
Social care for adults with an autistic spectrum condition: Barriers and opportunities



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Barriers and opportunities in social care

Autism

- ❑ Diverse, heterogeneous population – often complex
 - ❑ Differing causes, presentation and outcome
 - ❑ Core features consistent over time - largely resistant to intervention
 - ❑ Frequently misunderstood – stereotyped images
 - ❑ Changing definition and prevalence
 - ❑ From early childhood but may present for the first time as adults
 - ❑ Impact of co occurring problems common significant – and often ‘treatable’
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Services

- ❑ Fragmented : Lack of expertise – not 'autism friendly'
- ❑ Expensive out of area placements – short termism- default option
- ❑ Problems with access and eligibility- often hard for autistic individuals to fit in to generic provision e.g. the importance of sensory difficulties – structure and predictability not recognised
- ❑ Particular problems for women, minority groups and people who are ageing
- ❑ Poor evidence base for interventions and services

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Social care to promote

Successful transitions	Major area of difficulty- 'fall through cracks'
Living well in the community	High levels of social isolation or in residential care
Good health and wellbeing	Vulnerability to adverse physical and mental health problems- restricted leisure opportunities
Suitable employment or meaningful occupation	Low level of employment (12 pc) - rarely commensurate with educational background. Often excluded from day services
Choice and control	Few achieve independence as adults- 40pc live with parents
Personal development and relationships	Experience bullying, hostility, fewer friendships, few marry, socially isolated.

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Barriers represented by :-

- ❑ **the condition itself**
 - ❑ reluctance to engage, interpersonal behaviour, overlapping conditions e.g. sensory differences, anxiety, OCD, ADHD, other mental health problems etc
 - ❑ **a lack of recognition of the condition**
 - ❑ low awareness and expertise, misdiagnosis, poor -simplistic assessment (e.g. face value), inadequate staff training, low expectations and lack of respect, punitive attitudes.
 - ❑ **the way services are organised**
 - ❑ discriminatory or postcode related eligibility criteria, crisis driven responses, interagency buck passing, unstructured chaotic facilities- dogmatic application of service led solutions e.g. PCP based on rigid values
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What seems to help?

- ❑ Local expertise- specialist teams –personalised approaches and services linked to diagnosis- specialised employment agencies
- ❑ Environmental modification – low arousal approaches
- ❑ Focus on structure and predictability- reduction of anxiety
- ❑ Play to strengths and build self esteem
- ❑ Understanding and respect for the 'culture' of autism and the autistic mind; well trained and supported staff
- ❑ Engagement of autistic individuals and families in design and planning

Howlin et al 2002; Mesibov 200; RCP 2004; Mills and Francis 2010

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Opportunities

- ❑ Autism Act 2009 - Statutory guidance
 - ❑ Development of local expertise – single pathway to support
 - ❑ Emphasis on training
 - ❑ Engagement of individuals with autism and their families in designing and planning e.g. mentor programmes
 - ❑ Research of efficacy of interventions
 - ❑ NICE – but not yet!
 - ❑ Build on what works- avoid what doesn't
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Case study

□ Nigel 48

Thank You



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