



Cumann Síceolaithe Éireann

The Psychological Society of Ireland

Survey of Psychologists' experiences of the Health Service Executive (HSE) Preliminary Team Assessment (PTA) process



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The Psychological Society of Ireland (PSI) is the learned and professional body for psychology in the Republic of Ireland. Established in 1970, the Society currently has over 3,600 members.

The PSI 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 Preliminary Team Assessment (PTA) consists of a meeting with two clinicians for a 90-minute period. While assessment forms are completed by parents, no formalised or diagnostic assessments will take place as part of the PTA. This is in contrary to previous Assessment of Needs (AONs) whereby assessments were tailored to the needs of the child and involved formalised and diagnostic assessments which helped to identify the exact nature and extent of their disability.

Background

In January 2020, the HSE implemented a new Standard Operating Procedure (SOP) for Assessment of Need (AON) across the country. Whilst the PSI and our colleagues in the Irish Association of Speech & Language Therapists (IASLT) and the Association of Occupational Therapists in Ireland (AOTI) are supportive of an SOP in principle, we have significant concerns regarding the procedure in its current iteration.

The PSI concerns were summarised in a March 2018 [position paper](#) and subsequently relayed to the Oireachtas Joint Committee on Health in [June 2018](#). Our three organisations subsequently published a [statement](#) welcoming the [report](#) of the Oireachtas Committee. These concerns were

also reiterated by [Consultant Paediatricians](#) working in Children's Health Ireland. Most recently the PSI, alongside our Health and Social Care Profession (HSCP) colleagues, presented our ongoing concerns in a [statement](#) to the Oireachtas Committee on Children, Disability, Equality and Integration in December 2020. It remains the considered opinion of the three representative bodies that the changes to clinical practice described within the SOP will in many cases prove detrimental to children and their families.

Following implementation of the PTA, individual members have expressed concerns that compliance with the SOP could lead to them being in breach of their professional body and/or CORU codes of conduct and ethics. The present survey was conducted over the course of December 2020 and January 2021, and was designed to gather greater insights into the experience and concerns of clinicians on the ground who find themselves operating under the new SOP.

Summary of findings

1. The survey was completed by 69 psychologists ranging from Assistant to Principal grade.
2. 49% of respondents had more than 8 years' experience working as a psychologist.
3. 81% had experience of completing AON assessments in 2020. The remainder had either previously completed AON assessments, are due to complete AON assessments, or are supervising or managing psychologists completing AON assessments.
4. 89% of respondents reported that the PTA does not assist children with having their needs identified in a timely manner.
5. Respondents were asked to what extent the PTA approach yields sufficient information to determine a number of questions:
 - a. 70% reported that it is unlikely or very unlikely that the PTA could determine whether a child has a disability;
 - b. 91% reported that it is unlikely or very unlikely that the PTA could provide a statement of the nature and extent of a disability;
 - c. 65% reported that it is unlikely or very unlikely that a PTA could provide a statement of the services considered appropriate to meet the needs of the child.
6. 95% expressed concerns as to the validity of the PTA.
7. Following the implementation of the PTA:
 - 3% indicated that they have left Disability Services;
 - 40% indicate they are likely to leave Disability Services;

- 48% indicated that they have felt pressured to specify if a child has or does not have a disability following a PTA, even when they ethically feel they could not do so.
8. 85% of respondents support a call for the suspension of the PTA.
 9. 87% believe the implementation of the PTA will result in lengthier waiting lists for both assessment and intervention in Early Intervention Teams, School Age Teams and Primary Care Services.
 10. 95% believe that the PTA in its current iteration is not fit for purpose.
 11. 70% of respondents believe that engaging in PTA assessments risk them being in breach of the PSI code of ethics.

Themes

86% of respondents added comments in the survey which were analysed qualitatively using thematic analysis. A number of clear themes emerged which further elaborate on the above findings:

1. Not fit for purpose;
2. Ethical concerns;
3. Purpose of changes to the AON process;
4. Further barriers: Increased waiting times and further delays for children and families;
5. An unnecessary exercise;
6. Impact on stress levels and staff retention.

The themes that emerged are expanded on below.

1. Not fit for purpose

95% of psychologists surveyed reported that **the PTA is not fit for purpose**. Most psychologists stated that the PTA is failing to meet the needs of children and their families, or yield any meaningful outcomes, as it does not enable them to complete comprehensive assessments that would identify the nature and extent of a possible disability. Many state that this in turn adds to parents' levels of anxiety and frustration. Sample comments included:

'It is outrageous that the PTA is being considered a progressive step by the HSE...Most importantly, it is heart-breaking for families who...are being led to believe that the PTA is a meaningful assessment of their child's needs...these 'assessments' are not worth the paper they are written on'

'...it would be impossible to say for certain whether or not the child had a disability in the allocated time frame. It is therefore of little benefit for a child or family'

'The PTA is not a comprehensive enough assessment to determine if a child has a disability or not...I think it is unethical to expect clinicians to complete a 90-minute assessment and make a determination of disability when, for example, a MDT ASD assessment carried out as per best practice guidelines takes far longer'

'I am a senior clinician with more than 20 years' experience...I firmly believe that the current PTA model is not fit for purpose. It is...diverting valuable staff resources away from meaningful, comprehensive assessments and subsequent therapeutic interventions for vulnerable children and their families. The assessment itself will result in a worthless summary report indicating that the child will need a full and comprehensive assessment'

'Children and families' needs are not being met by these assessments...parents ask direct questions (such as, does my child have an intellectual disability?) that cannot be answered in this format without further assessment. I feel that parents are then left in limbo and anxiety awaiting further assessment. This model is negligent and unethical in my opinion'

'From my experience of completing AON assessments, parents want a formal answer and diagnosis. With PTA children will be directed in most instances to a disability service (correctly or not) for intervention and further comprehensive diagnostic assessment. Parents and children will enter the service already annoyed at waiting for a PTA which did not deliver a full assessment and now find they are again on a waiting list for assessment'

'Even in the handful of PTAs I have completed, there has arisen a scenario where the team felt unable to give any diagnosis based on the limited information available through the PTA...This leaves staff in the position of having to explain that a child needs a further assessment to clarify what their needs actually are; this will almost certainly increase confusion and frustration on parents' part. This issue will particularly affect children where Autism Spectrum Disorder is a potential diagnosis...parents are left with little of practical value... This process will, without any doubt, cause harm to families...'

'The PTA is effectively a screener which will not yield any meaningful outcomes for children and families other than place them on a waiting list for further assessment and ultimately create longer lists...at the centre of this are society's most vulnerable children and families continually having their needs unmet'

'Completing PTAs diverts clinician time from useful assessment and intervention; I feel it offers little if anything to families. I feel like I am being disingenuous with families by 'pretending' at some level to be offering a useful service...'

2. Ethical concerns

Many respondents highlighted significant ethical concerns arising out of engagement with the PTA. Concerns were also raised that the PTA is now operational despite the concerns clearly raised by their professional body (PSI). Furthermore, many expressed concerns that the PTA is not operating in line with best practice guidelines (e.g., Informing Families), their professional training and standards. Sample comments included:

'It is completely unethical on every level and is basically trying to dupe parents into believing they are getting a faster service but will only lead to longer waiting lists for disability services. It is a defensive practice for legal reasons and should be exposed as such. In short it is a disgrace'

'I am clear that the introduction of the PTA is not in the best interests of the child and in fact will often be detrimental to children. It is my view that the actual driver behind the introduction of the PTA is for the HSE to avoid further legal costs due to exceeding timelines. I think what is happening is wrong and must be stopped'

'This model is worse than a waste of time; it puts clinicians in a terrible ethical position, and frontline staff are the ones who have to explain to parents why their assessment report has effectively no practical use'

'The PTA is a tick box exercise. It is not beneficial for the child or the family. There is no ethical way to provide an assessment of a disability in such a short time frame and meet criteria of the 'Informing Families of their Child's Disability' guidelines'

'As Psychologists, we have consistently expressed our... concerns about the PTA model. We, as a discipline are not simply 'being precious' about the work that we do. We have a moral and ethical duty to advocate for this client group...we have been put in the untenable position to conduct assessments that we feel are inappropriate, and that go against our training standards and our Professional Body's Code of Ethics'

'I also feel extremely disheartened that HSE management are dismissing all the clearly documented concerns of discipline managers and experienced clinicians'

'To ask teams to complete an assessment in 90 minutes and from this conclude whether the child has a disability and state the nature and extent of the disability, the health needs associated with this disability and the services required to meet the needs of the child, is unethical'

'The PTA is showing already on the ground that it is not yielding any positive outcomes for family and children in fact it is the opposite, it is recommending further assessment in order to identify the nature and extent of a disability as an outcome of

the assessment which will in turn take years given the realities of the waiting lists in disability services. The reality is that families who have a child with ASD and or ID will now wait years for a proper diagnosis and proper identification of need. This will further disadvantage children and families in disadvantaged areas'

'I agree with the sentiments in the original PSI statement objecting to PTA. In my service most of our ASD assessments are complex with differential diagnoses including mental health, attachment problems, trauma, child protection and environmental problems. The PTA is an abomination that risks incorrect diagnoses and years of lost opportunities of correct intervention for children. I cannot imagine any other scenario where a health service would dictate how practitioners' practice, against all evidence and guidelines, and with practitioners learned on heavily by management to go along with it. No clinician I have spoken to, psychologist or otherwise, agrees with PTA. People are afraid to refuse to do it. Can you imagine a GP, or a surgeon being ordered to do a half-baked assessment or surgery to save money? Which ultimately will not save money through incorrect diagnoses, longer waits, poorer outcomes for children, lost staff and probably lawsuits at some stage?'

3. Purpose of changes to the AON process

Many respondents also raised concerns regarding the possible reasons behind the change to the AON process, indicating that they felt this was not driven by a focus on improving outcomes for children. Responses included:

'It is my opinion that the PTA model has been pushed through as a result of the failings of the existing system, whereby the statutory time frames for assessments and reports are not being met, and to address the mounting numbers of legal challenges and High Court actions re same'

'The changes to the AON process have rendered it completely unfit for purpose - although I wonder if that was the point'

'an effort to put an 'efficient' (on paper) plaster over an already gaping wound has led to PTAs. It is as if this has been set up to fail - all at the expense of vulnerable families who may not realise they are now on a waitlist to be on a waitlist for assessment'

'Perhaps it will save the HSE money in lawsuits in the short term, but in the medium to long term children and their families will continue to suffer from lack of services, and services will continue to suffer from lack of resources'

'This is a 'tick box' exercise to reduce waiting lists for the HSE. It is not about properly assessing and identifying needs and compromises staff integrity in requesting

staff...to make a decision about a child's needs on the basis of an incomplete assessment'

'The PTA model is a shameful attempt to rectify the long-standing issues with the AON legislation by rendering the AON process practically useless'

'The politicization of AON has been detrimental. Senior management do not seem to value patient care and provision of a good quality service. Children have been reduced to mere statistics. the system is broken'

4. Further barriers: Increased waiting times and further delays for children and families

The majority of respondents indicated that the PTA will result in lengthier waiting lists. Psychologists referenced the subsequent increased referrals of children for further assessment as an outcome of the PTA, which runs contrary to what is known from research regarding the efficacy of early identification and intervention.

'The cumulative effect will lead to longer waiting lists for both disability services and primary care services, and increased stress for parents and children. All research references that timely access to 'Early Intervention' correlates with better outcomes for children. The current waitlist time in our area for Early Intervention is in excess of 3 years'

'I don't follow the logic of rushing through assessments as though it is a box ticking exercise. It is short sighted thinking and will lead to the waitlists in Primary Care and disability services being lengthened and inevitably children will require more comprehensive assessment in the future'

'The PTA is the most mindless approach to AON presented to date. It is undoubtedly going to add to lengthier waiting times because it's an extra step that is going to be added on to each assessment'

In this context, many Psychologists expressed concern regarding the impact on an already stretched and overwhelmed disability service.

'The disability services are currently in crisis and not fit for purpose. Teams are decimated with unacceptable waiting times of 3 plus years often the norm. This is unacceptable given what we know about the efficacy of early detection and early intervention'

'Waiting lists in the majority of areas nationwide are indicative that children with disabilities and their families are being failed and their needs not being met. The PTA will further compound this already unsustainable situation'

'With this volume of assessments disability service will fail - fail to deliver assessments in a timely manner, fail to deliver intervention as needed and will then fail to retain staff - already an issue in disability services'

5. An unnecessary exercise

In addition to psychologists identifying that the PTA will not meet the needs of children and families, many respondents highlighted that that the PTA is not a good use of clinical time and is an unnecessary exercise. Some argued that the national access policy referral form, which is already completed by parents, is adequate to pathway children to the appropriate services.

'Families can complete an intake form for disability teams in line with the National Access Policy. These are screened by the Children's Disability Network Teams and based on the reported needs a decision is made if the child would be best placed with a disability team, primary care or does not need services based on the information at this time. Consider how much clinical time will be spent on PTAs when families could complete these screening forms, gain access to CDNTs and clinical time could be spent on intervention and diagnostic assessments where appropriate'

'PTAs use valuable clinical time to determine if a child's needs are best met by a Disability Team (complex needs), Primary Care or no service indicated. The child then has to be waitlisted for the indicated service. The screening forms for CDNTs would enable the child to be placed on the same waitlist based on parent report and protect the clinician's time to actually work with the child. In my opinion it is unlikely that the information that will be obtained in seeing the child for 1 hour with no standardised assessment measures...is sufficient to warrant this use of clinical time'

6. Impact on stress levels & staff retention

Many respondents highlighted concerns regarding their own wellbeing and stress levels because of these changes. For example:

'staff are subjected to significant stress due to PTA roll out and implementation'

'As a psychologist with almost 30 years' experience, I find myself more exasperated than ever with regard to the lack of understanding regarding assessments, a refusal to listen to experienced clinicians and a pressure to complete tick box pieces of work. This comes during an unprecedented time of stress and pressure for all HSE staff and I feel many of us are at breaking point. Many of my colleagues (across disciplines) are actively seeking work outside the disability sector and skilled clinicians will be lost, leading to further gaps in service delivery as recruitment into posts is challenging'

Many expressed concern that this is leading to significant issues with recruitment and retention of staff in the area of Disability. Many explicitly referenced leaving their current posts as a result.

'It makes me want to leave not just the disability team but the HSE'

'I have worked in disability services for 12 years and cannot stay if this is the future. I feel for and have tried to advocate for families and children, but this issue combined with the clinical governance issues for psychology re CDNT managers is the last straw. I am exhausted and for the sake of my own mental health see leaving disability services as the only option. I have been looking for other jobs for the past few months'

'The PTA is unjustifiable, and I intend to leave Disability services if pressurised to make a decision on a child following 60 minutes'

Conclusion

The implementation of this new approach has exacerbated an already intolerable situation for the children of Ireland and their families. Children's Disability Services have been under enormous strain for many years due to a long legacy of inadequate resourcing. The new AON PTA replaces a comprehensive professional assessment process with a uniform brief screening session and seeks to redesignate comprehensive assessments as 'health needs'. We are already seeing the entirely predictable result, where the [PTA] screening of a child's needs indicates that the child needs a comprehensive assessment; however, this is expressly not provided as a part of the AON process. The comprehensive assessment does not fall under the statutory protection of the Disability Act; as a result the PTA will result in many cases in parents being forced to wait for years to have their child's needs properly identified.

In light of the above, the PSI is again calling for an immediate cessation of the PTA.