



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 2013

SECTION	CONTENTS	PAGE
A	BACKGROUND	
1	Introduction	5
2	Provisions of the Legislation and Regulations - Assessment Report	5
3	Provisions of the Legislation and Regulations - Service Statement	5
4	Provisions of the Legislation – Maintaining Records and Reporting	6
5	Compliance with Reporting Obligations	6
B	BUILDING CHILDREN’S DISABILITY TEAMS	
6	The Progressing Disability Services for Children and Young People Programme – (0-18s Programme)	7
7	National Disability Authority Report on the Practice of Assessment of Need under Part 2 of the Disability Act 2005	7
C	ACTIVITY DATA	
	Table 1 – Number of Applications Received – Summary Totals	8
	Figure 1 – Completed Applications	9
	Figure 2 – Age Profile of Applicants	9
	Number of Applications Acknowledged	9
	Table 2 – Number of Applications Commenced Stage 2	10
	Table 3 – Number of Assessment Reports Completed	10
	Figure 3 – Reports Completed by Disability	11
	Table 4 – Applications Overdue to Commence Stage 2	11
	Table 5 – Applications Overdue for Completion (1)	12
	Table 6 – Applications Overdue for Completion (2)	12
	Table 7 – Service Statements Completed	13
	Table 8 – Applicants 5 years and over	13
	Table 9 – Comparison of Activity 2013 - 2014	13
D	IDENTIFYING THE RESOURCE REQUIREMENT	
	Resource Availability	14
	WTEs Required for the Assessment of Need Process	14
	0 -18s Programme	14
	Table 10 – Service Requirements in Completed Reports	15
	Table 11 – Additional Staff Required to meet the Identified Need	15
	Figure 4 – Ratio of Children with Disabilities to Staff (2013)	16
E	CONCLUSION	16

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.
- 6.4. While some areas in the country have been operating integrated children’s disability teams for some time, 2013 saw the first areas to reconfigure their services under the auspices of the 0-18s Programme.
- 6.5. Also during 2013, a comprehensive mapping exercise was undertaken. This has resulted in a clearer picture of the resources available to those engaged in the reconfiguration process.

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 Health Service Executive has 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 with disabilities, in the statutory and non-statutory sectors, to form integrated, geographically based teams, (under the Progressing Disabilities Programme), should improve the Assessment of Need process.

SECTION C – ACTIVITY DATA

8. Activity Data - 2013

8.1. The Activity Data in this report is an amalgamation of the four Quarterly "Assessment of Need Management Reports" for 2013. They are based on the data extracted from the Assessment Officer System Database.

Table 1. Number of Applications Received – Summary Totals

This table outlines the number of completed applications based on the date the HSE accepted the application. The report is grouped by HSE Region.

4,261 completed applications were received by the HSE in 2013.

Region	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total for 2013
HSE DUBLIN/MID LEINSTER	345	385	290	365	1385
HSE DUBLIN/NORTH EAST	243	213	212	261	929
HSE SOUTH	405	379	248	340	1372
HSE WEST	170	146	109	150	575
Total	1163	1123	859	1116	4261

Completed Application Data

Figure 1 – Applications by Region

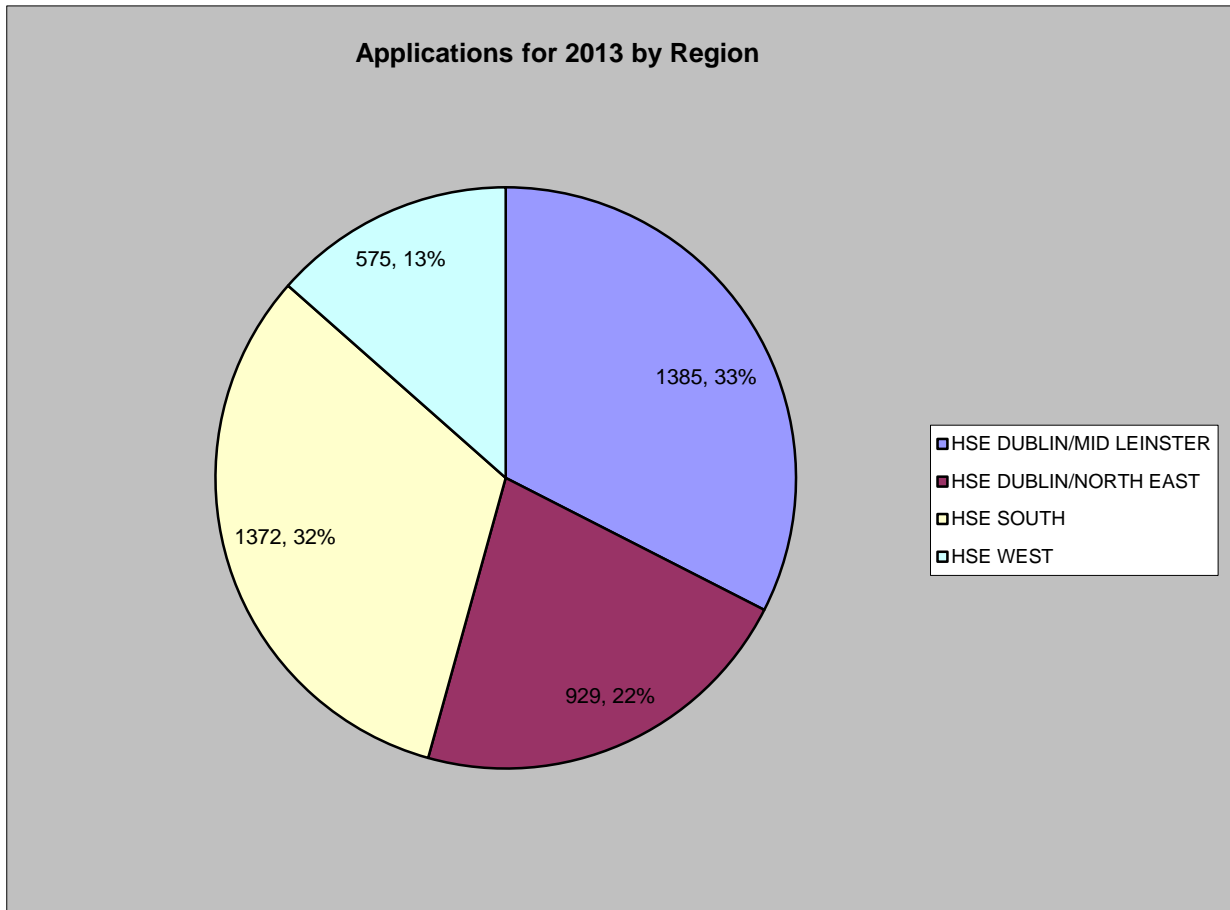
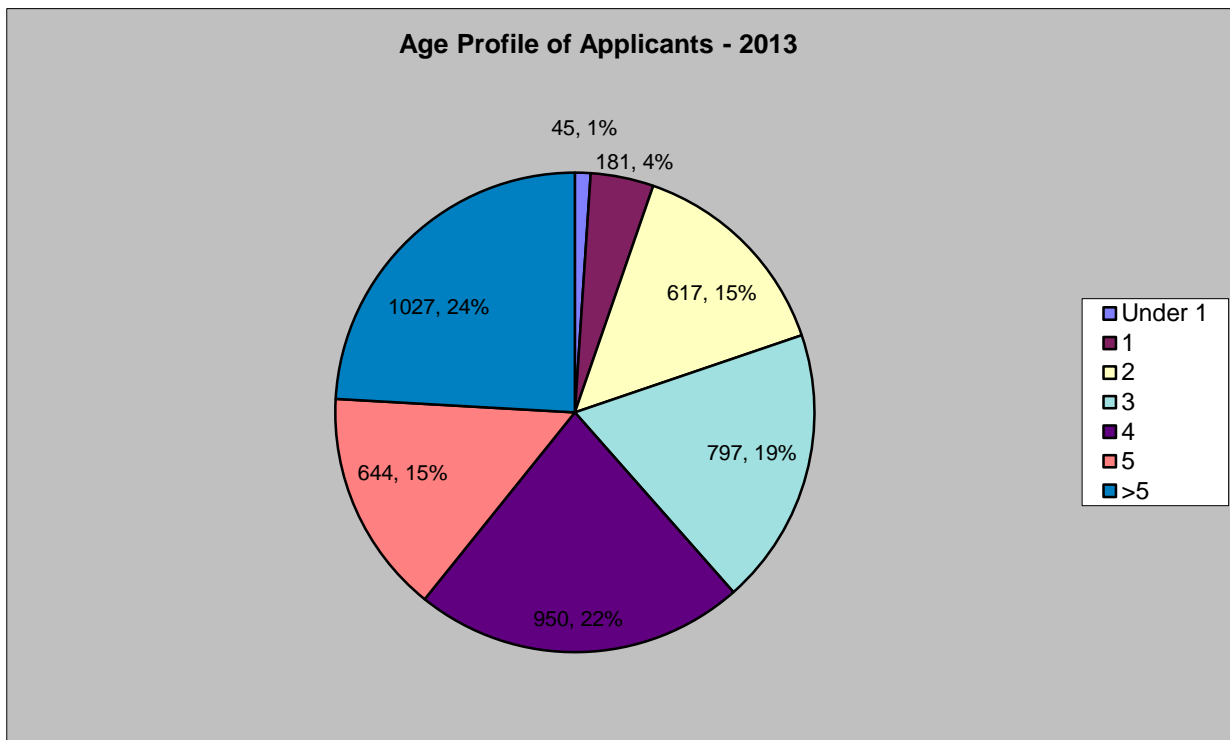


Figure 2 – Age Profile of Applicants



Number of Applications Acknowledged

91% of applications received were acknowledged within a 2 week timeline.

Table 2. Number of Applications Commenced Stage 2.

According to defined statutory timelines all applications should commence Stage 2 of the assessment process within 3 months of receipt of a completed application.

- 3,633 applications commenced Stage 2 for the first time in 2013.
- 77% of those fell within the 3 month timeline.

Region	Start Stage 2	Within timeline	% Within timeline
HSE DUBLIN/MID LEINSTER	1206	1034	86%
HSE DUBLIN/NORTH EAST	746	663	89%
HSE SOUTH	1048	490	47%
HSE WEST	633	618	98%
Total	3633	2805	77%

'Within timeline' refers to applications starting Stage 2 strictly within the 3 month timeline. Some applications are late starting stage 2 due to mitigating circumstances e.g. 'Application on Hold', 'Parental Request'.

Table 3. Number of Assessment Reports Completed

'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 in this table.

The average duration of the assessment process per report completed in 2013 was 8.9 months.

Region	No Disability	Disability	Total for 2013	Within timeline	% Within timeline
HSE DUBLIN/MID LEINSTER	124	785	909	128	14%
HSE DUBLIN/NORTH EAST	83	515	598	170	28%
HSE SOUTH	226	706	932	195	21%
HSE WEST	72	372	444	300	68%
Total	505	2378	2883	793	28%

Figure 3. Reports Completed by Disability

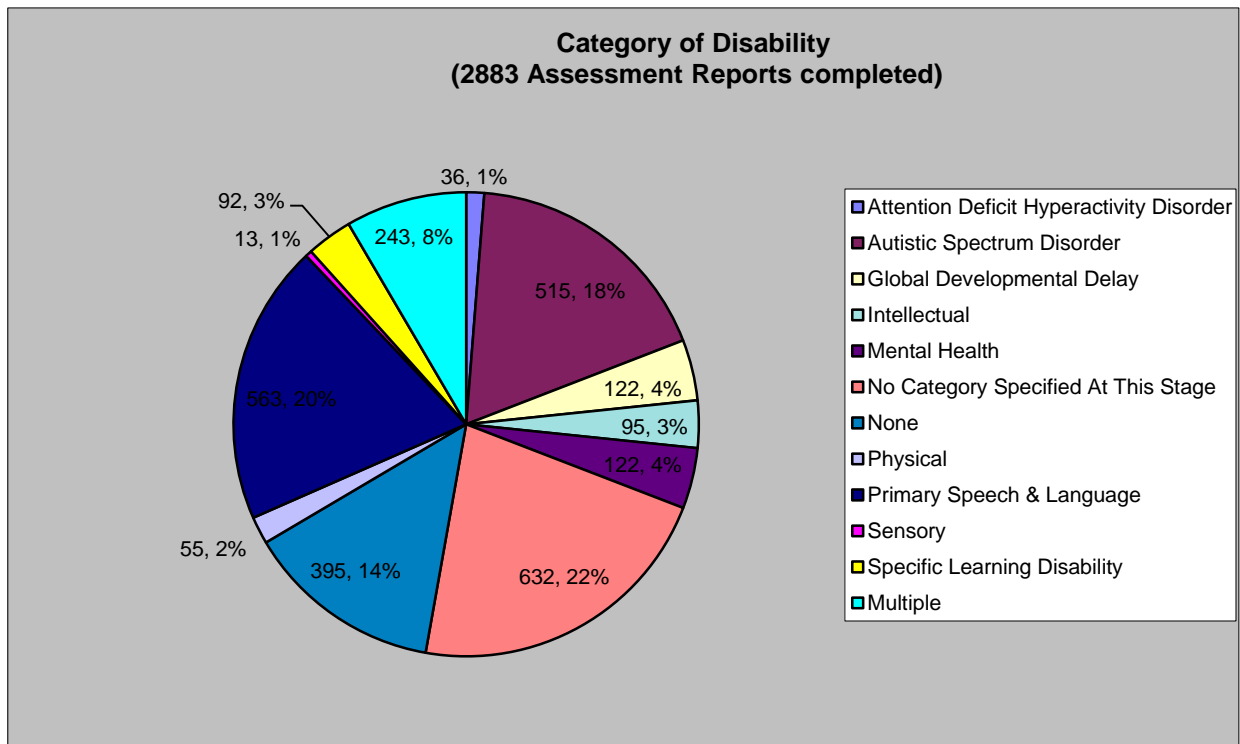


Table 4. Applications Overdue to commence Stage 2 on 31st December 2013

155 Applications due to commence Stage 2 by the end of 2013 had not done so.

Region	Overdue	<1 month	1 – 3 months	>3 months
HSE DUBLIN/MID LEINSTER	11	4	1	6
HSE DUBLIN/NORTH EAST	13	9	4	0
HSE SOUTH	131	44	53	34
HSE WEST	0	0	0	0
Total	155	57	58	40

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

Table 5. Applications Overdue for Completion on 31st December 2013 (1)

Applications are deemed 'Overdue' if it is 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.

1146 applications were overdue for completion at the end of 2013 with 95 of these on the grounds of there being exceptional circumstances as provided for in paragraph 10 of the Regulations.

Region	Total Overdue ¹	Overdue/ Exceptional Circumstances ²	Overdue/ No Exceptional Circumstances
HSE DUBLIN/MID LEINSTER	549	15	534
HSE DUBLIN/NORTH EAST	154	9	145
HSE SOUTH	361	44	317
HSE WEST	82	27	55
Total	1146	95	1051

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.

Table 6. Applications overdue for completion on 31st December 2013 (2)

- Of the 1146 applications that were overdue, 618 (54%) were overdue for longer than 3 months.
- Months overdue are calculated based on the statutory timelines of 3 months from start stage 2 and no more than 6 months from the application date. This overdue figure does not include applications that were put on hold, are closed or are ineligible for Assessment.

Region	Total Overdue	<1 month	1 - 3 months	> 3 months
HSE DUBLIN/MID LEINSTER	549	81	114	354
HSE DUBLIN/NORTH EAST	154	49	66	39
HSE SOUTH	361	88	88	185
HSE WEST	82	15	27	40
Total	1146	233	295	618

Table 7. Service Statements Completed 2013

This table counts Service Statements dispatched to the applicant during 2013. It does not include reviewed or modified service statements. The timeline is calculated from the date the Assessment Report was sent to the Liaison Officer to the date the Service Statement is dispatched to the applicant. The Statutory Timeline for this process is 1 month.

2,438 Service Statements were dispatched to the applicant during 2013 with 57% dispatched within the 1 month timeline.

Region	No Completed	Completed Within Timeline	% Within Timeline
HSE Dublin/Mid Leinster	720	337	47%
HSE Dublin/North East	543	274	50%
HSE South	795	517	65%
HSE West	380	263	69%
Total	2438	1391	57%

- 8.2 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. At the end of 2011, the figure stood at 26% and at the end of 2012, 31%. Table 8 shows the percentage to be 39% at the end of 2013.

Table 8 Applicants 5 years and over			
2013	Total	5 yrs & over	%
Q1	1,163	453	39
Q2	1,123	487	43
Q3	859	309	36
Q4	1,116	422	38
TOTAL	4,261	1,671	39

- 8.3 Table 9 provides some comparisons of activity between 2012 and 2013.

Table 9 Comparison of Activity 2012-2013						
HSE REGION	Applications Received		Variance	Assessment Reports Produced		Variance
	2012	2013	%	2012	2013	%
HSE DML	1,105	1,385	+25	859	909	+6
HSE DNE	643	929	+44	407	598	+47
HSE SOUTH	1,264	1,372	+9	979	932	-5
HSE WEST	493	575	+17	484	444	-8
TOTAL	3,505	4,261	+22	2,729	2,883	+6

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

- 9.2 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 was originally envisaged by the drafters of the legislation.
- 9.3 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.
- 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 0-18s Programme

- 11.2 As previously mentioned in section 6, an exercise was completed in 2013 which mapped the resources in terms of therapy WTEs available in each HSE Area. This provided the base-line information required to conduct the necessary discussions on the reconfiguration of resources into Children's Disability Teams under the auspices of the 0-18s Programme.
- 11.3 Also during 2013, the first Children's Disability Teams were established under the auspices of the 0-18s Programme; although integrated teams have been operating in some areas for some time.
- 11.4 As new teams are established in the coming years and they begin to collect data, the shortfalls in terms of disciplines required to populate the teams and information on the size of the population which can be catered for, will become clearer. This will assist in how resources could be allocated

11.5 The National Service Plan for 2014 included an allocation of €4m and 80 posts to help build children’s disability teams. This is equivalent to 9 additional teams.

Table 10. Service Requirements Identified in Completed Reports

	DUBLIN/MID LEINSTER	DUBLIN/NORTH EAST	HSE SOUTH	HSE WEST	Service Totals	Frequency of Services Indicated
Speech and Language Therapy	713	542	643	442	2340	85%
Occupational Therapy	648	518	607	339	2112	76%
Psychology	492	337	515	265	1609	58%
Paediatric Services (Hospital/Community)	182	115	166	159	622	22%
Physiotherapy	182	176	216	121	695	25%
Social Work	100	107	208	52	467	17%

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.

11.7. Through the Progressing Disability Services for Children and Young People Programme (0-18) the HSE has identified 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.

Table 11 Additional staff required to meet the identified need

Service	Suggested ratio Staff:Service User	HSE DML	HSE DNE	HSE South	HSE West	Total	Cost*
Speech & Language Therapy	1:40	18	14	16	11	59	€2.3m
Occupational Therapy	1:40	16	13	15	8	52	€2.03m
Psychology	1:100	5	3	5	3	16	€1.04m
Physiotherapy	1:40	5	4	5	3	17	€0.66m

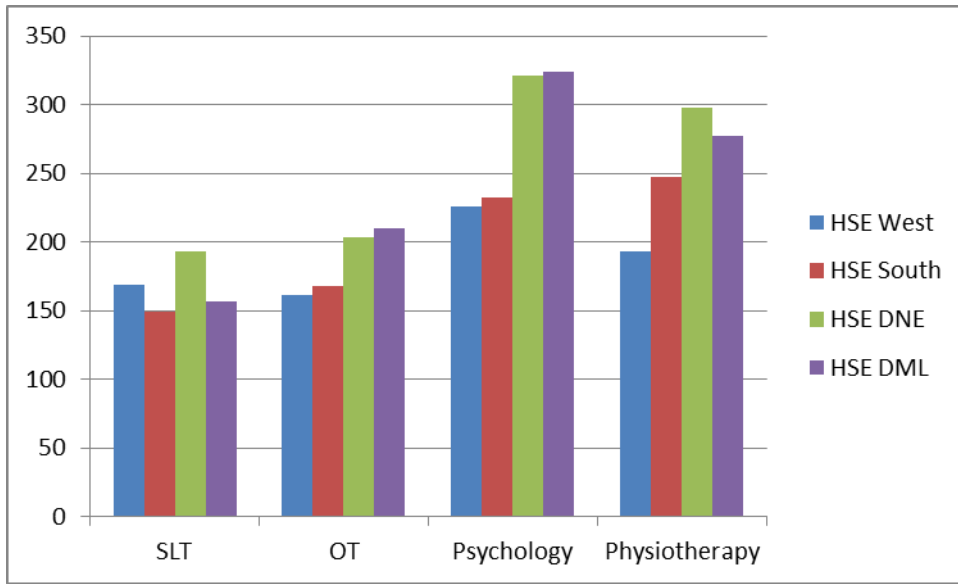
* The cost is estimated based on the mid-point of the basic grade scale

As stated previously, the 2014 National service Plan included an allocation of €4m for an additional 80 posts to progress the implementation of the Progressing Disability Services for Children & Young People Programme (0 – 18).

These posts will be targeted at areas with higher children population to staffing ratios, with the aim of developing integrated teams, which, as the NDA report highlighted:

“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.”

Figure 4. Ratio of children with disabilities to staff (2013)
(1 clinician : number of children)



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 In the light of the fact that the **Progressing Disabilities(0-18s Programme)** has been demonstrated to have a significant effect on the efficiency and effectiveness of the operation of the assessment of need process and is clearly

beginning to bear fruit, the information contained in this report will serve as a useful base-line. As teams are established in the coming years, it will be possible to measure the effect they are having in particular years.

12.8 The HSE will focus on driving implementation of the **Progressing Disabilities** Programme as a means to improve the Assessment of Need process in the longer term.