

## SUBMISSION FROM RALPH GREEN

1. As an experienced retired social worker and senior fieldwork manager, who had a remit in special needs that, in concert with a qualification in teaching, I took on an advocacy role last year with a young disabled person aged 12 years – now aged 13. The young man with an autistic spectrum disorder (ASD) has complex needs this being further complicated with a learning disability.
2. My very negative experience of both the individual and inter and intra-agency involvement relating to his needs and rights have signalled for me the critical need for this Autism (Scotland) Bill. What we have is simply not working.
3. Getting it Right for Every Child (GIRFEC), a policy precept of the Scottish Government; "Getting it right for Every Child" in this young man's case is a foreign language to those participants responsible for its implementation - a great idea but in practice it needs to be translated into reality. My key concerns relate to the absence of the need for the execution of a "professional integrity" based on the merits of a case not funding constraints or ill informed opinion and insufficient training. We need specialist social workers not those with a generic caseload but concrete qualification or an obligation to seek authoritative specialist assessment
4. **Once assessment of needs are established as suggested – admittedly difficult in itself within this complex disability – and without an eye on resources then we will then have a clearer picture of what the real need is for those with autism and their families.**
5. I could suggest that the assessment of need is prejudiced by the need for consequential resources and therefore suffers dilution. I believe that to be inevitable as funds are not infinite. It may also be an unwitting consequence with the professional's mindset attuned to constraint rather than legitimate need. My own experience in social work practice confirms that anomaly in various areas. In addition – social work, education and health may reject each other's professional take if the cost should fall to them individually. Alternatively - because of intra-agency funding being required – again wittingly or unwittingly - collusion can creep in to the disadvantage of the client and client's family associated with costs. Within that scenario GIRFEC is not implemented and the "demanding" or perceived "difficult" client and family is then regarded with hostility rather than legitimacy. Client service is then predicated on that relationship rather than the needs and rights of the client proper. Phrases such as "not value for money" banded about in my client's case and blaming the parent for his lack of development.
6. In addition, underpinning this is of course the problem of expertise. I cannot make general comment in respect of the relevant agency understanding of autism but in the case of this young man it became

evident that as his autism was complex - he cannot instruct or articulate his needs – he is seen in parlance as sub aloof - all agencies in one way or another have foundered dramatically. He does however signal his needs (and rights) through his behaviour his best means of communication.

7. Training - an unqualified social worker albeit under supervision given such a case was not equipped professionally. In addition, neither was the senior if that senior is not adequately trained. If the worker does not understand or is not acquainted with necessary terminology such as “intervention” common parlance within the world of autism that, in association with those not yet having completed their own general professional training, reveals all is not well. When the “expertise” of the non expert is then used to assist eg, deliberations at a Children’s Panel for members to arrive at decision then justice is seriously undermined. Albeit a new social worker may then appear and be of two years qualification, such a complex condition demands a certain capacity to arrive at recommendation to allow panel members to make informed decision no matter how well meaning they may be.
8. It is important not to forget that some children on ASD do arrive at the door of a Reporter to the Children's Hearing system as did my young client. Professionals, bereft of expertise in assessing his needs, bereft of putting in appropriate family supports to a lone parent who cared and fought for him over 12 years and controversy between mother and social work as she fought for reasonable support became the order of the day. The therapeutic relationship so argued for by social work was cast aside by them by their behaviour not the client’s family or advocates. It did not matter what weight was brought to bear with advocacy, legal and those with an MBE for services in autism - institutional arrogance had developed. Was his mother to deny him opportunity to engage in doing these things any disabled child is entitled to do whether that right be underpinned by the Children’s, Act, Human Rights Legislation Article 31? Was she not to take him out with her to shop, to go to the dentist, to walk the dog, to go swimming because escort was not seen as appropriate resource – what arrogance and where was GIRFEC now? Where were the supports to allow these public sojourns without endangering him as he had a penchant for running as an expression of freedom. Escort was needed but not given.
9. In not doing so agencies, in the knowledge that his behaviour in public demanded escort, failed this young man – the risk assessment not delivered after a two episode success. Mother was at breaking point and needed not just resources but understanding and a whiff of compassion. I was ashamed of my colleagues.
10. Should he have been taken into care for his protection as he was eventually, into a holding/temporary location? In that care his mental health has deteriorated to new levels of self harm, assault and other violences. He exhibits emotional disorder compulsive behaviour and latterly (now) an affective disorder – depression and anxiety.

Psychological assessment argued for but not available for six months in his residential care catchment area. Then the greater need for this as he became more and more depressed that haunted look ignored - a plea by mother for a private, paid – for clinical psychological assessment with mother offering what she could afford. There is and was surely something amiss. His advocate expressing concern she being secured for him not by Social Work but by myself within one ten minute phone call. That tells its own story where is GIRFEC?

11. So it's not just a post code lottery, it's about attitude too albeit the coal face worker may be governed in practice by financial constraints asking for much less, wittingly or unwittingly, than the clients needs and rights dictate. Why did Capability Scotland withdraw its West Glasgow Project services to autism with reference being made that they could not meet the quality expectation sought for by clients. What was that standard? Was it reasonable and legitimate? What replaced it? Training, where is this training? What is it? How deep and thorough is it? Why a six months waiting list for psychological assessment for children with special needs in Forth Valley? Why is mother still waiting for decision on how Social Work intends to address the child's emotional difficulties and behaviour. When and if will there be an assessment perhaps leading to a behavioural modification programme, or medication or whatever but there is no sense of urgency no proactivity.
12. To my way of thinking I do not think the Children's Panels are equipped to deal with such complex cases when those they depend upon for "expert" advice are neither expert nor unbiased. It is not acceptable that a young person should lose his liberty in such circumstances and that a mother lose her son to a care situation which renders him more disabled and his development at serious risk.
13. Perhaps with such complex cases too much reliance is placed on the opinion of the expert who in reality is not. In such cases those making decision need the best advice they can get and even then understanding and assimilating that information requires a certain capacity. Within that assertion I draw on an analogy – that of complex fraud cases where the capacity to understand complexities involved do not have fit with a jury system.
14. A useful addition to the situation as it affects children with autism is that where there are agreed complex needs which require a Safeguarder involvement which often relate to the child's liberty then this appointment should be for the duration of any supervision order. I would much prefer that all children, where parents agree, have an independent mentor or advocate who can not only assist the client's wish but contest behaviours from relevant agencies which are not in the client's best interests. Finance is always limited but that proposition merits attention. In such circumstances the Safeguarder or mentor would have the authority to command specialist assessment.

15. That proposition would deal with the interference of resource constraints to the assessment process and ensure that professional integrity is not undermined.
16. In conclusion we need an autism strategy bill as the current situation has left children on ASD out in the cold. I cannot as yet speak for services to adults on ASD but this young man will be an adult in the not so distant future. If services to him as an adult are as poor as they are to him now as a child then he will suffer a double jeopardy. We are supposed to care for our children we do not, particularly children with ASD. We need more than systems we need a professional accountability in which the agencies should be required to justify their decisions at impromptu inspection in which a Panel of accredited professionals interview all those involved including the client and family. We need an autism strategy bill.

Ralph Green  
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