



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

**Report to the Minister of State for Disability at the
Department of Health**

**As provided for under Section 13 of the Disability Act 2005
in respect of data collected in 2020**

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 children's disability teams for team intervention, rather than being referred for intervention by individual disciplines. The practice of some Assessment Officers identifying services in terms of individual disciplines continues to militate 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.** The implementation of the Progressing Disability Services for Children & Young People (PDS) programme is agreed Government and HSE policy. This policy supports the reconfiguration of children’s disability services across all statutory and non-statutory organisations into Children’s Disability Network Teams (CDNT) to provide equitable, child and family centred services based on need rather than diagnosis, where the child lives or goes to school.
- 6.3.** 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.
- 6.4.** The HSE is committed to the full implementation of the Progressing Disability Services for Children and Young People Programme (PDS). PDS is a significant change programme for the provision of services and supports for children from birth to 18 years of age, in line with Sláintecare and the Programme for Government, in order to:
- Provide a clear pathway and fairer access to services for all children with a disability
 - Make the best use of available resources for the benefit of all children and their families
 - Ensure effective teams are working in partnership with families and with education staff to support children with a disability to reach their full potential.
- 6.5.** In line with the PDS model, resources assigned to children’s disability services are allocated Children’s Disability Network Teams providing supports to children with complex disability needs aged from birth to 18 years of age. 91 Children’s Disability Networks are aligning to 96 Community Healthcare Networks across the country. Early Intervention Teams and School Age Teams already in place are reconfiguring into birth-18 Children’s Disability Network Teams. On full reconfiguration, every child across the country with complex needs arising from their disability will have access to a Children’s Disability Network Team.
- 6.6.** The HSE welcomes the commitment in the National Service Plan for 2021 to provide 100 additional multi-disciplinary posts within Children’s Disability Network Teams to improve assessment and intervention services.
- 6.7.** The HSE also welcomes the commitment to implement fully the revised standard operating procedure for Assessment of Need and the National Policy on Access to Services for Children & Young People with Disability & Developmental Delay.

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 – 2020

8.1 The Activity Data in this report is an amalgamation of the four Quarterly “Assessment of Need Management Reports” for 2020. 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.

4,674 completed applications were received by the HSE in 2020. This compares with 6,596 received in 2019, representing a significant decrease of -29.14%.

From the 1st June 2007 to 31st December 2020 a total of 60,465* completed applications have been received by the HSE.

CHO	Q1	Q2	Q3	Q4	Total for 2020
AREA 1	78	27	43	117	265
AREA 2	31	20	20	26	97
AREA 3	163	46	74	130	413
AREA 4	430	167	179	321	1097
AREA 5	149	25	35	47	256
AREA 6	97	22	43	83	245
AREA 7	224	80	154	294	752
AREA 8	222	54	123	180	579
AREA 9	275	149	199	347	970
Totals	1669	590	870	1545	4674

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

Completed Application Data.

Figure 1 – Applications by CHO Area

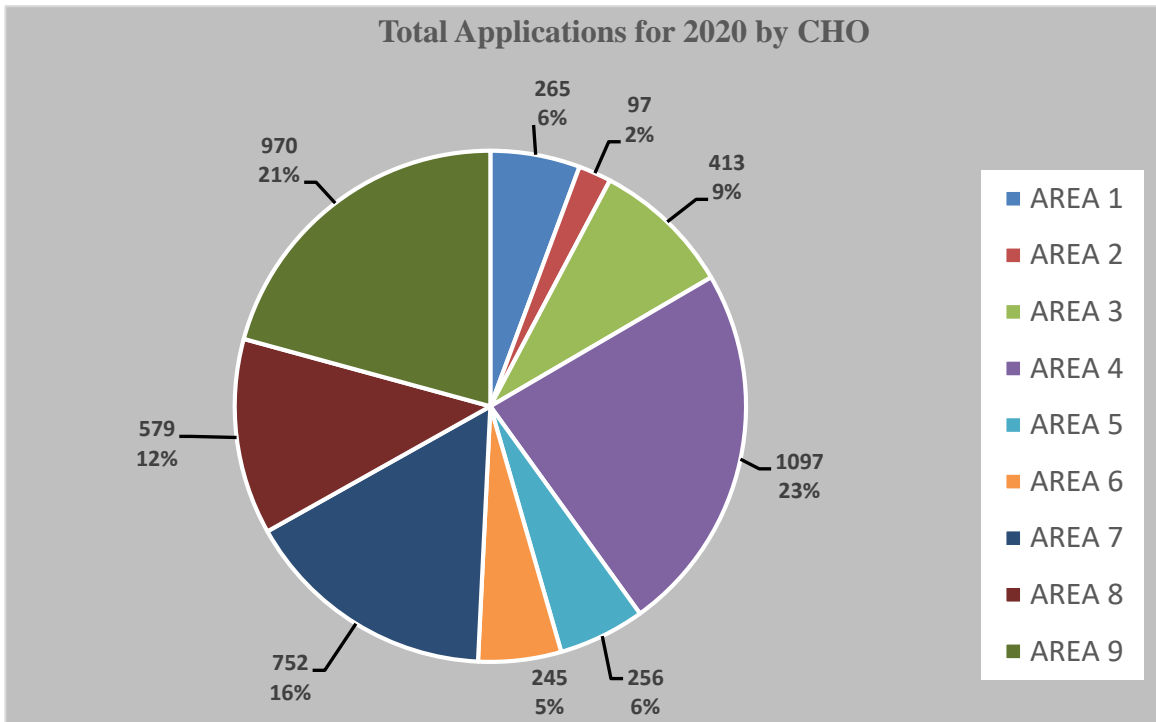
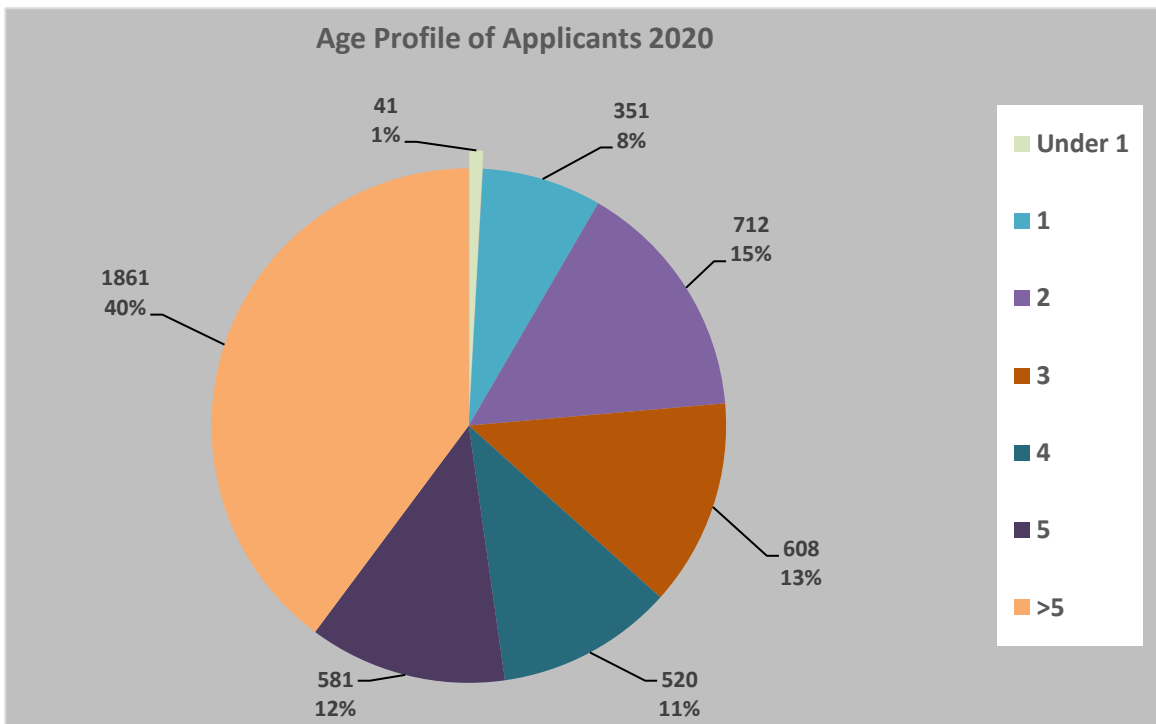


Figure 2 - Age Profile of Applicants



Number of Applications acknowledged

76% 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.

- 4,216 applications started stage 2 for the first time during 2020.
- 43% of those fell within the 3-month timeline.

CHO	Start Stage 2	*Within Timeline	% within timeline
AREA 1	161	128	80%
AREA 2	106	100	94%
AREA 3	394	341	87%
AREA 4	636	368	58%
AREA 5	287	174	61%
AREA 6	206	82	40%
AREA 7	957	79	8%
AREA 8	592	255	43%
AREA 9	877	306	35%
Totals	4,216	1,833	43%

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'.**

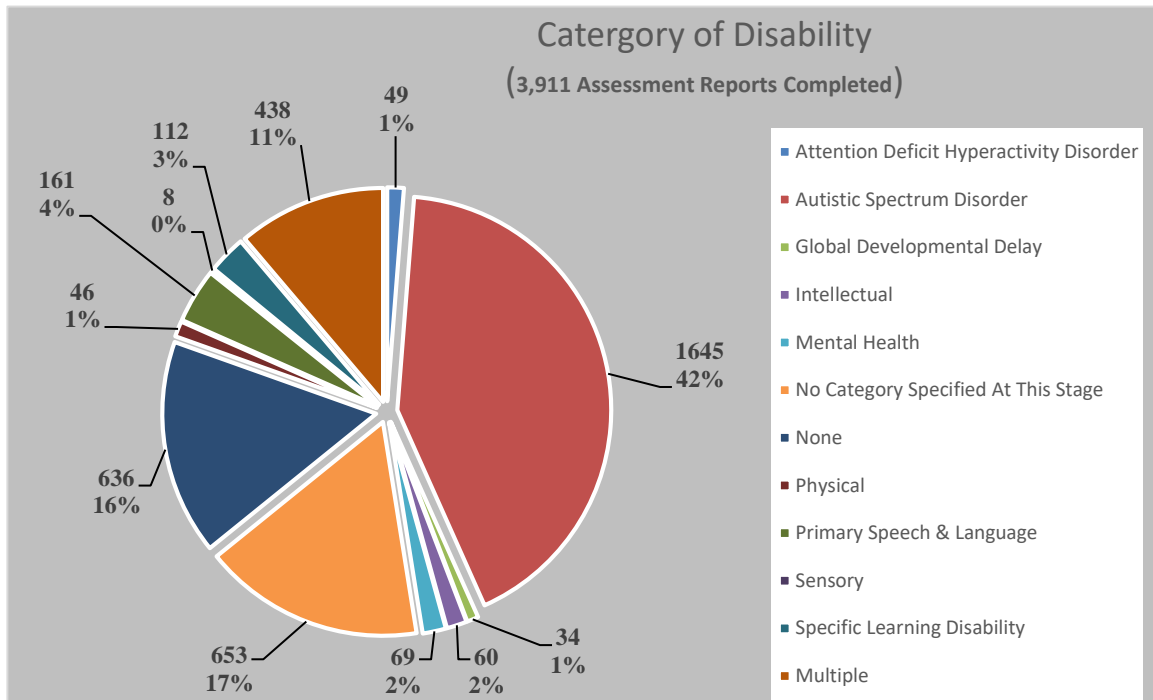
Table 3 Number of Assessment Reports Completed

'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 2020 was 19.58 months.

CHO	No Disability	Disability	Total for 2020	Within Timeline	% Within Timeline
AREA 1	30	216	246	38	15%
AREA 2	38	115	153	19	12%
AREA 3	92	389	481	39	8%
AREA 4	245	636	881	62	7%
AREA 5	76	225	301	18	6%
AREA 6	57	147	204	10	5%
AREA 7	35	169	204	4	2%
AREA 8	126	499	625	43	7%
AREA 9	171	645	816	89	11%
Totals	870	3,041	3,911	322	8%

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 2020.

1,017 Applications due to commence stage 2 by the end of 2020 had not done so.

CHO	Overdue	<1 month	1 - 3 Months	>3 Months
AREA 1	1	1	0	0
AREA 2	0	0	0	0
AREA 3	2	0	1	1
AREA 4	245	54	56	135
AREA 5	47	5	0	42
AREA 6	3	3	0	0
AREA 7	293	65	82	146
AREA 8	3	3	0	0
AREA 9	423	40	17	366
Total	1017	171	156	690

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

Table 5 Applications overdue for Completion on 31st December 2020 (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.

5,078 applications were overdue for completion at end 2020 with 281 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	27	27	0
AREA 2	51	1	50
AREA 3	434	5	429
AREA 4	994	78	916
AREA 5	461	8	453
AREA 6	218	1	217
AREA 7	1023	2	1021
AREA 8	574	1	573
AREA 9	1296	158	1138
Total	5078	281	4797

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 2020 (2)

- Of the 5,078 applications that are overdue, 4,596 (91%) 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	27	3	4	20
AREA 2	51	7	6	38
AREA 3	434	16	21	397
AREA 4	994	38	91	865
AREA 5	461	13	14	434
AREA 6	218	8	11	199
AREA 7	1023	33	43	947
AREA 8	574	34	28	512
AREA 9	1296	58	54	1184
Total	5078	210	272	4596

Table 7 Service Statements Completed 2020

This table counts Service Statements dispatched to the applicant during 2020. 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.

2,459 Service Statements were dispatched to the applicant during 2020 with 40% dispatched within the 1-month timeline.

CHO	Total	Within Timeline	% within timeline
AREA 1	248	41	17%
AREA 2	74	59	80%
AREA 3	358	318	89%
AREA 4	540	166	31%
AREA 5	56	8	14%
AREA 6	182	47	26%
AREA 7	189	44	23%
AREA 8	352	67	19%
AREA 9	460	231	50%
Total	2,459	981	40%

8.1. Since a High Court ruling of December 2009, the effect of which was to open eligibility to persons 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 2019, the percentage was 54.7%. Table 8 shows the percentage to be 52.2% at the end of 2020.

Table 8 Applicants 5 years and over			
2020	Total	5 yrs & over	%
Q1	1669	955	57.2%
Q2	590	321	54.4%
Q3	870	364	41.8%
Q4	1545	802	51.9%
TOTAL	4,674	2442	52.2%

8.2. Table 9 provides some comparisons of activity between 2019 and 2020.

Table 9 Comparison of Activity 2019-2020						
	Applications Received		Variance	Assessment Reports Produced		Variance
HSE	2019	2020	%	2019	2020	%
TOTAL	6,596	4,674	-29.1	3,312	3,911	+18.1

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 persons 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 persons aged 18 years. 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 (EPSN). The relevant sections of this Act have not been commenced. No additional health resources have been identified to meet this resulting increase in demand for Assessment of Need.

11. 0-18s Programme

- 11.1** 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 concerns.
- 11.2** The National Policy on Access to Services for Children & Young People with Disability & Developmental Delay 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).
- 11.3** 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.
- 11.4** 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 it will be possible to measure the effect they are having in particular areas.
- 11.5** 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 2020. During this period 3,113 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 2020	Service Totals 2020	Frequency of Services Indicated
Occupational Therapy	2002	64.3%
Speech and Language Therapy	1910	61.4%
Psychology	1803	57.9%
ASD	1126	36.2%
Physiotherapy	571	18.3%
Paediatric Services (Hospital/Community)	407	13.1%

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.

11.6 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 used 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	76	€3.99m
Occupational Therapy	1:40	78	€4.11m
Psychology	1:100	29	€2.31m
Physiotherapy	1:40	14	€0.75m

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

The staffing requirement described above is estimated based on the numbers of children requiring the individual services named as well as the numbers requiring a multidisciplinary service for autism. Children with autism may also require access to supports from other disciplines such as dietitians, nurses or social workers.

The allocation of 100 development posts through the HSE's National Service Plan for 2021 will facilitate children's disability services to provide additional supports for children with complex disability needs.

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 Subject to Government approval, the National Service Plan 2021 allocated funding for the recruitment of 27 staff to commence preparation for establishing the process of assessment of needs for adults (19–21 year olds).

12.3 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.

12.4 Early intervention is a key component to supporting children presenting with challenges, and is supported by international research.

12.5 The presence and threat of COVID-19 in Ireland was apparent throughout 2020 and resulted in significant challenges for service users, their carers and families and for service providers. During these challenging times disability services and supports were either suspended or delivered in alternative ways in line with Public Health guidance. The HSE is aware that the changes in service delivery resulted in significant stressors being placed on families and people with disabilities across Ireland.

12.6 The HSE acknowledges that during the COVID-19 pandemic situation, it was not possible to maintain full services. It was therefore, difficult to complete clinical assessments or provide interventions while maintaining social distancing and meeting health and safety requirements. However, Community Healthcare Organisations and service providers tried to maintain services that could be delivered safely; providing outreach and telecare solutions, using technology where possible; and using creative and innovative models of care to support children, taking all of the required infection prevention and control precautions and in line with the dedicated HSE guidance.

12.7 On July 31st, the HSE issued Guidance to Support Resumption of Children's Disability Services.

This guidance applied to all Children's Disability Network Teams and those services planning reconfiguration into CDNTs. The guidance clearly mapped a pathway of access to services and supports that aligned with the current public health advice.

12.8 The HSE's Chief Clinical Officer also issued Interim Guidance on Conducting Assessments in Disability Services. This document which was circulated in July 2020 applied to both children's and adult services.

12.9 As an additional response to the COVID-19 pandemic, Special Needs Assistants were temporarily reassigned from the Department of

Education & Skills to support HSE funded children's disability services. At June 30th, when this reassignment ceased, 263 SNAs were matched to children with complex needs, providing a range of centre and home based supports.

12.10 In October 2020 the Ombudsman for Children's Office (OCO) published a report in relation to Assessments of Need under Part 2 of the Disability Act (2005). This report, entitled "Unmet Needs" was published following extensive engagement by the OCO with a wide range of stakeholders. The HSE met with investigators in the OCO and provided significant levels of information to support the development of this report.

12.11 The OCO made a number of recommendations with regard to the needs of children and young people with disabilities. The HSE welcomed the recommended review of Part 2 of the Disability Act (2005) and the relevant sections of the EPSEN Act. The HSE is committed to actively participating in any review of this legislation.

12.12 In an effort to standardise procedures and to facilitate timely assessments the HSE developed a Standard Operating Procedure (SOP) for AON. The Standard Operating Procedure was implemented for all applications for Assessment of Need from January 2020. AON now comprises a Preliminary Team Assessment that will determine a child's needs and will identify initial interventions that will be required to meet these needs. Contrary to evidence previously provided to the Joint Committee on Children, Disability, Equality & Integration, professionals are not limited to a 90-minute assessment. Clinicians undertaking Assessments of Need will use their clinical judgement to determine the format of the assessment based on the presenting needs of the child. However, the practice of targeting resources exclusively towards assessments taking 100 hours or more will not continue. Implementation of this Standard Operating Procedure now forms part of Government policy and has been included in the current Programme for Government.

12.13 These changes are intended to alleviate the current situation where children in some parts of the country may wait a number of years before they can access an assessment. During this waiting period, they often have little or no access to intervention or support. It is intended that the changes in the Standard Operating Procedure, particularly the new preliminary assessment, will facilitate children with disabilities to access assessment in a timelier fashion. Timely assessment will then ensure that children will be prioritised for intervention based on their presenting needs.

12.14 The HSE has committed to a review of implementation of the Standard Operating Procedure for Assessment of Need. As implementation of the procedure has been impacted by the COVID-19 restrictions it is intended that this review will be progressed in mid-2021.

12.15 At 30th June 2020 there were 6,558 overdue Assessments of Need. While the numbers overdue at that time were undoubtedly impacted by COVID-19 restrictions it is acknowledged that the numbers of overdue assessments have been consistently high. In August 2020 the HSE secured funding of €7.8m to address the backlog of overdue Assessments of Need. All CHO areas implemented their plans to eliminate these backlogs throughout 2020. Additional assessments were facilitated through a combination of:

- Restoration of relevant clinicians to children's disability services

-
- Waitlist initiative utilising existing clinicians working overtime at weekends or evenings
 - Procurement of private assessments
 - Commitment to filling maternity leaves
 - Recruitment of Additional Clinical Staff for fixed term contracts of 6 months from 1/9/20

12.16 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 early intervention teams is a consideration for referrers, and is in keeping with the reconfiguration of 0-18 Programme.

12.17 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. Judicial review cases in the High Court focussed on issues such as the provision of reviews or service statements, assessment of education needs and the process for processing applications for assessment on a geographical basis.

12.18 Figures represented in this report do not take account of those children who are accessing services outside of the AON process.

12.19 All services carry a significant clinical caseload as well as managing the requirement to provide Assessments of Need under the Disability Act 2005.

12.20 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, it will be possible to measure the effect they are having in particular years.

12.21 By end 2020, there were 24 Children's Disability Networks fully reconfigured together with a further 16 Networks that were at 50% progress in terms of their reconfiguration. It is envisaged that full reconfiguration into the 91 Children's Disability Networks will be completed by mid-2021.

12.22 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.