

**Psychological Society of
Ireland written submission to
the Oireachtas Joint
Committee on Autism**

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Executive summary

Over recent years there has been a rapid evolution in our conceptualisation of autism. The neurodiversity paradigm draws on the social model of disability and emphasises the role that systemic barriers play in the disablement of autistic and other neurodivergent people. This position shifts one's perspective from focusing on the individual to focusing on the barriers within their environment instead.

Regarding matters relating to the services and supports provided by the State for autistic people, there are various areas to be considered. The Psychological Society of Ireland, which is the learned professional body for psychology in the Republic of Ireland, has chosen to highlight the following key topics:

1. Assessment, intervention, and Assessment of Need (AON).
2. Education – special classes & inclusion.
3. Employment and employment supports.
4. Adult Diagnosis – access and implications.
5. Public buildings.

Arising from the chosen topics, various recommendations are made throughout this submission with a range of such recommendations listed below.

- Increase the number of training places on all professional psychology training courses to ensure the recruitment and retention of adequate professional psychologists to address the high level of service need and current vacancies.
- Changes to the current recruitment practices for psychologists including the national panel system for recruiting to tackle the recruitment crisis and staff retention issues.
- Create a clear pathway within the public system for assessment and post diagnostic supports for autistic children and adults with meaningful engagement with HSCP bodies in relation to this process.
- Review and amend the Disability Act 2005 to reflect the neurodiversity movement, the social model of disability, and a needs-based model of support.
- Address the barriers that exist for autistic children and young people in accessing their human right to education.
- Engage autistic led training in all settings to educate, inform, challenge ableist attitudes and create a culture of acceptance.
- Employ autism friendly recruitment options and create an autism friendly working environment, including research to explore any barriers and facilitators for autistic people.
- A tiered model of integrated service for adults with a diagnosis of autism who cannot access MHID teams is needed.

- Review of the Sharing the Vision (2022) policy to allow for cross service planning specific to the mental health needs of autistic adults.
- A cross-departmental task force be established to allow for service and workforce planning in relation to catering to the healthcare needs of ageing autistic people.
- Supervision and continuing professional development (CPD) be available to all practitioners as appropriate to increase education and awareness.

The PSI welcomes the opportunity to work with the HSE to support the wide range of recommendations made throughout this written submission document.

Introduction

The Psychological Society of Ireland (PSI) is the learned professional body for psychology in the Republic of Ireland. The Society is committed to maintaining high standards of practice in psychology and to exploring new and innovative ways of furthering psychology as an applied science. The PSI welcomes the invitation to make a submission to the Joint Committee on Autism in consideration of matters relating to the services and supports provided by the State for autistic people.

The landscape of autism awareness, understanding, research, and practice has changed considerably, both internationally and within the Irish context. Factors that have contributed to these changes were comprehensively outlined by Happé and Frith (2020) and are summarised here:

1. Changes to diagnostic criteria from a narrow definition to one broad category for autism, labelled autism spectrum disorder.
2. A radical and dramatic rise in public and professional awareness of autism. This has resulted in an exponential increase in referrals for autism assessment and diagnosis (Russell et al. 2022).
3. As autism diagnoses have increased, diagnoses for language disorders and intellectual disability have declined, suggesting diagnostic substitution (Bishop et al., 2008).
4. Autism was previously characterised as a childhood diagnosis and is now recognised as lifelong. There is a generation of autistic adults who may never have received the diagnosis and who report negative quality of life outcomes.
5. It is now recognised that autism is present across all ages, levels of cognitive and language ability, and alongside a broad range of co-occurring conditions including epilepsy, sleep difficulties, and mental health or behavioural concerns.
6. With regard to heterogeneity, it is now recognised that there is as much individual difference and diversity among autistic people as there is among non-autistic people. Such variability requires high levels of flexibility in individualising supports, as opposed to a standardised “one-size-fits-all” pathway.
7. Increasingly, referrals for autism assessments are made for individuals from a wide variety of backgrounds. There is a need to demonstrate the validity and reliability of assessment measures for economically or socially disadvantaged groups, ethnic or racial minorities, or for individuals with co-occurring conditions.
8. A significant driver for early diagnosis of autism has been access to resources. Fortunately, there is an emerging move away from diagnosis-led access to health and education supports and services in favour of needs-led supports.
9. With the emerging neurodiversity paradigm and the social model of disability, it is recognised that autism can result in fluctuating levels of disability depending on the demands of the neurotypical world and available environmental supports.

In 2022, the PSI published updated [Professional Practice Guidelines for the Assessment, Formulation, and Diagnosis of Autism in Children and Adolescents](#). These guidelines were developed for psychologists providing assessment and diagnosis of autism. Such diagnostic decisions about children and adolescents may have a profound impact on their life trajectory. If misdiagnosed, the child may be excluded from needed supports and services or inaccurate expectations may be formed about the child's future. Even if the diagnosis is correct, a poor-quality assessment can have negative consequences by providing insufficient information about the next steps (Kanne & Bishop, 2021).

The PSI also contributed to the 2022 public consultation on the Autism Innovation Strategy through a [joint submission in collaboration with colleagues from the Irish Association of Speech and Language Therapists](#). The submission included a series of recommendations and specific actions.

Key Issues and Recommendations

The following pages address key issues, with recommendations also outlined.

1. Assessment, intervention, and Assessment of Need (AON)

The Disability Act 2005, which legislates for AON, is based upon a medical model of disability. The definition of disability referred to in the Act is as follows:

- is permanent or likely to be permanent, results in a significant difficulty in communication, learning or mobility or in significantly disordered cognitive processes, and
- gives rise to the need for services to be provided continually to the person whether or not a child or, if the person is a child, to the need for services to be provided early in life to ameliorate the disability.

This language is outdated and does not reflect current models such as the social model of disability and neurodiversity that inform the current understanding of autism in ways that are increasingly respectful and useful.

An Assessment Officer is required to carry out assessments of applicants or arrange for their carrying out by other employees of the Health Service Executive or by other persons with appropriate experience. An Assessment Officer is also required to complete an Assessment Report to indicate whether the applicant has a disability. The AON process does not recognise that autism can result in fluctuating levels of support needs depending on the demands of the environment and available supports. This has significant ethical implications for clinicians and increasingly there is a move away from diagnosis led models to needs based models of supporting children and young people with autism. Where an Assessment Officer is of opinion that there may be a need for an education service to be provided to an applicant, he or she shall, as soon as may be, request the National Council for Special Education (NCSE) in writing to nominate a person with appropriate expertise to assist in the carrying out of the assessment under this section in relation to the applicant and the NCSE shall comply with the request.

It is of critical importance that the provision of education is considered in relation to autistic children who are eligible to apply for an AON. While there have been attempts to operationalise this, to date and for the previous 15 years, it has not yet happened. In addition, despite the attempts made to move away from diagnosis led services, it remains true that a diagnosis of autism is required for children to access specialist classes and schools in both primary and second-level education.

Assessment Officers commission assessments (e.g., parental interview, play-based assessments) and it is unclear who is responsible for ensuring that this work aligns with best practice.

Assessments, of any kind, with autistic children and young people need to be carried out by competent practitioners who are aware of the most up-to-date research and of autism heterogeneity.

For example, if autism screening measures are used, it is essential that they are not used in isolation to determine whether further assessment of possible autism is indicated and with an awareness of the most up-to-date research on the limitations in relation to validity, sensitivity, and specificity of any screening measures that are used. Although the Assessment Officer is required to provide a service statement and the period of time ideally required for the provision of those services, the focus for AON is assessment. More often than not, there are lengthy waiting times for AONs, with the assessments not completed within the specified timeframe. Teams are under-resourced and increased demand for AONs can result in increased waiting times and reduced opportunities for intervention.

As previously mentioned, families very often seek AONs so that they can access a specialised school setting. Therefore, they can proceed with AONs without properly understanding the assessment process, the roles and responsibilities of different practitioners involved, possible outcomes of diagnostic assessments, risks and benefits, and possible alternatives. The PSI Professional Practice Guidelines (2022) highlight the importance of contracting for assessments to ensure families understand the nature of assessment and are aware of risks, benefits, and possible alternatives.

AON assessment practices in Ireland are varied. Some are completed by children's disability network teams (CDNTs), AON teams, or private contractors. In relation to the latter, it is unclear who holds governance for these assessments to ensure that they are in line with best practice.

Preliminary Team Assessments (PTA) were introduced for a period in 2022. Prior to the roll-out of PTAs, the Health Service Executive (HSE) proposed the implementation of a Standard Operating Procedure (SOP) for Assessment of Need (AON) within the HSE on 01 April 2018, which involved the introduction of Preliminary Team Assessments (PTA). In response to concerns raised by PSI members in relation to the introduction of the PTAs, the PSI issued a [statement](#) expressing significant concerns regarding the document in its proposed iteration. It was the considered opinion of the PSI that the changes to clinical practice described within the SOP would in many cases prove detrimental to children and their families and that this procedure contravened family-centred practices, the Disability Act, and the rights of children.

The implementation of the SOP proceeded despite the PSI and other Health and Social Care Professions (HSCP) representative bodies clearly [stating](#) that it was not in the best interests of children and without in any way acknowledging the recommendations of the Oireachtas Joint Committee of Health 2019 Report on the New Standard Operating Procedure for Assessment of Need under the Disability Act 2005. Furthermore, the commitment to meaningful engagement with professional bodies to address concerns, given by the HSE to the Oireachtas Health Committee in 2018, was not honoured. The implementation of the PTA SOP was subsequently paused and reversed following a judgment by Ms Justice Siobhán Phelan in the High Court in March 2022, who

deemed the procedure implemented by the HSE to be unlawful. This clarity provided by this judgment was welcomed by the [PSI](#).

The overturning and suspension of the PTA has added to the pre-existing delays and barriers for children in accessing much needed assessments and support. There is an ongoing need for autism services to be guided by the autistic community and families, research literature, and clinicians working with autistic children and their families.

Recommendations

- Increase the number of training places on all professional psychology training courses. The goal of which is to ensure the recruitment and retention of adequate professional psychologists to address the high level of service need and current vacancies.
- Changes to the current recruitment practices for psychologists including the national panel system for recruiting to tackle the recruitment crisis and staff retention issues which has been highlighted as an issue by PSI since [2019](#).
- Create a clear pathway within the public system for assessment and post diagnostic supports.
- Review and amend the Disability Act 2005 to reflect the neurodiversity movement, the social model of disability, and a needs-based model of support.

2. Education – special classes & inclusion

The United Nations Committee on the Rights of the Child (UNCRC) *concluding observations on the combined fifth and sixth periodic reports of Ireland (2023)* outline to:

- ensure inclusive education in early childhood education and mainstream schools for all children with disabilities by adapting curricula and training and assigning specialised teachers and professionals in integrated classes so that children with disabilities and learning difficulties receive individual support and due attention; and
- ensure reasonable accommodation within school infrastructure and for transportation.

The UNCRC recommends that the State Party strengthen the teaching of children's rights and the principles of the UN Convention within the mandatory school curricula in all educational settings and in the training of teachers and education professionals, taking into account the framework of the World Programme for Human Rights Education.

Irish research involving teachers from 369 mainstream primary schools found that the majority of teachers included indicated that they received little teacher education training in autism and minimal levels of continuous professional development prior to educating a child with autism (Barry et al.,

2021). Similarly, Irish research involving 78 primary school teachers demonstrated that those who felt they had adequate resources to support inclusion were more positive in relation to the same (Leonard & Smyth, 2022). The resources identified within this research included human resources and classroom facilities, such as access to Special Needs Assistants, Educational Psychologists, sensory rooms, and movement cushions.

Educational psychologists work to support the psychological and educational development of children and young people in the main, but also adult learners, in the education, health and social care systems. This support may include working with children and young people or adults; where applicable with their parents, guardians or families and/or with teachers or other support professionals who work with them. They support people with learning needs and social, emotional and behavioural needs. The work of the educational psychologist can, therefore, involve prevention, assessment, intervention and collaborative support to improve educational, social and emotional outcomes for people.

At present there are two universities in Ireland that provide specialist training for educational psychologists, with intakes of 20-22 individuals per year in total. Currently, educational trainees must self-fund for the full period of their full-time doctoral training as well as pay €12,000-€14,000 per annum in university fees. The PSI recommended in the [2023 pre-budget submission](#) that this issue could be resolved by a range of initiatives, most immediately by funding trainee educational psychologists (€720,000 per cohort).

Recommendations

- Address the barriers that exist for autistic children and young people in accessing their human right to education.
- Challenge the stigmatising language that is used to describe alternative educational options/accommodations for autistic children (e.g., unit, ASD class, special class).
- Engage autistic led training in educational settings to educate, inform, challenge ableist attitudes and create a culture of acceptance.
- Promote neuroaffirmative teaching practices at all levels of education that seeks out autistic strengths rather than just acknowledging and accepting difference.
- Ensure the design of educational settings take autistic users into account so as to reduce the inaccessibility for autistic individuals as this can frequently have a detrimental effect on mental health and can be a barrier to learning.
- Immediate funding for trainee educational psychologists (€720,000 per cohort) to increase support for autistic students and enable their inclusion within the educational system.

3. Employment and employment supports

The employment rights of autistic people in Ireland are protected by the Employment Equality Act (1998-2015) and the UN Convention on the Rights of Person with a Disability Article 27. The Disability Act 2015 also has influence, although not specific to autism.

In an attempt to understand the facilitators and barriers to employment for autistic adults, a recent multi-informant international survey (Black et al., 2019) was carried out with five key stakeholder groups, including autistic individuals, their families, employers, service providers, and researchers. Perceptions of the facilitators and barriers to employment differed significantly not only across key stakeholder groups, but also across countries. This research highlights the need for research in the Irish context.

In Australia and the United States, 40.8% and 38% of autistic individuals respectively are gainfully employed (Australian Bureau of Statistics, 2017, Roux, Rast, Anderson, & Shattuck, 2017), with 62% of autistic adults in Sweden in employment [Statistics Sweden, 2015]. In Ireland, it is estimated that 15% of autistic people are successfully employed, resulting in 85% of autistic people being either unemployed or underemployed ([AsIAM Same Chance 2022](#)). This estimated level of unemployment/underemployment is remarkably high. The Irish state provides a variety of financial supports for private sector employers to support the employment of autistic people including:

- the Wage Subsidy Scheme.
- the Employee Retention Grant Scheme, useful for people who get a diagnosis in adulthood.
- the Disability Awareness Support Scheme.
- the Workplace Equipment Adaptation Grant.

In assisting employers to gain access to up-to-date peer reviewed knowledge to upskill their staff and workplace in the area of autism, Irishjobs.ie and AsIAM have partnered to create a Same Chance Tool Kit (2022). The toolkit identifies the facilitators of employment and a step-by-step guide on how to onboard, support and retain autistic employees.

Recommendations

- Fund research in the Irish context specifically looking at barriers and facilitators to employment and staff retention of autistic people. The research should include stakeholders such as autistic people, employers from a variety of businesses –small to medium enterprises, section 38 and 39, potential colleagues and family of autistic people.
- Employ autism friendly recruitment options (i.e., consideration given to alternative access routes to employment, alternative options for communication, predictability, and clarification regarding interview format, questions in advance).
- Create an autism friendly working environment (i.e., sensory environment considerations, flexible working conditions, clarity/transparency regarding workload management).

- Offer autistic led training in the workplace to educate, inform, challenge ableist attitudes and create a culture of acceptance.
- Implementation by the Government of education and awareness programmes for state and semi-state bodies (e.g., Same Chance Toolkit)

4. Adult Diagnosis – access and implications

Access to Diagnosis

Services for autistic adults are minimal to non-existent in many countries and Ireland is no exception. In 2017, the National Disability Authority estimated that there are approximately 16,379-23,079 autistic adults in Ireland, with many of these remaining undiagnosed. However, these figures are likely out of date due to population growth, therefore, current estimates are unclear. A healthcare pathway is required for the diagnostic assessment and post-diagnostic support for adults presenting with autism.

Within the 2017 HSE review it was recommended that an assessment pathway be introduced via Primary Care services, where all queries of Autism are triaged and when needed an onward referral to secondary care service generated. It was recommended that where disability and mental health services may be indicated, a conjoint assessment be conducted. It is of importance to note that these recommendations appeared specific to the services pertaining to autistic children, although this was unclear. In relation to adults, it was recommended that an implementation group be established. The aim of this group would be to consider how best the HSE may work with external agencies to support Autistic adults in relation to education, employment, and disability allowance. In addition, it was recommended Autistic adults are enabled in accessing the full range of health services, particularly mental health services, and counselling.

Consideration could be given to scoping out the evidence base for the establishment of a centre of excellence for neurodivergence as this is lacking in Ireland. An integrated lifespan service, like those being piloted in the UK, would combine professionals with the most advantageous experience into one service. This would reduce the likelihood that families and service users will be under the care of someone who doesn't have any expertise in the area. This would also help to reduce the unreasonable waiting times for childhood diagnosis and provide a diagnostic and intervention service for adults.

The PSI is welcoming that a national autism pathway is already under development through a national working group. The PSI acknowledges that the HSE has established a multi-stakeholder task group under the National Clinical Programme for People with Disability and that the aim of this group is to improve adult disability services in a broad sense. In addition, the PSI acknowledges that the HSE has also established a Service Improvement Programme for the Autistic Community. It is

reported that one of the aims of this group is to establish a standardised assessment approach for use in all services dealing with adult autism assessments. The aim of this is to ensure that every assessment is of an acceptable and agreed standard. The group is reported to be tasked with developing an agreed operational model for adult autism services and the production of a model of service. The PSI notes that a draft document has reportedly been developed and that the proposed assessment protocols for children and adults are being piloted in three community healthcare organisations (CHOs) (CHOs 2, 7, and 9). Of note, the PSI established a working group in 2022, which was tasked with the aim of developing professional practice guidelines for psychologists conducting adult autism assessments. Psychologists do not take clinical direction on how to conduct a diagnostic assessment of a complex condition from administrators/management directive, but from their professional bodies. Whilst the PSI welcomes the development of autism diagnostic pathways, the Society and other HSCP representative bodies have not yet been consulted on the pathways and are eager that the mistakes of the implementation of the AON PTA SOP are not replicated again. Before any roll out of a national autism pathway should occur, meaningful consultation with professional bodies must take place.

Increased funding and resources are needed for the development of any new service pathways. Incorporating a triage system into the work of primary care clinicians as part of a service pathway for autistic adults is a sensible one, as is suggested in the [2017 HSE National Review of Autism Services](#). However, implementing this recommendation in the absence of increased funding and staffing would potentially have a significant and serious impact on the range of services available to the public through adult primary care services and may compromise the integrity of the work that has been done to date on this issue. Primary care services are developed separately in different regions, and as such in certain areas multidisciplinary team-working may not be as feasible as in others.

Currently adult disability services are intended to provide support based on the presenting needs of an individual, rather than by the diagnosis of the individual or the type of disability. Services are provided following individual assessment according to the person's individual requirements and service needs.

The National School Leavers Process was initiated in 2015 and involves individual assessments occurring at the point of which an individual is leaving school. This assessment aims to identify a person's needs, with recommendations and referrals into services being made as an outcome. The NCSE recommends that referrals for this assessment process are made 13 months before an individual is due to leave secondary school. Many adults who were not identified as being autistic during their schooling years, or those identified prior to 2015, are ineligible for this service. These individuals are often required to wait to access this process and subsequent services until outflow allows and, therefore, face additional barriers in accessing support services in adulthood.

The Department of Health Disability Capacity Review to 2032 found that almost 70% of disability services are provided by voluntary organisations funded by Section 38 or Section 39 of the Health Act 2004, with 26% coming from specialist HSE services and the remaining 4% from the private industry. Services varied according to size, geographical coverage, and the range of services provided. This review estimated that the number of adults requiring these services will be 10% higher in 2027 and 17% higher in 2032. The fastest increase is predicted to be in young adults and those aged over 55.

The Department of Health has estimated that the inflow of school-leavers into day services is likely to outweigh anticipated outflows over the period to 2032. The HSE has estimated there may be 600 people with no day service who need one. It is estimated that an additional €5 - €20 million is needed in annual expenditure to provide day places, depending on the outflows that occur.

Access to Mental Health Services

It is of critical importance to acknowledge that a lack of psychological support and access to mental health services for autistic adults has been described in reviews by the health service for the past two decades. Research in other districts has found that autistic adults are at an increased risk of discrimination, trauma, and mental illness. International research has demonstrated increased co-occurrences of anxiety disorders, mood disorders, eating disorders and suicidality in autistic populations. Recent Irish research has found that autistic adults without an intellectual disability have elevated rates of anxiety and depression relative to the general population, and that women and transgender people are at an increased risk of the same (O'Connor, 2021)

[Sharing the Vision](#) was published by the Department of Health and HSE in 2022. Within this policy Recommendation 20 refers to those with a dual diagnosis of autism and mental health needs; however, the recommendations made are specific to children. Recommendation 57 is noted to reference autism and the need for a tiered model of integrated services for those with dual-diagnosis. However, a footnote following this recommendation indicates that the goals set out are specific to those with addiction diagnoses and that the reader should refer to Recommendation 20 when considering autism. Therefore, the recommendations set out in the Sharing the Vision policy do not make reference to the needs of autistic adults from a mental health perspective. This represents a serious oversight in relation to secondary mental health service policy and development. There are currently no clear estimates in relation to the number of autistic adults accessing mental health services in Ireland, impacting the ability to plan in this regard.

Access to Health Care

It was estimated that the population of people over 65 would be 696,300 by 2019 in the Republic of Ireland and that by 2051 roughly 26% of the population will be over 65. In 2019, there were 73,000 people aged 85+ in the Republic of Ireland and this is projected to rise to 301,000 by 2051 according to the Central Statistics Office (CSO). By 2028, the Department of Health estimates that there will be

more people over the age of 65 than there will be children in the Republic of Ireland. However, these figures are all likely to be impacted by the levels of immigration and emigration that occur within the given time frame. Nonetheless, this is of critical importance when considering autistic adults, as current prevalence estimates are that 1-2% of populations are autistic, and it is the responsibility of the State to plan for the service provision of this group.

Chronic diseases, such as heart disease, cancer, stroke, diabetes, and respiratory diseases, are the major cause of morbidity and mortality in both developing and developed countries. The prevalence of most chronic conditions increases with age. There were estimated to be around 47,000 people with dementia in the Republic of Ireland in 2011 and this number has been projected to grow to 132,000 by 2041 (Pierce, Cahill and O'Shea, 2014). It is currently unclear whether or not autistic adults are at an increased risk of dementia or other neurodegenerative disease processes, as research is very limited in this respect and within its infancy. Population based research from Sweden has demonstrated that autistic adults who have a co-occurring intellectual disability are also at an increased risk of developing cancer relative to those in the general population (Liu et al., 2022). Research from the United States has demonstrated autistic adults over the age of 65 have an increased risk of epilepsy, Parkinson's disease, osteoporosis, heart disease, cancer, cerebrovascular disease, and osteoarthritis (Hand et al., 2020). Population based research from Scotland has also indicated poorer health outcomes for autistic adults, with women more at risk than men (Rydzewska et al., 2019)

As noted previously, the Department of Health has estimated that those over the age of 55 with disabilities are predicted to be one of the fastest growing groups in relation to service needs by 2032. International research has demonstrated that autistic adults have increased morbidity and a reduced life expectancy compared to the general population. Research has demonstrated that autistic adults have increased challenges in attending general practitioners relative to non-autistic people, indicating reduced use of primary care services (Malik-Soni et al., 2022). Autistic adults face challenges in accessing healthcare through shortages of services, communications differences in relation to pain, lack of awareness for treating clinicians, and limited awareness of the healthcare needs for ageing adults.

There are many intersecting areas of challenge that impact the provision of service delivery for autistic people. Some of these include geographical differences, poor service communication, service policies that are not integrated, lack of funding, poor staff retention rates, and a lack of specialist training. Having sparse services also opens up questions of equality of access to service and is a breach of rights according to the United Nations Convention on the Rights of Persons with Disabilities (UNCPRD). There is an unknown number of children and adults who have yet to be diagnosed, and a recent study (Eberhard, Billstedt, and Gillberg, 2022) showed that about 63% of people seeking services in a general psychiatric ward met the criteria for attention deficit hyperactivity disorder (ADHD) or autism, or both. It has repeatedly been demonstrated in research

that females, and those without a co-occurring intellectual disability, are more likely to be missed within the diagnostic process and are also less likely to be referred for an assessment in the first place. Autism will be seen in 100% of health settings, therefore, training on autism and other neurodivergent neurologies is essential for primary, secondary, and tertiary clinicians in every setting.

The PSI is currently undertaking to develop a set of professional practice guidelines for psychologists involved in adult autism assessment.

Recommendations

- A clear pathway within the public system for assessment and post diagnostic support for autistic adults be developed and that meaningful engagement with HSCP bodies occurs in relation to this process.
- The need for a tiered model of integrated service for adults with a diagnosis of autism who cannot access MHID teams. The PSI welcomes the opportunity to work with the HSE and other relevant bodies to support this recommendation.
- The PSI made a recommendation of a €20 million investment as part of its [2022 pre-budget submission](#) to allow for workforce planning.
- Funding allocation to the school leavers day services programme be increased by an annual amount of €20 million to allow for the provision of services to continue and plan for ongoing population growth.
- The eligibility criteria for the school leavers day services programme be widened to include those who may not have been identified as autistic whilst in school or may have been identified prior to 2015.
- A review of the Sharing the Vision (2022) policy to allow for cross service planning specific to the mental health needs of autistic adults. The PSI would welcome the opportunity to work with the HSE as part of this process.
- A cross-departmental task force be established to allow for service and workforce planning in relation to catering to the healthcare needs of ageing autistic adults. This is an area that requires specialist input and multidisciplinary involvement in relation to service planning recommendations.
- Awareness of missed and misdiagnoses in different sectors of the population (e.g., older adults, Travelling community, homeless people, autistic adults with mental health challenges, autistic adults who are thriving, forensic settings, women, and transgender and nonbinary people) so that autistic adults can be identified and access appropriate supports and accommodations.
- As standard practice, supervision, and continuing professional development (CPD) be available to all practitioners as appropriate to increase education and awareness.

- Consideration be given to a centre of excellence for neurodivergence and an integrated lifespan service which would combine professionals with the most advantageous experience into one service.

5. Public buildings

Public spaces and services need to be designed for all human neurodiversity. In the design process, spaces and services from autistic and otherwise neurodivergent sensory perceptions should be considered from the beginning of the process, as often what is essential for accessibility for autistic people is also very useful for non-autistic people.

There is a growing awareness in schools, and in broader community settings, of the needs of neurodivergent people relating to sensory sensitivities. The NCSE has addressed the aspect of [sensory breaks in school settings](#).

Recommendation

- In Ireland when [1 in 65 people](#) are said to be autistic, it should be expected that the needs of all citizens are included in the planning of public buildings from consultation stages to completion stages. Consideration also needs to be given to models of service delivery within public buildings.

References

- AsIAM (2022). *Same Chance Report 2022*. <https://asiam.ie/wp-content/uploads/2022/03/Same-Chance-Report-2022-digital-version.pdf>
- Bishop, D. V., Whitehouse, A. J., Watt, H. J., & Line, E. A. (2008). Autism and diagnostic substitution: Evidence from a study of adults with a history of developmental language disorder. *Developmental Medicine and Child Neurology*, 50(5), 341–345. <https://doi.org/10.1111/j.1469-8749.2008.02057.x>
- Black, M. H., Mahdi, S., Milbourn, B., Thompson, C., D'Angelo, A., Ström, E., ... & Bölte, S. (2019). Perspectives of key stakeholders on employment of autistic adults across the United States, Australia, and Sweden. *Autism Research*, 12(11), 1648-1662.
- Government of Ireland (2005). *Disability Act 2005* (Act No. 14). Government of Ireland. <https://www.irishstatutebook.ie/eli/2005/act/14/enacted/en/html>
- Hand, B. N., Angell, A. M., Harris, L., & Carpenter, L. A. (2020). Prevalence of physical and mental health conditions in Medicare-enrolled, autistic older adults. *Autism*, 24(3), 755-764.
- Happé, F., & Frith, U. (2020). Annual Research Review: Looking back to look forward – changes in the concept of autism and implications for future research. *Journal Of Child Psychology and Psychiatry*, 61(3), 218-232. <https://doi.org/10.1111/jcpp.13176>
- Health Service Executive and Department of Health (2022). *Sharing the Vision Implementation Plan 2022-2024*. <https://www.gov.ie/pdf/?file=https://assets.gov.ie/219435/7a8c78e1-98ad-4542-9a61-a13195a727d6.pdf#page=null>
- Kanne, S. M., & Bishop, S. L. (2021). Editorial perspective: The autism waitlist crisis and remembering what families need. *Journal of Child Psychology and Psychiatry*, 62(2), 140–142. <https://doi.org/10.1111/jcpp.13254>
- Liu, Q., Yin, W., Meijssen, J. J., Reichenberg, A., Gådin, J. R., Schork, A. J., ... & Fang, F. (2022). Cancer risk in individuals with autism spectrum disorder. *Annals of Oncology*, 33(7), 713-719.
- Malik-Soni, N., Shaker, A., Luck, H., Mullin, A. E., Wiley, R. E., Lewis, M. S., ... & Frazier, T. W. (2022). Tackling healthcare access barriers for individuals with autism from diagnosis to adulthood. *Pediatric Research*, 91(5), 1028-1035.
- National Council for Special Education (2021). *Sensory Spaces in Schools*. <https://ncse.ie/wp-content/uploads/2021/10/NCSE-Sensory-Spaces-in-Schools-2021.pdf>
- Pierce, M., Cahill, S., & O'Shea, E. (2013). Planning dementia services: new estimates of current and future prevalence rates of dementia for Ireland. *Irish Journal of Psychological Medicine*, 30(1), 13-20.
- Psychological Society of Ireland (2022). *Professional Practice Guidelines for the Assessment, Formulation, and Diagnosis of Autism in Children and Adolescents, 2nd Edition*.

[https://www.psychologicalsociety.ie/source/PSI%20Autism%20Guidelines%202022%20\(Interactive%20Version\).pdf](https://www.psychologicalsociety.ie/source/PSI%20Autism%20Guidelines%202022%20(Interactive%20Version).pdf)

- Psychological Society of Ireland (2018). Statement on the *Review of the Assessment of Need Standard Operating Procedure*.
[https://www.psychologicalsociety.ie/source/PSI%20AON%20SOP%20Statement%20March%202018_file_383%20\(1\).pdf](https://www.psychologicalsociety.ie/source/PSI%20AON%20SOP%20Statement%20March%202018_file_383%20(1).pdf)
- Psychological Society of Ireland, Association of Occupational Therapists of Ireland, and the Irish Association of Speech and Language Therapists (2020). *Joint Statement regarding implementation of a new Standard Operating Procedure for Assessment of Need under the Disability Act 2005*
https://www.psychologicalsociety.ie/source/Joint%20Statement%20regarding%20implementation%20of%20a%20new%20Standard%20Operating%20Procedure%20for%20Assessment%20of%20Need%20under%20the%20Disability%20Act%202005_1.pdf
- Psychological Society of Ireland (2022). Press release: *Psychological Society of Ireland calls for urgent action by HSE to protect psychologists from being directed to engage in unlawful procedures*
[https://www.psychologicalsociety.ie/source/Press%20release%20_PSI%20call%20to%20protect%20psychologists%20after%20judicial%20review%20re%20HSE%20PTA%20\(March%202022\).pdf](https://www.psychologicalsociety.ie/source/Press%20release%20_PSI%20call%20to%20protect%20psychologists%20after%20judicial%20review%20re%20HSE%20PTA%20(March%202022).pdf)
- Psychological Society of Ireland (2019). Press release: *Psychological Society of Ireland considers HSE Panel System of Recruitment Not Fit for Purpose*
<https://www.psychologicalsociety.ie/source/Press%20release%20-%20PSI%20Considers%20HSE%20Panel%20System%20of%20Recruitment%20Not%20Fit%20for%20Purpose%20December%202019.pdf>
- Psychological Society of Ireland (2023). Pre-budget submission:
<https://www.psychologicalsociety.ie/source/PSI%20Pre-budget%202023%20Submission.pdf>
- Psychological Society of Ireland (2022). Pre-budget submission:
[https://www.psychologicalsociety.ie/source/PSI%20Pre-budget%20Submission%202022%20\(Final\).pdf](https://www.psychologicalsociety.ie/source/PSI%20Pre-budget%20Submission%202022%20(Final).pdf)
- Russell, G., Stapley, S., Newlove-Delgado, T., Salmon, A., White, R., Warren, F., Pearson, A. and Ford, T. (2022). Time trends in autism diagnosis over 20 years: a UK population-based cohort study. *Journal of Child Psychology and Psychiatry*, advance online publication.
<https://doi.org/10.1111/jcpp.13505>
- Rydzewska, E., Hughes-McCormack, L. A., Gillberg, C., Henderson, A., MacIntyre, C., Rintoul, J., & Cooper, S. A. (2019). General health of adults with autism spectrum disorders—a whole country population cross-sectional study. *Research in Autism Spectrum Disorders*, 60, 59-66.
- United Nations Committee on the Rights of the Child (2023). *Committee on the Rights of the Child. Concluding observations on the combined fifth and sixth periodic reports of Ireland*.