

# Royal College of Psychiatrists Consultation Response

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**DATE: 21<sup>st</sup> October 2010**

**RESPONSE OF: THE ROYAL COLLEGE OF PSYCHIATRISTS**

**RESPONSE TO: Implementing “fulfilling and rewarding lives”  
consultation for statutory guidance for local authorities and NHS  
organisations to support implementation of the Autism Strategy**

The Royal College of Psychiatrists is the leading medical authority on mental health in the United Kingdom and is the professional and educational organisation for doctors specialising in psychiatry.

We are pleased to respond to this consultation. This consultation was prepared by the Learning Disability faculty at the College.

This consultation was approved by: Dr Ian Hall- Chair of the Learning Disability faculty

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**Response to Implementing “fulfilling and rewarding lives”:  
consultation for statutory guidance for local authorities and NHS  
organisations to support implementation of the Autism Strategy**

The Royal College of Psychiatrists welcomes the opportunity to respond to this consultation. We broadly support the direction of the policy, but have concerns that the document is not sufficiently strongly worded. As a consequence NHS bodies and Local Authorities may not feel obliged to properly implement the strategy.

**1. The provision of services for the purpose of diagnosing autistic spectrum conditions in adults**

**1.1 Do you think that this guidance explains the responsibilities that local authorities, NHS bodies and NHS Foundation Trusts have for adults with autism around diagnosis?**

Not to our satisfaction.

**1.2 If not, what changes would you propose?**

The guidance needs to be more explicit in clarifying the responsibilities of commissioners, especially with regard to diagnostic services for Aspergers syndrome. It also fails to adequately outline provider responsibilities.

The guidance suggests that Local Authorities, NHS bodies and NHS foundation Trusts should appoint a lead professional for adults with autism “in their area”. However, the current situation in most parts of the country is that commissioners have a vested interest in keeping geographical and age criteria ill-defined.

The guidance lacks a means of ensuring that providers, especially Local Authorities and Foundation Trusts, fully implement the autism strategy.

**1.3 Is there anything else to add that would make a difference?**

No comment.

**1.4 Do you think this section of the guidance is clearly worded and will be understood by health and social care professionals, people with autism and parents/carers?**

Yes.

**1.5 Do you have any other comments on diagnosis?**

The impact assessment for this statutory guidance is available on the Department of Health website. This has informed the guidance, but some fundamental assumptions need to be challenged.

The impact assessment states on page 13 that "These cost estimates assume that those adults that also have a learning disability (227,777) have already been diagnosed".

This is not the experience of colleagues in the Learning Disability Faculty of the College. We regularly make a NEW diagnosis of autism in adults with learning disability. Often, due to pressure on resources, these clients then have difficulty accessing appropriate support and services. The costs in the impact assessment seem to be significantly underestimated, and this reduces our confidence in the likelihood of the statutory guidance having the necessary impact on services, as resource issues will override all other factors.

This echoes a lack of emphasis throughout both the statutory guidance and impact assessment on the role of specialist services, and in particular of consultant psychiatrists.

## 2. The identification of adults with autism

### **2.1 Do you think that this guidance explains the responsibilities that local authorities, NHS bodies and NHS Foundation Trusts have around identification of adults with autism?**

It only partially explains the responsibilities.

### **2.2 If not what changes would you propose?**

No comment.

### **2.3 Is there anything else to add that would make a difference?**

Unless a commitment to training can be enforced, statutory agencies will feel able to push autism awareness training down their list of priorities.

It is not enough to invite providers to *consider* what autism training is made available to staff.

### **2.4 Do you think that this section of the guidance is clearly worded and will be understood by health and social care professionals, people with autism and parents/carers?**

Yes.

**2.5 Do you have any other comments on identification of adults with autism?**

No comment.

3. The assessment of the needs of adults with autism for relevant services

**3.1 Do you think that this guidance explains the responsibilities that local authorities, NHS bodies and NHS Foundation Trusts have around needs assessments for adults with autism?**

Not fully.

**3.2 If not, what changes would you propose?**

It is not adequate to state that needs assessment should be carried out by "trained practitioners" – the knowledge and skills required should be made explicit.

It is also not acceptable that a new diagnosis of autism in an adult is seen only as a "potential reason for reassessment". The 1990 Community Care Act seems to give Local Authorities a get out clause to use their discretion in a negative way if they feel that an adult is not in need of community care services.

**3.3 Is there anything else to add that would make a difference?**

No comment.

**3.4 Do you think that this section of the guidance is clearly worded and will be understood by health and social care professionals, people with autism and parents/carers?**

Yes.

**3.5 Do you have any other comments on assessment of needs for relevant services?**

No comment.

4. Planning in relation to the provision of relevant services to young people with autism as they become adults

**4.1 Do you think that this guidance explains the responsibilities that local authorities have around transition from child to adult services for young people with autism?**

Not fully.

**4.2 If not, what changes would you propose?**

The guidance is not strong enough, and in our opinion it is likely that young people with autism without a special education need may continue to fail to meet Local authority and health service access criteria.

**4.3 Is there anything else to add that would make a difference?**

No comment.

**4.4 Do you think that this section of the guidance is clearly worded and will be understood by health and social care professionals, people with autism and parents/carers?**

Yes.

#### **4.5 Do you have any other comments on transition?**

No comment.

#### 5. Planning in relation to the provision of services to adults with autism

##### **5.1 Do you think that this guidance explains the responsibilities that local authorities, NHS bodies and NHS Foundation Trusts have around planning for the provision of services for adults with autism?**

This part of the guidance seems inadequate in many areas. However, the emphasis on making reasonable adjustments for people with autism is very welcome.

##### **5.2 If not what changes would you propose?**

It is not clear why the guidance maps onto the Autism Act, rather than “fulfilling and rewarding lives”. The section on helping adults into work seems to have been completely lost.

Very little is said about mental health, and specifically the role of generic services in supporting the mental health of people with autism, with or without a learning disability.

“Fulfilling and rewarding lives” mentioned the possibility of including autism as a mental health payment by result cluster, but this idea has not been reproduced in the guidance. This gives an indirect message to general psychiatric services that they do not need to concern themselves with diagnosis or interventions for people with autism.

The guidance singularly fails to address the issue of people with autism failing to “fall into the mental health or learning disability box”. This is again because commissioners are invited to consider the guidance, with no obligation to ensure adequate services are in place. In our opinion, commissioning organisations will continue to argue over responsibility, as this is the experience of many of our members across the country.

In the impact assessment, assumptions about the level of services required for any individual client seem woefully inadequate. The average cost of a day service is given as £2,226 per annum, and only two weeks of respite care per year is allowed for. For clients with autism and an additional learning disability, these figures do not seem to be based on the reality of complexity of need and requirement for support.

Though the focus in the guidance (page 8) on local devolution and increased flexibility is welcomed, this seems to immediately pave the way on page 9 for a statement lowering our expectations of how statutory bodies will respond to the guidance.

### **5.3 Is there anything else to add that would make a difference?**

Whilst there is a positive focus on making reasonable adjustments for adults with autism, and improving available social support and access to mainstream services, the guidance makes little mention of the pivotal role that specialist health services can and should have. Robust diagnosis and needs assessment often leads on to a requirement for complex and intensive intervention that can only be delivered by appropriately trained professionals including psychiatrists, psychologists, speech and language therapists and occupational therapists. We believe the guidance should give a more explicit steer to commissioners and statutory bodies to ensure access to such specialist services is given priority.

**5.4 Do you think that this section of the guidance is clearly worded and will be understood by health and social care professionals, people with autism and parents/carers?**

Yes.

**5.5 Do you have any other comments on service planning?**

No comment.

6. The training of staff who provide services to adults with autism

**6.1 Do you think that this guidance explains the responsibilities that local authorities, NHS bodies and NHS Foundation Trusts have around training for staff?**

Yes.

**6.2 If not, what changes would you propose?**

No comment.

**6.3 Is there anything else to add that would make a difference?**

The lack of a focus on specialist training, especially for social workers, is a concern. Awareness training will ensure that a range of people are more sensitive to the needs of people with autism, but this is not enough to ensure their specialist needs are met.

**6.4 Do you think that this section of the guidance is clearly worded and will be understood by health and social care professionals, people with autism and parents/carers?**

Yes.

**6.5 Do you have any other comments on training?**

No comment.

7. Local arrangements for leadership in relation to the provision of services to adults with autism

**7.1 Do you think that this guidance sets out sufficient information to support local leadership relating to the provision of services for adults with autism?**

It does not go far enough.

**7.2 If not, what changes would you propose?**

The guidance should emphasise the role that local leaders can play within provider organisations.

It is of concern in the impact assessment that costings are based on poorly qualified staff (page 12) carrying out quite complex roles. The potential role of consultant psychiatrists, especially in the learning disability field, in developing and leading local services should be emphasised.

### **7.3 Is there anything else to add that would make a difference?**

Part of the leadership role is to highlight the potential benefits to society as a whole and the economy of identifying and supporting people with autism (outlined in the recent report from the National Audit Office). These benefits should be made more explicit in the guidance, to enable leaders to more readily free themselves from resource constraints. Throughout the guidance, there is generally not enough emphasis on the role that users themselves can play.

### **7.4 Do you think that this section of the guidance is clearly worded and will be understood by health and social care professionals, people with autism and parents/carers?**

Yes.

### **7.5 Do you have any other comments on local leadership?**

No comment.

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