



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

**REPORT TO THE MINISTER FOR PRIMARY AND SOCIAL CARE AT THE  
DEPARTMENT OF HEALTH**

**AS PROVIDED FOR UNDER SECTION 13 OF THE DISABILITY ACT 2005**

**IN RESPECT OF DATA COLLECTED IN 2011 AND 2012**



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## **SECTION A - BACKGROUND**

### **1. Introduction**

- 1.1.** 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.
- 1.2.** The Act requires the Assessment Officer to issue an Assessment Report, which includes a determination as to whether or not 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.
- 1.3.** 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.

### **2. Provisions of the Legislation and Regulations - Assessment Report**

- 2.1.** 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. Provisions of the Legislation and Regulations – Service Statement**

- 3.1.** 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.*
- 3.2.** 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.*
- 3.3.** 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.*
- 3.4.** 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.*

#### **4. Provisions of the Legislation – Maintaining Records and Reporting**

**4.1.** The Disability Act 2005 requires certain records to be kept concerning the assessment of need process under Part 2 of the Act. 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.*

**4.2.** 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. Compliance with Reporting Obligations**

**5.1.** Since Part 2 of the Act was implemented in 2007, records have been kept in relation to 13(1) (a), (b), (d) and (f).

**5.2.** Early in the process of implementation, a decision was taken in conjunction with the (then) Department of Health and Children that children's needs should be identified in terms of the desired outcomes and goals rather than in terms of a quantum of a particular service or discipline. This immediately presented difficulties in respect of fulfilling the obligations imposed by paragraph 13(1)(c).

**5.3.** In respect of 13(1)(e), the developments to the IT system implemented in 2011, ensured that the processes around the production of the Service Statement by the Liaison Officer were recorded on the system. This ensures that each individual's file includes the details of the services that are identified in the Assessment Report as being required and those that s/he will actually receive. The age and category of disability (where known) of each applicant have been recorded since implementation in 2007.

**5.4.** Converting need identified into a cost, as required, has proven problematic. Previous reports to the Minister under section 13 of the Act have outlined suggested methodologies aimed at identifying the whole-time-equivalent (WTE) requirement indicated by a given shortfall identified in a particular service. However, this would require the identification of indicative case-loads for particular disciplines. There are no internationally accepted guidelines in this regard.

**5.5.** A further issue arises from the fact that, increasingly, children are being referred to Early Intervention or School-Age Teams for team intervention, rather than being referred for intervention by individual therapists. The requirement on Assessment Officers to identify services in terms of individual therapies is militating against this move towards more appropriate practice

## SECTION B – BUILDING CHILDREN’S DISABILITY TEAMS

### 6. The Progressing Disability Services for Children and Young People Programme (0 – 18s Programme)

- 6.1. This programme aims to achieve a national unified approach to delivering disability health services in such a way that there is a clear pathway to services for all children regardless of where they live, what school they go to or the nature of their disability or delay.
- 6.2. Children should receive the health services they need as close to their home and school as possible. Some children may have their needs met by their local Primary Care services. An early intervention and a school-age team will look after all children with more complex needs in a defined geographic network area, regardless of the nature of their disability. These teams will be supported by specialist services when a high level of expertise is required.
- 6.3. The programme involves the reconfiguration of existing services for children with disabilities, in the statutory and non-statutory sectors, to form integrated, geographically-based teams.

### 7. National Disability Authority Report on the Practice of Assessment of Need under part 2 of the Disability Act 2005

- 7.1. The National Disability Authority (NDA) published its report in 2011. The conclusions included the following:

#### **Section 10.3**

*Where the Department of Health and the Health Service Executive have configured disability services for children into geographically-integrated teams, **the National Disability Authority found that the statutory assessment of need process worked better and in a more streamlined way.** There was also less emphasis on using the assessment process to develop a diagnosis in order to meet the specific entry requirements of individual services.*

***Accelerating the reconfiguration into geographically integrated teams would be very important therefore in improving the efficiency and effectiveness of the statutory assessment of need process.***

- 7.2. Although the report also found that there was no one solution to address the issues around the AON process. It would appear that the continued reconfiguration of existing services for children and young people with disabilities, in the statutory and non statutory sectors, to form integrated geographically based teams ( Under the progressing children’s disabilities programme) should improve the Assessment of Need process.

## SECTION C – ACTIVITY DATA

### 8. Activity Data – 2011 and 2012

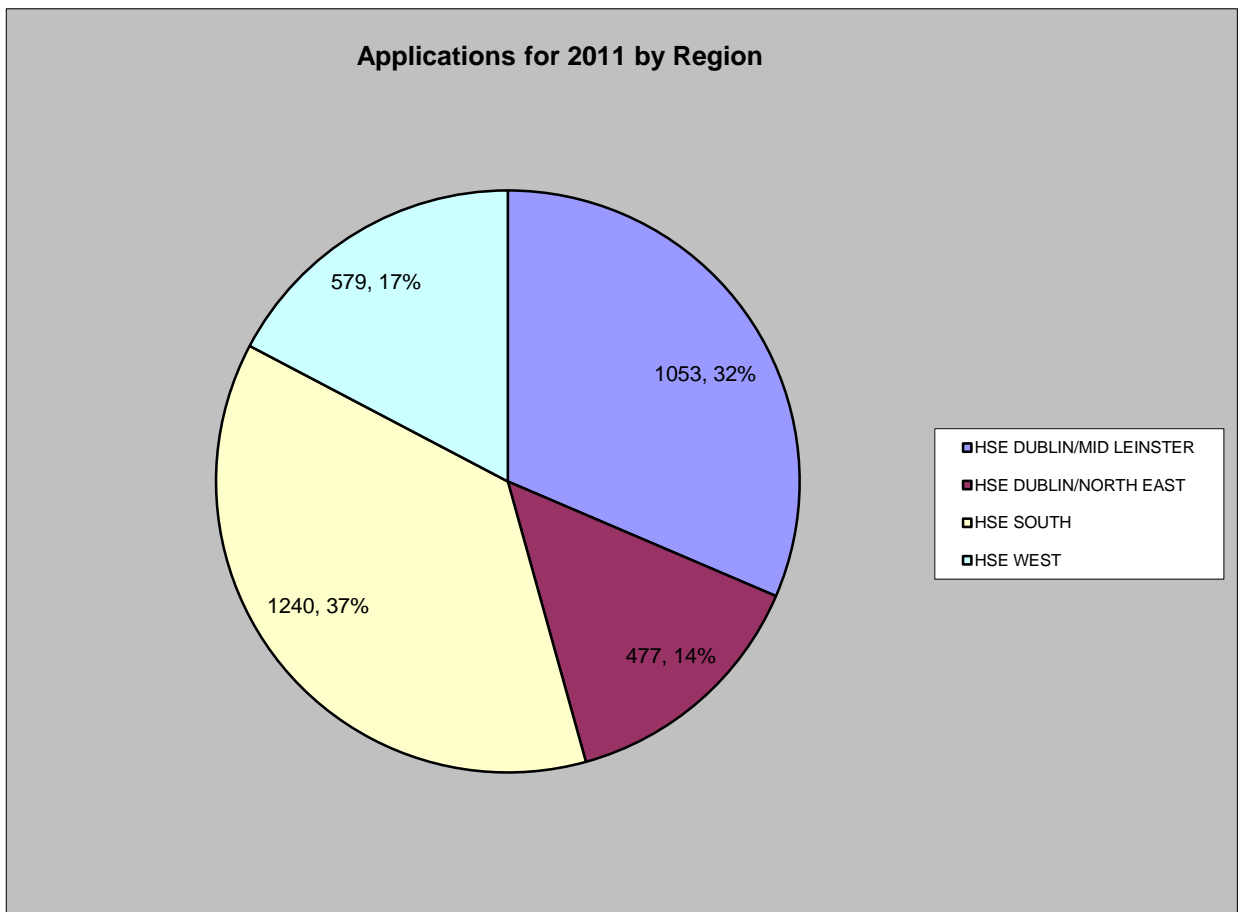
- 8.1.** The Activity Data in this report is an amalgamation of the four Quarterly “Assessment of Need Management Reports” for 2011 and for 2012. These are based on the data extracted from the Assessment Officer System Database.
- 8.2.** Overall, there was an 8% increase in applications in 2011 when compared to 2010. 2012 saw a 5% increase on 2011 although applications declined in HSE West in 2012.

**Table 1. Number of Applications Received – Summary Totals**

<b>Table 1 Applications Received</b>		
<b>HSE REGION</b>	<b>2011</b>	<b>2012</b>
<b>HSE DML</b>	1,053	1,105
<b>HSE DNE</b>	477	643
<b>HSE SOUTH</b>	1,240	1,264
<b>HSE WEST</b>	579	493
<b>TOTAL</b>	<b>3,349</b>	<b>3,505</b>

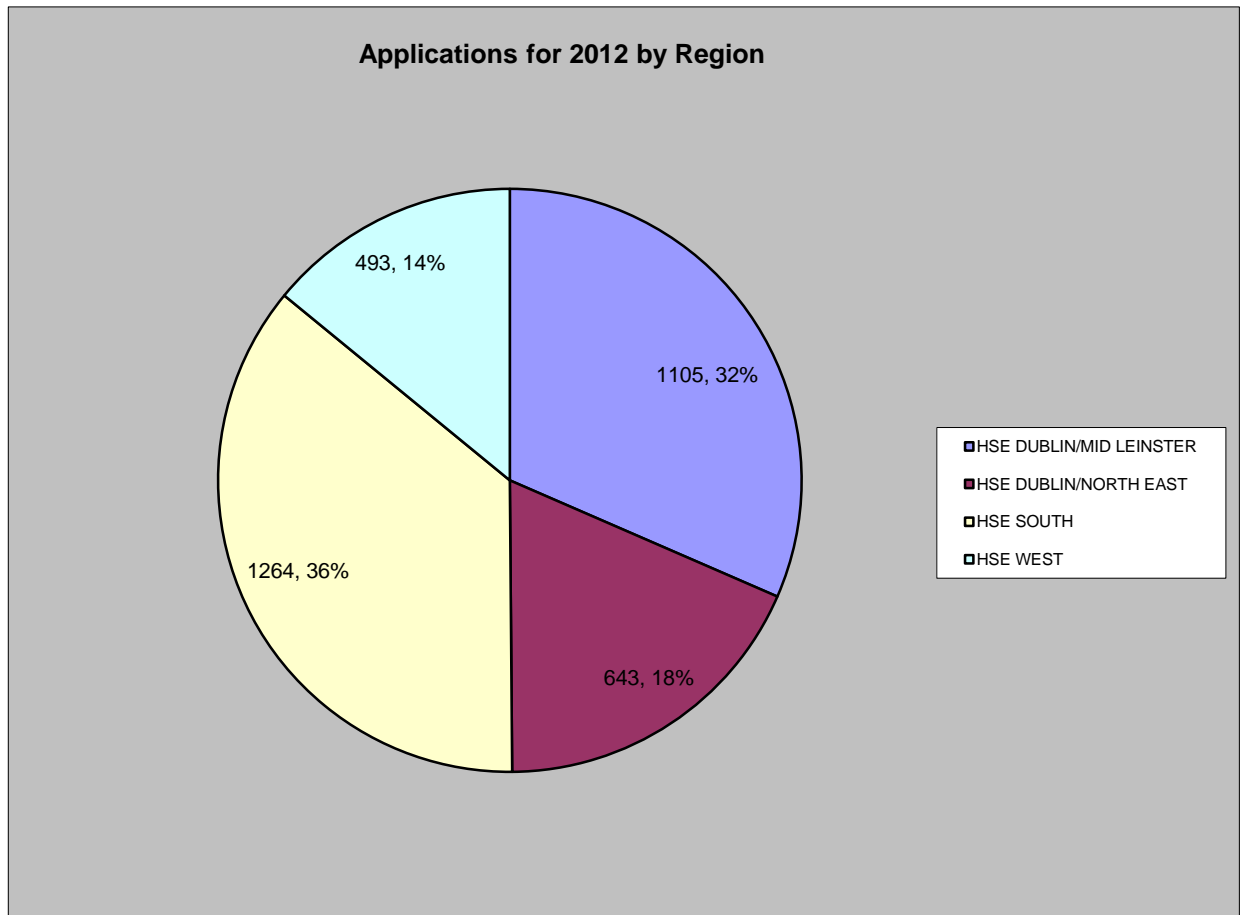
### Completed Application Data

**Figure 1 Applications by Region 2011**

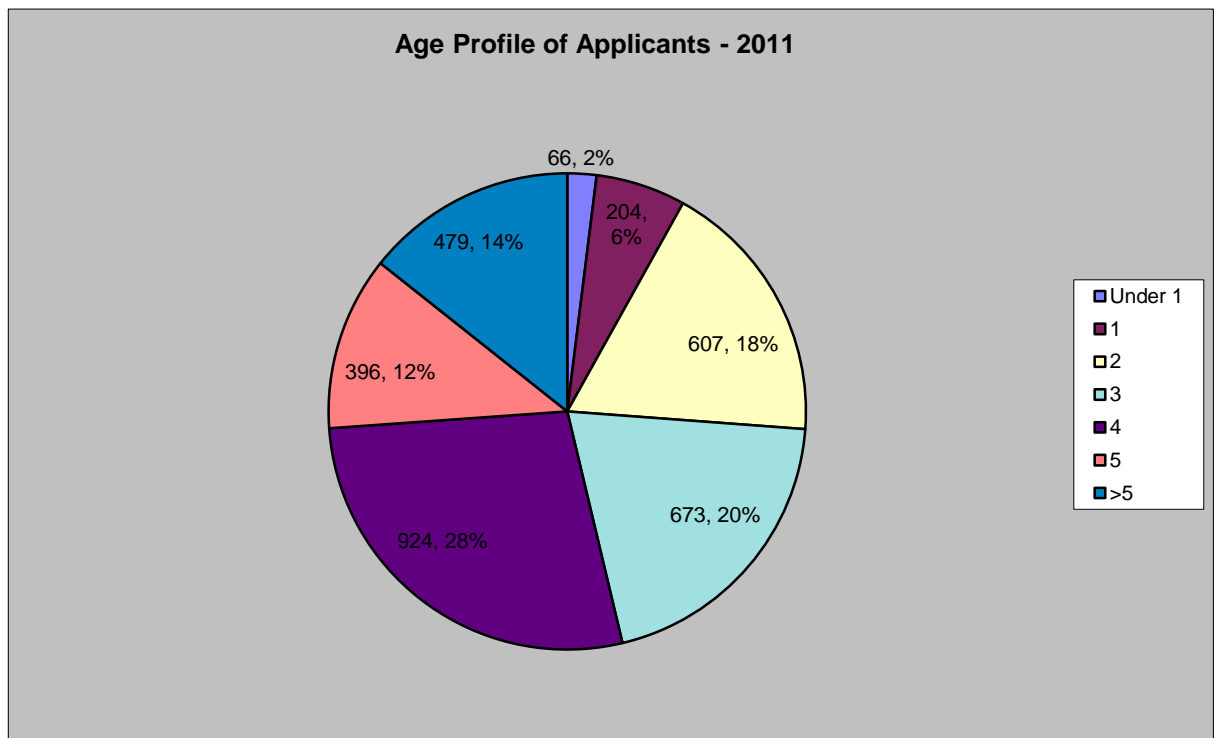




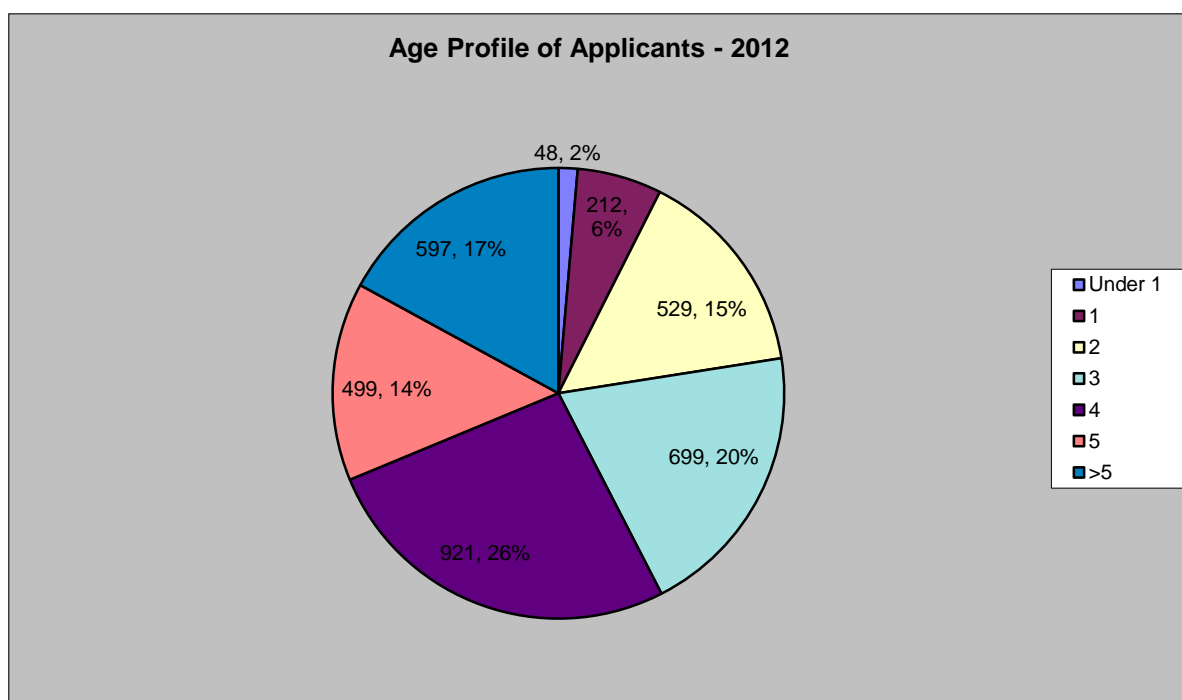
**Figure 2 Applications by Region 2012**



**Figure 3 Age Profile of Applicants 2011**



**Figure 4 Age Profile of Applicants 2012**



**8.3.** 2011 saw a 5% increase on 2010 in the number of applications which proceeded to the clinical assessment stage of the process (Stage 2). 2012 saw a 4% increase on 2011 figures.

**Table 2. Number of Applications Commenced Stage 2**

Table 2 Applications Commenced Stage 2		
HSE REGION	2011	2012
HSE DML	954	926
HSE DNE	442	501
HSE SOUTH	987	1,073
HSE WEST	514	504
<b>TOTAL</b>	<b>2,897</b>	<b>3,004</b>

**Table 3. Number of Assessment Reports Completed**

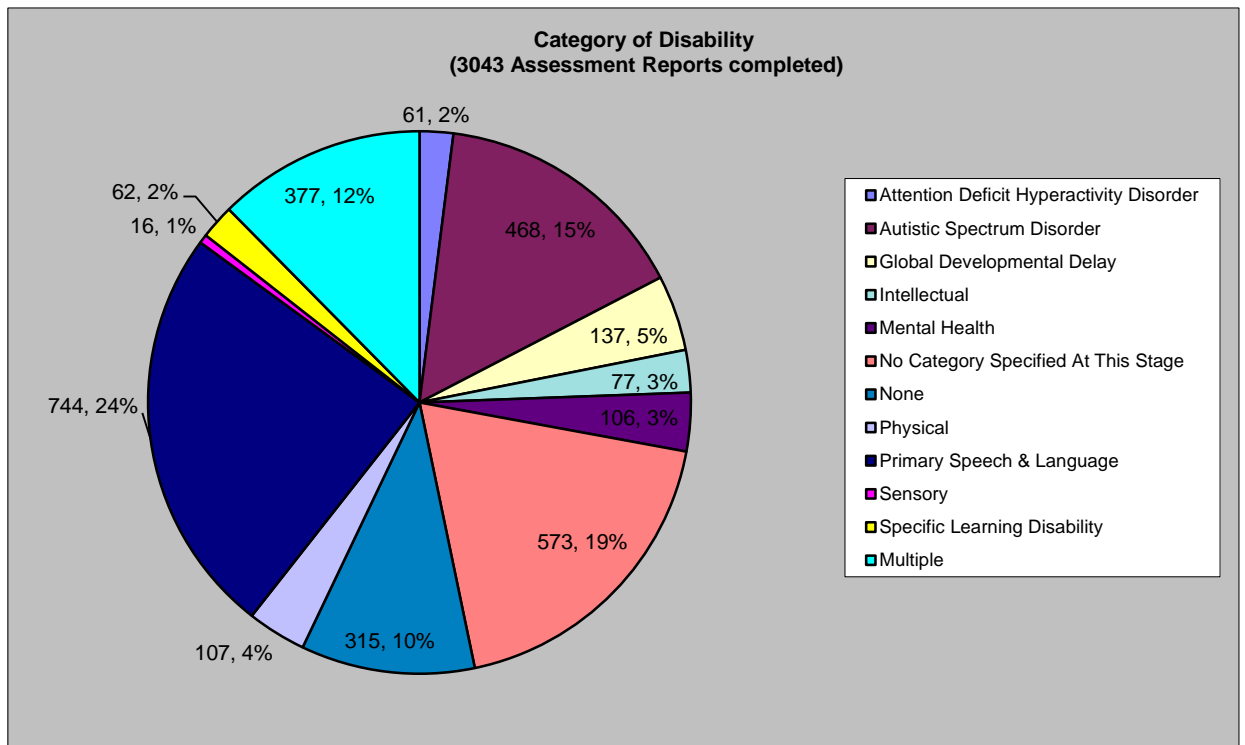
Region	No Disability		Disability		Total		Within timeline		% Within timeline	
	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012
HSE DML	136	101	946	758	1082	859	106	115	10%	13%
HSE DNE	74	68	374	339	448	407	207	160	46%	39%
HSE SOUTH	187	184	818	795	1005	979	162	154	16%	16%
HSE WEST	70	93	438	391	508	484	237	198	47%	41%
<b>TOTAL</b>	<b>467</b>	<b>446</b>	<b>2576</b>	<b>2283</b>	<b>3043</b>	<b>2729</b>	<b>712</b>	<b>627</b>	<b>23%</b>	<b>23%</b>

**8.4.** The number of Assessment Reports which were sent directly to the applicant because the child was found not to meet the definition of disability fell by 4% in 2012 when compared to 2011.

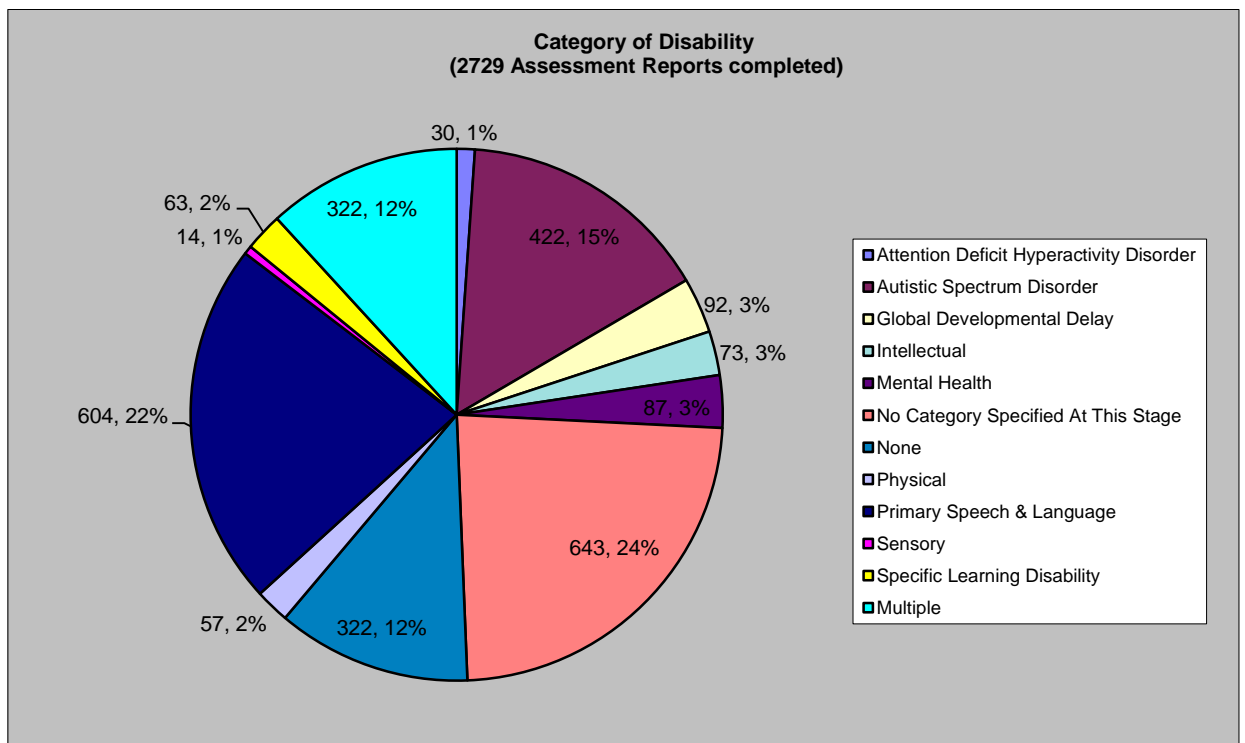
**8.5.** 'Within timeline' includes those assessments which have been completed within the timeframes set out in the Disability Act 2005 and accompanying Regulations. It also includes those assessments completed within a timeframe which has been extended due to 'exceptional circumstances' as provided for in Paragraph 10 of the Regulations. Reviewed reports are not included.

**8.6.** The numbers of children who were found to meet the definition of Disability contained in the Disability Act 2005 rose by almost 25% in 2011 when compared to 2010. However, this fell back by 11% in 2012.

**Figure 5 Reports completed by Disability 2011**



**Figure 6 Reports completed by Disability 2012**



**Table 4. Applications Overdue to commence Stage 2 on 31<sup>st</sup> December 2011 and 31<sup>st</sup> December 2012**

Region	Overdue		< 1 month		1 – 3 months		> 3 months	
	2011	2012	2011	2012	2011	2012	2011	2012
HSE DML	3	3	3	1	0	1	0	1
HSE DNE	1	2	0	2	1	0	0	0
HSE SOUTH	16	45	16	34	0	10	0	1
HSE WEST	4	0	1	0	2	0	1	0
<b>TOTAL</b>	<b>24</b>	<b>50</b>	<b>20</b>	<b>37</b>	<b>3</b>	<b>11</b>	<b>1</b>	<b>2</b>

**8.7.** At 31<sup>st</sup> December 2011 there were 24 applications overdue to commence Stage 2. By 31<sup>st</sup> December 2012, this figure had increased to 50 overdue applications.

*Note: Applications that were placed "on hold" are not included in this report.*

**Table 5. Applications overdue for completion on 31<sup>st</sup> December 2011 and 31<sup>st</sup> December 2012 (1)**

Region	Total Overdue		Overdue – Exceptional Circumstances		Overdue – No Exceptional Circumstances	
	2011	2012	2011	2012	2011	2012
HSE DML	430	439	23	8	407	431
HSE DNE	17	51	6	19	11	32
HSE SOUTH	188	238	41	48	147	190
HSE WEST	64	57	17	8	47	49
<b>TOTAL</b>	<b>699</b>	<b>785</b>	<b>87</b>	<b>83</b>	<b>612</b>	<b>702</b>

**8.8.** Applications are deemed 'Overdue' if it is over 6 months since the application was accepted by the HSE and there is no record of an Assessment Report being sent to the Liaison Officer or to the Applicant. This overdue figure does not include applications that have been put on hold, are closed or are ineligible for Assessment.

**8.9.** 699 applications were overdue for completion at the end of 2011 with 87 of these on the grounds of there being exceptional circumstances as provided for in paragraph 10 of the Regulations.

**8.10.** 785 applications were overdue for completion at the end of 2012 with 83 of these on the grounds of there being exceptional circumstances as provided for in paragraph 10 of the Regulations.

**Table 6. Applications overdue for completion on 31<sup>st</sup> December 2011 and 31<sup>st</sup> December 2012 (2)**

Region	Total Overdue		< 1 month		1 – 3 months		> 3 months	
	2011	2012	2011	2012	2011	2012	2011	2012
HSE DML	430	439	63	62	96	93	271	284
HSE DNE	17	51	8	28	4	15	5	8
HSE SOUTH	188	238	59	67	60	69	69	102
HSE WEST	64	57	23	21	15	10	26	26
<b>TOTAL</b>	<b>699</b>	<b>785</b>	<b>153</b>	<b>178</b>	<b>175</b>	<b>187</b>	<b>371</b>	<b>420</b>

**8.11.** Of the 699 applications overdue for completion on 31<sup>st</sup> December 2011, 371 (53%) were overdue for longer than 3 months.

**8.12.** Of the 785 applications overdue for completion on 31st December 2012, 420 (53%) were overdue for longer than 3 months.

**Table 7. Service Statements Completed 2011 and 2012**

Service Statements Completed		
HSE REGION	2011	2012
HSE DML	873	767
HSE DNE	358	394
HSE SOUTH	781	802
HSE WEST	471	441
<b>TOTAL</b>	<b>2,483</b>	<b>2,404</b>

**8.13.** This table illustrates the number of Service Statements completed by the Liaison Officer on foot of receipt of an Assessment Report. These figures do not correspond directly to the numbers of Assessment Reports received as some will be based on Assessment Reports received in the previous year.

**8.14.** Since a High Court ruling of December 2009, the effect of which was to open eligibility to all children born after 1<sup>st</sup> June 2002, the number of children over five years of age, and therefore of school-going age, has risen steadily as a percentage of all applications received. At the end of 2012 the figure stood at almost one third.

**Table 8. Applicants aged 5 Years and Over**

2011	Total	5 yrs & over	%	2012	Total	5 yrs & over	%
<b>Q1</b>	1,022	273	27	<b>Q1</b>	1,001	292	29
<b>Q2</b>	796	205	26	<b>Q2</b>	855	279	33
<b>Q3</b>	661	177	27	<b>Q3</b>	668	205	31
<b>Q4</b>	870	220	25	<b>Q4</b>	981	320	33
<b>TOTAL</b>	<b>3,349</b>	<b>875</b>	<b>26</b>	<b>Total</b>	<b>3,505</b>	<b>1,096</b>	<b>31</b>

**8.15.** Table 9 provides some comparisons of activity between 2011 and 2012.

Table 9 Comparison of Activity 2011 - 2012						
HSE REGION	APPLICATIONS RECEIVED		VARIANCE	ASSESSMENT REPORTS PRODUCED		VARIANCE
	2011	2012	%	2011	2012	%
HSE DML	1,053	1,105	+5	1,082	859	-21
HSE DNE	477	643	+35	448	407	-9
HSE SOUTH	1,240	1,264	+2	1,005	979	-3
HSE WEST	579	493	-15	508	484	-5
<b>TOTAL</b>	<b>3,349</b>	<b>3,505</b>	<b>+5</b>	<b>3,043</b>	<b>2,729</b>	<b>-10</b>

## SECTION D – IDENTIFYING THE RESOURCE REQUIREMENT

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.

## **9. Resource Availability**

**9.1.** It has been determined that work should continue on building the evidence-base necessary to inform the allocation of resources which may become available in the future. It is clear that this is a more complex process than originally envisaged by the drafters of legislation.

**9.2.** The following sections outline the potential components of that evidence base. It must be remembered that there continues to be a lack of international consensus on what constitutes an indicative case-load for each of the disciplines involved or, indeed, for a team of therapists offering services to a particular population.

## **10. WTEs Required for the Assessment of Need Process**

**10.1.** The report under section 13 submitted to the Minister based on the data collected in previous years included information on the estimated additional WTEs required solely to deal with the initial assessment of needs process and reviews under the Act. It did not take subsequent interventions into account. This report focusses on the resource required to deliver the identified interventions.

**10.2.** At that time the Act was introduced it was understood that the process was only open to children up to the age of 5 years and the WTE projections were based on that age-cohort and an estimated disability prevalence rate of 5%. Since 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 over five years of age, and therefore of school-going age, has risen steadily as a percentage of all applications received.

**10.3.** The report stated that the Australian Institute of Health and Welfare estimated the disability prevalence to be: 4.4% of 0-4s, 9.1% of 5-9s and 11% of 10-14s. Thus, the WTE estimated must be regarded as very conservative.

## 11. Frequency of Service Indication

**11.1.** According to the Quarterly Activity Reports, the same 4 disciplines have consistently been recorded as being those most frequently required to meet children's identified needs. These are Speech and Language Therapy, Occupational Therapy, Psychology and Physiotherapy. Furthermore, they have consistently appeared in that order. Paediatric Services and Social Work have consistently been ranked fifth or sixth. Table 10 shows the overall situation for 2011 and 2012 in respect of the top 5 disciplines. It is clear that the situation is broadly similar for the two years.

**Table 10. Service Requirements Identified in Completed Reports**

Discipline	Dublin ML		Dublin NE		HSE South		HSE West		Frequency Indicated	
	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012
Speech & Language Therapy	891	704	496	490	699	720	407	430	91%	91%
Occupational Therapy	735	614	445	428	673	686	303	291	79%	78%
Psychology	551	483	253	284	520	555	239	244	57%	61%
Physiotherapy	260	231	194	187	226	203	129	94	30%	28%
Paediatric Services (Hospital / Community)	188	185	74	95	182	169	146	110	22%	22%

In the main these figures represent new referrals to the identified services. In all cases, every effort is made to ensure that these services are provided in a timely way.

**11.2.** Through the Progressing Disability Services for Children & Young People Programme (0-18) the HSE is identifying resourcing deficits across a range of services required by children and young people with disabilities. Based on staffing ratios used in determining appropriate caseloads under this programme, the 'Service Requirements' identified through the Assessment of Need process would result in the following staffing requirements to meet the identified need at 31<sup>st</sup> December 2012:

**Table 11. Additional staff required to meet the identified need (December 2012)**

Service	Suggested ratio Staff:Service User	HSE DML	HSE DNE	HSE South	HSE West	Total	Cost*
Speech & Language Therapy	1:40	18	12	18	11	59	€2.3m
Occupational Therapy	1:40	15	11	17	7	50	€1.9m
Psychology	1:100	5	3	6	2	16	€1m
Physiotherapy	1:40	6	5	5	2	18	€0.7m

\* The cost is estimated based on the mid-point of the basic grade scale

## **12. Conclusion**

- 12.1.** There are shortcomings in the Assessment of Need process with additional applications being received from an increasing age cohort of children.
- 12.2.** There is a difference between the identified needs of children (as outlined in their Assessment Reports) and the services which are being provided to them. This can be due to a range of factors including:
  - Staffing Levels
  - Demand Levels
  - Availability of Specialist Support etc.
- 12.3.** Early intervention is a key component to supporting children presenting with challenges, and is supported by International research.
- 12.4.** It is recognised that the Assessment of Need process does not necessarily need to be the first and only port of call. Direct referral to early intervention teams is a consideration for referrers, and is in keeping with the reconfiguration of 0-18 Programme.
- 12.5.** Figures represented in this report do not take account of those children who are accessing services outside of the AON process.
- 12.6.** Current teams and re-configured teams carry both an intervention clinical caseload and responsibility for the AON process under the Disability Act 2005 and providing therapeutic interventions.
- 12.7.** The continuing work of reconfiguring services for children and young people into integrated, geographically-based teams (as part of the Progressing Disability Services Programme) is clearly going to have a positive impact on how children and families experience the assessment of need process under the Disability Act 2005.
- 12.8.** Work will continue with the aim of ensuring that the assessment process under the Act is integrated into the systems being put in place as Early Intervention and School-Age Teams are established across the country.