



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

Oifig an Cheannaire Oibríochtaí,  
Na Seirbhísí Míchumais/An Rannán Cúram Sóisialta,  
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4<sup>th</sup> March 2021

Deputy Mark Ward,  
Dail Eireann,  
Leinster House, Kildare Street,  
Dublin 2.  
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Dear Deputy Ward,

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: 9019/21**

*To ask the Minister for Health the impact for a parent in obtaining the additional treatments for the development of their child in a public setting in cases in which the parent obtained an assessment of needs report privately; and if he will make a statement on the matter.*

**PQ: 11749/21**

*To ask the Minister for Health the way in which privately submitted assessments of needs to the HSE are collated; and if they are included in the overall assessment of needs completed figures.*

**PQ: 11748/21**

*To ask the Minister for Health the number of parents that have submitted an assessment of needs to the HSE that they obtained privately; and if he will make a statement on the matter.*

**PQ: 11750/21**

*To ask the Minister for Health if there are impediments for parents who privately submitted assessments of needs in accessing additional treatments for their children; and if he will make a statement on the matter.*

**HSE Response**

The intention of the Assessment of Need process is to identify the health needs resulting from a 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. On occasion, therapists in private practice have been contracted to conduct assessments. The HSE Standard Operating Procedure for Assessment of Need provides direction for Assessment Officers when contracting private practitioners to undertake assessments under the Disability Act. This ensures 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.

The Standard Operating Procedure also provides guidance regarding the inclusion of existing reports in the Assessment of Need process.

Assessments completed in the previous twelve months can be included as part of the Assessment of Need if the following conditions are fulfilled:

- The assessments have been carried out either by HSE staff or staff employed by HSE-funded agencies, where they have been commissioned by the HSE from private providers or where the family present reports from private providers or from service providers in other jurisdictions.
- It is possible to verify that the assessment was carried out in line with the standards associated with the legislation.
- It is possible to generate an assessment report in line with the legislation i.e. where the need is identified and outlined without regard to the cost or capacity to provide services.
- The Assessment Officer has parental consent to include the report as part of the Assessment of Need and that this report meets all of the above criteria.

With regard to the query regarding the way in which privately submitted assessments of needs to the HSE are collated; and if they are included in the overall assessment of needs completed figures, an Assessment of Need report is completed based on the Assessment Officer's (AO) review of any assessments specifically requested under AON, as well as the AO's consideration of any pre-existing reports as long as they meet the criteria outlined in the standard operating procedure for AON as outlined above.

The HSE compiles activity data that reflects the number of AON reports completed in each quarter. It does not collect or report on data regarding the number of reports or assessments considered as part of each AON regardless of whether these assessments are publicly funded or privately submitted. In addition, it does not collect data on the number of parents that have submitted an assessment of needs to the HSE that they obtained privately.

In any situation where a parent accesses a private assessment for their child, the relevant HSE or HSE funded service will consider this report as part of their review of the child's presenting difficulties. Where appropriate, such reports will inform decision making and care planning for the child. The existence of such reports should not create an impediment for any child or family.

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, although there had been some improvement in these figures in 2018 and 2019 prior to the COVID-19 public health emergency.

### **Overall Reform of Children's Disability Services**

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 through Slaintecare 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 Children's Disability Network Teams to work with children with complex disability needs. This reconfiguration of services under the Progressing Disability Services for Children & Young People (PDS) programme is in line with Health Service Reform and the implementation of Community Healthcare Networks under Sláintecare.

Yours sincerely,



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