



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 2014**

Based on data extracted from the Assessment Officer System Database

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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.

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.

6.6. Further, the National Service Plan for 2014 includes an allocation of €4m and 80 WTEs to help build children’s disability teams. This will provide the resources necessary to build the equivalent of 9 additional 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 – 2014

8.1 The Activity Data in this report is an amalgamation of the four Quarterly “Assessment of Need Management Reports” for 2014. These 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.

4,908 completed applications were received by the HSE in 2014.

Region	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total for 2014.
HSE DUBLIN/MID LEINSTER	479	400	311	432	1622
HSE DUBLIN/NORTH EAST	301	262	235	303	1101
HSE SOUTH	415	376	304	414	1509
HSE WEST	197	169	111	199	676
Total	1392	1207	961	1348	4908

Completed Application Data.

Figure 1 – Applications by Region

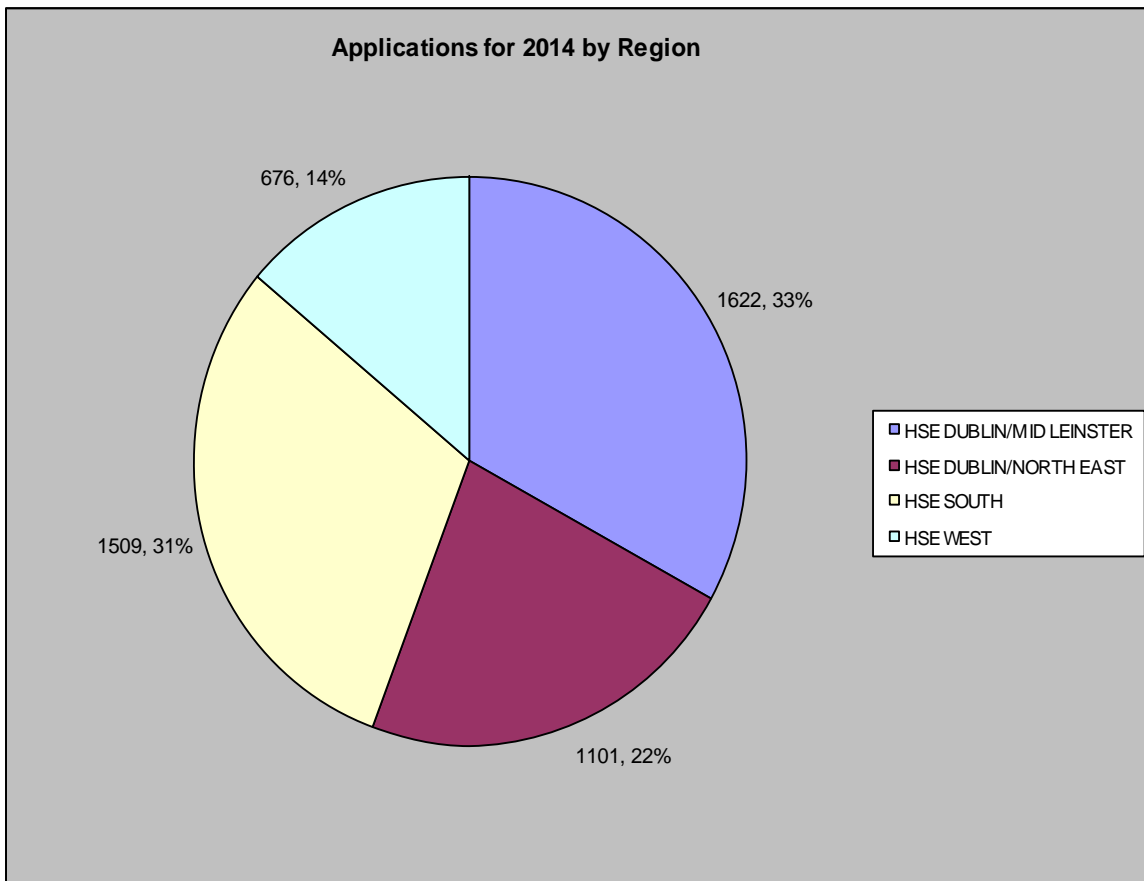
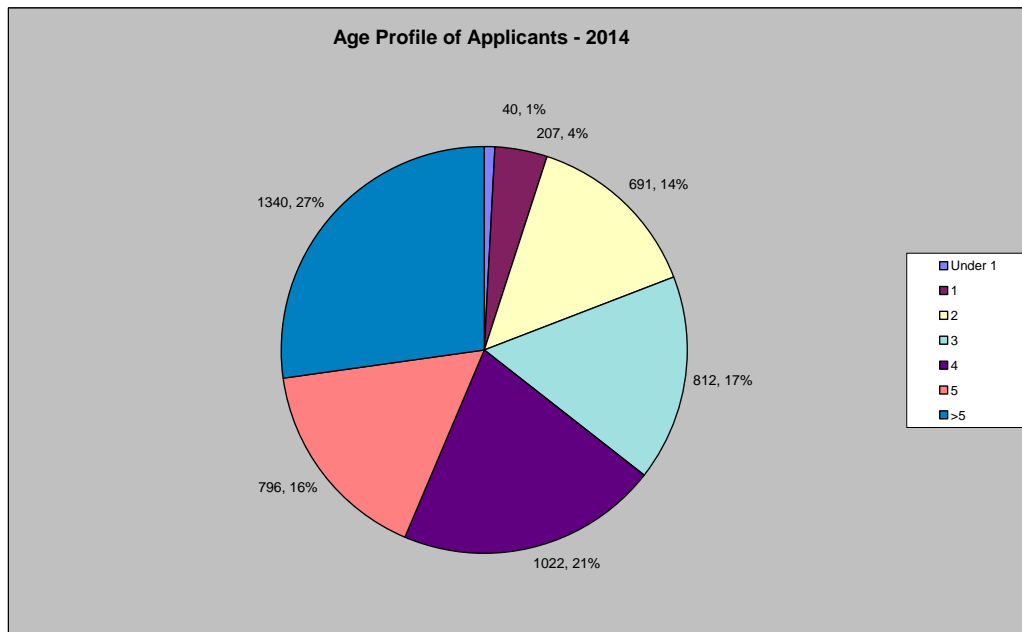


Figure 2 - Age Profile of Applicants



Number of Applications acknowledged

90% of applications received were acknowledged within the 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.

- 3,913 applications started stage 2 for the first time during 2014.
- 75% of those fell within the 3 month timeline.

Region	Start Stage 2	*Within Timeline	% within timeline
HSE DUBLIN/MID LEINSTER	1416	1239	88%
HSE DUBLIN/NORTH EAST	816	666	82%
HSE SOUTH	1023	382	37%
HSE WEST	658	651	99%
Total	3913	2938	75%

NOTE: Applicants that are re-entered into stage 2 are not included in the report

*** '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'.**

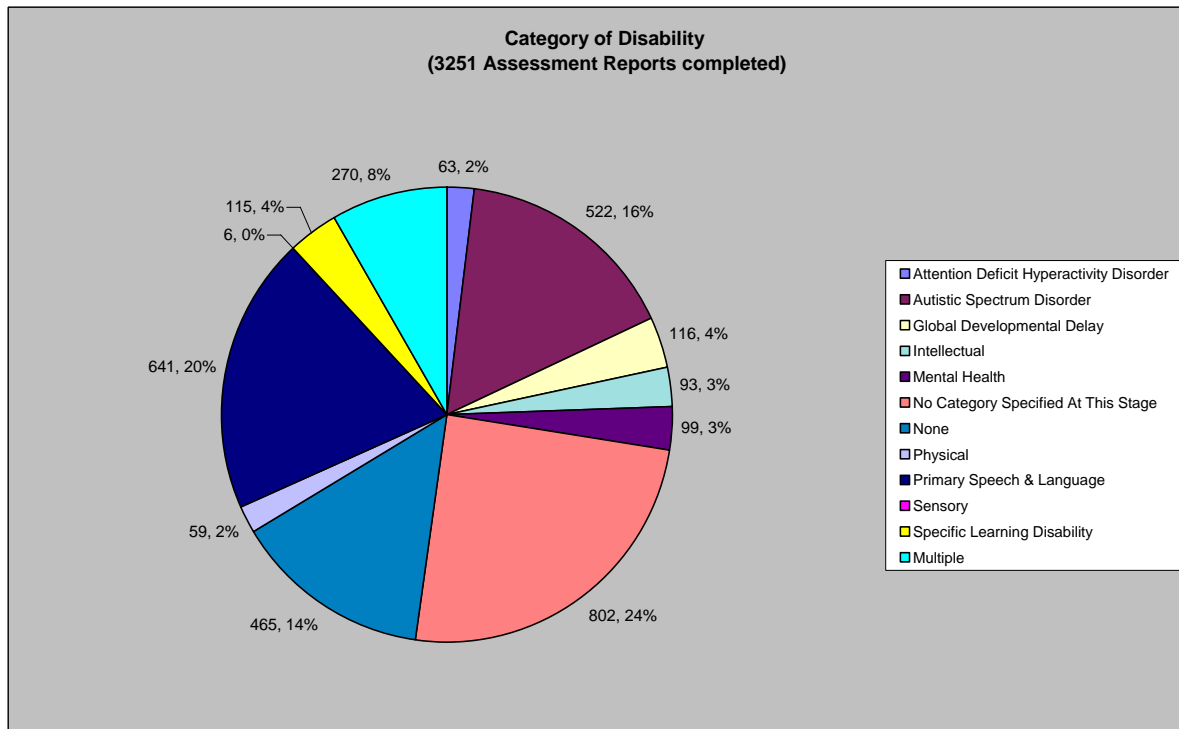
Table 3 Number of Assessment Reports Completed

'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 2014 was 9.13 months.

Region	No Disability	Disability	Total for 2014	Within Timeline	% Within Timeline
HSE DUBLIN/MID LEINSTER	141	1053	1194	293	25%
HSE DUBLIN/NORTH EAST	106	660	766	224	29%
HSE SOUTH	189	513	702	200	28%
HSE WEST	112	477	589	421	71%
Total	548	2703	3251	1138	35%

Figure 3 - Reports Completed by Disability



N.B. Applicants with more than 1 recorded disability appear in the 'Multiple' category only.

Table 4 Applications Overdue to commence Stage 2 on 31st December 2014.

346 Applications due to commence stage 2 by the end of 2014 had not done so.

Region	Overdue	<1 month	1 - 3 Months	>3 Months
HSE DUBLIN/MID LEINSTER	4	3	1	0
HSE DUBLIN/NORTH EAST	77	13	38	26
HSE SOUTH	265	65	66	134
HSE WEST	0	0	0	0
Total	346	81	105	160

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

Table 5 Applications overdue for Completion on 31st December 2014 (1)

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.

1,666 applications were overdue for completion at end 2014 with 236 of these on the grounds of there being exceptional circumstances as provided for in paragraph 10 of the regulations.

Region	Total Overdue¹	Overdue/ Exceptional Circumstances²	Overdue/ No Exceptional Circumstances
HSE DUBLIN/MID LEINSTER	625	11	614
HSE DUBLIN/NORTH EAST	297	27	270
HSE SOUTH	672	174	498
HSE WEST	72	24	48
Total	1666	236	1430

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 2014 (2)

- Of the 1,666 applications that were overdue, 1,080 (65%) 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	625	75	72	478
HSE DUBLIN/NORTH EAST	297	66	89	142
HSE SOUTH	672	105	143	424
HSE WEST	72	16	20	36
Total	1666	262	324	1080

Table 7 Service Statements Completed 2014

This table counts Service Statements dispatched to the applicant during 2014. 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.

2,343 Service Statements were dispatched to the applicant during 2014 with 62% dispatched within the 1 month timeline.

Region	No Completed	Completed Within Timeline	% Within Timeline
HSE Dublin/Mid Leinster	855	421	49%
HSE Dublin/North East	545	319	59%
HSE South	469	333	71%
HSE West	474	375	79%
Total	2343	1448	62%

- 8.1.** 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%, at the end of 2012, 31%, and at the end of 2013, 39%. Table 8 shows the percentage to be 44% at the end of 2014.

Table 8 Applicants 5 years and over			
2014	Total	5 yrs & over	%
Q1	1,392	601	43
Q2	1,207	576	48
Q3	961	368	38
Q4	1,348	591	44
TOTAL	4,908	2,136	44

- 8.2.** Table 9 provides some comparisons of activity between 2013 and 2014.

Table 9 Comparison of Activity 2013-2014						
HSE REGION	Applications Received		Variance	Assessment Reports Produced		Variance
	2013	2014	%	2013	2014	%
HSE DML	1,385	1,622	+17	909	1,194	+31
HSE DNE	929	1,101	+19	598	766	+28
HSE SOUTH	1,372	1,509	+10	932	702	-25
HSE WEST	575	676	+18	444	589	+33
TOTAL	4,261	4,908	+15	2,883	3,251	+13

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.

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

- 11.1** 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.
- 11.2** Also during 2013, the 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.
- 11.3** In 2014 approval and funding was provided for an additional 80 posts to progress the implementation of The Progressing Disability Services for Children and young People Programme – (0-18s Programme). These posts were targeted at areas to assist in the re-configuration of these teams, which, as the National Disability Authority Report on the Practice of Assessment of Need under Part 2 of the Disability Act 2005 outlined ***"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."*** (Section 7)
- 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.
- 11.5** In the light of the fact that the 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 areas.
- 11.6** In completing assessment reports clinicians identify the services required to meet the needs of the child. Table 10 shows the frequency (ranked nationally) with which requirements for certain services have been identified. These figures are based on Assessment of Need reports completed in 2014. During this period 3,037 children deemed to have a disability under the Act had service requirements identified. It should also be noted that a significant proportion of children not deemed to have a disability will also require access to services.

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	966	444	397	532	2339	77%
Occupational Therapy	870	438	407	371	2086	69%
Psychology	740	309	349	305	1703	56%
Paediatric Services (Hospital/Community)	252	89	97	173	611	20%
Physiotherapy	212	146	139	111	608	20%
Social Work	93	61	153	47	354	12%

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	24	11	10	13	58	€2.26m
Occupational Therapy	1:40	22	11	10	9	52	€2.03m
Psychology	1:100	7	3	4	3	17	€1.11m
Physiotherapy	1:40	5	4	3	3	15	€0.58m

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

The 2015 National Service Plan provided approval and funding for an additional 120 posts to progress the implementation of The Progressing Disability Services for Children and Young People Programme – (0-18s Programme).

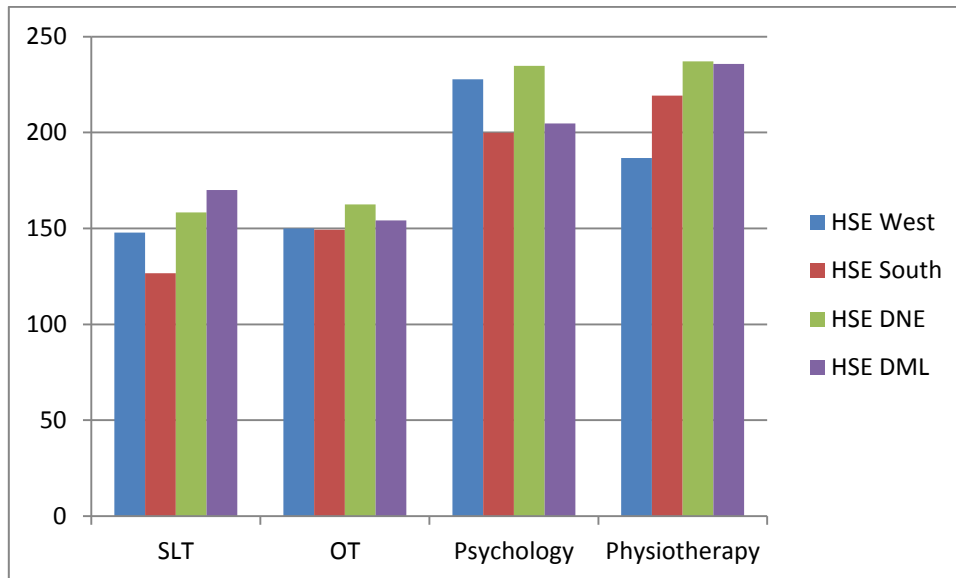
These posts will be targeted at areas with higher children population to staffing ratios, with the aim of developing integrated teams, which, as the NDA report highlighted:

“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.”

The graph below illustrates the ratio of staff to the estimated numbers of children with disabilities in each HSE region. As outlined above, this information will inform the allocation of the 2015 development posts.

Figure 4 – Ratio of children with disabilities to staff (2014)

(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.

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- 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** In 2014, an additional **five** local implementation groups **fully reconfigured** their children's services into children's disability network teams (Meath, Cork West, Kerry, Mid-West, and Galway), with a further eight reconfiguring their Early Intervention Services and completing their plans. At the end of 2014, 55 Network Teams were in place.
- 12.9** 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.