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16th December 2021

Deputy Joan Collins,
Dail Eireann,
Leinster House,
Kildare Street,
Dublin 2.
e-mail: joan.collins@oireachtas.ie

Dear Deputy Collins,

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 57257/21

To ask the Minister for Health the steps he is taking to resolve the lack of services for assessments of need nationwide, particularly in CHO7 in which persons are waiting for more than 17 months on waiting lists.

HSE Response - Assessment of Need

Historically children's disability services have been provided by a range of statutory and non-statutory service providers that delivered services based on a child's diagnosis or age. The type and level of service provided varied widely across the country. This resulted in a situation whereby access to services depended on where the child lived, where they went to school, their age and their diagnosis with some children having limited or no access to services.

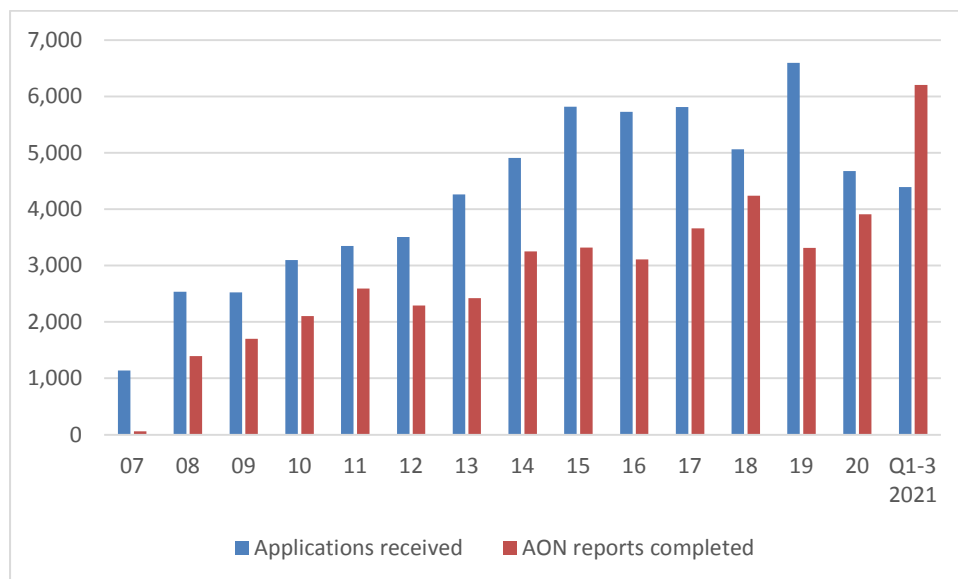
In parallel, many families were advised to apply for an Assessment of Need (AON) under the Disability Act (2005) as a means of securing a diagnosis and subsequent access to services and educational supports. Consequently, waiting times for AON increased and the HSE was unable to meet its legislative obligations in this regard.

Since the Disability Act commenced 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, has risen steadily as a percentage of all applications received. At the end of 2011, the figure stood at 26%, while throughout 2020, this figure averaged 54%. This is a reflection that the AON process is an accumulative process in terms of numbers of children seeking access.

Assessment of need (AON) activity data is reported quarterly. Therefore, the most up to date position will be available in late January 2022. However, a preliminary analysis of the assessment of need process shows that approximately 2,067 applications for assessment of need were overdue completion at end November 2021. This includes assessments that are overdue due to exceptional circumstances.



The number of AON reports completed in the first 9 months of 2021 is the highest since the commencement of the Act in 2007. The graph below provides detail regarding the number of applications received and reports completed each year.



The increase in activity to date in 2021 can be attributed to the additional funding allocated to the AON process via Slaintecare. This has been utilised to provide additional assessments through a range of options including overtime for existing staff and private procurement. Seven of the nine CHO areas have achieved significant reductions in the numbers of overdue AONs since the commencement of this project.

In addition, the HSE has provided a higher number of service statements in 2021 than in any year since commencement of Part 2 of the Act. In the first nine months of this year, 3,108 service statements have been completed.

Standard Operating Procedure for AON

An internal HSE review of the practice of implementation of Part 2 of the Act in 2016 confirmed anecdotal evidence that the approach to AON was not consistent across the country. It was apparent that practice varied widely across the 9 Community Health Organisation (CHO) areas as well as within CHO areas. While a large number of “Guidance Notes” regarding AON processes had been issued since 2007, there had been no nationally standardised or agreed definition of an Assessment of Need. This led to an inconsistent approach to assessment as well as inequity in terms of time afforded to ‘assessment’ versus ‘support or treatment’ interventions with children and their families.

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, Stage 2 of the Assessment of Need process comprises 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. The Standard Operating Procedure provides an indicative timeframe for this assessment, however, the format for each assessment is a matter for the assessing clinicians and will be based on the information provided through the stage 1 desktop assessment. 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 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.

Preliminary Team Assessment

The format for each PTA is a matter for the assessing clinicians. The guidance for assessors included in the SOP suggests that this assessment should include;

- Discussion with parents / guardians to establish case history information, explore their concerns and profile their goals for the child
- Assessment of the child's needs through the following as appropriate
 - Informal observation
 - Play based assessment
 - Administration of screening assessment tools
 - Administration of formal or informal assessment tools
 - Discussion with the child / young person

Furthermore, the guidance also states that no family should leave the clinic without some strategies to support the child / young person.

Some teams may have scheduled initial appointments with children and families that coincide with the timeframe for that child's AON. In such cases teams are not expected to duplicate and may complete their AON report based on the scheduled assessment.

Activity data with regard to Preliminary Team Assessments up to end November 2021, indicates that 4,640 PTAs have been completed. 86% of children were referred for intervention on the basis of this assessment with 54% requiring some further assessment.

Resources

In August 2020 the HSE secured €7.8m to address overdue Assessments of Need (AON). This funding provided a very welcome and timely opportunity to address AON backlogs as implementation of the Standard Operating Procedure for Assessment of Need and the reconfiguration of all children's disability services to Children's Disability Network Teams (CDNTs) will ensure that further backlogs do not occur.

Furthermore, the elimination of these waiting lists will support the new CDNTs to deliver child and family centred services in line with the Progressing Disability Services for Children & Young People (PDS) model.

Each Community Healthcare Organisation developed plans to address backlogs in their areas. These plans took a multifaceted approach and included:

1. Restoration of relevant clinicians to children's disability services
All areas in the first instance ensured that all clinicians reassigned to COVID-19 related duties were returned to their pre-existing roles and participate in the AON process.
2. Waitlist initiative utilising existing clinicians working overtime at weekends or evenings



This approach had most impact in areas that had relatively small numbers of overdue assessments

3. Procurement of private assessments
4. Recruitment of Additional Clinical Staff for fixed term contracts of 6 months from 1/9/20

Because of the time bound nature of this project the recruitment of additional therapists and psychologists could only be considered in areas with very high numbers of overdue assessments. Rapid recruitment in partnership with lead agencies facilitated, in some cases, the establishment of a dedicated AON assessment team for a defined 6-month period. These teams were established using a mix of experienced and new staff.

The following table provides a breakdown of the numbers of overdue Assessments of Need and the allocation of funding to each Community Healthcare Organisation (CHO). This was calculated on the basis of overdue assessments at 30th June 2020.

CHO	Total Overdue Assessments	Cost
CHO1	138	€214,386
CHO2	100	€158,808
CHO3	589	€680,559
CHO4	1,098	€1,163,299
CHO5	643	€692,874
CHO6	257	€362,852
CHO7	1,056	€1,702,380
CHO8	764	€901,029
CHO9	1,913	€1,973,896
Total	6,558	€7,850,084

The table below shows the progress made up to end November 2021 in relation to the backlog of overdue assessments, which has reduced from 6,558 in June 2020 to 397 at end of November 2021. CHOs 1, 2, 4, 5, 6, 7 and 8 have cleared those assessments that were overdue at 30th June 2020. Across the country 94% of those assessments have been completed. (Note: This activity data refers only to those AONs that were overdue at 30/6/2020).

CHO	Overdue @ 30/6/20	Outstanding @ 30/11/21
CHO1	138	0
CHO2	100	0
CHO3	589	5
CHO4	1098	0
CHO5	643	0
CHO6	257	0
CHO7	1056	0
CHO8	764	6
CHO9	1913	392
Total	6558	397

It is acknowledged that while CHO 7 has completed the AONs that were overdue in June 2020, further backlogs have built up. CHOs including CHO 7 are experiencing challenges whereby as a consequence of litigation, they are required to prioritise assessments and reviews required under Court Orders.

CHO7 has had a particular issue regarding the resources required to complete the administrative aspect of the AON process. This area is currently progressing a project whereby this work is outsourced for completion.



Progressing Disability Services for Children & Young People (PDS) programme

The implementation of the Progressing Disability Services for Children & Young People (PDS) programme is agreed Government and HSE policy. This policy supports the reconfiguration of children's disability services across all statutory and non statutory organisations into Children's Disability Network Teams (CDNT) to provide equitable, child and family centred services based on need rather than diagnosis, where the child lives or goes to school. Each Community Healthcare Organisation are working with key stakeholders in their area including parents and education services to ensure that appropriate arrangements are put in place to facilitate in-reach services to special school settings as appropriate to the needs of the children accessing services.

The Progressing Disability Services for Children and Young People (PDS) model addresses the previous inequity in service provision whereby there may have been an excellent service for some children and little or no service for others. This variance may have been linked to diagnosis, age group or geography. Under the PDS programme children's disability services are changing from diagnosis based to needs based, so that all children with a disability or developmental delay have access to the right service based on their needs no matter where they live.

The National Policy on Access to Services for Children & Young People with Disability & Developmental Delay policy provides 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).

The HSE is committed to the full implementation of the Progressing Disability Services for Children and Young People Programme (PDS). PDS is a significant change programme for the provision of services and supports for children from birth to 18 years of age, in line with Sláintecare and the Programme for Government, in order to:

- Provide a clear pathway and fairer access to services for all children with a disability
- Make the best use of available resources for the benefit of all children and their families
- Ensure effective teams are working in partnership with families and with education staff to support children with a disability to reach their full potential.

PDS aligns with two clear objectives of The Sláintecare Report to:

- Provide the majority of care at or as close to home as possible
- Create an integrated system of care with healthcare professionals working closely together.

Children's Disability Network Teams (CDNTs)

In line with the PDS model, resources assigned to children's disability services are allocated to the birth – 18 CDNTs, 91 Children's Disability Networks (CDN) are aligning to 96 Community Healthcare Networks (CHNs) across the country and each Children's Disability Network will have one CDNT providing services and supports for children aged from birth to 18 years of age. Early Intervention Teams and School Age Teams already in place are reconfiguring into birth-18 CDNTs. On full reconfiguration of children's disability services into CDNTs, every child across the country with complex needs arising from their disability will have access to a CDNT

CDNTs are teams of health and social care professionals, including nursing, occupational therapy, psychology, physiotherapy, speech and language therapy, social work and others. The team works closely together in a family centred model, focusing on the child's and family's own priorities. Once all teams are in place, every child with complex needs will have access to a team, regardless of the nature of their disability, where they live, or the school they attend.

Children and their families will have access to the full range of services and supports of the CDNT according to their individual needs. This includes universal, targeted and specialist supports, such as individual therapeutic intervention and access to specialist consultation and assessment when



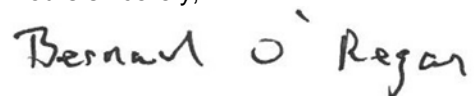
needed. Supports will be provided as is feasible in the child's natural environments - their home, school and community.

Since 2019, 285 development posts have been allocated to children's disability services across the country. This is broken down as follows:

- 100 posts provided in NSP 2019
- 100 posts provided in NSP 2021
- 85 posts for services in special schools approved mid 2021

Services in most parts of the country have now reconfigured to CDNTs. The remaining teams in will be established before the end of 2021, thereby all 91 CDNTs will be in place and delivering services at that time.

Yours sincerely,



Bernard O'Regan
Head of Operations - Disability Services,
Community Operations