



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

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Deputy Richard Bruton,  
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Dear Deputy Bruton,

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: 22576/21**

*To ask the Minister for Health if there are proposals to change the method of needs assessment for children with special needs; if so, the reason for the proposed changes; if consultation on the changes has taken place; if his attention has been drawn to the objections of members of the relevant professions to some of the changes; and if he will make a statement on the matter.*

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

**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 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.

### **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.

In August 2020 the HSE secured €7.8m to address overdue Assessments of Need (AON). This funding was provided on a once off and strictly time bound basis to eliminate all AONs overdue at 30th June 2020. 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 a plan to address their backlog of overdue Assessments of Need through:

- Overtime initiative for existing therapists at weekends / evenings
- Procurement of private assessments
- Short term recruitment of additional staff

The impact of COVID 19 restrictions also required clinicians to deliver some of these assessments remotely.

Significant numbers of assessments have been completed in the period since September 2020 and it is anticipated that most of the CHO areas will have eliminated their backlogs by the end of Quarter 2 2021.

Activity for Quarter 1 indicates that there has been significant progress in the number of Assessment of Need reports completed during the Quarter. This has led to a significant reduction in the total number of applications 'overdue for completion', which now stands at 3,103 (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). The increase in activity in Q1 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.

As outlined in the Quarter 1 Assessment of Need report, 2,693 AONs were completed in the period between January and March 2021. The majority of these assessments were completed as part of the AON waiting list initiative scheme. However, data submitted by the nine Community Healthcare Organisations indicates that 86% of children who received a Preliminary Team Assessment during this period were referred to an intervention pathway while 53% required further assessment. This represents a significant improvement in the pathway to intervention for children and their families.

### **Review of the Standard Operating Procedure**

In developing this SOP the HSE sought independent clinical opinion. As part of its continuous quality improvement programme the HSE has committed to a review of the operation of this SOP that will commence in March 2021. The terms of reference and membership of the review group have been agreed with the Fórsa Trade Union. The membership includes nominees from Fórsa's vocational groups as well as the HSE and comprises a range of disciplines and grades of staff.

The group will, over a 12 month period:

- Examine the current SOP for Assessment of Need, in particular the issues arising with regards to the Preliminary Team Assessment.
- Examine and quantify existing staff resources, both clinical and administrative, associated with meeting the requirements of Assessment of Need under the Disability Act (2005). Identify any shortfalls and make recommendations for remedies.
- Examine infrastructural resource requirements for the delivery of AON. e.g. non staff related resources such as IT supports, etc. Make any appropriate recommendations.
- Evaluate the impact of the SOP for Assessment of Need. This will include examination of Assessment of Need activity data with a particular focus on the numbers of assessments completed and compliance with statutory timeframes.

As agreed in the Terms of Reference, Mr Robbie Ryan (Chairperson) may decide to invite submissions from any other party he considers relevant for the purposes of this review. This may include for example professional bodies or CORU. Mr Ryan will issue a series of interim reports and a final report after 12 months.

The HSE is aware of concerns raised by a number of professional bodies with regard to the SOP. Professor Malcom MacLachlan, Clinical Lead for People with Disabilities, has corresponded directly with these groups. Professor MacLachlan has highlighted a number of concerns regarding the surveys published by these bodies in particular with regard to sample size, survey instruments and interpretation of results. He also referred to the requirement to balance the risks of allocating all available resources towards assessments with the clinical risk associated with shorter assessments and timely intervention.

The HSE remains committed to ensuring that children and young people with complex needs can access timely and appropriate assessments and intervention.

Yours sincerely,



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