



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

**REPORT TO THE MINISTER FOR DISABILITY, EQUALITY, MENTAL HEALTH AND
OLDER PEOPLE AT THE DEPARTMENT OF HEALTH**

AS PROVIDED FOR UNDER SECTION 13 OF THE DISABILITY ACT 2005

IN RESPECT OF DATA COLLECTED IN 2010

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Background

The HSE Disability Services addresses the needs of approximately 65,000 service users throughout the 4 HSE Regions. A robust legislative and policy framework underpins service provision to people with Disabilities in Ireland which reflect international perspectives. The National Disability Strategy is the overarching framework that determines the statutory obligations and consequent policy direction for disability services in Ireland and reflects Ireland's commitment to the UN Convention on the Rights of People with Disabilities. The strategic direction and vision for the future of Disability services is reflected in the commitment by the Department of Health, the Office for Disability and Mental Health, the HSE, our Voluntary sector partners and a range of key stakeholders such as the Department of Education and Skills to develop and sustain services.

1. Introduction

- 1.1. Part 2 of the Disability Act provides a structure for the identification and delivery of individual health, education and personal social services for people with disabilities, who meet the relevant eligibility criteria set out in the Act. A key element of the Disability Act is that Section 13 requires the HSE to provide an annual report to the Minister in relation to '...the aggregate needs identified in assessment reports prepared including an indication of the periods of time ideally required for the provision of the services, the sequence of such provision and an estimate of the cost of such provision'.
- 1.2. The Disability Act provides that a person who has, or may have, a disability, or a person advocating on their behalf may apply for an assessment of the health and education needs occasioned by their disability. The Act requires the HSE to appoint Assessment Officers to carry out or arrange the carrying out of Assessments of Need. The purpose of the assessments is to identify health and education needs occasioned by the disability and the services required to address these needs, without regard to the cost or the capacity to deliver these services.
- 1.3. To comply with the provisions of the legislation and the accompanying regulations, the assessments must commence within three months of receipt of a completed application form and be completed within a further three months. The Act requires the Assessment Officer to issue an Assessment Report, which includes a determination of whether the individual has a disability, the nature and extent of the disability, a statement of the health and education needs and the services required to address these needs.
- 1.4. The HSE is also required to nominate Liaison Officers who are responsible for the preparation of Service Statements, following each assessment. In this regard, the HSE recruited Case Managers in each LHO Area and designated these Case Managers as Liaison Officers under the Act. The Service Statement outlines the services which will be delivered within available resources, when the service will be delivered, by whom and at what location.
- 1.5. In this way, information from Assessments of Need under the Act will inform future service planning and whatever resources are available will be targeted to address assessed needs.

2. Commencement of the Disability Act

- 2.1. Part 2 of the Disability Act was implemented for persons under five years of age on 1st June 2007. Originally, it was envisaged that the Act would be implemented progressively for other age cohorts. This progressive implementation was to take place in parallel with the implementation of the Education for Persons with Special Educational Needs Act of 2004. However, the budget for 2009 announced in October of 2008 made provision for the implementation of the EPSEN Act to be deferred. While the Revised Programme for Government provides for the publication of a plan for the implementation of the Act, at the time of submitting this report, the HSE has not received information in this regard.
- 2.2. The following steps have been taken in relation to the implementation of the Act:
 - 2.2.1. The HSE appointed and trained Assessment Officers and Liaison Officers.
 - 2.2.2. In May of 2007, the interim Health Information and Quality Authority (HIQA) adopted a set of standards governing the assessment process under the Act.
 - 2.2.3. Regulations were drafted by the then Department of Health and Children, with input from the HSE, and signed by the Minister, stipulating that:
 - Assessments should be completed within three months of commencement.
 - Service Statements should be issued within one month of completion of assessments.
 - The maximum period within which the Assessment Report should be reviewed would be 12 months.
 - 2.2.4. The HSE appointed two designated Complaints Officers and located them in the Division of Consumer Affairs. (Now known as the HSE Advocacy Unit.)
 - 2.2.5. In 2007 the Department of Health and Children established the Office of the Disability Appeals Officer. Initially a temporary Disability Appeals Officer (DAO) was appointed. A permanent appointment was made in August 2008.
 - 2.2.6. Protocols have been developed to inform interaction between the HSE and both the Complaints Officers and the DAO.
 - 2.2.7. Guidance has been progressively developed and issued to Assessment Officers, Liaison Officers and clinical assessors in respect of the procedures to be followed, the scope and nature of assessments required and interpretation of terms employed in the definition of disability contained in the Act.

3. Provisions of Legislation and Regulations: Assessment Report

- 3.1. Section 8(7)(b)(iii) states that an Assessment Report should include:

A statement of the services considered appropriate by the person or persons referred to in subsection (2) to meet the needs of the applicant and the period of time ideally required by the person or persons for the provision of those services and the order of such provision.
- 3.2. The Regulations (S.I. No 263 of 2007) make no reference to the contents of the Assessment Report, other than the inclusion of a date for the review of the assessment, no later than 12 months from the date on which the Assessment Report is issued.

4. Provisions of Legislation and Regulations: Service Statement

- 4.1. Section 11(2) of the Disability Act states that a Service Statement should specify '...the health services or education services or both which will be provided

to the applicant by or on behalf of the Executive or an education service provider, as appropriate, and the period of time within which such services will be provided’.

- 4.2. Section 11(6) states that
A service statement shall not contain any provisions relating to education services where the subject of the statement is a child.
- 4.3. Section 11(12) states that
A Liaison Officer shall arrange with the person or persons charged with delivering the services specified in the service statement for the delivery of the services at such times and in such manner as he or she may determine.
- 4.4. Paragraph 18 of the regulations state that:
The service statement shall be written in a clear and easily understood manner and it shall specify:
- a) The health services which will be provided to the applicant;
 - b) The location(s) where the health service will be provided;
 - c) The timeframe for the provision of the health service;
 - d) The date from which the statement will take effect;
 - e) The date for review of the provision of services specified in the service statement;
 - f) Any other information that the Liaison Officer considers to be appropriate, including the name of any other public body that the assessment report may have been sent to under section 12 of the Act.

5. Provisions of Legislation: Maintaining Records and Reporting

- 5.1. Section 13(1) of the Act states that
The Executive shall keep and maintain records for the purpose of:
- a) Identifying persons to whom assessments or services are being provided pursuant to this Part or the Act of 2004.
 - b) Identifying those services and the persons providing the services pursuant to this Part.
 - c) Specifying the aggregate needs identified in assessment reports which have not been included in the service statements.
 - d) Specifying the number of applications for assessments made under section 9 and the number of assessments completed under that section.
 - e) Specifying the number of persons to whom services identified in assessment reports have not been provided, including the ages and the categories of disabilities of such persons.
 - f) Planning the provision of those assessments and services to persons with disabilities.
- 5.2. In addition, Section 13(2) requires the Executive to submit a report in relation to ‘...the aggregate needs identified in assessment reports prepared including an indication of the periods of time ideally required for the provision of the services, the sequence of such provision and an estimate of the cost of such provision’.
- 5.3. In agreement with the Department of Health, the HSE’s aim has been to produce a report which identifies the shortfall in service provision as defined by the assessment of need process under the Act. I.e. The gap, if any, between the needs identified, (as detailed in Assessment Reports), and the actual services provided, (as detailed in Service Statements).

6. Collection of Data to Inform the Section 13 Report – Developments 2010

- 6.1. The HSE aims to provide the most useful and up-to-date information to inform service planning in accordance with the legislation and in a manner which diverts the minimum resources away from the primary function of providing assessments and interventions for children with disabilities.
- 6.2. In accordance with the HSE policy on progressing disability services for children and young people, it is envisaged that services for children will be delivered to an increasing extent by Early Intervention and School-Age Teams. The composition of these teams and the relevant population for which each team can be expected to provide services is currently being defined. As this model of service delivery develops, methods of calculating aggregate need based on agreed team case-loads will become possible. (See Appendices 1 and 2 for a brief description of the project established to progress this policy).
- 6.3. In accordance with currently accepted good practice, the assessment process under the Act has been established in such a way as to ensure that the needs of individual children are defined in terms of desired outcomes rather than in terms of service inputs indicated. However, the focus of the information required to populate the report under section 13 of the Act is on inputs. This emphasis is understandable as there is a requirement to identify the costs associated with service provision and therefore to identify the whole-time-equivalent requirement in the various disciplines. Nevertheless, the difference of focus represents a challenge.
- 6.4. In paragraph 8.2 of the 2008/2009 report to the Minister under section 13, it was stated that a new module of the IT system would be developed in order to capture the activity of the Liaison Officers (Case Managers). This new module has been developed and implemented and the relevant data is being collected for 2011. This will enable further progress to be made on reporting on aggregate need identified.
- 6.5. In addition to the data collected during 2009, it became possible in 2010 to collect data on the service requirements identified in completed reports. This data shows the number of times a particular service or discipline is identified as being necessary and the frequency with which it is indicated. (See Appendix 3).
- 6.6. This data not only shows the relative frequency with which disciplines and services are required but also the range of disciplines and services that are required.
- 6.7. As can be seen from the table shown in Appendix 3, there is a high degree of consistency in these figures across HSE Regions.

7. Section 13 Reporting and Expanded Database

- 7.1. The HSE has devised a system which meets its obligations under the Disability Act 2005 in a manner which does not add unnecessarily to the administrative burden on staff engaged in the process. To that end, the system provides for the entry of data at the time of collection and the automatic, electronic generation of reports. These reports refer to national, HSE Region and Local Health Office level. The methodology for reporting on aggregate need as required by the Act is outlined below.
- 7.2. Assessment Officers enter the services required for the individual on the IT system.

7.3. Since the template for the Assessment Report is held on the IT system, this does not involve any additional work for Assessment Officers who will only have to enter the services required once. This information can then be migrated to the Service Statement.

7.4. When negotiating the services to be recorded in the Service Statement, Case Managers ask service providers to estimate the degree to which they feel the child's needs are being met by the level of service offered in the following manner:

While recognising the difficulties involved in trying to gauge the effect of service interventions, especially in the case of very young children, please estimate approximately how much of this child's service requirements will be met by the level of input you are currently able to provide: e.g. Partial Provision – Medium would be approximately half of the required intervention:

1. No Service - None at all;
2. Service Complete or no longer required;
3. Partial Low - About a quarter;
4. Partial Medium - About a half;
5. Partial High - About three-quarters;
6. Full Service - All;

7.5. In respect of each individual child, Case Managers enter a code against the relevant discipline. The IT system automatically calculates the shortfall indicated in that service.

7.6. Shortfalls in service provision are made manifest in two main ways. The level of service provided may not be as ideally required and also, there may be waiting lists. It is important that both are reflected. Consequently, guidance has been issued to the effect that up to 8 weeks will be regarded as a reasonable time for children in this age group to have to wait before intervention begins. Any child who has to wait longer than the agreed time would be entered as not having received a service at all.

7.7. Thus, the IT system now records the number of children requiring a service and the extent to which it is estimated that the service is being delivered. Once agreement has been reached on the appropriate composition of average Early Intervention and School-Age Teams and once average case-load figures have been agreed for these teams, the WTE requirements can be calculated.

7.8. The legislation requires the HSE to report on aggregate need. As the procedure envisaged can only be based on estimation, it is important that the needs identified are not associated with individual case files. The data recorded on the IT system will not be connected to individual files.

7.9. A major issue facing the HSE is the fact that, internationally, there are no agreed case-load figures for individual disciplines or teams. Research on this matter is currently underway in British Columbia, Canada which is due to report in 2011. This research aims to identify case-loads appropriate for the main therapeutic disciplines.

7.10. When agreeing case-load figures for Early Intervention and School-Age Teams, account will have to be taken of the full range of potential presentations. This approach is appropriate for this purpose as it is aggregate need which is being measured. Thus, the figures will not be applicable to individual service providers or their staff. They will represent an average case-load based on an average of the range of presentations.

8. ¹Activity in 2010

8.1. The following tables provide an overview of the relevant activity by HSE Region in 2010. This data is shown by LHO Area in Appendices 4, 5, 6 and 7.

TABLE 1					
APPLICATIONS RECEIVED					
HSE REGION	Q1	Q2	Q3	Q4	2010
HSE DML	201	218	253	251	923
HSE DNE	141	110	111	120	352
HSE SOUTH	261	309	248	332	1,150
HSE WEST	132	142	128	143	416
TOTAL	735	779	740	846	3,100

TABLE 2					
APPLICATIONS COMMENCED STAGE 2					
HSE REGION	Q1	Q2	Q3	Q4	2010
HSE DML	158	227	246	255	886
HSE DNE	113	97	101	97	408
HSE SOUTH	168	234	234	254	890
HSE WEST	133	140	133	164	570
TOTAL	572	698	714	770	2,754

TABLE 3					
ASSESSMENT REPORTS DIRECT TO APPLICANT					
HSE REGION	Q1	Q2	Q3	Q4	2010
HSE DML	9	16	23	20	50
HSE DNE	27	35	28	18	108
HSE SOUTH	24	23	32	47	126
HSE WEST	16	19	32	19	86
TOTAL	76	93	115	104	308

TABLE 4					
ASSESSMENT REPORTS TO LIAISON OFFICER					
HSE REGION	Q1	Q2	Q3	Q4	2010
HSE DML	111	71	137	210	529
HSE DNE	113	124	89	73	399
HSE SOUTH	154	177	140	190	661
HSE WEST	106	123	131	124	484
TOTAL	484	495	497	597	2,073

8.2. It is important to note the effect which the statutory time-frames applying to this process has on the data. Once a complete application has been received, the Assessment Officer must commence the assessments within three months and complete them within a further three months. Therefore, the process from the time of receipt of an application to the time that the Assessment Report is produced can be as much as six months. The Act allows for the possibility that exceptional circumstances may be encountered. In such cases, this period may be even longer.

¹ All data contained in this report is sourced from the quarterly reports produced by the Disability Information Unit of the HSE's National Disability Unit.

- 8.3. Some of the Assessment Reports which are the subject of this report will be the result of applications received in the previous year. Further, some of the applications received will not result in an Assessment Report until the following year. In normal circumstances, it is reasonable to assume that these two figures effectively cancel each other out.
- 8.4. Care must therefore be taken when comparing the activity in a given year with the Assessment Reports produced in that year.
- 8.5. As can be seen from Table 1 above, 3,100 applications were received for assessment of need under the Act in 2010. Table 2 shows that, of these, 2,754 progressed to stage 2 of the process: the clinical assessment stage. The discrepancy between these two figures is partly accounted for by the fact that some of the applicants will not have met the age criteria for application while others will have withdrawn from the process.
- 8.6. When the Act was implemented in June 2007, the then DoHC and the HSE interpreted the Commencement Order (S.I. No 234 of 2007) as meaning that applicants had to be under five years of age at the time of application. In a High Court ruling in December 2009, Mr. Justice Michael Hanna found to the effect that any child born after 1st June 2002 was eligible to apply for assessment under the Act at any time in their lives.
- 8.7. Thus, while the HSE expected to be receiving applications on behalf of children who were less than five years of age, it received applications, during the course of 2010, from children who were up to eight years of age. The effect of this ruling is shown in Table 5 below which shows the proportion of total applications which were made on behalf of children who were five years of age or more.

Table 5			
APPLICANTS 5 YEARS AND OVER			
2010	Total	>5 yrs	%
Q1	735	117	16%
Q2	779	190	24%
Q3	740	166	22%
Q4	846	210	25%
Total	3,100	683	22%

- 8.8. Table 3 shows that 308 Assessment Reports were sent directly to the applicant in 2010. This implies that the applicants were found not to meet the definition of disability following clinical assessment. Table 4 shows that 2,073 Assessment Reports were sent to the Liaison Officer in 2010. This implies that these applicants were found to meet the definition of disability contained in the Act.

9. Comparison of Current Data with 2009

- 9.1. This report is concerned with Assessment Reports produced in 2010 where the applicant is determined to have a disability according to the definition contained in the Act. These are identified in Table 4 above and Appendix 7.
- 9.2. The following table shows the number of applications received and Assessment Reports produced in 2010 compared to 2009.

TABLE 6				
COMPARISON OF ACTIVITY 2009 - 2010				
HSE REGION	APPLICATIONS RECEIVED		ASSESSMENT REPORTS PRODUCED	
	2009	2010	2009	2010
HSE DML	768	923	313	529
HSE DNE	406	352	283	399
HSE SOUTH	763	1,150	583	661
HSE WEST	588	416	484	484
Total	2,525	3,100	1663	2,073

- 9.3. It is worth noting the increase in activity generally. The number of applications received has risen by 23% while the number of Assessment Reports produced for those meeting the definition of disability contained in the Act has risen by 25%.

10. Capturing Other Resource Requirements

- 10.1. It must be noted that the assessment process under the Disability Act 2005 generates its own demand for resources in addition to the demand for resources to deliver the interventions indicated by the process. As mentioned in appendix 5 of the 2008/2009 report, the additional resource requirement is estimated at 16 WTEs per year.
- 10.2. Care should be taken when interpreting this figure. An accurate estimate of the WTEs already in the system and applied to this activity is not available. However, it does provide us with a guide to the rate at which the requirement is growing.
- 10.3. As part of the project aimed at developing integrated teams described in Appendices 1 and 2 a mapping exercise is being undertaken which will help to rectify this situation.

11. Next Steps

- 11.1. As stated in paragraph 6.4 above, the proposal outlined in the 2008 / 2009 report has been implemented and the data necessitated by the methodology described in section 7 is being captured for 2011. The HSE will be analysing the data for the first half of 2011 with a view to further developing the methodology so that a full report on aggregate need is available when the next report under section 13 is due in June 2012.
- 11.2. Parallel with this analysis, discussions will continue with the Department of Health and other interested parties with a view to establishing average indicative case-loads which will allow us to convert the data collected into whole-time equivalent staffing numbers.

Appendix 1: Progressing Disability Services for Children and Young People

1. This project aims to build integrated, geographically based Early Intervention and School-Age Teams providing one clear pathway for all children and young people with disabilities.
2. A National Co-ordinating Group has been established with representation from all stakeholders including the education sector. Regional Co-ordinating Groups have also been established and Local Co-ordinating Groups are in development.
3. In parallel with these developments, regional and local leads staff have been identified to drive the project.
4. A mapping exercise is underway. This will identify all the resources available in the statutory and non-statutory sectors. This will provide the information necessary for the Local Implementation Groups, (comprising local service providers and other stakeholders), to begin negotiating new structures and work practices.
5. Quarterly milestones have been identified and progress is monitored through the Performance Contract entered into by the Regional Directors of Operations.
6. At the time of submitting this report, the quarter 1-2011 milestones had been met in all four HSE Regions and significant progress had been made towards achieving the milestones for quarter 2-2011.



Bulletin June 2011

Keeping you informed about this national programme for the restructuring of children's disability services

If your child has a disability, getting access to the services you need shouldn't depend on where you live or the nature of your child's disability.

What is this programme about?

In Ireland disability services, delivered by the HSE and non-statutory organisations, have developed independently over time, so there is wide variation in the services available in different parts of the country and for different categories of disability. As a consequence of this some children and their families have little or no access to services.

We need a more equitable and consistent way to provide services for children with disabilities and we must work together to achieve the greatest benefit possible within our resources.

A national programme has been launched which will change the way services are provided across the country. It is based on the recommendations of the *Report of the National Reference Group on Multidisciplinary Services for Children aged 5-18 Years* produced by representatives of the professions and management involved in delivering multi-disciplinary services to children and available to read on the HSE website http://www.hse.ie/eng/services/Find_a_Service/Disability_Services/

How will services be organised in the future?

Many children with delays in development will be able to have their needs met by their local

primary care services (GP, Physiotherapist, Occupational Therapist, Public Health Nurse etc), but we also need early intervention and school age disability teams to provide a more specialised service for children who require it.

These disability teams will be looking after children with a wide range of difficulties, so they will be supported by specialist services in fields requiring a high level of expertise, for example high-tech assistive technology and programmes for managing challenging behaviour. The specialist service providers will be involved in consultation and training for health professionals as well as providing direct intervention with children when needed.

Health services, parents and schools will have to develop closer working relationships so that, together, they can ensure that children with disabilities make the most of their education.

The national programme aims to have *one clear pathway for all children with disabilities* living in a locality. This means that health professionals and parents will know where a child should be referred and how to do this. Importantly, via local service provision, the objective is that no family will be left without a service.

How will this be achieved?

A National Co-ordinating Group has been meeting for the past twelve months and forming a project plan, with guidance and direction to assist all the local areas to achieve a consistent approach throughout the country. Each region has an identified lead person to work on this programme.

Representatives from services and parents will be brought together in each area by local leads for the programme, to see how current services can be reorganised to achieve this improved structure. This will include looking at what is currently available for children with disabilities, planning how best to use these resources and making sure throughout that there is good consultation and communication.

<p>Regional Leads</p> <p>South (Kerry, Cork, Waterford, Wexford, Carlow, Kilkenny, South Tipperary) Suzanne Moloney suzanner.moloney@hse.ie</p>
<p>West (Donegal, Sligo, Leitrim, West Cavan, Roscommon, Mayo, Galway, Clare, Limerick, North Tipperary) Catherine Cunningham catherine.cunningham2@hse.ie</p>
<p>Dublin Mid Leinster (Dublin south of the Liffey, Wicklow, Kildare, Laois, Offaly, Longford, Westmeath) Bernie Nyhan bernie.nyhan@hse.ie</p>
<p>Dublin North East (Dublin north of the Liffey, Meath, Louth, Cavan, Monaghan) Anne Melly anne.melly@hse.ie</p>

If you would like to put your name forward as a parent representative on a local implementation group please contact your Regional Lead.

We will be holding public information sessions about this programme aimed at parents and service users in September 2011.

How do we know this will work?

Agencies in some areas of the country have already reconfigured to provide a unified way of delivering services. While in each case they say that the change took effort, commitment and persistence and that more still needs to be done, they have found it has resulted in a much improved way of providing services. Here are comments from parents with children attending the Limerick Children's Services where there are now teams who each provide services for all children within a geographic area:

"A change in St Gabriel's occurred where the under 6s and over 6s broke into two different teams. Now my two boys were in two different groups. At first I was anxious about this change as both boys had attended the same physio but this turned out to be a great change."

"It's great that a team is available and knows your situation before any session so that you don't spend more time explaining everything again"

Comment from staff of Meath Children's Disability Services which is for all children of school age who require a team service regardless of their disability:

"Moving from having a specialist caseload (e.g. only working with children with autism) to a more mixed one was not as difficult as we thought it would be, and staff retention has actually improved markedly because working with children who have varied needs is less stressful and more rewarding"

The vision for the programme

***One clear pathway to services for all children with disabilities according to need
Resources used to the greatest benefit for all children and families
Health and education working together to support children to achieve their potential***

Limited resources are of course an issue and it may take a long time to achieve a comprehensive service structure throughout the country. However, if we have the vision of where we want to be, we can put the pieces in place according to this picture until we accomplish the whole.

More about this programme can be found on the HSE Learning and Development website www.hseland.ie. You can log in / enrol (you don't have to be a member of HSE staff) and then click on the Change Hub (down the page) and select Progressing Children's Disability Services from the Reconfiguration section (on the top line).

A dedicated email address for queries and comments from parents and service users, health and education staff about the programme will be available from 1.7.11: info.childrensdisabilityservices@hse.ie

Programme partner organisations: Health Service Executive; Office for Disability & Mental Health Department of Health; Department of Education and Skills; National Federation of Voluntary Bodies; Disability Federation of Ireland; Not for Profit Business Association; Inclusion Ireland; Non-statutory service providers

Appendix 3: Service Requirements Identified in Completed Assessment Reports

This table shows the frequency (ranked nationally) with which a requirement for certain services has been indicated in Assessment Reports completed in 2010.

Service Requirements	HSE DML	HSE DNE	HSE SOUTH	HSE WEST	National Total	Frequency of Services Indicated
Speech and Language Therapy	549	489	615	499	2,152	92.76%
Occupational Therapy	419	437	545	399	1,800	77.59%
Psychology	319	285	424	315	1,343	57.89%
Physiotherapy	174	177	211	158	720	31.03%
Paediatric Services (Hospital/Community)	97	80	136	128	441	19.01%
Social Work	80	137	124	86	427	18.41%
Pre-school support	103	56	104	100	363	15.65%
Home Support Services	65	19	101	56	241	10.39%
Psychiatry/CAMHS	43	51	49	81	224	9.66%
Audiology	62	37	51	73	223	9.61%
Dietetics	50	12	46	45	153	6.59%
Nursing	32	15	77	26	150	6.47%
Ophthalmology	26	10	34	26	96	4.14%
General Health Services	44	11	19	9	83	3.58%
Aids and Appliances	16	26	12	27	81	3.49%
Hospital based Medical/Surgical Services	20	24	15	11	70	3.02%
Respite Services	28	4	7	12	51	2.20%
Complementary / Play Therapy	11	6	10	5	32	1.38%
Dentistry	3	2	9	14	28	1.21%
Services for Visually Impaired	2	6	8	11	27	1.16%
Services for Deaf and Hard of Hearing	8	3	5	11	27	1.16%
Day Services	20	3	4	0	27	1.16%
Residential Services	0	2	0	0	2	0.09%

Appendix 4: Applications Received by LHO Area

HSE DUBLIN MID-LEINSTER					
LHO	Q1	Q2	Q3	Q4	2010
Dublin South	7	10	16	19	52
Dublin South City	15	14	25	33	87
Dublin South East	5	7	5	5	22
Dublin South West	45	47	37	36	165
Dublin West	2	47	58	44	151
Kildare/West Wicklow	49	33	49	48	179
Laois/Offaly	24	13	18	22	77
Longford/Westmeath	28	19	29	15	91
Wicklow	26	28	16	29	99
TOTAL	201	218	253	251	923

HSE Dublin North East					
LHO	Q1	Q2	Q3	Q4	2010
Cavan/Monaghan	16	3	5	5	29
Dublin North Centre	3	5	1	2	11
Louth	2	2	3	7	14
Meath	53	28	35	23	139
North Dublin	47	41	37	48	173
North West Dublin	20	31	30	35	116
TOTAL	141	110	111	120	482

HSE South					
LHO	Q1	Q2	Q3	Q4	2010
Carlow/Kilkenny	33	52	41	40	166
Cork North	20	16	19	29	84
Cork North Lee	35	52	31	55	173
Cork South Lee	41	47	35	52	175
Cork West	29	30	15	34	108
Kerry	33	39	35	63	170
Tipperary S.R	18	23	20	18	79
Waterford	26	15	12	16	69
Wexford	26	35	40	25	126
TOTAL	261	309	248	332	1,150

HSE West					
LHO	Q1	Q2	Q3	Q4	2010
Clare	22	12	14	24	72
Donegal	16	24	14	22	76
Galway	30	37	29	24	120
Limerick	11	11	16	17	55
Mayo	16	13	12	7	48
Roscommon	10	18	11	14	53
Sligo/Leitrim	14	17	21	25	77
Tipperary N.R	13	10	11	10	44
TOTAL	132	142	128	143	545

Appendix 5: Applications Commenced Stage 2 by LHO Area

HSE DUBLIN MID-LEINSTER					
LHO	Q1	Q2	Q3	Q4	2010
Dublin South	3	7	12	12	34
Dublin South City	20	12	19	24	75
Dublin South East	5	6	6	6	23
Dublin South West	22	54	39	24	139
Dublin West	2	38	87	54	181
Kildare/West Wicklow	43	33	37	70	183
Laois/Offaly	17	26	5	21	69
Longford/Westmeath	21	28	19	28	96
Wicklow	25	23	22	16	86
TOTAL	158	227	246	255	886

HSE Dublin North East					
LHO	Q1	Q2	Q3	Q4	2010
Cavan/Monaghan	24	16	3	5	48
Dublin North Centre	1	2	5	1	9
Louth	5	1	2	4	12
Meath	37	29	13	24	103
North Dublin	21	30	50	37	138
North West Dublin	25	19	28	26	98
TOTAL	113	97	101	97	408

HSE South					
LHO	Q1	Q2	Q3	Q4	2010
Carlow/Kilkenny	19	26	38	36	119
Cork North	9	21	11	31	72
Cork North Lee	19	29	35	38	121
Cork South Lee	35	30	40	33	138
Cork West	10	27	22	23	82
Kerry	17	50	34	41	142
Tipperary S.R	16	14	15	18	63
Waterford	24	15	16	8	63
Wexford	19	22	23	26	90
TOTAL	168	234	234	254	890

HSE West					
LHO	Q1	Q2	Q3	Q4	2010
Clare	22	20	14	29	85
Donegal	14	16	24	19	73
Galway	46	35	27	32	140
Limerick	5	15	14	20	54
Mayo	11	14	14	12	51
Roscommon	12	13	12	19	56
Sligo/Leitrim	13	14	19	25	71
Tipperary N.R	10	13	9	8	40
TOTAL	133	140	133	164	570

Appendix 6: Assessment Reports Direct to Applicant by LHO Area

HSE Dublin Mid-Leinster					
LHO	Q1	Q2	Q3	Q4	2010
Dublin South	0	1	0	0	1
Dublin South City	2	1	1	2	6
Dublin South East	2	1	1	1	5
Dublin South West	0	0	2	3	5
Dublin West	0	0	0	1	1
Kildare/West Wicklow	0	1	1	3	5
Laois/Offaly	0	4	4	0	8
Longford/Westmeath	2	7	8	3	20
Wicklow	3	1	6	7	17
TOTAL	9	16	23	20	68

HSE Dublin North East					
LHO	Q1	Q2	Q3	Q4	2010
Cavan/Monaghan	6	8	2	2	18
Dublin North Centre	1	0	0	0	1
Louth	0	0	0	0	0
Meath	15	19	16	11	61
North Dublin	4	3	6	2	15
North West Dublin	1	5	4	3	13
TOTAL	27	35	28	18	108

HSE South					
LHO	Q1	Q2	Q3	Q4	2010
Carlow/Kilkenny	2	1	2	5	10
Cork North	3	1	3	2	9
Cork North Lee	10	9	4	11	34
Cork South Lee	1	5	11	7	24
Cork West	1	1	1	4	7
Kerry	4	0	3	8	15
Tipperary S.R	0	1	2	1	4
Waterford	2	4	2	2	10
Wexford	1	1	4	7	13
TOTAL	24	23	32	47	126

HSE West					
LHO	Q1	Q2	Q3	Q4	2010
Clare	5	4	4	1	14
Donegal	0	1	5	4	10
Galway	5	11	9	8	33
Limerick	4	1	2	1	8
Mayo	0	0	2	2	4
Roscommon	0	1	0	0	1
Sligo/Leitrim	0	0	2	1	3
Tipperary N.R	2	1	8	2	13
TOTAL	16	19	32	19	86

Appendix 7: Assessment Reports to Liaison Officer by LHO Area

HSE Dublin Mid-Leinster					
LHO	Q1	Q2	Q3	Q4	2010
Dublin South	7	4	7	8	26
Dublin South City	24	7	3	11	45
Dublin South East	17	4	8	2	31
Dublin South West	11	2	23	37	73
Dublin West	0	0	9	17	26
Kildare/West Wicklow	20	18	28	99	165
Laois/Offaly	7	5	27	6	45
Longford/Westmeath	14	17	16	17	64
Wicklow	11	14	16	13	54
TOTAL	111	71	137	210	529

HSE Dublin North East					
LHO	Q1	Q2	Q3	Q4	2010
Cavan/Monaghan	14	19	10	1	44
Dublin North Centre	1	3	2	3	9
Louth	2	4	1	2	9
Meath	11	23	16	12	62
North Dublin	49	40	33	30	152
North West Dublin	36	35	27	25	123
TOTAL	113	124	89	73	399

HSE South					
LHO	Q1	Q2	Q3	Q4	2010
Carlow/Kilkenny	16	23	19	32	90
Cork North	9	6	10	14	39
Cork North Lee	19	12	15	17	63
Cork South Lee	28	12	24	20	84
Cork West	4	15	9	25	53
Kerry	33	37	11	25	106
Tipperary S.R	21	8	20	13	62
Waterford	13	19	11	13	56
Wexford	11	45	21	31	108
TOTAL	154	177	140	190	661

HSE West					
LHO	Q1	Q2	Q3	Q4	2010
Clare	11	10	21	10	52
Donegal	10	18	31	28	87
Galway	40	49	29	30	148
Limerick	11	5	11	9	36
Mayo	6	10	11	7	34
Roscommon	9	10	13	14	46
Sligo/Leitrim	8	10	9	15	42
Tipperary N.R	11	11	6	11	39
TOTAL	106	123	131	124	484