Oifig an Cheannaire Oibríochtaí,
Na Seirbhísí Míchumais/An Rannán Cúram Sóisialta,
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Office of the Head of Operations,
Disability Services/Social Care Division,
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2nd February 2022

Deputy Violet Anne Wynne,
Dail Eireann,
Leinster House,
Kildare Street,
Dublin 2.
E-mail: violet-anne.wynne@oireachtas.ie

Dear Deputy Wynne,

The Health Service Executive has been requested to reply directly to you in the context of the following parliamentary questions, which were submitted to this department for response.

PQ 2714/22

To ask the Minister for Health the number of children that were awaiting assessment of needs in July of each of the years 2017 to 2021, by CHO area in tabular form.

PQ 2715/22

To ask the Minister for Health the number of staff equipped and capable of carrying out assessment of needs across the HSE and or specialist services in July of each of the years 2017 to 2021, in each CHO area in tabular form.

HSE Response

Since the Disability Act commenced in June 2007, the HSE has endeavoured to meet its legislative obligations under the Act. However, as a consequence of a High Court ruling of December 2009, the effect of which was to open eligibility to all children born after 1st June 2002, the number of children 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 2021, this figure averaged 53%. This is a reflection that the AON process is an accumulative process in terms of numbers of children seeking access. However, it is acknowledged that the numbers of assessments overdue for completion remain high.

Activity for the year indicates that there has been significant progress in the number of Assessment of Need reports completed during the year, 8,353 by year end. 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).

Applications overdue for completion

CHO	Total Overdue[1]	Overdue/ Exceptional Circumstances[2]	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**
Total	**1986**	**193**	**1793**

[1]*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.*
[2]*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*

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.

Please see table in Appendix 1 for details of the numbers of applications 'overdue for completion' in July of each of the years 2017-2020.

Standard Operating Procedure for AON

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.

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.

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.

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.

With regard to the question concerning the number of staff equipped and capable of carrying out assessment of needs across the HSE and or specialist services, all staff engaged in the Assessment of Need (AON) process are competent in conducting or co-ordinating a high quality AON. Recruitment, management and ongoing training practices support the achievement of a high quality AON. Many grades of staff including all therapy grades hold suitable qualifications for the Assessment of Need.

Professionals conduct the Assessment of Need in accordance with professional codes of practice as set out by their professional body and keep up to date with evidence based developments. Multidisciplinary assessment teams are group of people from various disciplines (both clinical and non-clinical) who work together to provide an Assessment of Need within a specified area. For that reason, it is difficult to quantify the numbers of staff equipped and capable of carrying out assessment of needs across the HSE and or specialist services.

For information on HSE Staff levels and S38 Staff levels staffing reports are available here:

https://www.hse.ie/eng/staff/resources/our-workforce/workforce-reporting/social-care.html

Please see the attached end of 2021 Disability services employment report which gives information regarding all grades of staff including therapy grades. It shows the % change in staff numbers/wte since end of December 2020 and end of December 2019.

See also Appendix 2, which gives information on the total staffing in Disability Services (HSE and S38 only – data is not collated on S39) in 2017, 2018, 2019 and 2020. Therapy grades are highlighted in yellow.

Overall Reform of Children's Disability Services

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 to provide equitable, child and family centred services based on need rather than diagnosis. This aligns with the UN Convention on the Rights of People with Disabilities.

The Progressing Disability Services for Children and Young People (PDS) model addresses the previous inequity in service provision whereby there may have been an excellent service for some children and little or no service for others. This variance may have been linked to diagnosis, age group or geography. Under the PDS programme children's disability services are changing from diagnosis based to needs based, so that all children with a disability or developmental delay have access to the right service based on their needs no matter where they live.

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.

PDS aligns with two clear objectives of The Sláintecare Report to:

- Provide the majority of care at or as close to home as possible
- Create an integrated system of care with healthcare professionals working closely together.

The National Policy on Access to Services for Children & Young People with Disability & Developmental Delay ensures that children are directed to the appropriate service based on the complexity of their presenting needs rather than based on diagnosis. Many children with a disability who have support needs can be effectively supported within mainstream health services. This policy provides a single point of entry, signposting parents and referrers to the most appropriate service (Primary Care for non-complex functional difficulties and Children's Disability Network Teams for complex functional difficulties).

Children's Disability Network Teams (CDNTs)

91 Children's Disability Networks (CDN) are aligned to 96 Community Healthcare Networks (CHNs) across the country and each Children's Disability Network has one CDNT providing services and supports for children aged from birth to 18 years of age. Early Intervention Teams and School Age Teams previously in place have reconfigured into 0-18 CDNTs. Every child across the country with complex needs arising from their disability now has access to a Children's Disability Network Team.
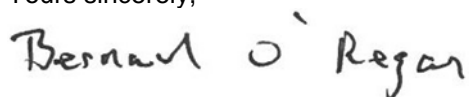
CDNTs are teams of health and social care professionals, including nursing, occupational therapy, psychology, physiotherapy, speech and language therapy, social work and others. The team works closely together in a family centred model, focusing on the child's and family's own priorities. Every child with complex needs has access to a team, regardless of the nature of their disability, where they live, or the school they attend.

Children and their families have access to the full range of services and supports of the CDNT according to their individual needs. This includes universal, targeted and specialist supports, such as individual therapeutic intervention and access to specialist consultation and assessment when needed. Supports will be provided as is feasible in the child's natural environments - their home, school and community.

The first step for all areas has been the reconfiguration of existing staff resources into CDNTs. The staffing mix available in each area is influenced by the historical development of services. For example, some areas may have had a significant number of nurses available for reconfiguration, others may have family support workers or early educators.

Since 2019, 285 development posts have been allocated to children's disability services across the country. This includes 100 posts allocated under the HSE National Service Plan 2021. 185 development posts were allocated to children's disability services across the country in 2021. These posts have been assigned based on a number of factors, including the existing ratio of staff to the number of children with disabilities in each area. The distribution of 2022 development posts is currently being finalised.

Yours sincerely,

Bernard O'Regan
Head of Operations - Disability Services,
Community Operations

Appendix 1

Applications overdue for Completion and applicants consent 30th June 2017

CHO	Total Overdue[1]	Overdue/ Exceptional Circumstances[2]	Overdue/ No Exceptional Circumstances
AREA 1	132	10	122
AREA 2	28	17	11
AREA 3	124	49	75
AREA 4	1938	151	1787
AREA 5	327	25	302
AREA 6	59	3	56
AREA 7	852	17	835
AREA 8	300	19	281
AREA 9	599	59	540
Total	4359	350	4009

Applications overdue for Completion and applicants consent 30th June 2018

CHO	Total Overdue[1]	Overdue/ Exceptional Circumstances[2]	Overdue/ No Exceptional Circumstances
AREA 1	222	2	220
AREA 2	59	2	57
AREA 3	247	32	215
AREA 4	1593	22	1571
AREA 5	429	8	421
AREA 6	61	11	50
AREA 7	508	8	500
AREA 8	444	10	434
AREA 9	479	37	442
Total	4042	132	3910

Applications overdue for Completion and applicants consent 30th June 2019

CHO	Total Overdue[1]	Overdue/ Exceptional Circumstances[2]	Overdue/ No Exceptional Circumstances
AREA 1	72	2	70
AREA 2	46	5	41
AREA 3	372	7	365
AREA 4	905	17	888
AREA 5	401	12	389
AREA 6	157	2	155
AREA 7	500	0	500
AREA 8	454	34	420
AREA 9	861	44	817
Total	3768	123	3645

Applications overdue for Completion and applicants consent 30th June 2020

CHO	Total Overdue[1]	Overdue/ Exceptional Circumstances[2]	Overdue/ No Exceptional Circumstances
AREA 1	133	0	133
AREA 2	100	4	96
AREA 3	589	7	582
AREA 4	943	5	938
AREA 5	555	8	547
AREA 6	236	7	229
AREA 7	942	1	941
AREA 8	721	49	672
AREA 9	1314	55	1259
Total	5533	136	5397

Appendix 2

Total Staffing										
Total Staffing by Grade Group: Dec 2020										
Disability Services	**WTE Dec 2017**	**WTE Dec 2018**	**WTE Dec 2019**	**WTE Dec 2020**	**WTE change Dec 2017 to Dec 2018**	**WTE change Dec 2018 to Dec 2019**	**WTE change Dec 2019 to Dec 2020**	**% change Dec 2017 to Dec 2018**	**% change Dec 2018 to Dec 2019**	**% change Dec 2019 to Dec 2020**
Total Staffing (HSE&S38)	17,397	17,819	18,303	18,944	+422	+483	+642	+2.4%	+2.7%	+3.5%
Medical & Dental	60	50	58	56	-10	+8	-3	-16.4%	+15.6%	-4.4%
Consultant Medicine								-100.0%	-100.0%	-100.0%
Consultant Paediatrics	3	3	3	3	-0	+0	+0	-2.9%	+0.0%	+0.0%
Consultant Psychiatry	23	18	21	21	-5	+3	+1	-21.6%	+16.4%	+2.5%
Consultant Surgery								-100.0%	-100.0%	-100.0%
Consultants	26	21	24	24	-5	+3	+1	-19.4%	+14.0%	+2.1%
Specialist Registrar	4	1	4	2	-3	+3	-2	-75.0%	+300.0%	-50.0%
Senior Registrar	3	2	2	3	-1	+0	+1	-33.3%	+0.0%	+50.0%
Registrar	6	5	7	3	-1	+2	-4	-11.3%	+31.6%	-57.1%
Registrars	13	8	13	8	-5	+5	-5	-36.0%	+56.3%	-38.5%
Senior House Officer	7	7	7	9	-0	+0	+2	-0.7%	+0.1%	+29.3%
SHO/ Interns	7	7	7	9	-0	+0	+2	-0.7%	+0.1%	+29.3%
Dentists								-100.0%	-100.0%	-100.0%

Other Medical	14	14	14	14	-0	+0	-0	-0.8%	+1.7%	-0.6%
Medical/ Dental, other	14	14	14	14	-0	+0	-0	-0.8%	+1.7%	-0.6%
Nursing & Midwifery	3,703	3,640	3,599	3,632	-63	-41	+34	-1.7%	-1.1%	+0.9%
Director of Nursing/Midwifery	46	38	42	37	-8	+4	-5	-16.6%	+11.1%	-12.5%
Director Nursing/Midwifery, Assistant	37	38	41	46	+1	+3	+5	+2.5%	+7.4%	+11.9%
Clinical Nurse/ Midwife Manager	809	808	811	814	-0	+2	+4	-0.0%	+0.3%	+0.5%
Nurse/ Midwife Manager	891	884	894	897	-7	+9	+3	-0.8%	+1.1%	+0.4%
Advanced Nurse/ Midwife Practitioner	2	2	2	8	+0	+0	+6	+0.0%	+0.0%	+300.0%
Clinical Nurse/ Midwife Specialist	68	66	60	56	-2	-6	-4	-2.5%	-9.6%	-6.5%
Nurse/ Midwife Specialist & AN/MP	70	68	62	64	-2	-6	+2	-2.4%	-9.3%	+3.4%
Staff Nurse [Intellectual Disability]	1,703	1,684	1,597	1,788	-19	-87	+191	-1.1%	-5.2%	+12.0%
Staff Nurse [Psychiatric]	70	71	83	53	+0	+13	-31	+0.6%	+17.8%	-37.0%
Staff Nurses [General/ Children's]	924	868	892	752	-56	+23	-139	-6.1%	+2.7%	-15.6%
Graduate Nursing/ Midwifery								-100.0%	-100.0%	-100.0%
Staff Nurse/ Staff Midwife	2,698	2,623	2,572	2,593	-74	-51	+21	-2.8%	-2.0%	+0.8%
Public Health Nurse	6	7	6	7	+1	-0	+1	+9.8%	-6.4%	+9.7%
Nursing/ Midwifery awaiting registration			14	13		+14	-1	-100.0%	-100.0%	-6.1%
Pre-registration Nurse/ Midwife Intern	12	35	28	3	+23	-7	-26	+195.3%	-18.9%	-91.2%

Pre-registration Nurse Intern (C0VID-19)				32			+32	-100.0%	-100.0%	-100.0%
Nursing/ Midwifery Student	12	35	42	47	+23	+7	+5	+195.3%	+20.9%	+12.4%
Nursing Education/Clinical	21	21	21	23	+0	+0	+2	+0.3%	+0.1%	+7.6%
Other Nursing/ Midwifery	5	1	1	1	-4	+0	+0	-80.0%	+0.0%	+0.0%
Nursing/ Midwifery other	26	22	22	24	-4	+0	+2	-15.1%	+0.1%	+7.3%
Health & Social Care Professionals	3,657	3,739	3,894	4,144	+82	+155	+249	+2.3%	+4.1%	+6.4%
Occupational Therapists	249	241	264	279	-8	+23	+14	-3.1%	+9.7%	+5.5%
Physiotherapists	185	181	189	193	-4	+8	+4	-2.1%	+4.6%	+2.0%
Podiatrists & Chiropodists	0				-0			-100.0%	-100.0%	-100.0%
Dietitians	12	14	18	16	+2	+5	-2	+15.0%	+34.6%	-11.1%
Speech & Language Therapists	283	279	293	307	-4	+14	+15	-1.3%	+4.9%	+5.0%
Therapy Professions	728	715	765	795	-13	+50	+31	-1.9%	+7.0%	+4.0%
Audiology	18				-18			-100.0%	-100.0%	-100.0%
Clinical Engineering	18	12	13	13	-6	+1	-0	-33.3%	+8.3%	-0.4%
Clinical Measurement	1	1	1	2	+0	+0	+1	+0.0%	+0.0%	+100.0%
Medical Laboratory	3	4	4	4	+1	+0	+0	+33.3%	+0.0%	+0.0%
Phlebotomists		1	1		+1	+0	-1	-100.0%	+0.0%	-100.0%
Radiographers	1	1	1	1	+0	+0	+0	+0.0%	+0.0%	+0.0%

Health Science/ Diagnostics	41	19	20	20	-22	+1	-0	-53.5%	+5.3%	-0.3%
Social Care	2,346	2,489	2,595	2,789	+143	+106	+194	+6.1%	+4.3%	+7.5%
Social Workers	221	219	219	228	-1	-1	+9	-0.6%	-0.3%	+4.3%
Psychologists	224	207	204	229	-17	-2	+25	-7.7%	-1.2%	+12.3%
Pharmacy	6	7	7	6	+1	-0	-1	+15.0%	-3.2%	-11.1%
Play Therapists/ Specialists	13	15	15	11	+1	+1	-5	+10.6%	+6.0%	-29.6%
Counsellor Therapists	19	18	19	20	-2	+1	+1	-8.6%	+6.4%	+4.6%
Other Health & Social Care	59	52	51	45	-7	-1	-5	-11.7%	-2.6%	-10.8%
HSCP Trainees/ Students	1				-1			-100.0%	-100.0%	-100.0%
H&SC, Other	92	84	85	76	-8	+1	-9	-8.4%	+0.8%	-10.8%
Management & Administrative	1,219	1,273	1,319	1,416	+54	+46	+97	+4.4%	+3.6%	+7.4%
Executive Management	38	32	31	36	-6	-1	+5	-16.3%	-3.2%	+17.0%
Senior Management (VIII & GM)	141	144	149	168	+4	+4	+19	+2.6%	+3.1%	+12.8%
Management (VIII & above)	179	176	180	204	-3	+3	+24	-1.4%	+1.9%	+13.5%
Middle Management (V-VII)	392	428	464	511	+35	+36	+47	+9.0%	+8.5%	+10.1%
Other Administrative	16	16	15	16	-0	-1	+1	-0.9%	-5.4%	+5.8%
Administrative/ Supervisory (V to VII)	408	444	479	527	+35	+35	+48	+8.6%	+8.0%	+10.0%
Clerical (III & IV)	632	653	660	685	+21	+7	+25	+3.4%	+1.1%	+3.8%

General Support					-25	-41	-63	-2.8%	-4.6%	-7.4%
	925	900	858	795						
Catering					-1	-6	-2	-1.3%	-6.1%	-1.9%
	106	104	98	96						
Household Services					-15	-32	-14	-3.2%	-7.1%	-3.3%
	466	452	420	406						
Portering					-1	+2	-3	-3.0%	+7.4%	-11.8%
	27	26	28	24						
Other Labs & Associated					+0	-0	+0	+4.0%	-3.9%	+0.0%
	1	1	1	1						
Other Support					+2	-3	-52	+0.9%	-1.6%	-27.9%
	189	191	188	136						
Support					-15	-40	-71	-1.9%	-5.1%	-9.7%
	789	774	734	663						
Maintenance					-11	-4	+5	-8.5%	-3.1%	+4.5%
	131	120	116	121						
Technical Services					+1	+2	+3	+19.6%	+32.8%	+37.0%
	5	6	8	11						
Maintenance/ Technical					-10	-2	+8	-7.4%	-1.4%	+6.6%
	136	126	124	132						
Patient & Client Care					+384	+358	+327	+4.9%	+4.4%	+3.8%
	7,833	8,217	8,574	8,902						
Health & Social Care Assistants					+2	-1	+1	+19.8%	-12.2%	+15.5%
	9	11	10	11						
HCA, Nurse's Aide, etc.					+355	+286	+275	+5.7%	+4.4%	+4.0%
	6,176	6,531	6,817	7,091						
Health Care Assistants					+357	+285	+276	+5.8%	+4.4%	+4.1%
	6,185	6,541	6,826	7,102						
Home Help					-11	-4	-15	-8.9%	-3.5%	-13.8%
	124	113	109	94						
Care, other					+39	+77	+66	+2.5%	+4.9%	+4.0%
	1,524	1,563	1,639	1,706						

Note [1]: Health Sector staffing figures relate to direct employment levels as returned through the Health Service Personnel Census (HSPC) for the public health sector (HSE & Section 38 Voluntary Agencies).

Note[2]: Figures relating to service levels are express as while-time equivalents (WTE) in order to take account of part-time working whereas no. (headcount) relates to the number of individuals.

HSE

Note[3]: It is not possible to make valid staffing comparisons over extended timeframes due to changes in the configuration of the health sector. For example these include (on one hand) the addition of Hospital Groups & Community Healthcare Organisations (CHO), Service Divisions (Mental Health, Older Persons, Disability Services), service developments and other responses to demographic changes. In addition some services are no longer part of the core health sector e.g. Children & Family Services, Community Welfare.

Note[4]: Directly employed home help staff are included w.e.f.. 2018 and historical figures have been restated to reflect this methodology change; Pre-registration Student Nurses on clinical placement are recorded @ 50% actual WTE in line with a WRC agreement.

Total Staffing by Grade Group: Dec 2020

Disability Services	WTE Dec 2017	WTE Dec 2018	WTE Dec 2019	WTE Dec 2020	WTE change Dec 2017 to Dec 2018	WTE change Dec 2018 to Dec 2019	WTE change Dec 2019 to Dec 2020	% change Dec 2017 to Dec 2018	% change Dec 2018 to Dec 2019	% change Dec 2019 to Dec 2020
Occupational Therapists	249	241	264	279	-8	+23	+14	-3.1%	+9.7%	+5.5%
Physiotherapists	185	181	189	193	-4	+8	+4	-2.1%	+4.6%	+2.0%
Dietitians	12	14	18	16	+2	+5	-2	+15.0%	+34.6%	-11.1%
Speech & Language Therapists	283	279	293	307	-4	+14	+15	-1.3%	+4.9%	+5.0%
Social Workers	221	219	219	228	-1	-1	+9	-0.6%	-0.3%	+4.3%
Psychologists	224	207	204	229	-17	-2	+25	-7.7%	-1.2%	+12.3%
	1,172	1,141	1,188	1,253						

HSE