



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Oifig an Cheannaire Oibríochtaí,
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21st October 2021

Deputy Gino Kenny,
Dail Eireann,
Leinster House,
Kildare Street,
Dublin 2.
E-mail: gino.kenny@oireachtas.ie

Dear Deputy Kenny,

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 48744/21

To ask the Minister for Health the percentage of assessments of need completed under the Disability Act 2005 that included a diagnosis of a disability, on an annual basis in 2018, 2019 and 2020; and if he will make a statement on the matter.

PQ 48745/21

To ask the Minister for Health the number and percentage of applications by county for assessments of needs under the Disability Act 2005 overdue for completion at 3, 6, 12 and 18 months respectively; and if he will make a statement on the matter.

PQ 48746/21

To ask the Minister for Health the reason assessors are not asked to provide a diagnosis under the new standard operating procedure for assessments of need under the Disability Act 2005, given the Act requires the nature and extent of the disability to be set out; and if he will make a statement on the matter.

PQ 48747/21

To ask the Minister for Health the mean and median time required to complete assessments of need under the Disability Act 2005 for 2018, 2019 and 2020, by county; 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.

Assessment of Need is reported on a quarterly basis, so the latest information available is end of Quarter 3 2021. The Table below provides the number of applications for Assessment of Need under the Disability Act that were overdue for completion on the last day of September, 2021 broken down by CHO Area. The information is based on data extracted from the Assessment Officers' System Database (AOS).

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). 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.

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.

Average Waiting Time for Assessment

The length of time to complete the assessment of need under the Disability Act will vary depending on the person's complexity of need; however, the national average duration of the assessment process per report completed in Quarter 4, 2020 was 19.83 months; in Quarter 4, 2019, it was 19.45 months; and in Quarter 4 2018, it was 24.1 months. The latest report for 2021 shows that the national average duration of the assessment process per report completed in Quarter 3, 2021 was 17.22 months

We are currently unable to provide information in relation to the average waiting time in each CHO for a child who has received an assessment of need to access the therapies and services identified in the assessment of need in 2018, 2019 and 2020. This information is not collated nationally.

In 2020, there were 3,911 Assessment Reports completed, with 78% (3,041) indicating a requirement for services. In 2019, the figure was 3,312, with 80% (2,653) indicating a need for services; and in 2018 the figure was 4,237, with 76% indicating a need for services. The equivalent figure to date in 2021(to end September) is 6,204 Assessment Reports completed, with 76% (4,744) indicating a requirement for services.

Standard Operating Procedure (SOP)

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.

Whilst the Disability Act does not attempt to define an AON, it does state that the Assessment Officer must prepare a report of the results of the assessment. This report must set out the findings of the assessment together with determinations in relation to:

- a) whether the applicant has a disability
- b) where the applicant has a disability
 - (i). a statement of the nature and extent of the disability
 - (ii). a statement of the health needs (if any) occasioned to the person by the disability
 - (iii). a statement of the services considered appropriate to meet the needs of the applicant and the period of time ideally required for the provision of those services and the order of such provision
 - (iv). a statement of the period within which a review of the assessment should be carried out

In practice, Assessment Officers and clinicians have, because of a perceived legislative requirement to undertake a very detailed and comprehensive assessment, erred on the side of requesting and administering a wide range of assessments in as short a time frame as possible. In some cases, children may undergo numerous assessments in a short time frame where a period of diagnostic intervention may be more appropriate.

In an effort to standardise procedures and to facilitate timely assessments the HSE developed a Standard Operating Procedure (SOP) for AON. This SOP replaces the suite of approximately 50 guidance notes that had been issued since 2007 and defines the assessment. The SOP was implemented for all applications for AON from January 2020. AON now comprises a Preliminary Team Assessment that will determine a child’s needs and will identify initial interventions that will be required to meet these needs. 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. Timely assessment will then ensure that children will be prioritised for intervention based on their presenting needs.

Overall Reform of Children’s Disability Services

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.

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.

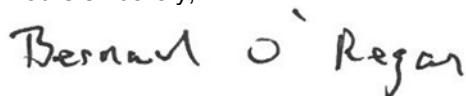
The HSE is establishing a total of 91 Children's Disability Networks across each of the nine CHOs comprised of specialist inter-disciplinary Children's Disability Network Teams to work with children with complex disability needs. This reconfiguration of services under the Progressing Disability Services for Children & Young People (PDS) programme is in line with Health Service Reform and the implementation of Community Healthcare Networks under Sláintecare.

Since 2019, 285 development posts have been allocated to children's disability services across the country. This includes 100 posts allocated under the HSE National Service Plan 2021. 185 development posts were allocated to children's disability services across the country in 2021. These posts have been assigned based on a number of factors, including the existing ratio of staff to the number of children with disabilities in each area.

In June 2021, the Minister of State for Disabilities confirmed that the HSE should progress the recruitment of 85 whole time equivalent (wte) posts to facilitate the provision of in-reach services to those special schools that have heretofore provided a school based service. These staff members will be employed as part of the new CDNTs and will report to the Children's Disability Network Manager. CHOs must ensure that the allocation of any posts to CDNTs are targeted towards providing appropriate interventions.

Services in most parts of the country have now reconfigured to CDNTs. The remaining teams will be established before the end of November 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