



## **The Psychological Society of Ireland**

### **Opening Statement to the Oireachtas Joint Committee on Health:**

#### **Revised HSE Standard Operating Procedure for Assessment of Need**

Chairperson, members, on behalf of the Psychological Society of Ireland (PSI), I would like to thank you for the opportunity to address the Joint Committee on Health today. I am joined by my PSI colleague Dr Catherine Long.

The PSI is the learned and professional body for psychology in the Republic of Ireland. The Society is committed to maintaining professionally appropriate standards of practice in psychology and also to exploring new and innovative ways of furthering psychology as a real and applied science.

We welcome the opportunity to detail our concerns regarding the proposed new Standard Operating Procedure (SOP) for Assessment of Need (AON).

While PSI is supportive of an SOP in principle, we have significant concerns regarding the document in its current iteration. It is our considered opinion that the proposed changes to clinical practice described within the SOP will in many cases prove detrimental to children and their families. The parallel operation of the new SOP and the iHIQA Standards for the Assessment of Need (2007) is likely to give rise to conflicting requirements for clinicians. Of particular relevance is a published determination by the Disability Appeals Officer, which included the following deliberation; 'the contents of HSE guidance cannot be relied upon to excuse or justify any failure of (the psychologist) to comply with the HIQA standards'. Furthermore, we have concerns that compliance with the SOP could lead to psychologists being in breach of the PSI Code of Professional Ethics (2011) and, in due course, the CORU Framework for a Common Code of Professional Conduct and Ethics (2010).

Our full position paper (also submitted to the Committee) highlights our concerns in detail. A summary of same is as follows:



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1. It is the opinion of the PSI that the Preliminary Team Assessment (PTA) model described in the SOP is contrary to the spirit of the Disability Act (2005), which was developed as rights-based legislation. The PTA is a brief screening assessment. Its introduction will significantly reduce the level of assessment provided to a child under the statutory framework of AON. Prior to the SOP, the child's needs determined the level and type of assessment provided. These assessments varied substantially because children's needs vary. However, the SOP replaces this with a uniform screening assessment, to be completed by two clinicians in a maximum of 90 minutes, regardless of the child's needs.
2. The proposed SOP states that the Disability Act does not give a right to access to a diagnosis. It is proposed that diagnostic assessments (for example, for Autistic Spectrum Disorder) will no longer be provided as a part of the AON protocol, and will instead be identified as 'health needs' in the service statement. However, the independent Disability Appeals Officer has found against the HSE on several occasions for failing to provide a comprehensive Assessment of Need, including failures to address the specific concerns of the applicant relating to diagnostic assessment, as required by the iHIQA Standards.
3. The Disability Act states that an assessment report shall state whether the applicant has a disability, state the nature and extent of any disability, and describe both the health and education needs occasioned by the disability and the health or education services required to meet those needs.

It is the view of the PSI that in the majority of cases it would not be possible for a psychologist to answer these questions and feed these back to parents within the maximum timeframe stipulated by the SOP. Adequate time with parents or guardians is required, along with sufficient time with the child for the purposes of direct assessment. It is also essential to give parents or guardians time at the conclusion of an assessment to process their reactions to any diagnosis or other feedback, in accordance with Informing Families of Their Child's Disability: National Best Practice Guidelines.

4. In the view of the PSI, introduction of the SOP will give rise to the following risks:
  - a) A child may incorrectly be deemed not to have a disability, as the disability is not apparent from a screening assessment. The absence of evidence in a



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single screening session and setting is insufficient evidence to warrant a determination of the absence of a disability. In the event that a child receives an incorrect determination of no disability, they will consequently be denied more comprehensive assessment, and receive either no or inappropriate intervention;

- b) A child's difficulties may be incorrectly formulated, again due to a comprehensive assessment not being permitted within the PTA model;
- c) A child may be deemed likely to have a disability, but to require further comprehensive assessment to determine the nature and extent of the disability.

In many geographical areas each of these scenarios will result in substantial delays for many children and their families in accessing a wide range of appropriate and needs-based financial supports, educational provision, and health services. In addition the latter two scenarios will result in children being placed on potentially inappropriate, and long, waiting lists for assessment or intervention.

I wish to thank members of the Committee for inviting us here this morning. We would be happy to answer any questions you may have.