Green Light Toolkit:

A guide to auditing and improving your mental health service so that it is effective in supporting people with autism and people with learning disabilities

NDTi

National Development Team for Inclusion

National Development Team for Inclusion

First Floor
30-32 Westgate Buildings
Bath   BA1 1EF
T: 01225 789135
www.ndti.org.uk

Contents

Easy Read Executive Summary

Mental health services do not always provide good services for people with learning disabilities or autism.

We have written a tool that can help mental health services think about how they are doing, and what they can do better. This is called an audit.

We have written an easy read version of the audit so people with learning disabilities can help mental health services think about this.

There is a website so people can share the good things they are doing.

There are 3 Audits.

1. The Basic Audit is about things that are easy to do

2. The Better Audit is more difficult. You may want to do this after doing the Basic Audit

3. The Best Audit has things in it that services found hard to do

You can do all of the audits or just one of them. It will be important to agree some actions the service needs to take to make things better.

The easy read audit is at the back of this report

We talked to people about how they made mental health services better for people with learning disabilities and people with autism.

This is what they said -

Big bosses in mental health services and the people who buy these services (commissioners) think it is important that mental health services are good for people with learning disabilities or autism.

They make sure there are staff whose job it is to make things better. They check services to make sure they are getting better.

Mental health services were good at making services for people with learning disabilities or autism better if they were already good at:

- making plans and checking things were happening

- helping staff to be leaders

- learning from things that went well, and didn't go well

- welcoming families

- working together with other services

- Being person centred
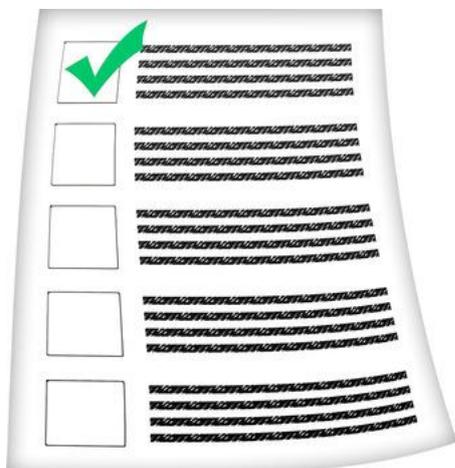
Big bosses in mental health services say that making changes to services so people with learning disabilities or autism can use them is really important.

They put things in place to make sure changes happen. All services are expected to make some changes.

There is someone who leads on making changes to services for people with learning disabilities or autism.

They help staff to make changes rather than doing it themselves.

There is someone in every team who leads on making changes (a champion). They help other staff in the team to do this.

Staff have the right skills to support people with learning disabilities or autism in mental health services.

Staff get training on how to change services to meet the needs of people with learning disabilities or autism.

Staff who lead on making changes and champions are good at finding ways of making services better for people with learning disabilities or autism.

There are action plans in place.

The actions are clear and can be done.

Staff are told when things go well.

Good teams are important, and can support the local champion.

It is good if staff teams work together for a while. This means staff get to know each other and how services work.

This can help making services better for people with learning disabilities or autism

It is helpful when staff working with people with learning disabilities or people with autism work with and train mental health staff

It is important to have accessible information in patient areas so people can use it.

It is important to help staff understand what people with learning disabilities or autism are saying.

Good advocacy for people with mental health problems and learning disabilities or autism is also important.

It is important to have meetings and support for people who are trying to make things better.

Meetings should be helpful and interesting.

It is good to make links to other people or services who are trying to make things better.

It is important to share good things that are happening, so people know why they need to change.

It is important to get help to use good ideas locally.

What works in one place may need to be changed before it can be used somewhere else.

People need time to put change in place.

Being able to talk to someone about making change happen is important. Sometimes being able to phone someone can help.

It is helpful if people who buy services say how important it is to put changes in place for people with learning disabilities or autism.

They can hold money back from services until the change is in place.

This is something called a CQUIN.

It is helpful if lots of people think making services better for people with learning disabilities or autism is important.

If not, things can stop happening when one person leaves.

It is helpful if the service is used to trying new things.

It is also helpful if staff can see there is a good reason to change.

It is helpful if services plan for changes, and any problems that changes may cause.

Background

The Green Light Toolkit was published by the Department of Health in 2004 to support local efforts to improve mental health services for people who also had a learning disability. Whilst this was well used in some places, there have been substantial changes in the way that mental health services are organised, and a fresh look was needed.

As a result, in February 2012, the NHS Confederation, on behalf of the Department of Health commissioned NDTi to write a report about the reasonable adjustments that were being made to mental health services to enable people with autism and people with learning disabilities to have equal access and effective treatment. The resulting report, called '*Reasonably Adjusted?*' was launched in December 2012[1].

Reasonably Adjusted? is very clear that, while pockets of imaginative and positive practice exist, few mental health services have comprehensively and systematically audited their practice and redesigned their delivery arrangements to ensure that people with autism or learning disabilities obtain fair access and effective interventions. Consequently, the NHS Confederation, supported by the Department of Health, asked NDTi to undertake the following:

- Develop an audit framework for use in local mental health services, along with a toolkit offering guidance on making service improvements. This document presents the audit framework and guidance. It applies to all mental health services, whether provided by the NHS, local councils or the independent or voluntary sector.

- Provide an 'easy-read' version of the audit framework and toolkit so that people with learning disabilities could be full stakeholders in the process..

- Build a database of reasonable adjustments to serve as a repository for good practice examples, a resource for people seeking model innovations and a forum for peer learning[2]. This is available at: www.improvinghealthandlives.org.uk/mhra/

- Bring people together in two peer learning events to exchange issues and solutions.

---

[1] Available at www.ndti.org.uk/major-projects/reasonably-adjusted/

[2] You can see the database at www.improvinghealthandlives.org.uk/mhra/

Peter Bates and Sue Turner wrote this report with support from Pete Brennan. We thank all the people who told us about their lives and work and challenged our thinking. More details about how we did the work can be found at Appendix One.

Introducing the NHS Confederation

The NHS Confederation is an independent membership organisation and a charity whose purpose is to relieve sickness, and preserve and protect public health. Members are responsible for commissioning and providing NHS services and the Confederation achieves its purpose by supporting the membership.

Introducing NDTi

The National Development Team for Inclusion is a non-profit development agency that takes a cross-client group approach, which is particularly relevant for this project, and aims to improve the life chances of different groups of people within a broader context of equality, inclusion and citizenship across all ages.

The scope of this report

The brief for this report was to only consider services delivered by what are known as adult mental health services in England[3]. As such, it does not fully consider the needs of children, older adults and people living in the other countries of the United Kingdom. We focus upon the adjustments that mental health services can make, but acknowledge that other specialist and universal services need to offer expertise and support too. We briefly acknowledge the importance of foundational standards of care (such as compassion, dignity and respect[4]), but concentrate on the additional elements that can help mental health services to respond well to the specific needs and situation of people with autism and people with learning disabilities.

In our previous report we showed that the legal framework and policy context asserts that people have an equal right to gain access to, and benefit from, mental health services. All mental health services, whether provided by the NHS, the local council or the voluntary and independent sector, must presume that people with autism or learning disabilities will want

---

[3] The separation prevalent within most NHS adult mental health services in England between those for people under 65 (often called working age) and those over 65 risks coming into conflict with equality legislation as age is a factor covered by discrimination legislation and there is no longer a legally enforceable retirement age. NDTi has developed materials for the Department of Health and NHS on age discrimination, including specific work around mental health services, and these can be found at www.ndti.org.uk/major-projects/nmhdu-achieving-age-equality/

[4] NHS (2012) The NHS Constitution for England Available at www.gov.uk/government/publications/the-nhs-constitution-for-england

to use their services and make arrangements in advance to accommodate them. Furthermore, the legal obligations that mental health services must address in relation to the impact of mental illness on mental capacity, human rights and deprivation of liberty safeguards are no less important for people whose ability to make independent and informed decisions and to communicate their intentions is impaired learning disability or autism.

Sadly, we noted that 'the overwhelming message we heard from people with learning disabilities, people with autism and families, was of a failure by services to meet their legal obligations to ensure equal access to services'. This second report provides practical assistance to help mental health services do better.

At the same time as the mental health service develops its competence in responding to people with autism or learning disabilities, specialist learning disability and autism services need to respond effectively to people's mental health needs.

Building the right support and the new service model

Since this report was published, the national plan [5] and new service model [6] have been launched. The documents are aimed at health and social care commissioners including mental health commissioners. The service model is based on nine core principles or 'I' statements, including 'I get good care and support from mainstream health services' (principle 6). The guidance relating to this principle says *'Everyone should expect mainstream mental health services to regularly audit how effective they are at meeting the needs of people with a learning disability and/or autism. The Green Light Toolkit should be used to both evaluate services and agree local actions…'*

Terminology

We have selected the terms listed below to write this report, whilst recognising that some people prefer alternatives. Each term has its advocates and detractors, and so we ask the reader to look beyond the weaknesses of the language to the message of the report.

---

[5] Local Government Association, Association of Directors of Adult Social Services & NHS England (2015) Building the right support: A national plan to develop community services and close inpatient facilities for people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition.

[6] Local Government Association, Association of Directors of Adult Social Services & NHS England (2015) Supporting people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition: Service model for commissioners of health and social care services

Autism is a lifelong condition that affects how a person communicates with, and relates to, other people. People with autism have difficulties with:

- "social communication (problems using and understanding verbal and non-verbal language, including gestures, facial expressions and tone of voice)

- social interaction (problems in recognising and understanding other people's feelings and managing their own)

- Social imagination (problems in understanding and predicting other people's intentions and behaviour and imagining situations outside their own routine)."[7]

Family Carer means unpaid relatives as opposed to paid care workers. On occasions it could also be taken to apply to friends and neighbours who feel that they have caring responsibilities. "A significant number of people with caring responsibilities do not readily identify themselves as carers. They understandably see themselves primarily as a parent, spouse, son, daughter, partner, friend or neighbour."[8]

Inclusion. People with learning disabilities, autism, mental health issues or a combination, have a right to full and effective participation in society on an equal basis with others. This includes participation in education and health, the labour market, access to justice, home and family life, information, political and cultural life[9].

Learning Disability "includes the presence of a significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence) with a reduced ability to cope independently (impaired social functioning) which started before adulthood, with a lasting effect on development."[10]

Mental Health Issues. The Government defines mental illness as "A term generally used to refer to more serious mental health problems that often require treatment by specialist services. Such illnesses include depression and anxiety (which may also be referred to as common mental health problems) as well as schizophrenia and bipolar disorder (also

---

[7] Department of Health (3 March 2010) Fulfilling and rewarding lives: the strategy for adults with autism in England. Page 10.

[8] HM Government (2010) Recognised, valued and supported: next steps for the Carer's Strategy page 8.

[9] United Nations (2006) Convention on the rights of persons with disabilities.

[10] Department of Health (2001) Valuing People: A new strategy for learning disability for the 21st century. A more detailed definition is available at: www.ihal.org.uk/about/definition/detail

sometimes referred to as severe mental illness)."[11] In this report, we refer to mental health issues rather than mental illness.

Reasonable Adjustments. The term reasonable adjustments was first used in the Disability Discrimination Act 1995 and refers to the duty on those providing goods, services and employment opportunities to ensure that their arrangements do not discriminate against disabled people

Universal Design[12] is a concept promoted by the United Nations that suggests that the following provisions are needed in this sequence:

- basic designs to meet the needs of the greatest number of the population

- alternative designs for those who need them, such as environments that can be individually controlled through the use of lighting dimmer switches and so on

- additional assistive technology should be provided for those who require it, and finally;

- Personal assistance should be available for those for whom nothing else will work.

Summary

This report is about what we are doing to update the Green Light Toolkit, which was published in 2004 to help improve mental health treatment for people with learning disabilities. Lots of things have changed since Green Light was published, but some people still receive a poor service. The evidence suggests that many services are failing to meet their responsibilities under equalities legislation - so this is an important topic. To help mental health services take action to address this agenda we have:

- Brought people together at two peer learning events to exchange issues and solutions, and inform our work

- Developed a new audit framework for use in mental health services

- Provided an easy read version of the audit so that people with learning disabilities can be full stakeholders in the process

- Built a database of reasonable adjustments

---

[11] Department of Health (2011) No health without mental health page 88.

[12] See www.udinstitute.org/history.php

The scope of the audit tools

Using imagery. The audit tools have been designed to help you review how well your mental health service responds to adults with autism or learning disabilities. We have retained and extended the traffic light system from the 2004 Green Light Toolkit, but added a fourth cell to each row. This sort of imagery helps some people to connect with the task, but others find it unhelpful, so please just concentrate on the audit material if you find this metaphor distracting.

Strengths and weaknesses of self-audit. The tools are designed for self-audit, and this is both its strength and its weakness. It is a weakness if you either over-rate or under-rate your activities. You might under-rate your activities if you are suffering from low morale or if you are highly ambitious and are determined to improve the service until everyone who needs a reasonable adjustment gets one. Alternatively, you might over-rate your activities if you are disinterested in the whole agenda and simply go through the motions of completing the audit because someone has said that you must, or you because you want to gain competitive advantage over another team or obtain managerial approval.

Conversation is more important than scores. Staff consistently told us that they were nervous of assigning scores at all, due to their negative experience of performance management through the punishing use of numerical benchmarks, rather than a shared search for real service quality. So we are eager to underline that the true value of these audit tools lies in the conversation, action planning and service improvement that follows their use, rather than the scores on their own. Staff who feel safe and supported will be professional, reflective and aspirational; staff who feel constantly criticised will not. Here is the strength of a self-audit approach – it supports the team in taking ownership of the agenda, applying creativity to solving the problems they themselves identify and holding one another to account.

One size for all? We did receive some feedback from people who wanted a tailored version for their own professional discipline, service sector or role, such as the nurses in a private hospital who did not really understand how services are commissioned for a local population. After some reflection and discussion, the authors felt committed to retaining this diverse mix of issues in each of the three audit tools. This is partly because we could not find a satisfactory way of assigning specific knowledge areas to particular individuals or teams, partly because we felt that people *ought* to have some understanding of the whole picture, and partly because we expect that you will simply set aside any question that you

find irrelevant to your situation, whatever we suggest here! Equally, you may want to add even more challenging items that we do not cover in detail. For example, in row 6 on the Basic Audit, we ask about equalities, but do not specifically ask whether women, people from minority ethnic communities or people with other protected characteristics who have autism or learning disabilities get appropriate support in mental health services. You may wish to ask these questions.

You may feel that the experience of one group of people using your service is quite different from another, so it would be better to complete the audit tools more than once. Some of the people who responded to our pilot exercise felt that adjustments made for people with learning disabilities were very different from the adjustments made for people with autism, and so the survey should be completed twice. In another example, you may think that people with mild or moderate learning disabilities have a very different experience of services compared to people with complex needs and so you may wish to use the audit twice.

Design or retrofit? Some services have been based on the principles of Universal Design, so only a few adjustments need to be made later on to accommodate unexpected or rare issues. This may mean that the best designed services can demonstrate less 'adjustment activity' on a day to day basis, simply because they got it right first time. For example, the Corner House has low arousal areas and so does not need to change anything to create a quiet space for people who might be helped by this. You may wish to keep in mind the following question as you complete the audit, '*Can people with autism or learning disabilities make effective use of your service?'*

Does my team have to do everything? Sometimes one team does not provide a particular service, but this is not a problem at all, because a neighbouring team does provide it, you signpost people to that team and relationships are so good that the person receives a seamless service. So you can use the audit tools to either ask the wider question, '*Is this service available to everyone who needs it, irrespective of which team provides it?'* or to review the narrower role of your own team, by asking, *'Is our team providing this, or should it do so?'* Both questions are good, but you need to be clear in a discussion that you are answering the same question as your colleague!

One audit or three? We created a long prototype version of the audit and obtained nearly 80 completed forms, and then used these scores to group the items into three brief audit tools as follows:

- Basic Audit. This will help you get started as it contains the items where most people were able to award high scores.

- Better Audit. This is more challenging, so you might want to attempt it if you are scoring well on the Basic Audit.

- Best Audit. This contains the issues that most services are finding hardest.

Each of the three audit tools is brief – just nine items, so you can do one at a time, or tackle the whole lot in one go if you prefer a really big challenge. You might find more than one issue in some of the cells, so please remember that the conversation is more important than the score and use the discussion to generate an action plan.

Evidence. One or two people asked us for examples in each of the cells, or more detail on the thresholds between one cell and the next. For example, does it mean that some people get the adjustment under discussion, or everyone who needs it receives an adjusted service? People told us that services are in very different stages of development, and so setting a precise threshold could lead some teams to give up the challenge because it looks too hard, while others might became complacent. You may wish to keep a record of the audit process, including some of the local detailed evidence that shows why you awarded a particular score, so you will be able to tell whether things improve over time.

If you wish to benchmark your scores against others, you can send them to peter.bates@ndti.org.uk and your own return(s) can be charted against the average of all scores received. This will provide a very crude comparison, as we will not be able to track what kind of teams are being described, who has provided the audit return, how widespread the adjustment actually is or even the level of honesty of respondents! Nevertheless, our experience is that local teams find this kind of benchmarking helpful to their own reflection, especially as the number of returns that form the average increases, and as they incorporate the comparison into their action planning.

Finally, we want to remind everyone again that aiming for your service to be Reasonably Adjusted is like aiming for many other worthwhile goals. It always feels just out of reach and keeps us ambitious, pressing forward for continuous improvement rather than relaxing after passing a particular milestone. The audits are designed to stimulate discussion and continuous reflection and improvement, rather than complacency.

How to use the audit tools

Score each of the nine rows by choosing the option that most closely describes your service. Notice that, like marks in school examinations, getting an A is best. If you really don't know the answer, just put a ? in the answer cell, but try not to use this option unless you must. There is a free text box at the end of the table for your comments.

NDTi is offering a benchmarking service, so you can compare your scores with others. Contact peter.bates@ndti.org.uk for an excel spreadsheet on which you can submit your scores. In return, you will receive a chart showing your scores against the average of all the returns we have received.

There are a number of ways in which the audit tools can be used, as shown below. In general, we recommend that you use the Basic Audit to generate your first action plan and achieve some definite progress before moving on to more challenging objectives addressed by the Better Audit and the Best Audit. However, if you have a specific role, such as commissioning, then it would be best to scan all three audit tools and select the rows where you have particular responsibilities.

Personal Reflection

- Fill in the form on your own as a way of reflecting on your own knowledge, skills and activities.

Team development

- Identify your team – it might be a clinical team that provides mental health services, or perhaps a team of commissioners, advocates, people using services or others with an interest in the quality of the mental health service. Use a regular meeting or run a special event to carry out the audit. Consider bringing all stakeholders together to use the audit tools.

- Invite a good facilitator, preferably someone who combines enthusiasm with knowledge to help press your team to make the most of the audit process. But if you can't find anyone, don't let that put you off doing the process yourselves.

- Use the descriptions in the cells during the meeting to stimulate discussion about how you want your organisation to run. Ask everyone to complete the form individually or in pairs before starting a discussion, or invite group members to take

turns suggesting a score to start the discussion off, so everyone's opinion is heard, and then vote before filling in the form.

Review your service

- At the end of your discussion about each row, choose the cell that is the nearest match to your situation. Repeat the exercise after 6 or 12 months to check what has changed.

- Ask different groups in your organisation to discuss and score each item and then compare the findings. You may find that people using the service give different scores to the staff, frontline staff have different views than managers or longstanding participants hold different views to newcomers.

- Make a separate record of the evidence and reasons why you awarded each score, so that you can review progress in a few months time and see whether things have improved.

Learn about other Organisations

- Add a column called 'What other teams have done' and collect examples of good practice to learn from.

- Form a benchmarking club with other teams and share your scores with each other. Celebrate your successes and let others spur you to improve where necessary.

- If you identify an item where everyone scores poorly, discuss with your wider colleagues whether there is a need to generate central resources that will help everyone improve.

Prepare reports for others

- Add a column called 'What we have done through the year' to remind yourselves of what you have achieved.

Change the form or the process

- If you dislike the audit tools, you can change them. It will be harder to make comparisons with other teams, but you may have a better discussion.

- If there are individual items on the audit tool that do not fit with your mission, simply set them aside and focus on the items that do.

Health Warnings

- Making reasonable adjustments is a moving target, rather than a fixed milestone to achieve and then relax. The document is designed to stimulate discussion and continuous reflection and improvement, rather than complacency.

- Bear in mind that, like other useful ideas, making reasonable adjustments works best when you keep in mind your other goals as well. Ensuring you provide a good mental health service to people with autism or learning disabilities is important, but so are the needs of other people. We hasten to add that, if you make the reasonable adjustments, not only do you meet a legal obligation, but you often improve your service for other people too

The Basic Audit

Basic Audit	In the garage - not yet started	On the journey, but stuck at Red	Ready for more – Amber	Continuous progress – Green	Score
1. Physical health	1D. We are doing nothing locally to correct for the health inequalities suffered by people with a combination of autism, LD and MH needs	1C. There is some understanding that people with autism or LD may have specific health needs, but no clear plan to address this	1B. Specific actions are taken by MH services to help people with autism or LD engage with routine health screening in primary care	1A. In addition to supporting people to access routine health screening our local MH service is taking action to encourage healthy lifestyles and people with autism and LD are engaged	
2. Eligibility and Access	2D. Autism or LD is used as a diagnosis of exclusion to shut people out of MH services	2C. Some people with autism or LD may receive support from MH services, but this is not part of a deliberate and systematic approach	2B. Eligibility criteria include a clear expectation that MH services should serve people with autism or LD, but they may not actually be doing so	2A. People with autism or LD are found in all parts of the MH service	
3. Secure settings	3D. Local people with autism or LD in addition to a MH issue are inappropriately placed in prisons or secure settings rather than a more suitable setting	3C. There is a prison diversion scheme that responds to offenders who have MH in addition to LD or autism	3B. Prisoners and people in secure MH settings can get access to MH, LD and autism expertise when needed	3A. Targeted work addresses offending and challenging behaviour in a manner that is relevant and effective for people with any combination of MH, autism and LD needs	

4.	Safeguarding	4D. We have no evidence to demonstrate the safety record of MH services in relation to people with autism or LD	4C. The MH service tracking system for untoward incidents includes a specific facility for tracking incidents involving people with autism or LD	4B. There is evidence that the MH service is learning and changing its practice in response to local incidents involving people with autism or LD	4A. Frontline MH staff report feeling supported when raising safeguarding concerns – they feel that they work in a healthy learning culture rather than a blame culture	
5.	Assessment	5D. Some people benefit from a detailed assessment of how autism, LD and MH issues affect them, but we can't obtain that assessment round here	5C. Screening for autism or learning disability takes place for people with MH issues who need it	5B. Detailed assessments for autism, LD and challenging behaviour can be obtained for people who need them who are currently using MH services	5A. There is a systematic and proportionate approach to the use of screening and full assessment. Results have a positive effect on what happens to the person afterwards.	
6.	Equalities	6D. We can't find any Reasonable Adjustments that have been made in anticipation of people with autism or LD using mainstream MH services.	6C. A couple of things have been done, but they do not really affect common practice in MH services.	6B. Some specific good practices in relation to autism or LD are used throughout the MH service, but weaknesses remain	6A. Reasonable Adjustments made in MH services are routinely identified, adopted where needed and recorded to show their impact on people with autism and LD.	
7.	Personalisation	7D. There are such a lot of practical and ethical difficulties with personalisation in our local area that we haven't really considered it for people with autism or LD alongside a MH problem.	7C. A few people with autism or LD alongside MH issues are in receipt of a personal budget or direct payment	7B. A combination of universal community facilities, telecare and bespoke arrangements has been tried out for a few people with a MH issue alongside autism or LD.	7A. People with autism or LD alongside a MH need are most likely to receive a bespoke service unlike anyone else's that avoids institutional responses, but is rather designed around their circumstances and uses universal community facilities wherever possible.	

8.	Staff attitudes and values	8D. Staff in MH services do not believe they should treat people with autism or LD	8C. Some mental health staff recognise the value of their service supporting people with LD or autism, perhaps through receiving awareness training in LD and autism	8B. All staff are encouraged to take a positive approach in this area, perhaps by local champions for LD and autism in MH services who have sustained input into development and training programmes	8A. Attitudes and values are demonstrated in practice – there is evidence that MH staff have improved their practice in response to the needs of people with autism and LD	
9.	Accessible information	9D. No easy read materials can be found when visiting MH services	9C. Some easy read or audio materials are available, perhaps on the organisation's website, but there is no evidence that they are being used	9B. Easy read and audio materials are available in patient areas and cover medication, the Mental Health Act, local services, complaints procedures, and advice on how to get help	9A. Staff utilise these resources and adapt their communication to the person rather than just relying on the leaflet. The NHS accessible information standard is fully met.[13]	

Your comments:

---

[13] Available at: www.england.nhs.uk/ourwork/patients/accessibleinfo-2/

The Better Audit

LD means learning disabilities and MH means mental health.

	In the garage - not yet started	On the journey, but stuck at Red	Ready for more – Amber	Continuous progress – Green	Score
10. Research	10D. Commissioners and lead clinicians have made no use of research evidence in relation to the combination of autism, LD and MH	10C. Research evidence is informing how MH services are arranged and delivered to people with autism or LD	10B. Standardised tools and evidence-informed interventions are in use locally to help people with autism or LD in addition to a MH issue	10A. Local MH staff are generating new research evidence on this topic	
11. Health and care records and care plans	11D. There are no adjustments made to health and care records or care plan proformas in our mainstream MH service to accommodate people with autism or LD	11C. Copies of accessible care plans and care records are available on request	11B. When a person with autism or LD is identified in the MH service, they are routinely given an accessible copy of their care plan	11A. People have a copy of their care plan which they have co-produced and recorded in a format that they understand (e.g. photographs as well as writing)	

	In the garage - not yet started	On the journey, but stuck at Red	Ready for more – Amber	Continuous progress – Green	Score
12. Local plans	12D. There is no reference to people who have a combination of autism, LD and MH needs in the mental health section of population needs mapping, the Joint Strategic Needs Assessment, the local Health and Wellbeing strategy or commissioning plans for MH services	12C. National data is used to highlight the need for MH services to respond to people with autism or LD, but there is no local data. General statements assert the principle of fair access for people with autism and LD in MH services	12B. The principle of fair access for people with autism and LD to MH services is converted into specific local actions.	12A. The local plans show clear links between national data, local data capture, planning for service developments and improvements to outcomes	
13. How specialist services relate to local provision	13D. Most of the local people who need intensive support are in secure settings far from home	13C. Mental health services play a part in some people with overlapping needs returning to live in the local area, we know who is still living out of area and plans are in place to bring them back wherever possible.	13B. An increasing number of people with the most complex MH needs in addition to LD or autism are supported in the local area through personalised arrangements that include support from mental health services	13A. In addition, specialist services (e.g. secure settings or people with specialist skills in working with people who have overlapping needs) routinely help their colleagues in mainstream MH services to develop their skills	

	In the garage - not yet started	On the journey, but stuck at Red	Ready for more – Amber	Continuous progress – Green	Score
14. Skilled workforce	14D. Our MH service has limited effectiveness with people who have autism or LD because we lack crucial skills	14C. It is clear through Job Descriptions, programmes of compulsory training and other signals that MH staff should provide a service to people with autism and LD	14B. Appropriate policy and procedure documents in MH services have some embedded reference to people with autism and LD using the services.	14A. MH staff have access to support in working with people who have autism or LD, perhaps through training or a local Community of Practice that identifies challenges and raises standards	
15. People needing personal care	15D. It's a problem every time someone arrives in MH services and needs help with personal care	15C. Additional help is brought in to support the person as needed	15B. Our staff team are flexible and help people who need it with eating, using the toilet or personal care, such as cutting finger nails.	15A. Our MH staff team learn about best practice in personal care and change their behaviour in response so that everyone needing our MH service can benefit, including those with autism or LD.	
16. User involvement in governance of the service	16D. No sign of effort being made by the people responsible for management and governance of the MH service to engage people with autism or LD	16C. People with autism or LD and MH difficulties and their relatives are kept informed about service changes	16B. People with autism or LD and their relatives provide feedback on the quality of MH services	16A. People with autism or LD and their relatives are involved in assessing population need and designing MH services – perhaps via a Partnership Board or similar arrangement	

	In the garage - not yet started	On the journey, but stuck at Red	Ready for more – Amber	Continuous progress – Green	Score
17. Psychological therapies	17D. Psychological therapies are not available in primary care or MH services for people with autism or LD	17C. People with LD or autism are offered longer and more numerous psychological therapy sessions at suitable times	17B. MH psychological therapy services have made adjustments to their clinical interventions (i.e. the content of sessions rather than just their duration) so that people with autism or LD benefit from them	17A. In addition, a specialist practitioner or team provides advice to the mainstream service and offers psychological therapies to people with autism or LD who struggle to benefit from the usual provision	
18. Working together	18D. Conflict, silo working and boundary disputes between teams and organisations mean staff don't know people outside their own service	18C. A few staff working in MH services know and work with their colleagues in LD and autism services	18B. Most of the time, people who need expertise from two or more services receive it without undue delay or coordination difficulties	18A. There is an effective dispute resolution process that helps with the interface between MH, LD and autism services, including joint working and transition between services	

Your comments....

The Best Audit

In the following table, LD means learning disabilities and MH means mental health.

Best Audit	In the garage - not yet started	On the journey, but stuck at Red	Ready for more – Amber	Continuous progress – Green	Score
19. Advocacy	19D. Local advocacy services for people with MH issues do not work with people with autism or LD	19C. Local advocacy services for people with MH issues are willing and eager to work with people with autism or LD to improve their experience of mainstream MH services	19B. A programme for training and ongoing support is in use to ensure advocacy workers are effective with people who have autism or LD in addition to MH difficulties	19A. The advocacy service presents a regular report to the MH commissioner to show their activities and impact in relation to people with autism or LD who use MH services.	
20. Commissioning	20D. Mental health and LD services are commissioned separately and MH commissioning does not address the needs of people who also have autism or LD. No account is taken of information collected for the Joint Strategic Needs Assessment	20C. The MH commissioning plan includes people who have autism or LD in addition to MH issues	20B. Clear outcomes are defined in MH services for people with autism or LD, perhaps with incentives for services that achieve them. Outcomes are linked to population needs and the plans made by our local Health and Wellbeing Board.	20A. Gaps are identified and this intelligence is used to develop the market and make improvements to the overall pattern of service delivery	

Best Audit	In the garage - not yet started	On the journey, but stuck at Red	Ready for more – Amber	Continuous progress – Green	Score
21. Buildings and environments	21D. People with autism or LD are expected to use the same facilities in the same way as everyone else without adjustment	21C. There is a general recognition that people with autism or LD may be adversely affected by some physical or social environments	21B. There are places and times where people can be quiet and away from others	21A. Environments have been assessed and are able to accommodate people with autism and LD, e.g. lighting, décor and signs, to provide effective help with wayfinding or booking appointment times	
22. Leadership	22D. We don't know who is interested in improving MH services for people with autism or LD	22C. We know who the self-appointed champions are	22B. Leadership on this topic is identified and can relate to all teams and levels of the organisation	22A. Identified champions promote creative problem solving amongst all staff – 'distributed leadership' is promoted.	
23. Family and friends	23D. Family and friends of people with MH needs in addition to LD or autism are rarely given information about MH services or the support they may be entitled to in their own right.	23C. Family and friends of people with autism or LD are asked about their experience of MH services and these are collated to look for shared themes	23B. Family and friends of people with autism or LD report positive experience of MH services	23A. Family and friends of people with autism or LD receive targeted support from the MH service, perhaps through a carers support group or training opportunities	

Best Audit	In the garage - not yet started	On the journey, but stuck at Red	Ready for more – Amber	Continuous progress – Green	Score
24. Employment support	24D. People with a combination of autism, LD and MH issues rely on ordinary employment services, such as Jobcentre Plus	24C. Specialist MH employment support (such as job coaching, IAPT and IPS services) are available to people with autism or LD with the goal of getting and keeping open employment	24B. Five or more people with autism or LD have been supported by MH employment support agencies to get or keep a job in the last 12 months	24A. We have identified specific interventions that work with people who have a combination of autism, LD and MH needs to help them obtain and retain paid open employment	
25. Checking services	25D. No specific action has been taken to focus on how people with LD or autism get on in MH services.	25C. MH care pathways have been reviewed to ensure that people with autism or LD receive the support they need	25B. People with autism or LD and their family carers are involved in checking the quality of MH services	25A. The effectiveness of reasonable adjustments made in our MH services for people with autism and LD is routinely reported to the Board and Monitor	
26. Monitoring	26D. We have no local data on the number of people with autism or LD using MH services	26C. Some data collection has been done regarding MH service users who have autism or LD, but this has not become a regular routine and the data may be of poor quality or may not have been analysed	26B. Data is routinely collected via the electronic care record system. Some comparisons have been drawn with other data sets (e.g. census, national prevalence or regional benchmarks)	26A. Data is routinely collected and analysed. Unwarranted variations in access and outcomes for people with autism and LD using MH services are routinely identified and services are amended in response	

Best Audit	In the garage - not yet started	On the journey, but stuck at Red	Ready for more – Amber	Continuous progress – Green	Score
27. Challenging Behaviour	27D. Incidents of behaviour that challenge, self-harm and suicide are dealt with as they arise	27C. The MH crisis support team and anyone else responding to untoward incidents within the MH service has received training in autism and LD	27B. The MH service's response to challenging behaviour and self-harm has been adjusted to accommodate people with LD or autism.	27A. When the person needs some help from external agencies, such as the police or Accident and Emergency department, our MH service help them to respond well to people who have any combination of autism, LD and MH issues.	

Your comments....

A framework for thinking about change

The NHS Institute for Innovation and Improvement developed an evidence-based framework[14] for thinking about how good practice can be spread out from innovative services and adopted more widely. This forms the structure for the following section, which summarises the feedback we received from our pilot sites on how progress has been achieved in local areas. We begin with a summary of the headings and subheadings, and then return to the list to show how it works in relation to people with autism or learning disabilities using mental health services.

People

A1.   Active senior managerial and clinical leadership exists to drive this innovation into routine practice.

A2.   There is active leadership at all levels and across all groups in support of this innovation.

A3.   There is active commitment from opinion leaders and key influencers.

A4.   Staff are motivated and energised by the benefits this innovation can deliver.

A5.   Incentives for staff to support the innovation are recognised and acknowledged.

A6.   Good team working with open and effective communication exists.

A7.   Support is available from peers to help the innovation be put into routine practice.

A8.   The service user's voice is heard and acted on.

A9.   Internal and external networks to support and spread the experience of this innovation are used.

Innovation

B1.   It is clear what the expected benefits (for my area) are from this innovation.

B2.   There is sufficient evidence of the benefits of this innovation.

B3.   The innovation is presented in a meaningful and relevant way.

B4.   The innovation can be adapted to my setting.

B5.   It is feasible to try out the innovation in my area.

B6.   The skills and resources needed for this innovation to work in practice have been identified.

---

[14] At the time of writing, this resource was available at
www.institute.nhs.uk/index.php?option=com_spread_and_adoption

B7.   It is clear how capturing and sharing the benefits of this innovation can occur.

Context

C1.   This innovation will make an important contribution to help achieve a strategic priority.

C2.   The local experience of using other innovations is positive.

C3.   This is a good time for this innovation to be used.

C4.   Internal and external stakeholders are engaged and have given their commitment to the innovation.

C5.   The existing infrastructure e.g. IT systems, split sites supports this innovation to work.

C6.   The disruption the innovation will cause to existing systems e.g. working hours/ rotas, lab results reporting has been considered and planned for.

Whilst this list of factors is useful, many practical steps taken on the ground could appear under several headings. So, to help with clarity, each specific topic, such as the role of champions, is discussed just once in the paragraphs below. As you read, please remember that a single intervention will have multiple impacts.

The following paragraphs distil the findings from our site visits into some general observations about what appears to have made a difference in local services. Your context may require a unique approach, or you may have access to opportunities that were not available to our study sites, so please do not treat the findings below as more than general advice that should trigger your own creative problem solving and innovation.

In our interviews, we often found ourselves caught up in discussing local service configuration or particular adjustments that had been made for the benefit of people with autism or learning disabilities, rather than the process by which service development had been achieved. It was quite difficult to separate *what* people did from *how* they introduced change, as their choice of what to do was obviously influenced by their personal theory of how change happens and their previous experience of what had worked in the past. The following paragraphs aim to focus on the process of service development, leaving the description of individual adjustments to our earlier report *Reasonably Adjusted?* and the Good Practice Database, so if you want to know more about what the adjustments looked like in detail, you need to look in these places.

Section 2: Achieving change through people

Active senior managerial and clinical leadership exists to drive this innovation into routine practice (A1).

Sponsorship from the highest level. Senior management in mental health services have funded posts to support the Green Light agenda, set standards of attainment for local services and taken an active interest in progress. In one of our study sites, Board members have a cycle of visits to teams, and their questions always include Green Light issues.

Include Commissioners. A vital role is played by commissioners in funding investment in Green Light activities and monitoring delivery, as well as ensuring that collaboration between teams and services occurs where it needs to do so.

There is active leadership at all levels and across all groups in support of this innovation. (A2)

A positive culture. Our study sites suggested that the wider culture of the mental health service affects how teams address the Green Light agenda. The relationship may work the other way around too, as the successes and difficulties of the Green Light work may reveal wider issues that are affecting the whole service. We found the following examples of broader culture impacting the Green Light agenda:

- A culture in which things get done is helpful – where plans are made, followed through and checked to see if they have worked.

- A leadership development programme that promotes leadership throughout the service, and this generic programme has a specific impact on how leadership is exercised in respect of Green Light.

- A culture of appreciative inquiry helps with innovation, as the organisation learns from successes as well as failures and people are applauded for trying to improve the service.

- A 'family-friendly' culture, where relatives are seen as an asset to the person rather than a burden on the mental health system, helps the Green Light work to progress more easily.

- Parity of esteem between learning disability, autism and mental health services helps people who have a combination of needs and the staff who cross these boundaries.

- A widespread understanding of person-centred approaches and personal budgets helps staff to see the whole person, challenge standardised responses and normalise reasonable adjustments.

A clear signal in support of reasonable adjustments. Elsewhere we have been told that people with autism or learning disabilities should not use mental health services, either because the learning disability service is eager to do everything, or because there is a view that the mental health service should do nothing. In particular teams, we have seen staff try and use autism or learning disability as a diagnosis of exclusion to reduce demand on their service and shunt the person elsewhere, or to use a discussion about how to best serve people with complex needs as a distraction from the obligation to make any reasonable adjustments at all.

To combat these discriminatory attitudes, very senior staff in the mental health trust have sent a clear signal that reasonable adjustments are needed. This has been shown through announcements, through funding, through policy statements or in commissioning documents. Positive and precise declarations have been underpinned by the adoption of values and theoretical foundations for the mental health service, such as recovery or compassion focused care, that send out a clear message emphasising that the service is open to all, including people with autism or learning disabilities. Rather than allowing the question of how to serve the small number of people with complex needs to obscure the wider debate, leaders have insisted on an ongoing discussion about reasonable adjustments.

Set Floor standards. This term refers to the minimum standard that everyone is obliged to meet, that is endorsed from the highest level and driven through the whole organisation. Our pilot sites made progress where such minimum standards had been set. This might mean that all teams identify a staff member who will maintain a resource file, support the team in completing the Green Light audit and share their action plan arising from it.

There is active commitment from opinion leaders and key influencers. (A3)

Green Light Facilitator. Mental health services that have made real progress in this area have appointed a Consultant Nurse or equivalent experienced practitioner to lead the Reasonable Adjustments work. It is a complex area where multiple policy, legal and clinical issues overlap, so each organisation needs access to an expert who can tolerate uncertainty, organisational discontinuities and sometimes limited support from others, while pressing ahead with tenacity. The Green Light Facilitator takes on the following roles:

- Acts as the driving force for organisational development in relation to Green Light, often by attending manager's meetings and ward rounds to keep the issue at the forefront of people's minds. This promotes good practice by highlighting the advantages of making reasonable adjustments for people using the service, professional development and job satisfaction.

- In some services, they take a few referrals and hold a small caseload. This may be to get to know the person well enough to offer advice to colleagues, to support staff who are struggling, or to follow up where the person has not received an adjusted service.

- The bulk of their work is by offering consultancy support to mental health staff. This means that they help colleagues develop their skills and ability to respond effectively. Large mental health services need more than one Green Light Facilitator, but this service is intentionally 'lean' in order to emphasise the capacity-building role.

- Form a network of Green Light Champions and keep the network vibrant.

A Champion in every team. All our pilot sites in mainstream mental health services that had made real progress had identified, trained and supported champions in most teams. This is partly because some mental health services have grown so large that it is very hard for frontline staff to know everything that is going on just within mental health provision, so assigning responsibility for connecting with autism or learning disability services helps to maintain the link. Champions are identified by building on the enthusiasm of volunteers who make natural leaders. They are supported by managers who allocate time so that they can fulfil the role, develop their skills and attend networking meetings. In a parallel process to the Green Light Facilitator, team Champions should not do everything themselves, but are in role to support their colleagues and build the capacity of the whole team to respond effectively.

Staff are motivated and energised by the benefits this innovation can deliver. (A4)

Employ the right staff. We found one mental health trust where knowledge of autism or learning disability was included as a 'desirable' characteristic in every person specification for every post in the mental health service. This brings people on to the team who have prior experience or qualifications in working with people who have autism or learning disability, and these skills come to the fore when they are valued by the whole team. Placements and secondments can also give staff an opportunity to develop relevant skills. In addition to the right knowledge, staff in several of our pilot sites were described as helpfully assertive. We heard several stories of healthcare assistants challenging doctors, particularly

in relation to distinguishing Asperger's syndrome from personality disorder, and this ability to be a constructive advocate is a vital quality, as long as frontline staff also have access to specialist supervision and development opportunities from the Green Light Facilitator.

Induction and training. In one of our pilot sites, every induction training event for mental health staff included a short training video on making reasonable adjustments that includes autism, learning disability and dementia. The recognition of reasonable adjustments as part of 'statutory training' helps to give it priority and improve compliance with the Equalities Act and other legislative instruments. Individual teams also invite their colleagues from learning disability and autism services to provide awareness training sessions, and other colleagues such as speech and language therapists may teach the mental health team more about communication support. One pilot site had audited the knowledge and skills of mental health staff before designing training, and had re-audited after the training to check how effective it was. These training events are considered to be part of continuing professional development as well as forming the starting point for identifying enthusiastic people who can become Champions at team level and beyond.

Promote curiosity and creative problem solving. Effective Green Light Facilitators and Champions share a high level of curiosity and enthusiasm for creative problem solving. They are curious about theories and interventions used in other fields and eager to see if they help. If information is not available in an accessible format, or procedures exclude people with autism or learning disabilities, these staff locate an example, adapt something used elsewhere or invent a new approach. As a result, Facilitators and Champions tend to be a real asset to the service that employs them and a significant benefit to people using the service.

Incentives for staff to support the innovation are recognised and acknowledged. (A5)

Develop an action plan. Successful sites started small and applied slow, sustained effort and stamina. They focused on issues that delivered early success and advised others to only take on big strategic projects such as redesigning databases and care pathways if exactly the right people had signed up to actually deliver the improvements in a reasonable timescale. Instead, they tended to focus on changes that frontline staff could easily implement, such as introducing the use of hospital passports.

Monitor progress. An effective action plan will have SMART[15] goals that address both system changes and outcomes for people using the service. In some services, the existing activity monitoring system itself will need adjusting, as people might need additional

---

[15] SMART is an acronym for Specific, Measurable, Action-orientated, Realistic and Time-defined.

interventions in order to achieve the same outcome or a different way of collecting the data from the person.

Celebrate achievements. We noticed that Green Light Facilitators and the Champions who worked with them were enthusiastic about advertising innovation and success. Newsletters, open days, Board meetings and posters were all utilised to get the message across and keep people up to date and engaged in the issue. Even more important than the bare fact of this marketing activity is the tone in which it is done. Rather than criticising failure or inattention, we saw an appreciative approach at work in which staff were repeatedly encouraged and their achievements celebrated.

Good team working with open and effective communication exists. (A6)

Build strong teams. Sites who had done well had built strong teams where other team members were actively interested in hearing the views of the Green Light champion. A strong team will draw on the unfamiliar perspectives, insights and interventions that may come from specialists in autism or learning disabilities, and consider how reasonable adjustments for one person might benefit others as well. Strong teams have their own clear identity without becoming insular, and recognise that strong internal bonds within the team need to be augmented by strong external bridges to other teams and services so that people with a range of issues can be effectively supported.

Harness all the experience in the team. We noticed that the most significant progress was made by Green Light Facilitators and champions where there was a low turnover of staff, giving everyone time to build knowledge, resources and relationships. Alongside this, staff who have worked in other teams and services enrich the skillmix in the team and should often be invited to share their insights so that they do not forget their history or lose their personal connections. Such connections, especially with primary care and the voluntary sector, are invaluable in designing a unique support package for people with overlapping needs.

Support is available from peers to help the innovation be put into routine practice. (A7)

Engage colleagues in the learning disability and autism service. It helped when staff at the most senior level in the organisation sent a clear signal to autism and learning disability services explaining that their role includes supporting mental health staff to become more competent in responding to people with overlapping needs. In the pilot sites we saw examples of learning disability services generously providing training to their mental health colleagues; autism services undertaking joint assessments and both services providing regular professional supervision to mental health staff. Particular interventions that have been developed in autism or learning disability services (such as some of the tools used in

person-centred planning) have been taken up and used in mental health services with support from colleagues in learning disability teams.

In one pilot site, co-location of autism, learning disability and mental health teams has helped to promote such exchanges of skills and support, although they discovered that it is important to actively promote interaction between teams rather than assume that the geographical co-location with accomplish this on its own.

The service user's voice is heard and acted on. (A8)

Provide accessible information. Starting with easy goals was a common feature of Green Light strategies, and this often included the provision of accessible information in ward and waiting room areas. Whilst some pilot sites uploaded these resources on to their intranet or publicly accessible website, the key here was ensuring that people using the service, relatives and frontline staff had easy access, and this was usually via a folder packed with printed leaflets and information sheets. Such a highly visible resource also emphasises the importance of the Green Light agenda.

Such materials are of benefit to people with learning disabilities, but also have wider appeal. Easy read is popular with people who do not have a learning disability but are particularly unwell, with people for whom English is a second language, amongst students and with busy staff, as the information is packaged in small units that are easier to understand. We included a list of websites where easy read materials for mental health are available in our earlier report *Reasonably Adjusted?*

Listen to what people are saying. Paying attention to people's views is an important but demanding task and can be particularly challenging when the person has a limited vocabulary, an idiosyncratic communication style, and especially when the person relies heavily on non-verbal ways of communicating messages, which might have been affected by psychiatric issues in unexpected ways. Helping mental health staff to pay attention to communication from people with autism or learning disabilities is a central part of the work of Green Light Facilitators and Champions. Such help may include negotiating appointment times of different lengths for people who communicate more slowly or have shorter concentration spans, additional sessions for people who take extra time to build trust, and the use of accessible assessment and monitoring tools so that people can be full partners in their care and treatment.

Everyone we spoke to underlined the importance of independent advocacy for people with autism or learning disabilities who use mental health services, and looked for advocates who were competent in relating to people in this situation.

On one site, people with learning disabilities carried out 'secret shopper' audits in mainstream mental health services that provided interesting feedback to the organisation. . Such feedback can have a powerful and positive impact on service quality.

Internal and external networks to support and spread the experience of this innovation are used. (A9)

Regular internal networking meetings. Feedback from the sites indicated that regular meetings for champions from all services were helpful. On one site, a list of champions is available on the intranet to aid peer-to-peer communication, and the senior lead is in regular touch with individual champions. Elsewhere, the Green Light Facilitator put significant effort into ensuring that the meetings created a high level of commitment and enthusiasm so that people felt part of a 'winning team'. Relationships that were built in the Green Light network meetings brought other benefits too, as people used them to solve problems beyond the Green Light agenda. These connections sometimes extended to forensic, prison and addiction services, helping to provide a joined up service and bringing benefits to people with autism or learning disabilities that have mental health issues alongside these other issues.

External networks. Strong bonds between Champions in the mental health service are not sufficient to deliver an effective service. In addition, strong bridges to the wider world are needed. Potent Green Light work includes a constant process of scanning the external environment for relevant issues. For example, we heard about the following recent finds that related to the Green Light agenda - work on the patient journey[16], how to support families[17], offer psychological therapies[18] and operate inpatient wards[19]. Other useful bridges include links with local authority and third sector providers. Two autism services reported strong links with the voluntary sector which helped them to signpost people more easily.

---

[16] Shaping our Lives (2013) *The Patient Journey: Capturing the experiences of people with learning disabilities using mental health services in the Black Country.* Available from www.shapingourlives.org

[17] See the forthcoming guide from the Foundation for People with Learning Disabilities stemming from the report *Feeling down: improving the mental health of people with learning disabilities*

[18] Liz Abraham, Research Assistant, Florence Nightingale School of Nursing and Midwifery, James Clerk Maxwell Building, King's College London, London SE1 8WA. Tel: 0207 848 3670 Email: elisabeth.abraham@kcl.ac.uk

[19] A Star Wards initiative to improve responses to people with learning disabilities on mental health inpatient wards. www.starwards.org.uk

Section 3: Achieving change through innovation

It is clear what the expected benefits for my area are from this innovation - and there is sufficient evidence of the benefits of this innovation. (B1 and B2)

Focus on stories. Mental health services that have seen few or no people with autism or learning disabilities sometimes express little interest in the Green Light agenda, as, after all, if there is no demand, then why bother when there is so many other things to do? Our pilot sites had a long-term ambition to collect quantitative data, but their day to day currency was stories. These were used with great effect in training, awareness sessions, presentations, poster displays and information leaflets. Sites found it helpful to share lots of stories and case presentations of things that had gone well, in a variety of settings. At one site, this included sharing stories with the Board.

Explain the benefits. Some of the pilot sites had identified particular issues where they wished to see a change in practice across the mental health service and made a clear case for the innovation. So on one site, the Green Light Facilitator has developed a learning disability screening tool that they hope to use across all mental health services, hence supporting staff, improving their understanding of individuals and collecting local data.

Similarly, another site has been looking at whether the best offer to learning disabled people who are in need of psychological interventions is not just more sessions, but briefer ones supported by shorter assessments. Using all these adjustments together will have a smaller impact on the cost of the service and the number of people that can be treated. It is by gathering local data of this kind that individual services can demonstrate the level of need, effectiveness of outcome and economic case for reasonable adjustments, and so strengthen the case for implementation.

The innovation is presented in a meaningful and relevant way and can be adapted to my setting (B3 and B4).

Support local tailoring. Both Green Light Facilitators and Champions told us that many staff simply do not know how to make an adjustment to enable someone with autism or learning disabilities to engage. This is made more difficult when there is a rigid expectation that assessment, diagnosis, intervention or record keeping is done in a particular way or when staff feel worried that they will be criticised for changing things. Sites found it was important to adapt some reasonable adjustments for local use. For example, in one site, the

assessment and care planning documentation has been adapted and the results are being used with people with and without learning disabilities.

Our earlier report *Reasonably Adjusted?* offers many practical examples and the Good Practice Database will add new ones. On our sites, it was often the Green Light facilitators that found out about demonstration projects and practices and the team-based Champions that explored how to tailor these ideas to make them perfectly fit into the local situation. The whole team finds that developing their skills (finding new ways to explain things, using pictures and so on) is rewarding and enhances work with other people using the service too. On one site, the team have seen so many people who would not consider themselves to be autistic or learning disabled utilise their materials that they are taking care to avoid labelling them in any way, as they now expect all kinds of people to use them.

Build capacity in mental health services. At the heart of the Green Light agenda lies the individual mental health worker who is eager to learn how to respond effectively to people with autism or learning disabilities. Green Light Facilitators, Champions, action plans and training programmes will help, but progress is made when individual mental health workers take up the challenge to engage with people needing support, relatives, colleagues in other parts of the service and researchers and so provide equality of access.

It is feasible to try out the innovation in my area and it is clear how capturing and sharing the benefits of this innovation can occur (B5 and B7).

Dedicate time. Facilitators and Champions need allocated time to update the accessible information resources and notice boards, advise their colleagues, negotiate reasonable adjustments and work with individuals. Sometimes they need additional advice or mentoring too, especially when working with people who pose additional challenges. Our strong advice from the pilot sites is that the Green Light agenda does not progress very far unless the right amount of time is invested. Evidence from the study sites showed that progress was made when champions were given dedicated time to develop the work and advance their skills and understanding.

Easy steps. Pilot sites usually began with an area that would be easy to improve, where success would be highly visible and have a lasting impact. Indeed, several sites had begun by putting hard copy information in folders in wards and other areas. This low-tech solution is simple and neatly sidesteps the challenges of computer access or literacy for both staff and people using the service, and does not need high level, system-wide approval, so people in local services can just do it. Facilitators reminded us that such folders are not the only adjustment that is needed, but they are an easy place to start. Mental health services that have accomplished this need to move on to the next item identified in their action plan, with particular emphasis on things that make a real difference to the quality of life for people using the service.

Advice, reassurance and supervision. Staff in mainstream mental health services who are attempting to make reasonable adjustments will need support from a variety of colleagues with specialist knowledge in learning disability or autism. They may need access to clinical expertise, such as advice from a speech and language therapist about communication support, or advice on managing swallowing problems in respect of a person with learning disabilities. They may need process support, such as how to adjust staff activity monitoring systems to ensure that they do not create barriers to people with autism. They may need multi-agency support, such as advice on how to meet safeguarding obligations towards an adult who appears to present with ritualised and harmful behaviour. Green Light Facilitators both recognised their own need for mentoring or advice from others and helped their mental health colleagues to seek out and use such expertise from colleagues in other services. This was offered through a variety of means including telephone and Skype, friendly response, informal verbal referral and visiting teams and individual staff.

The skills and resources needed for this innovation to work in practice have been identified (B6).

Invest. A very clear lesson from the pilot sites is that 'you get (almost) nothing for nothing' and so the Green Light agenda needs to be properly resourced as a long term, sustained priority. Commissioners can help by clarifying who is responsible for working with people with overlapping needs and use their negotiation skills, incentives and personal interest to encourage improvements in local services. Two sites had used CQUINS in which commissioners hold back part of the funding until specified improvements are delivered. At another site the commissioner's approach is more informal but his close interest in Green Light issues helps to keep the issue in focus.

Work across boundaries. There is a growing body of literature on boundary spanning – how to work successfully at the interface between teams, services and organisations. Much of the Green Light work involves boundary spanning activities, whether bringing in support workers to provide highly skilled personal care during a hospital stay, seeking advice from colleagues about early onset dementia or stripping metaphor out of a treatment programme. Organisations that were making real progress recognised that the Green Light agenda was only one area where boundary spanning was needed, and provided opportunities to engage in organisational learning about the value of this approach.

Section 4: Achieving change in your context

This innovation will make an important contribution to help achieve a strategic priority. Internal and external stakeholders are engaged and have given their commitment to the innovation (C1 and 4).

Lock into wider priorities. As we hinted in the last paragraph, effective Green Light work is a defined task in itself whilst being integrated into larger agendas. Reasonable adjustments for people with autism or learning disabilities are a part of meeting equalities obligations, they help to deliver person-centred and compassion-focused care, and they improve outcomes. Bringing people back to the local area from residential care placements far from home is part of enhancing the community's capacity and providing staff with opportunities for continuous professional development. Avoiding admission and facilitating early discharge by providing competent community support reduces expensive hospital bed use, while addressing psychological needs helps people with autism or learning disabilities obtain and retain waged employment.

This shows that ensuring that the Green Light agenda is taken forward is one way to meet the expectations of government, regulatory and inspection agencies. Our work with sites indicates that at present, the bulk of responsibility for taking reasonable adjustments forwards rests with a few individuals. If they leave, it is not clear whether the commitment would remain. This indicates a need for better succession planning to ensure that progress is built upon and the principle of reasonable adjustments for people with learning disabilities or autism is more deeply embedded in mainstream mental health services. It is helpful when very clear messages are given to staff about what they should be doing. For example on one site, staff are told during induction training that people with learning disabilities are 'our business'

The local experience of using other innovations is positive and this is a good time for this innovation to be used. (C2 and C3)

The time is now. Ideally, the Green Light work is built on a history of successful collaborative projects between learning disability and mental health services that have already created a culture of mutual respect, a shared understanding of the complementary skill sets of staff teams, and protocols for joint work with individuals. It thrives in conditions of organisational stability where people are focused on delivering excellence in patient care rather than being distracted by restructuring. Staff we interviewed in our real-world pilot

sites encouraged others not to wait for perfect weather before setting sail, but rather to begin straight away.

Sites that had made progress had drawn upon their experience of using innovations successfully in the past and brought that optimism to bear on the Green Light agenda. Particular approaches that had been effective in working with other individuals were adapted for use with people who have autism or learning disabilities.

The existing infrastructure supports this innovation to work and the disruption the innovation will cause to existing systems has been considered and planned for. (C5 and C6)

Face up to service discontinuities. We found many local examples of illogical or incomplete service configurations, such as the following:

- A mental health service which has special teams for forensic issues, addictions and eating disorders, while the adult learning disability service has no equivalent specialist provision of this kind, and people with learning disabilities have little access to these specialist mental health services.

- a prison health service that was contracted to work with prisoners who had mental health issues but not autism or learning disabilities

- Assessment services for people with autism that do not lead to any service provision.

These service discontinuities make it hard for people needing a service to get one, as well as causing difficulties to staff who feel confused about the role of their team. Green Light Facilitators and Champions need to be able to assist people caught up in these troublesome boundaries, take up opportunities to promote system improvement, and tolerate working in a world that doesn't make sense.

Care pathways. In some traditional services, people who have mental health issues are routinely supported in specialist learning disability provision and must somehow 'earn' the privilege of accessing mainstream mental health services. Most of our Green Light Facilitators and Champions focused on navigating one individual at a time through their local system, rather than attempting a structural redesign of the care pathway. However, it is worth being ambitious. We were told about one area where in one service, everyone with a mental health difficulty is first referred to the mental health service, so everyone starts 'here by right', and anyone who is thought to need any kind of specialist learning disability or autism service is then referred onwards.

Resolve risk management issues. Anyone who starts to work on the Green Light agenda will soon encounter risk management issues, so it may help to address this issue specifically. For example, one mental health service was struggling to provide grab rails for people with mobility issues, due to worries that they might be used as ligature points. Another service looked for specially designed rails and also included falls and hip fractures alongside suicide in its risk assessment. It was this broader approach that enabled them to balance the twin priorities of managing risk and offering an accessible and inclusive service.

Build capacity and collaboration. Services work well where learning disability staff support their colleagues in mental health services to develop their skills rather than taking over. One site has planned a Vulnerable Persons Admission Suite at the psychiatric hospital that is based around a collaborative cross-team approach.

Decide what to do about computer systems. Green Light Facilitators sometimes described their local electronic case record system as inaccurate and hard to change, with limited ground cover, a poor response to people who use multiple services and few facilities for aggregation and analysis. Thus, while Green Light staff would like to use it to monitor demand, uptake and outcomes for this group, they have often taken a strategic decision to invest their limited energy in other areas and undertake spot audits using pencil and paper. This final observation takes us back full circle to the need for active senior managerial and clinical leadership to drive the Green Light agenda into routine practice.

Conclusion

Our 2012 report *Reasonably Adjusted?* showed that all over England, mental health services are discovering how to lower barriers so that people with autism or learning disabilities can obtain effective help when they need it. The Good Practice Database offers a repository for detailed and updated adjustments, so that people can avoid wasteful duplication and learn from one another. In this document, we have updated the Green Light Toolkit so that local mental health communities can take stock of their own work and make improvements as necessary. The three audit tools have been co-designed with local services and are easy to start and challenging to finish, prompting a process of continuous improvement. There is an easy read version of the audit tools to facilitate a co-production approach to checking services. In addition, we have built on an evidence-based framework for promoting the adoption and spread of innovation to show how local services have developed, and pointed out real-world opportunities and pitfalls.

In these busy times, addressing the Green Light agenda is not easy. Despite the challenges, it reduces discrimination, serves the whole community and improves outcomes in line with government expectations. Most importantly, it provides the kind of service that people with autism or learning disabilities deserve. We hope that mental health services will rise to the challenge.

Appendix One: How we created this document

The work we did in preparation for writing *Reasonably Adjusted?* gave us a refreshed understanding of the issues which face people with autism or learning disabilities in trying to make use of mental health services. This was formed into a draft version of the audit tool. A few items that were hard to place into the framework were abandoned. We then sought out people willing to use the draft audit tool and obtained nearly 80 completed forms, along with some detailed feedback about the cell contents, the ordering of the cells, any missing or unnecessary rows and how it felt to use the audit. Finally, we collated the scores, re-ordered the table so that each row was progressively more challenging than the last (i.e. the best aggregate scores came first and the table was then ranked so that the worst aggregate score came at the end). The table was then cut into three short audit tools.

A seminar was held in London and a second in Sheffield to discuss the *Reasonably Adjusted?* report and explore how people might respond to the audit tools. Most people told us that they found the audit very helpful and thought-provoking, which confirmed that we were on the right track. We were given a lot of useful advice on how the audit tool should be used to maximise the benefit for services. People liked the approach of making formal use of the feedback from this trial to restructure and redesign the audit.

Writing the *Reasonably Adjusted?* report also provided a national network of contacts with people who were interested in and committed to improving the experience of people with autism or mental health problems in mainstream mental health services. We wrote to everyone on this network and invited them to apply to be a partner organisation for phase 2. Five sites were selected and a series of interviews undertaken to uncover how change had been accomplished. Nobody felt that they had finished the task and much more work was to be done, but we learned a lot about what was working on those sites.

Appendix Two: Reasonably Adjusted? Audit Tool (Easy read)

How well are we doing at making mental health services easier to use for people with learning disabilities and people with autism?
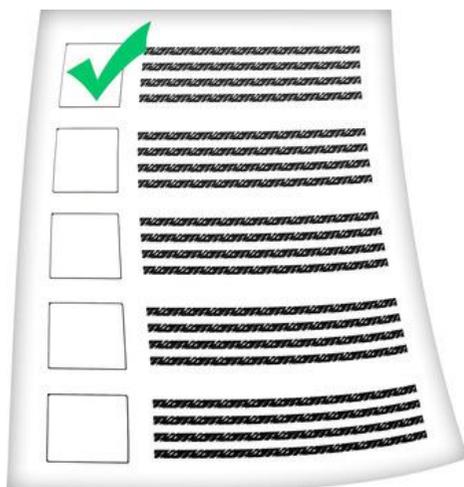
Mental health services do not always provide good services for people with learning disabilities or autism. To help mental health services do better, we have written something called an audit tool. An audit is something you can use to check how services are doing. It is important that people with learning disabilities and people with autism are part of checking how services are doing. To help this happen we have written an easy read version of the audit.

There are 3 audits:

1. The basic audit – which is about things that are easier to put in place
2. The better audit – is about things that are more difficult. You may want to do this after doing the basic audit
3. The best audit – which is about things that are really hard to do

How to do the audit

The audit works on a traffic light system but we have put in another colour

Grey means nothing is being done

Red means lots of work needs to happen before things are better

Amber means some work has been done but more is needed

Green means that things are going well

You need to choose the description that fits the service best. It is good to talk about this as a team first. If you really can't do this, put a ? in the last row – but try not to do this unless you have to.

It is important to think about what needs to happen after the audit. What does the service need to do? What actions should it take? You can do the audit again six months or a year later to see what has changed.
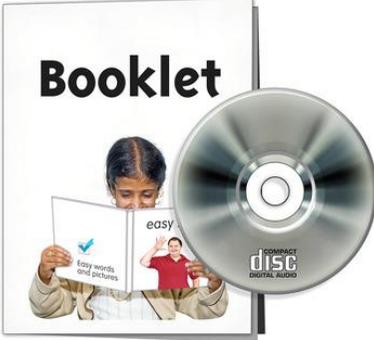
Some of the words are a bit difficult. We show them like this: **Research**

At the end of the audit is a list of difficult words and what they mean.

The Basic Audit

Basic audit	Nothing has been done about this	There is a lot to do to make things better	Some work has been done but more is needed	Things are going well	score
Being healthy	Nothing has been done to help people with learning disabilities or autism be more healthy	Staff know people need support to be healthy but they don't have a plan to help them do this	Staff support people to go to health appointments and health checks.	As well as helping people get to health appointments, staff support people with healthy lifestyles	
What services say about who can use them	Mental health services say they don't work with People with learning disabilities or people with autism	Some people with learning disabilities and people with autism get support for their mental health problems in mental health services, but nothing is written down about this.	Mental health services say they will work with people with learning disabilities and people with autism – but not all services do so yet	All mental health services work with people with learning disabilities and people with autism	

Prisons and other services that are locked	People with learning disabilities or autism are in prison or other locked services when they should be in other services	People with learning disabilities or autism in prison are helped to move to other services (this is called a prison diversion scheme)	People in locked services can get support from staff who know about mental health problems, people with learning disabilities or people with autism	People in locked services get lots of support to help them so they don't break the law again.	
Keeping people safe	Mental health services can't say how they have kept people with learning disabilities or people with autism safe	Mental health services can tell if there have been problems with keeping people with learning disabilities and people with autism safe	Mental health services learn from any problems and change things so that the same problems don't happen again	Staff in mental health services feel they can say if things are wrong. They think the organisation learns from mistakes.	

Assessment	People with mental health problems, learning disabilities or autism can't get a good assessment of their needs	People with mental health problems can get checked to see if they have autism or learning disabilities	There are good assessments for people with autism or learning disabilities using mental health services	There are good assessments for all people with learning disabilities and autism using mental health services. The assessment is used to give people good services.	
Changing services to meet people's needs	No changes are made to services to meet the needs of people with learning disabilities or autism	A few changes have been made to services, but this doesn't happen very often.	Changes are made to services quite often, but there are still areas where this doesn't happen	Changes are made to services when needed. Staff make note of the changes and check they are making things easier for people.	

Being person centred and having direct payments or personal budgets	This hasn't been thought about for people with mental health problems and learning disabilities or autism	A few people have a direct payment or personal budget	As well as having a direct payment or personal budget, a few people have really good support which helps them be part of the community.	Lots of people have really good individual support using community facilities where possible.	
How staff think and behave	Staff in mental health services do not think they should work with people with learning disabilities or people with autism	Some staff think they should work with people with learning disabilities or autism	All staff are supported to work with people with learning disabilities and autism, and training is available	Staff work well with people with learning disabilities or autism, and can show how they have made services better.	

Accessible information	There is no accessible information in mental health services	There is some accessible information but it is not clear how this is being used	Accessible information is put where people can use it. There is information about how to make a complaint, how to get help, the law, local services and medication.	Staff help people to use accessible information.	

Comments

The Better Audit

Better audit	Nothing has been done about this	There is a lot to do to make things better	Some work has been done but more is needed	Things are going well	score
Research	Staff do not use information from research to make services better	Research evidence is used to help make services better	Staff use information from research when working with people with mental health problems and learning disabilities or autism	Local people are doing their own research	
Health records or care plans	No changes are made to health records or care plans to help people with learning disabilities or autism understand them	There are accessible care plans but people need to ask for them	People are given copies of their accessible care plans	Staff write the care plan with the person. The care plan is done in a way the person can understand.	

Local plans	Local plans say nothing about people with mental health needs and learning disabilities or autism	Information collected nationally about people with mental health needs and learning disabilities or autism is in local plans. The plans say people should be able to use mental health services	Local plans also say what should be done to help people with mental health problems and learning disabilities or autism use services	Local plans use national and local information, and use this to plan for better services	
Special services and local services	Most people who need lots of support are in special services a long way from home	Some people who need lots of support are now living locally. Mental health services help with this. Services know about the rest, and have plans to help as many of them as possible live locally	People with lots mental health needs are helped to live locally in their own homes, rather than in residential homes. Mental health services help with this.	Special service staff work with staff in mental health services to help them get better at working with people with mental health problems and learning disabilities or autism	

Staff 	Mental health services are not good at working with people with learning disabilities or autism as staff don't have the right skills.	Training and support is available to help staff work with people with mental health problems and learning disabilities or autism.	Policy documents have information about people with mental health problems and learning disabilities or autism.	Staff get training and support to help them think about what they do, and make services better for people with mental health problems and learning disabilities or autism	
People who need help with **personal care** 	It is a problem every time someone needs help with personal care	If someone needs help, the service asks for extra support	Staff can help people with personal care if needed	Staff learn about doing personal care really well, making the service better for everyone	

Service development	Nothing is done to involve people with mental health problems and learning disabilities or autism	People with mental health problems and learning disabilities or autism and their relatives are told about service changes	People with mental health problems and learning disabilities or autism and their relatives are asked what they think of services	People with mental health problems and learning disabilities or autism and their relatives are involved in service development	
Psychological therapies	These are not available in mental health services or **primary care** for people with mental health problems and learning disabilities or autism	People with mental health problems and learning disabilities or autism get longer appointments at times that suit them	Psychological therapy services have made changes to what they do, so People with mental health problems and learning disabilities or autism can benefit	Psychological therapy services get support from specialist services to help them do better. People with mental health problems and learning disabilities or autism can get support from specialist services if needed	

Working together	Services don't work with each other	A few staff in mental health services know and work with staff in learning disability and autism services	People who need support from two or more services usually get it	There are plans which set out how services work together with people, and what to do if there are any problems	

Comments

The Best Audit

Best audit	Nothing has been done about this	There is a lot to do to make things better	Some work has been done but more is needed	Things are going well	score
Advocacy	Local mental health advocacy services do not work with people with learning disabilities or autism	Local advocacy want to work with people with learning disabilities or autism to support them to get better mental health services	Local advocacy services get training and support to help them work with people with learning disabilities or autism who have mental health problems	Local advocacy services report to the people who buy their services on how what they are doing makes things better for people with learning disabilities or autism using mental health services	

| Commissioning | Mental health and learning disability services are commissioned separately. Mental health service commissioners do not think about the needs of people with learning disabilities or autism. Any information about their needs is not used | The mental health commissioning plan has information about people with learning disabilities or autism who have mental health problems | Mental health commissioners say what should be happening for people with learning disabilities or autism using mental health services. They use information about what local people need. This is talked about at the **Health and Wellbeing Board** | Commissioners use the information they have to plan for better mental health services for people with learning disabilities or autism | |

Mental health service buildings – and what they are like inside	No changes are made to buildings so they are easier for people with learning disabilities or autism and mental health problems to use	Staff know that people with learning disabilities or autism might find some buildings difficult to use – but not much is done	There are places and times that people with learning disabilities and autism can be quiet and away from others	Changes have been made to buildings to make them easier to use for people with learning disabilities or autism	
People who are making a difference (leaders)	Staff don't know who is interested in making things better for people with learning disabilities or autism	Staff know of some people who are leading on making things better for people with learning disabilities or autism	There are leaders in all parts of the organisation who are working to make things better for people with learning disabilities or autism	Leaders support all staff to make things better.	

Family and friends	Family and friends of people with learning disabilities or autism with mental health problems don't get information about mental health services, or any support they might need.	Family and friends are asked about their experiences of mental health services for their relative. This information is looked at to see if people are having the same problems	Family and friends say that mental health services are doing well for their relative with learning disabilities or autism	Family and friends of people with learning disabilities or autism get good support from mental health services.	
Support to get a job	There is no extra support for people with learning disabilities or autism and mental health problems to get a job	There is some extra support from mental health services to help people with learning disabilities or autism and mental health problems get a job	5 or more people with learning disabilities or autism have got jobs through extra support in the last year.	Job support services have identified things that work really well for people with learning disabilities or autism and mental health problems so they can get and keep jobs	

Checking services	Nothing has been done to find out how people with learning disabilities or autism get on in mental health services	The way in which people with learning disabilities or autism get mental health services has been checked to make sure they are getting the support they need	People with learning disabilities or autism who have mental health problems and their families/friends help check services	The changes that are made to services so people with learning disabilities and autism can use them are reported to the Trust Board and the people who check services	
Information on people using services	There is no information on people with learning disabilities or autism using mental health services	Some information is collected but this doesn't happen often and isn't very good	Information is collected regularly and has been checked with other information	Information is collected regularly and looked at. Staff use the information to make services better for people with learning disabilities	

People who challenge services	There is no planning for people with learning disabilities or autism and mental health problems who may challenge services or hurt themselves	Staff have some training in learning disability and autism awareness to help them work with people who may challenge services or hurt themselves	Staff use best practice when working with people with learning disabilities or autism who may challenge services or themselves	Staff help other services – like the police or hospital staff to work well with people who may challenge services or hurt themselves	

Comments

List of difficult words and what they mean

	Research Sometimes we don't know why things happen, or we want to find out more about things. Research is a way of doing this. Sometimes this means talking to people to find out more, or it may mean looking at data or information. Research can help services do things better.
	Special services Sometimes people with learning disabilities or autism need lots of help, perhaps because they have been in trouble with the law, or because they have behaviour that is very difficult for services. Because of this they may be sent to special services that are often locked. Special services should have staff that are trained to help people get better. People should only stay in special services for as long as they need this help.

Psychological therapies

Psychological therapies are done by trained staff who listen to people talk about their problems and think about things that can help.

Primary care

Primary care means health services like family doctors and dentists.

They are health services that are in the community.

	Commissioning Commissioners plan and buy services that local people need.
	Health and Wellbeing Board Health and Wellbeing Boards plan services for their local community. They are made up of people from health and social care, and other local services. Local people who use services should also be on the Board.