



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

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5th July 2019

Deputy Thomas Broughan
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Dear Deputy Broughan

The Health Service Executive has been requested to reply directly to you in the context of the following parliamentary question, which was submitted to this department for response.

PQ 26212/19

To ask the Minister for Health the number and percentage of applications of assessments of needs under the Disability Act 2005 commenced within three and six months respectively, off a completed application being received as per the timeframes set out in SI No. 263 of 2007; and if he will make a statement on the matter.

HSE Response

The Disability Act 2005 provides for an assessment of the needs of eligible applicants occasioned by their disability. Children who qualify for an Assessment of Need under the Act have a right to:

- an assessment of their health and education needs arising from their disability
- an assessment report
- a statement of the services they will receive
- make a complaint if they are not happy with any part of the process

Assessment Pathway

Once referred for an Assessment of Need all children should follow a similar assessment pathway. The pathway involves three stages:

1. **The initial planning stage;** which is often referred to as the desktop assessment, is carried out by the assessment officer, who will clarify with Clinical Assessors the specific aim and purpose of assessing the child. The Team / Assessors will identify what is required to give a picture of this particular child's health needs, including which disciplines will carry out the assessments and the level and depth of assessments to be carried out. Assessors should be guided by what is normally accepted as good practice in assessment when a child is coming into their service.
2. **The actual Assessment of Need Process,** where Assessors interact with the child using formal and/or informal assessments either jointly or individually to form an opinion of the child's strengths and needs. Formal procedures for assessment may include the use of assessment tools or checklists or medical / clinical tests and procedures. Informal procedures include conversations with parents, informal observations of the child and other informal assessments as appropriate. This is referred to as Stage Two of the assessment process and should be commenced within 3 months of receipt of a completed application.
3. **Compilation of the report,** where all Assessors involved in the assessment of need process share outcomes and agree joint recommendations and goals. The Assessment of Need should be completed within 6 months of the application being accepted by the HSE



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Since the commencement of Part 2 of the Disability Act in June 2007, (The Act), the HSE has endeavored to meet its legislative requirements as set out in the Act. However, as a consequence of a High Court ruling of December 2009, the effect of which was to open eligibility to all children born after 1st June 2002, the number of children aged five and over, and in addition of school-going age, has risen steadily as a percentage of all applications received. At the end of 2011, the figure stood at 26%, while at end of 2018, this figure was 52%. This is a reflection that the AON process is an accumulative process in terms of numbers of children seeking access. It should be noted that the clinical teams who complete the assessments are also the teams who deliver intervention.

In 2018, 3,391 applications for assessment of need commenced stage 2 of the assessment process, with 70% (2,364) of these within 3 months of receipt of the completed application. In the first quarter of 2019 the percentage was at 71%.

In 2018, 4,237 applications for assessment of need were completed with 9% (374) completed within the 6 months timeline. In the first quarter of 2019 the percentage was at 6%.

It must be noted that the length of time to complete the assessment of need under the Disability Act varies depending on the person's complexity of need; however, the average duration of the assessment process per report completed in the years from 2009 to 2018 are included in the table below. Please note that this table is based on data extracted from the Assessment Officers' System Database (AOS) and provides the national average for each year.

Year	2010	2011	2012	2013	2014	2015	2016	2017	2018
No. of Months	9.5	9.4	8.9	8.9	9.1	10.4	11.5	12.9	18.48

Waiting Lists

It is acknowledged that the numbers of assessments overdue for completion remain high, although there has been some improvement in these figures in 2018 and 2019. At end of 2017 there were 4,067 applications overdue for completion.

The table below provides the number of applications for Assessment of Need under the Disability Act that were overdue for completion on the last day of the Quarter in 2018 and Quarter 1, 2019, broken down by CHO Area. The information is based on data extracted from the Assessment Officers' System Database (AOS). The number of reports overdue for completion has been decreasing steadily from early 2017.

CHO Area	Quarter 1 2018	Quarter 2 2018	Quarter 3 2018	Quarter 4 2018	Quarter 1 2019
AREA 1	198	220	213	140	103
AREA 2	71	57	33	35	39
AREA 3	134	215	183	295	313
AREA 4	1771	1571	1192	1013	959
AREA 5	400	421	404	401	400
AREA 6	59	50	81	103	115
AREA 7	538	500	550	474	478
AREA 8	402	434	469	491	454
AREA 9	531	442	595	659	707
Total	4104	3910	3720	3611	3568

The overdue dates are compared against the 'milestone complete Assessment Date' on the database. The Assessment Officer can extend the 'milestone complete Assessment Date' beyond the statutory timelines as provided for in the regulations. Applications that were put 'on hold' are NOT included in this table.

CHO Improvement Plans

Each CO is required to have in place plans to ensure compliance with AON. The National Disability Operations Team both supports and monitors the effectiveness of these plans on a routine basis. Having regard to the evidence as set out above, there is reason to believe that these plans are showing some positive effect in terms of dealing with non-compliance. However it is critically important to note that there are “structural” and “resource” challenges that impact on CHOs capacity to deal effectively with AON compliance. Therefore, additional to the aforementioned, important attention is paid to the following actions being implemented as part of an overall plan to improve the effectiveness and delivery of family centred interventions with children and young people with a disability.

Revised Standard Operating Procedure for AON

The implementation of the Disability Act should be considered in the context of the wider reform of children and young people's disability services. It is within this context that HSE is seeking to standardise its operational approach to the assessment of disability need under the 2005 Act. Significant work has taken place by way of consultation and there remains in place an engagement with Forsa around the introduction of a Standard Operating Procedure to ensure consistency and equity of approach amongst the various clinicians that play a role in providing assessments under the 2005 Act. HSE have secured legal advice and an independent clinical opinion regarding this procedure. It is hoped that this will provide the necessary reassurance to stakeholders to support implementation of the SOP in Q3 2019.

Additional funding for Therapeutic services across both Disability and Primary Care

NSP 2019 has provided for an additional 100 new therapy posts to be implemented over 2019/ 2020 to the Children's Disability networks. This is additional to existing resources in this area as follows:

- The above should be considered in light of previous investment secured by the HSE for therapeutic services has been invested in the Progressing Disability Services for Children and Young People (0-18s) Programme (PDS). Since 2014, the roll out of the PDS has entailed targeted investment of €14m and the provision of 275 additional therapy staff, to increase services for children with all disabilities.
- In 2013, additional funding of €20m was provided to strengthen primary care services. This comprised over €18.5m for the recruitment of over 260 primary care team posts and over €1.4m to support community intervention team development.
- There was also a €4m allocation within the 2016 Service Plan to facilitate the recruitment of Speech and Language Therapists to address waiting lists as part of the overall Speech and Language Therapy waiting list initiative within Primary Care and Social Care. The allocation provides for an additional 83 posts.
- In addition, the recruitment of a further 40 posts in Occupational Therapy (OT) commenced in Quarter 4, 2018. Currently the OT Service Improvement Working Group is reviewing options pertaining to the allocation of posts across CHO Areas. This is being done in conjunction with the findings of the OT Service Improvement report for Primary Care.

However, additional resources are required. The *Report on the Future Needs of Disability Services* (April 2018) estimates an additional 400 posts are required to provide adequate staffing levels to meet the demand for children's disability services and the HSE is working to address this. Budget 2019 has provided for a funding commitment to provide an additional 100 therapy posts specific to the Disability Network Teams to be established.

Progressing Disability Services for Children & Young People (0-18 years)

In terms of the structure of network teams providing services to children with complex disability needs, HSE is rolling out the Progressing Disability Services for Children and Young People (PDS) Programme, which requires a reconfiguration of all current HSE and HSE funded children's disability services into geographically-based Children's Disability Network Teams (Early-Intervention and School-aged or 0-18 Teams). This

Programme aims to achieve a national equitable approach in service provision for all children based on their individual need and regardless of their disability, where they live or where they go to school. Based on the recommendations of the Report of the National Reference Group on Multidisciplinary Services for Children aged 5-18 Years (2009), its objectives are:

- One clear pathway to services providing equity of access for all children with disabilities, according to their need.
- Effective teams working with partnership with parents and Education to support children in achieving their potential.
- Available resources used to the optimum benefit for children and their families.

PDS is doing this by forming partnerships between all the disability organisations in an area and pooling their staff with expertise in the different types of disabilities to form local Children's Disability Network Teams (CDNTs) who will provide for all children with significant disability, regardless of what their disability is.

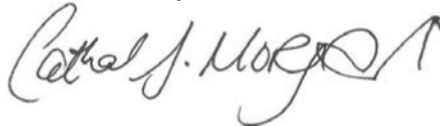
In tandem with Health service reform which seeks to have Health and Social Care "Networks" in place, HSE is well underway in terms of establishing a total of 96 Children's Disability Networks across each of the nine CHOs. A key enabler to establishment of the remaining Children's Disability Network Teams is the recruitment of the Children's Disability Network Managers. The recruitment process for these posts is well advanced and the HSE is awaiting the outcome of an Industrial Relations process before appointing the successful candidates.

National Policy on Access to Services for Children with a Disability or Developmental Delay

National HSE Disability and Primary Care are working together collaboratively with Community Health Organisations via their Chief Officers to support implementation of the HSE's National Policy on Access to Services for Children with a Disability or Developmental Delay. This policy will provide a single point of entry, signposting parents and referrers to the most appropriate service (Primary Care for non-complex functional difficulties and Children's Disability Network Teams for complex functional difficulties).

It is expected that the re-configuration of services under Progressing Disability Services for Children and Young People (0-18s) Programme will have a significant impact on our ability to meet the needs of children and young people in a more efficient, effective and equitable manner and, in particular, on our ability to comply with the statutory time-frames set out in the Disability Act.

Yours sincerely,



Dr. Cathal Morgan,
Head of Operations - Disability Services,
Community Operations