



**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 2021**

**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.*

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#### **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

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## SECTION B – BUILDING CHILDREN’S DISABILITY TEAMS

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

- 6.1.** 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.
- 6.2.** The HSE is working collaboratively with all of the HSE funded disability organisations in an area to establish local Children’s Disability Network Teams (CDNTs) that will provide support for all children with significant disability needs.
- 6.3.** 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.
- 6.4.** In line with the PDS model, resources assigned to children’s disability services are allocated to the Children’s Disability Network Teams providing supports to children with complex disability needs from birth to 18 years of age. 91 Children’s Disability Networks have aligned to 96 Community Healthcare Networks across the country. Early Intervention Teams and School Age Teams already in place have reconfigured into birth-18 Children’s Disability Network Teams.
- 6.5.** The HSE welcomes the commitment in the National Service Plan for 2022 to provide 190 additional multi-disciplinary and administration posts for Children’s Disability Network Teams to improve assessment and intervention services and to develop specialised services and supports in line with recommendations of the *Report of National Advisory Group on Specialist Supports for Deaf Children to National PDS 0-18s Working Group*.
- 6.6.** The HSE also welcomes the commitment in the National Service Plan 2022 to continue to implement the Standard Operating Procedure for Assessment of Need, which is currently under review, and the National Policy on Access to Services for Children and Young People with Disability & Developmental Delay.

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## 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 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.

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## SECTION C – ACTIVITY DATA

### 8. Activity Data – 2021

**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.

**5,899** completed applications were received by the HSE in 2021. This compares with 4,674 received in 2020, representing a significant increase of 26.21%.

From the 1st June 2007 to 31st December 2021 a total of 66,639\* completed applications have been received by the HSE.

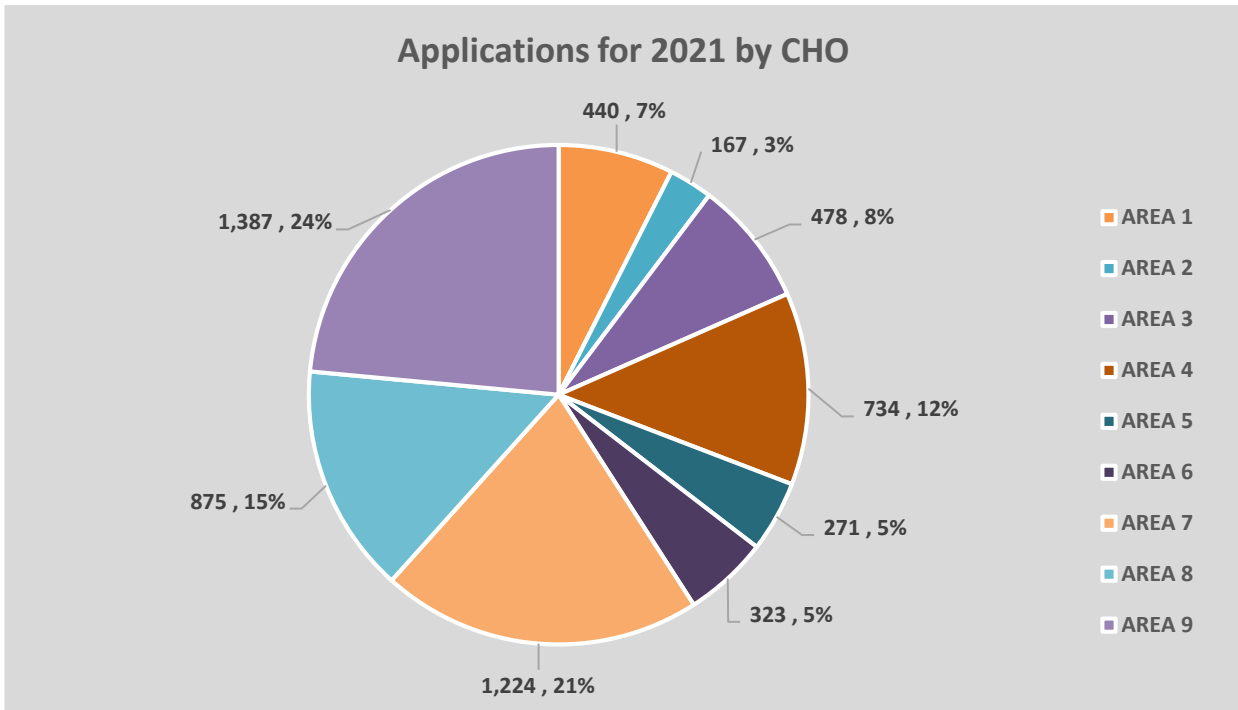
CHO	Q1	Q2	Q3	Q4	Total for 2021
AREA 1	82	122	120	116	440
AREA 2	35	47	40	45	167
AREA 3	125	153	83	117	478
AREA 4	210	282	109	133	734
AREA 5	61	80	64	66	271
AREA 6	76	105	73	69	323
AREA 7	153	444	276	351	1224
AREA 8	193	243	194	245	875
AREA 9	277	435	311	364	1387
Totals	1,212	1,911	1,270	1,506	5,899

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

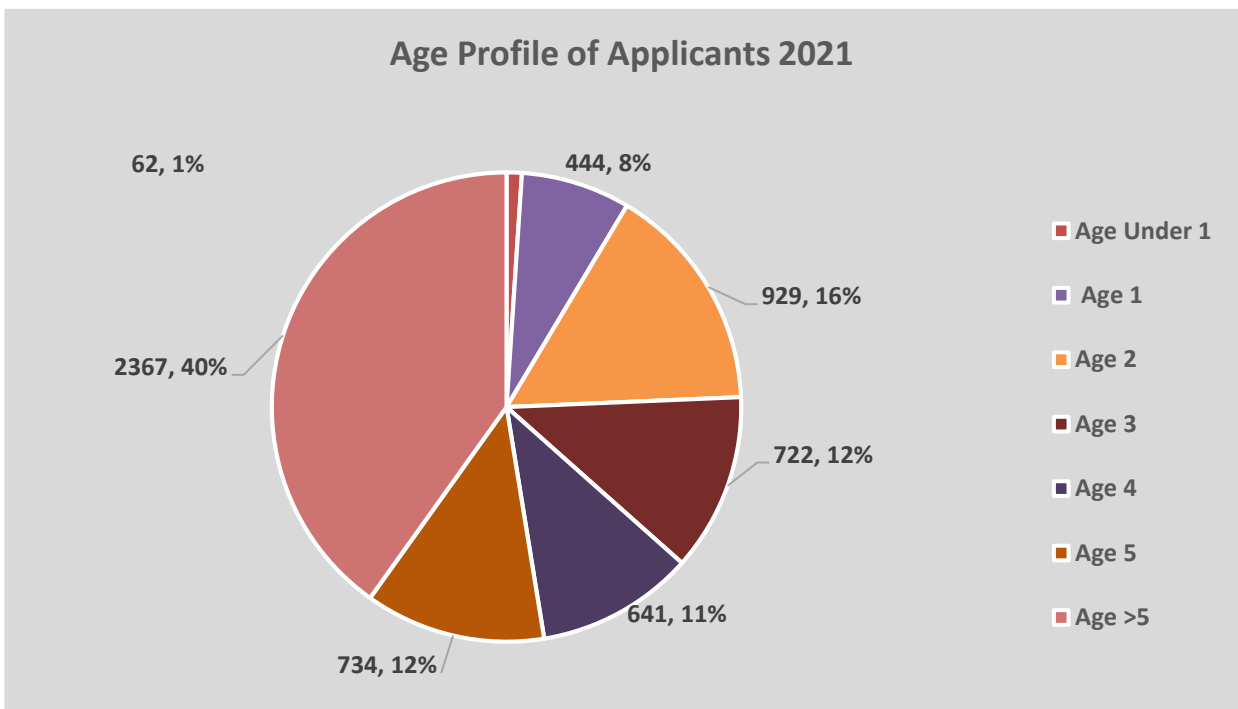
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## Completed Application Data.

**Figure 1 – Applications by CHO Area**



**Figure 2 - Age Profile of Applicants**



### Number of Applications acknowledged

64% of applications received were acknowledged within the 2-week timeline.



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**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.

- 4,871 applications started stage 2 for the first time during 2021.
- 48% of those fell within the 3-month timeline.

CHO	Start Stage 2	*Within Timeline	% within timeline
AREA 1	328	264	80%
AREA 2	155	153	99%
AREA 3	255	220	86%
AREA 4	685	93	14%
AREA 5	219	98	45%
AREA 6	300	251	84%
AREA 7	843	189	22%
AREA 8	657	503	77%
AREA 9	1429	551	39%
Totals	4,871	2,322	48%

**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'.**

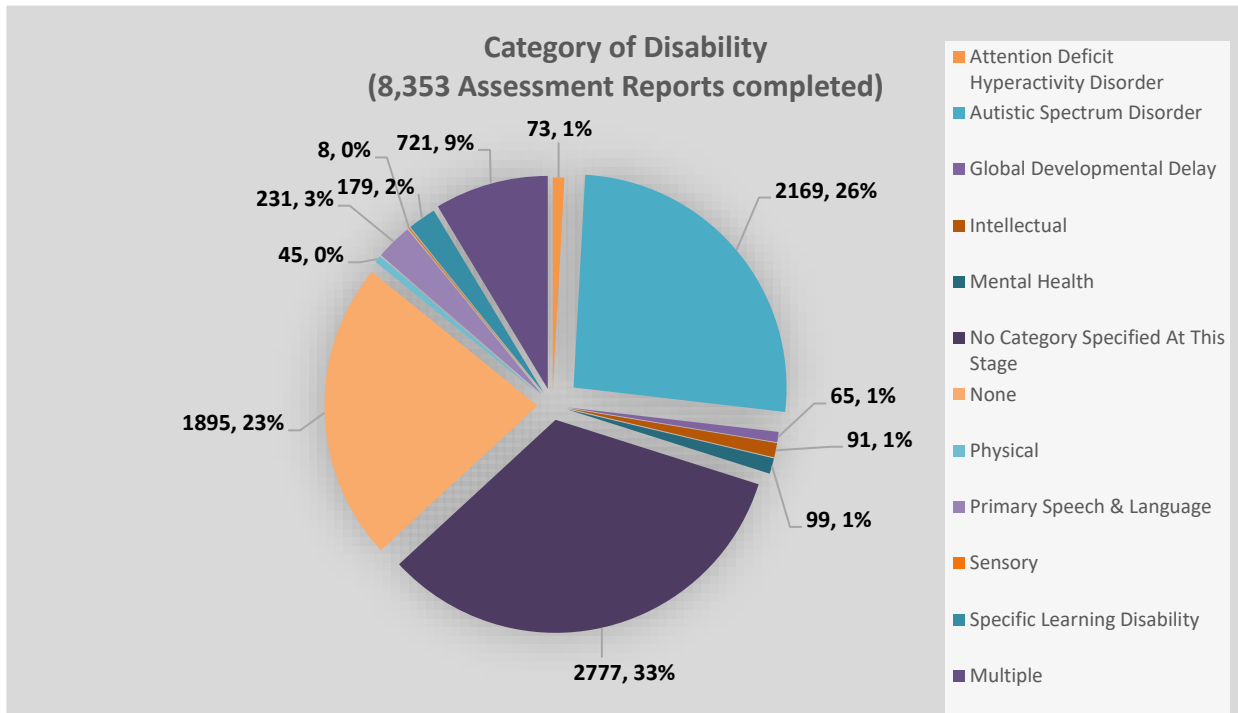
**Table 3 Number of Assessment Reports Completed**

'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 2021 was 16.56 months.

CHO	No Disability	Disability	Total for 2021	Within Timeline	% Within Timeline
AREA 1	45	278	323	234	72%
AREA 2	37	128	165	63	38%
AREA 3	100	640	740	230	31%
AREA 4	574	1045	1619	140	9%
AREA 5	113	437	550	22	4%
AREA 6	123	344	467	37	8%
AREA 7	808	562	1370	55	4%
AREA 8	322	856	1178	196	17%
AREA 9	306	1635	1941	247	13%
Totals	2428	5925	8353	1224	15%

**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 31<sup>st</sup> December 2021.**

602 Applications due to commence stage 2 by the end of 2021 had not done so.

CHO	Overdue	<1 month	1 - 3 Months	>3 Months
AREA 1	22	21	1	0
AREA 2	0	0	0	0
AREA 3	15	9	4	2
AREA 4	434	35	50	349
AREA 5	8	5	2	1
AREA 6	2	1	0	1
AREA 7	61	24	18	19
AREA 8	16	9	3	4
AREA 9	44	19	5	20
<b>Total</b>	<b>602</b>	<b>123</b>	<b>83</b>	<b>396</b>

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

**Table 5 Applications overdue for Completion on 31<sup>st</sup> December 2021 (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.

1,986 applications were overdue for completion at end 2021 with 193 of these on the grounds of there being exceptional circumstances as provided for in paragraph 10 of the regulations.

CHO	Total Overdue <sup>1</sup>	Overdue/ Exceptional Circumstances <sup>2</sup>	Overdue/ No Exceptional Circumstances
AREA 1	36	9	27
AREA 2	21	1	20
AREA 3	37	21	16
AREA 4	711	56	655
AREA 5	90	10	80
AREA 6	65	5	60
AREA 7	176	0	176
AREA 8	203	9	194
AREA 9	647	82	565
<b>Total</b>	<b>1986</b>	<b>193</b>	<b>1793</b>

<sup>1</sup>All 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.<sup>2</sup>The 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 31<sup>st</sup> December 2021 (2)**

- Of the 1,986 applications that are overdue, 1,157 (58%) 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	36	19	7	10
AREA 2	21	14	5	2
AREA 3	37	1	8	28
AREA 4	711	78	133	500
AREA 5	90	19	22	48
AREA 6	65	26	21	18
AREA 7	176	19	23	134
AREA 8	203	63	74	66
AREA 9	647	116	180	351
<b>Total</b>	<b>1986</b>	<b>355</b>	<b>473</b>	<b>1157</b>

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**Table 7 Service Statements Completed 2021**

This table counts Service Statements dispatched to the applicant during 2021. 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.

4,220 Service Statements were dispatched to the applicant during 2021 with 44% dispatched within the 1-month timeline.

CHO	Total	Within Timeline	% within timeline
AREA 1	336	111	33%
AREA 2	70	48	69%
AREA 3	631	303	48%
AREA 4	377	62	16%
AREA 5	83	4	5%
AREA 6	339	151	45%
AREA 7	342	99	29%
AREA 8	487	230	47%
AREA 9	1555	858	55%
<b>Total</b>	<b>4220</b>	<b>1866</b>	<b>44%</b>

**8.1.** Since a High Court ruling of December 2009, the effect of which was to open eligibility to all 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 2020, the percentage was 52.2%. Table 8 shows the percentage to be 52.6% at the end of 2021.

Table 8 Applicants 5 years and over			
2021	Total	5 yrs & over	%
Q1	1212	627	51.7%
Q2	1911	1108	58.0%
Q3	1270	574	45.2%
Q4	1506	792	52.6%
<b>TOTAL</b>	<b>5,899</b>	<b>3,101</b>	<b>52.6%</b>

**8.2.** Table 9 provides some comparisons of activity between 2020 and 2021.

Table 9 Comparison of Activity 2020-2021						
	Applications Received		Variance	Assessment Reports Produced		Variance
HSE	2020	2021	%	2020	2021	%
<b>TOTAL</b>	<b>4,674</b>	<b>5,899</b>	<b>+26.2</b>	<b>3,911</b>	<b>8,353</b>	<b>+113.58</b>

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## **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 1<sup>st</sup> June 2002, the number of children over five years of age, and therefore of school-going age, has risen steadily as a percentage of all applications received.

**10.2.** Eligibility for Assessment of Need now includes persons aged 19 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 the resulting demand for Assessment of Need for children in school.

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## **11. 0-18s Programme**

- 11.1** In October 2021 a Staff Census and Workforce Review was undertaken to establish the actual staffing resource available to the ninety one Children's Disability Network Teams. This provided valuable information on the staffing, skill mix and vacancy rates across all teams. The exercise which will be repeated annually will inform the allocation of new development posts so that resources can be targeted towards the areas of greatest need.
- 11.2** Funding was allocated in the HSE's National Service Plan for 2021 to provide an additional 100 additional multi-disciplinary posts within Children's Disability Network Teams to improve assessment and intervention services for children with complex disability needs.
- 11.3** The range of posts recruited in 2021 include; Dietitians, Occupational Therapists, Physiotherapists, Psychologists, Speech & Language Therapists, Nurses and some administrative support. These posts were assigned based on a number of factors, including the existing ratio of staff to the number of children with disabilities in each area.
- 11.4** An additional 85 posts were approved by the Minister of State for Disabilities to facilitate the provision of in-reach services to those special schools that have heretofore provided a school based service. These staff members will be employed as part of the new Children's Disability Network Teams and will report to the Children's Disability Network Manager.
- 11.5** 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).
- 11.6** As the Children's Disability Network Teams consolidate 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.
- 11.7** 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 the interdisciplinary family centred model of support is consolidated it will be possible to measure the effect they are having in particular areas.
- 11.8** 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 2021. During this period 5,771 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.

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

<b>Service Requirements 2021</b>	<b>Service Totals 2021</b>	<b>Frequency of Services Indicated</b>
Occupational Therapy	3572	62%
Psychology	3481	60%
Speech and Language Therapy	3406	59%
ASD	2077	36%
Physiotherapy	1026	18%
Paediatric Services (Hospital/Community)	642	11%

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.

**11.9** 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**

<b>Service</b>	<b>Suggested ratio Staff:Service User</b>	<b>Total</b>	<b>Cost*</b>
Speech & Language Therapy	1:40	137	€7.28m
Occupational Therapy	1:40	141	€7.5m
Psychology	1:100	56	€4.43m
Physiotherapy	1:40	26	€1.36m

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

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. These children will usually access a Children's Disability Network Team and may also require access to supports from other disciplines such as dietitians, nurses or social workers.

The allocation of 190 development posts through the HSE's National Service Plan for 2022 will facilitate children's disability services to provide additional supports for children with complex disability needs.

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## 12. Conclusion

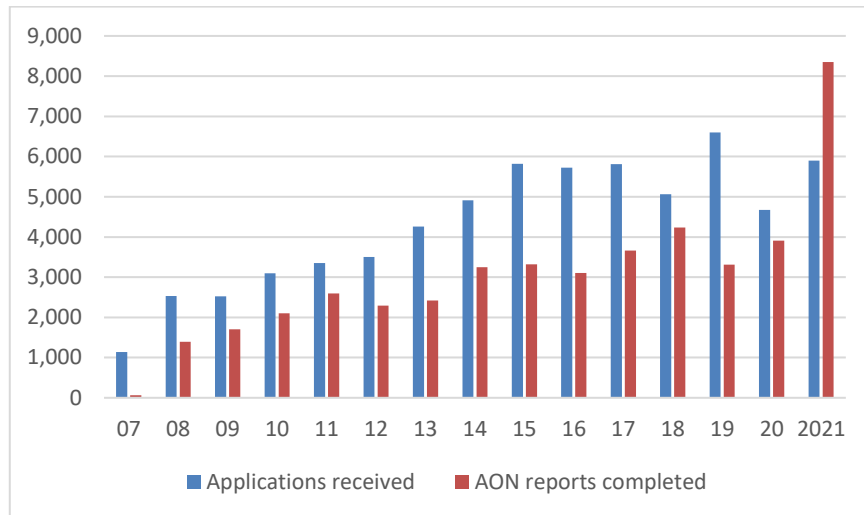
- 12.1** There are shortcomings in the Assessment of Need process with additional applications being received from an increasing age cohort.
- 12.2** There is a difference between the identified needs of children (as outlined in their Assessment Reports) and the services which are being provided to them.  
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** An internal HSE review of the practice of implementation of Part 2 of the Act in 2016 confirmed anecdotal evidence that the approach to AON was not consistent across the country. It was apparent that practice varied widely across the 9 Community Health Organisation (CHO) areas as well as within CHO areas. While a large number of "Guidance Notes" regarding AON processes had been issued since 2007, there had been no nationally standardised or agreed definition of an Assessment of Need. This led to an inconsistent approach to assessment as well as inequity in terms of time afforded to 'assessment' versus 'support or treatment' interventions with children and their families.
- 12.5** To help address this situation, the HSE has implemented a Standard Operating Procedure (SOP) for the Assessment of Need process to ensure that;
- Children with disabilities and their families access appropriate assessment and intervention as quickly as possible.
  - The approach to Assessment of Need is consistent across all areas.
- 12.6** In line with this procedure, Stage 2 of the Assessment of Need process comprises a Preliminary Team Assessment that will identify initial interventions and any further assessments that may be required. This preliminary assessment will usually be undertaken by a children's disability service that are also tasked with delivering intervention. The Standard Operating Procedure provides an indicative timeframe for this assessment, however, the format for each assessment is a matter for the assessing clinicians and will be based on the information provided through the stage 1 desktop assessment. While not required by the Act, diagnostic assessments will continue to be provided, as appropriate, and these will be captured in the child's Service Statement as part of the Assessment of Need process.
- 12.7** 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 SOP, particularly the new preliminary assessment, will facilitate children with disabilities to access assessment in a timelier fashion.
- 12.8** The HSE has commenced a review of implementation of the Standard Operating Procedure for Assessment of Need. As implementation of the



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procedure and facilitation of its review have been impacted by the COVID-19 restrictions it is intended that this review will be progressed in 2022.

**12.9** The numbers of applications for Assessment of Need under the Disability Act have risen steadily since its implementation in June 2007 (see below). The following graph illustrates the increase in applications and the corresponding increase in the number of AONs completed each year.



**12.10** Activity for 2021 indicates that 5,899 applications for AON were received and 8,353 AONs were completed. As evidenced in the graph above this was the highest number of completed assessments since Part 2 of the Act was commenced in June 2007. Furthermore, 4,220 service statements were provided during 2021. This has led to a significant reduction in the total number of applications 'overdue for completion', which now stands at 1,793 (excluding those applications 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). The increase in activity in 2021 can be attributed to the additional funding allocated to the AON process via Slaintecare. This has been utilised to provide additional assessments through a range of options including overtime for existing staff and private procurement. The total number of overdue AONs has reduced by 63% since this additional funding was allocated.

**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 appropriate clinical practice.

**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. Judicial Review cases in the High Court are largely focussed on issues such as the provision of reviews, service statements, assessment of education needs and the geographical basis for providing assessments and intervention.

**12.13** Further to the outcome of Court of Appeal cases in 2021 an amendment to the Disability Regulations was implemented in December 2021. Statutory Instrument 704 of 2021 addresses the requirement for the HSE

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to provide Assessments of Need and intervention within the relevant functional area.

- 12.14** Figures represented in this report do not take account of those children who are accessing services outside of the AON process.
- 12.15** 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.
- 12.16** 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 consolidated it will be possible to measure the effect they are having in particular years.
- 12.17** A significant milestone in the reform of children's services in line with Progressing Disability Services for Children & Young People was achieved in 2021 with the reconfiguring of all 91 Children's Disability Network Teams (CDNT), thus ensuring that children with complex needs as a result of their disability, and their families, have access to a team close to their home, regardless of their diagnosis, where they live or go to school, and in line with Sláintecare.
- 12.18** The HSE will continue to focus the full implementation of the interdisciplinary, family centred **Progressing Disability Services** Programme as a means to improve services for children and young people with disabilities and consequently the Assessment of Need process in the longer term.