

SUBMISSION FROM THE BRITISH PSYCHOLOGICAL SOCIETY IN SCOTLAND

1. The British Psychological Society (BPS) in Scotland is pleased to have the opportunity to respond to the Committee's call for evidence on the Autism (Scotland) Bill (the Bill). The British Psychological Society ("the Society"), incorporated by Royal Charter, is the learned and professional body for psychologists in the United Kingdom. The Society is a registered charity with a total membership approaching 50,000, almost 3500 of whom are based in Scotland.
2. Under its Royal Charter, the objective of the Society is "to promote the advancement and diffusion of the knowledge of psychology pure and applied and especially to promote the efficiency and usefulness of members by setting up a high standard of professional education and knowledge".
3. The Society is committed to providing and disseminating evidence-based expertise and advice, engaging with policy and decision makers, and promoting the highest standards in learning and teaching, professional practice and research. The Society is an examining body granting certificates and diplomas in specialist areas of professional applied psychology.
4. We are content for our response, as well as our name and address, to be made public. We are also content for the Scottish Government to contact us in the future in relation to this consultation response. Please direct all queries to:-

Section 1 of the Bill requires that the Scottish Ministers must prepare and publish a document setting out a strategy for meeting the needs of persons in Scotland with autistic spectrum conditions, by improving the provision of relevant services to such persons by local authorities and NHS bodies. This would be known as an autism strategy. The Section also makes provision for the consultation, publication and revision of the strategy.

5. The BPS agrees with the Bill that a national strategic approach would be of benefit to people with autism in Scotland.
6. However we do have some observations with regards the prescriptions that the Bill makes.
7. Statutory guidance already exists for people with learning difficulties and/or mental health issues, of which people with autism spectrum disorders (ASD) form a sub-group. Therefore we would query whether giving additional weighting in the form of primary legislation might mean that resources will be directed to people with ASD at the expense of other groups.

8. In this respect, we feel that there is already strong provision to ensure equality for people with ASD.
9. We would also suggest that any required duties to improve services for those with ASD could be achieved by the production of a Scottish Government strategy, and that such provisions would not necessarily require primary legislation.

Section 2 requires Scottish Ministers to provide guidance to local authorities and NHS bodies about the provision of relevant services.

10. The BPS feels that it could be implied from the Bill that existing services are poor throughout Scotland and that there is limited acknowledgement of existing good practice.
11. The re-establishment of the ASD reference group early this year is a positive step in developing a national strategy. This will hopefully streamline good practice and tackle governance issues.
12. Such an approach should 'plug the gaps' in a short timeframe and in a cost-effective manner.

Section 3 obliges local authorities and NHS bodies, when providing relevant services, to have regard to this guidance.

13. Again we would support the general aim of this provision (in so far as it seeks to improve the provision of services equally across the country), but we would like to see some clarity on—
 - Whether or not primary legislation is required to obligate NHS Boards and/or local authorities to provide ASD services, or whether using NHS Quality Improvement Scotland clinical standards (this could mean either refreshing existing standards on learning disabilities or creating a new one) or a chief executive's Letter could be just as effective.
 - Whether or not it is even desirable to give additional weighting to ASD over other conditions which could become less of a priority as a result, a particularly worry in times of economic stringency.

Summary

14. To summarise, the BPS supports any endeavour to improve the level of services delivered to vulnerable people, but we would feel more comfortable with the provisions of the Bill if some points were clarified. For example—

- Why ASD should be potentially put into a position whereby NHS Boards and/or local authorities may give it priority over other equally important services?
 - If statutory duties are placed upon them, where will the funding for any additional services come from?
 - What would the consequences be for NHS Boards / local authorities if they failed to meet the requirements of an Act compared to those of a strategy?
 - Could any current discrepancies be reduced by new/refreshed clinical standards or a chief executive's Letter?
15. In terms of any future strategy, we are keen that it would take account of the broad range of services and service providers that exist, and not lean too heavily towards one particular viewpoint or stakeholder.
 16. Of course this is not to say there is no place for specialist services in any strategy. However BPS feels that the key is that services are adapted to meet the needs of individuals irrespective of who provides them. The model of the National Autistic Society accreditation scheme explicitly acknowledges this.
 17. There are a number of services, such as learning disability services, which do meet the needs of a large proportion of people with ASD.
 18. And although current guidance suggests that learning disability services should also provide services for people with ASD using a common cognitive deficits model, this does not seem appropriate for people of average or above average intelligence who feel out of place in a learning disability service.
 19. Services for people with ASD need to be provided across the NHS and other public services according to specific individual needs.

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