



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

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Dear Deputy Butler

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 22903/19**

*To ask the Minister for Health the reason some HSE disability services in various CHOs are reluctant to accept privately sourced assessment of needs diagnosis for ASD which parents have privately undertaken from qualified medical personnel due to the length of the waiting lists; and if he will make a statement on the matter.*

#### **HSE Response**

##### **Assessment of Need - Private Assessments**

The intention of the Assessment of Need process is to identify the health needs resulting from the child's disability. It is a matter for clinicians, based on their experience and qualifications, to decide how best to evaluate the needs at the time of the child being assessed. The Act does not give the right to a specific assessment at a particular point in time. Nor does it give a right to access to a diagnosis unless it is required at that time to identify the health needs occasioned by the disability. Therapists in private practice have been contracted to conduct assessments, where appropriate. Guidance Notes have been issued to Assessment Officers for use when contracting private practitioners to undertake assessments under the Disability Act, to help ensure that the needs of children are being assessed in line with the provisions of the legislation and in line with the standards laid down by iHIQA.

In some instances families source private assessments which may facilitate access to educational supports such as special schools or classes. In many cases these are unidisciplinary assessments. In general HSE or HSE funded services, in line with best practice guidelines, use a multidisciplinary approach to assessment, specifically to ASD assessment. While these services will take cognisance of any unidisciplinary reports that may be available, they will undertake a multidisciplinary assessment where appropriate, to confirm a diagnosis and to determine the necessary interventions.

##### **Important contextual information regarding Assessment of Need under Disability Act**

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 1<sup>st</sup> 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.

### **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.

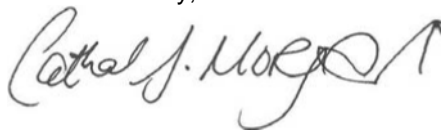
In tandem with Health service reform which seeks to have Health and Social Care "Networks" in place, HSE is well underway in terms of establishing a total of 96 Children's Disability Networks across each of the nine CHOs. A key enabler to establishment of the remaining Children's Disability Network Teams is the recruitment of the Children's Disability Network Managers. These posts were advertised on 19<sup>th</sup> November 2018 and the recruitment process is well advanced with these Senior Management Posts intended to be in place by Quarter 2, 2019.

## **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, Social Care Division**