



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

**Office of the Head of Operations,**  
Disability Services/Social Care Division,  
31-33 Catherine Street, Limerick.

T: 00353 (0) 61 483369  
Suíomh Gréasáin/Website: <http://www.hse.ie>

8<sup>th</sup> March 2022

Deputy Pauline Tully  
Dail Eireann,  
Leinster House,  
Kildare Street,  
Dublin 2.  
E-mail: [pauline.tully@oireachtas.ie](mailto:pauline.tully@oireachtas.ie)

Dear Deputy Tully

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: 10795/22**

*To ask the Minister for Health the number of children 0 to 17 years and 11 months old awaiting a therapy identified in their assessment of need service statement by therapy discipline, in tabular form; and if he will make a statement on the matter.*

**PQ: 10797/22**

*To ask the Minister for Health the number of requests for an assessment of need that were made in each of the years from 2017 to 2021, in tabular form; and if he will make a statement on the matter.*

**PQ: 10798/22**

*To ask the Minister for Health the training provided to clinicians to undertake an assessment of need; the percentage of therapy staff employed in children's disability network teams who have undergone this training and are qualified to undertake an 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 applying for Assessment of Need has increased substantially.

Activity for the year indicates that there has been significant progress in the number of Assessment of Need reports completed during the year, 8,353 by year end. This has led to a significant reduction in the total number of applications 'overdue for completion', which now stands at 1,793 (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 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. The total number of overdue AONs has reduced by 63% since this additional funding was allocated.

With regard to the number of applications that were made for an assessment of need for children made under the Disability Act 2005 in each of the years from 2017 to 2021 and to date in 2022, from the 1st June 2007 to 31st December 2021, a total of 66,639 completed applications have been received by the HSE. 31,436 had been received by 31<sup>st</sup> December 2015. The table below gives a breakdown of the remainder received since then.

Year	Number of completed applications received
2016	6,017
2017	6,068
2018	5,280
2019	6,752
2020	4,912
2021	6,174
Total since end 2015	<b>35,203</b>

With regard to the number of children 0 to 17 years and 11 months old awaiting a therapy identified in their assessment of need service statement by therapy discipline, please see the table in Appendix 1 which gives information on the Service Requirements Identified in Completed Reports. Therapy services are highlighted.

This table shows the frequency (ranked nationally) with which a requirement for certain services has been indicated in Assessment Reports completed during quarter four 2021, including reviewed reports. During the 4th Quarter 2021, 1,116 people deemed to have a disability under the Act had services identified on reports.

Assessment is a core function of the work of all clinicians. Many of the staff working in these roles are required to be registered with the appropriate professional bodies such as CORU or the Nursing and Midwifery Board of Ireland. All staff on these teams are appropriately qualified and registered. Guidance is provided for all staff with regard to the specific requirements of Part 2 of the Disability Act (2005) and support is available from the Assessment Officers in the area.

As a condition of their professional registration, all staff should participate in on-going training and development.

### **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**

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. This aligns with the UN Convention on the Rights of People with Disabilities.

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.

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.

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 with a disability who have support needs can be effectively supported within mainstream health services. This 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).

### **Children's Disability Network Teams (CDNTs)**

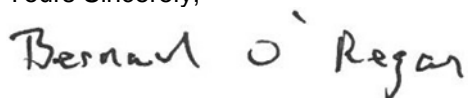
In 2021, ninety one Children's Disability Network Teams (CDNTs) were established to provide services and supports for all children with complex needs within a defined geographic area.

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 will work closely together in a family centred model, focusing on the child's and family's own priorities. 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.

Yours Sincerely,



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

## Appendix 1

### 4b. Service Requirements Identified in Completed Reports.

This table shows the frequency (ranked nationally) with which a requirement for certain services has been indicated in Assessment Reports completed during the quarter, including reviewed reports. During the 4<sup>th</sup> Quarter 2021, 1,116 people deemed to have a disability under the Act had services identified on reports.

Service Requirements	Service Totals	Frequency of Services Indicated
Psychology	657	59%
Occupational Therapy	637	57%
Speech and Language Therapy	616	55%
Physiotherapy	220	20%
ASD service	192	17%
Paediatric Services (Hospital/Community)	91	8%
Psychiatry /CAMHs	89	8%
Social Work	56	5%
Dietetics	25	2%
Pre-school support	20	2%
Nursing	15	1%
Audiology	11	1%
Ophthalmology	10	1%
General Health Services	5	<0.5%
Home Support Services	4	<0.5%
Complementary / Play Therapy	3	<0.5%



Day Services	3	<0.5%
Dentistry	1	<0.5%
Residential Services	1	<0.5%

