PE1837/B

Petitioner submission of 23 December 2020

I am requesting to give oral evidence to the committee due to the complexity of the petition.

The support highlighted by the SG is not enough. For example, the one-to-one support highlighted is from volunteer support, usually one hour every two weeks. The online support is accessed by only 200 people, what about the other 50,000 autistic people in Scotland?

The support highlighted by the SG is not enough to deal with complexity. Most people would then say, "*social work or mental health services should support*". As already explained in the petition, the difficulty for autistic people accessing support is due to the confusion within the Mental Health Act (MHA) 2003. This is fully explained in the original petition, but a summary can be quickly watched over a couple of minutes with my video: <u>https://www.youtube.com/watch?v=SQaTozSDTlc</u>

The SG highlight the National Autism Implementation Team (NAIT) in their submission. NAIT explain that autism is not a mental disorder. This contradicts what the SG state. The SG state that autism is a mental disorder defined within the MHA (as was disclosed to me via a FOIR). Most people in Scotland assume that autism is a mental disorder/learning disability due to the MHA defining autism as a learning disability.

The SG state autism is a mental disorder. Therefore, requests for support are sent to mental health. Mental health services decline to support because they claim autism is not a mental disorder, they will signpost autistic people to either LD services or social work services – yet most social work services decline to support because they work towards the definition the SG has set, that autism is a mental disorder. LD services will only support autistic people with a dual diagnosis of autism and LD. This is why autistic people without a LD or MH can't access support.

There is no accountability and people are falling into chaos. This is what the Cross Party Working Group (CPWG) for autism described in their Report 'The accountability gap' - there is a lack of support, yet the SG have not even considered this report in their submission. This begs the question – why are statutory services not available for autistic people? Services should be provided by statues: Children's Scotland Act s.23 & 24 for children, Social Work Scotland Act s.12 for adults, Mental Health Act 2003 – s.25 for people with a mental disorder.

Why are autistic people denied access to support? Here is a summary why: People refer to mental health, mental health signpost the autistic person to LD or social work, but LD and/or social work will re-refer back to mental health – a vicious cycle.

It creates a perfect storm for autistic people who do not have a LD or MH need – they can't hold any statutory service accountable and therefore can't access to support. This is why there is an accountability gap.

The SG said they are engaging with HSCPS. This engagement is facilitated through Autism Network Scotland (ANS). ANS receive their funding through the SG, yet the

SG has informed ANS that their funding is to be stopped as of March 2021 – an opportunity lost.

The SG are giving the public the perception that a new Post Diagnostic Pilot (PDP) is being developed- this is misleading. They have paid £250k to organisations who were already providing the support they are claiming is part of the 'new pilot' but have no record of how decisions were made for this allocation (FOIR). These organisations were doing this support before the money was paid and will continue to provide this support once the Pilot is concluded.

The SG state they engage with HSPCS. Why wasn't there any HSCPS asked to be part of this Pilot, especially considering PDS could be defined as a statutory service? Apparently, the SG had to spend the money on the Pilot before the end of this financial year, hence why they approached services in the third sector who would obviously accept money, which helps the SG give the impression they are doing something new. The money originally allocated for developing a PDP has been wasted and we have lost the opportunity to look at developing anything new. This concern was raised at various ANS meetings. I would ask the Committee to seek the views of the CEO of ANS, Richard Ibbotson on the petition and the claims I've made.

Just by even talking about developing post diagnostic support (PDS) evidences there is not enough support! PDS deviates from the real subject – access to ongoing support. If the right support was available at the time of need, we wouldn't need to develop any post diagnostic models.

When does post diagnostic support stop and ongoing support start? Is it after 4 days, 4 weeks, 4 months, 4 years, 14 years or 24 years? What about the boy diagnosed at 4, what happens when he turns 14, 24 or 44 years old? You see, PDS stops discussion about ongoing support.

The SG highlighted the Mapping Project - this information is out of date. Hardly any local authorities have a specific autism plan. This is down to the confusion of the MHA – no specific accountability on services.

The SG gave a breakdown of investment for HSCPS in Scotland but did not highlight any specific areas for autistic support. The SG submission clearly puts the accountability on how money is spent onto HSCPS, hence why we need direction from the Scottish Parliament on who provides autism support, that way accountability can be placed within local budgets. The SG have highlighted the Microsegementation Report. I have heavily referenced this report in the original petition and summary video. It explains that 10 recommendations will provide best outcomes for autistic people. If implemented with10% efficacy it would save £223 million each year.

The SG claim that support is out there and has asked for the petition to be closed. I would ask the SG to evidence how each of the 10 recommendations of the Microsegmentation Report are available in each HSCP before considering the petition be closed? This can't be done until we have clarity on who supports autism – hence the petition.