



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

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 October 2021

Deputy John Lahart,
Dail Eireann,
Leinster House,
Kildare Street,
Dublin 2.
e-mail: john.lahart@oireachtas.ie

Dear Deputy Lahart,

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 49038/21

To ask the Minister for Health the number of children as of 1 October 2021 or latest date available that were awaiting a first assessment of need from the HSE under the Disability Act 2005 by each CHO; the number of additional therapists recruited since July 2020 in order to address waiting times for the assessment of need; 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	Total Overdue ¹	Overdue/ Exceptional Circumstances ²	Overdue/ No Exceptional Circumstances
AREA 1	25	16	9
AREA 2	10	1	9
AREA 3	41	8	33
AREA 4	758	22	736
AREA 5	107	12	95
AREA 6	65	0	65
AREA 7	899	1	898
AREA 8	157	12	145
AREA 9	845	115	730
Total	2907	187	2720

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.

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.

In Quarter 4 of 2020 the AON backlog project had commenced and all nine Community Healthcare Organisations were focussed on increasing their completion of AONs.

The table below shows the progress made up to end August 2021 in relation to the backlog of overdue assessments, which has reduced from 6,558 in June 2020 to 622 at end of August 2021. CHOs 1, 2, 4, 5, 6 and 7 have cleared those assessments that were overdue at 30th June 2020. Across the country 91% 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 @ 31/8/21
CHO1	138	0
CHO2	100	0
CHO3	589	16
CHO4	1098	0
CHO5	643	0
CHO6	257	0
CHO7	1056	0
CHO8	764	21
CHO9	1913	585
Total	6558	622

Progressing Disability Services

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 to provide equitable, child and family centred services based on need rather than diagnosis. The PDS programme will ensure that services are provided for children with complex needs regardless of where they live or where they go to school. Each Community Healthcare Organisation will work 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.

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 ensures that children are directed to the appropriate service based on the complexity of their presenting needs rather than based on diagnosis. Many children and adults with a disability who have support needs can be effectively supported within mainstream child and adult health services. This policy will provide 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)

With regard to the queries regarding waiting lists for school age teams and early intervention teams, in line with the PDS model, services are assigned to children's disability services which are 0 – 18 CDNTs rather than to a dedicated early intervention team or dedicated school age team.

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 0-18 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 Children's Disability Network Team.

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.

The first step for all areas is the reconfiguration of existing staff resources into CDNTs. The staffing mix available in each area will be influenced by the historical development of services. For example, some areas may have a significant number of nurses available for reconfiguration, others may have family support workers or early educators.

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.

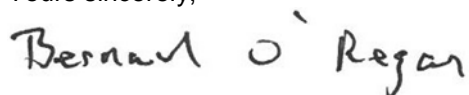
In June 2021, the Minister of State for Disabilities confirmed that the HSE should progress the recruitment of 85 whole time equivalent (wte) posts to facilitate the provision of in-reach services to those special schools that have heretofore provided a school based service. These staff members will 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.

Please note also a useful weblink for information on HSE Staff levels and S38 Staff levels, Monthly reports are available here:

<https://www.hse.ie/eng/staff/resources/our-workforce/workforce-reporting/social-care.html>

Yours sincerely,



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