

Improving the life chances of disabled people

A response from the National Autistic Society

The National Autistic Society (NAS) is the leading charity for people with autistic spectrum disorders in the UK. It has a membership of over 12,000, a network of 60 branches, and works with more than 90 partner organisations in the autism field. The NAS exists to champion the rights and interests of all people with autism, including Asperger syndrome, and to ensure that they and their families receive quality services, appropriate to their needs. There are approximately 520,000 people with autistic spectrum disorders in the UK.

The NAS welcomes the White Paper and believes that the recommendations outlined in the report are necessarily ambitious and have the potential to improve the life chances of people with autistic spectrum disorders (ASD). Current outcomes for people with autism are poor, for example 21% of children with autism are excluded from school¹ and only 6% of adults are in employment². The NAS is keen to support and assist the implementation of the White Paper to ensure that people with autism benefit as the recommendations are taken forward. The following response picks up on recommendations that have a particular relevance to autism, and highlights examples of good practice and current initiatives that may assist implementation.

Chapter 4: Independent Living

Recommendation 4.1: Modeling good practice

The NAS is currently producing a DH funded report *Autism and Independence – Good Practice*. The project has been funded for 3 years and is due to end this summer, it sets out to understand how people with an autistic spectrum disorder can be as independent as possible. The report will examine a range of positive models that facilitate independence, and will focus on identifying good practice. The NAS hopes that the final report will make a useful contribution to the implementation of this recommendation.

Example of Good Practice - Supported Living

Mark is a young person with Asperger syndrome, who experienced a particularly difficult transition from children to adult services. Mark's placement in several out of county residential services did not work out. Mark moved into a flat of his own, but his Asperger syndrome meant that he was vulnerable and his new 'friends' took his money, which affected his confidence and self esteem.

¹ Barnard et al, (2000), *Inclusion and autism: is it working?* London: National Autistic Society, p.19

² Barnard et al, 2001, *Ignored or ineligible? The reality for adults with autism spectrum disorders*, London: National Autistic Society, p.16

At this point the outreach service from the local authority appointed a facilitator who built up a relationship with Mark using a Person Centred Plan (PCP).

Mark was finding college very difficult because of his lack of social skills and low self esteem. Through a PCP approach the outreach worker and Mark decided that he would leave college and return to his family home in the short term.

Mark wanted to occupy his days in a fulfilling way. He was interested in electronics so with the support of the outreach worker he started a tailored training programme, which enabled him to work towards employment. The day was structured so that Mark could work to a set routine that included defined periods of social interaction with staff members. The course was part-time so there was an opportunity for Mark to return to college if he decided to do so.

The PCP approach enabled Mark and the outreach worker to address one particular issue at a time, for example, building up self confidence by allowing Mark to spend his time applying himself to something he was interested in. Mark was able to explain that he had low self esteem because he thought he had failed when trying to live independently.

Mark was able to live more independently despite moving back in with his family, because he was able to concentrate more effectively during the day, and he felt more in control of his life. Mark was offered counseling support from a professional with an in depth knowledge of Asperger syndrome. This was the first time that his Asperger syndrome had been specifically addressed.

Mark's increased self confidence enabled him to move into supported living accommodation. The local authority provided the staff with training so that they were able to maintain a PCP approach with Mark.

It is important that we encourage and enable people with autism to participate at all levels. If young people are not involved in small decisions about their own lives, they are not empowered to take a role in broader participation. Service users need to have a voice, and provide feedback about the services they receive. The NAS Helen Allison School in Kent has developed good practice in this area, establishing social groups where pupils share their thoughts and opinions about school life. This establishes as early as possible the opportunity for individuals with an ASD to have their say about what they want to do and how they want to do it. Promoting independence from an early stage gives young people the confidence to take more control over how they live.

Chapter 5: Early years and family support

Recommendation 5.2 highlights the lack of available places for disabled children in childcare and early education settings. For carers of children with ASD availability is the key barrier to accessing appropriate childcare facilities, as opposed to affordability.

Many mainstream and generic disability providers of childcare in all its forms feel unable to cater for children with autism. Research shows that 82% of service providers want more support and information about ASD and 62% require a specific training package for supporters.³ Providers confirmed that they have difficulty in providing for children with 'challenging behaviour'. Similarly, parents rated an understanding of ASD as the most important criteria in their selection of services. It follows that the most needed innovation would be training in behaviour management for all childcare workers to increase the accessibility of all settings for children with autism.

The NAS believes that the Every Child Matters Children's Workforce Strategy provides an opportunity to support the implementation of this recommendation. The NAS would like local authorities to be encouraged to address this skills gap in the local workforce strategies they produce alongside the development of a Children's and Young People's Plan.

Recommendation 5.8 states that DfES and DH should ensure that the children's workforce is capable of fully meeting the needs of disabled children. This is vital as a lack of understanding of autism amongst childcare and education professionals, and the absence of behaviour management training, means that children with autism currently have very limited access to childcare or short break services. The scale of the training need can not be overestimated. The NAS estimates that 1 in 110 people in the UK have an autistic spectrum disorder, so every childcare provider should expect to work with a child with autism.

Training is a general principle underpinning the Manifesto of the All Party Parliamentary Group on Autism, calling for all professionals and auxiliary staff working with people with autism to receive autism awareness and job specific training. The National Autism Plan for Children (NAP-C) recommends three tiers of autism training for professionals:

- Joint multi-agency programmes of ASD awareness training on a continuous basis for all professionals working with children
- Regular ASD specific training for those providing assessment and diagnosis
- Training for those delivering interventions for children with ASD, this should include issues related to understanding ASD and not be limited to single intervention training⁴

The Every Child Matters Children's Workforce Strategy has the potential to address this training need, but the draft strategy does not explicitly address the need for the early years workforce to have skills to support disabled children. It is important that this opportunity is not lost, because the current lack of understanding of autism has major implications for service provision across the country. The NAS recommends that guidance for local authorities highlights the need for their workforce strategy and Children and Young People's Plan to address the skills and knowledge professionals need in order to support disabled people and their families effectively.

³ Tarleton et al (2002) *Better for the Break?* Shared Care Network: York

⁴ NIASA (2003) *The National Autism Plan for Children*, NAS: London, p.14

Recommendation 5.9 focuses on the need for strategic commissioning of services for disabled children with a view to meeting the NSF standards. The NSF recognises that short breaks are a vital element of family support. Short breaks also reflect the ‘invest-to-save’ approach recommended in the report, as the provision of regular short breaks can prevent families reaching crisis point which could lead to the need for long term residential placements. The NAS has experienced a sharp rise in the number of 52 week a year placements in our 5 autism specific special schools across the UK. Many of these pupils need residential provision because there has been a failure to support them in the family home, rather than because of their educational needs.

Currently, over 90% of short break schemes have waiting lists, and a recent study found that children with ASD account for almost a third of the waiting lists for short break services.⁵ The NSF (standard 8) prompts Local Authorities to conduct regular audits of current short break services, to include the characteristics of children waiting for provision. It also states that a strategy should be agreed to recruit more short break carers for ‘hard to place’ children. The NAS believes that these objectives need to be prioritised if strategic commissioning of family support services for children with autism is to move forward.

Recommendation 5.3 requires DH and DfES to develop guidance for evaluations of children’s services carried out at a local or regional level. The needs of children with autism and their families must be taken into account in these evaluations. Progress towards meeting standard 8 of the *National service framework for children, young people and maternity services* (NSF) should be reflected in the evaluation, and the Autism Exemplar would be a useful tool for identifying good practice.

Provision for children with autism represents a particular challenge for local authorities. This is partly due to the rising number of children diagnosed, the complexity of the condition and the need for multi-agency support. Experience suggests that if local authorities can get service delivery right for children with autism and their families, they are likely to perform well overall.

Recommendation 5.4 states that Children’s Trusts need to ensure that all families have access to clear information about local services, and highlights that the *Early Support* programme materials are key to delivering this recommendation. The NAS contributed to the development of the *Early Support* materials for families, and we have received positive feedback from professionals and families using the resources. The majority of children with autism will be diagnosed after their third birthday, and therefore these families will not be eligible for support through the programme. The NAS would like parents of older children with autism to have access to the *Early Support* programme, at the point their child’s autism is recognised. We believe the family resources are suitable for parents of children aged 5 years and under without the need for any substantial adaptations.

⁵ Tarleton et al (2002) *Better for the Break?* Shared Care Network: York, p.3

Recommendation 5.5 highlights an ‘invest-to-save’ approach, shifting the emphasis of expenditure towards early intervention. The professional and scientific consensus on the benefits of early intervention for children with an ASD is strong. The National Autism Plan for Children (NAP-C), a report from a multidisciplinary expert working group, recommends that all children receive a minimum of 15 hours of autism-specific interventions each week.⁶ The only economic analysis of autism in the UK to date highlighted that, from an annual total cost of autism of at least £1 billion, only 7% was spent on education. The authors concluded that ‘evidence suggests that even moderate increases in educational provision could potentially result in major savings in later living costs.’⁷

However, the evidence base for the relative efficacy of ASD-specific interventions is weak. Few intervention methodologies have been subject to rigorous objective assessment against scientifically-credible criteria. This partly explains the why autism cases are significantly over represented at the SEN & Disability Tribunal. Service commissioners will not have a clear evidence base on which to allocate resources for interventions, until research into effective interventions for autism is prioritized and coordinated across government agencies.

Following the publication of *Mapping autism research: Identifying UK priorities for the future*⁸ the DfES have led the establishment of the Autism Research Co-ordination Group, which brings together government departments, researchers, the voluntary sector and key funding agencies including the MRC, to initiate a systematic approach to autism research. The NAS welcomes this important step forward, and will continue to fully support the work of the group. In order for this work to progress it is vital that government departments including DH and DWP are committed to the initiative and contribute fully to the work of the group.

Chapter 6: Transition to adulthood

Recommendation 6.1: Young people and their families need to experience continuity in delivery from child and adult services and from different agencies

The recent Green Paper by the DH, *Independence, Well-being and Choice*⁹ stated that the introduction of the post of Director of Adult Social Services (DASS) alongside the Director of Children’s Services will ensure that all the social care needs of local communities are given equal emphasis and are managed in a co-ordinated way. The relationship between these 2 posts will be crucial to ensuring that the needs of both adults and children in families are met and that services work well together. The DH is simultaneously publishing best practice guidance on the role of DASS for consultation.¹⁰

⁶ NIASA (2003) *The National Autism Plan for Children*, NAS: London

⁷ Knapp M. and Jarbrink, K (2001) The economic impact of autism in Britain. *Autism* vol 5(1), pp. 7-22.

⁸ Tony Charman and Pippa Clare (2004) *Mapping autism research: Identifying UK priorities for the future*, NAS: London

⁹ Department of Health (2005): *Independence, Well-being and Choice*. Green Paper

¹⁰ Department of Health (2005): *Guidance on the role of the Director of Adult Social Services*. Consultation

The DASS should play a key role in ensuring that arrangements are in place to support individuals during the transition between different services, to ensure multi-agency coordination and a seamless pathway. Young people approaching the age of 18 should also be involved in planning the services that they will receive as adults in order to ensure that adult services are genuinely responsive to their needs.

Another feature of *Independence, Well-being and Choice* is the extension of Direct Payments (DPs). It is important that the benefits of direct payments are extended to those who are currently excluded. At present young people with profound autism are often unable to continue with their DPs when they become adults as they do not have the ability to consent. Those who do not have the capacity to consent, and those unable to manage DPs with assistance, will need to have an agent appointed to support them if a continuity of service is to be achieved. 12,585 individuals received direct payments in 2003, however 1.68 million adults used community care services in 2002/03. This indicates that take up of DPs is still relatively low. Adults with autism will need varying levels of support to enable them to use DPs, and young people receiving DPs that are managed by their parents will need targeted support if they are to retain them after the age of 18.

Direct Payments should be offered to disabled people as a choice, and it is vital that the individual should not be pressured or directed into taking a DP instead of a service. Local authorities currently struggle to provide appropriate services for people with autism who have complex needs. The NAS is concerned that authorities in this position may promote DPs as an alternative to developing and resourcing appropriate services. It would be unhelpful for government to simply identify the number of DPs issued by a local authority as an indicator of good practice, as this does not necessarily encourage appropriate use.

The NAS are core members of the Transition Information Network (TIN) which has developed a national profile of transition models and resources. CDC's Getting a Life project is developing a practice paper illustrating different models of multi-agency working to deliver services at transition which will be widely disseminated through TIN and CDC transition contacts.

Recommendation 6.3: Assessments of how well “universal” services meet the needs of disabled young people and their families

The NAS is a member of the Council of Disabled Children and attended a CDC hosted a seminar for the DRC on 22nd March looking at issues for the public sector duty and children's services. The NAS has responded to the DRC's Code of Practice for the implementation of this new law and will be working closely with the DRC to ensure that children and young people are covered.

Recommendation 6.3: Young people and their families should have access to good quality local information

TIN produces a magazine that goes out to young people, parents and professionals, which has national information and examples of good practice. TIN also runs seminars for young people, parents and professionals, which provide an opportunity to discuss issues such as person centred planning, friends, leisure and relationships and to share information and ideas.

The next issue of CDC's transition newsletter, Getting a Life, will feature local transition guides, which are essential for informing young people and their parents about what resources are available locally. This will be an effective way of sharing the good practice that exists around the country and helping authorities that are struggling to produce guides to get an idea of what they look like.

Recommendation 6.6: Disabled young people should be included in planning that is centred on their own needs

Recommendation 6.7: Ensuring advice and guidance is tailored to meet the needs of disabled young people

For this vision to be realized each young person with an autistic spectrum disorder going through transition will need to be supported in a continuous, coherent way by professionals. These professionals will have to spend sufficient time with young people and families, adding their professional skills to the knowledge and resources of the family. They will need to use planning approaches that support people in identifying and pursuing their aspirations as they become adults. This will involve much more than assessment for eligibility for existing services. The involved professionals will need to have good knowledge of specialist, non-specialist and non-service resources and opportunities which may be available to assist people in pursuit of their goals. They will need to have the skills to negotiate with young people, their families and with gatekeepers to resources and opportunities.

Various forms of person centred planning can be useful in transition, depending upon people and circumstances. For some people, who are in a position to state clearly what they want from their life as they become adults, the future oriented styles, PATH, Maps, Personal Futures Planning may be immediately useful. In such circumstances, young people may need support in focusing their thinking, ensuring that all key issues are covered and with problem solving.

For many young people, getting a clear picture of a person's aspirations and problem solving around these is especially difficult. Many young people approach school leaving in a situation in which those working with them have either little good knowledge of what they want from adult life and/or little idea about how they might pursue their goals. People with very significant disabilities, who do not communicate with words, and/or who have been labelled "challenging" are often in this situation.

For these people it is likely that an approach such as Essential Lifestyle Planning will be useful as a first step. ELP can offer an opportunity for those involved to jointly explore with the person what is essential and important to them and to consider in detail how current and future supports can contribute, including towards keeping them healthy and safe. We have a number of experiences where very important discoveries about people have been made when undertaking Essential Lifestyle Planning starting in the final school years. These have led to significant improvements in immediate quality of life and have focused and motivated workers and families to carefully action plan for suitable supports on school leaving.

Using Essential Life Planning (ELP) in transition – the example of Jane¹¹

Jane has been diagnosed as autistic and as having severe learning disabilities. At 16 she had been placed at an out of district school having been excluded from a local special school on grounds of challenging behaviour. For most of her life she has had a great deal of professional involvement, mostly aimed at fixing her challenging behaviour. She has thick files on a range of interventions and involvements over the years.

Research and experience shows us that people in situations like Jane's are at serious risk during the period of transition. There were risks that:

- as someone in an out of district placement she might not get enough attention in transition from the care management service in her home town, in particular school and social service co-ordination might be poor
- as someone with autism and a reputation for challenging behaviour local adult services might find it very difficult to offer her service and choice locally
- as someone who does not use words to communicate Jane might suffer from poorly developed professional approaches to communication
- as someone with lots of professionals involved she might suffer from poor co-ordination of their inputs

In the event a couple of years before Jane was due to leave school an Essential Lifestyle Plan was started, facilitated by a care manager from the learning disability service with the close co-operation of her family. The planning undermined the risks and promoted better support in transition for Jane. The process ensured that:

- the knowledge and experience of Jane held by school and children's service staff was not lost but used in getting a clear picture of her strengths and interests and of what would be needed to properly support her in adulthood. The care manager and others from adult health and social care services spent time with Jane in her school and with her staff
- the range of professionals and support staff involved or potentially involved with Jane were able to contribute equally to a process of forming a collective understanding of what was essential and important to Jane and what she needed to be properly supported in pursuing her aspirations. Jane and her mother were able to be at the centre of this process which Jane's mum felt for the first time in her life started from Jane, not her behaviour

¹¹ Martin Routledge (2001) Stockport Social Services, Children's Disability Team: Transition Planning and PCP.

- the collective commitment to Jane that emerged from this experience clearly helped staff to deal with creativity and tenacity when very difficult situations arose. It seems clear that in different circumstances these difficulties may well have led to exclusion from service
- the process of ELP helped form the basis of the detailed service design and contracts that were necessary to ensure that services were able to provide for Jane
- the detailed understanding of Jane and her wishes that resulted from the ELP enabled those around her to see that she would not fit into an existing short term support service and promoted the determined search to find a way of designing something from her aspirations. This in turn led to a decision to pursue a Direct Payment so that she could get regular staff that she trusted to support her rather than deal with a rota of people in the existing service

Jane's life is not "fixed". It seems clear, however, not least to Jane's mum, that the ELP and the quality, committed work of those involved, have contributed towards a transition experience where many of the anticipated risks did not materialize and where coherent and focused reflection led to the design of supports which are working for Jane better than anyone involved might have expected.

People with autistic spectrum disorders experience difficulties with social interaction, social communication and imagination – known as the 'triad of impairments'.¹² Difficulty with social imagination means that people with autism struggle to comprehend what will happen in the future. This can make the world a frightening and unpredictable place, and individuals rely on routine and structure to help them feel in control. This core difficulty with the concept of time, imagining what will happen next and predicting the consequences of your actions, all have implications for future planning. The professionals who are supporting people with autism to plan their future, need to have a strong understanding of autism.

Good practice example

NAS Helen Allison School is developing future planning with children as young as 5 years old, so that they are familiar with this way of working and better equipped for the transition when they leave school. Children are supported to identify and work towards a personal aim, and record their progress towards it.

The NAS recommends the transition planning guidance produced by Stockport Social Services, Children's Disability Team. We feel that this clear, comprehensive document could be a useful resource for other local authorities.¹³

¹² Wing, L. and Gould, J. (1979) Severe impairments of social interaction and associated abnormalities in children: epidemiology and classification. *Journal of Autism and Developmental Disorders*, Vol. 9(1), pp. 11-29

¹³ Martin Routledge (2001) Stockport Social Services, Children's Disability Team: Transition Planning and PCP.

The DfES guide to transition planning (www.dfes.gov.uk) offers a number of practical approaches, based on person centred planning, for making sure that the voice of the young person is properly heard and that real planning takes place.

There are also examples in which self-advocates themselves are taking the lead in supporting planning in transition. In one county, a co-operative of self advocates support young people in the final years of school by, for example, assisting them to develop posters describing their aspirations and helping them to use these within the formal transition planning structures.

CDC has also been developing a reader paper on person centred approaches for professionals. This will look at various models used to employ person centred approaches, outline good practice in transition and outline ways that person centred approaches can be developed by services working with disabled young people in transition.

At a national level the Transition Information Network provides young people, parents and professionals with up to date, relevant information about all aspects of transition. The website for young people will signpost them to the most relevant national and local agencies to provide them with the information they need.

Recommendation 6.9: Access to leisure and independent living needs to be ensured

The Transition Information Network held a seminar in February that focused on Leisure, friends and relationships and gave young people, parents and professionals a chance to discuss the issues for disabled young people in accessing leisure opportunities and work out what the best way of overcoming the barriers are. As well as young people and parents who had a wide range of experiences of accessing leisure services delegates included representatives from mainstream and specialist leisure providers.

Chapter 7 Employment

Recommendations 7.2: Occupational Health, 7.3: Role of GPs, 7.4: Benefits assessments and 7.5: the Capability Report

Only 6% of adults with autism spectrum disorders are in full-time paid employment.¹⁴ Although many people with an ASD are capable of work if they receive sufficient support, in reality the majority of adults with autism are not given the support that they need. This often results in low self-image, feeling undervalued and worthless, and leads to a belief that they are incapable of work. For some this can also result in mental health problems such as depression and anxiety. This situation needs to change in order for adults with an ASD to feel fully accepted in society and able to live independently; it is also uneconomical.

¹⁴ Barnard et al, 2001, *Ignored or ineligible? The reality for adults with autism spectrum disorders*, London: National Autistic Society, p.16

*'Failure to transfer the skills acquired through education to the workplace is a clear waste of resources. Continuing and unnecessary reliance on state benefits is also extremely expensive, as are the costs of treating psychiatric disorders relating to long term unemployment.'*¹⁵

The over-reliance on GPs to assess whether an individual is fit for work is a flaw in the current system. In a 2003 report, 42% GPs reported that they did not have sufficient information to make an informed assessment about the likelihood of a patient having an ASD.¹⁶ This indicates that GPs might not always have the expertise to report on the nature of an individual's condition. If people with an ASD have mandatory work-focused interviews, it is essential that the advisers undertaking the interviews have training in autistic spectrum disorders, and support provided if needed. It is unfair to require people to attend interviews if they are not given the support they need in order to make the interviews useful and beneficial. Adults with autism, including Asperger syndrome, should be able to bring trained advocates with them to work-focused interviews.

Recommendations 7.10: In-work support through Access to Work and 7.13: Supported employment

Prospects is the NAS employment and training service for people with autism and Asperger syndrome who wish to work. *Prospects* aims to combat some of the barriers adults with autistic spectrum disorders face, and enable them to seek, enter and retain work. Employment consultants from *Prospects* provide ongoing support to clients in their job, while offering training to managers and colleagues in working alongside the employee. Many adults with autistic spectrum disorders want to work, but only those in London, Manchester, Sheffield and Glasgow have access to the intensive support that *Prospects* offers.

Prospects currently provides workplace support through the Access to Work programme. However, applications for support and equipment can be time consuming and complicated. The NAS asks the Government to make applications for Access to Work support and equipment as straightforward and efficient as possible. The process should be made easy for small employers who have fewer resources to deal with bureaucratic and time-consuming procedures.

Employment services for people with ASD have proved very successful. For example, statistics from the *Prospects* Employment Consultancy show that 67% of their clients found work, 56% on permanent contracts, with a job retention rate of 68%. 98% of *Prospects* clients placed in employment were satisfied with their jobs. The total saving to

¹⁵ Mawhood & Howlin P., 1999, The outcome of a supported employment project for high-functioning adults with autism or Asperger syndrome, *Autism*, vol. 3 (3), pp 229-234

¹⁶ National Autistic Society (2003) *GPs on Autism*

the exchequer for all those clients who were employed during the period 1st April 2000 to 31st January 2003 was £494,686.¹⁷

The NAS believes that specialist support provided by Prospects, Aspire (Autism West Midlands) and others including the Supported Employment Project based within Meadowhall (Sheffield) is the answer to vocational support for young adults and adults with ASD.

Ongoing support within the workplace is a crucial factor for people with an ASD. Provision of a mentor to discuss problems or a job coach for support in the workplace will help. The Government's *Access to Work* scheme could provide job coach support. A mentor or manager could give guidance on the social or 'unwritten' issues/rules in the workplace, as these could cause much confusion to someone who does not pick them up intuitively. In some people ASD can be a hidden disability, and the difficulties in communication and social interaction they have could result in others misunderstanding them, therefore training in disability awareness for colleagues benefits both the individual and colleagues.

Recommendation 7.14: Employer awareness

As part of the NAS employment campaign *Undiscovered Workforce* the NAS produced two packs to raise the employer awareness of the attributes employees with an autistic spectrum disorder can bring to the workplace.^{18 19}

The NAS Employment Champion Awards were held in 2004 to celebrate good practice in employing people with an ASD, to encourage other employers to follow the examples. Nominations were made by the employee or anybody connected to the employee. Individuals nominated anybody who felt they had been particularly helpful in supporting either themselves or another person with an ASD who is in employment or seeking work.

The report provides concrete examples of the kinds of 'reasonable adjustments' an employer might need to make for someone with autism in the workplace. This demonstrates that adjustments are not necessarily expensive or complex, and illustrates practical steps that businesses have taken in employing a person with ASD.

Examples of "reasonable adjustments"

- Many employers gave clear written instructions in order for the employee to be able to plan and structure their workload
- City College Birmingham asked employee if she would like her support worker present at the interview

¹⁷ Alcock, J. & Howlin, P. (2003). *An evaluation of Prospects supported employment service for individuals with Asperger syndrome*. Report for the Department of Work and Pensions.

¹⁸ NAS (2004). *The Undiscovered Workforce: Looking for Staff?* NAS, London

¹⁹ Owen, G (2004). *Employment Champions* NAS, London

- Blockbuster video changed the interview format and re-worded the interview questions so that they did not disadvantage a person with an ASD
- ASDA Wal-Mart arranged for a three-week work trial rather than a formal interview
- Scottish Gas took into account the sensory issues of an employee and relaxed their strict dress code
- Remploy offered heavy duty ear defenders because of background noise

The employment pack *Undiscovered Workforce: Looking for Staff* advises employers on good practice recruitment techniques, what skills people with an ASD can offer, support available for them as employers, how the Disability Discrimination Act is relevant and where to go for further advice and information. Both publications are available on the NAS website <http://www.nas.org.uk/employment>

Recommendation 7.16: Jobcentre Plus and Employers

The NAS believes that the key to making Jobcentre Plus and other back to work schemes a success for people with autistic spectrum disorders is ensuring that those working with the individual have training in autism. This does not simply extend to Disability Employment Advisers, but also to Connexions advisers, occupational therapists, potential employers, GPs and other professionals who come into contact with people with autism and Asperger syndrome.

Everyone working with a client with ASD, needs to have training or access to materials so that they can understand the nature of autism and how this may affect employment. They will also need to be able to identify practical ways in which a person with autism can be supported. For example, unless advisers understand how to relate to an adult with autism and how to help them through the job application process, personal work-focused interviews will be of little use. If the adviser has not had training in ASDs, it is likely that these interviews will be extremely stressful and potentially upsetting for the person with autism or Asperger syndrome, due to the nature of their communication disorder.

As a number of professionals are likely to be working with the person with autism, good communication between individuals, and agencies is important. Due to a lack of understanding, Disability Employment Advisers often encourage people with Asperger Syndrome to apply for jobs that are unsuitable for them. This not only wastes the employer's time, but is very disheartening for the jobseeker who will often not get any feedback on why their applications are unsuccessful.

'I have had six different Disability Employment Advisers: none of them has helped me get a job.' (Person with Asperger syndrome)

After producing the report *DEAs: working for autism?*²⁰ the NAS met with the DWP to discuss training and learning material for Incapacity Benefit Advisers and Disability

²⁰ Owen G (2004) *DEAs: working for autism?* London: NAS

Employment Advisers. The NAS has been able to discuss the following recommendations.

- DWP to ensure that DEAs receive mandatory training about specific disabilities as well as Government schemes
- Government schemes, such as *Access to Work*, to be more flexible, to take account of needs of people with an ASD and to be more flexible in how they meet those needs
- DEAs to work with employers to educate them about the positives of employing people with an ASD and how they can be supported in the workplace.

The NAS is also a participant of the National Audit Office's (NAO) evidence gathering for a NAO value-for-money (VFM) examination looking at disability and employment. The evidence gathering will look at identifying what works and what does not work in helping disabled people into work and sustaining work.

Recommendation 7.18: Impact of the public sector duty

The NAS has submitted a response on the *Duty to Promote Disability Equality: Statutory Code of Practice* which is contained within the extension of the Disability Discrimination Act. Below is an example of how Jobcentres may be affected the extension of the legislation.

Example:

A local jobcentre keeps records of the number of people that employment advisers are able to support into employment. The jobcentre discovers that they have a number of job seekers with an autistic spectrum disorder who remain unemployed despite the support given to them by their DEA. The DEA informs the Jobcentre that people with an ASD do not have the same employment rate as other disabled applicants although their qualifications are as good, if not better. The Jobcentre contacts other local DEAs and ascertains that it is also the case in other neighbouring Jobcentres.

To allow this disparity to go unquestioned would be contrary to the authority's duty to promote disability equality. Therefore, following consultation with DEAs, work psychologists, people with an ASD and groups representing people on the autistic spectrum, the authority sets itself a realistic but challenging target of doubling the number of people with an ASD that it supports into employment within the next 3 years.

Further training is made available to DEAs and discussions take place with local employers about reasonable adjustments in relation to ASD. Regular monitoring and applicant feedback to assess the effectiveness of these plans is also undertaken.
