



**Assessment of Need  
Standard Operating Procedure  
(Disability Act 2005)**

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## **1.0 Policy Statement:**

It is the policy of the Health Service Executive (HSE) that the procedures outlined below for the Assessment of Need process are adhered to by all Assessment Officers and assessors.

## **2.0 Purpose:**

The purpose of this procedure is to ensure that there is a consistent approach to managing requests for a statutory Assessment of Need and processing the resulting referrals. It should be read in conjunction with the HSE National Policy on Access to Services for Children & Young People with Disability & Developmental Delay.

## **3.0 Scope:**

This procedure applies to all Assessment Officers and clinicians involved in the Assessment of Need process.

## **4.0 Legislation/other related policies:**

Child & Adolescent Mental Health Services Standard Operating Procedure (2015)

Court of Appeal 2021 – Record No. 2020/221 (CM vs HSE)

Data Protection Acts (1988) (2003)

Data Protection Act 2018

Disability Act (2005)

Disability Act (2005) – Commencement Order 2022 – S.I. No. 3 of 2022

Disability Regulations – Statutory Instruments S.I. No. 263 of 2007

Disability Regulations – Statutory Instruments S.I. No. 704 of 2021

EPSEN Act (2004)

General Data Protection Regulation EU 2016/679 (2018)

Health Act (2004) (2007)

Health & Social Care Professionals Act (2005)

High Court 2022 – Record No. 2021/405 JR (CTM & JA vs HSE)

High Court 2023 – Record No. 2022/9 JR (MB vs HSE)

High Court 2023 – Record No. 2022/136 JR (NT & JH vs HSE)

HSE Assessment of Need – Service Statements Standard Operating Procedure (2023)

HSE Lone Worker Policy

HSE National Consent Policy

HSE National Policy on Access to Services for Children & Young People with Disability & Developmental Delay

Joint Protocol for Interagency Collaboration between the HSE and Tusla – Child & Family Agency to Promote the Best Interests of Children & Families (2017)

Medical Practitioners Act (2007)

National Disability Authority Report on the Practice of Assessment of Need (Dec 2011)

National Guidelines for the Assessment and Allocation Process for Social Housing Provision for People with a Disability (Oct 2017)

Nurses & Midwives Act (2011)

Report of the National Reference Group on Multidisciplinary Services for Children Aged 5 – 18 (2009)

Standards for the Assessment of Need (May 2007), interim Health Information & Quality Authority (iHIQA).

## **5.0 Glossary of Terms and Definitions:**

- **Assessment Officer:** An officer appointed by the HSE to coordinate and arrange Assessments of Need as required under Part 2 of the Disability Act (2005).
- **Assessment of Need:** An independent, person centred assessment of the health needs of an applicant, carried out under the criteria laid down in the Disability Act (2005).
- **Citizens Information Board:** The national agency responsible for supporting the provision of information, advice and advocacy on social services.
- **CORU:** The regulatory body for Health & Social Care Professionals in Ireland.
- **Disability:** A disability is defined, under the legislation as a substantial restriction in the capacity of the person to carry on a profession, business or occupation in the State or to participate in social or cultural life in the State by reason of an enduring physical, sensory, mental health or intellectual impairment. For the purposes of Part 2 of the Act this substantial restriction is construed as meaning a restriction which
  - Is permanent or likely to be permanent, results in significant difficulty in communication, learning or mobility or in significantly disordered cognitive processes and
  - Gives rise to the need for services to be provided continually to the person, or if the person is a child, to the need for services to be provided early in life to ameliorate the disability.
- **Liaison Officer:** An officer appointed by the HSE to coordinate the completion of Service Statements for each Assessment of Need applicant and to ensure that the services committed to are delivered within the time frames specified.
- **Medical Council:** The regulatory body for doctors.
- **National Council for Special Education (NCSE):** The NCSE supports the delivery of education services to persons with special education needs arising from disabilities with a particular emphasis on children. Local

services are delivered through a national network of Special Educational Needs Organizers (SENOs) who interact with parents and schools and liaise with the HSE in providing resources to support children with special educational needs.

## **6.0 Roles and Responsibilities:**

It is the responsibility of the Community Operations Disability Team to review this procedure on a regular basis and to update it as required having regard to views and submissions of Community Healthcare Organisation areas.

It is the responsibility of each Head of Disability Services to inform the Assessment Officers of the procedure and to ensure compliance with same.

It is the responsibility of each Head of Service to ensure that clinicians / assessors in his / her area are familiar with this procedure and comply with same.

It is the responsibility of each Assessment Officer to comply with this policy. Any issues with compliance should be escalated to the Head of Disability Services via the agreed line management structures.

It is the responsibility of each service manager to ensure that clinicians / assessors in his / her area are familiar with this procedure and comply with same.

It is the responsibility of each clinician / assessor to comply with this policy. Any issues with compliance should be escalated to the relevant Head of Service.

## **7.0 Procedure:**

### **7.1 Application:**

#### **7.1.1 Checking the Application:**

7.1.1.a When an application for an Assessment of Need under the Disability Act 2005, (referred to in this document as "the Act"), is received, it will be opened, date-stamped and checked for:

- Eligibility in respect of age;
- Appropriateness;
  - Completeness;
  - The existence of an Assessment Report for which the review date has not expired or of an active application in the

assessment of need process. These would not be treated as a new application although a review of documentation may be appropriate.

- 7.1.1.b Appropriate administrative arrangements will be in place to ensure that applications are opened daily.
- 7.1.1.c If at any time during the Assessment of Need process the Assessment Officer is of the opinion that intervention is required as a matter of urgency s/he will ensure that an immediate referral is arranged to the relevant service provider (Refer to Appendix I – standard letter 013).
- 7.1.1.d The Assessment Officer will ensure that the Assessment of Need process does not unduly hinder or delay intervention. Where necessary, the Assessment Officer will escalate any issues to the relevant Head of Service.
- 7.1.1.e In accordance with the Regulation 5 (S.I. No. 263 of 2007)(S.I. No. 704 of 2021) within each Community Healthcare Organisation area the Assessment Officer will process applications for assessment in order of the date on which they are received. Where two or more applications are received on the same date then they shall be processed in alphabetical order of the surname of the applicant.
- 7.1.1.f The Assessment Officer will pay particular attention and have regard to the needs of vulnerable children already in state care or in residential care arrangements.

### **7.1.2 Eligibility in Respect of Age:**

- 7.1.2.a All persons born on or after 1<sup>st</sup> June 2002 who may have a disability are eligible to apply for an Assessment of Need under Part 2 of the Disability Act (2005) regardless of their age at the time of application.

### **7.1.3 Appropriateness of Applications:**

- 7.1.3.a “Appropriateness” refers to issues such as:
  - Is the application made by a person authorized to do so under Section 9(2) of the Act?
  - Is the applicant applying in the correct geographical area? i.e. the area in which he / she lives.
- 7.1.3.b Section 9 (2) (d) of the Act allows for application to be made by an advocate appointed by the Citizen’s Information Board.
- 7.1.3.c Section 9 (4) of the Act states that an employee of the HSE “may arrange for an application...to be made by or on behalf of the person”. In practice, the HSE employee, with appropriate consent will support the person to make an application.
- 7.1.3.d Where a child is in the care of the State, the Assessment Officer will seek advice on consent issues from Tusla.

- 7.1.3.e Where it is clear that the application is not appropriate, one of the following actions will be taken:
- If the application has not been made by an appropriate person authorised under section 9 (2), the person making the application will be contacted immediately and guidance given on how an appropriate application might be made;
  - If the application has not been made to the correct area, the application will be referred on to the appropriate area immediately and the applicant notified. The relevant Assessment Officer will also be notified by e-mail.
  - If the application is deemed “ineligible” the relevant standard letter will be issued (Refer to Appendix I – standard letters 001 / 002).
- 7.1.3.f If an application for Assessment of Need is deemed inappropriate, the Assessment Officer will ensure that any necessary referrals are made to other health services.

#### **7.1.4 Completion of Applications**

- 7.1.4.a All applications for Assessment of Need must be submitted on the standard application form (Appendix II)
- 7.1.4.b If the application form is not complete, a letter requesting the missing information will be sent out within five working days. This correspondence will clearly indicate the date by which the necessary information must be returned (within 10 working days). (Refer to Appendix I – standard letter 003.)
- 7.1.4.c Incomplete applications may include for example, the absence of a PPS number, signature or details of the education provider.
- 7.1.4.d When all information is received the application will be recorded as complete, along with the date, in the “For Office Use Only” section of the application form.
- 7.1.4.e All complete applications will be recorded on the IT system regardless of whether or not they are deemed appropriate.
- 7.1.4.f Applications will not be entered on the IT system until all necessary detail has been submitted and the application is deemed complete.
- 7.1.4.g The date on which the application is completed is the date from which the assessment process is deemed to have commenced i.e. if additional information is to be submitted by the applicant the application is not deemed complete until this has been received by the Assessment Officer.

#### **7.1.5 Existing Assessment Reports**

- 7.1.5.a It may become evident that an assessment has already been carried out under the Act and the specified review period has not yet expired. In such circumstances, the HSE may decline an

application for an assessment of need. (Refer to Appendix I – standard letter 002)

### **7.1.6 Consent**

- 7.1.6.a Some general principles apply to the issues of data-protection and consent. Services must ensure compliance with the Data Protection Acts (1988) (2003) as well as with the updated requirements under the General Data Protection Regulation (2018). The points below refer to the parent or legal guardian in cases where the child is not, for reasons of age or otherwise, able to give consent.
- The individual concerned must understand what an Assessment of Need entails and must understand that this request is made on the basis that the child / young person may have a disability.
  - The individual concerned must understand what information is being collected and/or shared. It is an important part of the Assessment Officer's role to explain the complete process to the applicant and to provide them with information to which they may later refer;
  - The information may only be used for the purpose for which consent was provided. In this case, for the purpose of assessment or service provision. Information legitimately held by the HSE may be circulated within the HSE for these purposes. This also applies to HSE funded agencies where they are involved in assessment or service provision;
  - Information may also be shared with education service providers where they are involved in assessment or service provision;
  - Information will be shared with the National Council for Special Education when an assessment of education needs is required;
  - A general, "need-to-know" principle applies. This means that only those who require the information should receive it and that they should receive only the information they require;
  - In particular, child protection reports would not normally be sought or circulated. If such a report is relevant, it is sufficient that potential assessors are aware that the Child and Family Agency (Tusla) is engaging with a family.
- 7.1.6.b At the outset of the assessment process, following receipt of the application for assessment, and before action is taken in relation to the assessment, consent will be obtained. This needs to be done before any existing information / records are considered, additional information / records are sought and / or a referral for assessment is made or input is sought from any other party. In the case of an application made on behalf of a child aged less than 16 years, it is sufficient to obtain the consent of one parent or one of the legal guardians save as outlined in 7.1.6.f below.
- 7.1.6.c As outlined in the HSE National Consent Policy, a young person aged 16 or over, can and should give consent. In such cases, it is



not necessary to obtain consent from parents or guardians. The general principles outlined in 7.1.6.a must be adhered to.

- 7.1.6.d If a young person reaches their 16<sup>th</sup> birthday during the Assessment of Need process the Assessment Officer should liaise with the parent / guardian and engage with the young person to ensure that they understand and consent to the assessment.
- 7.1.6.e After the assessment has been completed, an Assessment Officer compiles an Assessment Report detailing the assessed needs of the child / young person and the services required to meet those needs and forwards it to the Liaison Officer. If the Assessment Officer identifies a need to refer the child / young person to a service provider other than the HSE or an Education Service, it is recommended that a further consent be signed before the referral is made. This consent is contained in Part 2 of the Consent section of the application form. If this consent was not signed at the time of application standard letter 004 (Appendix I) should be used. In the case of a referral to be made on behalf of a child aged less than 16 years, it is sufficient to obtain the consent of one parent or one of the legal guardians save as outlined in 7.1.6.g and 7.1.6.h below.
- 7.1.6.f Before the HSE or HSE-funded service provider provides interventions on foot of an Assessment Report, acted upon by a Liaison Officer, consent is required. In the case of an application made on behalf of a child aged less than 16 years, it is sufficient to obtain the consent of one parent or one of the legal guardians save as outlined in 7.1.6.g and 7.1.6.h below.
- 7.1.6.g If there is any information available to the Assessment Officer that there is any conflict between the parents and / or legal guardians in relation to care or treatment of the child, then before an assessment is arranged, the consent of both parents or both legal guardians (whichever is applicable) is required. Similarly, if such information is available to service providers, the consent of both parents or legal guardians (whichever is applicable) is required before any intervention. In exceptional circumstances, where one of the parents or the legal guardians will not provide consent but the child needs to be assessed or intervention is required, then the parents or legal guardians will be advised to seek legal advice as to how best to proceed.
- 7.1.6.h If it is clear following the assessment of the child, that the future provision of services will have “profound and irreversible consequences for the child” then the consent of both parents or both legal guardians (whichever is applicable) will be sought.

### **7.1.7 Acknowledging the Application:**

- 7.1.7.a As outlined in 7.1.4.g, an application is not considered “complete” until all relevant information has been provided by the applicant.

- 7.1.7.b A letter of acknowledgement (Appendix I – standard letter 005) must be issued within 14 days of receipt of a completed application form. This time-frame is stipulated in Regulation 6 (S.I. 263 of 2007).
- 7.1.7.c. A letter of acknowledgement will be issued to both the person applying for the assessment and the parent / guardian / young person, if different. In such circumstances standard letter 005 will be copied to the applicant.
- 7.1.7.c The date of receipt of the completed application form is the date on which the first period of three months (within which the assessment must commence), referred to in section 9 (5) of the Act, commences. "...the Executive shall cause an assessment of the applicant to be commenced within 3 months of the date of the receipt of the application...".
- 7.1.7.d A file will be opened when the application is acknowledged.

### **7.1.8 Ineligibility**

- 7.1.8.a If, having checked for appropriateness, eligibility in respect of age and completeness, and having acknowledged receipt of the completed application form, it subsequently becomes evident that an Assessment Report is in existence for which the review period has not expired, standard letter 002 (Appendix I) will be sent. **Important:** The existence of an active application in the assessment of need process would not be treated as a new application although a review of documentation may be required. (See paragraph 7.1.1.a).
- 7.1.8.b As outlined in subsection 9(8) of the Disability Act, when a person has already had an Assessment of Need a further assessment may be facilitated if there has been a material change of circumstances, further information has become available or there is a material mistake of fact identified in the assessment report.
- 7.1.8.c Where a child or young person is not referred for a clinical assessment under the Act, the applicant, parents or guardians will be informed that their right to apply for health services is not affected. As outlined in paragraph 7.1.3.f, the Assessment Officer will support the applicant to access other health services as required.

## **7.2 Stage 1 – Desktop Examination of the Application**

### **7.2.1 Evidence of Disability**

- 7.2.1.a An Assessment of Need will determine whether or not a person presents with a disability as defined by the Disability Act. This definition is not linked to any diagnosis or list of conditions.
- 7.2.1.b If, during the desktop examination, it becomes clear that the person does not meet the definition of disability the Assessment Officer will, in the first instance contact the applicant by telephone,

to explain the situation. In situations where this is unclear the Assessment Officer should refer to sections 7.2.5.c.

- 7.2.1.c If the applicant understands and accepts this explanation the case will be moved to the Stage 2 on the IT system. The Assessment Officer will follow the steps outlined in 7.2.1.f.
- 7.2.1.d If the applicant does not agree, cognizance will be taken of the following:
- Every opportunity to provide additional information will be afforded to the applicant.
  - The Assessment Officer will meet with the applicant.
  - The Assessment Officer must have access to all relevant information relating to the applicant's condition and they must be satisfied that there is no evidence that the person meets the threshold for a disability defined in the Act.
  - The Assessment Officer will make such a determination having consulted with relevant clinicians and / or service providers.
- 7.2.1.e In any case where the Assessment Officer is uncertain regarding the existence of a disability, the application will be discussed at the Integrated Children's Services Forum.
- 7.2.1.f If the Assessment Officer is satisfied that an applicant does not meet the definition of disability under the Act the following steps will be taken:
- The case is moved to Stage 2 on the IT system
  - The Assessment Officer, using the available information prepares the Assessment of Need report. The assessment report is issued including the determination that, according to the evidence available, they do not meet the criteria to be defined as having a disability.
  - The applicant should be advised on how to access services to meet their needs. As in section 7.1.3.f the Assessment Officer should support the applicant in making any necessary referrals.
- 7.2.1.g Where a child or young person is not referred for a clinical assessment under the Act, the applicant, parents or guardians will be informed that their right to apply for health services is not affected. As outlined in paragraph 7.1.3.f, the Assessment Officer will support the applicant to access other health services as required.

## **7.2.2 Contacting Applicants, Parents or Guardians**

- 7.2.2.a Applicants, parents or guardians should be contacted in order to:
- Clarify why they think an assessment is required;
  - Gather further relevant information which may be of benefit in identifying the child / young person's health and education needs
  - Explore their expectations of the assessment of need process.
- 7.2.2.b Contact with applicants, parents or guardians is important at all stages on the process so that they are kept informed of developments and queries can be dealt with as they arise.

- 7.2.2.c Where possible, contact with applicants, parents or guardians will be by telephone.
- 7.2.2.d A preliminary call will be made to agree a time and to provide an estimate of the potential duration.
- 7.2.2.e In exceptional circumstances the Assessment Officer may agree to meet with applicants / parents / guardians. If such meetings are necessary, they will be arranged at the Assessment Officer's base and cognizance will be taken of the Lone Worker Policy.
- 7.2.2.f The Children's Services Referral Form and appropriate Additional Information Form (National Access Policy for Access to Services for Children & Young People with Disability & Developmental Delay) will be used consistently to guide the interview with the parents. The referral form will be completed in consultation with the service user and / or parent / guardian and appropriate consent will be signed. This form, and any other information gathered from contact with parents or guardians, will be made available to potential assessors in order to minimise the overlap between Assessment Officer and assessor contact with parents or guardians.
- 7.2.2.g In cases where parents or guardians fail to agree an interview time or an appointment is missed, the following procedure will be followed:
- Check the reasons for non-compliance with the family. (In particular, be aware of literacy or language issues);
  - Attempt to negotiate a new appointment;
  - Enlist the assistance of service providers already involved;
  - If a third appointment is missed, a letter is issued informing the applicant that the Assessment of Need cannot be progressed. As the Disability Act does not provide for an assessment to be closed, the Assessment Officer should advise the applicant that in the absence of any additional information a determination of disability cannot be provided and a "no disability" report will issue within 10 days if there is no further contact. (Refer to Appendix I – standard letter 006).
- 7.2.2.h An important function of the early contact with applicants / parents / guardians is to ensure that the whole process from the time of application through to the provision of services and future review of Assessment Reports is explained in detail. This explanation will include:
- Reference to the standards applying to the assessment of need process;
  - An explanation of the roles of those involved in the process;
  - An explanation of the independence of function afforded to the Assessment Officer by the Act;
  - An explanation of "informed consent" and its application in this case;
  - Clarification of the important differences between the process governing the assessment of need and that governing the provision of the service statement;

- The fact that assessments are carried out without regard to resources or capacity to deliver while service statements provide the detail of which services are going to be provided, given current resources;
  - Reference to the redress system; and
- 7.2.2.i In addition to the above, the Assessment Officer will take the opportunity to explore the expectations that the young person, parents or guardians have of the process with particular emphasis on the following:
- The process is not designed to provide a second opinion;
  - A child / young person may already be receiving intervention and may already have comprehensive reports available;
  - 
  - The process will not necessarily result in a higher level of service provision than that which is already in place.
- 7.2.2.j Where specific assessments are requested by the young person or parents, the Assessment Officer will ascertain the reasons for the request and ensure that the request is based on a presenting need. It will also be clarified, that the decision as to whether or not a particular assessment is clinically appropriate lies with the clinician to whom the request is directed.
- 7.2.2.k If at any time in the process the young person, parents or guardians decide to decline a particular assessment or onward referral this will be agreed in writing using the appropriate, incomplete assessment agreement form (Appendix III).
- 7.2.2.l Where the Assessment Officer receives an application in respect of a newly diagnosed baby, it may be appropriate to introduce the family to the service required, (or arrange for that to happen), rather than process the application at that time. This would provide the family with the opportunity to gradually build up a relationship with the service and the therapists involved and to acclimatise themselves to their new situation. In such circumstances, the child's application can be put on hold for a period of time, with the agreement of the parents or guardians.
- 7.2.2.m If, following discussion with the parents / guardians, there is evidence that the child does not meet the definition of disability; the steps outlined in paragraph 7.2.1 will be followed.
- 7.2.2.n If, following discussion with the parents / guardians, there is a requirement for a referral to another public body; appropriate consent will be secured.

### **7.2.3 Accessing Existing Reports**

- 7.2.3.a Based on information on the application form and the initial contact with parents / guardians, the Assessment Officer will, at the earliest opportunity, contact relevant professionals to request copies of existing, relevant reports (Refer to Appendix 1 - standard letter 007).

7.2.3.b Assessment Officers will be selective in seeking existing reports and will be clear that each will fulfil a necessary function. Reasons for obtaining an existing report are as follows:

- It is necessary in order to provide the Assessment Officer with sufficient evidence to warrant further assessment;
- It is necessary to gain the information required to ascertain the health and education needs without requiring further assessments;
- It is required by potential assessors in order to enable them to carry out their own assessments.

Please note that it may be sufficient for potential assessors to know that a report exists so that they can access it themselves if they deem it necessary.

7.2.3.c It will be sufficient to obtain the most recent reports from current service providers.

7.2.3.d Assessments completed in the previous twelve months can be included as part of the Assessment of Need if the following conditions are fulfilled:

- The assessments have been carried out either by HSE staff or staff employed by HSE-funded agencies, where they have been commissioned by the HSE from private providers or where the family present reports from private providers or from service providers in other jurisdictions.
- It is possible to verify that the assessment was carried out in line with the standards associated with the legislation.
- It is possible to generate an assessment report in line with the legislation i.e. where the need is identified and outlined without regard to the cost or capacity to provide services.
- The Assessment Officer has parental consent to include the report as part of the Assessment of Need and that this report meets all of the above criteria.

7.2.3.e The Assessment Officer does not have to seek a "Summary Report" from the assessor. In situations where the Assessment Officer is unable to include a pre-existing assessment as part of the Assessment of Need the report may still be relevant in informing their determination.

#### **7.2.4 Assessment of Education Needs**

7.2.4.a Section 8(3) of the Disability Act states that when an Assessment Officer is of the opinion that there is a requirement for an education service to be provided to an applicant they must request the NCSE to nominate a person with appropriate expertise to carry out the assessment of the applicant's education needs.

7.2.4.b An education service is defined in the Act as a school or centre for education, therefore all children will be considered as needing an education service.

7.2.4.c A referral to the NCSE should be facilitated for all children as early as possible in Stage 1 of the AON process.

- 7.2.4.d Referrals to the NCSE should be forwarded to [aon@ncse.ie](mailto:aon@ncse.ie) using the referral form at Appendix IV
- 7.2.4.e To ensure compliance with data protection legislation Assessment Officers should not forward the AON application form or any reports to the NCSE.
- 7.2.4.f The Assessment Officer will check that the applicant has provided the appropriate consent.
- 7.2.4.g The Assessment Officer will ensure that current contact details for each applicant, their parent or guardian (as appropriate) and their education provider is provided in the NCSE referral form.

### **7.2.5 Arranging Assessments:**

- 7.2.5.a Before making arrangements for clinical assessments to be administered, Assessment Officers will be satisfied that there is sufficient evidence to suggest that the child / young person may meet the definition of disability
- 7.2.5.b It is the Assessment Officer's role to arrange for assessments to be undertaken. Decisions in this regard are based on information from the following sources:
  - The Application Form;
  - The interview with applicants, parents or guardians;
  - Existing reports received;
  - Age appropriate "Additional Information Form" (National Policy on Access to Services for Children & Young People with Disability & Developmental Delay);
  - Clinical advice. This should be sought if deemed necessary.
  - Integrated Children's Services Forum.
- 7.2.5.c If, based on the decision making process to determine the appropriate service for children and young people with a disability or developmental delay, the Assessment Officer is clear which is the most appropriate service they will arrange the referral. If the Assessment Officer is unsure of the appropriate pathway, they will bring the referral to the Integrated Children's Services Forum for discussion.
- 7.2.5.d As outlined in the National Policy on Access to Services for Children & Young People with Disability & Developmental Delay, the Forum will act as a decision making forum on referrals where pathways or levels of service are not clear. If a child or young person is allocated to a Children's Disability Network Team for an Assessment of Need, the team will determine who should undertake the Assessment of Need and will determine the nature of the team assessment.
- 7.2.5.e If a child or young person with a suspected disability does not meet the criteria for a Children's Disability Team but is eligible for an Assessment of Need the Assessment Officer will ask the appropriate primary care service to undertake an assessment.

- 7.2.5.f If the Assessment Officer or Integrated Children's Services Referral Forum determines a referral to Child and Adolescent Mental Health Services is required the Assessment Officer will facilitate the referral in collaboration with the GP.
- 7.2.5.g Where an assessment is requested of a team and the team is unable to carry it out as requested, they will inform the Assessment Officer in writing of the clinical reasons for this and will confirm in writing that the decision was not based on resource considerations.
- 7.2.5.h A standard letter is sent to the potential assessor (refer to Appendix I – standard letter 008). This should include:
- A copy of the Application Form;
  - A copy of the Age Appropriate Additional Information Form (National Policy on Access to Services for Children & Young People with Disability & Developmental Delay);
  - Reference to or copies of any relevant, previous reports;
  - The iHIQA Standards for the Assessment of Need. (Sent once and referred to thereafter);
  - The "Guidance for Assessors" document (Appendix V) including the section on Interpreting the Definition of Disability Contained in the Act (Sent once and referred to thereafter);
  - A Summary Report form (Appendix VI);
  - Any other useful information.
- 7.2.5.i All assessment requests will be logged on the IT system in order to facilitate tracking and targeting of issues arising.
- 7.2.5.j The letter to the assessor will include the latest possible date on which the assessment will be returned to the Assessment Officer. The date for return will be at least two weeks before the Assessment Report will be finalized and sent to the Liaison Officer.
- 7.2.5.k If the time-frame is extended with the agreement of the parents / guardians, the date on which the Assessment Report is due, as entered on the IT system, will be changed by the Assessment Officer.
- 7.2.5.l The legislation allows for the assessment to be commenced within three months of the date of receipt of the completed application and completed "without undue delay" which is defined in the Regulations as meaning, within a further three months. Given the fact that non-adherence to the time lines is one of the potential grounds for complaint, it is essential that the beginning and end of each stage is clearly marked. The start of this second stage of the assessment process is defined by the date on the letter sent by the Assessment Officer arranging the first professional assessment.
- 7.2.5.m Assessment Officers and potential assessors are expected to maintain contact in order to manage this process and ensure that assessors have adequate time to complete their assessments, that the assessments are completed within the time lines and that the process is completed without undue delay. Assessment Officers will where possible, informally liaise with assessors to advise them of pending referrals before formally arranging a referral.



## **7.2.6 Coordinating Assessments**

- 7.2.6.a The letter used when requesting assessments (refer to Appendix I – standard letter 008 or 009) allows for other referrals requested to be noted so that clinicians may communicate with each other and discuss their findings as appropriate. This will be applicable in the small number of cases where the child is referred to more than one service e.g. in primary care.
- 7.2.6.b It is the Assessment Officer's role to ensure that all assessors are:
- Informed of the names of any other assessors who have received requests to assess the child or young person;
  - Are aware of their obligations under the iHIQA Standard No. 5 to carry out the assessments in a co-ordinated manner in order to accurately identify the needs of the child / young person and to agree prioritisation of health needs.

## **7.2.7 Assessor Qualifications**

- 7.2.7.a It is the Assessment Officer's role to ensure that potential assessors are suitably qualified, aware of the Guidance for Assessors and aware of the iHIQA Standards for the Assessment of Need.
- 7.2.7.b If assessment requests are channelled through a central administrator or service manager, the Assessment Officer will make arrangements to ensure that they know the identity of the person carrying out the assessment.
- 7.2.7.c Where assessors are subject to statutory registration with a professional body such as CORU or the Medical Council, they will include their registration number on all Assessment of Need reports.
- 7.2.7.d In order to ensure that those requested to carry out assessments are suitably qualified, registered (where appropriate) and experienced, Assessment Officers will request a letter from the employers of assessors identifying any new employees who will be carrying out assessments under the Act and stating that they will be so qualified and experienced. In the case of assessors employed by the HSE, this letter will be signed by the appropriate service manager. In the case of assessors employed in voluntary sector agencies, the letter may issue from the organisation's central office.
- 7.2.7.e In the event that the registration of an assessor is cancelled his / her employer will notify the Assessment Officer immediately.

## **7.2.8 When an Assessor is Unable to Undertake an Assessment**

- 7.2.8.a If an assessor is unable to undertake an assessment, the Assessment Officer will be notified in writing and reasons provided.
- 7.2.8.b Valid reasons may include the following:

- A material mistake of fact is identified during an assessment. E.g. clinical content of a report has been misinterpreted;
  - The applicant/family has missed a number of appointments and/or is not engaging with an assessor (see paragraph 7.3.2.c).
- 7.2.8.c Other issues may arise which may delay an assessment. These will be notified to the Assessment Officer at the earliest opportunity.
- 7.2.8.d If an assessor determines that an assessment which has been requested should not take place, they will explain their reasons to the Assessment Officer in writing. This letter should also confirm that the decision was not based on resource considerations.
- 7.2.8.e Invalid reasons for being unable to carry out an assessment may include the following:
- There is a waiting list for assessments; and
  - Staff shortages due to leave or non-recruitment.
- 7.2.8.f In the event of an assessment not being obtainable from the normal assessors, Assessment Officers will discuss the issue with their Line Manager. All options to secure the necessary assessments will be explored. In exceptional circumstances this may include securing a private assessment.
- 7.2.8.g In the event of an assessment being requested from a private assessor, local procedures for approval will be adhered to.
- 7.2.8.h As outlined in paragraph 7.2.7.a, it is the responsibility of the Assessment Officer to ensure that the assessor is appropriately qualified and that the assessment meets the iHIQA standards. This will be verified in consultation with the relevant HSE Head of Discipline.
- 7.2.8.i In validating the capacity of private practitioners to meet the standards, Heads of Discipline will include the following:
- Registration with appropriate professional bodies
  - Familiarity with the standards
  - Experience and knowledge relevant to the presenting needs of the child
- 7.2.8.j The responsibilities of Heads of Discipline as outlined in paragraph 7.2.8.i does not impact on the responsibility of the Assessment Officer to co-ordinate the assessment and to ensure, in so far as is possible, that the Assessment of Need complies with the standards. This will include having regard to feedback from families.
- 7.2.8.k When securing private assessments, each Community Healthcare Organisation will ensure compliance with procurement regulations and will ensure that appropriate indemnities are in place.
- 7.2.8.l When securing private assessments, the Assessment Officer will ensure that the interparty agreement (Appendix VII) is completed.

## **7.3 Stage 2 – Assessment Stage**

### **7.3.1 When Stage 2 commences and finishes**

- 7.3.1.a According to section 9 (5) of the Act: "...the Executive shall cause an assessment of the applicant to be commenced within 3 months of the date of the receipt of the application or request and to be completed without undue delay".
- 7.3.1.b In order to vindicate the applicant's rights under the Act and to measure performance within the system, it is necessary to define the exact time that this stage commences.
- 7.3.1.c The commencement of stage 2 is taken to be as detailed in paragraph 7.2.6.g i.e.: The start of this second stage of the assessment process is defined by the date of the letter sent by the Assessment Officer arranging the professional assessment.
- 7.3.1.d Assessment Officers and potential assessors are expected to maintain contact in order to manage this process and ensure that assessors have adequate time to complete their assessments, that the assessments are completed within the time lines and that the process is completed without undue delay.
- 7.3.1.e Clinical guidance for assessors is provided at Appendix V of this document.
- 7.3.1.f According to Regulation 10 (S.I. 263 of 2007): "The Executive shall complete the assessment and forward the assessment report to the Liaison Officer within a further three months from the date on which the assessment commenced..." In other words, the term, "without undue delay" in section 9 (5) of the Act is interpreted to mean within a further three-month period.
- 7.3.1.g The date on the e-mail sent from the Assessment Officer to the Liaison Officer attaching the Assessment Report, is taken to be the date on which stage 2 finishes and the one-month period within which the Service Statement should be produced, begins.

### **7.3.2 Inability to Comply with the Time Frame:**

- 7.3.2.a If an assessor is unable to comply with the time-frame, s/he will notify the Assessment Officer in writing as soon as possible stating the reason.
- 7.3.2.b Services will advise the Assessment Officer if an appointment is missed as the assessment should be put "on hold" pending resolution as outlined in 7.3.2.d.
- 7.3.2.c Regulation 10 (S.I. 263 of 2007) (which refers to "exceptional circumstances" in which an assessment may be delayed), may be invoked where there are clinical reasons for the delay or pressing family issues affecting the applicant.
- 7.3.2.d Where an assessment is delayed because the applicant was unable to attend an appointment, the process will be put on hold pending resolution of the issues. The following procedure will be followed:
- The particular service concerned may have a policy for handling non-attendance. In such a case, this policy will be implemented.
  - In the absence of a particular policy relating to the service, the assessor will:

- Check the reasons for non-attendance with the family. (In particular, be aware of literacy or language issues);
- Attempt to negotiate a new appointment;
- Enlist the assistance of other service providers already involved.
- If a follow up appointment is missed, the Assessment Officer will be informed. The Assessment Officer will then issue "No Disability" report as outlined in section 7.2.2.g.

### **7.3.3 Exceptional Delays:**

- 7.3.3.a As outlined in paragraph 7.3.2.c above assessments may be delayed due to exceptional circumstances. In such cases, the Assessment Officer will specify, in writing to the individual concerned, before the three-month deadline has expired the reasons why the assessment will not be completed within the three-month period. S/he will specify a timeframe within which it is expected that the assessment will be completed (Refer to Appendix 1 – standard letter 010).
- 7.3.3.b The IT system will be updated to reflect the new completion date.

## **7.4 Assessments Returned**

### **7.4.1 Summary Report Form Returned Incomplete**

- 7.4.1.a The Assessment Officer requires all assessment documentation (Professional Report and Summary Report including the Determination of Disability – Supporting Information section), to be returned complete. However, this will not impact on the requirement for assessors to facilitate any necessary onward referrals and to ensure that the child or young person concerned receives intervention as soon as possible.
- 7.4.1.b It should be noted that it is the Assessment Officer who makes the determination as to whether or not a child or young person meets the definition of disability contained in the Act. This is done, taking into account, the information provided by clinicians and others.
- 7.4.1.c The Assessment Officer requires all clinicians involved in the assessment to contribute to the Summary Report. (Appendix VI) However, they may make a determination based on information contained in a form returned by one clinician.
- 7.4.1.d Furthermore, the Assessment Officer may make a determination without information contained in the Determination of Disability – Supporting Information section, if they are of the opinion that there is sufficient other information upon which to base such a decision.
- 7.4.1.e The information contained in sections 7 and 8 of the Summary Report is required to populate sections 6 and 7 of the Assessment Report.

7.4.1.f The content of the Assessment Report is stipulated in the Act and Assessment Officers require the assistance of clinicians to ensure that the HSE meets its statutory obligations.

#### **7.4.2 The Assessor has not completed / returned a full report**

7.4.2.a Where an Assessment Officer has requested a clinician to carry out an assessment under the Act, a full report is not returned and none of the reasons listed in paragraph 7.2.8.b apply, the Assessment Officer cannot fulfill his/her obligations under the Act.

7.4.2.b In these circumstances, the Assessment Officer will contact the assessor concerned by e-mail or letter. This communication will explain the legislative position and request the reasons for not returning the report in writing.

7.4.2.c The assistance of the relevant General Manager may be required to resolve the situation.

### **7.5 Issuing the Assessment Report**

#### **7.5.1 "No Disability"**

7.5.1.a In those cases where the information received leads the Assessment Officer to determine that the child or young person does not have a disability as defined in the Act, an Assessment Report will be issued, noting that the Assessment Officer has determined that the person does not meet the definition of disability contained in the Act (Refer to Appendix I – standard letter 011 and Appendix VIII Assessment Report).

7.5.1.b The Assessment of Need report must not identify any health or education needs. Where appropriate, these can be referenced in the accompanying letter.

7.5.1.c The Assessment Officer will ensure that the person is referred on to any necessary health services as appropriate. The cover letter will make it clear that, a determination that a person does not meet the definition of disability under the Act does not affect access to any health services deemed necessary.

7.5.1.d When the Assessment Report is complete, the Assessment Officer will contact the parents with a view to clarifying the next steps in the process.

#### **7.5.2 "Disability"**

7.5.2.a In those cases where the information received leads the Assessment Officer to determine that the child or young person has a disability as defined in the Act, the Assessment Report will be

completed and sent to the Liaison Officer (Refer to Appendix I – standard letter 012 and Appendix IX Assessment Report).

- 7.5.2.b When the Assessment Report is complete, the Assessment Officer will contact the parents / guardians / young person with a view to clarifying the next steps in the process.
- 7.5.2.c Parents / guardians / young person will be advised that the Assessment Report and Service Statement will be issued simultaneously.
- 7.5.2.d A one-month period is allowed for the production of the Service Statement.

## **7.6 Review of an Assessment of Need report**

- 7.6.1.a When an Assessment of Need report determines that the applicant has a disability the report will be subject to one review.
- 7.6.1.b As outlined in Regulation 11 (S.I. 263 of 2007) the review date will be no later than 12 months from the date on which the Assessment of Need report is issued. An earlier review may be appropriate if there is a significant change in the applicant's health or education needs.
- 7.6.1.c A review of an Assessment of Need report does not necessarily require further clinical assessment.
- 7.6.1.d If the applicant is attending a service their review should be informed by the normal clinical processes of on-going review.
- 7.6.1.e The clinicians currently supporting the applicant and their family should review the report.
- 7.6.1.f The Assessment Officer will contact the applicant or their parents / guardians to discuss any changing needs that have emerged.
- 7.6.1.g The Assessment Officer will contact the service provider to discuss any additional assessments that may have been requested to determine whether they are clinically appropriate.
- 7.6.1.h The Assessment Officer will confirm to the service provider via e-mail that a review is required and specify if any clinical assessments should be completed as part of that review.
- 7.6.1.i Where a requirement for a further assessment of the applicant's education needs are required the process for referring to the NCSE described in section 7.2.4.
- 7.6.1.j The Assessment Officer will provide a copy of the original Assessment of Need report and current service statement to the service provider to inform their review.
- 7.6.1.k Changes to the Assessment of Need that may be identified at review include:
  - The applicant no longer meets the definition of disability under the Act.
  - A service not identified in the original report is now required.
  - A service identified in the original report is no longer required.
  - Additional assessments are required to identify health needs arising from the applicant's disability.

- 7.6.1.l Neither the Act nor the regulations provide a timeframe for the completion of a review, however, given the timeframes provided for assessment it is reasonable to assume that a maximum of three months should be allowed for any review of an Assessment of Need report.
- 7.6.1.m The review report template provided at Appendix X will be used.
- 7.6.1.n When a review determines that the applicant no longer meets the threshold for a disability the review report will be issued directly to the applicant or their parents / guardians. The Assessment Officer will advise the Liaison Officer that no further service statements will be required.
- 7.6.1.o When a review determines that the applicant continues to meet the threshold for a disability the review report is forwarded to the Liaison Officer who will issue the report in tandem with an updated service statement.

## **7.7 Redress System**

### **7.7.1 Procedures for Staff Handling Complaints and Appeals**

- 7.7.1.a The Disability Act makes provision for a separate redress system. The Quality Assurance & Verification Division has separate procedures to guide their staff in handling complaints and appeals.

### **7.7.2 Grounds for Complaint**

- 7.7.2.a An applicant may make a complaint in relation to one or more of the following:
- A determination by the Assessment Officer concerned that he or she does not have a disability;
  - The fact, if it be the case, that the assessment under section 9 was not commenced within the time specified in section 9(5) or was not completed without undue delay;
  - The fact, if it be the case, that the assessment under section 9 was not conducted in a manner that conforms to the standards determined by a body referred to in section 10;
  - The contents of the Service Statement provided to the applicant;
  - The fact, if it be the case, that the Executive or the education service provider, as the case may be, failed to provide or to fully provide a service specified in the Service Statement.
- 7.7.2.b Any complaints that an applicant may have which do not fall into the categories mentioned above will be dealt with in accordance with the provisions of part 9 of the Health Act 2004.

### **7.7.3 Redress System Structures**

7.7.3.a Dedicated Complaints Officers have been appointed and are based in the Consumer Affairs Division of the HSE. An independent Office of the Disability Appeals Officer has also been established.

## **8.0 Revision and Audit:**

This Standard Operating Procedure will be reviewed, at the latest, one year after implementation and every two years thereafter. Reviews will be undertaken by the Community Operations – Disability Services Children’s Team in consultation with appropriate stakeholders.

Each Community Healthcare Organisation will have appropriate arrangements in place to audit compliance with this procedure.

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## 10.0 Appendices:

Appendix I	Standard Letters (001 – 013)
Appendix II	Assessment of Need Application Form
Appendix III	Incomplete Assessment Agreements
Appendix IV	NCSE Referral Form
Appendix V	Guidance for Assessors
Appendix VI	Summary Report Form
Appendix VII	Interparty Agreement for Private Assessments
Appendix VIII	Assessment Report – No disability
Appendix IV	Assessment Report Disability
Appendix X	Review Report

DRAFT

# APPENDIX I

## STANDARD LETTERS

001-Ineligible-age



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

[ADDRESS\_LINE1]  
[ADDRESS\_LINE2]  
[ADDRESS\_LINE3]  
[ADDRESS\_LINE4]

Email: [AO\_EMAIL\_ADDRESS]

[APPLICANT FULLNAME]  
[ADDRESS\_LINE1]  
[ADDRESS\_LINE2]  
[ADDRESS\_LINE3]  
[ADDRESS\_LINE4]  
[ADDRESS\_LINE5]

[DATE]

Dear [Mr / Mrs NAME],

**Re: [FULLNAME], D.O.B. [DD/MM/YYYY]**

I refer to the recent application for an Assessment of Need under the Disability Act 2005 in relation to [NAME] and received on [DATE].

Unfortunately, I am unable to proceed with an Assessment of Need for this young person as \_\_\_\_\_>

This decision does not affect your right to apply to the Health Service Executive (HSE) or HSE-funded agencies for services to address [NAME]'s health needs.

If you are dissatisfied with this decision you may choose to have it reviewed by contacting your Community Healthcare Organisation and requesting that it be reviewed under the provisions of Part 9 of the Health Act 2004.

Yours sincerely,

---

[FULLNAME]  
Assessment Officer, [Area]  
Health Service Executive

[TELEPHONE]



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

[ADDRESS\_LINE1]  
[ADDRESS\_LINE2]  
[ADDRESS\_LINE3]  
[ADDRESS\_LINE4]

Email: [AO\_EMAIL\_ADDRESS]

[APPLICANT FULLNAME]  
[ADDRESS\_LINE1]  
[ADDRESS\_LINE2]  
[ADDRESS\_LINE3]  
[ADDRESS\_LINE4]  
[ADDRESS\_LINE5]

[DATE]

Dear [Mr / Mrs NAME],

**Re: [FULLNAME], D.O.B. [DD/MM/YYYY]**

I refer to the recent application for an Assessment of Need under the Disability Act 2005 in relation to [NAME].

Applicants for such an assessment must satisfy certain eligibility criteria based on the Act.

Unfortunately I am unable to proceed with an Assessment of Need as [NAME] has an existing assessment report and the review date for that report has not yet been reached. A new Assessment of Need can only be undertaken at this time if:

- There is a material change in circumstances.
- Further information is available about this child or possible services that would suit him/her.
- There is a mistake of fact in the existing report.

If you are of the opinion that any of the above conditions apply, please contact me as soon as possible.

Yours sincerely,

---

[FULLNAME]  
Assessment Officer, [Area]  
Health Service Executive

[TELEPHONE]



**Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive**

[ADDRESS\_LINE1]  
[ADDRESS\_LINE2]  
[ADDRESS\_LINE3]  
[ADDRESS\_LINE4]

Email: [AO\_EMAIL\_ADDRESS]

[APPLICANT FULLNAME]  
[ADDRESS\_LINE1]  
[ADDRESS\_LINE2]  
[ADDRESS\_LINE3]  
[ADDRESS\_LINE4]  
[ADDRESS\_LINE5]

[DATE]

Dear [Mr / Mrs NAME],

**Re: [FULLNAME], D.O.B. [DD/MM/YYYY]**

I refer to your application for Assessment of Need under the Disability Act 2005 for [NAME] received on [DATE]

Unfortunately, your application is incomplete and I require additional information in order to proceed. I am returning your application form and wish to draw your attention to the following sections where additional information is required:

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When I receive your completed application form, I will proceed with the assessment. If you need further information or assistance in completing the form, please contact me.

Yours sincerely,

---

[FULLNAME]  
Assessment Officer, [Area]  
Health Service Executive  
[TELEPHONE]

004-Consent required for referral



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

[ADDRESS\_LINE1]  
[ADDRESS\_LINE2]  
[ADDRESS\_LINE3]  
[ADDRESS\_LINE4]

Email: [AO\_EMAIL\_ADDRESS]

[FULLNAME]  
[ADDRESS\_LINE1]  
[ADDRESS\_LINE2]  
[ADDRESS\_LINE3]  
[ADDRESS\_LINE4]  
[ADDRESS\_LINE5]

[DATE]

Dear [NAME],

**RE: [FULLNAME], [FULLADDRESS], D.O.B. [DD/MM/YYYY]**

In the course of the Assessment of Need for [NAME] it has been identified that referral to [referral body] would be beneficial in addressing the need for [Service Type].

In making the referral, the following reports will be required to support the referral.

(List of relevant reports)

In your original application for an Assessment of Need you did not provide consent to share this information. To progress this referral a consent form must be completed and signed by (a parent/legal guardian or young person if aged 16+). I enclose such a form for your immediate attention.

Please contact me by letter, telephone or e-mail to indicate whether or not you wish this referral to be made or to discuss this matter further. If I do not hear from you, I will not be able to proceed.

Yours sincerely,

---

[FULLNAME]  
Assessment Officer, [Area]  
Health Service Executive

[TELEPHONE]

**CONSENT FORM – To be completed by Parent or Legal Guardian or by young person if aged 16 years+,**

**Re: [FULLNAME], D.O.B. [DD/MM/YYYY]**

**I consent to the provision of appropriate assessment findings and reports to relevant personnel in [referral body] for the purpose of supporting this referral for services.**

<b>Signed by Young Person (16 years+)</b>	
<b>Signed by Parent or Legal Guardian</b>	
<b>Relationship to the Child</b>	
<b>Date</b>	

**NB: If you do not sign this consent form reports will not be shared with other service providers. This may compromise their ability to understand and meet [FULL NAME]’s needs**

DRAFT

005-Accept Ref



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

[ADDRESS\_LINE1]  
[ADDRESS\_LINE2]  
[ADDRESS\_LINE3]  
[ADDRESS\_LINE4]

Email: [AO\_EMAIL\_ADDRESS]

[APPLICANT FULLNAME]  
[ADDRESS\_LINE1]  
[ADDRESS\_LINE2]  
[ADDRESS\_LINE3]  
[ADDRESS\_LINE4]  
[ADDRESS\_LINE5]

**Private & Confidential**

[DATE]  
Dear [Mr / Mrs NAME],

**Re: [FULLNAME], D.O.B. [DD/MM/YYYY]**

An application for an Assessment of Need under the Disability Act 2005 in relation to [FIRSTNAME] and dated [DATE] was received by the Health Service Executive on [ACCEPTED\_DATE].

Under the regime established by the Disability Act 2005 this Assessment of Need must begin no later than 3 months after receipt of your completed application and unless there are exceptional circumstances, be completed no later than 3 months after the date it begins. The scheduled date of commencement for [FIRSTNAME]'s assessment is on or before [DATE START STAGE 2].

As a first step I will consider the information available, including information provided on the application form. I will contact you separately to discuss any additional information that may be required. A preliminary team assessment will then be arranged if required and you will be contacted in relation to dates and locations for same.

Under the Disability Act 2005 there is an independent complaints and appeals process in place. You may make a complaint on the following grounds:

1. The Assessment Officer decides that you / your child (*delete as appropriate*) does not meet the definition of disability according to the act and you disagree.
2. The assessment was not started or completed within the timeframes specified in the Act (see above).
3. You believe that the assessment was not carried out in line with the standards for assessment as defined by the interim Health Information & Quality Authority.
4. You believe that the content of the Service Statement is inaccurate or incorrect.
5. The service detailed in the Service Statement has not been provided.

Complaints must be made as soon as is reasonably possible and not later than three months after the date on which the cause of the complaint arose. Contact details for the Complaints Officer are available on [www.hse.ie](http://www.hse.ie)

I will be in touch with you shortly to advise on the next steps. In the meantime, if you have any queries please contact me or refer to the information on [www.hse.ie/aon](http://www.hse.ie/aon).

Yours sincerely,

---

[FULLNAME],  
Assessment Officer, [Area],  
Health Service Executive

Tel.[TELEPHONE]

CC Applicant if different



006-AON not possible



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

[ADDRESS\_LINE1]  
[ADDRESS\_LINE2]  
[ADDRESS\_LINE3]  
[ADDRESS\_LINE4]

Email: [AO\_EMAIL\_ADDRESS]

[APPLICANT FULLNAME]  
[ADDRESS\_LINE1]  
[ADDRESS\_LINE2]  
[ADDRESS\_LINE3]  
[ADDRESS\_LINE4]  
[ADDRESS\_LINE5]

[DATE]

Dear [NAME],

**RE: [FULLNAME], D.O.B. [DD/MM/YYYY]**

An application for an Assessment of Need under the Disability Act 2005 in relation to [NAME] was received by the Health Service Executive on [DATE].

Unfortunately I cannot complete this assessment because [DOCUMENT EFFORTS TO CONTACT / APPOINTMENTS OFFERED etc].

As I do not have sufficient evidence to say that [NAME] presents with a disability I have prepared the attached report. This does not affect your right to apply to the Health Services Executive for services to address [NAME]'s needs. If you have any queries or wish to reapply please contact me.

Yours sincerely,

---

[FULLNAME]  
Assessment Officer, [Area]  
Health Service Executive

[TELEPHONE]

007-Request Existing Reports



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

[ADDRESS\_LINE1]  
[ADDRESS\_LINE2]  
[ADDRESS\_LINE3]  
[ADDRESS\_LINE4]

Email: [AO\_EMAIL\_ADDRESS]

[FULLNAME]  
[ADDRESS\_LINE1]  
[ADDRESS\_LINE2]  
[ADDRESS\_LINE3]  
[ADDRESS\_LINE4]  
[ADDRESS\_LINE5]

[DATE]

Dear [NAME],

**RE: [FULLNAME], [FULLADDRESS], D.O.B. [DD/MM/YYYY]**

An application for an Assessment of Need under the Disability Act, 2005, has been made for the above named child / young person.

I understand that you may be in possession of reports which are relevant to this assessment. In order to assist me in meeting the statutory timelines, I would be grateful if you would return copies of these reports to me by [DEADLINE DATE- 1 WEEK].

I have received consent to access appropriate reports (as per enclosed copy of the signed consent).

If you have any queries regarding this matter please contact me.

Yours sincerely,

---

[FULLNAME]  
Assessment Officer, [Area]  
Health Service Executive

[TELEPHONE]



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

[ADDRESS\_LINE1]  
[ADDRESS\_LINE2]  
[ADDRESS\_LINE3]  
[ADDRESS\_LINE4]

Email: [AO\_EMAIL\_ADDRESS]

[FULLNAME]  
[ADDRESS\_LINE1]  
[ADDRESS\_LINE2]  
[ADDRESS\_LINE3]  
[ADDRESS\_LINE4]  
[ADDRESS\_LINE5]

[DATE]

Dear [NAME],

**RE: [FULLNAME], [FULLADDRESS], D.O.B. [DD/MM/YYYY]**

An application for an Assessment of Need under the Disability Act, 2005, has been made for the above named child / young person.

Following my initial investigations I would like to request an assessment in relation to [NAME]'s Health Needs. In order to arrange this assessment please contact:

[FULLNAME – Parent / Guardian / Young Person as appropriate]  
[ADDRESS]

Please complete the enclosed Summary Report and return to me along with your completed assessment report. This must be returned no later than [DEADLINE – 14 days before completion date] in order that the final assessment report is completed within the statutory timeline. Please note that any reports received may be furnished to relevant statutory bodies in support of further assessments or service provision for the applicant.

I have enclosed a copy of relevant documentation received by my office. If you identify a further need for which you are unable to assess please contact me as soon as possible so that I can make any further referrals for assessment under the Act. If there are reasons why the assessment cannot be completed within the given timeframes, please notify me in writing, stating these reasons and the expected date of completion.

Please contact me if you wish to discuss any aspect of this case.

Yours sincerely,

[FULLNAME]  
Assessment Officer, [Area]  
Health Service Executive

[TELEPHONE]

**Relevant Documents:**

Application Form

Referral Form for Children’s Services

Reports Provided:

<b>Professional</b>	<b>Name</b>	<b>Address</b>	<b>Telephone</b>	<b>Enclosed</b>

Assessments Requested From:

Role	Name	Address	Telephone

DRAFT



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

[ADDRESS\_LINE1]  
[ADDRESS\_LINE2]  
[ADDRESS\_LINE3]  
[ADDRESS\_LINE4]

Email: [AO\_EMAIL\_ADDRESS]

[FULLNAME]  
[ADDRESS\_LINE1]  
[ADDRESS\_LINE2]  
[ADDRESS\_LINE3]  
[ADDRESS\_LINE4]  
[ADDRESS\_LINE5]

[DATE]

Dear [NAME],

**RE: [FULLNAME], [FULLADDRESS], D.O.B. [DD/MM/YYYY]**

An application for an Assessment of Need under the Disability Act 2005 has been made on behalf of the above named child / young person.

Following my initial investigations, I would like to request an assessment in relation to [NAME]'s Health Needs. In order to arrange this assessment please contact:

**[FULLNAME – Parent / Guardian / Young Person as appropriate]  
[ADDRESS]**

Please complete the enclosed Summary Report and return to me along with your completed assessment report. The commencement of this assessment has already been delayed. However, your summary report must be returned no later than [DEADLINE – 14 days before revised completion date] in order that the final assessment report is completed without undue delay. Please note that any reports received may be furnished to relevant statutory bodies in support of further assessments or service provision for the applicant.

I have enclosed a copy of relevant documentation received by my office. If there are reasons why the assessment cannot be completed within the given timeframes, please notify me in writing, stating these reasons and the expected date of completion.

Please contact me if you wish to discuss any aspect of this case.

Yours sincerely,

---

[FULLNAME]  
Assessment Officer, [Area]  
Health Service Executive

[TELEPHONE]

**Relevant Documents:**

Application Form for Assessment of Need

Referral Form for Children’s Services

Reports Provided:

<b>Professional</b>	<b>Name</b>	<b>Address</b>	<b>Telephone</b>	<b>Enclosed</b>





010-Delayed-Exceptional Circumstances



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

[ADDRESS\_LINE1]  
[ADDRESS\_LINE2]  
[ADDRESS\_LINE3]  
[ADDRESS\_LINE4]

Email: [AO\_EMAIL\_ADDRESS]

[APPLICANT FULLNAME]  
[ADDRESS\_LINE1]  
[ADDRESS\_LINE2]  
[ADDRESS\_LINE3]  
[ADDRESS\_LINE4]  
[ADDRESS\_LINE5]

[DATE]

Dear [NAME],

**RE: [FULLNAME], D.O.B. [DD/MM/YYYY]**

In previous correspondence, I advised you that the Assessment of Need for [NAME] would commence in [MONTH - YEAR]. Under the regime established by the Disability Act 2005, the Assessment of Need should begin no later than 3 months after receipt of your completed application and unless there are exceptional circumstances, be completed no later than 3 months after the date it begins.

I am writing to inform you that unfortunately, exceptional circumstances arise in respect of [FIRSTNAME's] assessment. It will not be possible to complete the assessment within the three-month period because (insert reason).

For this reason, it is expected that [FIRSTNAME's] assessment will be completed by [DATE].

Please accept my apologies for this postponement. In the event that you are unhappy with this decision, under the Disability Act 2005 there is an independent complaints and appeals process in place. You may make a complaint on the following grounds:

1. The Assessment Officer decides that you / your child (delete as appropriate) does not meet the definition of disability according to the act and you disagree.
2. The assessment was not started or completed within the timeframes specified in the Act (see above).
3. You believe that the assessment was not carried out in line with the standards for assessment as defined by the interim Health Information & Quality Authority.
4. You believe that the content of the Service Statement is inaccurate or incorrect.
5. The service detailed in the Service Statement has not been provided.

Complaints must be made as soon as is reasonably possible and not later than three months after the date on which the cause of the complaint arose. Contact details for the Complaints Officer are available on [www.hse.ie](http://www.hse.ie)

If you require any further clarification, please contact me.

Yours sincerely,

---

[FULLNAME]  
Assessment Officer, [Area]  
Health Service Executive

[TELEPHONE]

011 - Report Issued- No Disability



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

[ADDRESS\_LINE1]  
[ADDRESS\_LINE2]  
[ADDRESS\_LINE3]  
[ADDRESS\_LINE4]

Email: [AO\_EMAIL\_ADDRESS]

[APPLICANT FULLNAME]  
[ADDRESS\_LINE1]  
[ADDRESS\_LINE2]  
[ADDRESS\_LINE3]  
[ADDRESS\_LINE4]  
[ADDRESS\_LINE5]

[DATE]

Dear [NAME],

**RE: [FULLNAME], D.O.B. [DD/MM/YYYY]**

I refer to the application made on [NAME]'s behalf, for an Assessment of Need under the Disability Act, 2005. Based on the information available to me I have determined that the definition of disability as defined in the Act has not been met in this case.

I am enclosing a report that outlines the reasons for this decision. This decision does not affect your right to apply to the Health Service Executive for services to address [NAME]'s health needs.

(If appropriate please include information regarding the health services required and how to access same.)

If you have any queries or wish to discuss the report, please contact me.

Yours sincerely,

---

[FULLNAME]  
Assessment Officer, [Area]  
Health Service Executive

[TELEPHONE]



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

[ADDRESS\_LINE1]  
[ADDRESS\_LINE2]  
[ADDRESS\_LINE3]  
[ADDRESS\_LINE4]

Email: [AO\_EMAIL\_ADDRESS]

[APPLICANT FULLNAME]  
[ADDRESS\_LINE1]  
[ADDRESS\_LINE2]  
[ADDRESS\_LINE3]  
[ADDRESS\_LINE4]  
[ADDRESS\_LINE5]

[DATE]

Dear [NAME],

**RE: [FULLNAME], D.O.B. [DD/MM/YYYY]**

Please find enclosed the assessment report for [NAME] completed in accordance with the Disability Act 2005.

The Service Statement outlining details of the services [NAME] will receive based on the recommendations of this report is being sent to you by the Health Service Executive Liaison Officer.

If you have any queries or wish to discuss the report, please contact me.

Yours sincerely,

---

[FULLNAME]  
Assessment Officer, [Area]  
Health Service Executive

[TELEPHONE]



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

[ADDRESS\_LINE1]  
[ADDRESS\_LINE2]  
[ADDRESS\_LINE3]  
[ADDRESS\_LINE4]

Email: [AO\_EMAIL\_ADDRESS]

[FULLNAME]  
[ADDRESS\_LINE1]  
[ADDRESS\_LINE2]  
[ADDRESS\_LINE3]  
[ADDRESS\_LINE4]  
[ADDRESS\_LINE5]

[DATE]

Dear [NAME],

**RE: [FULLNAME], [FULLADDRESS], D.O.B. [DD/MM/YYYY]**

Under the Disability Act 2005 an application for a statutory Assessment of Need was made on behalf of the above named child / young person. During the course of this assessment, a need for the provision of (name service required) has been identified.

[NAME] [RELATIONSHIP to SERVICEUSER] has consented to this referral and to the sharing of supporting reports which are enclosed. Please accept this referral under the terms of the Disability Act.

In order to arrange for the provision of services please contact:

**[FULLNAME]  
[ADDRESS]**

Please acknowledge receipt of this referral and please contact me if you require further information.

Yours sincerely,

---

[FULLNAME]  
Assessment Officer, [Area]  
Health Service Executive

[TELEPHONE]

# APPENDIX II

## ASSESSMENT OF NEED APPLICATION FORM



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

# Application for **Assessment of Need** under Disability Act 2005

## Notes on Filling Out This Application

1. Please fill out as many of the sections on this form as you can as only completed applications can be formally accepted. However, if there is a section about which you are unsure, make a note on the form and the Assessment Officer will help you.
2. In order for the application form to be considered complete, Part 1 of Section 10 must be signed and dated by the young person (if aged over 16 years), a parent or Legal Guardian. The signature confirms both the application details and consent under data protection legislation.
3. It would be very helpful if you were able to include, with the application, any reports that have been produced concerning the child or young person for whom you are making this application.
4. This application form will be held securely and for no longer than is necessary.

<p><b>Please Complete Application Summary Detail:</b></p> <p><b>Child's Name:</b> _____</p> <p><b>Age:</b> _____</p> <p><b>PPS Number:</b> _____</p>	<p><b>HSE Date Received Stamp</b></p>
<p><b>IT IS IMPORTANT THAT THE PPS NUMBER IS INCLUDED</b> (If not known, it can be obtained from your local Department of Social &amp; Family Affairs Office)</p>	

## Private & Confidential



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

# Application for Assessment of Need under Disability Act 2005

<p><i>Please send completed Form To:</i></p> <p><b>[STAFF_FULLNAME], Assessment Officer, [ASSB_CCA_ADDRESS_LINE1] [ASSB_CCA_ADDRESS_LINE2] [ASSB_CCA_ADDRESS_LINE3] [ASSB_CCA_ADDRESS_LINE4]</b></p>	<p style="text-align: center;"><i>For Official Use Only</i></p> <p><i>Received</i></p> <p><i>Acknowledged</i></p> <p><i>Other Action</i></p> <p><i>IT Number</i></p>
--	--

**PLEASE USE BLOCK CAPITALS AND BLACK INK WHEN  
FILLING IN THIS FORM**

1. Details of the Person Making the Application			
<b>First Name</b>		<b>Family / Surname</b>	
<b>Address</b>			
<b>Telephone Number</b>		<b>Email Address</b>	
<b>Relationship to person to be assessed</b>			
<b>Signed</b>		<b>Date</b>	

2. Details of the Child / Young Person to be Assessed			
<b>First Name</b>		<b>Family / Surname</b>	
<b>Address</b>			
<b>Date of Birth</b>		<b>Gender</b>	

<b>3. Details of Parent(s) or Legal Guardian(s) (If different from section 1)</b>			
<b>First Name</b>		<b>Family / Surname</b>	
<b>Address</b>			
<b>Telephone Number / Email</b>			
<b>Relationship to Child / Young Person</b>			

<b>First Name</b>		<b>Family / Surname</b>	
<b>Address</b>			
<b>Telephone Number / Email</b>			
<b>Relationship to Child / Young Person</b>			

<b>4. What are the main concerns that you have about this child / young person?</b>

<b>5. Are there specific services that you feel are necessary to address these concerns?</b>



**6. Have you been advised by a Health or Education Professional to apply for this Assessment of Need?**

Yes  No

**7. If yes, please state their name, profession and contact details if known.**

<b>Name</b>		<b>Profession</b>	
<b>Address</b>			
<b>Telephone Number</b>			
<b>Email</b>			

**8. Please give details of your GP.**

<b>Name</b>			
<b>Address</b>			
<b>Telephone Number</b>			
<b>Email</b>			

**9. Is this child / young person receiving, or has he / she ever received services from any of the professionals listed below?**

(If you have access to any existing reports, please include them with your application form.  
Please see Notes on Filling Out This Application – Number 3)

<b>Service being received</b>	<b>Name of professional</b>	<b>Are there any existing reports?</b>	<b>Contact details for the service</b> <i>(Address and phone number if possible)</i>
Public Health Nurse			
Paediatrician			
Consultant Psychiatrist			
Psychologist			
Speech & Language Therapist			
Physiotherapist			
Occupational Therapist			
Social Worker			
Orthopaedics			
Audiologist			
Ophthalmologist			
Pre School / School / Home Tuition			
Orthotist			
Dietician			
Others (Please specify)			
Voluntary Groups (Please specify)			

**10. Consent - To be Completed by Parent or Legal Guardian. Or by the young person if aged 16 years or over.**

<b>Child / Young Person's Name in BLOCK CAPITALS</b>	
<b>Child / Young Person's Address in BLOCK CAPITALS</b>	
<b>Date of Birth</b>	

**PART 1**

**I consent to allow access to all files and reports (including any information held on either the National Intellectual Disability Database or the National Physical and Sensory Disability Database) that exist within any of the agencies listed, that the Assessment Officer may consider necessary for the purposes of assessment and subsequent service provision.**

- **The Health Service Executive (HSE);**
- **HSE contracted service providers;**
- **Education service providers;**
- **The National Council for Special Education;**
- **The National Educational Psychological Service.**

**I also consent to the sharing of this information with those health and education professionals involved in the assessment of need and subsequent provision of services.**

<b>Signed by Young Person (16 years+)</b>	
<b>Signed by Parent or Legal Guardian</b>	
<b>Relationship to the Child</b>	
<b>Date</b>	

**PART 2**

**Where there is a need for referral to a statutory service provider other than the HSE or Education Service, I consent to the sharing of assessment findings and reports with such service providers.**

<b>Signed by Young Person (16 years+)</b>	
<b>Signed by Parent or Legal Guardian</b>	
<b>Relationship to the Child</b>	
<b>Date</b>	

**NB: If you do not sign Consent-Part 2 (above) reports will not be shared with other service providers and any such referral will only be made with your express permission.**

# APPENDIX III

## **Incomplete Assessment Agreements**

Incomplete Assessment Agreement – Aged < 16years



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

**Assessment of Need in Accordance with the Disability Act, 2005**

**Child's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**D.O.B.** \_\_\_\_\_ **PPSN:** \_\_\_\_\_

Mr / Mrs [FULL NAME] (Parent / Legal guardian) has decided, on behalf of the above named child, **not** to agree to the following referrals recommended as part of the Assessment of Need process.

He / she has **not** agreed to the following referrals:

1. -----
2. -----
3. -----

He / she has agreed to the following referrals:

1. -----
2. -----
3. -----

The reason for this decision is as follows:

\_\_\_\_\_  
\_\_\_\_\_

**Signed:** \_\_\_\_\_  
(Assessment Officer)

**Signed:** \_\_\_\_\_  
(Parent / Legal guardian)

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Incomplete Assessment Agreement – Aged 16 years +



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

**Assessment of Need in Accordance with the Disability Act, 2005**

**Young Person's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**D.O.B.** \_\_\_\_\_ **PPSN:** \_\_\_\_\_

[FULL NAME] has decided **not** to agree to the following referrals recommended as part of the Assessment of Need process.

[NAME] has **not** agreed to the following referrals:

1. -----
2. -----
3. -----

[NAME] has agreed to the following referrals:

1. -----
2. -----
3. -----

The reason for this decision is as follows:

\_\_\_\_\_  
\_\_\_\_\_

**Signed:** \_\_\_\_\_  
(Assessment Officer)

**Signed:** \_\_\_\_\_  
(Young person)

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# APPENDIX IV

## NCSE Referral



### Assessment of Need Referral

The following child has applied for an Assessment of Need and may require an education service. A report on their education needs is required.

Please complete this form and send to [aon@ncse.ie](mailto:aon@ncse.ie)

Section A – Child’s details			
Child’s Name			
Date of Birth			
Name of parent / guardian			
Home address			
Eircode			
Phone no. of parent / guardian			
Email address of parent / guardian			
Section B - Consent			
If aged over 16 has informed consent from then been provided?	Yes	No	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If aged over 18 please provide their address, postcode, phone no and e-mail address			
Section C – Educational provision			
Please complete the relevant sections below.			
Does the child attend school?	Yes	No	
	<input type="checkbox"/>	<input type="checkbox"/>	
<b>1. If the child is attending school:</b>			
Name of the child’s school			
School address			
School Eircode			
School phone no			
School e-mail address			
<b>2. Is the child availing of a Department of Education funded home tuition/ tuition setting</b>	Yes	No	
	<input type="checkbox"/>	<input type="checkbox"/>	
Name of home tutor, or tuition setting the child attends			
Setting Address			
Setting Eircode			
Tutor/setting telephone number			
Tutor/setting e-mail address			





### Assessment of Need Referral

3. Is the child attending an ECCE setting?		Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
Name of ECCE setting the child attends			
ECCE Setting Address			
ECCE Setting Eircode			
ECCE setting telephone number			
ECCE setting e-mail address			
4. If the child is not accessing services as per questions 1 – 3 above, please provide information regarding their current educational provision (if known). E.g. home schooling / out of school			
<b>Section D – Cases involving Court Orders</b>			
Does a Court Order apply in this case?		Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
What completion date is required by the Court Order?			

#### FAO NCSE

Please return the completed assessment to

Assessment Officer Name	
E-mail address	
Phone no	
Date of referral	
Date of required return	

# APPENDIX IV

## GUIDANCE FOR ASSESSORS



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

## Interim Guidance to Replace the Preliminary Team Assessment Section of the HSE Assessment of Need Standard Operation Procedure

Policy  Procedure  Protocol  Guidance

*Disability, Community Operations, All Community Health Organisations:*

Title of PPPG Development Group:	<b>National Clinical Programme for People with Disability</b>		
Approved by:	<b>CCO Clinical Forum, July 2022</b> <i>With subsequent updating of terminology further to legal advice (January, 2023 &amp; April 2023)</i>		
Reference Number:			
Version Number:	<b>Version 1.0</b>		
Publication Date:	April 2023		
Date for revision:	April 2024		
Electronic Location:	<a href="https://www.hse.ie/eng/about/who/cspd/ncps/disability/programme-publications/">https://www.hse.ie/eng/about/who/cspd/ncps/disability/programme-publications/</a>		
Version	Date Approved	List section numbers changed	Author
1.0			Mac MacLachlan

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## 1.0 Purpose of the Guidance

The content of this guidance has been integrated into the existing Standard Operating Procedure (SOP) for Assessment of Need (AoN) to replace the Preliminary Team Assessment (PTA) component of the SOP. The PTA was referenced throughout the previous SOP and changes have been made to the SOP in accordance with this guidance. The section which has been replaced by this guidance is Appendix IV, Section 1- Assessment Pathway/Assessment Process - Preliminary Team Assessment.

Under Part 2 of the Disability Act (2005) persons born on or after June 1<sup>st</sup> 2002, who are suspected of having a disability, have a legal entitlement to an Assessment of Need (AoN). An *Assessment Report* must set out the following:

- Whether the applicant has a disability (as defined in the Act)
- In the case that the person has a disability:
  - A statement of the nature and extent of the disability
  - A statement of the health and education needs occasioned by the disability
  - A statement of the services required to meet the needs of the applicant and the optimum period of time for provision of those services
  - A statement in which a review of the assessment should be carried out

Further to the assessment of need, applicants, who are determined to have a disability, will receive a service statement that outlines the services that will be provided and the timeframe for same. While the Assessment Report presents the ideal situation independent of resource constraints, the Service Statement represents the services that the HSE can and will provide in the context of resources available.

The Disability Act (2005) states that there is a requirement to establish “a substantial restriction in the capacity of the person to carry on a profession, business or occupation in the State or to participate in social or cultural life in the State by reason of an enduring physical, sensory, mental health or intellectual impairment;”.

A substantial restriction is defined under the Act as a restriction which (a) is permanent or likely to be permanent, results in a significant difficulty in communication, learning or mobility or in significantly disordered cognitive processes, and (b) gives rise to the need for services to be provided continually to the person whether or not a child or, if the person is a child, to the need for services to be provided early in life to ameliorate the disability.

This guidance will support clinicians by outlining a process to undertake a clinical assessment as part of an Assessment of Need. The National Clinical Programme for People with Disability (NCPD) believes that the clinical assessment process, when required under AON, can be conceptualised as a process of complementary assessments undertaken in accordance with clinical judgement, where at different points clinicians can legitimately complete the assessment process and fulfil their obligations under the Disability Act (2005). These guidelines, if followed, provide clinicians with assurance that they are practicing in accordance with a process of nationally approved procedures, the establishment of which fall under the responsibility of the National Clinical Programme for People with Disability and the office of the Chief Clinical Officer.

## 2.0 Scope

*This guidance applies to all assessments carried out as part of the Assessment of Need process either directly by the HSE and HSE funded organisations or through a commissioning process.*

## 3.0 The Process of Assessment of Need

### 3.1 Assessment Officer Review (Stage 1)

The Disability Act provides that the assessment must be commenced without any delay and within 3 months of the receipt of the application i.e. Stage 1 must be completed within 3 months. During this period the Assessment Officer (AO) must acknowledge the application and gather any necessary additional information. The AO seeks to determine if a referral for a clinical assessment to identify needs is warranted. This decision is based on review of the Services Referral Form and the Additional Information Form and it may also involve contact with service users, and on some occasions a physical meeting. AOs may also seek a clinical opinion for clarification and additional information prior to making a referral decision. The importance of a supportive interaction with the AO is key to the integrity of the AoN process. This interaction should entail understanding what the family or service user are seeking from the AoN process, an explanation of what the AoN process involves, and the outcomes associated with it. It is important to ensure that the child or service user wants these outcomes and that they realise that such outcomes do not accelerate their access to intervention services or supports. **It is also important for service users to understand the range of services and supports that are available to them without the requirement of a diagnosis; for instance, Domiciliary Care Allowance and access to Disability and Primary Care services.** If the Assessment Officer believes that there is some evidence that a person may have a disability, then they make a referral for a **Clinical Assessment**.

It is important to understand that the AO is the person tasked under the Act with the identification of assessments required. The AO is, under the Act, permitted to decide no such referrals are warranted or if clinical assessments are warranted to assist in reaching the determination of disability: it is the AO that carries out or arranges the carrying out of the assessments.

### 3.2 Clinical Assessment and Continuing Clinical Assessment (Stage 2)

The process below is illustrated in Figure 1 (Assessment of Need Decision Chart) and further summarised in Table 1 (Assessment of Need Framework) below. In some cases, clinicians will be able to relatively quickly identify the nature and extent of a person's disability, make a diagnosis (or decide it is not practicable to do so) and determine their service needs and prioritisation. In the Clinical Assessment phase clinicians should review the Stage 1 information and any related case file information; they should interview the person and relevant others; consider the developmental history, and make observation of the person, either in a formalised manner or in a more naturalistic interaction manner. It is a matter for the clinical assessor, in the exercise of his or her clinical discretion, to decide if the use of any standardised assessment instruments is required and whether a physical assessment is indicated. Clinical judgement will decide if **Continuing Clinical Assessment** is necessary. This may include additional specific or

generalized standardized instruments to ascertain the role of additional factors or identification of co-occurring conditions.

The clinical assessor shall, if he or she considers in the exercise of his or her clinical discretion that it is necessary to complete the assessment, proceed to Continuing Clinical Assessment. This recognizes that clinicians will seek to match the nature of their assessment to the complexity of presentation. There should be no break in the assessment process when moving through Clinical Assessment to Continuing Clinical Assessment. Lengthy assessments often reflect very complex presentations with complex needs or a high level of diagnostic uncertainty.

Where a request has been made to a single clinician to undertake a clinical assessment this will usually be where the Assessment Officer believes that a person's disability falls within a domain that can be competently assessed by one discipline. For instance, a person who seems to present only with a speech difficulty may be adequately assessed by a Speech and Language Therapist.

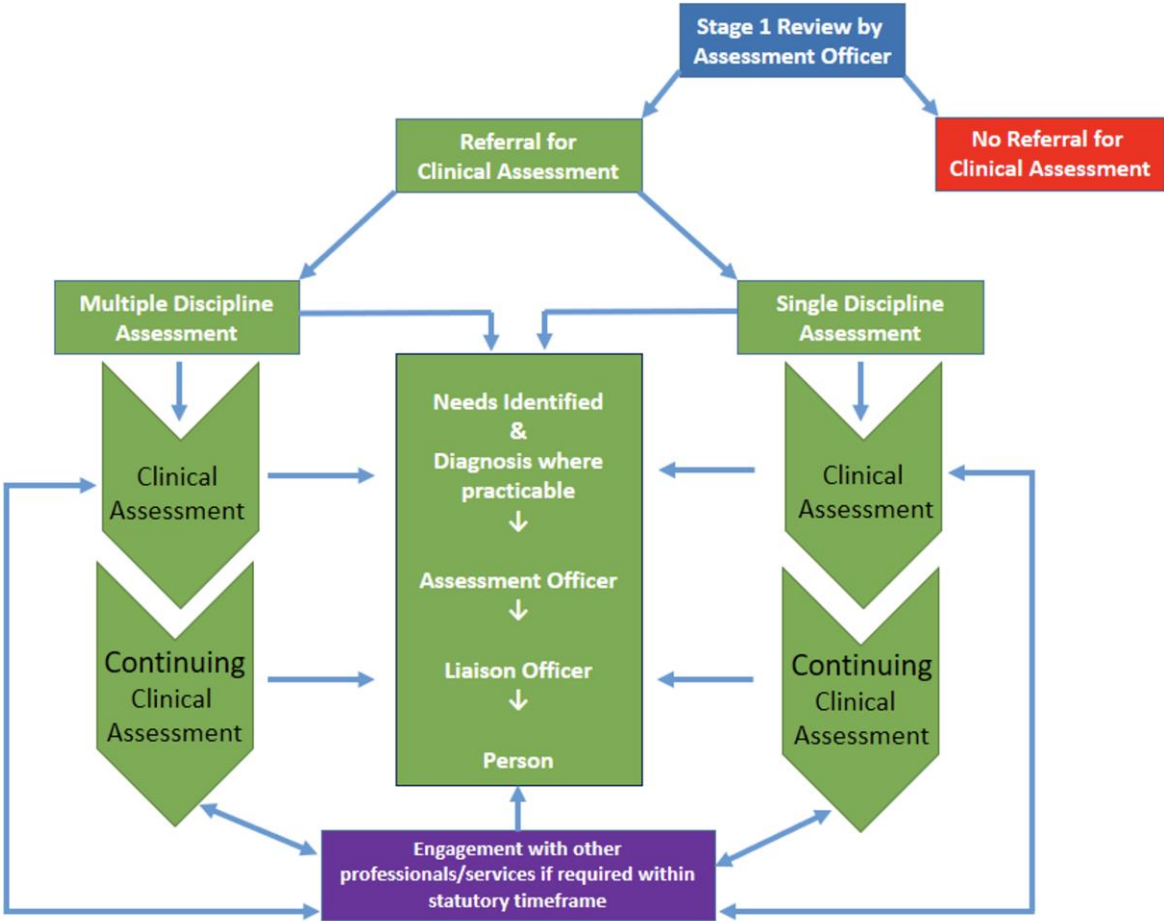
In some instances, an individual clinician or assessment team may decide to engage with other professionals/services that provide additional clinical skills that are necessary to identify a person's needs. Such engagement is part of normal clinical practice regardless of the AoN process. If formal referral is required as part of the Assessment of Need process then clinicians shall also engage with the Assessment Officer.

### **3.3 Assessment of Need Report and Service Statement**

Following the receipt of a Professional Report and **Summary Report** from the assessing clinician(s), the Assessment Officer produces the **Assessment of Need Report**, which is forwarded to the Liaison Officer if there is a determination of disability and services required. The Liaison Officer must provide a **Service Statement** within one month indicating what services will be provided and by what date. The Assessment of Need Report also indicates when the AoN should be reviewed, and this should be within one year after the initial AoN.

1. The Assessment of Need Report and the Service Statement are then provided to the person who sought the AoN. Both documents should be provided simultaneously because the Assessment Report outlines the optimal service provision, and the Service Statement details the services that will be provided. The former is separate and not constrained by the statutory considerations such as budget and practicability contained in s.11(7) of the Act. While this is a requirement of the Disability Act (2005) it is acknowledged that current shortfalls, both in the scope of service provision, and the availability of those services which are provided, will mean that not all services that are needed can be provided and there may be waiting lists for services that are required. This may be frustrating and upsetting for both service users and service providers, but this information must be clearly provided to service users to comply with the requirement of the Disability Act (2005).

Figure 1 Assessment of Need Decision Chart





**Table 1 Assessment of Need Framework**

Process for Assessment of Need	Stage 1 (to begin within 3 months)	Stage 2 (to be completed within 3 months)	
	Assessment Officer Review	Clinical Assessment	Continuing Clinical Assessment
<b>A. Assessment Components</b>	AON Application form Services Referral Form Additional Information Forms: 0-11 months 1-2 years 3-5 years 6-11 years 12-18 years 18+ years information Other relevant reports Engagements by AO with families & clinicians	Review of Stage 1 information and any related case file information Interview with person and relevant others: developmental history Observation Standardised Assessment instruments (As required – Appendix 1) Physical Assessment (As required) Clinical Judgement	Any procedures not adopted at “Clinical Assessment Phase” Additional specific or generalized standardized instruments to ascertain the role of additional factors or identification of co-occurring conditions Clinical Judgement
<b>B. Assessors</b>	Assessment Officer	1-3 Clinicians	1-3 Clinicians
<b>C. <u>Approximate</u> Time in hours for assessment and write up for all clinicians involved</b>		5-15 <i>(estimated time ranges but not limited to these times)</i>	10-20 (additional <i>(estimated time ranges but not limited to these times))</i>
<b>D. Cumulative time</b>			15-35 <i>(estimated time ranges but not limited to these times)</i>

<b>E. Required outcomes for AoN</b>	Indicated for Clinical Assessment or Not	<p>Does the person have a <b>substantial restriction in their capacity to carry on a profession, business or occupation in the State or to participate in the social or cultural life of the State by reason of an enduring physical, sensory, mental health or intellectual impairment?</b></p> <p><b>Do they have a significant difficulty</b> in communication, learning or mobility or <b>significantly disordered</b> cognitive processes, <b>and which</b> gives rise to the <b>need for services to be provided continually?</b></p> <p>1. Nature and extent of disability (see 4.6 below for a full definition of disability)          2. Health and education needs (if any occasioned by the disability)          3. Interventions deemed necessary and the period of time ideally required by the person or persons for the provision of those services          4. Period within which a review be conducted (Determined by Assessment Officer)</p>
<b>F. Diagnosis</b>		<p>Where practicable and where appropriate use:</p> <ol style="list-style-type: none"> <li>1. ICD Definitive Diagnosis</li> <li>2. ICD Provisional Diagnosis</li> <li>3. Undetermined and unnecessary for E</li> </ol>
<b>G. Assessment Officer</b>		<p><i>Assessment</i> report following clinical assessment phase and referral to Liaison Officer for Service Statement if determination of disability under Act</p>
<b>H. Liaison Officer</b>		<p>Service Statement following <i>Assessment Report</i> and determination of disability (1 month)</p>
<b>I. HIQA Standards</b>		<ul style="list-style-type: none"> <li>• Person Centred</li> <li>• Information</li> <li>• Access</li> <li>• Involving Relevant Health and Education Staff</li> <li>• Coordinated AoN</li> <li>• Monitoring and Review</li> </ul>

## 4.0 Specific Issues related to the Assessment of Need Guidance

### 4.1 High Court Judgement and Diagnosis

The judgement in the case of CTM & JA vs HSE 11<sup>th</sup> March 2022 is addressed in these guidelines.

Section 158 of the Judgement states “To be clear, I do not construe Part 2 of the 2005 Act as requiring a definitive diagnosis in every case.... What the Act requires is that to the extent practicable at the time, the nature and extent of a disability should be fully assessed during the Part 2 process”

Clinical assessment is recognised to be a process. Clinicians determine what procedures are necessary to provide a suitable assessment within the statutory timeframe and if at that time it is practicable, or not, to provide a diagnosis with some degree of certainty.

#### 4.1.1 Diagnosis not practicable

Instances where a diagnosis may not be practicable might include:

- a child is too young;
- a person may fall into the SWAN (syndrome without a name) category;
- some form of intervention may be necessary so that the person’s response to this can inform a future possible formulation or diagnosis;
- the presentation may be complex and not conform to established diagnostic criteria;
- a further review is required before a diagnosis can be reconsidered.
- a diagnosis cannot be made at this point,

**In many of these cases it is still possible to identify a person’s needs in compliance with the Act without a definitive diagnosis (as per definitions within the Act and outlined in Framework Table above).**

#### 4.1.2 Providing a diagnosis

Clinicians who wish to make a diagnosis are encouraged to follow ICD-11 because as of 2021 European countries are now required to return statistics to WHO which are ICD compliant. Clinicians who prefer to use DSM-5 are not prevented from doing so but will need to translate DSM-5 codes into ICD-11 codes to facilitate reporting.

Clinicians who wish to suggest that a presentation would be consistent with a diagnostic category, should ascertain the ICD-11 category which most closely corresponds with their opinion (see ICD-11 Coding Tool: [https://icd.who.int/ct11/icd11\\_mms/en/release](https://icd.who.int/ct11/icd11_mms/en/release))

#### 4.1.3 Provisional diagnosis

ICD-11 allows for a provisional diagnosis. Such a diagnostic choice would require a lower level of evidence, given its tentative nature (see “Diagnostic Uncertainty” below). A provisional diagnosis may be considered to be a “working diagnosis” that is reviewed based

on further information over time. Justice Phelan recognises this in her statement: “*even if the diagnosis is tentative or open where it is not possible to arrive at a concluded diagnoses*” (Paragraph, 132). The need for ongoing clinical assessment to elicit a more definitive diagnosis should be determined by those conducting the assessment.

## 4.2 Diagnostic Uncertainty

Diagnostic uncertainty is not unusual. A study in the UK<sup>1</sup> explored how clinicians (SLTs, OTs, psychologists, psychiatrists, paediatricians, etc.) responded to situations of diagnostic uncertainty when assessing for autism (Autistic Spectrum Disorder as specified in ICD/DSM) and the frequency with which they practiced *upgrading* - “providing an ASD diagnosis in situations involving some degree of doubt regarding whether the child or adult fully met the criteria for an ASD.” (p. 824). They found that 68% reported doing this sometimes; the reasons for ‘upgrading’ to a definitive diagnosis included: enabling individuals to meet criteria for social/healthcare funding or support, enabling individuals to get a statement of Special Educational Needs or differing opinions among colleagues in a team. One of the contexts in which clinicians often ‘upgraded’ a diagnosis was where people failed to meet the necessary cut-offs on standardised tools (as may occur with “atypical presentations, e.g. women and girls”).

This study recognises that, at least in the context of autism, diagnosis is complex and often difficult and that in practice a diagnosis is sometimes given for instrumental reasons such as access to services to address needs. This guidance does not advocate for the practice of “diagnostic upgrading”.

As the sensitivity (ability to correctly identify people with the condition) and specificity (ability to correctly identify people without the condition) of formal assessment instruments differ, and none are perfect, it is inevitable that different components of an assessment process will at times suggest different conclusions. This in itself should not necessarily be a justification for further assessment. Sensitivity and specificity data on a range of different assessment instruments that may be used in the clinical assessment under AoN process are provided in Appendix 1.

## 4.3 Needs-led Services, Disability and Diagnosis

The commitment stated in national disability policy documents and the practice of the NCPPD is to provide a needs-led service, irrespective of diagnostic category, financial status or geographical area. A clinical assessor should decide whether it is possible to make a diagnosis, and also whether it is possible for the clinical assessor and the Assessment Officer to set out the various statutory matters which the Assessment Officer is required to address under the Disability Act section.8(7) in an assessment report. Clinicians may also feel that a diagnosis is a means to an end where a diagnosis helps to access services or determine specific needs. It is recognised that a diagnosis can be personally meaningful for parents and service users in terms

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<sup>1</sup> Rogers, C. L., Goddard, L., Hill, E. L., Henry, L. A., & Crane, L. (2016). Experiences of diagnosing autism spectrum disorder: A survey of professionals in the United Kingdom. *Autism*, 20(7), 820-831.

of authenticating their experience and acknowledging a shared sense of identity with other people with similar difficulties.

Disability and diagnosis are not coterminous. For instance, a person may have a diagnosis (e.g. ASD) but for some individuals this may not constitute a disability in terms of the Disability Act. In such circumstances a clinical assessor should set out why it is that the applicant's presentation, though fulfilling diagnostic criteria, does not qualify as a disability as defined in the Act. On the other hand someone may have a disability as described by the Act but it is not possible to provide a diagnosis. For instance in the UK each year around 6000 children are born who have a rare disease/condition which may be associated with disability, but for which no formal diagnosis can be given. Where a diagnosis cannot be provided for people with a disability then the diagnosis process may be closer to a clinical (case) formulation that best describes the child's neurodevelopmental presentation, rather than identify an underlying cause that explains its occurrence.

#### **4.4 Clinician Autonomy**

The clinician(s) decides on the assessment necessary to fulfil the AoN requirements according to the Disability Act (2005).

#### **4.5 Time Ranges and Time Reporting**

Time ranges indicated in the framework are estimates only. Data provided to the National Clinical Programme for People with Disability suggests that an extended comprehensive interdisciplinary assessment of need involving three clinicians from different professions (referred to as a "Continuing Clinical Assessment" in this guidance) can be completed within 35 hours in most cases (including administrative time, and in many cases in a shorter period).

For service planning it is recommended that each AoN is logged in terms of time taken and number of clinicians involved.

#### **4.6 Definition of Disability**

As the AoN process is a legal entitlement under the Disability Act (2005) the definitions contained in the Act must be used. It is appreciated that this definition is pre-UNCRPD (2006) and may be considered outdated, and indeed egregious by some.

"Disability" = "a substantial restriction in the capacity of the person to carry on a profession, business or occupation in the State or to participate in social or cultural life in the State by reason of an enduring physical, sensory, mental health or intellectual impairment;

Substantial restriction = "a restriction which:

(a) is permanent or likely to be permanent, results in a significant difficulty in communication, learning or mobility or in significantly disordered cognitive processes, **and**

(b) gives rise to the need for services to be provided continually to the person whether or not a child or, if the person is a child, to the need for services to be provided early in life to ameliorate the disability.”

#### **4.6.1 Significant Difficulty**

Significant difficulty should be considered in the context of a person’s age. It is probable that single discipline services provided in the primary care context may be suitable where the level of complexity of the *difficulty(s)* falls within the range described in the National Access Policy (NAP).

#### **4.7 Service User Experience of Assessment**

Service users should experience their assessment as being conducted in a way that is meaningful to identifying their service needs. They should not experience their assessment as moving through ‘phases’ as such, but rather being a continuous process of assessment and being completed when their needs have been adequately identified.

#### **4.8 Number of Clinicians involved in Assessment of Need**

Usually, 1-3 clinicians will be involved in AoN depending on the presentation and the relevance of different skill sets. One clinician, representing a single discipline, may be sufficient to assess some individuals. More than 3 clinicians may be involved in the assessment process, including at different phases. Previously AoNs have often involved an Occupational Therapist, Speech & Language Therapist and Psychologist. However, Physiotherapists, Paediatricians, Psychiatrists, Dieticians, Nurses, Social Workers and other specialists may also be involved as required. Such involvement may be arranged through the assessing clinician, assessment team or CDNT covering the catchment area and formally through the Assessment Officer where required for an *Assessment Report*.

#### **4.9 Assessment Instruments**

The guidance does not prescribe instruments to be used for particular stages of the assessment process. This is a matter for clinicians to decide. Future versions of this guidance may make recommendations for the use of different instruments at different levels of assessment, in order to encourage comparability across the country and to allow for comparable baselines with regard to evaluating the efficacy of different services and supports across different service user groups.

Clinicians may however find it useful to consider the range and psychometric characteristics of instruments commonly used to assess for disability, including those used in diagnostic assessments (Appendix 1).

- Table 2: Generic Screening Instruments and their associated characteristics
- Table 3: Specific Screening Instruments for ASD and their associated characteristics

- Table 4: ASD diagnostic instruments
- Table 5: Cognitive functioning assessment batteries

As some clinicians may wish to use remote assessment methods, relevant guidance is provided in the Remote Assessment Guidance already issued by the NCPPD on this issue.

<https://www.hse.ie/eng/about/who/cspd/ncps/disability/programme-publications/>

#### **4.10 Working with Marginalised Groups**

Working with service users from a different socioeconomic or cultural background, and those who experience marginalisation, is often challenging for clinicians and in some cases, clinicians may be unaware of some of their own assumptions which contribute to these challenges. In recognition of this in 2019 the American Psychology Association produced “APA Guidelines for Psychological Practice for People with Low-Income and Economic Marginalisation” (which can be downloaded at: <https://www.apa.org/about/policy/guidelines-low-income.pdf>)

#### **5 Revision**

This Interim Guidance will be reviewed within 12 months of publication by National Disability Operations in partnership with the National Clinical Programme for People with Disability.

## 6.0 Glossary (To be added to SOP Glossary where not already covered)

**Assessment** - *means an assessment undertaken or arranged by the [HSE] to determine, in respect of a person with a disability, the health and education needs (if any) occasioned by the disability and the health services or education services (if any) required to meet those needs*

**Clinical Assessment** – *an assessment undertaken by a qualified health or social care professional, a medical practitioner or a nurse, setting out the clinical assessor’s opinion, in respect of an applicant, as to:(a) the nature and extent of the disability, (b) the health and/or education needs (if any) occasioned by the disability and (c) the health and/or education services (if any) required to meet those needs.*

**Diagnostic Assessment** – an assessment undertaken to make a diagnosis according to an established and internationally accepted diagnostic system, such as ICD-11 or DSM-5.

**Disability** - *“in relation to a person, means a substantial restriction in the capacity of the person to carry on a profession, business or occupation in the State or to participate in social or cultural life in the State by reason of an enduring physical, sensory, mental health or intellectual impairment”* Disability Act (2005).

**Clinical formulation-** (or case formulation, or formulation) is a conceptualisation of the cause, nature and interrelationship of the presenting problems. It may be an alternative to or complementary to the use of formal diagnostic categories.



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## Appendix 1 (Assessment Instruments)

**Table 2. Generic screening instruments and their associated characteristics**

Screening instrument	Attributes assessed	Age range	Format	Number of items and completion time	Sensitivity *	Specificity *
Communication and Social Behaviour Scale: Infant-Toddler Checklist (ITC; Wetherby et al., 2008)	Communication delays	9-24 months	Parent Questionnaire:  3 point Likert scale	24 items	87.4%	75.2%
Conners Behaviour Rating Scale (CBRS; Conners et al., 2011)	Assesses behaviours, emotions, academic performance, social issues	6-18 years	Parent, teacher, or self-Administered  Rating scales	Parent 203 Teacher 205 Self-Report 179  20 minutes	-	-
Conners Early Childhood (Conners, 2009)	Assesses a range of behavioural, emotional, and social concerns, as well as developmental delays	2-6 years	Parent/ teacher/ carer questionnaire:  3 point Likert scale	Parents – 191 items Teachers/ carers – 187 items  25 minutes	-	-
Developmental Behaviour Checklist – primary care version (DBC-ES; Gray & Tonge, 2005)	Behavioural and emotional problems	18-48 months	Parent rated  0-2 rating scale	96 items  5-10 minutes	83%	48%
The Schedule of Growing Skills (SGS; Bellman, & Cash, 1987)	Establishes the development levels of children in 9 key areas;	Birth- 5 years	Clinician rated	20-30 minutes	.44 - .82	.94 – 1.0

	Passive posture, active posture, locomotor, manipulative, visual, hearing and language, speech and language, interactive social, self-care social		behavioural observation			
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\*Sensitivity refers to a test's or instrument's ability to correctly identify ASD or associated characteristics in individuals.

\*Specificity refers to a test's accuracy in correctly identifying those who do not possess the characteristics which the test is measuring

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**Table 3. Specific Screening Instruments for ASD assessment and their associated characteristics**

Screening instrument	ASD attributes assessed	Age range	Format	Number of items & completion time	Sensitivity*	Specificity*
Asperger Syndrome Diagnostic Scale (ASDS; Myles, Simpson, & Bock, 2001)	Measures behaviours specific to Asperger syndrome including cognitive, maladaptive, social, and sensorimotor factors	5-18 years	Parent/ teacher rated  Rating scale	50 items  10-15 minutes	85%	-
Autism Behaviour Checklist (ABC; Krug et al., 1980)	Sensory, body and object use, language, social and self-help skills	>36 months	Parent rated  4 point Likert scale	57 items  15 minutes	58%	76%
Autistic Behavioural Indicators Instrument (ABII; Ward-King et al., 2010)	Social attention, sensory arousal, behaviour	24-72 months	Clinician rated	18 items  30 minutes	100%	-
Autism Detection in Early Childhood (ADEC; Young, 2007)	Preverbal behaviours - response to name, imitation, ritualistic play, joint attention and social referencing, eye contact, functional play, pretend play, reaction to sounds, gaze monitoring, delayed language, reciprocity of smile, following verbal commands, nestling, anticipation of social advances, use of gestures, task switching	12 months	Parent or nurse rated  Play based observation checklists	16 items  12 minutes	79-94%	88-100%

Baby and Infant Screen for Children with Autistic Traits (BISCUIT; Matson et al., 2009)	Adaptive behaviour, personal-social behaviour, communication, motor characteristics, cognitive behaviour	17-37 months	Parent rated	42 items 15 minutes	84%	86%
Autism Observation Schedule for Infants (AOSI; Bryson et al., 2008)	Visual tracking and attentional disengagement, coordination of eye gaze and action imitation, early social-affective and communicative behaviours, behavioural reactivity, and various sensory-motor behaviours	6 – 18 months	Clinician rated  Direct observational measure	18 items 20 minutes	84%	98%
Autism Quotient – Adolescent version (AQ-Adolescent; Baron-Cohen, Hoekstra, Knickmeyer, Wheelwright, 2006)	Social skills, attention switching, attention to detail, communication, and imagination	11-16 years	Parent rated  4 point Likert scale	50 items 10-15 minutes	89%	100%
Autism Quotient – Child version (AQ- Child; Auyeung, Baron-Cohen, Wheelwright, Allison, 2008)	Social skills, attention switching, attention to detail, communication, and imagination	4-11 years	Parent rated  4 point Likert scale	50 items 10-15 minutes	95%	95%
Autism Quotient – Short version (AQ-short; Hoekstra et al., 2011)	Difficulties with social skills, preference for routine, attention switching difficulties, difficulties with imagination, a fascination with numbers and patterns	18 +	Self-report  4 point Likert scale	28 items 5 minutes	94%	91%
Autism Spectrum Rating Scales (ASRS; Goldstein & Naglieri, 2010)	Peer Socialisation; Adult Socialization; Social/Emotional Reciprocity; Atypical Language; Stereotypy; Behavioural Rigidity;	2-18 years	Teacher and parent rated  5 point Likert	Full form - 70 items Short form – 15 items	-	-

	Sensory Sensitivity; Attention/Self-Regulation (ages 6 to 18 only); and Attention		scale	20 minutes/ 4 minutes for short form		
Checklist for Early Signs of Developmental Disorders (CESDD; Dereu et al., 2010)	Language development, eye contact, responsiveness, emotion, sensory behaviours, play behaviours, imitation, gestures, pointing, expressive behaviours, reciprocal behaviours	0-36 months	Child care worker rated	12 items	80%	-
Childhood Autism Spectrum Test (CAST; Scott, Baron-Cohen, Bolton, & Brayne, 2002)	Impairments in socialisation, communication, and behaviour in school-age children (e.g. peer relationships, conversational skills, intense areas of interest)	4-11 years	Parent questionnaire	37 yes/ no items 10 minutes	74-100%	97-98%
Diagnostic Behavioural Assessment for ASD – revised (DiBAS-R; Sappok et al., 2014)	Screening tool designed to assess for features of ASD such as social communication and interaction, and stereotypy, rigidity, and sensory abnormalities - in adults with intellectual disability	18+ years	Parent/ relative/ professional rated  4 point Likert scale	20 item 5-10 minutes	81%	81%
Early Screening of Autistic Traits Questionnaire (ESAT; Dietz et al., 2006)	Play behaviour, emotions, reaction to sensory stimuli	14-15 months	Parent questionnaire	14 item dichotomous yes/ no response  10 minutes	-	-
High Functioning Autism Screening Questionnaire (ASSQ; Ehlers, Gillberg, Wing, 1999)	Social interaction (11), communication (6), restricted and repetitive behaviours (5),	6-17 year olds	Parent/ teacher rated	27 item checklist 10 minutes	62-82% (parent)	23-42%

(see appendix S)	motor clumsiness and other associated symptoms (including motor and visual tics) (5)		3- point scale		65-70% (teacher)	
Joint attention-observation schedule (JA-OBS; Nygren et al., 2012)	Protodeclarative pointing, response to name, interest in peers, showing objects of interest to parents, imitation, responding to others pointing	20-48 months	Child nurse rated  M-CHAT and follow-up interview	5 items  5-10 minutes	86%	-
Modified Checklist for Autism in Toddlers (M-CHAT-F; Robbins, 2001)	Proto-declarative pointing, response to name, interest in peers, showing objects of interest to parents, imitation, responding to others pointing	18 – 30 months	Parent rated	23 yes/ no items  5-10 minutes	91%	95%
Modified Checklist for Autism in Toddlers, Revised with Follow-up (M-CHAT-R/F; Robins et al., 2014)	Protodeclarative pointing, response to name, interest in peers, showing objects of interest to parents, imitation, responding to others pointing	16-20 months	Parent rated  Yes/ no format	20 items  And follow-up interview	85%	99%
Pervasive Developmental Disorders Rating Scale (PDDRS; Eaves & Milner, 1993)	Arousal, affect, cognition	>12 months	Parent rated	51 items  60 minutes	-	-
Pervasive Developmental Disorders Screening Test-II, Primary Care Screener (PDDST-II PCS; Siegel, 2004)	Measures social interactions, communication, and atypical behaviours	18-48 months	Parent questionnaire	22 yes/ no items  10-15 minutes	85-92%	91%
Qualitative Checklist for Autism in Toddlers (Q-CHAT; Allison, Baron-Cohen, Wheelwright, Charman, Richler, Brayne, 2008)	Proto-declarative pointing, response to name, interest in peers, showing objects of interest to parents, imitation,	18-24 months	Parent rated  5 point Likert scale (0-4)	25 items  5-10 minutes	91%	89%

	responding to others pointing					
Screening for Infants with Developmental Deficits and/ or Autism (SEEK; Persson et al., 2006)	Sleep rhythm, eating rhythm, interaction, eye contact, body contact, bodily tonus	8 months	Parent and clinician rated observation	9 + 28 30-40 minutes	-	-
Screening Tool for Autism in Two-Year-Olds (STAT; Stone et al., 2000)	Play behaviour, imitation, communication	24-35 months	Child care worker rated	12 items 20 minutes	83%	86%
Social Attention and Communication Study (SACS; Barbaro & Dissanayke, 2010)	Social attention and communicative behaviours	8, 12, 18, 24 months	Clinician rated  Developmental surveillance	15 items 5 minutes	83%	99%
Social Communication Questionnaire (SCQ; Rutter et al., 2003)	Communication skills and social functioning in those suspected of having ASD  Based on the ADI-R	4 years and above (mental age of 2 years +)	Parent questionnaire: Lifetime and current versions	40 yes/ no items 10 minutes	74%	54%
Social Responsiveness Scale – Second Edition (SRS-2; Constantino & Gruber, 2012)	Measures social awareness, social information processing, reciprocal social communication, social anxiety, autistic traits, and preoccupations  Distinguishes autism spectrum conditions from other psychiatric conditions by identifying presence and extent	2-6, 4-6 > 4-0 to 18-0 > 19-89 > 19+ >	Four rating forms  Preschool form  School age form  Adult Form  Self-report form	65 items 15-20 minutes	92%	92%



	of autistic social impairment		1-4 Likert scale			
The First Year Inventory (FYI; Baranek, Watson, Crais & Reznick, 2003)	Social orientation and receptive communication, social affective engagement, imitation, expressive communication, sensory processing, regulatory patterns, reactivity, repetitive behaviour	12 months	Parent report questionnaire 46 Likert scale 14 multiple choice answers 2 open-ended questions A question for the parent asking what sounds the infant produces	59 items 10 minutes	92%	
Three-item direct observation screen test (TIDOS; Oner et al., 2013)	Joint attention, eye contact, responsiveness to name	18-60 months	Clinician rated	3 items 5 minutes	95%	85%
Young autism and other developmental disorders checkup tool (YACHT; Honda et al., 2009)	Development of motor function, communication and social interaction, pointing, and language comprehension	18 months	Clinician rated	18 items – questionnaire, interview with carers, and picture card test 10 minutes	82%	86%

\*Sensitivity refers to a test's or instrument's ability to correctly identify ASD or associated characteristics in individuals (i.e. true positive rate).

\*Specificity refers to a test's accuracy in correctly identifying those who do not possess the characteristics that a test is measuring (i.e. true negative rate)

**Table 4. ASD diagnostic instruments.**

<b>Diagnostic Instrument</b>	<b>ASD attributes assessed</b>	<b>Age range</b>	<b>Format</b>	<b>Number of items &amp; completion time</b>	<b>Sensitivity *</b>	<b>Specificity *</b>
Autism Diagnostic Interview (ADI-R; Rutter et al., 2003)	Reciprocal social interaction, communication and language, restricted and repetitive, stereotyped behaviours and interests	18 months and above	Clinician rated  Semi-structured interview	93 items  90 minutes	92%	89%
Autism Diagnostic Observation Schedule – Revised (ADOS-2; Lord et al., 2012)	Communication, social interaction, play, and restricted and repetitive behaviours	12 months +	Clinician delivered  Semi-structured play-based observation  4 point scale	5 modules  40-60 minutes	100%	61-90%
Childhood Rating Scale-Second Edition (CARS-2; Schopler, Van Bourgondien, Wellman, & Love, 2010)	Verbal and non-verbal communication, relating to people, visual response, imitation, social-emotional understanding, emotional response, object use, body use, adaption to change	2+ years	Clinician rated	Two 15 item rating scales  5-10 minutes	88%	86%
Developmental Diagnostic Dimensional Interview – short version (3Di-sv; Santosh et al., 2009).	Reciprocal social interaction, communication, and Stereotyped Repetitive Behaviours	3 years +	Parent-report  Computerised semi-structured interview	53 items  45 minutes	66.7-96%	54-96%

Diagnostic Interview for Social and Communicative disorders (DISCO; Wing et al., 2002)	Social-communication behaviours, socio-emotional behaviours reciprocity, stereotyped or repetitive behaviours/ motor movements or use of objects or speech, insistence on sameness, inflexibility, adherence to routine, ritualised patterns	Lifespan	Clinician led  Semi-structured interview schedule	300 questions  2-4 hour	96%	79%
Gilliam Asperger's Disorder Scale (GADS; Gilliam, 2001)	Social interaction, restricted patterns of behaviour, cognitive patterns, and pragmatic skills	3-22 years	Parent, teacher, psychologist rated  4 point scale	32 items  10 minutes	92%	-
Gilliam Autism Rating Scale – 2 <sup>nd</sup> Edition (GARS-2; Gilliam, 2006)	Stereotyped behaviours, communication, social interaction, and developmental disturbance	3-22 years	Parent/ teacher rated  Likert 3-point scale	42 item  5-10 minutes		

\*Sensitivity refers to a test's or instrument's ability to correctly identify ASD or associated characteristics in individuals (i.e. true positive rate).

\*Specificity refers to a test's accuracy in correctly identifying those who do not possess the characteristics that a test is measuring (i.e. true negative rate).

**Table 5. Cognitive functioning assessment batteries**

<b>Verbal assessment batteries</b>	<b>Age Range</b>
Bayley Scales of Infant & Toddler Development – Third Edition (Bayley-III; Bayley, 2006)	1-42 months
British Ability Scales – Second Edition (BAS-II; Elliott, Smith, & McCulloch, 1996)	2-17 years
Griffiths Mental Development Scales (Extended Revised) (GMDS-ER; Luiz, Barnard, Knoesen, Kotras, McAlinden, & O’Connell, 2004)	0-8 years - 11 months
NEPSY – Second Edition (NEPSY-II; Korkman, Kirk, Kemp, 2007)	3-16 years
The Wechsler Adult Intelligence Scale – Fourth Edition (WAIS-IV; Wechsler, 2008)	16-90 years
The Wechsler Individual Achievement Test- Third Edition (WIAT-III; NCS Pearson, 2009)	4.0-50.11 years
The Wechsler Intelligence Scale for Children – Fifth Edition (WISC-V, Wechsler, 2014)	6-16 years
The Wechsler Pre-School and Primary Scale of Intelligence – Third Edition (WPPSI-III, Wechsler, 1967)	2-6 years
Stanford Binet Intelligence Scale – Fifth Edition (SBS; Roid, 2003)	2-89 years

<b>Non-verbal assessment batteries</b>	<b>Age range</b>
Leiter International Performance Scale – Revised (Leiter-R; Michalec, 2011)	2-20 years
Test of Nonverbal Intelligence, 3 <sup>rd</sup> Edition (TONI; Brown, 2003)	6-89 years
Ravens Progressive Matrices (Raven, 2003)	5 years - adult

<b>Measure of Adaptive Functioning</b>	<b>Age Range</b>
Adaptive Behaviour Assessment System – Third Edition (ABAS-3; Harrison & Oakland, 2015)	Birth – 18 years
Vineland Adaptive Behaviour Scales, Third Edition (Vineland-3; Sparrow et al., 2016)	Birth – 90 years

# APPENDIX VI

## **SUMMARY REPORT FORM**





**Disability Act 2005  
Independent Assessment of Need**

**SUMMARY REPORT**

**Please complete in block capitals**

<b>1. Details of person assessed.</b>
<b>Name:</b>
<b>Address:</b>
<b>Parent's /legal guardian's name:</b> (if applicable)
<b>Address:</b> (if different from above)
<b>Phone No:</b>
<b>Date of Birth:</b> (of person assessed)
<b>Date of request for assessment:</b>
<b>Preschool or school details:</b>

**2. Details of assessor(s).**

**PLEASE NOTE**

If the assessment is carried out by a multi-disciplinary team as a team assessment, give the name of the team in this box and names of the two individual assessors below. If the assessment is carried by a single person or as a series of individual assessments, a separate Summary Report sheet is required for each professional involved.

**Assessed by:**

Assessor 1:

**Address:**

**Phone:**

**E-Mail:**

**Title:**

**Qualification:** \_\_\_\_\_

**Registration No:** \_\_\_\_\_

**Assessment Type:** \_\_\_\_\_

**Date assessment took place:** \_\_\_\_\_

Assessor 2:

**Address:**

**Phone:**

**E-Mail:**

**Title:**

**Qualification:** \_\_\_\_\_

**Registration No:** \_\_\_\_\_

**Assessment Type:** \_\_\_\_\_

**Date assessment took place:** \_\_\_\_\_

Assessor 3:

**Address:**

**Phone:**

**E-Mail:**

**Title:**

**Qualification:** \_\_\_\_\_

**Registration No:** \_\_\_\_\_

**Assessment Type:** \_\_\_\_\_

**Date assessment took place:** \_\_\_\_\_

Assessor 4:

**Address:**

**Phone:**

**E-Mail:**

**Title:**

**Qualification:** \_\_\_\_\_

**Registration No:** \_\_\_\_\_

**Assessment Type:** \_\_\_\_\_

**Date assessment took place:** \_\_\_\_\_



## Determination of Disability – Supporting Information

The Assessment Officer is required to state in the Assessment Report, whether or not this child / young person has a disability as defined in the Act. This determination will be informed by the answers you provide to questions 3 and 4 based on the information you have about this child / young person at present.

**3. According to your assessments, do you think that this child / young person has a disability? *i.e. a substantial restriction in their capacity to carry on a profession, business or occupation in the State or to participate in social or cultural life in the State by reason of an enduring physical, sensory, mental health or intellectual impairment. This substantial restriction is one which***

- *is permanent or likely to be permanent, results in significant difficulty in communication, learning or mobility or in significantly disordered cognitive processes and*
- *gives rise to the need for services to be provided continually to the person, or if the person is a child, to the need for services to be provided early in life to ameliorate the disability.*

<b>YES</b>		<b>NO</b>	
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**If you would like to qualify your answer to section 3 (above) please do so below.**

**4. According to your assessments, do you conclude that this restriction results in significant difficulty in one or more of the following?**

The relevant restriction must fit into at least one of these areas in order for the applicant to meet the necessary criteria to be defined as having a disability according to the Act.

	Tick as appropriate	
<b>Communication</b>	<b>Yes</b>	<b>No</b>
<b>Learning</b>	<b>Yes</b>	<b>No</b>
<b>Mobility</b>	<b>Yes</b>	<b>No</b>
<b>Significantly disordered cognitive processes</b>	<b>Yes</b>	<b>No</b>

**If you would like to qualify your answer to section 4 (above) please do so below.**

**5. Please outline the nature and extent of the restriction.**

The Disability Act 2005 requires a description of the nature and extent of the applicant's disability to be included in the final Assessment Report.

--

**6. Category of Disability:**

The Disability Act requires the HSE to issue a report annually specifying (inter alia), the number of persons to whom services identified in assessment reports have not been provided, including the ages and categories of disabilities of such persons. The categories listed below are not exhaustive. However, please tick as many boxes as are relevant. If the relevant category is not listed, please tick "No Category Specified at This Time" or "Other-Please Specify Below".

**NB:** The request to complete this section does not imply a request to carry out psychometric or diagnostic testing.

Intellectual Disability – Mild		Attention Deficit Hyperactivity Disorder	
Intellectual Disability – Moderate		Emotional & Behavioural Difficulties	
Intellectual Disability – Severe		Global Developmental Delay (Use only if no other category applies)	
Intellectual Disability – Profound		Other Mental Health Issues Please Specify Below	
Intellectual Disability - Unspecified			
Physical Disability		Specific Learning Disability (E.g. Developmental Co-ordination Disorder (DCD). May be more appropriate for the over 5s) Please Specify Below	
Hearing Loss / Deafness			
Visual Disability		No Category Specified at this Stage	
Primary Speech and Language		Other-Please Specify Below	
Autistic Spectrum Disorder			

Additional comment:





**9. Service user / parent / legal guardian priorities for service/intervention:**

--

**10. Any relevant findings not already summarised:**

--

**11. Please list any standardised assessment tools which were used. Or, if no named tools were employed, please provide a short description of the assessment process.**

--

**12. Name (Print)**

<b>Signed</b>		<b>Date</b>	

# APPENDIX VII

## INTERPARTY AGREEMENT FOR PRIVATE ASSESSMENTS

## Appendix VII



### Interparty Agreement Private Assessments of Need

I \_\_\_\_\_ (Clinician)

Qualification: \_\_\_\_\_

Validation: \_\_\_\_\_

Of: \_\_\_\_\_  
(name & address of company / practice)

Garda Clearance: Yes / No

Confirm that I carried out an Assessment of Need of:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I further confirm the following:

- *The Assessment of Need complies with the Standards for Assessment of Need as laid down by iHIQA.*
- *The Assessment of Need was undertaken without regard to resources available to provide recommended services.*
- *The Assessment of Need was carried out within the timeframe specified by the Assessment Officer and in compliance with the Act.*
- *That the Assessment Officer has been furnished with a complete report, including a report summary sheet within the timeframe set by the HSE and in compliance with the Act.*

Signed: \_\_\_\_\_ (Clinician)

Date: \_\_\_\_\_



# APPENDIX VIII

## **ASSESSMENT REPORT-NO DISABILITY**



# ASSESSMENT REPORT

Issued in accordance with the provisions of the Disability Act 2005

<b>Date of receipt of completed application form.</b>	
<b>Date on which Assessment Report is issued.</b>	

<b>1. Personal details of the person assessed.</b>			
<b>First Name</b>		<b>Family / Surname</b>	
<b>Address</b>			
<b>Telephone number</b>		<b>Gender</b>	
<b>Reference number</b>		<b>Date of Birth</b>	

<b>2. Initial reason for the assessment of need application.</b>
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<b>3. Additional concerns raised.</b>
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<b>4. Assessments.</b>
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<b>5. Determination as to whether or not the applicant meets the definition of disability as contained in the Disability Act 2005.</b>
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**I have determined that the applicant does not have a disability as defined by the Disability Act 2005.**

**6. Detail of reasons for the determination.**

**I have taken into consideration the information contained in Sections 2, 3 and 4 of this form.**

**In order to meet the definition of disability contained in the Disability Act 2005, an applicant must meet both of the following criteria.**

**In respect of the assessment carried out by [STAFF\_FULLNAME], the following has been found to be the case:**

<p><b>Does the child / young person have a disability? i.e. A substantial restriction in their capacity to carry on a profession, business or occupation in the State or to participate in social or cultural life in the State by reason of an enduring physical, sensory, mental health or intellectual impairment. This substantial restriction is one which</b></p> <ul style="list-style-type: none"> <li><b>• is permanent or likely to be permanent, results in significant difficulty in communication, learning or mobility or in significantly disordered cognitive processes <u>and</u></b></li> <li><b>• gives rise to the need for services to be provided continually to the person, or if the person is a child, to the need for services to be provided early in life to ameliorate the disability.</b></li> </ul>	<b>Yes</b>	<b>No</b>
<p><b>Does the restriction result in significant difficulty in one of the four areas of functioning listed in the Act? i.e. communication, learning, mobility, or significantly disordered cognitive processes.</b></p>	<b>Yes</b>	<b>No</b>

**Additional comments where applicable:**

<b>Name of Assessment Officer:</b>	
<b>Signature:</b>	
<b>Date:</b>	
<b>Community Health Organisation Area:</b>	

# APPENDIX IX

## **ASSESSMENT REPORT- DISABILITY**



## ASSESSMENT REPORT

Issued in accordance with the provisions of the Disability Act  
2005

<b>Date of receipt of completed application form.</b>	
<b>Date on which Assessment Report is issued.</b>	

<b>1. Personal details of the person assessed.</b>			
<b>First Name</b>		<b>Family / Surname</b>	
<b>Address</b>			
<b>Telephone number</b>		<b>Gender</b>	
<b>Reference number</b>		<b>Date of Birth</b>	

<b>2a. Initial reason for the assessment of need application.</b>	
<b>2b. Additional concerns raised.</b>	
<b>3. Assessments.</b>	

**4. Determination as to whether or not the applicant meets the definition of disability as contained in the Disability Act 2005.**

**I have determined that the applicant does have a disability as defined by the Disability Act 2005.**

**5. Nature and extent of the disability.**

**The assessments have shown that the nature and extent of [NAME]'s disability is as follows:**

**6. Health and education needs occasioned to the person by the disability.**

**Health needs have been identified as follows:**

**Education needs have been identified as follows:**

**In addition, the following needs have been identified and will be/ have been referred to the appropriate statutory body as listed.**

**7. Interventions/Services required.**

<b>Interventions/Services</b>	<b>Timescale</b>
7.1	
7.2	
7.3	
7.4	
7.5	
7.6	
7.7	
7.8	
7.9	
7.10	
7.11	
7.12	
7.13	
7.14	
7.15	
7.16	
7.17	
7.18	
7.19	

<b>8. Review date.</b>	
<b>This Assessment of Need is to be reviewed on:</b>	

<b>Name of Assessment Officer:</b>	
<b>Signature:</b>	
<b>Date:</b>	
<b>Community Health Organisation Area:</b>	

# APPENDIX X

## Review Template





## Review Report

*Issued in accordance with the provisions of Part 2 of the Disability Act (2005)*

<b>Personal details of the person reviewed.</b>			
<b>First Name</b>		<b>Family / Surname</b>	
<b>Address</b>			
<b>Telephone number</b>		<b>Gender</b>	
<b>Email</b>			
<b>Reference number</b>		<b>Date of Birth</b>	
<b>Date on which Assessment Report was issued</b>	<i>Note – this refers to the original report date – not the review report</i>		
<b>Nature and extent of the disability described in the Assessment Report</b> <i>(original report)</i>			
<b>Information considered as part of this review</b>			
<b>Current determination as to whether or not the applicant meets the definition of disability</b>			
<b>Current statement as to the nature and extent of the disability</b>			
<b>Current statement of education and health needs arising from the disability</b>			

<b>Other relevant information</b>
-----------------------------------

<b>Name of Assessment Officer:</b>	
<b>Signature:</b>	
<b>Date:</b>	
<b>Community Health Organisation Area:</b>	