Good Morning. The Irish Association of Speech and Language Therapists welcomes the invitation by the Oireachtas Joint House Committee for Health to address concerns in relation to the HSE’s Standing Operating Procedures for the Assessment of Need. Our colleagues from the Psychological Society of Ireland (PSI) and the Association of Occupational Therapists of Ireland (AOTI) along with the parent group DCA warriors addressed the committee earlier this year on June 27th. Thank you for taking the time to meet with us as well.

IASLT is the recognised professional association of Speech & Language Therapists in Ireland. It provides up-to-date information for the general public to aid in the understanding of speech, language and communication needs (SLCNs) as well as that of feeding, eating, drinking and swallowing disorders (FEDS). Some of its aims include:

- Establishment and maintenance of professional standards of SLT practice within Ireland
- Evaluating, accrediting and monitoring of speech and language therapy training courses in Irish Universities
- Representing the profession at national and international level
- Supporting continuing professional development through education and research
- Co-ordinating the gathering and dissemination of relevant information to promote exchange of professional information

My name is Vickie Kirkpatrick, I am the current Chairperson of IASLT. I am joined today by longstanding IASLT Full Member, Deirdre Kenny. We are delighted to have this opportunity to speak to the committee about the concerns of our members and the risks the AON SOP poses to the children and families we support.

Having recently reviewed the transcript and video of our Health and Social Care Professionals (HSCPs) colleagues’ presentations in June, IASLT would like to echo many of the concerns presented and expand on those that are specific to Speech and Language Therapists:

1) **Consultation**: Concern was raised by our members regarding the absence of formal consultation. Whilst the 8th of September 2017 is reported as the date of HSE consultation on the AON SOP, members have reported that notice of the meeting was poorly communicated. The short notice meant front-line clinicians who have pre-arranged appointments and frontline obligations could not attend. Furthermore, IASLT never received formal invitation to this meeting, nor has it received a copy of the AON SOP to date. Information on the AON SOP has come to IASLT’s attention via our members.
The lack of consultation with SLTs is further evidenced by the inadequate definition of “Communication” in the SOP. SLTs hold expertise in Speech, Language and Communication Needs and absence of a proper definition poses risks to the identification of such needs.

Future consultation could be considered through partnership with the HSE’s own Health and Social Care Professions (HSCP) Office. The HSCP Office coordinates many working groups with representation from various HSCPs, including SLTs representing IASLT. They work collaboratively with stakeholders to facilitate a unified voice for HSCPs. One of the Office’s key aims is the co-ordination of HSCP input to design, plan and implement strategy within the HSE. Collaboration between the HSE Disability Operations and HSCP Offices would ensure appropriate governance, terms of reference and operational recommendations are in place.

IASLT welcome the plan for Progressing Disability Services and recognise the need for standardisation of Assessment of Need. However, appropriate consultation and collaboration are vital for appropriate and effective change management ensuring the best outcomes for the children and families we support.

2) Resources: The need for resources – human, infrastructure and IT - to support the implementation of Progressing Disability Services was widely discussed at your previous meeting. We welcomed the acknowledgement by Dr Morgan that disability services have been under-resourced and are hopeful that the 100 posts announced in the recent budget are part of a multi-year programme of investment. As previously mentioned by our colleagues in AOTI, Chapter 9 of ‘A National Model of Care for Paediatric Healthcare Services in Ireland’ outlines the need for detailed workforce planning for Health and Social Care Professionals at primary, secondary and tertiary care level. The operation of this SOP is challenged by these resource issues across both social and primary care.

One key challenge to SLT staffing is the length of time it takes to replace vacancies. It can take 6-8 months from one staff member walking out the door to a replacement SLT arriving. Experienced, knowledgeable staff members who avail of promotional opportunities are often replaced with less experienced staff who need more time to up-skill in relation to the clinical area and the new team. In relation to assessment of need, the new clinician may not have been trained up in some of the assessments required to determine the presence of a disability. The SOP as outlined cannot work without a properly trained team with the necessary skill mix.

We know from talking to the families we work with that they want the right care for their child in the right place at the right time. If children could access the intervention services they need in a timely fashion there would be a reduced number requesting assessments under the Disability Act and the need for this SOP would be greatly reduced.
Margaret Lennon of DCA Warriors identified the need for Irish data in relation to the numbers of children presenting with disability. If we are to adequately meet the needs of children and families we need to collect information on prevalence and incidence of disability in and its subtypes in Ireland.

3) **Best Practice Guidelines**: IASLT members are bound by the IASLT Code of Professional Conduct and Ethics (2015). As practitioners in the Republic of Ireland, SLTs must hold registration with the Health and Social Care Regulator: CORU under the Health and Social Care Professional Act of 2005.

The AON SOP is in breach of the following sections of the Code:

- ‘Act within the best interest of the Service User.’
- ‘A member shall also appropriately address concerns regarding policies, working conditions, actions/ inactions of others which compromise the care of service users or public safety.’

For SLTs, as with other HSCPs, assessment is a dynamic and on-going process whereby clinicians rely on their training and experience to assist parents in setting goals to meet the child and families’ needs. The preliminary team assessment (PTA) is, in many ways, a breach of this. In many instances a complete diagnostic assessment is required to ensure appropriate differential diagnosis. Differential diagnosis is essential for clinicians to make recommendations regarding appropriate pathways of intervention. Without complete diagnostic assessments, children and families will be unable to access additional services such as Home Tuition, ASD Special Classes or other specialist placements. Such recommendations are not possible without comprehensive diagnostic assessment. The SOP will result in delays in accessing appropriate interventions as well as accessing the most suitable educational placement, thus placing additional stress on families.

- ‘Members should take any time necessary to sensitively communicate their decision/s with the service user and family members, in the context of the constraints of confidentiality’.

The SOP is intended “to ensure that children and their families access appropriate services as quickly as possible”. However, in its current form, in some areas, it will place additional demands on teams that are already struggling in provision of services. An audit of AON practices across the country would highlight areas where AONs have been of benefit and the reason for the ‘bottlenecks’. An audit would ensure all children with suspected disabilities access services in a similar manner as well as highlight the barriers in other areas where AON is under/ over utilized (and why?). The absence of an audit results in a ‘one size fits all’ model without considering local differences. Furthermore, the limitations of the preliminary team assessment will breach best practice regarding the HSE’s policy on informing families. [http://www.informingfamilies.ie/](http://www.informingfamilies.ie/)
Recommendations
We have outlined the main issues for SLTs in relation to disability services, but also want to summarise some recommendations, many of which have already been identified by the HSE

- Detailed workforce planning
- Collection of data on incidence and prevalence of disability in Ireland
- Develop an implementation plan for Progressing Disabilities Services utilising existing structures including the HSCP office.
- Consultation in relation to proposed changes using the HSE change model

Summary:
In conclusion, IASLT recognises the need for standardisation of procedures for the Assessment of Need Process. However, the increased demand of AONs must be evaluated and an appropriate response put in place. IASLT welcomes formalising structures for appropriate consultation with the HSE, the HSE’s Disability Operations office as well as with the Minister for Health to ensure services developed adhere to best practice guidelines for both our clinicians and the children and families they support.

Deidre and I welcome the opportunity now to discuss this further and answer any questions.

End.