

SUBMISSION FROM THE COLLEGE OF OCCUPATIONAL THERAPISTS

Introduction

1. The College of Occupational Therapists (COT) is pleased to provide evidence on the Autism (Scotland) Bill which has been collected in conjunction with the COT specialist section –people with learning disabilities. The COT is the professional body for occupational therapists and represents over 28,000 occupational therapists, support workers and students from across the United Kingdom, of whom over 3000 are in Scotland. Occupational therapists work in the NHS, local authority social care services, housing, schools, prisons, voluntary and independent sectors, and vocational and employment rehabilitation services.
2. Occupational therapists are regulated by the Health Professions Council, and work with people of all ages with a wide range of occupational problems resulting from physical, mental, social or developmental difficulties.
3. The philosophy of occupational therapy is founded on the concept that occupation is essential to human existence and good health and wellbeing. Occupation includes all the things that people do or participate in. For example, caring for themselves and others, working, learning, playing and interacting with others. Being deprived of or having limited access to occupation can affect physical and psychological health.

General principles of the Bill

4. The COT is in agreement with the general principles of the Bill in which the Scottish Ministers must prepare and publish a document setting out a strategy for meeting the needs of people with autistic spectrum conditions (ASCs) in Scotland. The COT is also in agreement that the Scottish Ministers must issue guidance to local authorities and NHS bodies about how to implement the strategy. However, while the guidance should include the process of the care pathway described in the Bill, it should better reflect the overall aim of the strategy which is for people with ASCs to lead independent and full lives. Clearer sections about independent living and self care, leisure and employment would improve the content of the guidance issued. The COT has particular comments about the assessment and awareness training sections of the proposed guidance.

Assessment

5. The COT believes that the guidance section on assessment for diagnosis and to identify needs should include occupational therapy assessments for daily living skills and more in depth, specific sensory assessments. A sensory assessment conducted by an occupational therapist will include asking questions about how the person reacts to sound (eg do they stay away from noisy settings), smell (eg do they

particularly like strong smells like washing powder), taste (eg do they particularly like/dislike strong tastes), sight (eg do they prefer the curtains closed on a sunny day), movement (eg do they like swaying or rocking) and touch (eg do they twist their own hair). This information often helps family members or support staff to learn how to adjust the environment to facilitate an individual's goal orientated activity.

Awareness training

6. The COT also believes that the guidance section on awareness training for staff should include the possibility of occupational therapists educating others about the needs of people with ASCs and reasonable adjustments that can be made to facilitate social inclusion particularly around employment. The COT believes that awareness training should include explanations of sensory processing (how we use our senses to interact with our environment) which can help others understand why adults with ASCs behave as they do.
7. COT would also particularly like to highlight the need for awareness training for police, probation, court and prison systems: Some adults with asperger's syndrome struggle to identify socially acceptable, "normal" behaviour which can lead to a range of difficult encounters and situations that result in youth offending and contact with the criminal justice system.

Policy Memorandum

8. The COT believes that the Policy Memorandum is extremely useful as it provides a clear summary of the current situation for adults with ASCs in Scotland and makes clear the need for legislation. The COT believes that legislative force will be necessary to better meet the needs of people with ASCs. The COT has particular comments to make from the policy memorandum about transitions and employment for people with ASCs.

Transitions

9. The COT agrees that transitions are particularly difficult for adults with ASCs like moving from secondary school and onwards towards adult milestones like living independently, working and having relationships. Services are not always aware that adults with ASCs can move through emotional puberty later, sometimes well into their twenties, than those without ASCs. Young people from about 18 to 25 years of age who have asperger's syndrome seem to have a kind of "crash" at this age as they leave education and enter the world of work. Previously used coping mechanisms may fail and there is a limited service available for these people who can fall between mental health and learning disability services. Occupational therapists can contribute to smooth transitions by improving coping mechanisms to help them through this time of change.
10. Responsibility for transition planning should be clearly defined with joint working, inter-agency protocols between paediatric and adult services.

Greater clarity is also needed about who has responsibility for checking transition plans are in place and are workable. Transition arrangements appear to be different in every learning disability service leading to unacceptable levels of local variation.

11. One of the difficulties at transition is the lack of supported living services for adults with ASCs. Person-centred plans are produced but unfortunately the services that are available often do not match the person's needs. Individuals who would benefit from having a home of their own frequently end up sharing with someone else due to funding problems. Some occupational therapists feel frustrated that the housing assessment and recommendations that they provide based on the person's need are not enacted due to a lack of suitable providers.
12. COT is aware that frustrated parents have contacted the College complaining that since their son or daughter moved into adult services, they are unable to access any occupational therapy input. If the aspirations of this Bill are to be achieved for adults with ASCs, a skilled and competent workforce will be required and the current difficulty of accessing occupational therapy input as an adult will have to be addressed by the Scottish Government.

Employment

13. The COT welcomes the emphasis on access to training and employment for adults with ASCs. Occupational therapists often drive the plans for daily structure of meaningful activities like training and employment and encourage the development of positive learning environments. This can mean showing others, like teachers or employers, how to adapt activities to meet the needs of the adult with ASCs and allowing individuals to do activities for themselves. By allowing adults with ASCs to do more for themselves, this can decrease undesirable behaviours and lead to a more fulfilling life.
14. Occupational therapists are skilled at helping people to identify their skills to use in an employment setting. Occupational therapists also have a role in highlighting these strengths to employers. Despite this, well managed and successful open employment for adults with ASCs is not the norm. For some adults with ASCs who have behaviour that is described as challenging, services may use 1:1 or 2:1 support and they rarely attend work placements or college regularly. Colleges are not keen to accept them as they do not meet the learning objectives and there is difficulty obtaining the funds for training. This makes it very difficult for these adults to find suitable employment; they are capable of employment but it is very difficult to find anything appropriate.
15. Adults with ASCs require much higher level of support than others (certainly initially) to stay in employment. It may take them longer to understand what they are expected to do and they may have difficulty understanding the culture of the work place. However, they will focus on the job in hand if properly prepared, are less likely to get involved in

office politics or be distracted by socialising and can be excellent at repetitive jobs. Occupational therapists have unique skills to support adults with ASCs by breaking tasks down into manageable chunks (activity analysis) and giving people time to attain the skills required in a way that is specific to their learning style. As flexibility of thought is difficult for adults with ASCs, employers can be educated about how small changes at work can have a big impact on the person (Hawkins 2004). For example, if a person knows that they need to do three tasks every day at work, asking them to do an alternative task may be very confusing for them as they will be unsure what to do in an unfamiliar situation. Positive working environments will capitalise on peoples' strengths, for example allowing people with good memory and product recognition skills to identify items quickly which are returned to customer services and locate the items in warehouses.

16. Mentoring packages which allow co-ordination between the individual and employer can facilitate employment. Setting up employment requires detailed planning and consistency of support which are often not available. Services currently tend to set employment up and then withdraw which contributes to its failure. Employers also require support so they understanding what each individual requires.

Financial Memorandum

17. The COT finds the Financial Memorandum useful as it outlines the cost of producing the strategy and the savings that may result from better care and support for people with ASCs. However, it may also be prudent, especially in the recession, to make some financial predictions about the cost of implementing the strategy once its content is agreed.
18. The COT have no comments to make about the consultation the Scottish Government carried out prior to the introduction of the Bill and would be happy to answer any questions about this submission of evidence. The COT and the COT Specialist Section-People with Learning Disabilities have recently published "*Occupational therapy and people with learning disabilities*" available at http://www.cot.org.uk/Homepage/Library_and_Publications/College_publications/A_Z_listing/ which will provide further information.

College of Occupational Therapists
8 October 2010