Summary Report for Assessments of Acute and Urgent Care Environments for Autism Friendliness

**Context**

The Neurodevelopmental service was funded from NHS England to provide autism training to urgent and acute services in the Trust. As part of this we also delivered a project to focus on the environments patients are seen in as the sensory environment is known to be a significant trigger for distress for some autistic individuals.

**Environment Assessment process**

As a team we undertook an audit of the following SPFT locations (from west to east):

Langney Green Urgent Care Lounge (which was closing so no report was given)

Oaklands Centre for Acute Care (Chichester)

Meadowfield Hospital (Worthing)

Millview Hospital (Brighton)

The Haven (Millview site, Brighton)

Royal Sussex County Hospital A&E (Brighton)

Eastbourne District General Hospital A&E and Department of Psychiatry inpatient unit + Urgent Care suite (Eastbourne)

Conquest Hospital A&E and Woodlands inpatient unit + Urgent Care suite (Hastings/st.Leonards-On-Sea)

The project was running at the same time that the new Haven service was being set up so we were able to work closely with Lindsay Towle to influence some of the internal design decisions and were also able to offer some training to staff before the service began.

We looked at the autism-friendliness of the wards and units. We used the environment assessment tool recommended in the NICE guidelines when working with people with Autism, which we adapted for the project. We found that, even after rewriting the evaluation tool, it was still lacking in depth, usability and validity. It could be hugely improved for local use. Hence the recommendations are based on informal observations in addition to the use of the tool. The team spent approximately half a day with ward managers and staff in each location. One day each was allocated to Brighton and the West as the environments were bigger and more complex than in other areas.

**Findings**

It was apparent that all of the wards and units were very keen on more autism training and awareness. There were no effective and consistent measures in place to screen people upon admission, and to not depend upon a ‘hunch’ that someone may be on the spectrum. Women in particular are very good at masking and may not present with the classic symptoms of being on the spectrum. One of the team was on the Autistic Spectrum, none of the members of staff on the units visited noticed this. This illustrates how easy it can be to miss someone on the autistic spectrum. Automatic screening is likely to pick up those people who need to be referred for formal diagnosis. Automatic screening will also enable specific measures to be put into place to support people on the autistic spectrum. It will also allow for data collection to enable subsequent analysis of the number of people on the autistic spectrum who access SPFT acute wards. It will also help to enable monitoring of vitamin D deficiency (and supplementing if necessary), which has a known link with autism.

There was a degree in variation of estimation of the number of people on the autistic spectrum on Wards. For example some staff claimed they only have a few people on the spectrum in their care, others said most of their clients were on the spectrum. Neither of these wards mentioned actively screened for autism spectrum conditions. This is perhaps indicative of the fact referral for diagnosis is potentially still done on a ‘hunch’. There may also be a lack of awareness about how to refer for autism assessment to the Trust’s Neurodevelopmental Service and how to request expedition for inpatients.

In general the settings were found to have lots of scope for improvement in autism friendliness. They were generally noisy environments with no control over light levels, sudden loud sounds (doors), overwhelming smells, no escape opportunities (‘quiet’ rooms or sensory rooms). Quiet rooms that were available did not have sound-proofing (apart from one) and few had environmental controls in place for altering artificial lighting or sunlight.

We identified the need for autism awareness, screening and training and it would be great to encourage individual wards to implement autism-friendly improvements as part of a QI project (One ward was already doing this to create a sensory room). It would also be good to include autism awareness and best practice in the ongoing Quality and Safety Reviews as a means of both raising awareness, auditing current practice and monitoring improvements in practice over time.

**Outcome**

Each setting was given a report with recommendations and suggestions of what they could do to improve their environment, including the addition of specified sensory items they could purchase, which could be used for individual care plans (as calming measures/anxiety management tools).

**Recommendations**

* Autism screening for all patients on admission using the AQ-10
* Better communication from the Neurodevelopmental service about how they prioritise referrals for autism assessment from inpatient services and their waiting times.
* Vitamin D deficiency screening for all patients on admission
* QI projects to improve facilities for people on the spectrum
* Consider simple adaptations to practices to support people on the spectrum; such as written information which includes visuals/photos/symbols, visual cues within the environment to help orientation, information about ward routines and what to expect from an inpatient stay to be displayed on notice boards and handed to individuals upon arrival, a quiet room to ‘escape’ to, light and noise adaptations, sensory equipment (such as weighted items for calming, noise-cancelling headphones, fidget ‘toys’ etc), asking an individual whether it’s ok to touch them and where (when necessary), asking individuals whether they have sensory needs, what these are and including them in their care plan.
* Awareness raising for all staff via training online or at SFPT workshops on Autism (including awareness of sensory needs and how to communicate effectively with someone on the spectrum).
* Audit tool to measure improvement outcomes
* Inclusion of autism awareness in Quality and Safety Reviews
* Consideration of autism in the presentation of eating disorders
* The need to look at suicide ideation and autistic burn out in the autistic population and how best to support someone presenting with those issues.
* We plan to complete a short follow up audit with a phone call to the managers in each setting to evaluate if recommendations have been helpful and possible to implement.