



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

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5th April 2022

Deputy Martin Browne,
Dail Eireann,
Leinster House,
Kildare Street,
Dublin 2.
E-mail: martin.browne@oireachtas.ie

Dear Deputy Browne,

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 15084/22

To ask the Minister for Health the number of initial assessments of needs that have taken place in CHO5 and CHO3 in 2020 and 2021 and to date in 2022; the number of assessments of needs that have taken place in CHO5 and CHO3 in 2020 and 2021 and to date in 2022; 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 2021, this figure averaged 53%. 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.

Activity for the 2021 indicates that there has been significant progress in the number of initial Assessment of Need reports completed during the year, 8,353 by year end – in CHO3, there were 740 initial Assessment of Need Reports completed; while in CHO5 the figure for 2021 was 550. This increase in activity 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.

In 2020, there were 3,911 initial Assessment of Need Reports completed with 481 completed in CHO3 and 301 completed in CHO5.

The new Standard Operating Procedure for Assessment of Need (SOP) was implemented for all new applications for AON from 15th January 2020. Since then approximately 10,000 Preliminary Team Assessments have been completed.

The recent judgement of Ms Justice Phelan in the High Court directed that the Preliminary Team Assessment approach does not fulfil the requirements of the Disability Act. The judgement states that a diagnosis is required to determine the nature and extent of a person's disability. The implications of any ruling from the Court of Appeal will be considered as soon as this becomes available.



The HSE will implement a process over the coming weeks for a revised approach to Assessment of Need. In developing this, the HSE will include a wide range of stakeholders, including families, providers, staff and representative bodies, in an intensive consultation to develop a pathway for AONs that seeks to comply with the requirements of the Act but also protects the commitment to the provision of intervention and principles as set out above.

Assessment of Need reports will no longer be issued on the basis of a Preliminary Team Assessment and the HSE will engage directly with the families of those who received a PTA to establish if they wish to receive a further assessment under the terms of the Disability Act. Where appointments have already been scheduled with children, these will form the first step in their AON process. The HSE remains committed to the delivery of appropriate services for children with disabilities and will work with families and staff to develop services that meet their needs.

Figures for 2021 indicate that 4,951 Preliminary Team Assessments were provided under the terms of the SOP during the year. While this data indicates that there is substantial variation in outcomes across the 9 CHO areas, 86% of children are being referred for intervention on the basis of their PTA. This represents a significant improvement in the pathway to intervention for children and their families. Only 54% of children who received a Preliminary Team Assessment in 2021 were identified as requiring further assessment. This requirement did not delay their access to intervention. This cohort of children will be prioritised for completion of their AONs.

	Total PTA Activity 2021				
	No. of PTAs completed	No. referred for intervention	% referred for intervention	No. referred for further Ax	% referred for further Ax
CHO1	366	356	97%	309	84%
CHO2	132	130	98%	121	92%
CHO3	375	242	65%	330	88%
CHO4	554	542	98%	252	45%
CHO5	139	138	99%	84	60%
CHO6	207	155	75%	111	54%
CHO7	1407	1300	92%	551	39%
CHO8	719	490	68%	411	57%
CHO9	1052	884	84%	511	49%
	4951	4237	86%	2680	54%

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



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