



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

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

T: 00353 (0) 61 483369

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

20th December 2021

Deputy Michael Moynihan,
Dail Eireann,
Leinster House,
Kildare Street,
Dublin 2.
e-mail: michael.moynihan@oireachtas.ie

Dear Deputy Moynihan,

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 61762/21

To ask the Minister for Health the number of children as of 1 December 2021 or the latest date available that were awaiting a first assessment from the HSE under the Disability Act 2005 by local health office area in tabular form.

HSE Response

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, 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 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. However, it is acknowledged that the numbers of assessments overdue for completion remain high.

Activity for the year (up to end Quarter 3) indicates that there has been significant progress in the number of Assessment of Need reports completed during the year, 6,204 by end of September. This has led to a significant reduction in the total number of applications 'overdue for completion', which now stands at 2,720 (excluding those applications 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).

Applications overdue for Completion

CHO	Overdue	Overdue/ Exceptional Circumstances	Overdue/ No Exceptional Circumstances	<1 month	1 - 3 Months	>3 Months
AREA 1	25	16	9	11	6	8
AREA 2	10	1	9	6	3	1
AREA 3	41	8	33	10	5	26
AREA 4	758	22	736	93	108	557
AREA 5	107	12	95	25	19	63

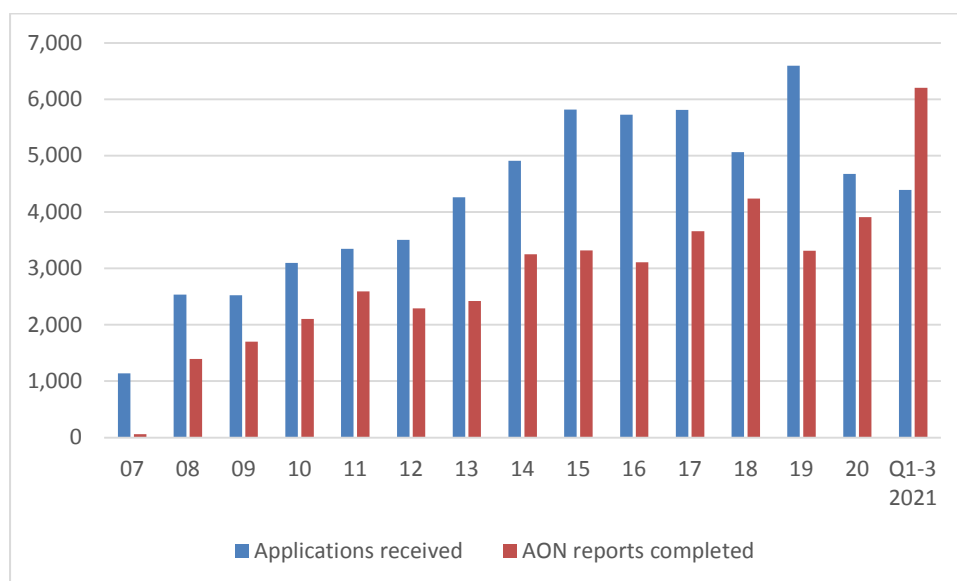


AREA 6	65	0	65	28	19	18
AREA 7	899	1	898	124	118	657
AREA 8	157	12	145	50	39	68
AREA 9	845	115	730	113	145	587
Total	2907	187	2720	460	462	1985

¹All 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.

²The 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.

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.

Overall Reform of Children's Disability Services

A number of service improvements are being introduced that, when implemented, will help improve access to services including therapy services for children with disabilities and developmental delays.

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.

The 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 PDS programme. PDS is a significant change 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.

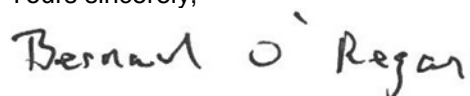
Children and their families will have access to the full range of services and supports of the CDNT according to their individual needs. This includes universal, targeted and specialist supports, such as individual therapeutic intervention and access to specialist consultation and assessment when needed.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