



Oifig an Cheannaire Oibríochtaí,
Na Seirbhísí Míchumais/An Rannán Cúram Sóisialta,
31-33 Sráid Chaitríona, Luimneach.

Office of the Head of Operations,
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30th January 2024

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: 57157/23

To ask the Minister for Children; Equality; Disability; Integration and Youth to detail the way in which the qualifications of psychologists employed by organisations that have been contracted by the HSE to undertake assessment of need appraisals are checked and verified; if organisations that have been contracted by the HSE to undertake assessment of need appraisals are guided by the same guidelines and regulations as childrens' disability network team staff to ensure assessments are carried out in line with the Disability Act 2005; and if clear protocols for quality assurance and regular monitoring takes place of organisations that have been contracted by the HSE to undertake assessment of need appraisals.

HSE Response

The HSE and its funded service providers employ psychologists across a range of services and ensure that all psychologists employed in its services are appropriately qualified. This includes an Irish post grad qualification accredited by PSI or an equivalent qualification from another jurisdiction validated by the Department of Health. All staff, including psychologists, will not take up duty until the Garda Clearance process has been completed.

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, any health and education needs arising from that disability, as well as what services are required to meet those needs. As required by the Act, the legislative Assessment of Need is coordinated by a HSE Assessment Officer.

HSE procedures specify that it is the Assessment Officer's role to ensure that potential assessors are suitably qualified and are familiar with the HSE's guidance for assessors and the HIQA Standards for Assessment of Need. Where assessors are subject to statutory registration with a professional body such as CORU or the Medical Council, they must include their registration number on all Assessment of Need reports.

In line with appropriate procurement procedures, Garda vetting and due diligence practice, staff sourced from private providers have been utilised to backfill vacancies on children's disability network teams in CHO areas. These staff report to their Children's Disability Network Team lead agency regarding certain matters for example: payment, leave and pre-employment mandatory training. With regard to clinical and professional work undertaken, these staff report to the



respective Children's Disability Network Manager (CDNM). Qualifications are validated by the CDNM or the Head of Disability Services in the local area.

Accountability is retained by the service provider to ensure that the contracted assessments have been carried out in accordance with best practice and professional standards for multidisciplinary assessments. This includes the provision of appropriate professional and clinical supervision.

Where an Assessment of Need is requested under the Disability Act 2005, the service provider will take cognisance of the HIQA standards for Assessment of Need.

The above procedures also apply to all staff including HSE and staff employed by organisations that have been contracted by the HSE.

Key National Documents which provides guidance and information for staff working on CDNTs and for families are available at:

<https://www.hse.ie/eng/services/list/4/disability/progressing-disability/pds-programme/>

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.

HSE Governance Framework

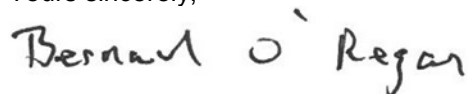
The HSE has established a formal and robust Governance Framework to cover funding relationships with all Non-Statutory Agencies that are contracted to provide services on behalf of the HSE. This includes voluntary organisations funded under Section 38 and Section 39 of the Health Act. The framework was introduced in order to implement the legislative provisions of the Health Act, 2004 and to reflect the requirements for public accountability whereby the HSE is legally obliged to account for all public expenditure on health and personal social services and to contractually underpin the grant-funding provided. All funding arrangements with non-statutory agencies are formalised by complying with this Governance Framework which has two different components:

Part 1 - A Service Arrangement that is signed every 1 to 3 years by both parties and sets out the legal requirements that the agency must comply with to receive funding for the provision of services.

Part 2 – A Set of 10 Schedules which must be completed and signed by the Agency and the HSE which sets out the detail of the service and the exact funding that the HSE is providing for the delivery of this service. This Set of Schedules also identifies the quality standards and best practice guidelines to be adhered to in the provision all services, along with process for managing complaints in relation to service provision.

The Part 2 Service Arrangement /Grant Aid agreement is completed every year for every separate service/ service arrangement with every organisation providing services funded by the HSE. The completion of same involves collaboration and dialogue between the HSE and the Service Provider and involves agreement on anticipated outcomes that the service will deliver, agreed performance management requirements and a reporting timetable regarding reports and meetings. This level of performance monitoring will depend on the type of service, the level of functions and level of funding provided to the organisation.

Yours sincerely,



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

