



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Oifig an Cheannaire Oibríochtaí,
Na Seirbhísí Míchumais/An Rannán Cúram Sóisialta,
31-33 Sráid Chaitríona, Luimneach.

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17th October 2019

Deputy Margaret Murphy O'Mahony,
Dail Eireann,
Leinster House,
Kildare Street,
Dublin 2.
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Dear Deputy Murphy O'Mahony,

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 40495/19

To ask the Minister for Health the number of children at the end of September 2019 or latest date available that were awaiting a first assessment from the HSE under the Disability Act 2005 by LHO area in tabular form.

HSE Response

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. While the number of applications reduced in 2018, this figure has increased during the first half of 2019. It should be noted that the clinical teams who complete the assessments are also the teams who deliver intervention.

The Disability Act 2005 outlines the statutory timelines under which Assessments of Need under the Act must be completed. National service plans have set targets of 100% compliance with these statutory timelines, however, it has not been possible for the HSE to achieve these targets.

Table 1 on the next page gives the data on the Assessments of Need that were overdue for completion on the last day of Quarter 2 2019 broken down by LHO and CHO Area. 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. Information on data for the end of Quarter 3/ September 2019 is not yet available.

Table 1: Applications overdue for Completion

CHO	LHO	Total Overdue ¹	Overdue/ Exceptional Circumstances ²	Overdue/ No Exceptional Circumstances
AREA 1		72	2	70
	Cavan/Monaghan	52	0	52
	Donegal	19	1	18
	Sligo/Leitrim	1	1	0
AREA 2		46	5	41
	Galway	22	5	17
	Mayo	24	0	24
	Roscommon	0	0	0
AREA 3		372	7	365
	Clare	47	5	42
	Limerick	191	2	189
	Tipperary N.R	134	0	134
AREA 4		905	17	888
	Kerry	27	0	27
	Cork North	126	2	124
	Cork North Lee	389	7	382
	Cork South Lee	342	7	335
	Cork West	21	1	20
AREA 5		401	12	389
	Carlow/Kilkenny	48	1	47
	Tipperary S.R	49	0	49
	Waterford	94	6	88
	Wexford	210	5	205
AREA 6		157	2	155
	Dublin South East	7	0	7
	Dublin South	20	0	20
	Wicklow	130	2	128
AREA 7		500	0	500
	Dublin South City	38	0	38
	Dublin South West	162	0	162
	Dublin West	81	0	81
	Kildare/West Wicklow	219	0	219
AREA 8		454	34	420
	Laois/Offaly	332	26	306
	Longford/Westmeath	6	0	6
	Louth	59	1	58
	Meath	57	7	50
AREA 9		861	44	817
	North Dublin	471	7	464
	Dublin North Centre	61	6	55
	North West Dublin	329	31	298
Total		3768	123	3645

¹ All assessment reports that were not completed within 6 months of application or within 3 months of Start Stage 2 and before the end of the quarter are included in this report.

² The number of Assessment Reports for which an extended time-frame was negotiated with the parent on the grounds of there being exceptional circumstances as provided for in paragraph 10 of the regulations. Consent to extension is only valid if agreed extension date has not already passed.

Actions to improve waiting lists

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.

New Standard Operating Procedure (SOP) for Assessment of Need (AoN)

The Disability Act (2005) provides for an Assessment of Need (AoN) for people with disabilities. Any child suspected of having a disability, born on or after June 1st 2002 is eligible to apply for an Assessment of Need that will detail his / her health needs arising from the disability. The Act does not define this assessment and the process is not standardised across the country. This lack of standardisation and clarity has contributed to significant delays in the Assessment of Need process. In addition, the Assessment of Need, being an accumulative process, has resulted in resources being targeted almost exclusively towards assessment with some children receiving very limited intervention.

As required by the standards for Assessment of Need, there should be a consistent approach to assessments across the country. To improve this process and ensure that children receive an intervention as soon as is possible, the HSE has developed a Standard Operating Procedure for the Assessment of Need process. The purpose of this procedure is to ensure children with disabilities and their families, access appropriate assessment and intervention as quickly as possible. In addition, this procedure will ensure that the approach to Assessment of Need is consistent across all areas.

The HSE is currently concluding a lengthy consultation and IR engagement regarding the implementation of this procedure. An independent clinical advisor and legal advisors have provided the necessary assurances regarding the appropriateness of the Standard Operating Procedure. It is intended that the procedure will be implemented as soon as the on-going industrial relations engagement with Forsa is completed (Quarter 1 2020).

Reform of Children’s Disability Services - Progressing Disability Services Policy

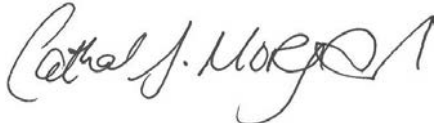
In terms of the structure of network teams providing services to children with complex disability needs, HSE is rolling out the Progressing Disability Services for Children and Young People (PDS) Programme, which requires a reconfiguration of all current HSE and HSE funded children’s disability services 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, the HSE is establishing a total of 96 Children's Disability Networks across each of the nine CHOs and comprised of Specialist Multi- Disciplinary Teams to work with complex disability needs. Each Network will have a Children's Disability Network Manager with specialist expertise in providing Childrens disability clinical services. The appointment of these Network Managers is now underway given that the interview and selection process is complete.

Yours sincerely,



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