

Assessment of Need (AON) – September 2026

Assessment of Need (AON) waiting lists have become a significant issue for children with disabilities and their families. More than 23,000 children are currently overdue an assessment and average waiting times are approximately two years.

The situation is serious, but it is also important to understand the wider context. Demand for AON has increased dramatically in recent years and has outgrown the capacity of the system established under the Disability Act 2005. Government and the HSE have introduced a number of measures to increase capacity and are now proposing a more fundamental reform of the system.

This briefing provides an overview of what AON is, the current waiting-list situation, why demand has increased, what Government is doing and the issues arising for children and families experiencing financial hardship.

What is an Assessment of Need?

An Assessment of Need (AON) is a statutory process established under the Disability Act 2005.¹ It is intended to identify:

- whether a child or young person has a disability
- the nature and extent of their disability
- their health and education needs
- the services and supports required to meet those needs

Following an AON, the family receives an Assessment Report. Where a disability is identified, the Assessment Report is passed to a Liaison Officer, who prepares a Service Statement setting out the services and supports that the HSE will provide. An AON is therefore not simply a diagnosis. Its purpose is to provide a formal assessment of a person's disability and the needs arising from it.

Under the statutory process, the Assessment Officer arranges a referral for an Assessment of Need within three months of receiving an application. The assessment and Assessment Report are usually completed within a further three months. Where a delay is expected, the Assessment Officer should inform the family and provide a revised completion date.

The process should therefore generally be completed within approximately six months. The current waiting-list situation involves significant numbers of children waiting beyond these statutory timeframes.

Is an AON required to access disability and education supports?

An AON is not required to access HSE health or disability services. A child can be referred for children's disability services without having completed an AON and without having a formal diagnosis. Having an AON does not give a child priority on a waiting list for health or disability

¹HSE *Assessment of Need* available online: <https://www2.hse.ie/services/disability/applying-for-an-assessment-of-need/assessment-of-need/>

services.² Depending on the nature and complexity of their needs, children may receive support through Primary Care or a Children's Disability Network Team (CDNT).

The position in relation to education supports is more complex.

An AON is not generally required for a child to receive additional support in a mainstream school. A diagnosis of disability is not required for a child to receive additional support from a Special Education Teacher or SNA where the child has identified additional learning or care needs.^{3 4}

However, professional assessments and reports remain relevant to some education supports and specialist provision. For example, professional reports and recommendations continue to form part of the process for accessing some special class and special school placements.⁵

The Government has committed to moving towards a more needs-based approach and has announced plans to remove requirements for professional reports, including AON reports, from entry requirements for special schools and special classes. However, these changes have not yet been introduced, and families are still required to provide professional reports under the current system.

An AON therefore has an important role in providing a formal, statutory assessment of a child's overall needs, but it is not a prerequisite for accessing most health, disability or mainstream education supports.

In practice, however, families may pursue an AON for a number of reasons, including seeking clarity about their child's needs, obtaining a formal statutory assessment, supporting access to particular educational provision, or because they are experiencing difficulties accessing appropriate assessment and support through other routes.

² Dept Children, Disability and Equality (2025) *Government moves to improve assessment of need process for children and families* available online: <https://www.gov.ie/en/department-of-children-disability-and-equality/press-releases/government-moves-to-improve-assessment-of-need-process-for-children-and-families/>

³National Council for Special Education *Information to support the role of the SNA* available online: <https://www.ncse.ie/special-needs-assistant-sna/>

⁴Dept Education (2024) *Special Education Teacher Allocation* available online: <https://www.gov.ie/en/department-of-education/services/special-education-teacher-allocation-20242025-explained/>

⁵ Dept Education (2025) *Apply to school pilot* available online: <https://www.gov.ie/en/department-of-education/publications/apply-to-school---post-primary-pilot/>

The Current Situation

At the end of June 2026, 23,282 children were overdue an Assessment of Need.⁶ The backlog has increased rapidly:

Period	Children overdue AON
End 2023	8893 ⁷
End 2024	14221
End 2025	20209
March 2026	21782 ⁸
June 2026	23282

Of the 23,282 children overdue at the end of June, 20,017 – approximately 86% – were more than three months overdue.⁹ The average national waiting time has recently been reported at approximately 24 months¹⁰, compared with a statutory process of approximately six months. Despite additional activity and investment, the backlog has continued to grow.

Why has the system become so overwhelmed?

The growth in the AON backlog cannot be explained by the HSE completing fewer assessments. In fact, the number of assessments being completed has increased considerably. The central problem is that the number of new applications has grown much faster than the system's capacity to respond.

Period	AON Applications	AONs Completed
2023	8472	3205 ¹¹
2024	10660	4162
2025	13186	5939
2026 Q1	3814	1528 ¹²

⁶ Conor McGuinness Sinn Féin TD (2026) *Government Breaking the law as 23,282 children forced to wait beyond AON deadline* available online: <https://conormcguinness.ie/2026/07/31/government-breaking-the-law-as-23282-children-forced-to-wait-beyond-assessment-of-need-deadline-mcguinness/>

⁷ Houses of the Oireachtas (2026) *General Scheme of the Disability Amendment Bill 2025* available online: https://data.oireachtas.ie/ie/oireachtas/libraryResearch/2026/2026-05-29_general-scheme-of-the-disability-amendment-bill-2025_en.pdf pg. 14

⁸ Houses of the Oireachtas (2025) *Parliamentary Questions - Disabilities Assessments* available online: <https://www.oireachtas.ie/en/debates/question/2026-06-23/1/>

⁹ Breaking News.ie (2026) *Over 23,000 children overdue disability assessments as backlog grows* available online: <https://www.breakingnews.ie/ireland/over-23000-children-overdue-disability-assessments-as-backlog-grows-1941614.html>

¹⁰ RTE Radio 1 (2026) *Is the AON fit for purpose* available online: <https://www.rte.ie/radio/radio1/clips/260749c0-975b-4b5b-876b-b4be00a29a14/>

¹¹ Houses of the Oireachtas (2026) *General Scheme of the Disability Amendment Bill 2025* available online: https://data.oireachtas.ie/ie/oireachtas/libraryResearch/2026/2026-05-29_general-scheme-of-the-disability-amendment-bill-2025_en.pdf pg. 14

¹² RTE (2026) *Government Misses AON targets by 5,600* available online: <https://www.rte.ie/news/ireland/2026/0603/1576527-assessment-of-needs/>

In 2025, the HSE received 13,186 AON applications, a 23% increase on 2024. At the same time, the HSE completed 5,939 AONs during 2025, a 43% increase on the 4,162 completed in 2024. This shows that substantially more assessments are being completed than previously, but this increased activity has not been sufficient to keep pace with the growth in applications.

Demand continued to increase in 2026. The HSE received 3,814 applications in the first three months of the year, 22% more than during the same period in 2025. During the same period, 1,528 AONs were completed.

The HSE has identified several factors contributing to the growth in applications, including population growth, greater awareness of disability among parents and caregivers, and difficulties families can experience navigating a complex and sometimes fragmented health service. The HSE has acknowledged that parents seeking assessment and support for their child may pursue a number of different routes to access help.¹³

Workforce and clinical capacity

AON also places demand on a health service already experiencing significant workforce pressures. Assessments can require input from psychologists, occupational therapists, speech and language therapists and other health professionals. Some AON-related assessments can require up to 30 hours of clinical time.¹⁴

These are often the same professionals required to provide therapies and interventions to children. Increasing the number of assessments completed therefore has to be considered alongside the need to maintain capacity to provide services to children who have already had their needs identified.

Autism assessments

Autism assessment has also become an important part of the wider AON issue. Government has acknowledged that many families have used the AON process as a route to obtaining an autism diagnosis. In response, a new Autism Assessment and Intervention Protocol was launched in May 2026 across Primary Care, CDNTs and CAMHS, with the aim of providing a clearer and faster route to autism assessment and diagnosis without families having to rely on the statutory AON process.¹⁵

Overall, the backlog reflects a combination of rapidly increasing applications and limited specialist workforce capacity, alongside wider pressures within the disability service system. Government is now seeking to address some of these pressures through reforms including a

¹³ Joint Committee on Disability Matters debate, Wednesday 18th March 2026 (2026) *General Scheme of the disability amendment bill 2025 - discussion* available online:

https://www.oireachtas.ie/en/debates/debate/joint_committee_on_disability_matters/2026-03-18/2/

¹⁴ Dept Children, Disability and Equality (2025) *Government moves to improve assessment of need process for children and families* available online: <https://www.gov.ie/en/department-of-children-disability-and-equality/press-releases/government-moves-to-improve-assessment-of-need-process-for-children-and-families/>

¹⁵ Dept Children, Disability and Equality (2025) *Government moves to improve assessment of need process for children and families* available online: <https://www.gov.ie/en/department-of-children-disability-and-equality/press-releases/government-moves-to-improve-assessment-of-need-process-for-children-and-families/>

separate pathway for autism assessment. The figures show that increasing the number of AONs completed, while important, is unlikely on its own to resolve the backlog if applications continue to substantially exceed completions.

Government and HSE response

It is important to acknowledge that Government and the HSE have introduced a range of measures in response to the growing AON backlog. These measures seek both to increase assessment capacity in the short term and to reform how children are assessed and directed towards appropriate services in the longer term.

Additional assessment capacity

The HSE has used additional private capacity as part of its response to AON waiting lists, allowing assessments to be commissioned from external providers. Budget 2026 provided a further €20 million for the AON Targeted Waitlist Initiative, intended to support up to 6,500 additional clinical assessments.¹⁶

This is alongside increased staffing across children's disability services. Budget 2026 provided funding to recruit 150 additional staff for CDNTs.

Specialist AON support

As part of the reform of AON, 11 specialist In-Reach Teams are being established to provide clinical guidance and support during the assessment process. Each team will include a psychologist, speech and language therapist, occupational therapist and administrator, 44 staff in total.¹⁷

In September 2026, Government reported that the majority of these positions were in the process of being filled, with interviews being scheduled or offers being made to candidates from existing panels. It is anticipated that all 11 teams will be in place by the end of 2026.¹⁸

Autism assessment pathway

The Autism Assessment and Intervention Pathways Protocol, launched in May 2026, is intended to provide a standardised approach to autism assessment across Primary Care, disability and mental health services. The new pathway is intended to enable people to access autism assessment and diagnosis without having to rely on the statutory AON process.¹⁹

¹⁶ Dept of Children, Disability and Equality (2025) *Budget 2026* <https://www.gov.ie/en/department-of-children-disability-and-equality/press-releases/budget-2026/>

¹⁷ Dept Children, Disability and Equality (2025) *Government moves to improve assessment of need process for children and families* available online: <https://www.gov.ie/en/department-of-children-disability-and-equality/press-releases/government-moves-to-improve-assessment-of-need-process-for-children-and-families/>

¹⁸ Dept Children, Disability and Equality (2026) *Minister Foley and Minister for State Higgins present changes to the Assessment of Needs process to Government* available online: <https://www.gov.ie/en/department-of-children-disability-and-equality/press-releases/minister-foley-and-minister-of-state-higgins-present-changes-to-the-assessment-of-need-process-to-government/>

¹⁹ Dept Children, Disability and Equality (2026) *Autism Protocol FAQ* available online: <https://www.gov.ie/en/department-of-children-disability-and-equality/publications/autism-protocol-faq/>

Simplifying access to services

The HSE is also introducing a Single Point of Access for children's community services. The model is intended to replace fragmented referral processes with a more standardised route through which children can be directed towards the appropriate service, including Primary Care, disability services or CAMHS. Implementation is being phased across the HSE. The aim is to streamline referrals, triage and waiting-list management and reduce the need for families to navigate separate referral pathways.²⁰

Legislative reform

On 16 September 2026, Minister for Children, Disability and Equality Norma Foley and Minister of State with responsibility for Disability Emer Higgins presented the Disability (Amendment) Bill 2026 to Government. The Bill is currently being progressed through the Oireachtas.

The proposed reforms seek to make the AON process more focused on identifying a child's needs, with more intensive clinical assessment used where required, rather than lengthy or complex diagnostic assessment being necessary in every case. The reforms will operate alongside the new In-Reach Teams, which are intended to provide additional clinical guidance and support to those carrying out assessments.

Importantly, Government has confirmed that the proposed legislation will not remove the right to apply for an AON, change the existing statutory six-month timeframe, or alter the definition of disability contained in the Disability Act 2005.²¹

A wider review of the Disability Act 2005 is also underway.²²

Taken together, these measures represent a significant programme of reform and additional investment. However, implementation is ongoing and the AON backlog has continued to grow despite increased assessment activity. The key issue will therefore be whether these reforms can increase timely access to assessment and support sufficiently to begin reducing the number of children waiting beyond the statutory timeframe.

Will these measures be enough?

It is reasonable to expect that the reforms outlined above will take time to implement. There is already a backlog of more than 23,000 overdue assessments, while thousands of new applications continue to enter the system. Recruiting health professionals, establishing new teams, implementing new assessment pathways and reforming legislation cannot eliminate that backlog immediately.

²⁰ HSE (2026) *Community Care Record* available online: <https://about.hse.ie/our-work/technology/community-care-record/>

²¹ Dept Children, Disability and Equality (2026) *Minister Foley and Minister for State Higgins present changes to the Assessment of Needs process to Government* available online: <https://www.gov.ie/en/department-of-children-disability-and-equality/press-releases/minister-foley-and-minister-of-state-higgins-present-changes-to-the-assessment-of-need-process-to-government/>

²² Dept of Children, Disability and Equality (2026) *Public Consultation to inform the review of the Disability Act 2005* available online: <https://www.gov.ie/en/department-of-children-disability-and-equality/consultations/public-consultation-to-inform-the-review-of-the-disability-act-2005/>

However, acknowledging that reform requires time does not mean that the current level of delay should be accepted. Previous measures have increased assessment activity but have not yet been sufficient to reverse the growth in the backlog.

The HSE Roadmap for Service Improvement 2023–2026, for example, included a target of delivering 19,042 AONs and reassessments. By the conclusion of the Roadmap, 11,872 AONs had been completed and an estimated 1,570 historical Preliminary Team Assessments had been reassessed, leaving the programme approximately 5,600 assessments short of its target.²³

More significantly, the overall backlog continued to increase during this period. When the Roadmap was launched in 2023, just over 7,600 children were overdue an AON. By March 2026 this had increased to 21,782, and by the end of June it had risen further to 23,282.

The key test of the current reforms will therefore be whether they begin to change this trajectory. This will depend not only on increasing the number of assessments completed, but also on whether measures such as the new autism pathway and Single Point of Access reduce unnecessary reliance on the statutory AON process, while additional assessment capacity enables the existing backlog to begin to fall.

There is also a wider issue. An AON identifies a child's disability and the health and education needs arising from it but completing the assessment does not in itself ensure that the child will immediately receive the therapies or other supports identified. Increasing assessment capacity therefore needs to be accompanied by sufficient capacity within children's disability and other services to provide appropriate intervention and ongoing support.

Ultimately, progress will need to be considered not only in terms of the number of assessments completed, but also whether waiting times and the number of overdue assessments begin to fall and whether children are able to access appropriate assessment, intervention and support in a timely way.

SVP's interest in Assessment of Need

SVP's particular interest in Assessment of Need is the impact that long waiting times and gaps in public services can have on families experiencing financial hardship.

Long waiting lists do not affect every family equally. Where assessment or therapy is not available through the public system within a reasonable timeframe, families with sufficient financial resources may be able to pay privately for autism or psychological assessments, occupational therapy, speech and language therapy or other professional supports. Families experiencing poverty may not have the same option.

This is an issue that SVP members see directly through their work with families. Conferences are asked to provide financial assistance towards private assessments, therapies or other disability-related supports where families feel they cannot wait for public provision. This places SVP in a valuable position to highlight the financial consequences of gaps and delays in public

²³ RTE (2026) *Government Misses AON targets by 5,600* available online: <https://www.rte.ie/news/ireland/2026/0603/1576527-assessment-of-needs/>

services, and the risk that a child's access to timely assessment and intervention can become dependent on their family's ability to pay.

A key principle for SVP is therefore that a child's ability to have their disability and needs identified, and to receive appropriate intervention and support, should not depend on their family's financial circumstances.

Current SVP Membership Guidelines²⁴

SVP Conferences encounter families seeking assistance with assessments and supports for children with additional needs. Current SVP Member Support guidance recognises that these families can experience long waiting lists, delayed diagnosis and insufficient supports, both before and after receiving a diagnosis.

The guidance encourages members to first establish whether an assessment is necessary for the support the child requires. This is particularly relevant in education, where members are advised that an assessment or diagnosis is not required to access Special Education Teaching or SNA support. Where an assessment is not required, the focus should instead be on helping the family identify and access the appropriate State services and supports.

Where an assessment may be necessary, members are advised to establish its purpose, who has recommended it, who will carry it out, the cost involved and what benefit or access to support it is expected to provide. This helps Conferences determine whether financial assistance with an assessment is appropriate, while also ensuring that families have explored relevant public health, education and other support pathways.

Importantly, the guidance recognises that long public waiting lists may create circumstances where it is necessary for an SVP Conference to assist with the cost of a private assessment. The approach is therefore not simply to fund private assessments in response to delays, but to help families navigate the supports already available and, where an assessment is necessary and cost is a barrier, consider providing financial assistance.

This means that SVP members are already encountering the consequences of gaps and delays in public assessment and support services at household level. Their experience can provide important evidence on where families on low incomes are struggling to access support, and where the cost of private assessment is becoming a barrier.

What can SVP do?

SVP does not need to take a position on every aspect of the clinical or legislative design of the AON process. Its particular contribution can be to ensure that the experiences of families on low incomes remain visible as the system is reformed.

This could include:

²⁴ SVP Home Visitation Handbook – September 2025

- **Monitoring AON waiting lists and waiting times** to assess whether the reforms introduced by Government and the HSE are beginning to reduce the backlog and improve timely access to assessment.
- **Monitoring access to services as well as assessment**, recognising that completing an AON is of limited benefit if children then face long waits for the therapies and supports identified.
- **Gathering evidence from SVP Conferences** on requests for assistance with private autism or psychological assessments, occupational therapy, speech and language therapy and other disability-related supports. This could help demonstrate the financial impact of gaps in public provision on lower-income households.
- **Highlighting inequality in access** where families with greater financial resources are able to purchase private alternatives while those on low incomes remain dependent on public waiting lists.
- **Engaging with Government as the reforms are implemented**, acknowledging the significant measures already underway while continuing to highlight where delays or gaps in provision are having a disproportionate impact on families experiencing poverty.

The AON system is currently undergoing significant change, and it will take time to determine whether the measures introduced are successful. For SVP, an important focus should therefore be on what happens to the backlog over the coming months and years, whether children are accessing services more quickly, and whether families on low incomes continue to face additional financial barriers while they wait.

Ultimately, success should mean more than reducing the number of children overdue an AON. It should mean that children can have their needs identified and access appropriate support in a timely way, regardless of their family's income or circumstances.