

## Green Light - Autism Only audit

The Green Light Toolkit investigates how mental health services respond to three groups of people:

- autistic people,
- people with learning disabilities, and
- autistic people with learning disabilities.

Within the suite of available audit tools, the Autism Only audit responds to the people who wish to focus entirely on the experiences of autistic people who are using mental health services. This group will, of course, include a number of autistic people who also have learning disabilities, and they should be included in the response, but learning disability is not explicitly referred to in the statements below. This audit uses the same format as the Online Audit but is not designed to engage with the online data handling facility, so analysis will require a local solution.

Each question has four options, so please check the one that most closely matches what you think is happening in the team or service you are reviewing. Do not score the practice of a single individual, but rather your sense of what is provided by the team as a whole. If you think that a particular question is not applicable, simply leave it blank and go on to the next one.

1. Staff attitudes and values	<input type="radio"/>	Some staff in mental health services think that autistic people should be looked after somewhere else.
	<input type="radio"/>	Mental health staff want to develop their knowledge and skills in working with people with autistic people, but nothing much has happened yet.
	<input type="radio"/>	Mental health teams have identified members who champion this area by working with experts by experience to spread good practice.
	<input type="radio"/>	Mental health staff have improved their response to autistic people and continue to learn and make adjustments.
2. Accessible information	<input type="radio"/>	Some general information is available, perhaps on the mental health service's website, but there is no evidence that it is being used.
	<input type="radio"/>	When visiting an individual mental health service, information is available including maps and floor plans; working hours, timetables of activities, mealtimes and cleaning; named photos of staff and who to ask for help; and a clear statement of what is expected.

	<ul style="list-style-type: none"> <li>○ Signposting and information is available in waiting rooms and other patient areas and cover medication and other treatments, the Mental Health Act, local services, complaints procedures, and advice on how to get help.</li> </ul>
	<ul style="list-style-type: none"> <li>○ Staff utilise these resources and adapt their communication to the person rather than just relying on the leaflet. Staff and autistic people work together to review and update these resources.</li> </ul>
3. Buildings and environments	<ul style="list-style-type: none"> <li>○ Autistic people are expected to use the same buildings in the same way as everyone else.</li> </ul>
	<ul style="list-style-type: none"> <li>○ Autistic people have been involved in an environmental audit and reported on things that need to be changed to make the building better.</li> </ul>
	<ul style="list-style-type: none"> <li>○ There are indoor and outdoor places and times where people can be quiet and away from others without needing to ask for permission.</li> </ul>
	<ul style="list-style-type: none"> <li>○ The building and its furnishings and equipment are suitable for autistic people, including architecture, lighting, décor, signs and sounds.</li> </ul>
4. Assessment	<ul style="list-style-type: none"> <li>○ We are struggling to get a detailed and timely assessment of how autism interacts with the person's mental health.</li> </ul>
	<ul style="list-style-type: none"> <li>○ The first appointment with mental health staff includes options of seeing a photo of the building and staff on the invitation letter, an offer of a pre-visit or a fixed appointment date rather than the uncertainty of a waiting list. People are asked if they are autistic.</li> </ul>
	<ul style="list-style-type: none"> <li>○ Mental health staff also carry out a person-centred assessment that avoids stereotyping, promotes social, emotional, cultural, spiritual and physical wellbeing and recognises the possibility that the person may be autistic.</li> </ul>
	<ul style="list-style-type: none"> <li>○ Screening and full assessment for sensory differences and autism is also accurate and timely, integrated with other processes (such as the Care Programme Approach and Care, Education and Treatment Reviews) and used to arrange good support.</li> </ul>
	<ul style="list-style-type: none"> <li>○ Health and care records are standardised for everyone and the proforma must be used in the same way for everyone.</li> </ul>

5. Health and care records and care plans	○	Care plans may contain photos or video information. They may include a Health Action Plan, Hospital and Communication passport record of the person's sensory needs and any reasonable adjustments that may be required.
	○	The views of autistic people are clearly recorded in their care plan. They are involved in shared decision-making about their mental health care and hold their own copy of the plan.
	○	The plan works towards the person's life ambitions and promotes independence from services wherever possible, as well as clinical objectives. The things that the Care plan says will happen are carried through into action.
6. Personal Budgets	○	There are such a lot of practical and ethical difficulties with personal budgets and direct payments in our local area that we haven't really considered it for autistic people who are using mental health services.
	○	A few autistic people are in receipt of a personal budget or direct payment to support their mental health.
	○	A few autistic people get offered a combination of universal community facilities, telecare and personal budgets/direct payments that has been individually tailored to support good mental health.
	○	Autistic people are most likely to receive a bespoke mental health service unlike anyone else's that avoids institutional responses but is rather designed around their circumstances and uses universal services wherever possible.
7. Support for family and friends	○	Family and friends of autistic people are involved in care planning where restrictions permit and the person wishes it.
	○	Mental health staff give family and friends information about the support they may be entitled to for themselves.
	○	Family and friends of autistic people report positive experience of mental health services.
	○	Family and friends receive targeted support from the mental health service, perhaps through training, a carers group or access to services in their own right.

8. Safeguarding	○	Autistic people say that the mental health service does no harm – it does not abuse or institutionalise them.
	○	The mental health service tracks untoward incidents that affect autistic people.
	○	The mental health service is also learning and changing its practice in response to local incidents that involve autistic people.
	○	Autistic people are empowered to recognise safeguarding issues, know how to raise a concern and do so when appropriate.
9. Physical health	○	We are doing nothing locally to correct for the health inequalities experienced by autistic people, including unequal use of ‘Do Not Attempt Resuscitation’ notices.
	○	There is some understanding that autistic people may have extra health needs including other health conditions, issues related to self-assessment and reporting, and risks of misdiagnosis.
	○	Specific actions are taken by mental health services to help autistic people use primary care services routinely and when they need them – general practitioners, pharmacists and annual health checks as well as help with teeth, eyes, ears, feet and so on.
	○	In addition to supporting people to access physical health care, our local mental health service is taking action to encourage healthy lifestyles and exercise by autistic people.
10. Personal care	○	It’s a problem every time someone arrives in mental health services and needs help with personal care, whether this is due to learning or physical disability, dementia, sensory differences or other reasons.
	○	Additional help is brought into the mental health service to support the person as needed.
	○	Our staff team help people who need it with eating, using the toilet or personal care, such as cutting fingernails.
	○	Mental health staff adopt best practice in supporting autistic people who need assistance with personal care and make adjustments to suit the individual as necessary.

11. Self-regulation	○	Staff try to suppress attempts to self-regulate, such as by spending time on interests, repeated movements (such as rocking or flapping), or withdrawal.
	○	Mental health staff understand and promote self-management activities and know what to do if they appear harmful.
	○	Equipment and resources are available to the person, such as a sensory first aid kit and anxiety reducing materials.
	○	Mental health staff provide opportunities for autistic people to learn about self-management and actively encourage it.
12. Therapies	○	Autistic people don't get much in the way of psychological therapies to help them deal with trauma, poor mental health or offending. It is hard to get other therapies too – speech and language, occupational and physiotherapy or help with strategies to manage emotion, executive function and communication.
	○	Autistic people have the same access to therapy as others using the mental health service.
	○	Therapy services have been adjusted so that they are effective for autistic people.
	○	Some staff have developed sophisticated skills in providing therapy to autistic people. They also help colleagues develop their skills.
13. Thriving	○	Adjustments have been made to the sensory environment, communications, appointment system and use of medication so that the mental health service does not make things worse for autistic people.
	○	Mental health staff explain the significance of a diagnosis to autistic people and their relatives.
	○	Mental health staff support autistic people and people to learn more safe ways to tell others about their interests and differences, express their feelings and find information and support.
	○	It is evident that mental health staff take a positive attitude towards autistic people as neighbours, friends and partners, students and employees, voters and contributors to wider society.

14. Employment support	○	Nothing is done to enhance the job opportunities of autistic people who use mental health services.
	○	Specialist mental health employment supports (such as internships, job coaching and IPS services) are available to autistic people.
	○	The mental health service is leading by example by offering jobs to autistic people in the widest practical range of roles.
	○	Autistic people who are working in the mental health service say that they do not need to hide their identity - and they get the support they need in the workplace.
15. Advocacy	○	Autistic people who use mental health services are unlikely to be in touch with an Independent Mental Health Advocate.
	○	Mental health staff support people to access independent advocacy on occasion.
	○	Advocates have relevant expertise and are utilised as a matter of course.
	○	Advocates have supported autistic people to make things better in their own life and improve the mental health service.
16. Coproduction	○	The mental health service talks about coproduction, but not many autistic people are involved.
	○	Mental health staff use effective communication to keep autistic people and their relatives informed about changes to mental health services.
	○	Autistic people and their relatives are asked about the quality of mental health services and they give their views.
	○	Autistic people and their relatives are always involved and valued when the mental health service changes – perhaps via a Partnership Board or similar arrangement.
17. Leadership	○	We don't know who is interested in improving mental health services for autistic people.
	○	We know which staff, people using services and relatives want to improve mental health services for autistic people.

	<ul style="list-style-type: none"> <li>○ Autistic leaders, family leaders and staff leaders have been identified to improve mental health care for autistic people.</li> </ul>
	<ul style="list-style-type: none"> <li>○ There is a plan for improving mental health care for autistic people.</li> </ul>
18. Skilled workforce	<ul style="list-style-type: none"> <li>○ Our mental health service has limited effectiveness with autistic people because we lack knowledge and skills.</li> </ul>
	<ul style="list-style-type: none"> <li>○ Job descriptions, staff development programmes and the appointment of specialist practitioners and champions all make it clear that mental health staff should develop competence in working with autistic people.</li> </ul>
	<ul style="list-style-type: none"> <li>○ Autistic people and staff work together to deliver both mandatory and optional training at Tiers 1, 2, and 3 to a decent proportion of staff working in a wide variety of roles.</li> </ul>
	<ul style="list-style-type: none"> <li>○ The day-to-day practice of mental health staff is supported by policies and systems that recognise the sensory, communication and cognitive needs of autistic people.</li> </ul>
19. Working together	<ul style="list-style-type: none"> <li>○ Silo working and boundary disputes between teams and organisations mean staff don't know people outside their own team.</li> </ul>
	<ul style="list-style-type: none"> <li>○ A few staff working in mental health services know colleagues in other teams and this helps to coordinate joint work across mental health teams, primary care, social care, education, criminal justice, out of hours and crisis services.</li> </ul>
	<ul style="list-style-type: none"> <li>○ There is clear system that helps mental health, learning disability and autism services cooperate, including joint working and transition between services, and an effective dispute resolution process for the rare occasions it is needed.</li> </ul>
	<ul style="list-style-type: none"> <li>○ People who need expertise from two or more services receive it without undue delay or coordination difficulties.</li> </ul>
20. Eligibility and Access	<ul style="list-style-type: none"> <li>○ A diagnosis of autism shuts people out of parts of our mental health service (perhaps talking treatments or group sessions), and simple things that could help in the short term are withheld until the person has received a specialist assessment.</li> </ul>
	<ul style="list-style-type: none"> <li>○ Some autistic people may receive support from mental health services, but this is not part of a deliberate and systematic approach.</li> </ul>

	<ul style="list-style-type: none"> <li>○ Eligibility criteria include a clear expectation that mental health services should serve autistic people, but they may not actually be doing so.</li> </ul>
	<ul style="list-style-type: none"> <li>○ Websites and other publicity materials feature autistic people amongst others. Autistic people are found in all parts of the mental health service and receive good support everywhere.</li> </ul>
21. Harmful behaviour	<ul style="list-style-type: none"> <li>○ Criminal behaviour, violence and self-harm is dealt with in the same way for everyone with no particular adjustments for autistic people.</li> </ul>
	<ul style="list-style-type: none"> <li>○ Mental health staff respond well to distress and help the person to find a positive way to manage the emotions, thought processes and environments that can drive harmful behaviour.</li> </ul>
	<ul style="list-style-type: none"> <li>○ Mental health workers who respond to untoward incidents have received training in autism and their intervention is informed by evidence. They work well with the police and the Accident &amp; Emergency Department.</li> </ul>
	<ul style="list-style-type: none"> <li>○ The team culture supports a rights-based approach that balances positive risk-taking, autonomy and protection.</li> </ul>
22. Restrictions	<ul style="list-style-type: none"> <li>○ There are autistic people in our area who are in prison and locked mental health units, detained under the Mental Health Act or subject to Liberty Protection Safeguards - but we don't know much about them or if they are in the best place.</li> </ul>
	<ul style="list-style-type: none"> <li>○ People who respond differently to being given instructions, being touched or being close to other people have told the staff in mental health services what they think of the restrictive practices in use.</li> </ul>
	<ul style="list-style-type: none"> <li>○ Places where people are detained have minimised restrictive practices whilst keeping everyone safe, including a review of formal and informal rules that are applied to everyone, such as access to the internet or time to be alone.</li> </ul>
	<ul style="list-style-type: none"> <li>○ Mental health services work with Probation and other agencies to support autistic people to obey the law, become more independent and leave behind environments that detain and restrict them.</li> </ul>
23. Bringing people back home	<ul style="list-style-type: none"> <li>○ Autistic people are living in services a long way from home and we don't know if they are in the best place.</li> </ul>



	<ul style="list-style-type: none"> <li>○ Our mental health service helps some autistic people return to live in their local area. We know who is still living out of area and wants to return, and plans are in place to bring them back wherever possible.</li> </ul>
	<ul style="list-style-type: none"> <li>○ Mental health services respond to autistic people and their relatives when they need urgent help, especially at night or at the weekend. They offer good community support so people stay independent and out of hospital.</li> </ul>
	<ul style="list-style-type: none"> <li>○ Autistic people get the continuity and skill they need from mental health staff because staffing levels, turnover and professional development systems are all working well.</li> </ul>
24. Monitoring	<ul style="list-style-type: none"> <li>○ Our local data on the number of autistic people using mental health services is inaccurate or out of date.</li> </ul>
	<ul style="list-style-type: none"> <li>○ A spot check of Dynamic Support Registers and Electronic Patient Records has been done recently to find out about autistic people using the mental health service, but we do not routinely collect or regularly analyse this.</li> </ul>
	<ul style="list-style-type: none"> <li>○ Data on autistic people using mental health services is routinely collected via the Electronic Patient Record system. Results are compared with the census and national benchmarks.</li> </ul>
	<ul style="list-style-type: none"> <li>○ Unwarranted variations in access and outcomes data for autistic people lead to improvements in the mental health service.</li> </ul>
25. Research	<ul style="list-style-type: none"> <li>○ Research evidence doesn't seem to shape the way that mental health services respond to autistic people.</li> </ul>
	<ul style="list-style-type: none"> <li>○ Research evidence informs how mental health services respond to autistic people.</li> </ul>
	<ul style="list-style-type: none"> <li>○ Standardised tools and evidence-informed interventions are used by mental health services when they support autistic people.</li> </ul>
	<ul style="list-style-type: none"> <li>○ Local mental health staff take an informed and critical approach to research evidence, ensuring that it is used to employer autistic people.</li> </ul>
26. Reasonable adjustments	<ul style="list-style-type: none"> <li>○ We are not aware of any Reasonable Adjustments that have been made to get ready for autistic people using our mental health services.</li> </ul>

	<ul style="list-style-type: none"> <li>○ A few things have been done to support individuals, but they do not really affect everyday practice in mental health services.</li> </ul>
	<ul style="list-style-type: none"> <li>○ Some specific good practices are used throughout the mental health service to support autistic people but weaknesses remain.</li> </ul>
	<ul style="list-style-type: none"> <li>○ Reasonable Adjustments are routinely identified by autistic people, adopted by mental health services, recorded to show their impact and shared with other stakeholders.</li> </ul>
27. Local plans	<ul style="list-style-type: none"> <li>○ Services are not joined up, so autistic people miss out because services are missing, unsuitable or not aligned.</li> </ul>
	<ul style="list-style-type: none"> <li>○ The Joint Strategic Needs Assessment, local Health and Wellbeing strategy and commissioning plans include the mental health needs of autistic people throughout the lifecourse.</li> </ul>
	<ul style="list-style-type: none"> <li>○ Long term outcomes are tracked to ensure that autistic people are receiving good support from mental health services and to reduce the chance of adverse events, such as unemployment or homelessness, imprisonment or premature death.</li> </ul>
	<ul style="list-style-type: none"> <li>○ National and local evidence is fed into plans for improving services.</li> </ul>