Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

REPORT TO THE MINISTER FOR EQUALITY, DISABILITY AND MENTAL HEALTH AT THE DEPARTMENT OF HEALTH AND CHILDREN AS PROVIDED FOR UNDER SECTION 13 OF THE DISABILITY ACT 2005 IN RESPECT OF DATA COLLECTED IN 2008 AND 2009

1. Introduction

1.1. Part 2 of the Disability Act provides a structure for the identification and delivery of individual health, education and personal social services for people with disabilities, who meet the relevant eligibility criteria set out in the Act.

1.2. 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.

1.3. To comply with the provisions of the legislation and the accompanying regulations, the assessments must commence within three months of receipt of a completed application form and be completed within a further three months. The Act requires the Assessment Officer to issue an Assessment Report, which includes a determination of whether 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.

1.4. 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 recruited Case Managers in each LHO Area and designated these Case Managers as Liaison Officers under the Act. The Service Statement outlines the services which will be delivered within available resources, when the service will be delivered, by whom and at what location.

1.5. A key element of the Disability Act is that Section 13 requires the HSE to provide an annual report to the Minister 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.

1.6. In this way, information from Assessments of Need under the Act will inform future service planning and whatever resources are available will be targeted to address assessed needs.

2. Commencement of the Disability Act

2.1. Part 2 of the Disability Act was implemented for persons under five years of age on 1st June 2007. Originally, it was envisaged that the Act would be implemented progressively for other age cohorts. This progressive implementation was to take place in parallel with the implementation of the Education for Persons with Special Educational Needs Act of 2004. However, the budget for 2009 announced in October of 2008 made provision for the implementation of the EPSEN Act to be deferred. At the time of submitting this report, the HSE has not received information concerning any revised plans for its implementation.

2.2. The following steps have been taken in relation to the implementation of the Act:

2.2.1. The HSE appointed and trained Assessment Officers and Liaison Officers.
2.2.2. In May of 2007, the interim Health Information and Quality Authority (HIQA) adopted a set of standards governing the assessment process under the Act.
2.2.3. Regulations were drafted by the DoHC, with input from the HSE, and signed by the Minister, stipulating that:

- Assessments should be completed within three months of commencement.
- Service Statements should be issued within one month of completion of assessments.
- The maximum period within which the Assessment Report should be reviewed would be 12 months.

2.2.4. The HSE appointed two designated Complaints Officers and located them in the Division of Consumer Affairs.

2.2.5. In 2007 the Department of Health and Children established the Office of the Disability Appeals Officer. Initially a temporary Disability Appeals Officer (DAO) was appointed. A permanent appointment was made in August 2008.

2.2.6. Protocols have been developed to inform interaction between the HSE and both the Complaints Officers and the DAO.

2.2.7. Guidance has been progressively developed and issued to Assessment Officers, Liaison Officers and clinical assessors in respect of the procedures to be followed, the scope and nature of assessments required and interpretation of terms employed in the definition of disability contained in the Act.

3. Provisions of Legislation and Regulations: Assessment Report

3.1. 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.

3.2. The regulations SI 263 of 2007 make no reference to the contents of the Assessment Report, other than the inclusion of a date for the review of the assessment, no later than 12 months from the date on which the Assessment Report is issued.

4. Provisions of Legislation and Regulations: Service Statement

4.1. 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.

4.2. 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.

4.3. 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.

4.4. 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.

5. Provisions of Legislation: Maintaining Records and Reporting

5.1. 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.

5.2. In addition, 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.

5.3. In agreement with the DoHC, the HSE's aim has been to produce a report which identifies the shortfall in service provision as defined by the assessment of need process under the Act. i.e. The gap, if any, between the needs identified, (as detailed in Assessment Reports), and the actual services provided, (as detailed in Service Statements).

6. Collection of Data to Inform the Section 13 Report - Challenges Arising

6.1. The HSE aims to provide the most useful and up-to-date information to inform service planning in accordance with the legislation and in a manner which diverts the minimum resources away from the primary function of providing assessments and interventions for children with disabilities.

6.2. It is envisaged that, in the future, services for this age cohort, (children under the age of five), will be delivered largely by Early Intervention Teams. The composition of these teams and the relevant population for which each team can be expected to provide services is currently being defined. As this model of service delivery develops, methods of calculating aggregate need based on agreed case loads will become possible. In the mean time, a system must be put in place to meet the HSE's obligations under the Act.

6.3. In accordance with currently accepted good practice, the assessment process under the Act has been established in such a way as to ensure that the needs of individual children are defined in terms of desired outcomes rather than in terms of service inputs indicated. However, the focus of the information required to populate the report under section 13 of the Act is on inputs. This emphasis is understandable as there is a requirement to identify the costs associated with service provision and therefore to identify the whole-time-equivalent requirement in the various disciplines. Nevertheless, the difference of focus represents a challenge.

6.4. In the current budgetary climate, a consequence of the HSE's concentration on focusing available resources on the provision of assessments and interventions has been the relatively slow pace of development of the IT system which supports the processes associated with the Act. This has lead to the situation in which the electronic collection of information and generation of data to populate the section 13 report has not been possible.

6.5. The first Annual Report under section 13 was based on the Assessment Reports issued between the time of the implementation of the Act on 1st June 2007 and 31st December 2007. During this period, 72 Assessment Reports were issued.

6.6. This relatively small number of cases allowed the HSE to request service providers involved in each case to estimate whether or not the quantum of service being offered was adequate to fully meet the needs identified and achieve the outcomes indicated in the relevant Assessment Report and, if not, what additional quantum of service would be required. Even though the number of cases in each LHO Area was small, this proved to be a major, time-consuming administrative task.

6.7. The number of Assessment Reports issued in 2008 and 2009, which are the subject of this report, is 1,532 and 1,937 respectively. An exercise similar to that carried out for the 2007 report would have a serious detrimental effect on the ability of Liaison Officers to respond adequately to Assessment Reports received and negotiate Service Statements for the children concerned.

6.8. A further issue arises from the fact that, during the compilation of data for the 2007 report, it was found not to be possible to accurately predict the level of intervention, by a particular service, required in order to achieve identified outcomes for individual children. This is especially the case for very young children where, for example, apparent developmental delays identified may either resolve in time or exacerbate. Each outcome necessitating very different levels of intervention. This issue is illustrated in two case studies set out in section 7 of this report.

7. Case Studies

7.1. The issues mentioned in section 6 of this report militate against the adoption of a system of collecting data on aggregate need to inform the section 13 report that is based on an attempt to accurately measure, at the time of initial assessment, the required service input to fully address the needs identified in the Assessment Report in individual cases. The following two case studies illustrate the difficulties involved. In each case, the child's initial presentation does not necessarily point to the eventual outcome.

7.2. **CASE STUDY A**

Sarah aged 9 months.

Born at 30 weeks gestation.
Eventful post-natal period in NICU for four months.
Scan showed IVH and evidence of brain damage.

On assessment:

Delayed in developmental milestones in all areas.
Weakness in muscle control.
Rolls to right but not to left.
Grasps objects but cannot pass object from one hand to other.
Fixes and follows.
Few vocalisations.

Summary:

Some indications of emerging cerebral palsy.

Recommendations:

Close monitoring of development by interdisciplinary team.
Weekly therapy intervention promoting normal course of development.
Support to family.

Review at 21 months:

Marked improvement and Sarah is only very mildly delayed in development, attributed to prematurity and long period in hospital. No signs of cerebral palsy.

Currently receives three monthly reviews which should continue until 2 years of age followed by probable discharge if no further concerns emerge.

7.3. **CASE STUDY B**

Conor aged 15 months.

Normal birth and post-natal period.
Concerns now about global developmental delay.

On assessment:

Walks holding on to furniture but not independently.
Bum shuffles, he did not crawl.
Dislikes lying on his belly.
Can grasp toys and pass from hand to hand.
Has a tendency to mouth a number of toys.
Speaks about three words.
Did not respond to being called by his name.
Does not appear to recognise common objects eg. comb, spoon.
Intermittent eye contact.
Dislikes being handled.

Summary:

Mild delay in gross motor and fine motor development and in expressive and receptive language, some concerns re sensory difficulties.

Recommendations:

Regular review by interdisciplinary team to monitor Conor's development in all areas.

On review at 36 months:

He is now walking independently.
He continues to put objects to his mouth.
He does not interact with toddlers in his play group.
He has a tendency to play on his own.
He shows an unusual interest in certain objects.
His eye contact continues to remain poor.
He does not use any gestures.
His language skill has made little improvement.
He dislikes loud noises and becomes very distressed.
Some stereotypical behaviours observed, flapping hands.
He has poor attention skills and is very distractible and difficult to engage for more than 5 minutes.
He wanders from one thing to another unless it is an object of particular interest or fascination and then he remains focused for a lengthier period of time.

Conor has now been diagnosed as having ASD.

He requires specialised intensive intervention to address early learning and development of his social and language skills.

8. Developing a Methodology

8.1. Discussions have been ongoing between the HSE and the Department of Health and Children aimed at developing a suitable methodology for the identification of aggregate needs.

8.2. An interim IT system has been put in place which maintains information to support the processes associated with the role of the Assessment Officer. It includes a facility for recording the service requirements identified in the Assessment Report. Work is currently proceeding on expanding the system to capture information to support the role of the Liaison Officer (Case Manager). The completion of this work will deliver IT capability to record all of the necessary information to meet the requirements of section 13.

9. How the Proposal will Work

9.1. Assessment Officers will enter the services required on the IT system. This will be in terms of the individual's requirement for the services of a particular discipline.

9.2. Since the template for the Assessment Report is held on the IT system, this does not involve any additional work for Assessment Officers who will only have to enter the services required once. This information can then be migrated to the Service Statement.

9.3. When negotiating the services to be recorded in the Service Statement, Case Managers will ask service providers to estimate the degree to which they feel the child's needs are being met by the level of service offered. This will be asked in the following manner although the precise wording is still under discussion:

While recognising the difficulties involved in trying to gauge the effect of service interventions, especially in the case of very young children, please estimate approximately how much of this child's service requirements will be met by the level of input you are currently able to provide:

1. *None at all;*
2. *About a quarter;*
3. *About a half;*
4. *About three-quarters;*
5. *All.*

9.4. In respect of each individual child, Case Managers will enter the relevant number (1 – 5), against the relevant discipline. The IT system will automatically calculate the shortfall indicated in that service. Based on the number of children requiring the service, the extent to which their needs are not met and, by applying agreed case-load figures, (see 10.4. and 10.5. below), WTE requirements can be calculated. The scores of 1 to 5 above will indicate the percentage of a particular individual's requirement that is being met.

9.5. The aim of the HSE is to devise a system which meets its obligations under the Disability Act 2005 in a manner which does not add unnecessarily to the administrative burden on staff engaged in the process. To that end, the system will provide for the entry of data at the time of collection and the automatic, electronic generation of reports. These reports will refer to national, HSE Region and Local Health Office level.

10. Issues Raised by the Proposed Methodology

10.1. The legislation requires the HSE to report on aggregate need. As the procedure envisaged can only be based on estimation, it is important that the needs identified

are not associated with individual case files. The data recorded on the IT system will not be connected to individual files.

10.2. Until such time as significant progress has been made towards the position outlined in paragraph 6.2., it will be necessary to identify shortfalls by discipline. Consequently, where services are offered by teams, (HSE, non-statutory agency or a combination of both), the service provider will be asked to answer the questions in paragraph 9.3. according to the disciplines involved. It is recognised that this is not a satisfactory situation in the longer term as it contradicts the practice of many teams who do not disaggregate their interventions. It is, however, seen as a necessary transitional arrangement in order to identify shortfalls related to specific disciplines within teams.

10.3. Moving towards full alignment of reporting requirements with best practice in terms of service provision will remain a priority.

10.4. Shortfalls in service provision are made manifest in two main ways. The level of service provided may not be as ideally required and also, there may be waiting lists. It is important that both are reflected. Consequently, it is proposed that agreement be reached on what might be regarded as a reasonable time for children in this age group to have to wait before intervention begins. This might be set at between 6 and 8 weeks. Any child who has to wait longer than the agreed time would be entered as "1" i.e. As not having received a service at all.

10.5. A major issue facing the HSE is the fact that, internationally, there are no agreed case-load figures for individual disciplines or teams. Research on this matter is currently underway in British Columbia, Canada which is due to report in 2011. This research aims to identify case-loads appropriate for the main therapeutic disciplines.

10.6. When agreeing case-load figures for each discipline, account will be taken of the full range of potential presentations. This approach is appropriate for this purpose as it is aggregate need which is being measured. Thus, the figures will not be applicable to individual service providers or their staff. They will represent an average case-load based on an average of the range of presentations.

11. Activity in 2008 and 2009

11.1. The current economic situation dictates that no additional resources will be made available to address any needs identified in reports submitted under section 13 of the Disability Act 2005. The HSE and the DoHC therefore have the opportunity to develop a robust and efficient system of collecting the information required and to ensure that it is in place and providing accurate and up-to-date information when resources become available.

11.2. The following tables provide an overview of the relevant activity by HSE Region in 2008 and 2009. This data is shown by LHO Area in Appendices 1, 2, 3 and 4.

TABLE 1

APPLICATIONS RECEIVED – 2008 AND 2009

HSE REGION	Q1	Q2	Q3	Q4	2008	Q1	Q2	Q3	Q4	2009
HSE DML	171	184	125	176	**656**	183	191	188	206	**768**
HSE DNE	158	108	100	160	**526**	118	74	104	110	**406**
HSE SOUTH	226	238	189	156	**809**	227	225	156	155	**763**
HSE WEST	135	141	142	126	**544**	211	157	107	113	**588**
TOTAL	**690**	**671**	**556**	**618**	**2535**	**739**	**647**	**555**	**584**	**2525**

TABLE 2

APPLICATIONS COMMENCED STAGE 2

HSE REGION	Q1	Q2	Q3	Q4	2008	Q1	Q2	Q3	Q4	2009
HSE DML	110	182	166	122	**580**	152	153	218	163	**686**
HSE DNE	76	68	114	127	**385**	95	81	81	151	**408**
HSE SOUTH	162	197	204	195	**758**	144	190	207	147	**688**
HSE WEST	118	158	149	131	**556**	132	193	138	122	**585**
TOTAL	**466**	**605**	**633**	**575**	**2279**	**523**	**617**	**644**	**583**	**2367**

TABLE 3

ASSESSMENT REPORTS DIRECT TO APPLICANT

HSE REGION	Q1	Q2	Q3	Q4	2008	Q1	Q2	Q3	Q4	2009
HSE DML	9	5	12	11	**37**	15	13	10	6	**44**
HSE DNE	1	5	9	8	**23**	15	28	14	16	**73**
HSE SOUTH	5	11	26	15	**57**	9	23	24	31	**87**
HSE WEST	3	8	7	17	**35**	16	18	20	16	**70**
TOTAL	**18**	**29**	**54**	**51**	**152**	**55**	**82**	**68**	**69**	**274**

TABLE 4

ASSESSMENT REPORTS TO LIAISON OFFICER

HSE REGION	Q1	Q2	Q3	Q4	2008	Q1	Q2	Q3	Q4	2009
HSE DML	58	68	90	83	**299**	82	61	77	93	**313**
HSE DNE	18	76	88	61	**243**	81	62	69	71	**283**
HSE SOUTH	57	111	164	139	**471**	152	130	152	149	**583**
HSE WEST	73	78	67	149	**367**	101	133	131	119	**484**
TOTAL	**206**	**333**	**409**	**432**	**1380**	**416**	**386**	**429**	**432**	**1663**

11.3. It is important to note the effect which the statutory time-frames applying to this process has on the data. Once a complete application has been received, the Assessment Officer must commence the assessments within three months and complete them within a further three months. Therefore, the process from the time of receipt of an application to the time that the Assessment Report is produced can be as much as six months. The Act allows for the possibility that exceptional circumstances may be encountered. In such cases, this period may be even longer.

11.4. Therefore, some of the Assessment Reports which are the subject of this report will be the result of applications received in the previous year. Further, some of the applications received will not result in an Assessment Report until the following year. In normal circumstances, it is reasonable to assume that these two figures effectively cancel each other out. However, the Act was only implemented on 1st June 2007. Therefore, only six month's worth of applications were received in that year.

11.5. Care must therefore be taken when comparing the activity in a given year with the Assessment Reports produced in that year.

11.6. As can be seen from Table 1 in the foregoing section, 2,535 applications were received for assessment of need under the Act in 2008 and 2525 in 2009. Table 2 shows that, of these, 2,279 and 2367, respectively progressed to stage 2 of the process: the clinical assessment stage. The discrepancy between these two figures is partly accounted for by the fact that some of the applicants will have been over 5 years old at the time of application while others will have withdrawn from the process.

11.7. Table 3 shows that 152 Assessment Reports were sent directly to the applicant in 2008 and a further 274 in 2009. This implies that the applicants were found not to meet the definition of disability following clinical assessment. Table 4 shows that 1,380 Assessment Reports were sent to the Liaison Officer in 2008 and 1663 in 2009. This implies that these applicants were found to meet the definition of disability contained in the Act.

12. Comparison of Current Data with 2007

12.1. This report is concerned with Assessment Reports produced in 2008 and 2009 where the applicant is determined to have a disability according to the definition contained in the Act. These are identified in Table 4, above and Appendix 4.

12.2. The following table shows the number of Assessment Reports produced in 2008 and 2009 compared to 2007. **NB:** The Disability Act was implemented on 1st June 2007 and therefore 2007 figures are for a six-month period.

TABLE 5			
COMPARISON OF ASSESSMENT REPORTS PRODUCED			
HSE REGION	**2007**	**2008**	**2009**
HSE DML	20	299	313
HSE DNE	20	243	283
HSE SOUTH	18	471	583
HSE WEST	14	367	484
Total	**72**	**1380**	**1663**

13. WTE Requirement for Clinical Staff by HSE Region

13.1. While it would be technically possible to extrapolate WTE figures for 2008 and 2009 from 2007 data, the figures for 2007 are too small to allow that calculation to be made with any degree of confidence.

14. WTE Requirement Generated by the Assessment and Review Process

14.1. The assessment process itself and the reviews of those assessments provided for by the Disability Act generate their own demand for resources in addition to the demand for resources to deliver the interventions indicated by the process.

14.2. Appendix 5 is a draft of a document which provides details of the assumptions made when calculating the additional WTEs required each year in order to meet the demands of the assessment and review process. This figure is estimated at 16 WTEs.

14.3. Care should be taken when interpreting this figure. An accurate estimate of the WTEs already in the system and applied to this activity is not available. However, it does provide us with a guide to the rate at which the requirement is growing.

Appendix 1: Applications Received in 2008 and 2009 by LHO Area

HSE Dublin Mid-Leinster										
LHO	**Q1**	**Q2**	**Q3**	**Q4**	**2008**	**Q1**	**Q2**	**Q3**	**Q4**	**2009**
Dublin South	21	10	5	18	**54**	4	7	7	3	**21**
Dublin South City	14	18	16	18	**66**	18	19	21	14	**72**
Dublin South East	14	12	3	5	**34**	10	16	3	8	**37**
Dublin South West	22	17	20	20	**79**	28	23	28	25	**104**
Dublin West	35	31	27	36	**129**	40	36	49	37	**162**
Kildare/West Wicklow	21	26	16	20	**83**	29	37	20	49	**135**
Laois/Offaly	12	15	11	15	**53**	11	14	16	20	**61**
Longford/Westmeath	19	37	13	26	**95**	23	22	24	22	**91**
Wicklow	13	18	14	18	**63**	20	17	20	28	**85**
TOTAL	**171**	**184**	**125**	**176**	**656**	**183**	**191**	**188**	**206**	**768**

HSE Dublin North East										
LHO	**Q1**	**Q2**	**Q3**	**Q4**	**2008**	**Q1**	**Q2**	**Q3**	**Q4**	**2009**
Cavan/Monaghan	22	22	24	23	**91**	29	22	28	25	**104**
Dublin North Centre	6	4	1	7	**18**	3	5	1	2	**11**
Louth	3	6	6	5	**20**	5	4	1	5	**15**
Meath	97	45	45	69	**256**	41	21	28	29	**119**
North Dublin	17	25	19	26	**87**	31	22	42	17	**112**
North West Dublin	13	6	5	30	**54**	9	0	4	32	**45**
TOTAL	**158**	**108**	**100**	**160**	**526**	**118**	**74**	**104**	**110**	**406**

HSE South										
LHO	**Q1**	**Q2**	**Q3**	**Q4**	**2008**	**Q1**	**Q2**	**Q3**	**Q4**	**2009**
Carlow/Kilkenny	28	28	18	16	**90**	27	30	25	26	**108**
Cork North	21	20	13	4	**58**	4	17	8	5	**34**
Cork North Lee	21	27	17	22	**87**	25	25	12	20	**82**
Cork South Lee	47	48	45	26	**166**	48	40	29	26	**143**
Cork West	4	4	2	5	**15**	10	8	8	9	**35**
Kerry	34	29	23	17	**103**	23	23	15	13	**74**
Tipperary S.R	25	20	27	21	**93**	22	18	22	8	**70**
Waterford	32	28	16	21	**97**	24	26	11	30	**91**
Wexford	14	34	28	24	**100**	44	38	26	18	**126**
TOTAL	**226**	**238**	**189**	**156**	**809**	**227**	**225**	**156**	**155**	**763**

HSE West										
LHO	**Q1**	**Q2**	**Q3**	**Q4**	**2008**	**Q1**	**Q2**	**Q3**	**Q4**	**2009**
Clare	15	19	9	5	**48**	16	21	11	16	**64**
Donegal	2	16	17	10	**45**	22	23	13	17	**75**
Galway	66	46	45	43	**200**	68	50	49	43	**210**
Limerick	7	22	20	17	**66**	24	19	9	5	**57**
Mayo	4	9	8	15	**36**	9	13	3	8	**33**
Roscommon	12	8	11	6	**37**	14	4	12	8	**38**
Sligo/Leitrim	10	4	8	6	**28**	16	1	1	8	**26**
Tipperary N.R	19	17	24	24	**84**	42	26	9	8	**85**
TOTAL	**135**	**141**	**142**	**126**	**544**	**211**	**157**	**107**	**113**	**588**

Appendix 2: Applications Commenced Stage 2 by LHO Area

HSE Dublin Mid-Leinster										
LHO	**Q1**	**Q2**	**Q3**	**Q4**	**2008**	**Q1**	**Q2**	**Q3**	**Q4**	**2009**
Dublin South	7	18	10	6	**41**	6	0	16	6	**28**
Dublin South City	21	15	15	16	**67**	14	29	10	19	**72**
Dublin South East	6	12	12	1	**31**	1	9	26	3	**39**
Dublin South West	19	20	16	16	**71**	17	0	46	24	**87**
Dublin West	13	35	29	25	**102**	36	34	32	30	**132**
Kildare/West Wicklow	22	25	23	15	**85**	19	27	37	22	**105**
Laois/Offaly	4	12	16	12	**44**	13	12	14	18	**57**
Longford/Westmeath	9	31	31	17	**88**	29	25	21	18	**93**
Wicklow	9	14	14	14	**51**	17	17	16	23	**73**
TOTAL	**110**	**182**	**166**	**122**	**580**	**152**	**153**	**218**	**163**	**686**

HSE Dublin North East										
LHO	**Q1**	**Q2**	**Q3**	**Q4**	**2008**	**Q1**	**Q2**	**Q3**	**Q4**	**2009**
Cavan/Monaghan	22	21	21	21	**85**	20	26	21	22	**89**
Dublin North Centre	1	4	3	2	**10**	8	3	3	2	**16**
Louth	6	5	3	5	**19**	5	5	3	2	**15**
Meath	41	37	60	57	**195**	39	13	26	25	**103**
North Dublin	4	0	21	17	**42**	22	32	22	39	**115**
North West Dublin	2	1	6	25	**34**	1	2	6	61	**70**
TOTAL	**76**	**68**	**114**	**127**	**385**	**95**	**81**	**81**	**151**	**408**

HSE South										
LHO	**Q1**	**Q2**	**Q3**	**Q4**	**2008**	**Q1**	**Q2**	**Q3**	**Q4**	**2009**
Carlow/Kilkenny	12	19	22	27	**80**	9	17	21	31	**78**
Cork North	21	19	19	12	**71**	1	15	12	6	**34**
Cork North Lee	25	29	22	16	**92**	19	22	19	9	**69**
Cork South Lee	31	40	41	43	**155**	26	41	30	30	**127**
Cork West	3	3	4	3	**13**	5	9	11	7	**32**
Kerry	21	25	28	23	**97**	17	16	30	17	**80**
Tipperary S.R	17	21	16	23	**77**	18	15	28	20	**81**
Waterford	24	24	25	17	**90**	23	18	21	5	**67**
Wexford	8	17	27	31	**83**	26	37	35	22	**120**
TOTAL	**162**	**197**	**204**	**195**	**758**	**144**	**190**	**207**	**147**	**688**

HSE West										
LHO	**Q1**	**Q2**	**Q3**	**Q4**	**2008**	**Q1**	**Q2**	**Q3**	**Q4**	**2009**
Clare	16	10	16	9	**51**	8	18	21	10	**57**
Donegal	7	5	18	16	**46**	13	20	21	15	**69**
Galway	29	94	52	51	**226**	41	63	42	58	**204**
Limerick	34	6	21	20	**81**	17	21	12	8	**58**
Mayo	6	6	12	7	**31**	17	10	8	5	**40**
Roscommon	10	12	7	10	**39**	7	12	6	7	**32**
Sligo/Leitrim	6	7	9	6	**28**	4	15	2	8	**29**
Tipperary N.R	10	18	14	12	**54**	25	34	26	11	**96**
TOTAL	**118**	**158**	**149**	**131**	**556**	**132**	**193**	**138**	**122**	**585**

Appendix 3: Assessment Reports Direct to Applicant by LHO Area

HSE Dublin Mid-Leinster										
LHO	**Q1**	**Q2**	**Q3**	**Q4**	**2008**	**Q1**	**Q2**	**Q3**	**Q4**	**2009**
Dublin South	1	0	3	0	**4**	0	0	0	0	**0**
Dublin South City	0	3	1	1	**5**	3	0	1	0	**4**
Dublin South East	0	1	0	0	**1**	0	0	0	0	**0**
Dublin South West	3	0	0	2	**5**	2	0	0	0	**2**
Dublin West	1	0	4	1	**6**	3	1	0	0	**4**
Kildare/West Wicklow	2	0	0	1	**3**	1	2	1	2	**6**
Laois/Offaly	0	0	0	0	**0**	1	1	3	0	**5**
Longford/Westmeath	0	1	4	6	**11**	5	8	4	3	**20**
Wicklow	2	0	0	0	**2**	0	1	1	1	**3**
TOTAL	**9**	**5**	**12**	**11**	**37**	**15**	**13**	**10**	**6**	**44**

HSE Dublin North East										
LHO	**Q1**	**Q2**	**Q3**	**Q4**	**2008**	**Q1**	**Q2**	**Q3**	**Q4**	**2009**
Cavan/Monaghan	1	1	1	6	**9**	6	9	6	7	**28**
Dublin North Centre	0	0	0	0	**0**	0	0	0	2	**2**
Louth	0	3	0	0	**3**	0	0	1	1	**2**
Meath	0	1	8	2	**11**	8	16	5	5	**34**
North Dublin	0	0	0	0	**0**	1	3	2	1	**7**
North West Dublin	0	0	0	0	**0**	0	0	0	0	**0**
TOTAL	**1**	**5**	**9**	**8**	**23**	**15**	**28**	**14**	**16**	**73**

HSE South										
LHO	**Q1**	**Q2**	**Q3**	**Q4**	**2008**	**Q1**	**Q2**	**Q3**	**Q4**	**2009**
Carlow/Kilkenny	2	0	0	1	**3**	1	2	3	4	**10**
Cork North	0	1	5	2	**8**	0	7	1	3	**11**
Cork North Lee	0	3	1	3	**7**	3	3	2	4	**12**
Cork South Lee	0	3	6	3	**12**	3	5	5	5	**18**
Cork West	0	1	1	1	**3**	0	0	3	2	**5**
Kerry	3	0	1	0	**4**	0	0	0	6	**6**
Tipperary S.R	0	1	0	1	**2**	1	1	1	5	**8**
Waterford	0	2	10	4	**16**	1	4	6	1	**12**
Wexford	0	0	2	0	**2**	0	1	3	1	**5**
TOTAL	**5**	**11**	**26**	**15**	**57**	**9**	**23**	**24**	**31**	**87**

HSE West										
LHO	**Q1**	**Q2**	**Q3**	**Q4**	**2008**	**Q1**	**Q2**	**Q3**	**Q4**	**2009**
Clare	0	0	1	3	**4**	0	0	3	6	**9**
Donegal	0	0	0	0	**0**	0	0	0	0	**0**
Galway	1	1	1	7	**10**	5	8	3	2	**18**
Limerick	2	3	2	1	**8**	4	1	2	2	**9**
Mayo	0	1	0	0	**1**	0	2	2	2	**6**
Roscommon	0	1	0	2	**3**	2	1	1	0	**4**
Sligo/Leitrim	0	0	3	0	**3**	2	0	2	0	**4**
Tipperary N.R	0	2	0	4	**6**	3	6	7	4	**20**
TOTAL	**3**	**8**	**7**	**17**	**35**	**16**	**18**	**20**	**16**	**70**

APPENDIX 4: Assessment Reports to Liaison Officer by LHO Area

HSE Dublin Mid-Leinster										
LHO	**Q1**	**Q2**	**Q3**	**Q4**	**2008**	**Q1**	**Q2**	**Q3**	**Q4**	**2009**
Dublin South	3	6	9	11	**29**	3	0	3	6	**12**
Dublin South City	14	16	12	14	**56**	11	12	17	3	**43**
Dublin South East	5	5	9	0	**19**	0	7	1	17	**25**
Dublin South West	8	7	14	10	**39**	10	0	5	10	**25**
Dublin West	4	8	9	2	**23**	9	7	15	9	**40**
Kildare/West Wicklow	15	7	7	9	**38**	11	2	7	12	**32**
Laois/Offaly	1	5	4	10	**20**	10	6	10	5	**31**
Longford/Westmeath	1	5	11	16	**33**	13	11	4	15	**43**
Wicklow	7	9	15	11	**42**	15	16	15	16	**62**
TOTAL	**58**	**68**	**90**	**83**	**299**	**82**	**61**	**77**	**93**	**313**

HSE Dublin North East										
LHO	**Q1**	**Q2**	**Q3**	**Q4**	**2008**	**Q1**	**Q2**	**Q3**	**Q4**	**2009**
Cavan/Monaghan	11	23	24	14	**72**	14	10	21	17	**62**
Dublin North Centre	0	3	1	3	**7**	2	6	3	0	**11**
Louth	6	4	5	1	**16**	5	4	4	2	**15**
Meath	0	44	57	33	**134**	48	27	10	7	**92**
North Dublin	1	0	0	5	**6**	9	14	27	23	**73**
North West Dublin	0	2	1	5	**8**	3	1	4	22	**30**
TOTAL	**18**	**76**	**88**	**61**	**243**	**81**	**62**	**69**	**71**	**283**

HSE South										
LHO	**Q1**	**Q2**	**Q3**	**Q4**	**2008**	**Q1**	**Q2**	**Q3**	**Q4**	**2009**
Carlow/Kilkenny	3	1	8	25	**37**	22	14	26	15	**77**
Cork North	3	7	9	3	**22**	1	25	10	6	**42**
Cork North Lee	8	22	30	14	**74**	17	7	11	13	**48**
Cork South Lee	13	23	45	39	**120**	38	34	28	20	**120**
Cork West	4	2	2	4	**12**	2	6	7	6	**21**
Kerry	8	15	23	8	**54**	12	8	13	20	**53**
Tipperary S.R	2	13	19	16	**50**	18	11	18	25	**72**
Waterford	12	19	21	19	**71**	17	12	15	19	**63**
Wexford	4	9	7	11	**31**	25	13	24	25	**87**
TOTAL	**57**	**111**	**164**	**139**	**471**	**152**	**130**	**152**	**149**	**583**

HSE West										
LHO	**Q1**	**Q2**	**Q3**	**Q4**	**2008**	**Q1**	**Q2**	**Q3**	**Q4**	**2009**
Clare	5	12	5	13	**35**	3	6	16	18	**43**
Donegal	8	8	2	12	**30**	6	11	9	10	**36**
Galway	20	10	34	78	**142**	48	58	34	51	**191**
Limerick	12	21	3	17	**53**	13	12	17	11	**53**
Mayo	7	3	4	8	**22**	10	12	8	9	**39**
Roscommon	4	11	1	5	**21**	10	13	10	5	**38**
Sligo/Leitrim	11	6	6	5	**28**	3	0	13	0	**16**
Tipperary N.R	6	7	12	11	**36**	8	21	24	15	**68**
TOTAL	**73**	**78**	**67**	**149**	**367**	**101**	**133**	**131**	**119**	**484**

Appendix 5:

Potential requirements for WTE clinicians to conduct Assessments of Need based on all children born from June 2002 being eligible

DRAFT DOCUMENT

a.	**Initial assessments per year in WTEs** *Birth rate x disability prevalence rate of 5% x assumed take up of AON of 50% x clinician hours per AON of 26 ÷ hours available for direct work per WTE clinician of 1176*	**41**
b.	**Annual reviews in WTEs for all under AoN as at 2010** *Pop. 0-8 x 5% x 50% x 10 hours ÷ 1176*	**125**
c.	**WTEs permanently and solely engaged in initial AoNs and reviews 2011 (a+b)**	**166**
d.	**Increase in WTEs per year** Until average lifespan reached dating from birth in 2002, due to extra cohort each year requiring review. *Birth rate x 5% x 50% x 10 hours ÷ 1176*	**16**
e.	**Total WTEs solely on AoN 2012** **Total WTEs solely on AoN 2015** **Total WTEs solely on AoN 2020**	**182** **230** **310**

<u>Assumptions:</u>

- Birth rate 2008 = 75,065 (CSO);
- Population aged 0-8 years = 588,800 (CSO Estimated population 2009);
- Prevalence rate for disability is assumed as 5% (an average of 4% for 0-4s and 6% for 5-17s). However these are very conservative estimates in the absence of a comprehensive Irish study. (N.B. Australian Institute of Health and Welfare – 4.4% of 0-4s, 9.1% of 5-9s and 11% of 10-14s have a disability). As eligible children get older the rate will undoubtedly rise;
- Assume 50% of those eligible under the Act will apply, as this is the current experience. However parents of older children are more likely to apply as services are not as available for them, and in the absence of implementation of the EPSEN Act, they are likely to use the DA route to assessment;
- Therapist hours per AON initial assessment = 26 (in a recent survey services estimated it takes between 16 and 37 clinician hours per average AON);
- Therapist hours per review = 10 (estimated average);
- 1 WTE = total therapist hours ÷ 1176 (calculation for hours available for direct client-related work by each whole time clinician after deducting time for supervision, general administration, training etc.).