



The Psychological Society of Ireland's Response to the HSE's Autism Assessment and Intervention Pathways Protocol

The Psychological Society of Ireland (PSI) welcomes and supports ongoing efforts by the Health Service Executive (HSE) to improve Autism and neurodevelopmental public services across Ireland. Over the past year, the PSI has attended several meetings with the HSE, alongside colleagues in other professional bodies, regarding the HSE's developed [National Protocol for Autism Assessment and Intervention Pathways Protocol](#).

The Society has engaged constructively throughout this time, via engagement at meetings, provision of a written submission, and offering a series of recommendations and observations to support ongoing efforts for the HSE's service development. Regular liaison with other professional bodies and colleagues across disciplines reflects the PSI's shared commitment to strengthening services through collaborative, multidisciplinary input.

The PSI welcomes the Protocol's intention to: enhance capacity for Autism assessment across HSE clinical settings; focus on ensuring that children and families can access public services in a more timely, equitable, and responsive manner; move towards a single point of access to public services; commit to ongoing professional training for HSE staff; and, the growing emphasis on neurodiversity-affirming language and practice. These represent important steps towards more accessible, inclusive, and person-centred services.

The emphasis within the Protocol on HSE clinicians having the autonomy to determine the appropriate assessment procedures for each assessment is also welcomed by the PSI. Psychologists working in this area will also be aware of and guided by the evidence-informed [PSI Professional Practice Guidelines for the Assessment, Formulation, and Diagnosis of Autism in Children and Adolescents](#) (2022). The PSI Guidelines emphasise the importance of standardised diagnostic measures, stating these "measures are used as a structured way of collecting clinical data, but not as a stand-alone determination of outcome" (p.10).

Furthermore, for assessments with children and adolescents, the PSI emphasises that an Autism assessment requires an in-person component. The Society agrees that each Autism assessment requires different levels of evaluation, and within each service setting there will be presentations which require more in-depth assessments (e.g., individuals with trauma histories, significant medical histories, co-occurring conditions, and those with more subtle presentations).

The Society welcomed the 2024 independent evaluation report of the Protocol's pilot, which highlighted key learnings important for implementation (e.g., low rate of identification of co-occurring conditions, and the need for adequate resourcing). In the final edition of the Protocol, the Society particularly welcomes the planned Annual Review Conference of the Protocol and the planned establishment of a Protocol Implementation Consultation Group.

Regular reviews of this Protocol are important to ensure alignment with emerging evidence, clinical expertise, and the evolving needs of children and families. The PSI looks forward to the opportunity to contribute to both.

The Society recommends continued progression towards a comprehensive neurodevelopmental pathway model within public services, encompassing a broad range of developmental profiles, including, but not limited to, Autism, Attention Deficit Hyperactivity Disorder (ADHD), developmental coordination differences, speech and language differences, learning, processing and mental health needs. The Society views this as a critical next step in service development and welcomes the opportunity to contribute to its future design, implementation, and evaluation.

The Society wishes to respectfully highlight some important considerations. While the commitment to ongoing training is welcomed, there remains a need for more robust, consistent, and well-governed training structures, alongside access to appropriate and ongoing supervision to support clinical practice within HSE services. Concerns remain regarding the appropriate use of professional expertise and the necessity of ensuring that assessments and interventions are delivered only by suitably qualified clinicians. The PSI recommends the development of a more detailed competency framework to support the Protocol.

Further recommendations include the need for stronger governance structures, appropriate recruitment and resourcing, and a greater focus on workforce culture within primary care, Children's Disability Network Teams (CDNTs), and Child and Adolescent Mental Health Services (CAMHS) to support staff retention and sustainability within services. Without adequate workforce planning, additional funding and increased capacity across HSE children's services, implementation will be challenging and, in many cases, not feasible. The Society also notes that the current Protocol has not fully addressed some key areas of need, including intervention pathways and assessment for adults. Further consideration and development in these areas is warranted.

The Society remains available to the HSE for further consultation, for ongoing participation in the annual review of the Protocol, and for continued provision of professional guidance from the learned and professional body for psychology and psychologists in Ireland.