disgrace. I had to push for my daughter's assessment, I would still be waiting if I hadn't. Since her diagnosis, 2 years ago, she has not received any direct support from the CDNT. I have emailed on numerous occasions and never received any replies.

- Katie attended xxx's since she was baby she availed of all the therapies until she was 5 and was released from the service as she was then attending primary school. From the age of 5 to the age of 10 Katie received no services at all. She has Down syndrome and a heart condition. I made all the calls to try and get the help needed but there was nothing as the waiting lists were so long. I went to Simon Harris and explained to him and he could do nothing either. The progressive disability team are wonderful but it’s only now we are getting some services in blocks only and then nothing for a full year our children need repetitive sessions in order for them to progress. The girls in the Wicklow CDNT unit (Sanas) are brilliant and it’s a great day respite service for Katie.
- I am waiting since Feb 2020 with no services. My child has ASD & ADHD diagnosis which I had to get privately.Yet these are not recognised by CAHMs which is a disgrace so on wait list for their assessment. My child is not being served by CDNT in any form.
- Yes my child was unable to access a Speech and Language class, and I was unable to get a clear answer on why, and if the fact english as my 1st Language was a negative factor in the decision not to grant him a place, the child who did get a place (english was not spoken at home), the child returned to my child's 3rd class and did not need any additional support through ere the primary years, my child continued to have Speech therapy til they were 14yrs. So inadequate screening and when misplaced child is discovered not to need the place or meet the criteria the mistakes are not amended.
- System fractured as caught between AON, Primary Care CDNT .
- I feel like my child will be a teenager by the time they're seen. We have had to go private and pay for lots of different stuff for our child. We can't wait. Others are not as lucky as us but we really can't afford it but do what we can
- No
- No OT, no speech and language, no joined up work with CAHMS
- We have been moved to a network further from our home (2 networks are closer) it’s an hour away and the team is poorly staffed. If we had been added to the closest network my child would have more services
- Im living in thr Dungarvan area and im at a loss what to do. My daughter used to receive SLT Physio OT access to a dietician we have received zero contact from anyone since she started Junior Infants she is now going into 2nd class
- Child had 6 S&L and 6 OT when he was 4
- Has to go through the meitheal process to get services at 11yrs.
- 7yrs without anything, ignoring letters and ignoring family
- My daughter has to wait years between appointments and then sometimes I have to contact the team requesting one
- CDNT does not have have a full team...therefore my child has had zero contact from them.

- It is still a postcode lottery. We have have no psychologist in post since may 2023, no physiotherapist, no dietitian. Currently there's 1 staff grade OT and 1 senior and 1 junior SLT in post. Our caseload is 615 and growing as we are taking children from Sth Kilkenny now.
- The CDNT in my area is barely functioning and doesn’t have enough therapists or other clinicians
- No because no one cares the Cdnts are unfit for purpose
- The CDNT services in West Galway are absolutely appalling and non-existent for our daughter with Down syndrome.
- Our children and family need so much more support than they were able to give
- After assessment my child got one workshop for newly diagnosed and I got a meeting for a year after nothing else. I asked about other workshop for my child or for us and told there was none that would be available in relation to my child needs.
- I’ve just answered this.
- An example we went on our annual visit to sly in Ballymun cdnt Michael’s house. The sly was very surprised at his vocabulary. She thought he was pre verbal. He’s been almost 4 years now.
- Knew nothing about him except from the file. Even though she visited his school in January
- Basically she put a book of pics in front of him and was shocked “how easily” he knew the words after reading his file she thought he would struggle
- There are no services. My son got one appointment with S&L and I was given then an email of a shopping list of things that could work for him with no follow up. I requested an updated pyschology report for secondary and have heard nothing back despite follow up phone calls and emails by myself.In the three years he has had one OT appointment which I requested recommendations to adapt the main bathroom to support my son and I am still waiting 12 months later for what I asked for.The OT advised me that I was doing everything I could possibly do for my son and therefore offered nothing in the way of therapies for him or assitive technology. There is no support or follow up from the team.
- Length of time waiting for support led to school avoidance & eventually burnout which led to CAMHS. When the CDNT eventually provided one to one services it worked really well and they worked with CAMHS to provide supports.
- My son has never been seen ever and is still waiting, absolutely disgraceful
- They only visited school once after 8 months of waiting. 3 months after their visit we haven’t heard from them. Zero services received in the past 4 years after seen by S&L and Psychologist once before starting school (we were given a list of recommendations back then and nothing else considering my child was non-verbal and had ASD diagnosis!)

- Again they dont really provide any services to any children. Too much beaurocracy and not enough ppl to actually provide any services. A lot of talk but no action.
- Attended enable ireland in cavan when child was age 3 until 5yrs. We moved to Galway city and still on waiting list child now nearly 13
- Staff have identified the needs of my child but don't have the resources to support.
- Waiting times are too long
- We moved from Dublin to another county to access services for our child. He would have been on a waiting list for another 3 years if we didn’t move.
- Not fit for purpose. We got better care with primary care. I wish I hadn't agreed to go to CDNT
- Alice has been with the cdnt since she was around 13 months. We were based in bray and were offered every support we could think off
- No. My child has had no services, has nobody actually assigned to be on his ""team"". The staff turn over is very high, and as a parent I have met with different speech/occupational/phycologists over the last few years, but it is always an initial meet up to get to know us, some general advice, and then nothing but parent courses, which I have done numerous times over and over, but am afraid to say no to them, in case my son then won't get the help he needs. I am currently chasing staff, and getting no reply, as my son needs a new assessment and report in order for me to be able to apply for secondary level schools this sept/October. I have heard nothing back from anyone, and time is running out. Extremely stressful trying to get a response. I believe, different area's may not have as many children on their case load, so those children would be getting better access to supports. The staff quotas are not filled in my area, they are short in every department, and have one of the highest case loads. Staff are under extreme pressure, hence the high turn over of staff. Plus, there is also primary care available, which my other son who had a slight speech impediment attended. He was referred, got appointment within a couple of months, had 6 session of therapy, individualised plan to work on, back after a couple months for check in, more updates, and after a year another check in asking if I wanted more sessions for him. He didn't need anymore session, and I explained, my other son who is non verbal, and has an intellectual disability is in desperate need for an individualised communication plan and could he take the session. I was advised that, no, he was under the CDNT and not primary care, so they couldn't offer anything. I just think it's actually ridiculous seeing children who actually need the supports the most, are not getting anything, compared to children who just need a little help. And I'm not diminishing those childrens needs, of course they should get the help too, like my other son, but when I see my child who desperately needs it, compared to my other son, who could have probably gone without (the situation resolved itself) he is very frustrating. Sp no, I don't believe every child has the same access to supports based on their living area or their disability. Very much the opposite is true!

- Lack of services in our county has made accessing any services impossible
- Have recently become aware that there are different lists rather thanbased on the date referred. Seems to be those who ring in or attend parent courses are then offered individual apts which is great if you can attend but not all parents are able to take time off work to attend parent workshops it would be better if some where run in evenings
- CDNT never have the correct staff in my experience. my son was seen numerous times by S&L therapist even though he needed an OT and had no language issues. None of the members of the team ever met my son. We were only offered general supports in handouts/group sessions, no 1:1 sessions like OT sessions etc. We had to pay all that privately.
- If my child was in primary care, he would have access to many many more services
- If my child was getting services, this would include one to one therapy.He doesn't get that. All that will be offered going forward we were told is groups so in my opinion, he doesn't get services anymore
- Dyspraxia, dyslexia and post chemotherapy, no assistance from school or services
- We needs more one to one appointment when my child was young, but they struggled. They were very helpful when I reached out over school issues and offered great support and followed up where needed. I still feel it isn't enough, I don't blame the staff, it is the system, too much paperwork and no time to really care and throughly make a difference or impact to the kids
- My child has a rare condition. I feel we are overlooked because they dont have autism or a well known issue. And we need more help. The therapists we have a brilliant but limited. He needs more school support. As his intellegence is normal but learning in school is difficult for him.
- I feel like the services are poor throughout the country but it may be easier to access if you are not living rurally.
- When CDNT established our child was moved to a non-HSE staffed unit due to our post code despite already being with HSE which I never agreed too, which resulted in hives delays as no basis for records to move and staffing levels have often been at 50% approved due to pay differential with HSE. Due to our post code (despite being South County Dublin) due to being assign s to non-HSE we were disadvantaged and impeded from accessing service due to staff being paid less than HSE.
- Cdnt is not fit for purpose. Parent classes/leaflets is not good enough.
- I feel that my child has been neglected. I can only speculate as to why but I feel it is a combination of the fact that he is ‘mild’ and also that we are perceived to live in a privileged area and so I guess it is assumed that we can just source and pay for all services he needs privately. It’s not good enough and I am appalled at the shocking wait time, as well as the absolute lack of communication in relation to when we might have some chance of receiving any services. It’s unbelievably bad.

- service is better or worse depending on location.
- My child is 14 and recently had to literally beg for help
- My older son was diagnosed ASD Level 2 at age 5, my younger the same diagnosis age 4. Any intervention they've had has been at either my instigation or directly on the initiative of their school (who have been fantastic). Any concerns I have had are all responded to with, "yes [child] does need that, you'd be best directly approaching community care". We've been helped by OT, SLT, dyslexia support and Educational Psychology, all on a community basis or at the instigation of the school. Each of those practitioners have been extremely helpful in a way that the Children's Disability Team have not.
- 6 years of waiting for nothing
- Network 6 galway.
- No
- 27 months wait is a disgraceful wait a child with lots of additional needs
- In some parts of the country they do not have the long waiting lists that Dublin do,
- It’s a complete postcode lottery due to staffing shortages in some areas and services provided eg some teams may have a dietician whereas others don’t
- Services are crap excuse lauages daughter was getting alot more when was called early intervention now she's 9 she medical and autism and still so many tearpist still leaving in our one any way
- It took them years to finally do an ASD assesssment on my son. He already had a diagnosis of Dyspraxia, Dyslexia, Dyscalculia and Dysgraphia- all sourced privately. CNDT only ever assessed him for general development delay until he was 13
- The model is broken. Not enough therapists (by a country mile) for the waiting lists. Services few & far between. We don’t even have a CDNT manager, so I get anonymous emails unsigned. Just so wrong, fragmented & broken.
- We have been in the services 10 years and it has been a very mixed service depending on the person who is supporting.
- We have had horrific and really challenging experiences from push back on getting his AAC told the “HSE don’t give out free iPads” for years to after a complaint and a new therapist came on board it was weeks and all sorted. It shouldn’t take years and a battle to access basic supports.
- Being told I have too much family support and not taking our application for respite forward to meeting a new team member who couldn’t have been more helpful. We went years without any engagement to now back to therapists visiting schools and engaging again. Lack of transparency is a running trend, how children are prioritised, how supports are allocated and why. For example I was told a respite service wasn’t available when I knew a family who applied after us got the support and even members of the team couldn’t explain the application process or decision process to me.

- Went from early intervention at 6. No services received since. SLT is the main one needed. She’s 13 now and speech is poor
- Long waiting lists
- Emails very slow to be responded to, no details of who I am being referred to given to me
- My son is waiting on OT assessment since June after diagnosis of dyslexia, already has ASD diagnosis, im.still waiting on acknowledgement email from OT
- School won't put in place what cdnt tell them. Contact is intermittent but staff are well trained
- Good contact was 11 years ago
- CDNT are trying to refer us back to primary care but primary care had referred is after parent referral was refused to enable Ireland now CDNT in our area. Primary care are saying CDNT is where we need to be. CDNT are saying we need to eb in primary care. Very confusing and difficult situation to be in.
- Na
- No supports offered on Carlow to my child.
- We are very near xxx and as Lucy’s main disability is not being able to walk independently I feel they would have more access and knowledge about equipment etc
- We are still waiting so I presume no we haven’t received equal access
- Not heard still
- My child had access to services but not the right services.
- Wanted to pawn off on cahms
- My child needs speech and language and OT and not getting this
- My child was left without support for years now. We were not notified that the speech therapist left and was not replaced. Found out from school after almost a year (speech therapist was providing material to practice in school but then stopped). After school psychologist advised to have speech and language review before my child starts secondary school, we notified CDNT but only got general letter that they are short staffed. Still no support for my child.
- My child hasn’t seen a psychologist in years. I had a telephone phone call with him once. when he was transferring from early intervention into the junior unit and I have not heard from a psychologist since.
- Under resourced , therapy 1 to 1 needed for all specialised areas with parent education and support for complex needs children.
- Services are limited considering the amount of children in need
- No continuous all year round sessions, never had access to hydro facilities, less inputs as child gets older
- There are more access to services in the country towns then in Dublin
- My child is part of the biggest cdnt catchment with the least amount of service and only recently got an actual clinic space

- We have received no direct to child services which he is in dire need of speech and language, OT and behavioural support. We have been told it's good we brought him early for behavioural support as the older they get the harder it is to modify behaviour. However we have waited 2 years with no actual support. Even though we have been sent to CDNT by the HSE Assessment of Need, and have waited years on multiple services, we have received no services and are being forced to return to primary care. We have no say in the process and are being shifted from pillar to post. Since we have been with CDNT we have been expelled from special school and are in constant crisis mode as a family. We need urgent support but are getting none from CDNT.
- I think the earlier you are in the service the better it is. Getting onto the service is slow and there was huge gap left in support for parents during covid and also when the services changed. Some children got forgotten completely.
- Not referred earlier
- Waiting over 12 months, no reply. I have phoned & told they are short staffed
- No services from CDNT South louth, no OT, very miminal SLT, the system is a disgrace
- 4 years with no physio, ot. Waiting for a wheelchair for over a year. Tick box appointments rather than hands on therapy.
- Had to seek legal help to get my child assessed as cdnt told me she would be waiting 4 years. Service statement said she would recieved supports in 2028. Cdnt is not fit for purpose. Huge effect on whole families mental health with no support or help, jumping through hoops and rudeness from staff who I have asked for help over the phone.
- Firstly- there are no services. Only the illusion of services. Until my child is receiving regular appointments in front of clinicians, he is not in reciept of any services. CDNT managers are only interested in making the waiting list numbers appear to be reducing rather than providing these services. According to them my son is getting Occupational therapy support because he was given a bean bag. He is also getting SLT support because he has an AAC device.
- If you know the therapist, you're sorted
- My son has never received OT (a service he desperately requires) we have had limited SLT(he is non-verbal) and only received an AAC device in 2024, in the cdnt since 2020. As a consequence of lack of service that he needs, he is now presenting with high risks behaviours due to frustrations and being unable to regulate. CDNT have now just passed the buck and asked for Paeds and CAMHS to medicate again something that takes a lengthy time to get appointments for and even longer to get appropriate service. Meanwhile, home life is terrible and unfortunately CDNT offers no help just tells you you’re doing a good job.
- The manager of my CDNT told me they spend 60% of their time answering parliamentary questions. They cannot recruit parent reps and the last two forums were cancelled due to low interest.Families are sick of the HSE spin

- Please, would prefer 1-1 speech therapy for my two children I feel it it will improve speech quality.
- It can be very hard to make contact with the CDNT. A lot of the time the phones and aren't answered.
- I’m lucky to have access to the CDNT in Kells. It is a fantastic team and they do their very best. Overall they need more staff to manage the increasing workloads.
- The team works together to support my chiĺd
- My child has a chromosome disorder which affects her physically, cognitively and has been diagnosed with a severe communication disorder. We were working well with xxx CDNT, she was referred at 3 months old in 2017. She had a SLT appointment as she started school in September 2022 (school was in Ennis as no spaces locally). SLT rang teacher and they had a plan for the year. I understood she couldn't visit school due to distance. In summer 2023 mid west decided change to CDNT based on school location. I thought this would be good that they could visit her in school. In the two years since she had nothing. I asked for a SLT to ring me for 10 minutes after a year of nothing. I wasn't even responded to. I brought lack of communication up at family forum. On appeal her home supports were moved back to xxx in December 2024. Despite this they have made zero contact despite me asking for SLT to ring so I can organize an iPad to be ordered.
- Other children in her class got SLT.
- A child who also got home supports moved back had induction appointment in June. Both children have dual diagnosis of moderate ID and autism. I don't know if that's why they were prioritized.
- Luckily we have gotten a school place. Her school supports now also move to xxx. I needed to check with xxx CDNT to get this moving. I have the standard response from xxx that her case will be bright up with the team. Without anyone contacting me, noone having seen the child in 3 years I have no idea how they will possibly discuss her.
- It has been the biggest let down of anyone involved in my child's care. She has words and myself and her teachers are trying things. That no one has 10 minutes to even chat to me and suggest a few things, send out information is shocking. Before I left xxx things were far better.
- Our CDNT has 2 SLTs and a part time OT for a huge catchment area of Dublin. Not enough
- My child has been refused services when I have asked based on his age-services he had access to when in the CRC I was told he wasn’t referred to them for and when the manager looked said oh yes he has. To date approximately 5 years he has not had 1 single SLT apt
- My daughter was seen by the CDNT staff themselves rarely. And was discharged from service once ASD diagnosis was received by another person. They didn’t give her the diagnosis they kept pushing it out
- wait years and then its a booklet and a few group classes where parents know more than those facilitating. One size fits all seems to be the approach

- The post code lottery is ten times worse now than it was. In this special school 10 years ago my child would've had access to ot, slt, psychology on site. Now she's only ever met one via court ordered assessment.
- I feel the service is very under resourced for the most complex population seeking health care. It really does not make sense. There is not enough administration and therapists to be able provide the best up to date service. Therapists are very knowledgeable and experienced in CDNT and are providing a multiple of therapy for example physiotherapy and occupational therapy provide detailed musculoskeletal and postural assessments yearly including detailed reports for specialist services, carry equipment assessments and regular reviewsof same and lengthly funding applications for these pieces of equipment. Physiotherapy also plan and manage joint orthotic clinic assessments with orthotist monthly or more frequently depending on service needs, gross motor development intervention sessions and eduction with child parent at home or in department and pre-school or school. Support families receiving diagnosis of a disability and expectations . With range ofsupports the therapists have skills in providing there is limited therapists to provide all of the above in a timely cost effective way resulting in complaints to service, increased risk of musculoskeletal injury or early plateau in learning and development.
- I disagree with the phrasing of the above question. Many of the questions in this questionnaire fail to provide parents with the opportunity to give detailed relevant information. All I know is my child has spent 13 years in a not fit for purpose system. I am not sure how a parent is supposed to compare their experience with others when they know nothing about those parents experiences.
- Child 1 waiting over 3 years for assessments/supports
- Child 2 was referred 2 years ago and has not been seen since
- My son has Down syndrome and the model St Michael’s house worked was perfect for him. Everyone knew what were his needs and had a plan for them. They had periodic meetings in school with teachers and Snas. He had 1-1 therapy sessions. I had to go private to Down syndrome center to avail of all that and I cannot afford anymore.
- My son received ASD diagnosis in January. I got one short phone call since, he was referred for Speech and language therapy. Occupational therapy, sleeping clinic and other services. He was discharged from speech and language therapy in Primary Care Centre by one of your workers and I was promised he will get appointment with cdnt in approx 3 months time. It never happened, I'm so upset my son is left without any help and services for so long.
- No
- I was waiting for 6 years for support. It never happened. I withdrew from the waiting list. Went on to primary care instead even though its not suitable. No one overseeing my childrens ongoing needs. Its so hurtful to be treated this poorly.

- We referred into the service when my daughter developed FND and was confined to a wheelchair. She has recovered from the FND, but she also has a diagnosis of HMSN type 1 (CMT). So we still haven't seen anyone from the service not sure if she is severe enough for the service but needs to be in a system somewhere for physiotherapy, occupational therapy and psychological assistance. So we are in limbo!!
- Have to pay private for evening. The system is a joke
- There is no speech and language therapist for feeding currently in New Ross Wexford. My daughter had an ng tube significantly longer because of the lack of access. There is currently a trainee SLT with over 300 children on a waiting list. We have had no direct access despite my child being flagged since birth as a candidate for delayed speech.
- Pushed between cdnt, primary care and CAMHS with noone filling to take responsibility
- My child would not be a priority as behaviorally he's good. he would be seen as 'high functioning' so not as desperate for services even though he would be have been very behind academically all the way through primary school. Reading was a big challenge.We have gone privately for SPLT and OT in the past as they said all they could offer was an assessment and no services. Psychology would be the one we need most with an autistic kid facing teenage years but we have been on a waiting list for psychology since 2019!
- CDNT is not fit for purpose, lack of services and they don't want to help. The responsibility is put firmly onto parents in my experience CDNT just want to give courses to parents which is only providing hand outs of out dated material and parents basically told to figure it out themselves . CDNT can not go off script from HSE approved material which is out dated and you can easily find more relevant info on Google and in parents courses the info is generic as if every child has the same challenges.
- I think that because of diagnosis of Down Syndrome with a borderline mild ID, my child has been discriminated against quite dramatically. CDNT is driven by addressing the needs of children with diagnosis of autism, ADHD, ODD regardless of whether there is any presence of ID or defined disability. This is for a number of reasons as children with these diagnoses are oftenpresenting in public and in schools, hospitals as having more obvious needs and secondly there is significant political pressure to service the needs of these children with an autism diagnosis (eg when was the last time an additional and appropriate class was directed by minister or a school for children with Down Syndrome , dual diagnosis etc)
- Children have not been able to get timely aon and the intervention that occurs is GENERAL parent training only as no therapists are available when it does happen
- No psychologist in the meath area when that's what most children need

- Another massive let down in terms of “service”. Parents living with autistic children know and understand their needs and only reach out for support when really needed. Sitting in a room with other parents discussing their children is not support. Our children might have the same diagnosis but just like NT children they have different struggles. The struggles get worse the longer they are left without professional support.
- My daughter is now 19yrs but has fallen through the cracks in the health care system in Ireland
- CDNT have provided no support to my child. We have been waiting three years to date.
- My child has not been offered an appointment with the cdnt and is still on a wait list circa 3 years . I have received multiple emails with invites to coffee mornings which I do not need as I'm linked in with the P.L.A.N and an autism club and hub where I can recieve the same level of parent support and information. What I need is my child to recieve professional support from the cdnt for my child where her needs are met . I have done parenting courses and meet my child's daily needs and sensory requirements. I pay privately to see an OT and an autism specialist. and feel these supports should have been met by the cdnt within the 3 or 4 years she has been left on a wait list . In another year my daughter will be aged out of the cdnt and I don't know what happens then and it frightens me as I don't know if financially I can continue paying privately
- Waiting over a year and a half to receive and services or support - absolutely nothing received to date.
- No idea what the point of the CDNt is. Was told could be waiting 4 or 5 years for services. Seems pretty pointless that they even exist.
- My sons attend a special school and there should be therapist going in to the schools
- Never been any psychiatrist in Meath since my son using services
- Virtually no services since turning 12
- I am sorry but this is pointless survey for me. What is the point asking if my child received the service and if he didn’t(which is the case) still going into the questions how good the service is without the option “still waiting”.
- We returned to Ireland in August 2022 with a non verbal child. Since then he has received only 2 speech therapy sessions, which just recently started and he will only receive 5 sessions and then that’s it. We are failing our children.
- Too little intensive intervention when needed...
- I think there's limited resources for support for, in our case " a high functioning " teen with adhd and asd .
- My son was diagnosed at 3yrs. We received 3 slt appts. He was referred in Jan 2023 for pyschology and ot but NEVER seen. When we complained he was transferred to Primary care for therapies which are still outstanding. It has been 3 yrs and all we have done is pay for private therapies for our son

- Received no support have rang and complained many times paid for any support privately
- The CDNT worked well for our son until 2024 when they lost some key members of the team. There has been no SLT and other services like physio, OT have been non existent. Physiology services have declined due to lack of experience. Our son needs a full team of support working together with his special school which isn't working currently
- The waiting list is too long, child is still waiting for the service, I received the letter she is on the waiting list and that's it, nothing else happened
- They are just waiting for us to age out and between agencies move us between waiting list so it looks good on paper and we become somebody's else's problem.
- Still waiting
- I was recommended to me by Health Care Professionals that I contact CDNT for support as my son wasn't automatically referred following diagnosis. CDNT did not accept the referral so he has been left waiting for primary care support. He got OT after 3 years and is still awaiting community psychology support. I think he should have received support from CDNT.
- Shocking bad and lack of services for both my children
- My daughter has down syndrome and seems to be of less of a priory than for example children with autism. She was not referred to SLT until I asked and then I was told that she did not need SLT. This of course is grossly incorrect as childene with Down syndrome most likely will have speech/language needs. She received 2 sessions of SLT in 4 years. Both this year. She therefore received none in her first 3 years, years where SLT was most needed.
- Hi.
- Hoping we get confirmation of when we can start with the CDNT Team as I have heard very positive things. With school starting up again soon our child will be going through much more stressful times which is heartbreaking to see.We are still waiting to be seen so i can't yet comment on this question :)
- No support provided to date.
- I know from other parents around Ireland that there are cdnts that offer more and cdnts that offer less (hard to offer much less but some have longer wait lists) support than the one my child is under. Ie cdnt 9. It should be fair across the country but its not.
- Meath does not have a psychiatrist nor CAMHS-id. Therefore my son who has an intellectual disability cannot see a psychologist due to where he lives and his diagnosis. That's discrimination
- We have had very little individual input from the CDNT but luckily our son is now at a stage where he doesn't seem to need much support.
- No occupational therapist available in Meath and absolutely no communication back from all of the forms we sent in

- My child doesn’t receive support
- No help for parents what's so ever
- If u have no contact whats there to grade
- We were referred for an neurodiversity assessment. We were lucky in that it had recently been established and it was during covid so we got a quick referral. However, I found the assessment to be too narrow (only focused on classic autism) and unhelpful. Despite our family having significant difficulties they didn't provide us with any referral pathways or even information into other services. We were left on our own going back to the GP.Through our own research we found a better support elsewhere.
- We are waiting for a diagnosis for 2.5 years. My son is getting no help or support. We got a assessment for occupational therapy but are now on the waiting list again without any idea when he will ever get help.
- Yes the CDNT team in our area is massively under staffed, particularly the physiotherapy dept which has meant our child hasn't received adequate care and I as a parent am continually ringing requesting to be seen or my child would receive no intervention even though he has high level needs.
- This service is an absolute joke , throw it back on the parents seems to be their aim even when parents are struggling, especially if they have more than on child with a disability and more children, offering SLT that's not one on one sessions and only an hour a week for a block is nonsense. Just to tick boxes
- My child is 9 yrs and waiting since 2yrs of age only one week ago CDNT gave first appointment and my child was to scared to participate as the surroundings were strange there has never been any other appointments given in this time frame where as I have recently spoke to others who have been seen in months and I feel it is now only starting as I had to go private to confirm the diagnosis a year ago as no one has helped us in all these years
- My son was 8 years waiting to access the CDNT. All they have offered so far are courses for me and child
- My twin boys have received no services from the CDNT at all,
- Appointments for physio and care are extremely few and far between. I have to constantly chase them
- We have a wonderful team in Mayo.
- Engaging family forums, progression in requests, always on had if have concern/query...we are very lucky!
- Have not been seen yet
- There's very little support for ND teenagers and my son really needs a weekly group hangout with like minded individuals as he has no friends. I know others do too.
- Delayed assessment of need, delayed complaint handling of assessment of need delay no backdating of my child’s place on the list and now waiting over 18 months for support apart from the occasional text to say we are on the list

- My son is waiting on the following services speech and language, phycologist and occupational therapy
- Those with what is ‘seen to be’ the most complex need and the least resources get more access
- My son n has been waiting 7 yrs for services to which I hope he will get physio very soon. He has only been to a 4 week social experiment,he has empathy SPD to which he gets occasional seizures if a topic is discussed or shown in school. It has been his teachers who have been left to help me which is very unfair.
- Lack of therapists, no consistency follow up, lack of progress with my child's development. children in early years missing crucial support such as SLT OT when those years are so important
- My child diagnosed with autism April 2025. Referred to cdnt in December 2023. Discharged from primary care who were actually helping my child. How we have to wait 4 years with no help
- I was told CDNT do not have resources for 1:1 services and parent trainings is all they will offer
- Her needs were minimal and the service was stretched due to the many kids who have more complex needs. Their role was more advisory for us.
- We were told by CDNT that our son will be seen some time in 2029. As far as I know from others, there will be an assessment to determine what supports he requires at that stage, before we are put on yet more waiting lists for those supports.
- 2 boys now entering secondary.1st lad diagnosed ASSat 5,still waiting for psychology support,told North Dublin has nothingto offer as waiting list so long.
- Micheala is 6 she is awaiting occupancy therapy since she was 2.5 years old
- My son was transferred over to CDNT from the school age team. Help stopped when he was 5 or 6. He had a little help with social skills, but that stopped too. Help for older children is poor.
- Total bias on behalf of cdnt
- It took nearly 3 years to get access to 'services' and after two series of OT sessions the support is finished and that's all the support out child will get from the CDNT. Makes us wonder why we bothered to fight for 3 years to get a diagnosis etc and 'services'to end up with 8 hrs of services in total.
- I have one child with Down syndrome who easily got access to a team but rarely gets appointments
- Still waiting assessment. I've never been contacted by them. I only know what phn told me
- As I listed above, the CDNT works for the system but not for families.
- Child can't get any sort service ...for simple reason nobody now there arse from elbow or there vacant position nobody to feel them ...I've 3 kids 2 have been in ur services one is 27 and other 12 and nothing has changed. If anything it's got worse

- Services are too long and as mentioned my son has been removed from the public list for ASD assessment as he received private diagnosis in the meantime. This cost our family money but besides that there has been no request update for his well being or reports to update records etc. Liam saw a public sector OT and basically I was given advise and exercises and told she would be in contact 10 months later after he started school. Also he was 4 and I was advised directly by the OT he will need to be assessed for ADHD when comes of age.
- Again there are not enough services in place for me to answer this. The staff shortages have a huge impact on this survey
- Yes, we have decent access. The services did move further from us and there was a fall off in support but that has now improved greatly. They are very responsive when we make contact.
- I
- We only received services/help after my child was in temple Street and us as a family hit rock bottom
- Withdrew from the service because apart from diagnosis, we got no support, no speech therapy which we kept asking for
- My child received private diagnosis and private OT. There is no support by thevCDNT for children who are seen as having "low support needs"
- The team is significantly under resourced and as such hardly had any contact with the team after my child's first assessment. Perhaps my child was not severe enough to be prioritised but he went from having regular access to a psychologist under the primary care team to having none at all in the CDNT due to an unfilled post. Also no speech and language either after having it before. Had some anccess to OT annd physio After 3 years of this we asked to be discharged from CDNT and put back to primary care team.
- I feel it's very hard to get back into the system once you've been discharged. Child was only very young at the time and I feel there's further investigations needed but would need to go back to the very start again
- Never had an appointment so don't know. Services are appalling and my child is suffering due to lack of services.
- Awful system. The school referred my son to primary care for speech. Because he is with a CDNT they won't take him. Cdnt say about 4 years until he will get support.
- After early years intervention the level of access to supports and services has fallen off a cliff.
- No direct support /services provided to child. Generic parent training. No transition to secondary school support
- We are on the initial wait list after sending out the Assessment of needs form.
- Cdnt now what's to educate parent and not see child!
- Equal to what? Before CDNT we had regular appointments with different team members, there was a sense of shared purpose. Since CDNT inception we've had contact and one or 2 sessions from one mdt member per year. My daughter is an irritant, another name on a huge list. Not impressed.

- To tell you frankly. Service is very slow.
- There are no services. I haven't seen an SLT since a parent meeting in 2023 that consisted of giving us some photocopies. We are with the CDNT on paper only
- Children with asd are largely ignored
- I suspect we're doing better than many but still feels like there is more demand than supply for the CDNT teams.
- I am very frustrated with the system. In my opinion it should be priority. My son has a very severe ADHD diagnosis. He cry's almost every night, he cannot sleep. According to him his brain has so many thoughts that keeps him awake.
- He is struggling a lot in school too. He is nearly eleven years old.
- The school has been brilliant support. Even before the diagnosis.
- My son needs access to a psychiatrist or psychologist urgently. He needs help.
- I already have other son diagnosed with Autism since he was five. He is now 14 years old.
- No one tracks my child's progress at a regular interval.
- No school community support has been provided since he started school.
- Happy with my main team and responding to my issues and development of a range of plans for her special educational needs.
- As of now we are awaiting to be seen by an SLT. I only had a general information meeting explaining CDNT as he was only accepted in May. We would like to see more services and information on diagnosis .
- Not at this time
- Less waiting in other areas
- Complex diagnosis depriorities due to lack of tesources oerhaos who knows
- Im absolutely furious that our child having first been put on a beachpark waiting list then onto a cdnt waiting list and 5 years later to be told his file is being opened as a matter of urgency. Then for us to put so much effort and information into the three meetings to build an ifsp and at the last 10 minutes of the third meeting to be told they deem him to need primary care and not a multidisciplinary approach is unbelievable and also extraordinarily disappointing as we would really value the multidisciplinary approach at this stage. Also it feels reactionary approach and even though its supposed to be family led they have never truly listened to my actual opinion on what our child needs. If they had.... they would never have suggested primary care. Our other child with an acquired brain injury from birth was also refused referral from the same team meaning he cannot access ecce placement this year because he cannot get a SMH assistant to help him in ecce. We as a family have been utterly let down by the cdnt and I personally couldn't even call it a service at this stage.

- Waited 4 years since referral, at that point we've done a lot of research and private therapies ourselves as couldn't do nothing as our child has moderate intellectual disability and autism and needed EI and special school. If we waited for CDNT our child would not have school place
- Services were brilliant when my children were babies but I have sent numerous emails over the past 18 months with no response. We have had no support since,
- Excellent service from OT and Physio in Cavan
- My daughter is still waiting for the service 4 years on now and nothing was done
- My GP referred my daughter to the CDNT 15 months ago. Neither myself or gp had any further correspondence from them. A month ago my GP went chasing to see where my daughter was on list. My GP was told she was discharged from cdnt and referred to primary care. Neither of us were informed. Didn't have any meeting with them. Then today got a letter from primary care to see she's not being added to their list either at this time. So as you can imagine i have no faith in either system. My GP is currently insisting my daughter be added to the list in either place
- My son was referred by public health nurse years ago and when I rang to query he could not be found on the system, referred again October last
- From speaking with parents from other parts of the country cdnt has different services available. Some children definitely get more than others.
- Little individual involvement. Just a prescription pad from CAMHS a s a parent group with patents disillusioned.
- I wish the Assesment would be done as soon as possible so that we know if we need the services or not. We are left waiting for years in the dark with no service.
- I believe we are extremely lucky because we live close to your services.We are in a privileged position.
- Poor communication, no estimate of where on wait list. I have had to pay for support. Significant financial strain
- It is appalling how long we had to wait.
- Even worse than this, two years after the assessment was complete and we had been told a referral went in for another service we got a phone call to say they had lost the documentation and therefore never sent the referral! They did not apologise, they simplest said well we've found it now so we will send it off today. I asked them to advocate for my child to be moved up the waitlist of the other service, given that they admit it was entirely their fault that she missed out of 2 years moving up the waitlist, and they assured me they would - however they did not.
- My child is autistic and we applied for AON 3 years ago. I have filled out every form, lodged every complaint and appeal and had them all upheld but have been told basically if I want her assessed I need to bring them to court. I've had to pay for private OT assessment and I paid for a block of 24 weeks of OT last year and have just started her second block of 20 sessions this year

- We don’t get regular appointment with speech or OT
- According to the team my son does not exist. Despite repeated calls and referrals this is the message we received.
- I fought for one child's diagnosis from his time in preschool and only got a diagnosis when he turned 7!!! The other children had more contact with Services when she was younger. Recently the CDNT have been more attentive as I had to fight for it.
- He is in desperate need of one to one therapy every HCP who has seen him agrees CNDT cant/wont provide this
- Surprising lack of communication between staff on my child's team, they don't seem to have access to his full file. They have parts of it but not all.
- She is on wait list for the last 3 years . No psychologist appointment, no speech therapist nothing . On top of that no domicilliary care allowance as they think she doesn’t need much care , although dad is working only part time to take care of her as no child minder is available to mind special needs child
- The referral was based on the severity of my child's disability. I don't think think other factors mattered.
- No, my understanding is non national children get priority
- I got different services for my daughter, which include Speech and Language Therapy, Occupational Therapy and Child Psychology; however, my child is not registered with the Disability Network.
- My daughter was diagnosed for JIA juvenile arthritis at the age of 2 yrs , first of all in her knee joint but thank God she is well at the minute though all the time something is going on in her joints but generally ok
- There aren't enough professionals to provide the help and time my child needs.
- I've tried to engage with the cdnt and they didn't reply to my messages
- My child has vompkex needs & diagnosis autism, Jan 25. Not seen by Primar care or CDNT OR CAMHS.
- My child had very rare interventions, 6 yrs waiting for SLT and the OT advised school team,but not parents. Lately, vg engagement from social worker and psychologist.
- Felt completely abandoned and nothing regarding bilingualism. The evaluations were not adapted to our case . By the way after more than 3 years we are still waiting for a psychologist...
- My child has received no meaningful support whatsoever from the CDNT so far. We had a meeting with a key worker and someone else after waiting nearly a year and that has been it. He has been added to more waiting lists for ‘interventions’ but as far as I know, these are more workshops and parent sessions and he is not accessing any individual therapies such as SLT or OT. This doesn’t seem to be the case in other areas when I’ve spoken with parents who live elsewhere whose children are getting therapy.
- He is still waiting for his appointments with OT and SLT. I have complained and the Psychologist has kindly given us an observation meeting; phonecall support and a workshop.

- We've had to fight for everything we've got and it's really only in the last year that things have improved. Prior to that, support was hit and miss.
- Your survey isnt really asking the right questions. My autistic child was referred to CDNT at age 4. Received no services whatsoever for 7 years. I provided her with private therapies. At age 11 following some ‘group OT’ sessions they discharged her to primary care. She has received physiotherapy from primary care. Now aged 12.
- No support put in place for our family. Nothing explained as to how to access services. OT assessment of need only checked him for fine and gross motor skills, which he has no problems with, I wanted them to give advice about sensory issues. None given. I contacted again and they never got back to me. I have had to self educate to support my child.An utter disgrace. He was on the waiting list for 2 years before I got a private assessment done as he desperately needed it. I am a single parent and this was tough financially to get the money together for this.
- 3 half yrs waiting for autistic assessment. In meantime no physio ot was allowed before assessment!!!
- The wait time is so devastatingly long. My child is receiving no supports when he so badly needs them. He had been waiting 4 years for an AON which he has just attended 2 assessments and will hopefully now begin to receive supports in the near future.
- My child was waiting listed for years by the CDNT, when he was finally seen he is being referred onto CAMHS and he need O/T. We have yet to hear about either appointments.
- The professionals I deal with are excellent, however they are very thinnly spread.
- no 1:1 support received, poor communication- no responses to queries at times ; groups that are set up to tick boxes then to really consider the individual needs of the child
- Neither of children get support. Our non-verbal child got 3 SLT sessions, more for the caregiver than the child, after 6 years of waiting last year before therapist went on maternity leave. My older child has received nothing, after autism diagnosis at age 9, he is now about to enter secondary school. and any supports have been because we as parents have fought.
- I think it makes no difference where you live.
- Waiting times are too long, interventions are brief if given at all. Services are not properly linked as a holistic approach. Therapist are too few and many therapists positions are unfilled due to maternity leave or no body wanton the job. Therapists leave frequently so poor continuity of care. Poor communication to parents. Wait times too long. Poor advice to schools on dealing with the pupils in a whole class setting.
- intervention needed earlier easier accessibility to services
- Just a long waiting list for diagnosis
- My child was diagnosed 8 years ago and has had a couple of OT appointments and I was referred to an emotion caching group. She was then discharged and nobody has checked up on her since then (4 years ago).

- While my child initially received good support from Early Intervention team, subsequently we were moved to a new service as part of the progressing disabilities model, my child has not been seen for one of the core therapies that she absolutely needs in 2 years. Access to other therapies has happened but support has been minimal and not at the level that my child needs it to be at in order to ensure that she will continue to develop. Frequency and depth of engagement has been very limited and is not sufficient to meet developmental needs
- Our adopted son was in foster care up to 18 months and was developmentally behind. We met with CDNT in December 2024 and they were to write up a report for services for Portmarnock. Portmarnock never received the report - they tried to chase but could't get it. We spent a long time in with CDNT and let them photocopy all the reports we had but then radio silence. Its extremely frustrating. And now we are trying with AON.
- Legal battles, constant fighting and advocating for my son after 5 years. Zero services and interventions.
- No thank you
- After being referred almost 3 years ago we have been offered no help appointments or any services only online workshops that are NOT tailored to my son's needs. I had to kick up a fuss to get his assessment of need and to be assigned a social worker from him. There have been weeks where I have been trying to contact CDNT with no answer to calls voicemails or emails to the point where I turned up at the Carlow office to demand answers to be told they have no staff. I had a 40 minute phone call with derbhla hunt where she never once apologised and told me we would receive no help or treatment for my son u less we paid privately which isn't an option when private specialists are so backed up they won't out you on a waiting list
- Zero communication over two years waiting for a wheelchair an physio mat zero services shame on them
- 3 years since referral and not one phone call or appointment has been made for my child who is severe struggling. NO Communication and no support available for families and children. CDNT have failed us tremendously
- I contacted cdnt myself after an autism diagnosis for my son, I sent the diagnosis via email and followed up a few times but the last interaction I had with cdnt was a lady ringing and saying "what are we going to do with this child" I said to her excuse me you are talking about my son. She immediately apologised as she thought I was a GP because my name is the same. I never heard another word from cdnt after that phone call
- Shocking service having been transferred from early intervention team. Waiting list after waiting list. Did everything to try and get my child off their list and back to primary care even though my child has complex needs and requires supports in s no of areas. No targeted interventions or supports just sent stupid newletter occasionally. Not enough full time staff or therapists.

- It seems that autistic children (including my child) ate discriminated against. This is because autistic children (if they don't have another co-occuring physical condition) are not offered one on one therapies from CDNT. I was told my child would not get any one to one therapies under their model. However I believe that children with other disabilities, other than autism, do get one to one therapies from CDNT such as OT, physio. It appears clear that there is a different service model applied to autistic children by CDNT.
- Since diagnosis no contact from anyone nearly a year now
- We are very much satisfied and happy to receive support from CDNT team and looking forward to have similar experience in future.

Q18. If you were to suggest improvements to the service, what would they be?

- Provide a service! Insisting that parents attend pre-recorded seminars during working is nonsense - why can't they be available online for watching at any time? Or if they need to be at a set time, at least show up to answer questions
- Go back and see how the previous teams done it before the cdnt was started.We got so much from the previous early intervention but now we get next to nothing. All paperwork, meetings which we aren't involved in and then waiting lists. Just ridiculous
- Retrain !employ staff who have some idea what they ard sopposed to be doing
- Sèe above
- Provide some level of service to child according to their needs.
- Get staff
- Make waiting lists shorter and more early intervention to ensure kids get seen to younger
- Overall the service. It has not worked since it came into existence. In our families experience they do their best to redirect families away from the service and this has had huge devastating consequences for our family.
- It's needs a massive overall and although in theory cdnt fully staffed would probably do better at times children would be seen much faster in the community. Like we had no physio at all for several months.
- Understandably services are undwr pressure but a check in every so often or before transitioning to secondary would be helpful
- Provide blocks of therapy, especially Speech and Language.
- Shorten waiting list. Better communication between primary care and disability network, my experience has been they don't interact and I have to start all over again, sometimes the staff have been almost aggressive on the phone . Overall really disappointing service, most of my wages go on accessing private care so I can't save, and we have to travel sometimes and hour away to get access to services. Several times had to pay for reassessments as private places shutdown or therapists left.

- Dismantle CDNT and put all resources back to primary care
- To go through what exactly the plan is for our child. We don’t know what is next only that we will have speech and language therapy every 4 weeks but nothing else at the moment. Our child is going into his first year of ECCE scheme and we need professional assistance and guidance on how to potty train a child with speech delay.
- A service that provides therapeutic multidisciplinary support that’s is FAIR to all.
- Get resources, split them fairly and where they are needed and make an effort even for those who are classed 'high functioning' even they need help.
- Listen to the parents
- Current system is just not fit for purpose. Needs much more resources.
- There is too big turnover of stuff, every visit there is different person, not good for continues support of the child with autism, individual therapies are basically not existing, early support means waiting list for years....disgraceful
- Clearer access pathways , clearer follow up pathways, clearer education on what to expect and what you can ask for and are entitled to, better support for the school system to support these children , shorter wait times (!!!!!!)
- Everything. No support whatsoever for parent/guardians of children with special needs/ disabilities
- There are not enough O.T's or Speach and Language therapists available. The CDNT should not be forced to select one child's needs over another. All children with special needs should have access to the service they require and our Government should be ashamed of themselves.
- Actual follow up - actual team intervention- it’s been so stressful
- Communication with parents. I appreciate staffing has been a big issue, but there’s little to no communication. My child was transferred out because she didn’t need enough services - she needs Psychology, Physiotherapy, Occupational Therapy and I’ve been told Speech & Language. How many services do you have to need to be eligible? Again, no communication to explain this problem
- More therapists & if not possible out source it with private therapists
- Let us know of staff changes
- Better communication, more follow up appointments and monitoring. Making required therapies available.
- More staff more services in a quicker time frame
- More staff!!! Periods of leave are not covered, waiting lists are growing, there is no real support
- Acknowledge emails. Better triage system. Provide some support, not just a letter stating we will get in contact with you in 2026 (3 years post-diagnosis).

- Take individuals and their home supports into account. I retrained to a Master's level while I was waiting for support so that I could give my child the support they needed at home. We didn't need Level 1 support by the time their name got to the top of the list. We were beyond that. We were offered support based on a 4-year-old diagnosis and report. They tried to meet too many needs in a small group and were unable to differentiate appropriately. I don't think any child in that group came away with new skills.
- We need more therapists working in the schools with the children. All foreign children who are now in this county are getting the services in the schools and we are left waiting. Katie has had no speech & language therapy since see was 5 she is now 12. I pay privately €100 for 50 mins every fortnight to get her the help she needs and I fill out forms every 6 months to keep an SNA in her school but she only gets 1 hour a day of support from the SNA
- The whole service is a disaster. No staff No follow up No services, CDNT is not working and is worse than primary care.
- Have a independent psychologist attached to the special classrooms, not a number of reports from varied privately paid, that are biased and so schools don't get to pick the child, on the teachers work load, and perhaps a return to school within 2 months if not suited to the place.To free up spaces for children with genuine need.
- 1 system of referral & experts put in place supports . Very unclear for parents to access system.even with a private diagnosis
- Get more staff. Stop constantly offering courses for parents but no real contact with the people that clearly need help.
- Autistic Children should not have to go to CAHMS for support with mental health and ADHD. It should be under one roof and one key worker.
- Quicker response to acknowledge reception of documents
- They need to move away from the CDNT model, it’s fundamentally flawed. Dividing teams into small fractured silos means we looses all economies of scale and expertise within each discipline. You would need to “over staff” the teams to allow this model have any chance at success. As they cannot come close to even filling the current posts it seems unlikely that this would or could happen. The older model allowed therapists (especially newly qualified) to be learn from each other and provided better supports. Adding in a new role of “care coordinator” to ensure the whole child was being looked at (medically as well as therapeutically) would help with the team meeting process. The care coordinators should not be therapists as too many are lost to administrative roles where there skill sets are not necessarily best utilised

- To contact people in the system and transfer their interventions. When I asked 3 years ago I was told there was no physio ot or psychology services available in the area
- Get rid of the cdnt
- CDNT in all areas....
- In my area 12/1300 children in catchment area
- 1/2 therapists cannot possibly see all those children.
- More staff which I know is a big issue. Better way of contacting individuals
- "* Fully staff CDNT
- Ensure access for all children within 3 months of referral.
- Have CDNT therapies/services come to schools to offer SLT/OT and Psychology. Teachers are not trained to adequately deliver these therapies. "
- The continuation of an experimental model of disability service, that does not uphold any of the principles it is meant to, is causing active harm to the children it is supposed to care for. Children are in physical pain. They are dying without supports. Their parents are fundraising for basic equipment or private healthcare.There is no trust between therapists and families any more. It is a catastrophic failure and a modern day scandal.
- Recruit more specialists, please, they are very needed. Waiting times to access any service are too long at the moment. Children are growing up and missing the cruicial faster learning/adaption windows meanwhile, later evtl. getting more resistant to therapies.
- Have a properly functioning service in the first place.
- Revert back to the system that existed before the CDNT and progressing disability made accessing any support or services impossible
- Listen to parents actually give therapies and services that actually benefit the child and what they need
- CdNT services are non-existent for our daughter with Down syndrome - No Speech and Language Therapy or Occupational Therapy in years. Recently received some Physiotherapy but our Physiotherapist went on extended leave and we have not had any contact since. He was supposed to be our so called key worker also so therefore we do not have this either. It is absolutely appalling and so unfair.
- More hands to the wheel of overwhelmed parent children, care gives, school.
- Lots of hands to support children’s development through physical activities and kind considered approach.
- Help after diagnosis. I know there is loads waiting for assessment but we need help after as well.
- Better communication
- They need to get to know the children. Not just the children that tick the boxes they want l. SLT 3rd time seeing the child but had to revert to files to access his progress. She had no idea the child had been speaking years.

- Regular appointments and feeback. If something is not working then to try something different. One thing at a time and support when implementing that thing. Proper parental support and there should be respite centres in all areas that the team work. Offering a parent respite in Beaumont area when they live in Lusk and no transport to the respite is useless. There should be a team for every area supported not one team for all the areas.
- Staffing levels are awful, the staff there have too many kids on their service which means they're needs can't be met and staff don't have the time to build relationships. The long wait lists mean a child has missed out on so many services they have no coping skills & are in crisis by the time they're seen & have usually also been referred to CAMHS. The delays are causing long term problems when we're told early intervention is key.
- That they actually see the children
- Wouldn’t know where to begin as service is non existent in our experience.
- More employees within the disability team and get people seen
- Provide a timely initial assessment once referred and give a home programme to be worked on evwnnif its generic rather than leaving parents with nothing at all.
- Reduce all the forms, the repeat filling out of forms as they have gone out of date is ridiculous and a waste of everyone's time, and then when u actually go to apt you spend most of the time answering same questions again and repeating what was on the form rather than interacting and dealing with the child, sometimes parents guess the answers to questions time would be better spend observing and interacting with the children.
- Some groups sessions for children with similar needs would again be better than no services
- Stop trying to move children around lists and rem there are children and families behind the numbers
- Employ more slt and ot therapy assistants to carry out programmes with children and let slt and ots do assessments. Create these therapy assistant roles as apprenticeships so they can be paid and maybe parents with experience would like to train for these roles. Also if cdnt could advocate for more university places and even online education options for ots slt psychologists it would help with vacancies
- They need therapists, more ppl to actually do the work . This is not fit for purpose.
- Full assessment of child's needs, then parents would at least know what help is required..
- More frequent linking with families to build relationships and support
- Allow areas with capacity to
- Take on children from other counties. More therapists.
- Include parents and siblings
- More therapists

- At the moment Alice key worker has been out sick and there has been no one looking after her case so it’s been difficult to get support but up until this we had the best support
- Before the CDNT existed, my son was with st. Michael's house, the service specifically for children with moderate I.d's. We were only a year there before the CDNT started. We were getting input from speech therapist, occupational therapist, and phycologist. I had attended Lámh course, was about to start process for a communication device, and was doing a course on communication with them. Ot all just ended, and we have had pretty much nothing since. I believe the old system was much better suited, and those with more severe needs were actually getting some sort of support. Now it feels like those who have fewer needs are getting the most supports, and children with higher needs are getting left behind. I seen it with my own 2 being on both sides of this.
- hire enough staff!! in the 5 years we attended CDNT there was only one or two staff members and not the full MDT. The first time we met OT and Psychologist was when they told us they were transferring us to CAHMS. We were 4 years without a key worker. They should prioritise meeting the children they will be working with.
- Complete change in leadership and staffing levels
- Consistent one to one therapy from a multidisciplinary team to help him with anything he's struggling with. To form a relationship with his therapists so they know him well and when any change occurs, to be told in advance like a staff member leaving etc. We were told this would never happen even if staffing is at full capacity so the CDNT is not providing the services that it should be.
- Help for children struggling to learn
- Help families when they are at breaking point, give services to children and when making reports and recommendations make sure it the actual child your talking about
- More support, less talking in appointment with adult and therapist, more therapy with the child/productive work one to one with the child. Than talking about the child. That the child can benefit from the appointment directly, every time. Maybe a five ten minute call in advance of appointment, so the appointment can be fully with the child, and not the child loosing out when talks are being exchanged as it the child directly looses out this time
- More staff to lessen delays. Meet with parents not just the school. Realise that not all disabilities are the same. And some cant fit into exact boxes.
- Access.
- More staff to provide the services
- Recognise that the lack of early intervention impacts the child and parents. Parents should also have a right to access the support that they need as there is a huge cost in mental health and lost career in being left ‘in the lurch’ due a system that frankly doesn’t exist.
- 1 to 1 therapy it's not rocket science.
- Cdnt is not fit for purpose

- 1. Communicate to let parents know what’s going on and where their child is on the list.
- Provide some kind of actual service instead of constant irritating emails which give no support whatsoever.
- There is a chronic shortage of staff in the CDNT, with it worse in certain areas (Cabra/Grangegorman has 1 SLT and 1 OT where it should have 4 of each).
- Don't ignore these children and their families
- I haven't figured out what the service does; certainly nothing any of my disabled kids need.
- Communication with families
- No idea. Too late for my lad now. Hardly going to get them to work now.
- The Peter principle applys in these networks.
- Comunication,suport
- 6 months max wait
- A free counselling service for parents who are new to receiving a diagnosis or new to having to cope with atypical or challenging behaviour in their children.
- Each child should have a key worker and not just some children.
- *Hire the staff to carry out the roles needed
- *SLT & OTs in the community to help parents help their children, I had to go privately to do this - what about parents who can’t afford €80 p/session?! Who helps those children?
- *be s me to see all children and give advice to parents how to assist their children until they are seen. You are just left waiting with no help!
- *a dedicated person that parents can get advice from for areas they are concerned with. I only ever had a reception number - it felt cold & distant
- More individual therapy
- Happen all in school
- More resources. They are desperately understaffed and we have gone through very very long periods with no services until his name came to the top of the list again. Service even provided has been excellent. My daughter on the other had has been referred in by the GP, now waiting more than 18months for an AON, no access to services at all, constant school refusal with an ASD profile.
- I don’t have the energy here to even start. Improvements?? A wholesale rethink is needed. I actually don’t have the words for how bad the system is.
- Provide services not emails
- Contact details easily available,
- In school, no need for them in separate offices Go where the kids are
- Just a better service better able to handle the amount of kids tha lt need to be assessed

- Clear concise accessible information about what supports re available and the access and decision making process with full transparency.

For example needs based, waiting list ext. how are priority determined by what matrix.

Also what equipment aids and appliances are available clear across the board. Wait times for assessments forward planning is needed reports for school need to be 2 years there are many children who will need new reports for accessing primary and secondary school but told to go private there should be forward planning within the services. Diagnostic blocking still happening when the system is supposed to be needs based. We couldn't access CAHMS ID services until ID assessment we waited 4.5 years for this and due to the wait my son's mental health really suffered. He was attending a special school there was no need to wait all them years for a peice of paper.

I have had more engagement since the CDNT was formed so I have seen an improvement.

- Services should be school based therapies on site and across the country we have only received invites to three forums / meetings to tell us there is nothing in Carlow. My child going into 4th class in school non verbal struggles daily. Teachers have no training in OT or S& L strategies. Constantly a fight as if the parents haven't enough to dealt with emotional mentally and physically. Supports for parents mental health. Once diagnosis there should be a set pathway of therapies etc to follow.
- Combined appointments. The team should have access to phones that can take video evidence and pictures of items you have come across etc they are using very old models
- Therapists need to listen to parents more and show more compassion. They were very reluctant to help get a suitable buggy & didn't seem knowledgeable on what could be of use or sourced for our child.
- Actually make a plan. Actually get in touch with us
- Less waiting time, more consideration of parents opinions
- Contact us .... heard nothing from no one still, assessment months ago. New school in under 2 weeks.. needs help for starting school but heard nothing. Maybe homeschooling Is only way
- Actually listen to the child and not practice ABA therapy
- Listen to the parents not look at forms
- Get more specialists to actually see children and provide help and support when needed. Hold themselves accountable and not make excuses
- I strongly believe from my son that regular appointments for OT and speech and language for emotional regulation and for mental health as there was no support given to my son when his grandmother passed away six months ago I had to deal with that for myself.
- Hire clinicians
- Much more staff , shorter waiting times. Blocks of therapy with parent education or updates on new info or community info, parent support groups

- Pay therapists so that they stay. Stop sending children to CDNT and making them wait years to be told they are in the wrong place. Provide actual services, to the children. My child is now 11 and has received no services from CDNT. He has been let down badly.
- Provide a timely service with actual therapies for the child.
- Work with families. Very hard first working families to make all appointments during daytime hours
- Need more clinicians working mainstream school. They should be coming to the child instead of meeting them outside of school.
- on going therapies especially speech, OT and psychology
- chidren group sessions, games or small gym sessions, cooking or gardening or outdoor games
- Once you are in the system you can receive physio, speech or OT from and cdnt centre
- More full time staff as quite a lot are working part time. It's sufficiently to run services without proper resources. Staff cover us needed when staff are taking leave outside of annual leave.
- Disband the cdnt as its a fail
- Actually therapy one on one appointments, less handouts,
- Immediate referral by GP /SLT/OT/consultant if child has in excess of 3 diagnosis...or complex case
- Better communication with families
- More virtual appointments- would help with the waiting list
- More information on how to access services & what is available
- Gps need to have more information, they don’t know the services, referral pathways
- Child led intervention
- Less general approach & more individualised - a broader individual view linking in with specialists as required rather than individual therapist or group session depending on the category your child fits.
- Share expertise within the NDT set up - communicate & advocate for a child.
- Provide the services that each child needs
- Less talking, more therapy. More communication with parents, more goal driven for our children. Stop changing staff, setting up new departments within CDNT.I cannot keep up with who is who anymore.
- To have an appointment
- It needs a complete overhaul
- I did suggest improvements- real tangible solution focused improvements. Met with silence.
- I prepared a document for children assigned to any Children's Disability Network Team (CDNT) in East Galway to receive regular, sustained and ongoing speech, language & communication therapy from professional clinicians in a peer-group format that
- is evidence-based
- has a child-centred approach
- incorporates best practice models

- I had the signatures of 50 parents from CDNT7 and CDNT6 supporting my proposal including Parent Representatives.
- I researched and gave the details of 2 potential programmes they could adopt, one of which is currently running in Cork by the HSE.
- That was 8th February. No response other than they have received it and will be in touch.
- It's a farce.
- Complete overhaul of service, Professionals need to change bouncing referrals to other services
- Provide a service. Listen to parents and try to deliver a service that parents need. Respite to suit family needs. Children with L3 ASD who require services like OT and SLT should receive these from OTs and SLTs on the team not outsourced assessments as their needs change continually and require a professional with personal knowledge of the child and family situation.
- The clinicians in the CDNT seem to be adept at pushing work back on to families instead of actually trying to help
- Speech and language therapy very important if possible more hours with kids visiting even in the kids school that will go a long way towards helping them.
- Have a check in with the staff every few months. Even by email. Remind them that they need to communicate with parents.
- More staff to manage increased workloads.
- Currently eberthing is fine
- If you are short on resources. Look at what you can do for the number of children you have in a 12 months span. If that's 1 appointment or a phone call for 10 minutes. Doing absolutely nothing for some while others have multiple appointments is grossly unfair. To leave a child not reach their potential as they rot on a waiting list cannot be the best use of resources.
- 1:1 sessions with the child. We are given generic advise in a room full of parents with children with very different needs to what our child needs.And therapists should be in special schools
- The whole cdnt is a shambles and needs change, children and not getting any services as staffing is non existent
- Complete overhaul with greater family support where the parents are part of the work not responsible for all the work.
- Provide a menu of options for parents to engage with - know they are trying to contain costs by offerring booklets and group sessions which they facilitate but their insights are really very poor as most parents have built up huge experiences due to the long long wait lists - not sure best use of time to facilitate a meeting - perhaps pay for a facilitator and let the clinicial team do more one to ones.
- Scrap progressing disabilities and fire everyone who did this to our children because they're grossly incompetent

- The children and family attending a CDNT have complex needs and More front line staff to deliver the services are required
- I would suggest the ideas put forward by parents be actioned in lieu of repeated questionnaires with questions that are sometimes biased towards giving positive answers. Albeit open questions like this of late are an improvement.
- I would suggest parents be told where to go when they are stonewalled by an unsympathetic area manager. Regarding question 14. I contacted the manager in my area to complain when it became apparent that nothing had in fact changed in relation to access to therapy in a timely manner. This is the response I got. ""Why did you think it was going to be any different just because CDNT had changed its name and was now this new umbrella group?"". My answer was that CDNT itself gave me that impression from the tens of forms they sent me in the post telling me how important my child was and asking me to fill out another useless questionnaire about how I found the service (that I wasn't getting at the time) and did I want my child to remain on the programme.
- So if the manager I am supposed to be able to contact to advocate for my child responds to parents like that then I suppose the answer to Qu 14 is ""NO"". I don't know who to go to above that manager's head. Frankly the energy required to argue with them, feel defeated again and ultimately get nowhere is better spent on my child and certainly is better for my own mental health too. There is no accountability. None.
- I would suggest a proper attempt at a multidisciplinary approach. Is anyone joining the dots here? Everyone is working in isolation. Multidisciplinary is a pipedream and a catchy phrase to throw into nice documents to make the government and services feel good about themselves. It doesn't exist.
- I would suggest forward planning. You have all the children's ages on file. Why is it not possible to start the preparation for things like moving on a year in school/school transition a year in advance? You know its coming.
- Why are these kids not flagged for cognitive/psychological assessments/orthotics/equipment a year out and have things lined up for them?
- I would suggest you value your exceptional therapists and put the toxic, lazy people in the organisation, be it therapists or senior admin people out to pasture. I have met fabulous therapists over the years and equally therapists and more senior people in the organisations (under their various names/guises) who have no business being near children.
- The good ones move on to new jobs or emigrate because they are messed around with disgraceful contracts or else are abused by senior people in the organisation who make life hell for therapists and all around them and get away with it.

- I would suggest CDNT work with HSE/government and vice versa to try to stop the brain drain where newly qualified therapists are leaving the country as two of my relatives are doing this year. Their experiences of working in the area of disability/rehab/HSE in this country have driven them away. I can't blame them. These are hard working, intelligent girls who killed themselves to achieve fabulous results from their Leaving Cert through to their first class degrees.
- I would suggest as a matter of urgency a task force to attract men into the various therapies. Much like the teaching profession it is top heavy with females. It would alleviate gaps in service due to maternity leave and necessary leaves of absences (which I fully support) as they go home and more often that not take the hit there too as they try to raise their own young families.
- Be more transparent
- Make several groups for several diagnostics (group of therapists specialized in Down syndrome, another one for autism, and so on..)
- Not long waiting time for appointments
- All children with a diagnoses need individual, group and family support. Not just the most profoundly effected by Autism. If a child on the waiting list their needs continue to be neglected by the state. I have 3 boys. Totally neglected by CDNT.
- To shorten the waiting time so we can see what our daughter needs and the services she needs
- Actually do what they are meant to do!
- Efficiency of the time. A lot of time wasted in my opinion with timetabling of appointments. The CDNT need more staff. What can be done to make the jobs seem more attractive to ney qualified.
- More timely intervention. More communication between the professionals and parents and schools. Easier access to the professionals
- Joined up with one pot of funding
- Offering sole assessments are no good without actual 1:1 services. therapists found in schools would be amazing where they could work alongside resource teachers.
- More funding for more staff that can actually work with children on a one to one basis so they can get to know the challenges with the the individual with a view to tailor specific plans and regular check ups to update treatments and goals for kids.
- The model is unfit for purpose and should be scrapped. Services must be delivered to the child, and be driven by the needs of the individual child and specialists and experience must be valued.
- Increase the staff . Meet the parents for an intake of issues that need addressing. Assign the relevant staff to help face to face. Allow for a house visit or zoom call in cases of social anxiety etc. Professionals trained in ASD MLD should know the difficulties associated with change of routine/surroundings sensory overload etc. and accommodations should be made. It is not fair to not provide a service because the child is unable to come in to a strange environment.

- Raise your staff retention (therapists) By reducing their work load and employing more therapists and provide supportive leadership in your teams.
- More therapists and more therapies required
- When a child is registered as disabled, there should be in place straight away a health plan from the beginning & followed right through to secondary school & beyond
- Provide services within the time frame set out in law. Provide one to one neuroaffirmative services.
- More communication and less waiting times.
- Get rid of it and bring back the old system, it clearly doesn't work. Sending out the odd general email here and there and a bit of information doesn't count as interaction. We can get that from anywhere.
- More staff
- I think if you have private therapists they could be subsidised rather than waiting for therapist that haven't got enough appointments for everyone. Our children need consistent appointments to build a rapport with their therapist otherwise it's never going to be successful. How did a child/adult respond well with someone they do not know or not given a chance to get to know.
- There needs to be more therapists employed. My son recently got an OT assessment completed but has never had any sessions. What use is an assessment without the sessions from an OT showing parents what to do. I'm all about empowering a parent but we are also not qualified OTs and SLTs etc. The lack of support and services is absolutely shocking.
- The whole system is so disheartening that you stop engaging. It's very frustrating.
- For agencies to talk to each other. It's frustrating to be turned away from CDNT if my child is on the waiting list for primary care! The help should be offered when available from whatever source!!
- Please give the service back to Enable Ireland and offer some services in schools. My son is being failed.
- Intensive intervention at the beginning to assess child and tailor service
- Better support for high functioning teens: education about their diagnosis, support with executive functioning.
- More staff Professionals working in service are under severe pressure and are leaving to work privately
- More focus on employment. Same payscale as hse staff. More understanding from parents instead of just telling us we need to complain
- Restructuring the service and more staff. System is broken
- Staff turnover is high and when the therapist who was seeing your child leaves there is no continuity of service or handover.
- Put a full team of people in special schools to support the children and staff and encourage children to reach their potential
- More access quicker

- Accessible diagnose, Accessible access to specialists and help needed
- Learn from other EU nations like the Netherlands. Be honest with the challenges to meet service demands and work with parents to improve things
- A joint approach with all agencies that are working with the child
- Look at criteria for service provision.
- Follow up. Actually respond. Treatment purchase scheme. I can get services privately if I could afford them. It feels like they are trying to push everyone into the private system.
- More therapy sessions. More interaction with therapist. Use on online sessions more.
- More regular appointments with all relevant therapists. Appointments are very sporadic with no follow up
- My only suggestion so far is that the CDNT keep in contact more with parents that are still waiting to get a start date for their child. Its very stressful having a ND child and not getting seen or not knowing whether you are moving up the waiting list only adds to the stress and feeling of isolation and loneliness by parents.
- Provide the necessary services within a reasonable time frame.
- Employ more therapists. If a child can get services privately or in primary care, get that up and running and help families to get this much at least. Give families updates on when they can expect yo get help for their child. Provide more flexible hours of service. Consider auditing how services are for single parents and low income families. Having to travel long distances for services is expensive and if working its very hard to take days off. Weekend or evening services would make things more family friendly. Dont ask us to family forums to review how well cdnt is doing for our families when cdnt is doing nothing to provide services for my child. I dont need another talk shop or parenting course. I've done my research and learning I want my child to be offered therapies to help her cope with school and life as an autistic and probably adhd person.
- Improve pay and working conditions for staff so positions can be filled. Do away with parent teaching sessions as they are useless. Individual and school assessments are what is needed for OT and SLT.
- Would be great to get a more frequent update for us on the waiting lists to see how things are progressing and when they might be able to see us.
- Also, Mia was assessed 4 years ago. Her needs then and her support needs now are completely different. How is she on a waiting lists for anything when they can't be sure what she actually needs.
- Try to see parents and child more often for individual appointments.
- Clear wait times. Better recruitment from HSE
- Access to therapies more consistency around social groups etc
- There kids out waiting yrs to be assed or waiting for services I've giving up on the CDNT if my child needs help Ive no other choice to go private
- Hire more staff to help parents and children to be diagnose
- Better linkages internally and with other service providers.

- To see children and not hope that they age out of the system before they are seen
- Get the children seen. It's a shame.
- Three of my children are linked with a team and only one has ever received any help
- The CDNT team need support to get staff in the roles. Recruitment is too rigid with HSE and takes too long which means staff are working in stressful environments which then means they end up taking leave due tobe overworked.
- Everything!! Constant one on one sessions and maybe hire people who live with autism because if you don't love with it you don't understand no matter what your degree says
- Shorter waiting time for assessments
- Better Communication ,
- Where your child is on a list
- What the next steps may be
- What you can do in the meantime
- Including names and places of support
- Easy access appointments
- A go to person when you have specific questions around child's development
- Some hand outs would be appreciated like visual cards etc,
- Information on what you are entitled to and how to go about same
- Waiting lists are a joke and something needs to be done. The team do as much as they can, however, you can clearly see they are a service under pressure
- Therapies provided to children
- More services, more often.
- More individualised therapies for children
- Have not been seen yet
- To help ND teenagers more by providing group sessions where they can come together and socialise in a safe environment.
- See people in a reasonable timeframe complete assessments of need within the timeframe
- Make services available in a timely manner
- Pay the practitioners, well enough that they will stay. When a child is at the top of the list and is accessing private therapy then subsidise the private therapies they are doing for 6/8 weeks so there can be a continuity of care and it reduces lists.
- More communication from CDNT to parents even if it's to let them know their child will be seen at such a date/time. It's very stressful for a parent/guardian it's just not knowing what to do.

- Quarterly contact to review which services needed or missing. Providing support materials families could use in absence of services provided ...also Could CDNTs provide SLT assistants which could support the children &families and the centres & these provide some services seen as the centres are understaffed?
- WAIT TOO LONG. MY CHILD IS SUFFERING. ADHD and ASD diagnosis. Seeing 2 private paediatricians. Play therapy for 2 years. Not good enough
- Resources need to exist
- An ancillary MDT who are more advisory but who can intervene in school situations. Our case is unusual in that the school demanded we seek supports that were inappropriately excessive and that made our daughter feel orhered as she is sensitive and does accept her ASD diagnosis.
- A complete overhaul. The Cygnet group was good but it was mainly meeting the other parents that was particularly informative. My son requires OT support urgently, so this course did not help him. There has to be a way of cutting down waiting times.
- multidisciplinary team working in schools.
- Kids are in there natural social.space ,specialists should go to them.
- Hire more therapists based in age profile of current staff,legacy plan for maternity&promotions.
- Allow parents in carers allowance to train to become therapists or any other medical caring role without effecting allowance.They have lived experience and helping validate that will enrich mental health ,family dynamic ,kids progression. This is all so logical and easily done it enrages me .
- I have had to leave a high paying job to work in civil service to take time off for appts for 3 kids ,the pace of innovation in CRM boils my blood.
- To take into consideration of the child's lifestyle, stability ect. Kids who are with CDNT are homeless with no support
- A change of jurisdiction meant that I didn't even know where my son was registered - awful administration - the HSE need to focus on getting this right. People are falling through the cracks.
- My child was diagnosed with a speech impediment and delay at 18 months. They are now 7 and still have speech problems. The CDNT can only offer 6 sessions of speech therapy per year because there are so many children waiting. This is far below what my child needs to improve their speech issues. Because of this I've needed to hire a private speech therapist at great cost to our family. I am my child's full time carer so private therapy is a significant burden on my family. My child also needs occupational therapy to improve their motor skills and counselling or some other form of psychological support due to the trauma from many surgeries and medical procedures they've endured. The CNDT does not offer this kind of support and I cannot afford it privately.

- This isn’t a service. This is a farce. So I would say they should deliver proper and appropriate services that are what the child needs. This isn’t happening.
- Better communications at the outset of what realistic expectations one has to have about the services provided. In our case it wasn't clear at all that our child would get 8hrs of support and that was it. Perhaps a meeting at the start when one finally has a diagnosis about what can be offered - we only found out after a session that that was it from CDNT and good bye and good luck. For the life time of your child to have a few OT sessions seems hardly worth everybody's time and effort.
- There are far too few appointments with therapists, I have paid for private therapies all along (my child is just 18) at the expense of essentials such as heating, dental care for the family and I am in considerable debt. Recently I bought very expensive health insurance (an executive plan) for my child in order to reduce the cost to our family, I have no idea how I will pay for it month to month
- Communicate with families on waiting list to let them know they on waiting list and when they should expect contact
- Active follow on plan for children discharged from service if they are deemed to "no longer require it" despite having a lifelong disability. ASD can peak and trough and I was told that my child could access CAHMS if he needed support however CAHMS will not support ASD children rendering him effectively service less if support requires.
- More staff in all areas clearly needed when you consider the wait times for every service at this stage.
- More support for parents who are finding out their child may be on the spectrum and how it is communicated to them. For us it was brought to our attention straight away after our first child started preschool and not in a professional manner. Very casually and publicly at the school gates etc.
- AIMS support is a great service again if supplied effectively and without delays. The process was offered on paper as much more than provided
- To give more support to parents like support groups and therapists
- Some sessions 1 to 1 professional-child
- Hire people listen to parents
- Instead putting course and saying it's up to parents take responsibility and help kids with practical help not fobbing them off
- Go back to the way it was before. Meeting every now and then with the same speeches of staff shortages to parents is NOT good enough.
- More autistic specific events and courses. The most recent one was excellent.
- More regular visits
- Better communication between the cdnt and hospitals. More commitment and signposting for services going forward, particularly in adulthood.

- Therapists need to be on the one page with each other and not differing opinions
- Try and evaluate children's needs better. More therapists so less wait time
- Employ more people . Make it possible for professionals to do their job
- The biggest problem is unfilled posts/lack of proper resources to give children on the long waiting list access to what they need. This is very urgent and needs to be addressed by HSE management. Children should be able to use private services funded by HSE until such time as posts are filled.
- Get in touch with families and make appointments for the different specialities e.g. physio, Occupational Therapy, SLT etc. Call to the schools to see children and do the appointment there.
- Build from the start
- Less paperwork more action. Much talk about family plan, never saw it
- Services are available and at least annual checking in to see if services are required.
- Athens CDNT is not fit for purpose. We waited 2.5 years to be 'active' SLT, OT and psychology recommended. we received 6 SLT sessions thats it!!!!!!! Absolutely disgusting. Zero OT, zero Psychology after waiting 2.5 years. Our children deserve better.
- Increase staffing to required levels, CDNTyram in our area has been decimated in terms of staffing the last few years which has had serious impacts for service provision. The difference from level service provided a number of years ago for our older child compared to now is significantly reduced
- Shorter wait times, and while we wait some community supports would be nice.
- Invite the kids along to some of the training where relevant. At least the service would lay eyes on them
- It’s not possible for children of all levels of care and different conditions to be piled onto the same waiting list or even open caseload. Separate it out so that kids with differing levels of need and live long needs v shorter term needs aren’t fighting for the same services.
- I prefer the early intervention before.
- CDNT is very wide that is why it is very slow in looking after all the children
- I have previous experience with Early Intervention. Parents were invited to courses like Parents Plus and Early Bird but you also had a follow on service and therapists were regularly in the schools , not just during an emergency.
- Transparency
- Online portal to provide a single source of truth regarding what's agreed, current supports and goals being tracked.
- A faster diagnosis, and support for our children who are the future of this Country.

- To assign therapists according to the individuals needs. While the group courses are useful they do not address an individuals needs and from my own experience my child's needs are not addressed.when my child has a problem with anxiety I'm directed to a parental course which is fair enough but the child also help to deal with the anxiety . There is only so much a parent can do and professional help is required. It is obvious there is a serious lack of professionals within the service. There was no psychologist in our service for a long time .this is having a detrimental effect on our children at a time which is imperative to there development. I do believe it is a result of government policy.
- Have a clear plan with a multi disciplinary team with scheduled times to interact with the Child, parent and school.
- Just keep in touch on a regular basis but very happy with my main team member.
- Group therapies / regular contact or follow up consultations .
- More therapist
- Actual therapy for the child and not only parent courses as it’s a lot of pressure on the parent
- Actually provide a service to help parents instead of trying to teach the parents to be psychologist, occupational therapist, speech and language therapist etc. It's too much pressure on the parents.
- Any service should be better than current lack of service but top tio when a child is isolated ayt hme try somethin that will eork instead of trying something that was never going to work and then tgats it
- The way it was before the cdnt was way better in certain ways. Also I'd stop hse staff being allowed to speak so unbelievably condescendingly to parents. The manager of the cdnt team in kilbarrack has spoken awfully to me at times and also some of the clinicians seem to feel like they are talking to people who shouldn't have an opinion. We as parents have educated ourselves on our child's condition and have been doing our absolute best and our opinions are valid. The cdnt and hse need to realise the damage they are doing to parents and the stress they are putting them under by not providing nywhere near appropriate services.
- More staff, more communication more transparency
- Communication and support
- Better understanding in schools. Therapists are excellent
- Faster access... access to intervention while waiting to be assess.
- When waiting for CDNT our most vulnerable children who clear need intervention are waiting longer for intervention to children suitable for primary care intervention.
- I am working in primary care also and it's d
- Beyond disgraceful how our children struggling with daily life are put bottom of th e heap.. the CDNT AON services have never been for for purpose .
- Faster intervention, more flexible appointmets like for afternoon as most appointments is during my working hours/in the mornings, better communication

- Better communication between them and clients because clearly there is none. See a child and meet their parents before deciding If they even make it onto a waiting list or not
- Follow up on the children. We haven't seen a physio in 12 months. This is my child's biggest need. It's a disgrace. I can only do so much but I can see her getting worse because of lack of interest. I know they are not that busy. We also have an ot who thinks she's spending her own money when anything is requested.Does anyone really think a parent asks for something just to waste money. Its a constant battle.
- Staff so individual children get attention. Not excuses.
- That the Assesment would be done asap at least you know a diagnosis and where you could go for help.
- Experienced debate over which service CDNT or Primary Care would be most beneficial for my child in terms of the range of services required. As an educated parent I have found it difficult to understand the services once Enable changed to CDNT.
- More staff, more communication, less parenting courses (this offering often feels like we are being gaslit that we are the issue)
- Better conditions for staff so there is better staff retention and lower waitlist.
- Better organisation so they cannot ""loose"" a referral for 2 years.
- Actually get seen by an OT or speech therapist
- Reduce waiting times more access to ot and psychology services
- Get assessment done in a timely fashion. What are some areas of thw country getting assessment done in 3-6 months when were here waiting 3 years
- Actually provide the services to the people they are required by law to do so.
- Give full assessments for all areas of possible disabilities for example. If I think my child has ASD, then all the team should immediately get involved not just psychology. I suggest you watch YouTube video on Frailty assessments in EDs to see what I mean.
- More staff, more staff, more staff ... and useful technology applications. Maybe something like teams or Aladdin to be able to reach disability team. We ring and have to leave message with receptionist for call back which is never followed up. If do ever get follow up told they will talk about it at next meeting and again never hear back to results. Once moved from younger team to next age group nothing has been offered for services or learning support. No follow up with school to see if what they did in a group learning environment even made a difference.
- Apply Critical skills visas to CORU grades and Recruit recruit recruit
- CDNT, home and school need to work better together. Only when the three are working together can we expect the best outcome for the children.
- Please decrease the wait time for appointments
- My experience has so far been very positive. The team members I have met have been extremely supportive. It is a far more positive experience than CAMHS.

- More people employed and all working together in same building.
- It is well known the stresses these departments are under and people keep going out sick long term or parental leave and not being replaced.
- I think the role of a community doctor is crucial, with whom parents can discuss their overall concerns about their children. Therefore, priority must be linking with them and support groups, and to make parents aware of coping mechanisms and effectively respond to the additional needs of a child.
- Her doctor always suggested healthy eating and exercise
- More support for families and the child especially. For our family mental health is a big issue
- Transparency and clear communication re their criteria
- Each child referred should be met to access needs.
- More therapists,more therapy, use student therapists to provide therapy overseen by qualified and experienced team. Bolster efficiency by adding admin staff to increase clinical hours. Put therapists back in schools, speed up accredditation process for non national therapists, and structure system to provide permanent contracts for therapists. Allocate therapist to child for a v long time so they can build a relationship and enjoy the progress made. Let the managers give the life changing news of diagnosis to parents,and let therapists get on with their work.
- More bilingualism test and more workers
- Actually provide some therapies would be a start! I know a lot of work has to be done at home and we are doing everything we can but at the end of the day, we aren't therapists. Some of the information we have learned at workshops in the past for supporting autistic children is helpful but this tends to be generic and we really need some professional guidance about how to specifically help our son and for his progress to be monitored. We have now been taken off the lists for primary care therapies because we are supposedly under the 'care' of the CDNT but I think it's unfair that door has been closed when we were actually getting some services there - it would have been far better that we could have remained attending primary care SLT and OT until the CDNT were actually able to provide therapy. My son has now missed out on over a year of SLT at this point and I fear that valuable opportunities are being lost to support his development
- Give Crumlin two full time Occupational Therapists and two full time Speech and Language Therapists immediately.
- More support staff like physio, ot and slt assistants to help families with the actual plans in place (if any!). Listening to the families better, effective and clear communication. Follow up on actions and therapy equipment.
- Huge disconnect and continuum of care. Inconsistent. No overall plan. No regular therapy . I have to advocate for input. No plans. Frustrating hit and miss.

- Stop giving parents the endless runaround and hire some actual therapists.
- Actual family support, advice about access to services, groups and practical information on how to support my child. Don't leave children waiting.
- Too long waiting. Child's walk gait affected.
- Support children in a timely and efficient manner.
- Perhaps 1 body providing support would be useful rather than Primary Care and CDNT and them being given reason to say if you're engaged with one you can't be engaged with the other.
- Give our children the full support they require. We, as parents, don’t need to keep hearing about staff shortages, we understand that and it’s frustrating. However our children are suffering because of the lack of support and appointments.
- More resorsourses are urgently needed, it is clear to see they do not have enough staff to offer a full service. ADHD supports need to be brought under the roof of the CDNT urgently, along with psyciatrists to prescribe, if so required.
- More therapists required with better team working/integration.
- Groups to be considered AFTER working with a child 1:1 so as the right or mow appropriate group us chosen for them.
- Scrap and start again.
- Get rid of CDNTS. Australia has individualised funding and it works much better. Review Australia model.
- Shorter wait times, employ more therapists. Get the therapies into schools and work to get on the interventions with school and home all together. Therapies need to be tailor made, not just parental advice. Children need to be met, observed and parents and teachers listened to. Therapist positions should not remain vacant soie to maternity leave, staff turnover etc. service is currently very disjointed and poor.
- We like the pre pre school workshop, more things like this would be great
- Full overhaul. Kids are diagnosed and then parents are left to fend for themselves.
- Very simple: regular reviews of her current therapy plan and access to consistent, targeted support according to the needs of the child as a matter of urgency. I also think there is a duty of care on behalf of the management of the CDNT team that they provide clarity on how child needs are being assessed and prioritised within the current service model
- 1. More transparency and ownership - how can reports go 'missing'?
- Way too fragmented and disjointed - public health nurse wasn't even aware our son was referred to CDNT, AON didn't even know he had been seen by CDNT and didn't get a report. Its absolutely chaotic and not joined up.

- Disband the progressive disability services model. It doesnt work. Sack the high paid management in the HSE for failing to deliver services. Stop making the CDNT do "assessments" which are non productive to the work the Assessment of Need department is for. Provide 1 to 1 theraputic interventions aimed to the child rather than the parent. Stop using YouTube links for answers, parents can source that information themselves.
- Recruitment and retention is key. Quality of education in services needs improvement including GLP/AAC
- Less waiting
- None
- More staff both admin and specialist and better communication. A complete shake up and more personal care and help for families and children.
- Close down the Cdnt not for for purpose
- More staff more therapists and actually communication and explanation to the lack of services. Review severe backlog
- More staffing to reduce wait times. I was told when we applied that they may end up ageing out on the waitlist before ever being seen.
- Remove people who are clearly not capable of doing the job
- More full time therapists and in school supports anf therapies.
- That they stop wasting clinical hours as they do currently by having parents attend lengthy but basic training given by multiple therapists. Those therapists could instead be seeing children one to one.
- Talk to the parents and tell us when to expect services
- There should be more centres and more therapists to provide sessions little quicker and the waiting time between sessions should be lesser.

Q19. Is there anything else you would like to add with regard to the Children's Disability Network Teams?

- My child is on a waiting list for physiotherapy in Tuam,but there is no paediatric physioperapist, so he's essentially on a waiting list to nothing It's ridiculous
- You need to see us not just do paper work
- I wax going through an extremely hard time my childrens dad had just passed my son is autisic has not left the home in 5 years and these people will lie through their teeth ,i just hope to god the same thing happens that had with camhs
- It would be nice to have a level of services provided, even if that is level is low, at least starting to provide something would be a great start.
- I understand they have no staff and cannot deliver a service. Therefore, as a service user there is no service. It's no better than the zero service there was before, where I was told that they could not provide a service as they were focusing all resources on diagnosis and none on service provision. In 10 years, nothing much of note! He was diagnosed at 4; he is now 14.
- When it was set up our child was taken off their 'list' without informing or consulting with parents and when this was queried we were told our child did not meet the threshold even though they did and they were transferred from the previous disability service. The service is not fit for purpose and children and families are suffering because of this.
- When it works it's ok, but my child was initially through early intervention and the services were much much better then. My child fl through the crack with the transfer to CDNT and despite having a support working and getting a letter they hadn't him on any waiting list. I was ringing and asking when he'd be seen and eventually done a FOI and then found out why he went over 5 years to be seen. Thankfully we could avoid some private intervention but that's not sustainable and shouldn't have been the case.
- Don't treat children like a number. Just because their need mightnt be as severe as others it doesn't make them any less deserving of support
- Provide therapy for children who most need it.
- Regular blocks of therapy.
- CDNT is not working for my child. It is heart breaking when we are trying to get therapy and support.
- See above
- Managers aren't qualified to manage and no resources only excuses
- Children are not all treated equally - he/she who should the loudest has be fast tracked through schools
- Nothing that is complimentary.
- No

- It is not fit for purpose, disappointing and not draining service...cause more distress in parents than hope and help....I am talking about the service...not individual professionals who are doing their best in those disgraceful circumstances
- I am sure that there are excellent people working in this system however we didn't access any of them. Our case had to be funded privately through the HSE in order to receive my child's diagnoses. What a waste of money instead of appropriately funding the public services so they can meet the demand!!! We have since received no appointments or supports as were outlined as required following her report . As usual , we are waitlisted , what a farce!
- They are overworked. Too many kids per team, so a lot of kids never get any help at all. Very sad
- I am at wits end with the promise and then no follow through from this terrible service
- More support as I have 3 children with Autism not just one.
- We are Network 12 and they work really well
- More support options and use of pool would be great for us
- Our children are being let down by this organisation
- Clear complaints procedure and actual feedback for parents
- Pay the therapists at the market rate to ensure they stay long-term and provide support. It's awful that the employees don't get paid at the same rate as their colleagues in Primary Care. It's no wonder they don't stay, and then the children can't get services.
- Please introduce speech therapists into the school for our children with Down Syndrome.
- There needs to be an administrator/ secretary in each physical hse building for making appointments and answering questions, not wasting the time of the therapist, maybe then therapy sessions would be available.
- A one system for all .
- No
- More staff. Have them assess for ADHD and not CAHMS. Autism and ADHD together is v common yet 2 services dealing with these and no joined up thinking
- Shocking management
- They offer no one to one services
- Waste of time
- It is not working and those with the highest needs are being left without any intervention. My child was with St Michael's House since birth and they had expertise in the area of need since being forced into the new system my child may as well not exist. We pay privately for all therapy now because we cannot sit back and do nothing which is convenient for CDNT

- Is there any way that some joined up thinking might happen regarding providing efficient services/therapies in a timely fashion to children?
- Can communication be improved between CDNT/Primary Care/CAMHS? It’s a minefield for parents.
- Can all primary and secondary schools be govern clear guidelines as to referral process within each system. It not only varies from county to county, but from school to school. Can the process be streamlined so that there are clear steps for schools to take regarding accessing CDNT/Primary care/CAMHS?
- Whilst client facing staff are doing their very best to support disabled children and their families,their voices and the families of children living with disabilities and the voice of the children themselves is continuously ignored, criticised and blamed for poor staff retention. Everyone else is to blame for a failed experimental model without a scrap of research, data, comparative models or evidence to support it. In fact all the evidence points to the opposite. However the emperor has no clothes.
- An object failure
- They are unfit for purpose
- As already stated, CDNT services are non existent for our daughter with Down syndrome, hearing and medical issues. It is an absolutely appalling service.
- Make meetings more on line
- There’s a lot of excuse in the parents forum on how difficult it is to hire staff. There’s plenty looking for jobs. They don’t have to be Irish!
- Favourite for parents lucky enough to have the time to get to the monthly parents forum.
- Sligjy discrimination towards some parents which is unfair on the children who need support but don’t get it.
- It is the same thing with any support in Ireland. It is a constant battle to get services and support. It is always the case of he who shouts loudest and longest gets what they need. The impact on parents mental health and the other family members is not considered.If a child has a disability they should receive support and services as a right and it should not be up to the parent to research what support is out there or what services. It should be pack received by the parent by the diagnosing clinicans. It should be automatic and not word of mouth.
- There aren't enough, staffing levels are poor & they should be in schools as soon as a school says they're having issues
- I would suggest they start to actually see children and offer support
- Very poor service
- Excellentservice initially in Cavan, unfortunately there is not enough staff in galway to serve the children's needs.

- They are not working in the current format more consultation with therapists and parents needed and actually listened to, not the management in offices that are so far removed from reality and have made a mess of the whole thing. Also a separate team for autism incorporating camhs is needed to take pressure off camhs for other conditions
- Its about time a service is created that actually works for the benefit of children.How are they supposed to achieve their full potential without meaningful interventions and therapies ? It's really sad .
- They need more staff
- Everyone we dealt with was doing their very best under the circumstances. Our child wouldn’t be where he is now without the early intervention team. We’ll always be grateful for the services we received.
- Previously therapist actually did work with children no noe
- I 100% do not blame the staff. They are doing their best under extreme pressure and too many children on their caseload.I blame people in offices who signed off on this, who gave it the go ahead without proper consultation with the different parties involved, the different service providers and the service users and their carers.
- The cdnt was started, before the framework was properly in place. And I don't think anyone actually had the data to realise how high the volume of children would be in certain areas. The switch over was not seamless. There was a complete loss of supports, setbacks, no communication, no therapy, nothing. It is not working as it should be. There are no more therapy session, instead constant generalised parent courses. No real help. Complete breakdown of trust in the system.
- Find a system that works so a child can get regular therapy sessions. Train staff about Pathological Demand Avoidance.Hold staff accountable for the amount of work they do so that this is being monitored more. Staff don't need to meet deadlines like in the private sector.Find a way to retain staff like pay rises, better conditions if needed.
- Non existent
- Hopefully it will improve, and the child will benefit from it. If the government put in the right supports in the early years they will save it in the long run to help our children to become as independent as possible
- I wish they would keep parents informed. Not just the school. Listen to what parents have to say in a meeting.
- Not fit for purpose.
- Need a complete overhaul with an investment in staff and services.
- Same pay for pay work whether employed by HSE or other...especially when it is a post code lottery for the citizen with no choice and significant delays when you’re unlucky to land in the 2nd class provider.
- It’s not fit for purpose and not working. Simple as that.

- There seems to be a distasteful culture in the team, in Sligo at least. When I mentioned to them at the assessment that my boys' school had implemented an Autism Class, their response was a sneering, "They're just doing that for the money" without any knowledge of the school or the class. Given the support that the school has continually given my boys and the complete lack of any help from the CDNT service, I found this to be ironic in the extreme.
- Very disappointed my child has suffered immensely due to lack of services by the CDNT
- Waste of time. No idea how you change it. Tooo late for our lad now before it is fixed and he is only 11 now.
- Next big scandal in the country.
- No
- They are a failure and a waste of time
- No as what I have say would be essay
- Team members individually are excellent - but staff retention seems to be a challenges. They could also benefit a lot from providing a portal with access to information for parents as we simply don’t know where to look to access support when they can’t give it. Also desperately sort of Pyschologists
- Just so, so poor. Money wasted left, right & centre. Not actually child focused.
- A serious need for recruitment and retainment strategy. The amount of movement of staff is outrageous and posts been left empty for months on end is driving the lists up.
- AI investments for paperwork to reduce the workload.
- Look at options of funding education with a contract to work for the service for a number of years to avail of the funding. Similar model in the private sector for apprenticeships.
- Not fit for purpose
- Na
- Love to see one in action. Apologies frustrating. Basically not working. And my child will be one if the casualties of this non existing system.
- I am grateful for them they do their best
- Heard zilch . Nothing... no contact from anyone regards plan for child
- Same as q18
- Where are they?
- N. A
- Yes I strongly believe that our children need more consistency and structure and routine not to be seen once every six months or 12 months this should be at least monthly to see if they’re improving or what they can do to help us as a family, I feel there’s no support Even for my little girl who is very severe disabilities?I had to change services because they weren’t willing to support me this affected me mentally and physically. I have also sent in a number of complaints to the complaints officer David you would see this on records.
- The existing staff mostly try to do there best despite all their challenges..please support them and acknowledge how under resourced they are

- The model of parent education only is not sufficient. We went though the steps of support and parent classes when the staff hadn't even met my son. How can you adequately support someone you've never met?
- A whole overall of the current system service is needed
- The system is currently an absolute total shambles. There is a massive waiting time and there are no therapies available for children with needs.
- There needs to be a big recruitment campaign to get the staffing levels up so the teams can retain their staff. Staffing levels are unrealistic for the amount of children with complex needs requiring work with several therapists. These children require this input ongoing up to 18 years Getting the input in a timely manner =better outcomes for the child.
- the people who worked with our child are amazing, very professional and always reply to us promptly. We value their commitment in supporting our family.
- I feel we have been personally looked after because we were in early into the services but i know many who have not received enough of support.
- Offer housing as part of the job opportunity as this is definitely playing a huge roll in the failure to provide therapists
- Chronically understaffed and high staff turnover no consistency too top heavy no front line staff
- Unable to say as haven’t been able to access as yet
- I understand that many CDNTs don’t have a nurse, can’t understand this as nurses would be so valuable
- Communicationbetween each member better one has to email the other and then you talk to the other and they say they did get the email
- I think there are some fantastic therapists within the cndt - but they see they are not helping with parent evenings or general courses.
- When you do a course you get 1:1 time with the therapist and that is often a light bulb moment for them.
-
- The turnover of staff is phenomenal & then they move teams so you are back to square one again.
-
- If a child’s class teacher is receiving support for a child, the teacher may get assistance but that is not followed up with a home program.
-
- My child is a lucky child because we give him individual private therapy - so he can thrive. What about the children who are not in that position.
-
- I feel the system is flawed & a postcode lottery based on the experience of the original team structure prior to cdnt set up. I live in a county with 3 ndts, my NDT is supposed to be phenomenal if a child has a physical disability - whereas one of the other ndts in the county has a focus more on autism as they were an autism focused service primarily. Surely expertise should be combined & facilities shared on a county level? The service has improved from its inception - but sadly I feel it has a long way to go to reach its true purpose/potential.
- They are a disgrace

- I’m not really happy with the service they are providing.
- The system is a joke.with children having to.wait for years to be seen
- A shambles and huge negative effect on all involved.
- It would be easier to dismantle and start again. Honestly, if they just listened to parents and service users and put them at the heart of every decision then it would make more sense.
- CDNT is like a plaster for a bullet wound. Useless. I have plenty of ideas and solutions- even just to help improve basic management of communication with parents however it's a waste of my time spending hours articulating it only to have my ideas ignored.
- My child no longer attends the service
- CDNT needs to review high needs children’s cases routinely as their needs change constantly and as a result allow for appropriate therapy appointments to be slotted in. The majority of CDNT therapies also focus on parent training unfortunately in my opinion while this is beneficial my child requires therapies not me. I’ve not trained nor am I a professional in speech and language or Occupational therapy and therefore feel their model of palming off the care of children with a disability is just getting rid of their caseload looking like they are providing a service which doesn’t exist.
- My eldest child has been discharged at the age of 18 and the CDNT don't follow their own policies for referring onwards and preparing reports. They are not being held to account on this and other procedural failings
- Play and interaction classes like 2- 3 times a week
- Find a way to recruit and retain staff. Cut the management a bit.
- The Kells team are amazing but could really do with increased staffing levels.
- No
- Every job has 3 factors. What you have to do, the time to do it and resources you have. I get that you have too much with too little resources. But think outside the box. How can you do things differently. How can families say on that waiting list be helped. A 10 minute phone call might be enough to advise a parent or give them a chance to order equipment. Nothing worse than being ignored.
- They are underpaid therefore they don’t attract male professionals. They are filled by women, who the leave for maternity and eventually altogether to mind their own kids whilst setting up a private practise that suits their own schedule.
- Johnstown cdnt needs massive improvement , managers coming and going , OT refusing. To see a child based on age, SLT non existent for my child as he’s aging out it’s unacceptable
- It is a mill, not very helpful
- redesign and invest!
- They are not working. The caseload is too large and too complex
- The staff I have worked with to date are very knowledgeable but may be at risk of burn out

- I have a 13yr old child who despite being linked in with Enable Early Intervention from a young age has continuously fallen through the cracks as they moved through the various other organisations. There is no continuity of care. The structure doesn't allow for it. Super therapists...hey come, they go, they are not replaced. We wait. We waste more time then giving the child's history all over again to the next therapist because they haven't time to read the file or just don't. They spend 6 months getting to know the child, begin a programme and then they are gone again. The system is overburdened as are the therapists and the structure is fractured.
- Being linked into disability services in this country is like being married to an abusive spouse who keeps telling you in moments of renewal and clarity that everything will be different this time round. You allow yourself to feel hope only to get that sinking feeling you know so well return. Things revert to type. Then you wake up one morning and see your child is no longer a toddler but a teenager or worse turning 18, now an adult. You have run out of road. And you wonder. You wonder what they would be like if things had been handled differently? Without all the stop/start nonsense. You wonder did I do everything I could have? You wonder should you have moved to Canada/ Australia to give them a better chance? You wonder should you have done a degree in PT or OT yourself? No, you can't do that when you have given up a career to be a full time carer. Silly me. There is no doubt that there is huge goodwill and amazing talent in this organisation but it needs a shake up.
- Increase staff, have regular check ins with parents
- I'm very upset mum. My son is left without any help at the moment !!
- A keyworker needs to be assigned to every family. Communication needs to be ongoing. No point in having children on a list for years with no communication. Im beyond upset.
- I can't comment on that as we have yet to meet them
- No
- They try their best but unfortunately it’s a disastrous system. It’s the children that loose out,
- They need more staff
- They are obviously seriously under staffed. They feel the pressure probably from disgruntled families. Obviously not set up well and not fair on them either.
- Just admit to parents that you are so restricted in your capacity to deliver meaningful services and go on strike.
- It is insulting to parents living with their ND child/children , to have to sit and watch videos about other ND children and call it support
- Work as multidisciplinary teams and include roundtable discussion with (child where able), parents and preschool/teachers. Part assess children in their natural environments (home and/or school. Follow up with at least 1 supportive visit to home/school and share strategies with parents and school.

- Ensure children attending services have up to date paperwork to apply to schools or for AIM (L7) in preschool.
- More communication between all services
- They are utterly unfit for purpose.
- It is not fit for the purpose it is suppose to provide , I have spoke with numerous parents with similar complaints to my own and its the children that suffer the title cdnt suggests a support for children with additional needs and this it does not give . I will concede that waiting lists are long but the length of time waiting is not serving anyone's needs and it is fueling a lack of confidence in a service meant to offer to lighten the load of exhausted and financially stretched parents, who already step well ahead of the mark .
- What's the point in continuing with something that doesn't work? Just admit it's a complete failure and do something else. Other counties don't have these problems,
- Take on more staff
- They need more teams. Clearly not enough people hire to do their jobs. Has to be frustrating internally too
- I understand the shortages and difficulties that come with it but it doesn't change the fact that help is very limited.
- Our children are being failed and that means the next generation is being failed.
- Too few staff, too many staff changes, a lot of reliance on parents to know what they want, not enough resources to provide adequate service
- I have found the cdnt team that we work with very helpful and empathetic however, I think there's limited resources for support for, in our case " a high functioning " teen with adhd and asd . There is good communication with camhs by our psychologist at cdnt but the ball gets passed back and forth regarding support. There is good support from cdnt in regards to support with school and making recommendations.
- Not working
- See above
- CDNT exist only on the paper, there is no real access for real children
- No. Waste of resources right now
- Review what happened all the kids referred to them and if they actually got the support they needed
- Since transferring from Enable Ireland to the CDNT services my son's level of service engagement has drastically reduced. We are very disappointed with the level of service.
- No thank you, looking forward to starting the process and getting the right help for my child as soon as possible. Thank you :)
- They should be working faster to get therapists as children grow up fast and need interventions as early as possible.
- As per my responses, my son is newly 14 so he was seen within 6 months over 10 years ago. I'm sure he would not be seen that quick now.

- No
- No
- Stop making excuses
- Get the children seen
- Need more communication with camhs
- I believe staff are trying their best but the CDNT system needs work as each team are dealing with huge numbers of special young people who are not receiving the full care they require. Every parent I have spoken to feels the same, feeling like they have to beg for services for their child which is not ok
- As we have just one appointment there is not much I can comment here except I wish we didn’t have to wait waited so long and everything had not been so hard whilst been left to figure it out
- Cdnt have fantastic psychologists and they do their best to engage with parent, child and school. It depends on who you get. You can be lucky and get someone that listens, however, I have heard that other parents concerns would be disregarded and dismissed.
- No
- Have not been seen yet
- They are hugely understaffed and do their very best. I would be happy to give up a few hours on a Sunday afternoon to supervise ND teenagers to come together to have fun and chat. I'm sure other parents would too if the CDNT could coordinate such or set up whats app groups for 10-12, 12-14, 14-16, 16-18 year olds. I'd be happy to be admin on 14-16 year old group. Tel me if we can do something on 086 3987565. I am a qualified accountant & I coach ND teenagers in DSD Athletics Club every Saturday so I am very responsible.
- Poor run not at all child centred
- Not one service for my son not as much as a call. No services no help I dread him going back to school where all his problems come to light.
- Something needs to change
- More communication and supports with schools is essential
- Teachers/SNA need to know how to help properly,they are not trained in this area.
- See above
- Not fit for purpose
- Really disappointed, since being accepted we have had to therapy and are unlikely to get any.
- An advice line might be helpful to rake pressure off the teams
- Could an entire restructuring of the Network be considered? The number of children being assessed and diagnosed is increasing every year, so it seems the current system is not fit for purpose.
- Manage your diaries and publish them, show parents you are prepared to work.I have had illness ,maternity,promotion,marriage ,carers leave all given as a reason there is limited child psychology available ,well then you are under resourced and not adapting your processes to needs .

- My daughter Micheala is homeless for the past 6 months with no support
- When my son got help, it was very good. Psychology is a very big problem where I am located and this needs to be rectified.
- In my opinion the CDNT system has been a complete disaster for children with disabilities. The purpose was said to be to provide services to more children but the opposite has occurred. Advocacy groups warned that this would be the case but as usual they were ignored. I know someone who attended enable ireland 20 years ago and it seems they were offered far more services then than what children are offered today. Everyday children are missing out on vital interventions which will impact their futures very negatively because we know these interventions work best and are most effective when given during childhood. Children will now never reach the potential that they could have achieved if they were given all the services they required and that is very sad.
- The managers are a law unto themselves!!
- There are so many online group meetings, the advice given at these is far to general and I find them of very little use. The are usually dominated by parents' concerns about lack of services
- I feel the new reorganisation has diminished access to services for older children.
- I am not sure I can say we are being seen by the children's disability network team. It's all still waiting though my sons process for referral was submitted Oct 2023. All he has seen is an OT that I gave details above for and a follow up 10 months later which is hold my breath if I will have to make that call back to get. Removed from public waitlist for ASD Assessment. Still waiting S&L appointment told it's a 12 konth wait. Unless you can afford private you are left to wait wait wait and what you get isn't worth the wait.
- We have 3 to 4 different SLTs / OTs etc coming into our school to see children as they are all from different CDNTs. The CDNT teams as they seem to/will only service schools, should be allocated based on the address of the school and not the child's address as we see in our school multiple different therapists traveling into our school to see one child when they could be providing a service to multiple children in one visit to that school. Also would save the teachers having to deal with many different therapists. This would also save time and money being spent on mileage!! Huge waste the way it's being run at present.
- CDNT in our area pay lip service to us by putting on events that we are unable to make due to time constraints, eg; cycle camp for 1.5hrs over 4 days in an awkward location. We are both trying to work and are unable to bring our child to these events, as much as we would love to. I have asked our CDNT to put in proper meaningful camps that other children have access to that run proper hours 10-2/3 pm during Halloween/Easter/August times (so it doesn't clash with July Provision). I think that CDNT should be collaborating with schools to provide camps within schools/ ad afterschool service where many children can have access to help with homework, SLT/OT etc

- I have been offered training that I cannot attend as it’s during my work hours, I can’t get any more time off work, I have so many hospital appointments to attend and both of us must work (as we cannot access any financial supports) so we are unable to avail of these, and yet the CDNT will review the low uptake as if not needed, when it is GREATLY needed, but we have to work to keep our home going! The whole system needs to change, any parent with a child with special needs should be able to stay at home to support them to bring them to every appointment available, but with no financial supports families have to make extremely difficult choices. The whole system is broken, and is breaking people down bit by bit.
- It is An amazing service thanks for everything
- We find them extremely responsive and engaging when we make contact and need support or reports.
- When therapists are suffering burnout etc not to take it out on a parent
- No.
- Make the services work for the child/client.and families.
- Awful
- The CDNT achieved absolutely nothing. It's all for appearances.
- Some great people, absolutely not enough of them. Parent training on its own is not sufficient
- It doesn't work
- I’m very disappointed by the current service. My daughter will have grown up by the time the service is fit for purpose.
- I am hoping for the best in the future
- The CDNT teams are not following their own procedures. IFSP Plans are supposed to be reviewed annually, they are not. Are the CDNT reporting this data? My older child was discharged at 18 with no report or referral to Adult Services. Also when the HSE Day Service are working with the school and family in advance of the child leaving school, they CDNT is not involved!! How is this logical ?
- Feel the service is inequitable and poorly resourced
- The staff in the CDNT are excellent when you get an appointment. We've only made progress because my wife has been very diligent at hounding all stakeholders when necessary to keep the ball moving. :/
- It’s an excellent support I wouldn’t change anything that we got so far from them.
- But I can see that they might have limit resources for older kids.
- Due to the lack of professionals in the service when I have had an issue they tend to not address it with the importance required. They direct you to group meetingswithout giving therapy to the child who requires it.
- As a parent it is sometimes hard to see what your child needs as you sometimes accept what you have a just get on with it. Although it is great to have a link person to contact when you need something.
- No
- Great service and they are needed within primary schools to add reviews and updates on the child's progress.

- More courses made available to parents, and help within schools.
- No
- A lot of observing and feeding back the information which I have given a lot of courses given too late and anyone proactive with researching or just dealing with autism daily would know a lot of what’s covered in the course. Hanen course very outdated
- Lovely people who are trying to do a good job but with resources that are just far too stretched to be of much use to anyone.
- There should be an equiry into the clinicians appointments schedule and how their paid time is spent overall. There's no way they work like they do in the private services and us as parents who have attended many private services know the difference vwry well. Any cdnt or primary care appointments we've attended the places have been like a ghost town before and after. And no write up for weeks afterwards. Itty bitty bits of paper handouts and absolutely no cohesion whatsoever.Extraordinarily disappointed considering the taxes we and everyone pay. And shocking that its been allowed to be gotten away with for so long. Ive met two clinicians in total working for cdnt and eit in total that have actually seemed motivated to help.
- Staff are lovely and do their best but hugely understaffed . I believe the previous model actually worked better with less waiting times and more communication
- No
- Nothing but positive praise for OT Shannon and Physio Sarah in Cavan
- Unacceptable delays
- Actually speak to parents and meet children before sending out impersonal generic letters. Parents like me are crying out for help and support for our children. There's only so many thousands you can spend privately to get the help needed. It's not fair
- More services for children and guidance for parents
- Do better.Think of your own children when you are disregarding ours.
- Sick of excuses and admin. Need therapy not excused who your child is failed by the system.
- That the Assesment should be done asap.
- The individual professionals we have dealt with have been really good and great with our child.When we have asked for help, we have received it
- Not fit for purpose
- It has been a highly distressing, upsetting and frankly traumatising experience for my family
- No
- I'd love to but I don't have much hope of ever actually receiving any services for my child
- Since the change to CDNT the number of people we here saying their children do not receive support is only growing

- My son has Dyslexia and noone has diagnosed it for us under the team. I think he has ADHD also, again, no team member has suggested that this should be diagnosed for him either. I emailed the OT about it. I have recently received another appointment for October to do with his ASD so I'll have to bring this up again then
- I believe my daughter with D.S. has developed OCD too and hope that i can get help with this too. She's also swimming but no help there.
- Should allow parents to search private diagnoses from list of approved psychologists and then offer reimbursement! Early diagnosis is key yet impossible if wait list is years long! Missed out of critical years because of bureaucracy!
- Would love proper early intervention to give children the best chance of reaching their full potential.
- I did not know it existed until CAMHS told me about it. Maybe some awareness needs to be raised.
- Please get in fresh eyes at the top tier to change this department for the better, the people on the ground know what is working and isn't working, In general - I have a family member working as a public child physiotherapist and when they started in the job first they couldn't see any clients for a month as the phone in they're office hadn't been connected and they hadn't received their work laptop, a month, it is ridiculous, I think it pretty much sums up the whole system!
- I would like to register with the Network.
- I still don't know if her condition comes under that disability network ?
- The services when they do provide are very good but very little especially as they get older. They just don't have enough staff or longtime staff to work or to get to know the people they are providing the service to
- I don't think it works
- Help needed
- Pitifully sparse therapies for my son. He is 17 now,and has been badly affected by the lack of OT and SLT....he has difficulty nam8ng emotions,which means he has difficulty managing emotions. Thus,he gets overwhelmed and can't find a way through. It's been a cruel system, and he will not reach his potential,no matter how much I try.
- Surely there has to be a better way. It seems ridiculous that the children who are supposed to have the most complex needs seem to receive the least amount of support in our area. We are completely disillusioned with the whole thing and are trying to find private providers at enormous expense but these are also limited and have waiting lists.
- It may as well not exist in our experience of waiting for Occupational Therapy and Speech & Language Therapy.
- I do think the staff need to be rewarded better for what they do. Supporting families of children with disabilities is a tough job but the high attrition rate suggests not enough is in place. More information about what we are entitled to, what supports are available etc.

- So many children are been left behind and not reaching their full potential. Total review of allocation of resources and required supports. Children and families are been failed daily. Inconsistent approach , hit and miss, no consideration given to age profile, no overall plans or approach's, it's literally take whatever crumbs are offered, little or no multidisciplinary connection .
- Parents shouldn't waste their time with CDNT. It will have a massive impact on your mental health. The sheer frustration of getting nowhere for years and years. Find a way to fund private therapies. Attend Middletown training sessions to educate yourself. If primary care is offered, take it even if they will only covet one part eg physio of what your child needs.
- No team for 10 yrs, just me.
- Better communication is needed!
- CDNT does not work. Pushing parents towards work shops and self help. Not enough staff to deal with the waiting lists, lack of recruitment. No answering of phones.
- We pay privately for therapies at a cost of €100 per session, because we have no public service.
- The likelihood of a school place for secondary school for my 10 year old is so slim given he has no ID and is non verbal - he doesn't qualify for a special school. CDNT just handed us a list of school with autism units, and said get ringing. It's actually appalling the lack of support, or help or therapies we receive. This country and CDNT are failing our children.
- No
- Parents particularly from different language and cultural backgrounds need more help and guidance is accessing services.
- Therepy for parents
- My child has complex needs and needs specialist support. Parent training is not sufficient. We pay for private psychology, private OT, private SLT not because we have the means to do so but because I have to in order to do right by my child
- The wastage of administrative time needs to be looked at by snr mgt - why are these services not linked - how do reports go missing? It needs a holistic review.
- Do a proper job, be transparent, stop gaslighting parents.
- Child seen faster
- No
- Families like mine have been left do figure it out and struggle tremendously without any early intervention which is key for children my sons age. CDNT have failed my child and our family with no care or regard for the children growing with autism and trying to live in a work that doesn't make sense to them. Absolutely disgraceful and children and families are suffering in the process. We have been physically hit and my house broken up by my son and I have begged and pleaded for help in years and a bit FAT NOTHING FROM CDNT YET AGAIN. I have ended up bringing my son to A&E paediatrics in Kilkenny as we have been so desperate for help

- Yes mangers laughing at me after a video call and I have them on video laughing at me shame on them an they not even been sacked
- An absolute shambles of a place. Compkegw disregard for children with needs and left to figure it out ourselves and pay through the nose for therapies. Spent months on waiting lists to be seen privately.
- It's not fit for purpose
- Absolutely disgusted with level of service my child has reveived to date. Complete shambles of a service.
- It’s failing autistic children.
- No one has contacted us and our son is 12
- Amazing and so helpful team