



Oifig an Cheannaire Oibríochtaí,
Na Seirbhísí Míchumais/An Rannán Cúram Sóisialta,
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12th December 2023

Deputy Pauline Tully,
Dail Eireann,
Leinster House,
Kildare Street,
Dublin 2.
E-mail: pauline.tully@oireachtas.ie

Dear Deputy Tully,

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

PQ: 52427/23

To ask the Minister for Children; Equality; Disability; Integration and Youth the actions he has taken, or if he has plans to rebalance the distribution of resources between staff working on assessments of need and staff implementing therapeutic supports.

HSE Response

An Assessment of Need is a separate legislative process provided for under Part 2 of the Disability Act (2005). Information on this process is available at www.hse.ie/aon.

The aim of an Assessment of Need under the Disability Act is to identify whether a person has a disability, the nature and extent of the disability, any health and education needs arising from that disability, as well as what services are required to meet those needs. The Act includes specific timelines for completion of the assessment (6 months in total) and issuing of the service statement (a further one month).

The numbers of applications for AON under the Act have risen steadily since its implementation in June 2007. 7,612 applications for AON were received in the most recent 4 quarters (Q3, 2022 – Q2 2023). This was the highest number of applications received in any 12 month period since Part 2 of the Act was commenced in June 2007 and represents a 23% increase on the number of AON applications received in the previous 12 months.

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 persons born after 1st June 2002 who are suspected of having a disability, 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 2022, this figure averaged 55%. This is a



reflection that the AON process is an accumulative process in terms of numbers of children and young people seeking access.

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 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 will also impact significantly on their capacity to provide necessary intervention / treatment for children with disabilities.

As a result of the Judgement, activity for the second quarter of 2023 indicates that there has been an increase in the total number of applications 'overdue for completion', which now stands at 6495 (including 236 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).

Overall, it is estimated that there are approximately 11,666 applications 'overdue for completion' at this time. This includes AONs currently overdue and Preliminary Team Assessments that now require diagnostic assessment.

In addition, an estimated 7,612 new AONs are anticipated during 2023 based on the number of AONs received over the previous four quarters.

It is important to note that children do not require an Assessment of Need as defined by the Disability Act (2005) in order to access a CDNT or Primary Care service. They can be referred by a healthcare professional or parent/carer to the CDNT for children with complex needs as a result of their disability, or to Primary Care for children with non-complex needs.

Childrens Disability Network Teams (CDNTs)

The CDNTs are currently providing services and supports for 45,741 children and strategies and supports for urgent cases on the waitlist where staffing resources allow.

CDNTs are teams of health and social care professionals (e.g., occupational therapists, psychologists, physiotherapists, speech and language therapists, social workers) and others disciplines (e.g., nursing).

Clinicians working on CDNTs undertake assessments, reviews and provide interventions for children on their caseloads.

Undertaking clinical assessments, either from direct referral to the CDNTs or following a request from an Assessment Officer as part of the legislative Assessment of Need (AON) process, is an integral function of the everyday work of all clinical staff on CDNTs.

Team clinicians allocate their time between assessments and interventions based on a number of factors, including the legislative requirement of AON under the Disability Act 2005, the National Prioritisation Policy for CDNTs, their clinical judgement, caseload management and current service demands.

Roadmap for Service Improvement 2023 – 2026, Disability Services for Children and Young People

The Roadmap for Service Improvement **2023 – 2026**, Disability Services for Children and Young People which was approved by the HSE Board on July 28th and was launched by the Government and the HSE on Tuesday 24th October 2023.

The Roadmap also establishes a clear, robust governance structure at national level to drive the delivery of integrated Services between Disabilities, Primary Care, CAMHS and Tusla at local level,



providing the critical building blocks for service integration for the benefit of children and families. Fundamental to this is the implementation of the Primary Care, Disabilities, CAMHS Joint Protocol and National Access Policy by Primary Care, Disabilities and CAMHS jointly for all children with disabilities.

Five Working Groups are being established with a remit to lead on the delivery of a specific set of actions each as defined in the Roadmap, in order to achieve the level and type of service improvements required. Each Working Group will meet monthly or more often as required. Each Working Group Chair will, in turn, participate on and report to the Service Improvement Programme Board.

Implementation of the Roadmap for Service Improvement Actions will:

- Ensure children are referred to the most appropriate service (National Access Policy);
- Reduce the waiting time for children currently waitlisted for CDNTs;
- Optimise use of voluntary and private disability service providers for assessments and interventions;
- Improve HSE's legislative compliance for AONs as defined in the Disability Act;
- Improve outcomes for children and families and their experience of CDNT service;
- Enable teams to optimise service effectiveness and efficiencies, and opportunities to collaborate with community networks such as Children and Young People's Services Committees;
- Improve staff retention on CDNTs in the long-term as a good place to work.

The actions also include a robust suite of CDNT Retention and Recruitment targets, the majority of which are now in train. For example;

- National Team Development Programme (delivery of the 2ND extensive two year programme prioritised by the CDNMs will be completed by Mar '24)
- Online lunchtime staff webinars (on-going monthly)
- Online basecamp account for staff and team managers to share innovative programmes, practices and resources across the country
- Confined Senior grade competition for CDNTs - completed
- Marketing CDNTs as a workplace of choice
- HSE HR engagement with graduates in person and via webinar
- Recordings of CDNT staff and parents on benefits of working or receiving services from a CDNT, used for recruitment of staff off national panels
- HSE Recruitment, Reform and Resourcing has featured CDNTs on their "Service in the Spotlight", hosted on the HSE Career Hub. The 16,000 individuals now registered on the hub will receive notice of the targeted recruitment campaign for CDNTs and be encouraged to share with family and friends, extending our reach into the market.

The HSE acknowledge the current challenges in the recruitment and retention of staff and work is also progressing to commence the following;

- Student Sponsorship Programmes
- Targeted recruitment campaigns for 462 HSCP including clinical specialists, senior and staff grade therapies will commence in Jan 2024 to fill existing vacancies on HSE, S.38 and S.39 Lead Agency teams.

Actions also being led by national HR and/or National Disabilities, are for example;

- Increasing number of new clinical psychology trainee placements per annum
- Return to Work incentivised programme for recent therapist retirees

In addition, Minister of State, Anne Rabbitte, has 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



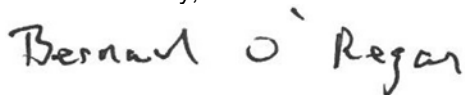
HSE National Disabilities is working with NCPPD and the National HSCP Office to increase student clinical placements on CDNTs with appropriate support structures to ensure an optimal learning experience as a priority. As an interim measure, National Disabilities are drafting a baseline for number of students per discipline per CDNT (filled posts) based on filled posts and the experience of teams over the past year in this area.

In addition, many of the 60 actions contained in the Roadmap have already been progressed, for example:

- National Director of Community Operations has commenced engagement with Chief Officers, National Disabilities, Primary Care and Mental Health re **Integrated Children's Services**
- The Roadmap includes the National Children's Integrated Services Working Group chaired by the National Director of Community Operations and including Senior Management from National and CHO Disabilities, CAMHS and Primary Care to drive implementation of the National Access Policy and the HSE Joint Protocol between Primary Care, Disabilities and CAMHS to ensure children with disabilities access the right service at the right time and where necessary, shared assessment and shared services where a child has needs of more than one service.

Working Group 5: Engagement with Education and Support for Special Schools is tasked with implementing the recommendations of the *Collaborative Working between Education and Health Protocol* and in addition, working collaboratively to optimise health and education integration for the benefit of children with disabilities. The recruitment target of 300 Therapy Assistants over the next 2 and ½ years to work on CDNTs will also support children onsite in special schools with additional needs arising from their disability.

Yours Sincerely,



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

