

# Oifig an Stiúrthóir Cúnta Náisiúnta,

Foireann Míchumais Náisiúnta, An Chéad Urlár - Oifigí 13, 14, 15, Àras Phlásóg na Rós, Coimpléasc Gnó na hOllscoile, Páirc Náisiúnta Teicneolaíochta, Caladh an Treoigh, Luimneach.

#### Office of the Assistant National Director,

National Disability Team, First Floor- Offices 13, 14, 15, Roselawn House, University Business Complex, National Technology Park, Castletroy, Limerick.

12th September 2024

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

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: 35781/24

To ask the Minister for Children; Equality; Disability; Integration and Youth if he will accept that the CDNT pathway has not sufficiently alleviated the wait for assessments of needs and services; if he will consider an integration of services in schools; and if he will make a statement on the matter

#### PQ: 35782/24

To ask the Minister for Children; Equality; Disability; Integration and Youth his views on those children referred to primary care receiving more service appointments weekly compared to those children referred to CDNT; and if he will make a statement on the matter.

#### **HSE Response**

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.

93 CDNTs are aligned to 96 Community Healthcare Networks (CHNs) across the country and are providing services and supports for children aged from birth to 18 years of age.

The model of service for all CDNTs is interdisciplinary, family-centred and based on the needs of the child. This includes universal, targeted and specialised supports and interventions, as appropriate to the individual child and family. It is based on the objectives of empowering and supporting parents and others who are with the child on a daily basis to facilitate the child's developmental needs.

The CDNTs are currently providing services and supports for over 46,000 children and strategies and supports for urgent cases on the waitlist where staffing resources allow. However, there are significant challenges for CDNTs including:

- Significant staffing vacancies
- Growth in numbers of children with complex need
- Increasing rate of referrals to the CDNTs Year to date (Jan to July 2024) :6,156 new children have been referred to CDNTs, an average of 879 monthly.
- Growth in demand for Assessment of Need, diverting further resources away from interventions

## Demand for Assessment of Need under the Disability Act, 2005

The Assessment of Need process is set out in the Disability Act, 2005. 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 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 2, 2024, 10% of assessments were completed within the timeframes set out in the Disability Act 2005 and accompanying Regulations.

The total number of applications 'overdue for completion' at end of Quarter 2, 2024, now stands at 11,131 (including 521 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) – which represents an increase of 25% on the end 2023 figure of 8,893.

In the first half of the year, 1,841 AONs have been completed, which is a 28% increase on the same period last year. This increase is due in part to the new targeted waiting list initiative that commenced end of May 2024, where the Government allocated funding of  $\in$ 6.89 million to facilitate the HSE to procure up to 2,500 additional AONs, with delivery targeted over the next 6 months. This funding is in addition to existing HSE core funding of the  $\in$ 5m, allocated for procurement of private assessments.

This waiting list initiative will target those families waiting longest for AONs, with the HSE reimbursing clinicians directly through the procurement of capacity from approved private providers. This provides a more equitable and fair approach rather than reimbursement of parents directly. It is envisaged that this initiative will be progressed through the existing framework of providers procured by each CHO Area, while also seeking to expand the list with any new private provision.

Information received from the CHO Areas indicates that under this targeted initiative, 721 AONs were commissioned from private providers/assessors during the month of June and July 2024.

However, despite this increased activity in relation to AON, waiting lists are growing as demand outstrips system capacity. In this regard, we anticipate that, by the end of 2024, there will be over 18,981 AONs due for completion, comprising: AONs overdue at end of Q2 2024 (11,131); AONs expected during the remainder of 2024 (5,350); as well as 2,500 Preliminary Team Assessments carried out under the previous Standard Operating Procedure (SOP), an approach found by the High Court not to have met the requirements of the Disability Act.

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. A significant influencer is influence of education on families taking this route and specific Education requirements for diagnostic assessments.

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

The HSE's Roadmap for Service Improvement 2023 – 2026, Disability Services for Children and Young People, now in its implementation phase, is a targeted Service Improvement Programme to achieve a quality, accessible, equitable and timely service for all children with complex 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.

The Roadmap actions includes a robust suite of 60 actions and established four Working Groups which report into a Service Improvement Programme Board every month which in turn reports to the Roadmap Oversight Group chaired by the Minister of State, Anne Rabbitte.

The WGs have wide membership including HSE, Section 38 and 39 front line disabilities staff and management, parent voices, staff reps, Primary Care, CAMHS and Department of Children, Equality, Disability Integration and Youth.

Working Group 1 **Integrated Children's Services** – has responsibility for the implementation of National Access Policy and the Primary Care, Disability, CAMHS Joint Working Protocol, Equity of Access to Aids and Appliances across all CHOs; and the Review of HSE Tusla Joint Protocol.

Working Group 2: Service Access and Improvement – has responsibility for Waitlist Management and Services; Optimising Teams Efficiencies, Effectiveness and Governance; AONs overdue for completion; and the development of a National Capital plan to enable all staff of a CDNT to be co-located.

Working Group 3: **Workforce** – has responsibility for developing and ensuring the delivery of a recruitment strategy for all CDNTs regardless of the Lead Agency; Retention of existing CDNT staff; Deployment of Students/Trainees/New Graduates; and Development of Existing Staff.

Working Group 4: **Communication and Engagement** – has responsibility for developing and ensuring the delivery of a rolling Communication Plan for the Roadmap and CDNT service, which is a key priority; review and updating the HSE PDS Website to meet information needs of families, further Staff Engagement and Workshop days and ensuring sustainability of the Family Forums and Family Representative Groups.

Working Group 5. Engagement with Education and Support for Special Schools.: Ongoing recruitment of an additional 136.3 senior posts remains a priority to restore health and social care supports historically provided in special schools as directed by the Government.

HSE National Disabilities continue to engage with the Department of Children, Equality, Disability, Integration and Youth and the Department of Education in the context of ongoing discussions to explore further initiatives to progress the return of therapists to Special Schools.

The HSE is fully committed to the delivery of the Roadmap actions over the lifetime of the plan.

Yours sincerely,

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Bernard O'Regan Assistant National Director National Disability Team