



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

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

Office of the Head of Operations,
Disability Services/Social Care Division,
31-33 Catherine Street, Limerick.

T: 00353 (0) 61 483369

Suíomh Gréasáin/Website: <http://www.hse.ie>

16th November 2020

Deputy Holly Cairns,
Dail Eireann,
Leinster House,
Kildare Street,
Dublin 2.
E-mail: holly.cairns@oireachtas.ie

Dear Deputy Cairns,

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

PQ 32902/20

To ask the Minister for Health if her attention has been drawn to a report from the Ombudsman for Children (details supplied); and if he will make a statement on the matter.

Details Supplied: Unmet Needs: A report on the challenges faced by children in Ireland who require an assessment of their needs.

PQ 33940/20

To ask the Minister for Health if his attention has been drawn to the 5,533 assessments of need for children which are overdue; and if he will make a statement on the matter.

HSE Response

The HSE welcomes the publication of a report by the Ombudsman for Children's Office (OCO) in relation to Assessments of Need under Part 2 of the Disability Act (2005). The OCO has done substantial work in this area and has consulted with a wide range of stakeholders. The HSE particularly welcomes the recommended review of Part 2 of the Disability Act (2005) and the relevant sections of the Education for Persons with Special Education Needs Act (2004) (EPSEN). The HSE is committed to actively participating in any review of this legislation.

Since its commencement in June 2007, the HSE has endeavoured to meet its legislative obligations under 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 2019, this figure was 55%. This is a reflection that the AON process is an accumulative process in terms of numbers of children seeking access. However, it is acknowledged that the numbers of assessments overdue for completion remain high, although there had been some improvement in these figures in 2018 and 2019 prior to the COVID-19 public health emergency.

The Disability Act requires the HSE to provide a consistent approach to Assessments of Need across the country. The HSE acknowledges that this has not been the case and that approaches to assessment and waiting times have varied.

To help address this situation, the HSE has implemented a Standard Operating Procedure (SOP) for the Assessment of Need process to ensure that;

- children with disabilities and their families access appropriate assessment and intervention as quickly as possible
- the approach to Assessment of Need is consistent across all areas.

In line with this procedure, an Assessment of Need will include a Preliminary Team Assessment that will identify initial interventions and any further assessments that may be required. This preliminary assessment will usually be undertaken by a children's disability service that are also tasked with delivering intervention. While not required by the Act, diagnostic assessments will continue to be provided, as appropriate, and these will be captured in the child's Service Statement as part of the Assessment of Need process.

These changes are intended to alleviate the current situation where children in some parts of the country may wait a number of years before they can access an assessment. During this waiting period, they often have little or no access to intervention or support. It is intended that the changes in the SOP, particularly the new preliminary assessment, will facilitate children with disabilities to access assessment in a timelier fashion.

The HSE believes that the implementation of this SOP and the planned reorganisation to Children's Disability Network Teams (CDNTs), will have a positive impact on the lives of the children and young people who require our services.

The recent allocation of €7.8 million to address overdue Assessments of Need will further support the HSE and its funded service providers to meet the legislative timelines for Assessment of Need.

This funding has been allocated to CHO areas based on the numbers of overdue AONs at 30th June 2020. Each CHO area has developed a plan to address this backlog through a combination of:

- Restoration of relevant clinicians to children's disability services
- Waitlist initiative utilising existing clinicians working overtime at weekends or evenings
- Procurement of private assessments
- Commitment to filling maternity leaves
- Recruitment of Additional Clinical Staff for fixed term contracts of 6 months from 1/9/20

The HSE acknowledges the challenges in meeting the demand for children's disability services and is acutely conscious of how this impacts on children and their families.

A number of service improvements are being introduced that, when implemented, will help improve access to services for children with disabilities and developmental delays. The overall programme of improvement is the ongoing roll out of Progressing Disability Services for Children and Young People (PDS). This requires the reorganisation of all current HSE and HSE funded children's disability services into geographically-based CDNTs.

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 the CDNTs. These teams will provide for all children with significant disability, regardless of their diagnosis, where they live or where they go to school.

The HSE is establishing a total of 91 Children's Disability Networks across each of the nine CHOs comprised of Specialist Inter-Disciplinary Teams to work with children with complex disability needs. Each Network will have a Children's Disability Network Manager with specialist expertise in providing

children's disability clinical services. The appointment of these managers will facilitate the establishment of the Children's Disability Network Teams later this year.

This PDS reconfiguration and the elimination of AON backlogs will facilitate reconfigured teams to provide child and family centred services in line with the PDS model.

Yours sincerely,



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