



British Psychological Society response to the National Assembly for Wales

Autism (Wales) Bill

	<p><u>The general principles of the Autism (Wales) Bill and the extent to which it will make provision for meeting the needs of children and adults with Autism Spectrum Disorder (ASD) in Wales and achieve the aim of protecting and promoting their rights;</u></p>
1.	<p>Comments:</p> <p>The Society welcomes proposals for meeting the needs of children and adults with autism spectrum conditions in Wales. We welcome the introduction of a strategy to meet their needs. We support the notion that local authorities and health boards have a statutory duty to provide appropriate and timely support for children and adults with autism. Furthermore, we welcome health boards being compliant with NICE guidelines on assessment. The creation of a register will be helpful to plan support. All key staff working with people with autism should receive autism training. Local authorities and health boards should routinely highlight and publish information on services for people with autism. The Society welcomes the development of commissioning plans for services for people with autism and the need to review them annually.</p> <p>Clinical, educational and occupational psychologists represent a professionally trained and highly skilled workforce which can provide support to children and adults, their families, carers, schools and colleges, workplaces and communities. Applied psychologists take a holistic approach to working with people with Autism. This includes psychological assessment and formulation. Clinical and educational psychologists work with children, including in schools. This includes psychological assessment and formulation with children and adults. In schools they are adept at working with individuals, groups of children, support and teaching staff and senior managers. Training is an important part of the remit when working with other education, health and care professionals.</p> <p>Early identification of ASD leads to significantly increased better outcomes (Dawson et al, 2010). Nonetheless, presently there are long waiting lists and delays for assessment. It is important that people with ASD receive support pre and post assessment. Applied psychologists are well placed to provide evidence based support and interventions. However, it should be noted that there are significant workload pressures on staff. Multi-disciplinary teams (e.g. paediatrician, child psychiatrist, clinical and/or educational psychologist, speech and language therapist) should undertake assessments. As a minimum, assessment should aim to bring together the views of children, families, and</p>

professionals to reach a shared understanding about the child and family's difficulties and protective factors (BPS, 2015).

The Society supports the implementation of NICE guidelines and Standards related to the:

Autism spectrum disorder in adults: diagnosis and management (CG142)

Autism spectrum disorder in under 19s: recognition, referral and diagnosis (CG128)

Autism spectrum disorder in under 19s: support and management (CG170)

Quality standards: Autism (QS51).

Assessment is essential to the process of formulation and psychological intervention and should be a comprehensive process. (BPS, 2015). Only clinical and educational psychologists, in particular, should carry out cognitive assessment with children.

There is a significant gender discrepancy between girls and women and boys and men with autism. Autism may be under-diagnosed in girls and women; many girls and women may be initially diagnosed with other conditions (including OCD, eating disorders, personality disorders or learning disability etc). Autism may look different in males and females, and this is complicated by the fact that the criteria used for the assessment of autism are biased towards males, and this can lead to girls with Autism being missed – and going 'under the radar'. For example, 'There is limited large-scale research into the lived experiences of female adults who have an autism spectrum disorder with no co-occurring intellectual disability...[there are] diverse and complex challenges faced by women with high-functioning autism spectrum disorder, including high levels of mental health disorder, unmet support needs in education settings and the workplace, and social exclusion and isolation.' (Baldwin and Costley, 2016).

Children with neurodevelopmental difficulties are far more likely than the general population to experience poor mental health (Van Steensel, Bogels and Perrin 2011) and behavioural signs of psychological distress are easily overlooked (Read and Schofield 2010). The need for multi-professional assessment is clear and ideally would not be limited to diagnostic pathways. Even within such pathways, capacity and availability impacts on intervention, particularly preventative work. (Hunt and Laffan, in print)

The Society wishes to draw attention to autism specific CBT resources. One such example is the Homunculi approach, which offers an autism-specific CBT resource for children and adolescents on the autism spectrum. Its key features are drawn from psychologists working with young people on the autism spectrum in their clinical and educational practice. 'Its underlying features have been comprehensively founded on autism theory and evidence-based interventions, with a view to addressing the full triad of autism features, with a particular focus on addressing mental health issues and fostering social and emotional wellbeing. It is flexible in that it can be used by anyone working with young people on the autism spectrum, it can be used in individual or group settings and it can be adapted to suit the specific needs and interests of the young person. Quantitative and qualitative findings to date have shown encouraging results regarding its effectiveness in supporting children and adolescents with autism. It has also shown good results with young people who have emotional and behavioural problems similar to those experienced by children with autism, and preliminary findings point to its potential in building resilience and fostering mental health at a whole class and year group level. This may provide pointers to more inclusive approaches to supporting young people in general. Instead of situations where those with autism are often subject to interventions designed for the general population but with no autism-specific focus, it may be that well-designed interventions for those on the

	autism spectrum prove also to be beneficial for young people in general, therefore allowing for a more inclusive approach.’ (MacKay and Greig, 2013).
	Any potential barriers to the implementation of the provisions and whether the Bill takes account of them;
2.	<p>Comments:</p> <p>There are long waiting lists for assessment and support – these difficulties will remain unless there are improvements in the workforce and specialist service provision.</p> <p>There is a need for specialised counselling, psychology and social support services that can contribute to improved well-being and quality-of-life for people with Autism. People with autism who are in need of mental health services should be able to access them and access staff who understand autism and have the right autism specific training. Mental health interventions are only needed when there are mental health difficulties - many people with autism feel they don't need anything different at all (e.g. Clarke, J. & van Ameron, G. (2008). Asperger's syndrome: Differences between parents' understanding and those diagnosed. <i>Social Work in Health Care</i>, 46(3), 85–106).</p> <p>Funding to implement the provisions of the Bill should be ring-fenced.</p> <p>The transition from child to adult services present a significant challenge with many young people falling through the gap between services. This leads to families and carers providing support with no provision for themselves.</p> <p>Support for adults is limited – only 16 percent of adults with Autism are in full time employment, compared with 80 per cent of the general population and 47 per cent of people with disabilities overall (BPS, Psychology at work, 2017).</p>
	Whether there are any unintended consequences arising from the Bill;
3.	<p>Comments:</p> <p>The Society has no comment to make.</p>
	The financial implications of the Bill (as set out in Part 2 of the Explanatory Memorandum);
4.	<p>Comments:</p> <p>The Society has no comment to make.</p>
	The appropriateness of the powers in the Bill for Welsh Ministers to make subordinate legislation (as set out in Chapter 6 of Part 1 of the Explanatory Memorandum).

5.	<p>Comments:</p> <p>The Society has no comment to make.</p>
	<p>References</p>
	<p>Baldwin, S. and Costley, S. (2016) 'The experience and needs of female adults with high-functioning autism spectrum disorder.' <i>Autism</i>, Vol.20 (4), 485-495.</p> <p>British Psychological Society (BPS), (2017) <i>Psychology at work: improving wellbeing and productivity in the workplace</i>. Leicester: BPS.</p> <p>British Psychological Society (BPS), Division of Clinical Psychology (2017) <i>What good likes like in psychological services for schools and colleges</i>. Leicester: BPS.</p> <p>British Psychological Society (BPS), Division of Clinical Psychology (2015) <i>What good likes like in psychological services for children, young people and their families</i>. Leicester: BPS.</p> <p>Clarke, J. & van Ameron, G. (2008). Asperger's syndrome: Differences between parents' understanding and those diagnosed. <i>Social Work in Health Care</i>, 46(3), 85–106.</p> <p>Hunt, K. and Craig, J. (2015) 'Delivering psychological services for children and young people with neurodevelopmental difficulties and their families.' <i>The Child & Family Clinical Psychology Review</i>, 3, 141–152.</p> <p>Falconbridge, J., Hunt, K. and Laffan, A, (Eds) (In press) <i>Improving the Psychological Wellbeing of Children and Young People: Effective Prevention and Early Intervention Across Health, Education and Social Care</i>, Jessica Kingsley Publishers, London and Philadelphia.</p> <p>MacKay, T. and Greig, A. (2013) 'The Homunculi: a flexible CBT approach to social and emotional wellbeing in children and adolescents on the autism spectrum.' <i>GAP</i>, 14, Supplement 1.</p>

End.