



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Report to the Minister of State with special responsibility

for Disability Issues at the Department of Health

As provided for under Section 13 of the Disability Act 2005

in respect of data collected in 2019

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 has appointed Liaison Officers under the Act in each area. The Service Statement outlines the services which will be delivered within available resources, when the service will be delivered 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 they 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 under the Act, has proven problematic. Early 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 disciplines. The practice of Assessment Officers identifying services in terms of individual disciplines 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 or a school-age disability team will provide supports for 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.** In terms of the structure of network teams providing services to children with complex disability needs, HSE is rolling out the Progressing Disability Services for Children and Young People (PDS) Programme, which requires a reconfiguration of all current HSE and HSE funded children’s disability services into geographically-based Children’s Disability Network Teams (Early-Intervention and School-aged or 0-18 Teams).
- 6.4.** 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.
- 6.5.** The HSE is working collaboratively with all of the HSE funded disability organisations in an area to allocate existing staff with expertise in the different types of disabilities to form local Children’s Disability Network Teams (CDNTs) that will provide support for all children with significant disability needs.
- 6.6.** Each team will have a Children’s Disability Network Manager with specialist expertise in providing children’s disability services. The appointment of these Network Managers can now proceed following the October 2019 Labour Court ruling with regard to same.
- 6.7.** The HSE welcomes the commitment in NSP 2020 to reduce the waiting times for assessment of need under the Disability Act 2005 through the full year provision of 100 additional therapy posts commenced in 2019. However, additional resources are still required. The Report on the Future Needs of Disability Services (April 2018) estimates an additional 400 posts are required to provide adequate staffing levels to meet the demand for children’s disability services and the HSE is working with the Department of Health to address this.

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 – 2019

8.1 The Activity Data in this report is an amalgamation of the four Quarterly “Assessment of Need Management Reports” for 2019. 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 Community Healthcare Organisation (CHO) Area.

6,596 completed applications were received by the HSE in 2019. This compares with 5,060 received in 2018, representing a significant increase of 30.4%.

From the 1st June 2007 to 31st December 2019 a total of 55,553* completed applications have been received by the HSE.

CHO	Q1	Q2	Q3	Q4	Total for 2019
AREA 1	44	44	69	83	240
AREA 2	83	82	52	68	285
AREA 3	157	194	160	208	719
AREA 4	345	358	274	372	1349
AREA 5	69	119	91	153	432
AREA 6	88	68	67	117	340
AREA 7	231	237	197	256	921
AREA 8	208	241	185	245	879
AREA 9	352	363	336	380	1431
Totals	1,577	1,706	1,431	1,882	6596

*Late data entry may result in slight discrepancies from previous year.

Completed Application Data.

Figure 1 – Applications by CHO Area

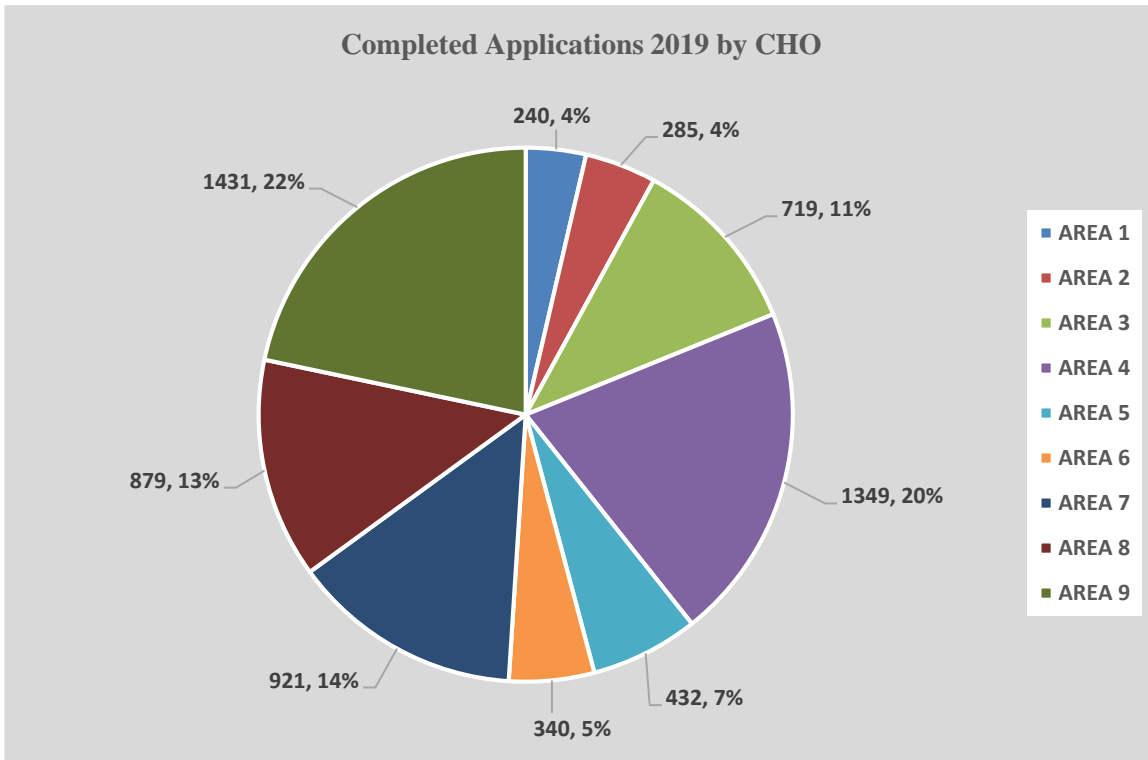
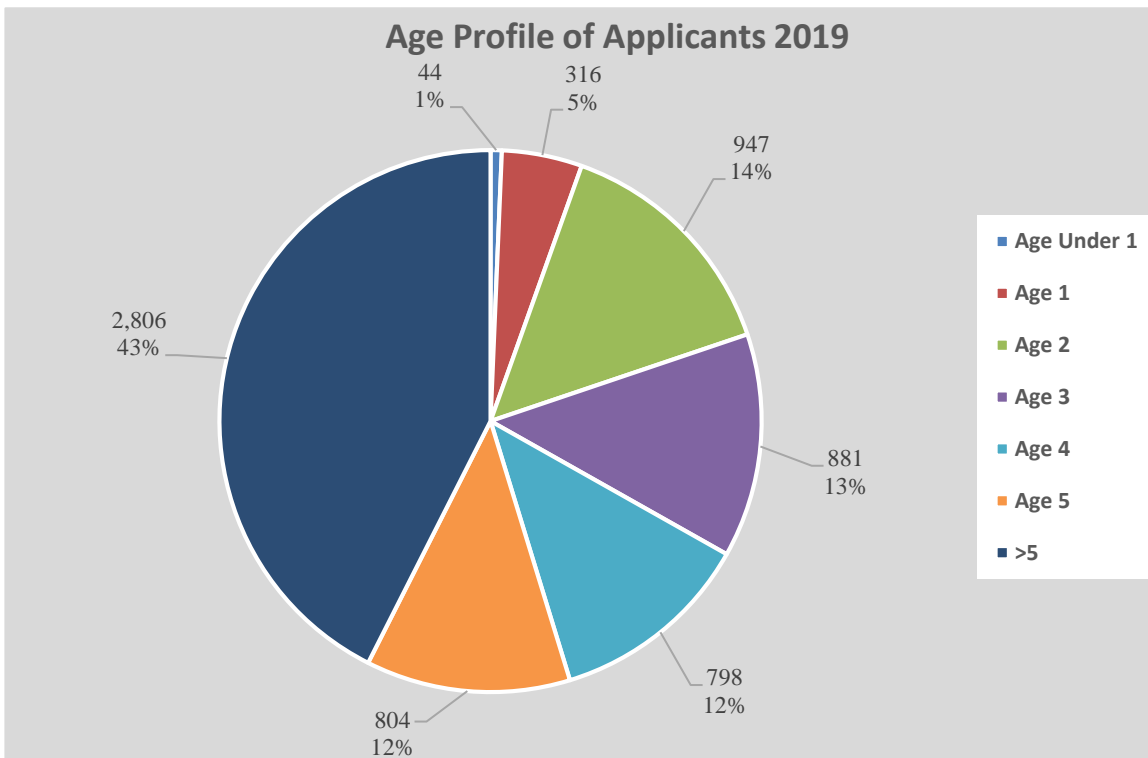


Figure 2 - Age Profile of Applicants



Number of Applications acknowledged

85% 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.

- 4,444 applications started stage 2 for the first time during 2019.
- 68% of those fell within the 3-month timeline.

CHO	Start Stage 2	*Within Timeline	% within timeline
AREA 1	219	201	92%
AREA 2	256	253	99%
AREA 3	576	567	98%
AREA 4	1033	869	84%
AREA 5	295	158	54%
AREA 6	258	224	87%
AREA 7	285	86	30%
AREA 8	735	337	46%
AREA 9	787	322	41%
Totals	4,444	3,017	68%

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'.**

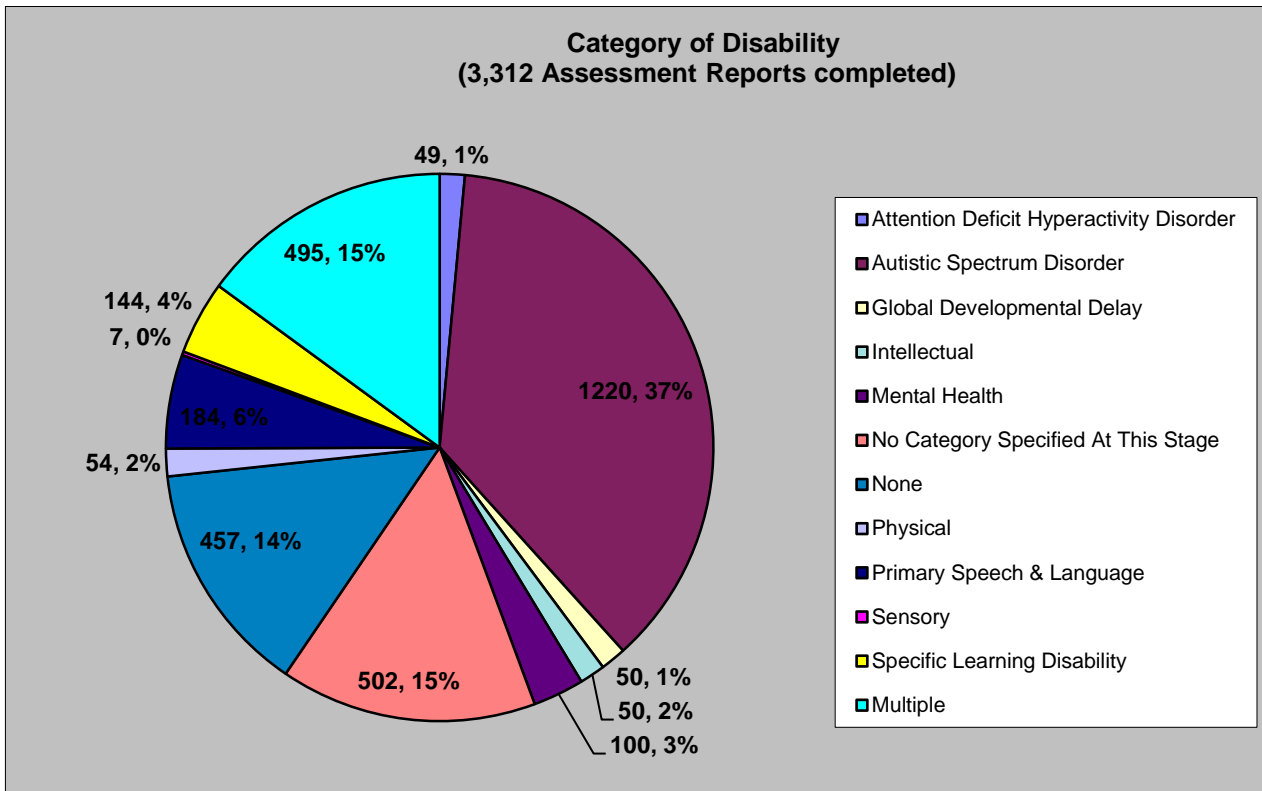
Table 3 Number of Assessment Reports Completed

'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 2019 was 19.80 months.

CHO	No Disability	Disability	Total for 2019	Within Timeline	% Within Timeline
AREA 1	29	169	198	33	17%
AREA 2	53	117	170	88	52%
AREA 3	66	204	270	60	22%
AREA 4	236	748	984	47	5%
AREA 5	14	87	101	9	9%
AREA 6	0	104	104	5	5%
AREA 7	78	237	315	12	4%
AREA 8	112	465	577	53	9%
AREA 9	71	522	593	18	3%
Totals	659	2653	3312	325	10%

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 2019.

1,303 Applications due to commence stage 2 by the end of 2019 had not done so.

CHO	Overdue	<1 month	1 - 3 Months	>3 Months
AREA 1	0	0	0	0
AREA 2	1	0	1	0
AREA 3	2	2	0	0
AREA 4	1	0	0	1
AREA 5	61	8	15	38
AREA 6	3	2	0	1
AREA 7	620	55	88	477
AREA 8	44	26	4	14
AREA 9	571	51	111	409
Total	1303	144	219	940

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

Table 5 Applications overdue for Completion on 31st December 2019 (1)

Applications are deemed 'Overdue' if it is more than 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.

4,644 applications were overdue for completion at end 2019 with 243 of these on the grounds of there being exceptional circumstances as provided for in paragraph 10 of the regulations.

CHO	Total Overdue ¹	Overdue/ Exceptional Circumstances ²	Overdue/ No Exceptional Circumstances
AREA 1	79	3	76
AREA 2	72	3	69
AREA 3	524	16	508
AREA 4	889	11	878
AREA 5	469	51	418
AREA 6	191	2	189
AREA 7	680	3	677
AREA 8	652	61	591
AREA 9	1088	93	995
Total	4644	243	4401

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 2019 (2)

- Of the 4,644 applications that are overdue, 3,256 (70%) are 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.

CHO	Overdue	<1 month	1 - 3 Months	>3 Months
AREA 1	79	16	18	45
AREA 2	72	21	30	21
AREA 3	524	87	132	305
AREA 4	889	110	129	650
AREA 5	469	30	56	383
AREA 6	191	28	36	127
AREA 7	680	58	124	498
AREA 8	652	88	149	415
AREA 9	1088	87	189	812
Total	4644	525	863	3256

Table 7 Service Statements Completed 2019

This table counts Service Statements dispatched to the applicant during 2019. 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.

1,922 Service Statements were dispatched to the applicant during 2019 with 56% dispatched within the 1-month timeline.

CHO	Total	Within Timeline	% within timeline
AREA 1	130	48	36.9%
AREA 2	105	97	92.4%
AREA 3	191	135	70.7%
AREA 4	365	169	46.3%
AREA 5	89	58	65.2%
AREA 6	40	3	7.5%
AREA 7	214	53	24.8%
AREA 8	309	92	29.8%
AREA 9	479	411	85.8%
Total	1922	1066	55.5%

8.1. Since a High Court ruling of December 2009, the effect of which was to open eligibility to children born after 1st June 2002 who are suspected of having a disability, 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 2018, the percentage was 51.6%. Table 8 shows the percentage to be 54.7% at the end of 2019.

Table 8			
Applicants 5 years and over			
2019	Total	5 yrs & over	%
Q1	1577	871	55.2%
Q2	1706	961	56.3%
Q3	1431	744	52.0%
Q4	1882	1034	54.9%
TOTAL	6,596	3610	54.7%

8.2. Table 9 provides some comparisons of activity between 2018 and 2019.

Table 9						
Comparison of Activity 2018-2019						
	Applications Received		Variance	Assessment Reports Produced		Variance
HSE	2018	2019	%	2018	2019	%
TOTAL	5,060	6,596	+30.4	4,237	3,312	-21.8

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 clinicians offering services to a particular population.

10. WTEs Required for the Assessment of Need Process

10.1. At the time Part 2 of the Act was commenced 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 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.

10.2. Eligibility for Assessment of Need now includes and young people aged 17 years. These young people will have attended school for up to 13 years and it had originally been anticipated that school going children would be assessed under the terms of the Education for Persons with Special Educational Needs Act 2004 (EPSSEN). The relevant sections of this Act have not been commenced. No additional health resources have been identified to meet the resulting increase in demand for Assessment of Need.

11. 0-18s Programme

- 11.1** 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** In 2019, funding of €2.5m and with a full year investment cost rising to €6m in 2020, was allocated in the National Service Plan to provide 100 additional therapy posts. This welcome new resource resulted in new posts ranging from Speech and Language Therapy, Occupational Therapy, Physiotherapy, Social Work, Psychology, Dietitians and therapy Assistants. This new resource continues to impact on both assessment of need as well as support interventions for children with complex disability needs.
- 11.3** The HSE introduced a National Policy on Access to Services for Children & Young People with Disability & Developmental Delay. When fully implemented, this policy will ensure that children are directed to the appropriate service based on the complexity of their presenting needs rather than based on diagnosis. Many children with a disability, who have support needs, can be effectively supported within mainstream health services. This policy provides a single point of entry, signposting parents and referrers to the most appropriate service (Primary Care for non-complex functional difficulties and Children's Disability Network Teams for complex functional difficulties).
- 11.4** As new teams are established 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, 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 2019. During this period 2,684 children determined to have a disability under the Act had service requirements identified. It should also be noted that a significant proportion of children not determined to have a disability as defined by the Act will also require access to health and social care services.

Table 10 Service Requirements Identified in Completed Reports

Service Requirements 2019	Service Totals 2019	Frequency of Services Indicated
Occupational Therapy	1738	65%
Speech and Language Therapy	1586	59%
Psychology	1523	57%
ASD	816	30%
Physiotherapy	574	21%
Paediatric Services (Hospital/Community)	399	15%

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. For the purposes of this report estimated staffing ratios have been determined to determine the staffing requirements to meet the identified need. It should be noted that there are no nationally or internationally accepted guidelines in this regard.

Table 11 Additional staff required to meet the identified need

Service	Suggested ratio Staff:Service User	Total	Cost*
Speech & Language Therapy	1:40	40	€2m
Occupational Therapy	1:40	43	€2.2m
Psychology	1:100	15	€1.15m
Physiotherapy	1:40	14	€0.73m

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

Children identified as requiring a multidisciplinary ASD service will also require access to the disciplines listed in table 11. There is an estimated additional requirement for a further 20 occupational therapists, 20 speech & language therapists and 8 psychologists as well as other disciplines such as social workers, dietitians and nurses.

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** The Labour Court recommended on 30th October 2019 that the HSE proposals regarding an interdisciplinary model for the delivery of services to children with disabilities should be accepted and that overall implementation of these arrangements should proceed. This is a critically important recommendation that underpins essential reform of Children's Disability Services under the Progressing Disability Services Policy. The appointment of Children's Disability Network Managers (CDNMs) is currently being progressed. This will support the reconfiguration of children's disability services into Children's Disability Network Teams.
- 12.5** The total number of applications 'overdue for completion' rose in 2019, from 3,709 to 4,644. This is due in part to the significant increase in the number of applications for assessment of need received in 2019 (6,596) compared with 5,060 applications in 2018 – a 30% increase.
- 12.6** The HSE recognises that it faces significant challenges in respect of meeting the statutory time-frames which apply to the assessment of need process. Each Chief Officer is required to have in place plans to ensure compliance with AON. The National Disability Operations Team both supports and monitors the effectiveness of these plans on a routine basis. There is reason to believe that these plans are showing some positive effect in terms of dealing with non-compliance. However, it is critically important to note that there are structural and resource challenges that impact on CHOs capacity to deal effectively with AON compliance. Therefore, important attention is paid to the following action being implemented as part of an overall plan to improve the effectiveness and delivery of family centred interventions with children and young people with a disability.
- 12.7** The Disability Act (2005) provides for an Assessment of Need (AoN) for people with disabilities. Any child suspected of having a disability, born on or after June 1st 2002 is eligible to apply for an Assessment of Need that will detail his / her health needs arising from the disability. The Act does not define this assessment and the process is not standardised across the country. This lack of standardisation and clarity has contributed to significant delays in the Assessment of Need process. In addition, the Assessment of Need, being an accumulative process, has resulted in resources being targeted almost exclusively towards assessment with some children receiving very limited intervention.
- 12.8** As required by the standards for Assessment of Need there should be a

consistent approach to assessments across the country. To improve this process and ensure that children receive an intervention as soon as is possible, the HSE has developed a Standard Operating Procedure (SOP) for the Assessment of Need process. The purpose of this procedure is to ensure children with disabilities and their families, access appropriate assessment and intervention as quickly as possible. In addition, this procedure will ensure that the approach to Assessment of Need is consistent across all areas.

- 12.9** The HSE is currently concluding a lengthy consultation and IR engagement regarding the implementation of this procedure. An independent clinical advisor and legal advisors have provided the necessary assurances regarding the appropriateness of the Standard Operating Procedure. This procedure will be implemented from 15th January 2020. HSE remains of the view that the implementation of the SOP is a critical enabler to achieving Disability Act compliance in addition to full roll out of CDNTs and extra therapy resources.
- 12.10** National HSE Disability and Primary Care are working together collaboratively with Community Health Organisations via their Chief Officers to support implementation of the HSE's National Policy on Access to Services for Children with a Disability or Developmental Delay. When fully implemented, this policy will provide a single point of entry, signposting parents and referrers to the most appropriate service; Primary Care for non-complex functional difficulties and Children's Disability Network Teams for complex functional difficulties.
- 12.11** While any delay in assessment or intervention for any child is not desirable, the assessment process under the Disability Act can take place in parallel with any intervention which is identified as necessary. The fact that a child is waiting for their statutory assessment to be completed should not be interpreted as meaning that the child is necessarily waiting for necessary, identified interventions. Direct referral to services is a consideration for referrers, and is in keeping with the reconfiguration of 0-18 Programme.
- 12.12** There continues to be a steady flow of legal cases seeking enforcement orders in the Circuit Court as part of the statutory complaints mechanism under the Disability Act, 2005. The hearing dates for three lead Judicial Review cases scheduled for October 2019 were deferred following legal argument in the High Court. Rescheduled dates had not yet been secured by year end.
- 12.13** Figures represented in this report do not take account of those children who are accessing services outside of the AON process.
- 12.14** All services carry a significant clinical caseload as well as managing the requirement to provide Assessments of Need under the Disability Act 2005.
- 12.15** In the light of the fact that the **Progressing Disability Services (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, 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.
- 12.16** In tandem with Health service reform which seeks to have Health and Social Care "Networks" in place, the HSE is establishing a total of 96 Children's Disability Networks across each of the nine CHOs and comprised of Specialist Multi- Disciplinary Teams to work with complex

disability needs. While there are currently 56 Children's Disability Network Teams in place, others are in the process of being established.

12.17 The HSE will focus on driving implementation of the **Progressing Disability Services** Programme as a means to improve access to services and consequently the Assessment of Need process in the longer term.