



**Report to the Minister of State for Disability at the
Department of Children, Equality, Disability, Integration
and Youth**

**As provided for under Section 13 of the Disability Act 2005
in respect of data collected in 2023**

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 specific persons 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 determine whether or not the person has a disability and to identify health and education needs occasioned by their 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.** The implementation of the Progressing Disability Services for Children & Young People (PDS) programme is agreed Government and HSE policy. This policy supports children’s disability services across all statutory and non-statutory organisations 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 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.
- 6.3.** 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. There are now 93 Children’s Disability Networks aligned to 96 Community Healthcare Networks across the country.
- 6.4.** The HSE’s Roadmap for Service Improvement 2023 – 2026, Disability Services for Children and Young People was approved by the HSE Board on July 28th and launched by the Government and the HSE on Tuesday 24th October 2023.
- 6.5.** The Roadmap is a targeted Service Improvement Programme, containing 60 actions, which aim to address significant and increasing challenges in the provision of children’s disability services, and to achieve a quality, accessible, equitable and timely service for all children with needs as a result of a disability and their families. It sets out the overall aim for Children’s Disability Services, provided by the HSE and its partner agencies, for every child to have a childhood of inclusive experiences where they can have fun, learn, develop interests and skills, and form positive relationships with others in a range of different settings.
- 6.6.** While many of the 60 actions contained in the Roadmap were progressed, two industrial actions, one relevant to CDNT staff and another to Administrative and Management personnel, impacted significantly on its implementation in 2023.
- 6.7.** While there were no additional posts allocated to Children’s Disability Services in the National Service Plan for 2024, due mainly to the large number of existing vacancies in Children’s Disability Services, the HSE will continue to prioritise the delivery of HSCP services to children with

disabilities and their families. While these resources are being expanded, the HSE will continue to explore and expand the level of other supports being made available to children, including the provision of therapy supports for children in Special Schools, sourcing therapy supports wherever available under the governance of HSE. The HSE desires the introduction of therapy assistants to support CDNTs and Special Schools. This is recognised as a fundamental change for many practitioners. It is proposed that significant engagement will occur in the first half of 2024 to assess what is possible and required to achieve this line of workforce development.

- 6.8.** Furthermore, as outlined in the National Service Plan 2024, the HSE will progress the delivery of the assessment of need process in line with legislative obligations and the *Roadmap for Service Improvement 2023-2026*, using all available mechanisms to provide these assessments, including the outsourcing of assessments to private providers/assessors.

SECTION C – ACTIVITY DATA

7. Activity Data – 2023

7.1 The Activity Data in this report is an amalgamation of the four Quarterly "Assessment of Need Management Reports" for 2023. 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.

8,472 completed applications were received by the HSE in 2023. This compares with **6,755** received in 2022, representing a significant increase of 25%. Applications received by the HSE are regarded as 'completed applications' when the Assessment Officer is satisfied that all the necessary information required has been submitted on the application form.

From the 1st June 2007 to 31st December 2023 a total of 82,040* completed applications were received by the HSE.

CHO	Total for Qtr.1	Total for Qtr.2	Total for Qtr. 3	Total for Qtr.4	Total for 2023
AREA 1	118	92	74	69	353
AREA 2	78	86	62	104	330
AREA 3	63	60	51	44	218
AREA 4	253	261	254	286	1,054
AREA 5	113	77	147	141	478
AREA 6	198	282	242	280	1,002
AREA 7	497	531	458	558	2,044
AREA 8	343	401	291	319	1,354
AREA 9	371	434	375	459	1,639
Totals	2,034	2,224	1,954	2,260	8,472

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

Completed Application Data.

Figure 1 – Applications by CHO Area

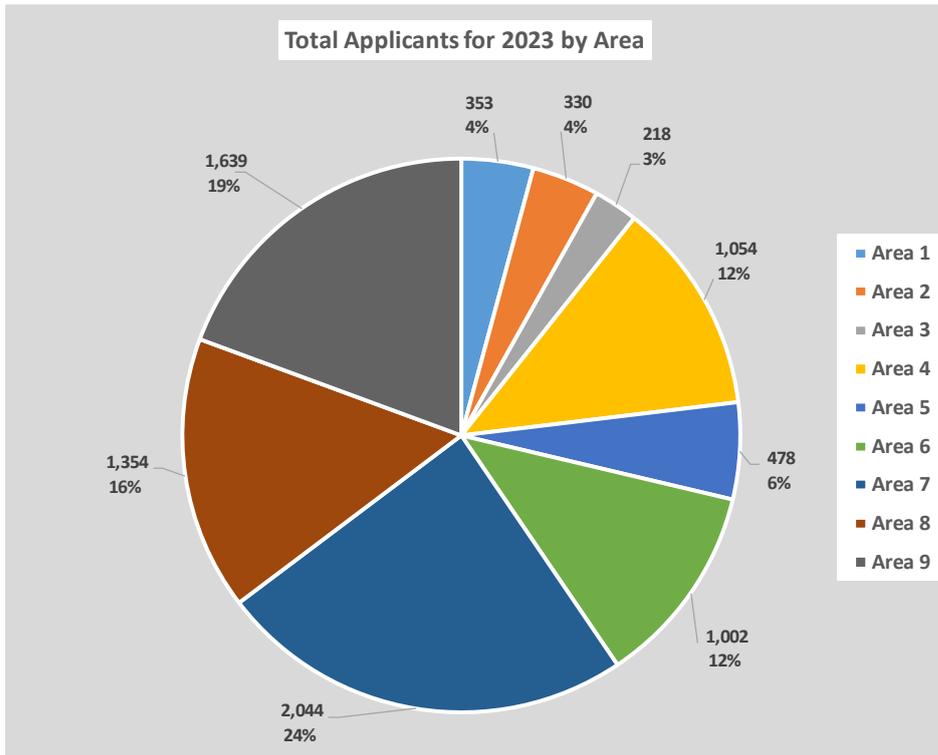
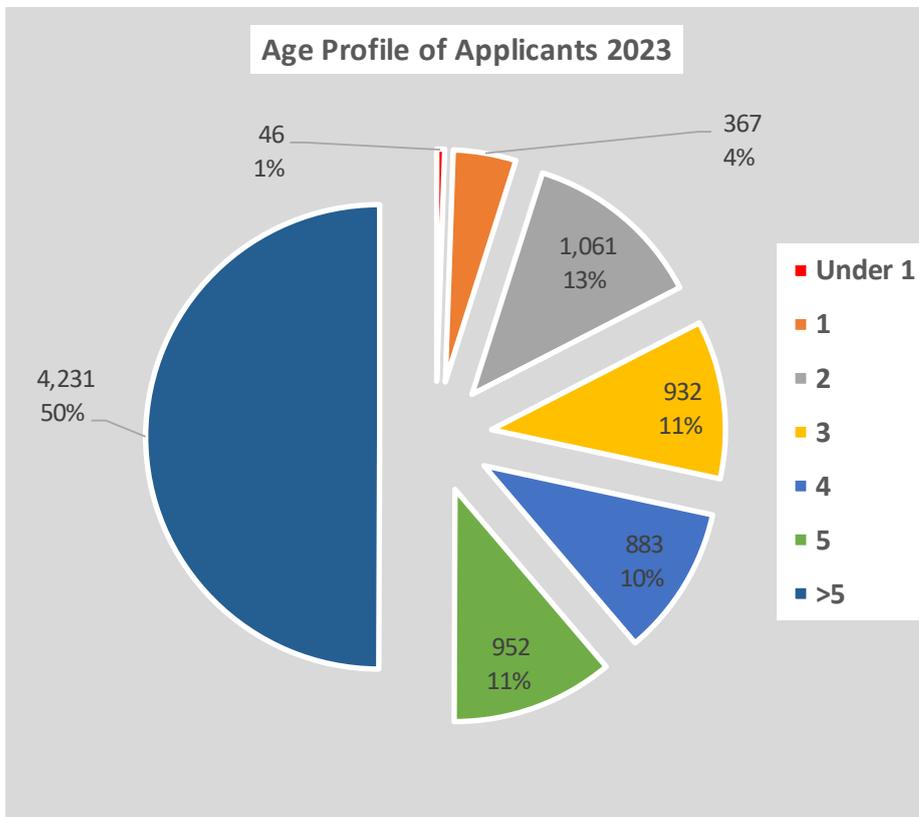


Figure 2 - Age Profile of Applicants



Number of Applications acknowledged

72% of applications received were acknowledged within the 2-week timeline.

Table 2. Number of Applications Commenced Stage 2.

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

- 3,857 applications started stage 2 for the first time during 2023.
- 38% of those fell within the 3-month timeline.

CHO	Start Stage 2	*Within Timeline	% within timeline
AREA 1	287	236	82%
AREA 2	203	139	68%
AREA 3	202	116	57%
AREA 4	754	512	68%
AREA 5	174	37	21%
AREA 6	442	40	9%
AREA 7	338	0	0%
AREA 8	824	369	45%
AREA 9	633	35	6%
Totals	3,857	1,484	38%

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'.**

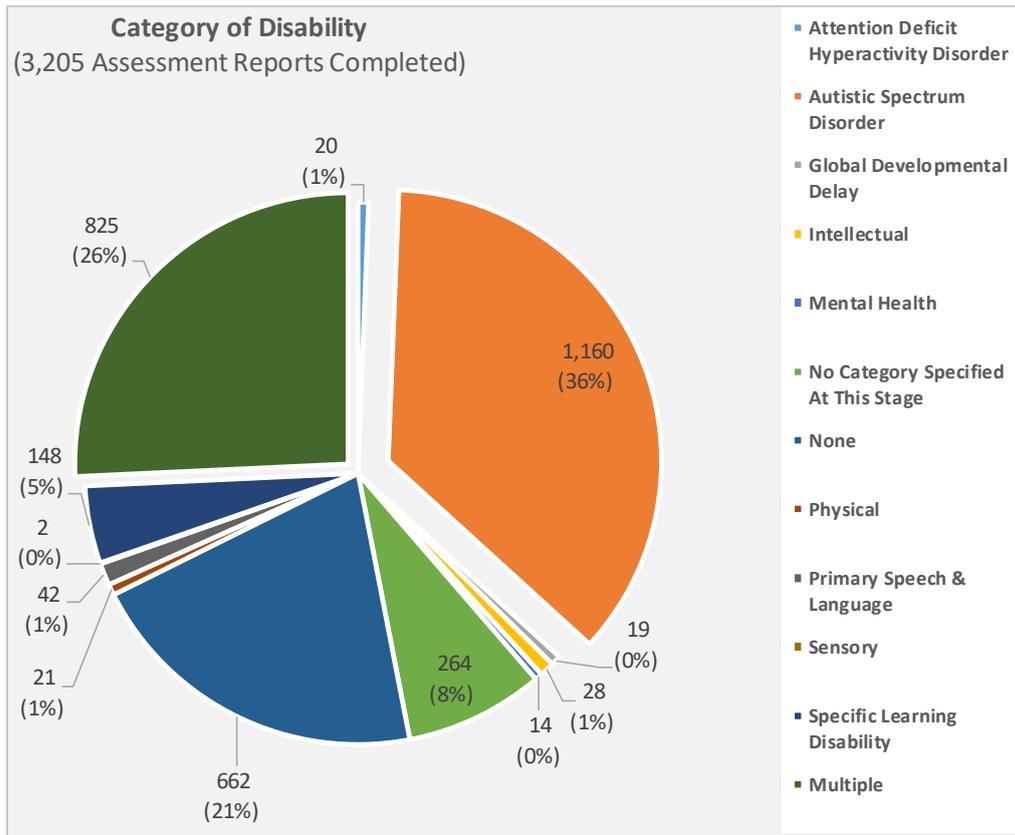
Table 3. Number of Assessment Reports Completed

'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.

CHO	No Disability	Disability	Total for 2023	Within Timeline	% Within Timeline
AREA 1	24	298	322	31	10%
AREA 2	16	90	106	18	17%
AREA 3	18	34	52	2	4%
AREA 4	214	541	755	117	15%
AREA 5	91	44	135	41	30%
AREA 6	66	255	321	17	5%
AREA 7	95	383	478	2	0.4%
AREA 8	204	455	659	181	27%
AREA 9	121	256	377	9	2%
Total	849	2,356	3,205	418	13%

The average duration of the assessment process per report completed in 2023 was 20.42 months. This timeframe extends from the date the completed application is received by the HSE to the date when the Assessment of Need report has been completed.

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 2023.

4,708 Applications due to commence stage 2 by the end of 2023 had not done so.

CHO	Overdue	<1 month	1 - 3 Months	>3 Months
AREA 1	105	7	20	78
AREA 2	38	9	8	21
AREA 3	32	7	11	14
AREA 4	36	11	11	14
AREA 5	141	51	54	36
AREA 6	404	84	156	164
AREA 7	2,342	147	275	1,920
AREA 8	297	97	110	90
AREA 9	1,313	111	247	955
Total	4,708	524	892	3,292

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

Table 5. Applications overdue for Completion on 31st December 2023 (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.

8,893 applications were overdue for completion at end 2023 with 343 of these on the grounds of there being exceptional circumstances as provided for in paragraph 10 of the regulations.

CHO	Total Overdue¹	Overdue/ Exceptional Circumstances²	Overdue/ No Exceptional Circumstances
AREA 1	389	12	377
AREA 2	182	15	167
AREA 3	369	-	369
AREA 4	780	20	760
AREA 5	398	28	370
AREA 6	706	103	603
AREA 7	2,843	2	2,841
AREA 8	750	81	669
AREA 9	2,476	82	2,394
Total	8,893	343	8,550

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 2023 (2)

- Of the 8,893 applications that are overdue, 6,963 (78%) 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	389	15	64	310
AREA 2	182	40	42	100
AREA 3	369	17	23	329
AREA 4	780	89	103	588
AREA 5	398	5	28	365
AREA 6	706	104	159	443
AREA 7	2,843	183	317	2,343
AREA 8	750	133	182	435
AREA 9	2,476	170	256	2,050
Total	8,893	756	1,174	6,963

Table 7. Service Statements Completed 2023

This table counts Service Statements issued to the applicant during 2023. 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 issued to the applicant. The Statutory Timeline for this process is 1 month.

1,868 Service Statements were issued to the applicant during 2023 with 34% issued within the 1-month timeline.

CHO	Total	Within Timeline	% within timeline
AREA 1	236	93	39%
AREA 2	7	4	57%
AREA 3	34	25	74%
AREA 4	477	19	4%
AREA 5	16	8	50%
AREA 6	225	134	60%
AREA 7	197	115	58%
AREA 8	572	193	34%
AREA 9	104	36	35%
Total	1,868	627	34%

- 7.2. 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 meet the criteria of 'disability' as set out in the Disability Act, 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 2022, the percentage was 55%. Table 8 shows the percentage to be 61% at the end of 2023.

Table 8			
Applicants 5 years and over			
2023	Total	5 yrs & over	%
Q1	2,034	1,256	61.8%
Q2	2,224	1,403	63.1%
Q3	1,954	1,128	57.7%
Q4	2,260	1,396	61.8%
TOTAL	8,472	5,183	61.2%

- 7.3. Table 9 provides some comparisons of activity between 2022 and 2023.

Table 9						
Comparison of Activity 2022-2023						
	Applications Received			Assessment Reports Produced		Variance
HSE	2023	2022	%	2023	2022	%
TOTAL	8,472	6,755	25%	3,205	3,071	4%

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.

8. Resource Availability

8.2. It has been determined that work should continue on building the evidence-base necessary to inform the allocation of resources which may become available in the future. It is clear that this is a more complex process than originally envisaged by the drafters of legislation.

8.3. The following sections outline the potential components of that evidence base. It must be remembered that there continues to be a lack of international consensus on what constitutes an indicative case-load for each of the disciplines involved or, indeed, for a team of clinicians offering services to a particular population.

8.4. In addition, HSE Disability Services continues to participate in the Estimates Process with the Department of Children, Equality, Disability, Integration and Youth (DCEDIY) and makes a submission for additional monies to meet the health and social care needs of people with a disability, including children with complex needs.

8.5. A key element of this Estimates Process involves significant engagement with DCEDIY through in-person, telephone and online meetings as well as workshops and Pre-Estimates events that provide opportunities for stakeholders to outline their views and discuss options in advance of the Budget.

8.6. HSE Disability Services will continue to make every effort to secure multi-annual investment for children's disability services via the Estimates Process and is very conscious of the need to deliver policy on a more sustainable footing given the significant levels of need for increased and more effective services and supports for children with complex needs.

9. WTEs Required for the Assessment of Need Process

9.2. 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 and now stands at 61.2%.

9.3. Eligibility for Assessment of Need now includes persons up to age 21 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 (EPSEN). 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 or for adults.

10. 0-18s Programme

- 10.1** In October 2022, a second Children’s Disability Network Team Staff Census and Workforce Review National Report was undertaken to establish the actual staffing resource available to the 93 CDNTs. An interim comparative analysis of the data from 2021 and 2022 demonstrated an increase of 11% in the overall number of approved posts and a 2% increase in the CDNT workforce.
- 10.2** The CDNT Staffing Census 2023 was delayed due to Industrial Action. However, an analysis of the data from 2022 and 2023 demonstrates an increase of 7% in the number of approved posts and a 3% increase in the CDNT workforce.
- 10.3** Retention and Recruitment continued to be a significant challenge for the HSE and funded agencies. The impact of retention and recruitment challenges to deliver on key service objectives, especially in providing children’s disability services through the Children’s Disability Network Teams is affecting services. The vacancy rates in Children’s services, even with increased recruitment, has widened because of additional posts being allocated. The challenges in this are a result of a range of factors including:
- The limited availability of specifically-trained staff with the necessary qualifications in the numbers required, especially therapy staff.
 - Over 817 of 2,255 health and social care professional whole time equivalent posts are vacant.
 - CDNT Staff Census 2023 indicated that the average vacancy of 36% had increased from 34% in 2022.
 - Increased Children’s Disability Network Manager and CDNT staff attrition rates due to resulting pressures of vacancy rates on the team.
 - Competition for staff both from within the health and social care sectors but also beyond.
 - The public and media perceptions of some areas of the service provision or indeed of some providers.
- 10.4** Health Services are operating in a very competitive global market for healthcare talent as there are significant shortages of qualified healthcare professionals across the globe. In partnership with our CDNT Lead Agencies, we continued to explore a range of options to enhance the retention and recruitment of essential staff into our CDNTs.
- 10.5** Work commenced to progress the following initiatives:
- Student Sponsorship Programmes;
 - Targeted recruitment campaigns for 462 HSCP including clinical specialists, senior and staff grade therapies to fill existing vacancies on HSE, Section 38 and Section 39 Lead Agency teams;
 - Increasing number of new clinical psychology trainee placements per annum;
 - Return to Work incentivised programme for recent therapist retirees.
- 10.6** In addition, the Minister of State for Disability convened a Disabilities Workforce Enhancement Group, including National Disability Operations Team, National HR and NCPPD representation, focused on the immediate, medium and long term sustainability of Disabilities workforce, including CDNT.
- 10.7** The HSE also worked with NCPPD and the National HSCP Office to increase student clinical placements on CDNTs with appropriate support

structures to ensure an optimal learning experience as a priority.

- 10.8** Approximately €11m was allocated to address waiting lists for clinical assessments identified through the Assessment of Need process. This funding was utilised to procure diagnostic ASD assessments from the private sector.
- 10.9** In addition, the HSE at local level used time related savings to source AON assessments privately for children in the order as registered on the AOS (AON information management system).
- 10.10** In line with appropriate procurement procedures, Garda vetting and due diligence practice, private providers were contracted by the HSE to provide assessments and / or interventions. In such instances, the HSE ensured that the contracted providers were appropriately qualified and that any assessments or interventions were provided in line with the appropriate standards.
- 10.11A** National AON tender process commenced in 2023 to put in place a Framework of Service Providers as a Waiting List Initiative to support CHOs to achieve their targets. Learning from this tender process will be shared with CHOs to support standardisation across CHOs.
- 10.12A** number of AON Assessment Hubs and Administration Hubs were developed during the year by the local CHO Areas. In general, AON Hubs aim to provide a single point for receipt of all AON Applications, and allocation to Assessment Officers, to reduce any bottle necks and ensure spread of demand on Assessment Officers across all available resources.
- 10.13** Additional funding was provided to Childrens Disability Services under a new grant scheme. The Children's Disability Services Grant Fund was open to organisations, including community groups and service providers and aimed to support children on a waiting list for Children's Disability Network Team services.
- 10.14** 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).
- 10.15** 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.
- 10.16** 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.
- 10.17** 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 2023. During this period 2,329 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	Service Totals 2023	Frequency of Services Indicated
Occupational Therapy	1,695	70%
Speech and Language Therapy	1,515	62%
Psychology	1,382	57%
ASD service	347	14%
Physiotherapy	287	12%
Paediatric Services (Hospital/Community)	223	9%
Psychiatry /CAMHS	196	8%
Social Work	65	3%
Dietetics	52	2%
General Health Services	22	1%
Ophthalmology	20	1%
Nursing	16	1%
Audiology	16	1%
Pre-school Support	13	1%
Day Services	2	<0.5%
Home Support Services	3	<0.5%
Hospital based Medical/Surgical Services	3	<0.5%
Respite Services	3	<0.5%
Complementary / Play Therapy	3	<0.5%
Aids and Appliances	1	<0.5%

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.

10.18 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 current need. It should be noted that there are no nationally or internationally accepted guidelines in this regard.

Staffing requirement to meet current need

The High Court judgement delivered on 11th March 2022 has impacted on the completion of assessments since that date. As a consequence of the judgement, Assessment Officers cannot complete assessments based on the agreed Preliminary Team Assessment format. As a result, activity for 2023 indicates that there has been an increase in the total number of applications 'overdue for completion' of 22,393, which includes around 5,000 Preliminary Team Assessments requiring an assessment and 8,893 AONs overdue at the end of 2023 (including 343 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). In addition, an estimated 8,500 new AONs are anticipated in 2024 based on the number of AONs received in 2022.

Based on an average of 36 hours to complete each AON, it is estimated that 840 Whole Time Equivalent clinicians would be required to complete this total of 22,393 AONs within the next 12 months.

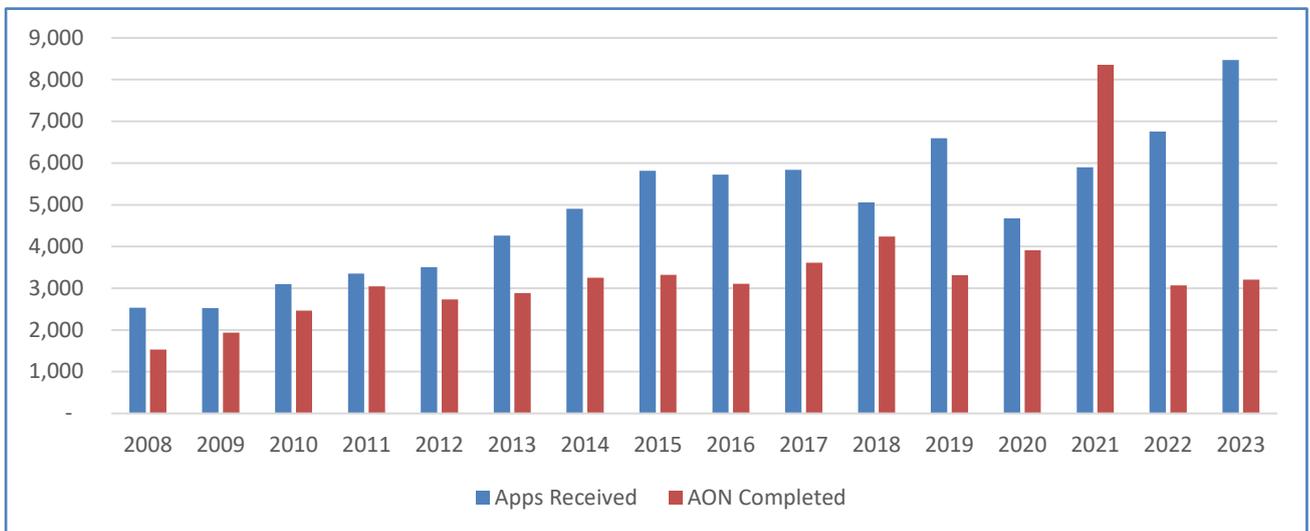
11. Conclusion

- 11.1** The demand for assessments of need (AONs) under the Disability Act, 2005 has increased significantly in recent years, with a 25% increase in the number of applications for AON received in 2023 – from 6,775 in 2022 to 8,472 in 2023. The increased numbers of applications for Assessment of Need, which is a legal entitlement under the Disability Act 2005, is a reflection of the increase in population and of families exploring all options for accessing services for their child. Waiting lists are growing as demand outstrips system capacity.
- 11.2** Several factors are driving this increase in demand for AON.
- 11.3** AON has (mistakenly) come to be seen as a potential shortcut to services. Anecdotal evidence indicates the longer the wait time for intervention and therapeutic supports, the higher the number of families applying for AONs. An AON is not required to access any health and social care service, including disability services or primary care, nor does it expedite access to services. It is also not required for education supports.
- 11.4** The non-commencement of the Education for Persons with Special Education Needs (EPSEN) Act (2004). The number of children aged five and over, and in addition of school-going age, has risen steadily as a percentage of all applications received. At the end of 2011, the figure stood at 26%, while throughout 2023, this figure averaged 61%.
- 11.5** The education system drives a significant proportion of AON demand. It is noted that children may be recommended for an AON for reasons other than educational supports, as concerns about need for therapeutic interventions may be identified by school staff. The only statutory right to an AON process is under the Disability Act 2005. A disability diagnosis may be required to access certain educational supports and there is a need for a better understanding for families around the nature of an assessment required for educational purposes, specifically where the assessment is not required to be a statutory AON under the Disability Act 2005. (There is no requirement for a diagnosis to access support from a special education teacher or an SNA; however there is for access to a special class or special school.)
- 11.6** The HSE implemented a Standard Operating Procedure (SOP) for the Assessment of Need process, which addressed the requirement for a standardised approach to the administrative processes for AON and, most controversially defined the clinical assessment as a Preliminary Team Assessment (PTA) with a guideline timeframe of three hours per assessment. The PTA approach was not developed to prevent or reduce children’s access to their legal entitlements, but rather sought to ensure that available resources were being used in the most effective way. It was developed following considerable engagement with stakeholders and an extensive industrial relations process. Of note, the HSE sought legal advice from a Senior Counsel who advised that the SOP and PTA format complied with the requirements of the Act. In parallel, the Fórsa trade union sought advice from a Senior Counsel who also advised that the SOP complied with the requirements of the Act.
- 11.7** The judgement of Ms Justice S Phelan in the case of CTM & JA v the HSE was delivered in March 2022. This judgment found that the Preliminary Team Assessment approach described in the HSE’s Standard Operating Procedure for Assessment of Need does not meet the requirements of the

Disability Act. This judgement in effect requires the HSE to deliver diagnostic assessments where necessary and appropriate as part of the Assessment of Need process. This ruling has had a significant impact operationally and has resulted in a growth in the numbers of overdue Assessments of Need. The requirement for services to prioritise the statutory Assessment of Need process has also impacted significantly on their capacity to provide necessary intervention / treatment for children with disabilities.

11.8 As a result of the Judgement, activity for the 2023 indicates that there has been an increase in the total number of applications 'overdue for completion', which now stands at 8,893 (including 343 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).

11.9 The numbers of applications for Assessment of Need under the Disability Act have risen steadily since its implementation in June 2007. Activity for 2023 indicates that 8,472 applications for AON were received; the highest number since Part 2 of the Act was commenced in June 2007. This rise is illustrated in the graph below. The non-commencement of the EPSEN Act (2004) is a significant contributory factor. When originally implemented it was envisaged that the Assessment of Need would apply to children aged less than five years. Following a High Court ruling in 2009 eligibility was expanded to include all persons born on or after June 1st 2002. This has also contributed to the rise in applications. A new commencement order (S.I. No. 3 of 2022) subsequently confirmed that Part 2 of the Disability Act applies to persons born on or after 1st June 2002. The following graph illustrates the increase in applications and the corresponding number of AONs completed each year



11.10 The Disability Act outlines the statutory timelines under which Assessments of Need under the Act must be completed. In summary, the assessment report must be completed within 6 months of the date the application was received. While the HSE endeavours to meet its legislative obligations under the Act, it has struggled to achieve compliance with these timeframes. At end of Quarter 4, 2023, 13% of assessments were completed within the timeframes set out in the Disability Act 2005 and accompanying Regulations.

11.11 The requirement to provide diagnostic assessments under the terms of the Act for children whose assessments were completed based on the

Preliminary Team Assessment format will further impact on compliance in the coming year. The HSE estimates that approximately 5,000 Preliminary Team Assessments have yet to be re assessed. These additional assessments for children whose status has already been recorded as "complete" must be progressed in parallel with new applications for AON.

- 11.12** The HSE's National Clinical Programme for People with Disability (NCPD) led the process of developing a revised AON Standard Operating Procedure (SOP) incorporating guidance on completion of clinical assessment to replace the element of the SOP which was found to be non-compliant with the Disability Act (2005) – the Preliminary Team Assessment. This was launched on July 14th.
- 11.13** A webinar was delivered on the Revised AON SOP including Interim Guidance for Assessors on Replacement of the PTA and the document widely circulated. An Assessment Officers' workshop was delivered, which included a presentation by legal services updating Assessment Officers on the AON and implications of recent court cases. An AON FAQs will be developed in 2024.
- 11.14** The National Clinical Programme for People with Disability (NCPD) has established a Task Group on Assessment of Need to address other issues related to the Assessment of Need process that are not addressed in the Interim Clinical Guidance. This group includes representatives from all the key stakeholders and particularly those with lived experience.
- 11.15** Approximately €11m was allocated to address waiting lists for clinical assessments identified through the Assessment of Need process. This funding was utilised to procure diagnostic ASD assessments from the private sector.
- 11.16** In addition, the HSE at local level used time related savings to source AON assessments privately for children in the order as registered on the AOS (AON information management system).
- 11.17** In line with appropriate procurement procedures, Garda vetting and due diligence practice, private providers were contracted by the HSE to provide assessments and / or interventions. In such instances, the HSE ensured that the contracted providers were appropriately qualified and that any assessments or interventions were provided in line with the appropriate standards.
- 11.18** Additional funding was provided to Children's Disability Services under a new grant scheme. The Children's Disability Services Grant Fund was open to organisations, including community groups and service providers and aimed to support children on a waiting list for Children's Disability Network Team services.
- 11.19** 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.

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- 11.20** 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 currently focussed on issues such as the provision of reviews, service statements, assessment of education needs and the geographical basis for providing assessments and intervention.
- 11.21** Many children and young people with disabilities access health and education supports outside of the statutory AON process. Figures represented in this report do not take account of those children / young people.
- 11.22** Children’s Disability Network Teams (CDNTs) carry both an intervention clinical caseload and responsibility for the AON process under the Disability Act 2005 and providing therapeutic interventions.
- 11.23** 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.
- 11.24** The HSE will continue to focus the full implementation of the interdisciplinary, family centred **Progressing Disability Services** Programme and the HSE’s Roadmap for Service Improvement 2023 – 2026 as a means to improve services for children and young people with disabilities and consequently the Assessment of Need process in the longer term.