

## Green Light Toolkit: Standards within the online audit tool

This document provides the standards that the Green Light online audit tool is based upon. You can use this as a guide to answering the survey questions within the online tool.

[Access the Green Light Toolkit and register to use it here.](#)

### Who is this for?

This is an audit of the way in which mental health services respond to three groups of people:

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

This audit tool asks you to consider all these three groups of people together and come up with a single score for each question. Alternative audit tools are available, but they cannot use this online analysis system.

### Survey questions (standards)

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

If you want to spend time after completing the survey checking out further background comments and discussion points about the options set out in the this survey tool, then you can find a version with endnotes [here](#).

1. Staff attitudes and values	<input type="radio"/>	Some staff in mental health services think that autistic people and people with learning disabilities should be looked after somewhere else.
	<input type="radio"/>	Mental health staff want to develop their knowledge and skills in working with people with learning disabilities and autistic people, but nothing much has happened yet.

	○	Mental health teams have identified members who champion this area by working with experts by experience to spread good practice.
	○	Mental health staff have improved their response to autistic people and people with learning disabilities and continue to learn and make adjustments.
2. Accessible information	○	Some general information is available, perhaps on the mental health service's website, but there is no evidence that it is being used.
	○	When visiting an individual mental health service, information is available including maps and floor plans; working hours, timetables of activities, mealtimes and cleaning; named photos of staff and who to ask for help; and a clear statement of what is expected.
	○	Signposting and Easy Read materials are available in waiting rooms and other patient areas and cover medication and other treatments, the Mental Health Act, local services, complaints procedures, and advice on how to get help.
	○	Staff utilise these resources and adapt their communication to the person rather than just relying on the leaflet. Staff, people with learning disabilities and autistic people work together to review and update these resources.
3. Buildings and environments	○	Autistic people and people with learning disabilities are expected to use the same buildings in the same way as everyone else.
	○	People with learning disabilities and autistic people have been involved in an environmental audit and reported on things that need to be changed to make the building better.
	○	The environmental audit showed that there are indoor and outdoor places and times where people can be quiet and away from others without needing to ask for permission.
	○	In addition to quiet spaces, the overall building and its furnishings and equipment are suitable for autistic people and people with a learning disability, including architecture, lighting, décor, signs <sup>1</sup> and sounds <sup>2</sup> .
4. Assessment	○	We are struggling to get a detailed and timely assessment of how learning disabilities, autism or both together interacts with the person's mental health <sup>3</sup> .

	○	The first appointment with mental health staff includes options of seeing a photo of the building and staff on the invitation letter, an offer of a pre-visit or a fixed appointment date rather than the uncertainty of a waiting list. People are asked if they are autistic or have a learning disability.
	○	Mental health staff also carry out a person-centred assessment that avoids stereotyping <sup>4</sup> , promotes social, emotional, cultural, spiritual and physical wellbeing and recognises the possibility that the person may be autistic or have learning disabilities.
	○	Screening and full assessment for sensory differences, learning disabilities and autism is also accurate and timely <sup>5</sup> , integrated with other processes (such as the Care Programme Approach and Care, Education and Treatment Reviews) and used to arrange good support.
5. Health and care records and care plans	○	Health and care records <sup>6</sup> are standardised for everyone and the proforma must be used in the same way for everyone.
	○	Care plans may contain photos, video or Easy Read information. They may include a Health Action Plan, Hospital and Communication passport <sup>7</sup> record of the person's sensory needs and any reasonable adjustments that may be required.
	○	The views of autistic people and people with learning disabilities are clearly recorded in their care plan. They are involved in shared decision-making about their mental health care and hold their own copy of the plan.
	○	The plan works towards the person's life ambitions and promotes independence from services wherever possible <sup>8</sup> , as well as clinical objectives. The things that the Care plan says will happen are carried through into action.
6. Personal Budgets	○	There are such a lot of practical and ethical difficulties with personal budgets and direct payments in our local area that we haven't really considered it for people with learning disabilities or autistic people who are using mental health services.
	○	A few autistic people and a few people with learning disabilities are in receipt of a personal budget or direct payment to support their mental health.

	○	A few people with learning disabilities and a few autistic people get offered a combination of universal community facilities, telecare and personal budgets/direct payments that has been individually tailored to support good mental health.
	○	Autistic people and people with learning disabilities are most likely to receive a bespoke mental health service unlike anyone else's that avoids institutional responses but is rather designed around their circumstances and uses universal services wherever possible.
7. Support for family and friends	○	Family and friends of people with learning disabilities and autistic people are involved in care planning where restrictions permit and the person wishes it.
	○	Mental health staff give family and friends information about the support they may be entitled to for themselves.
	○	Family and friends of autistic people and people with learning disabilities report positive experience of mental health services.
	○	Family and friends receive targeted support from the mental health service, perhaps through training, a carers group or access to services in their own right.
8. Safeguarding	○	People with learning disabilities and autistic people say that the mental health service does no harm – it does not abuse or institutionalise them.
	○	The mental health service tracks untoward incidents that affect autistic people and people with learning disabilities.
	○	The mental health service is also learning and changing its practice in response to local incidents that involve people with learning disabilities and autistic people.
	○	Autistic people and people with learning disabilities are empowered to recognise safeguarding issues, know how to raise a concern and do so when appropriate.
9. Physical health	○	We are doing nothing locally to correct for the health inequalities experienced by people with learning disabilities and autistic people, including unequal use of 'Do Not Attempt Resuscitation' notices.

	○	There is some understanding that autistic people and people with learning disabilities may have extra health needs including other health conditions, issues related to self-assessment and reporting, and risks of misdiagnosis.
	○	Specific actions are taken by mental health services <sup>9</sup> to help people with learning disabilities and autistic people use primary care services routinely and when they need them – general practitioners, pharmacists and annual health checks as well as help with teeth, eyes, ears, feet and so on.
	○	In addition to supporting people to access physical health care, our local mental health service is taking action to encourage healthy lifestyles and exercise by autistic people and people with learning disabilities.
10. Personal care	○	It's a problem every time someone arrives in mental health services and needs help with personal care, whether this is due to learning or physical disability, dementia, sensory differences or other reasons.
	○	Additional help is brought into the mental health service to support the person as needed.
	○	Our staff team help people who need it with eating, using the toilet or personal care, such as cutting fingernails.
	○	Mental health staff adopt best practice in supporting autistic people and people with learning disabilities who need assistance with personal care and make adjustments to suit the individual as necessary.
11. Self-regulation	○	Staff try to suppress attempts to self-regulate, such as by spending time on interests, repeated movements (such as rocking or flapping), or withdrawal.
	○	Mental health staff understand and promote self-management activities and know what to do if they appear harmful.
	○	Equipment and resources are available to the person, such as a sensory first aid kit and anxiety reducing materials <sup>10</sup> .
	○	Mental health staff provide opportunities for people with learning disabilities and autistic people to learn about self-management and actively encourage it.

12. Therapies	○	Autistic people and people with learning disabilities don't get much in the way of psychological therapies to help them deal with trauma, poor mental health or offending. It is hard to get other therapies too – speech and language, occupational and physiotherapy or help with strategies to manage emotion, executive function <sup>11</sup> and communication.
	○	People with learning disabilities and autistic people have the same access to therapy as others using the mental health service.
	○	Therapy services have been adjusted so that they are effective for autistic people and people with learning disabilities.
	○	Some staff have developed sophisticated skills in providing therapy to people with learning disabilities and autistic people. They also help colleagues develop their skills.
13. Thriving	○	Adjustments have been made to the sensory environment, communications, appointment system <sup>12</sup> and use of medication so that the mental health service does not make things worse for autistic people or people with learning disabilities.
	○	Mental health staff explain the significance of a diagnosis to people with learning disabilities, autistic people and their relatives.
	○	Mental health staff support autistic people and people with learning disabilities to learn more safe ways to tell others about their interests and differences, express their feelings and find information and support.
	○	It is evident that mental health staff take a positive attitude towards people with a learning disability and autistic people as neighbours, friends <sup>13</sup> and partners, students and employees, voters and contributors to wider society.
14. Employment support	○	Nothing is done to enhance the job opportunities of autistic people and people with learning disabilities who use mental health services.
	○	Specialist mental health employment supports (such as internships, job coaching and IPS services) are available to people with learning disabilities and autistic people.
	○	The mental health service is leading by example by offering jobs to autistic people and people with learning disabilities in the widest practical range of roles.

	○	Autistic people and people with learning disabilities who are working in the mental health service say that they do not need to hide their identity - and they get the support they need in the workplace.
15. Advocacy	○	Autistic people and people with learning disabilities who use mental health services are unlikely to be in touch with an Independent Mental Health Advocate.
	○	Mental health staff support people to access independent advocacy on occasion.
	○	Advocates have relevant expertise and are utilised as a matter of course.
	○	Advocates have supported autistic people and people with learning disabilities to make things better in their own life and improve the mental health service.
16. Coproduction	○	The mental health service talks about coproduction, but not many people with learning disabilities or autistic people are involved.
	○	Mental health staff use effective communication to keep autistic people, people with learning disabilities and their relatives informed about changes to mental health services.
	○	People with learning disabilities, autistic people and their relatives are asked about the quality of mental health services and they give their views.
	○	Autistic people, people with learning disabilities and their relatives are always involved and valued when the mental health service changes – perhaps via a Partnership Board or similar arrangement.
17. Leadership	○	We don't know who is interested in improving mental health services for people with a learning disability and autistic people.
	○	We know which staff, people using services and relatives want to improve mental health services for autistic people and people with learning disabilities.
	○	Autistic leaders, leaders with learning disabilities, family leaders and staff leaders have been identified to improve mental health care for people with learning disabilities and autistic people.

	○	There is a plan for improving mental health care for autistic people and people with learning disabilities.
18. Skilled workforce	○	Our mental health service has limited effectiveness with people with learning disabilities and autistic people because we lack knowledge and skills.
	○	Job descriptions, staff development programmes and the appointment of specialist practitioners and champions all make it clear that mental health staff should develop competence in working with autistic people and people with learning disabilities.
	○	People with learning disabilities, autistic people and staff work together to deliver both mandatory and optional training at Tiers 1, 2, and 3 to a decent proportion of staff working in a wide variety of roles.
	○	The day-to-day practice of mental health staff is supported by policies and systems that recognise the sensory, communication and cognitive needs of autistic people and people with learning disabilities.
19. Working together	○	Silo working and boundary disputes between teams and organisations mean staff don't know people outside their own team.
	○	A few staff working in mental health services know colleagues in other teams and this helps to coordinate joint work across mental health teams, primary care, social care, education, criminal justice, out of hours and crisis services.
	○	There is clear system that helps mental health, learning disability and autism services cooperate, including joint working and transition between services, and an effective dispute resolution process for the rare occasions it is needed.
	○	People who need expertise from two or more services receive it without undue delay or coordination difficulties.
20. Eligibility and Access	○	A diagnosis of learning disability or autism shuts people out of parts of our mental health service (perhaps talking treatments or group sessions), and simple things that could help in the short term are withheld until the person has received a specialist assessment.
	○	Some autistic people and some people with learning disabilities may receive support from mental health services, but this is not part of a deliberate and systematic approach.

	○	Eligibility criteria include a clear expectation that mental health services should serve people with learning disabilities and autistic people, but they may not actually be doing so.
	○	Websites and other publicity materials feature autistic people and people with learning disabilities amongst others. People with learning disabilities and autistic people are found in found in all parts of the mental health service and receive good support everywhere.
21. Harmful behaviour	○	Criminal behaviour, violence and self-harm <sup>14</sup> is dealt with in the same way for everyone with no particular adjustments for people with learning disabilities or autistic people.
	○	Mental health staff respond well to distress and help the person to find a positive way to manage the emotions, thought processes and environments that can drive harmful behaviour.
	○	Mental health workers who respond to untoward incidents have received training in both autism and learning disability and their intervention is informed by evidence <sup>15</sup> . They work well with the police and the Accident & Emergency Department.
	○	The team culture supports a rights-based approach that balances positive risk-taking, autonomy and protection <sup>16</sup> .
22. Restrictions	○	There are people with learning disabilities and autistic people in our area who are in prison and locked mental health units, detained under the Mental Health Act or subject to Liberty Protection Safeguards - but we don't know much about them or if they are in the best place.
	○	People who respond differently to being given instructions, being touched or being close to other people have told the staff in mental health services what they think of the restrictive practices in use.
	○	Places where people are detained have minimised restrictive practices whilst keeping everyone safe, including a review of formal and informal rules that are applied to everyone, such as access to the internet or time to be alone.
	○	Mental health services work with Probation and other agencies to support autistic people and people with learning disabilities to obey the law, become more independent and leave behind environments that detain and restrict them.

23. Bringing people back home	○	People with learning disabilities and autistic people are living in services a long way from home and we don't know if they are in the best place.
	○	Our mental health service helps some autistic people and some people with learning disabilities return to live in their local area. We know who is still living out of area and wants to return, and plans are in place to bring them back wherever possible.
	○	Mental health services respond to people with learning disabilities, autistic people and their relatives when they need urgent help, especially at night or at the weekend. They offer good community support so people stay independent and out of hospital.
	○	Autistic people and people with learning disabilities get the continuity and skill they need from mental health staff <sup>17</sup> because staffing levels, turnover and professional development systems are all working well.
24. Monitoring	○	Our local data on the number of people with learning disabilities and autistic people using mental health services is inaccurate or out of date.
	○	A spot check of Dynamic Support Registers and Electronic Patient Records has been done recently to find out about autistic people and people with learning disabilities using the mental health service, but we do not routinely collect or regularly analyse this.
	○	Data on people with learning disabilities and autistic people using mental health services is routinely collected via the Electronic Patient Record system. Results are compared with the census and national benchmarks.
	○	Unwarranted variations in access and outcomes data for autistic people and people with learning disabilities lead to improvements in the mental health service.
25. Research	○	Research evidence doesn't seem to shape the way that mental health services respond to people with learning disabilities and autistic people.
	○	Research evidence informs how mental health services respond to autistic people and people with learning disabilities.
	○	Standardised tools and evidence-informed interventions are used by mental health services when they support people with learning disabilities and autistic people.

	○	Local mental health staff take an informed and critical approach to research evidence, ensuring that it is used to employer autistic people and people with learning disabilities.
26. Reasonable adjustments	○	We are not aware of any Reasonable Adjustments that have been made to get ready for people with learning disabilities and autistic people using our mental health services.
	○	A few things have been done to support individuals, but they do not really affect everyday practice in mental health services.
	○	Some specific good practices <sup>18</sup> are used throughout the mental health service to support autistic people and people with learning disabilities, but weaknesses remain.
	○	Reasonable Adjustments are routinely identified by people with learning disabilities and autistic people, adopted by mental health services, recorded to show their impact and shared with other stakeholders.
27. Local plans	○	Services are not joined up, so autistic people and people with learning disabilities miss out because services are missing, unsuitable or not aligned <sup>19</sup> .
	○	The Joint Strategic Needs Assessment, local Health and Wellbeing strategy and commissioning plans include the mental health needs of people with learning disabilities and autistic people throughout the lifecourse.
	○	Long term outcomes are tracked to ensure that autistic people and people with learning disabilities are receiving good support from mental health services and to reduce the chance of adverse events, such as unemployment or homelessness, imprisonment or premature death.
	○	National and local evidence is fed into plans for improving services.

<sup>1</sup> Some people need signs to show what each room is for and be able to use the same room each time.

<sup>2</sup> Find silent ways to alert staff, notify people of the meaning of alarm sounds and what to do, announce impending fire alarm tests and invite anyone with auditory sensitivities to set it off, cancel it or be out of the building. Use acoustic floor coverings and diffused lighting that does not buzz or flicker. Replace ticking clocks, wrap jangling keys and muffle forced air heating. Turn off radios and TVs when not in active use. Eliminate unnecessary smells. Notice which bedrooms are quieter.

---

<sup>3</sup> Sometimes there are delays in obtaining a specialist assessment for prisoners. NHSE&I assert that if the specialist assessment is to inform the individual's care and support, the NHS should pay for it, but if the assessment is to inform appeals, parole, etc. then the Criminal Justice Service should pay. A dispute over funding can cause a delay in obtaining the specialist assessment.

<sup>4</sup> In getting to know the person and screening for autism or learning disabilities, all mental health staff should be aware of (1) the person may be autistic, have learning disabilities, or be an autistic person who has learning disabilities; (2) gender differences in presentation that result in underdiagnosis of girls and women; (3) that autistic people and people with learning disabilities are not all the same and variations occur in the importance of routines, structures and systems, the need for sensory experiences, eye contact, touch, posture and interpersonal distance, and preferences in relation to social interaction (processing time, difficulties with small talk, social rules and in understanding and interpreting emotions).

<sup>5</sup> When conducting full assessments, staff should consider the impact of (1) Exclusion - trauma and limited life opportunities, such as poor access to suitable education and employment, poverty and health inequalities, disempowerment and silencing; (2) Inequalities – including the mental health consequences of being gender fluid or non-binary; (3) verbal skills not always standing as an accurate proxy for other skills.

<sup>6</sup> Health records in the NHS includes: notes made during consultation; daily notes; results of investigations and their interpretation; recordings of physical and mental state examinations; risk assessments including potential hazards such as a risk of choking, known allergies and epilepsy; and summary care records. Many of these will be contained within an electronic patient record.

<sup>7</sup> The Accessible Information Standard requires services to find out if people have communication and information needs; and to act accordingly. Staff will find out and respect the person's preferred way of getting in touch – phone, email, txt, in-person, photos etc. A sophisticated Communication Passport should be written by a Speech and Language Therapist, but a basic version can be created with other staff, simply to provide straightforward guidance on how to interact with the person and what support they need with communication. Effective passports are unique to the person and each one is likely to differ from anyone else's. They recognise the value of non-verbal means - text and email, signing, symbol-based communication, assistive technology and the appropriate use of touch. They may use short sentences, visual objects or social stories to convey information while avoiding abstract language and allowing time for the individual to process and understand.

<sup>8</sup> Transitions are well planned and include contingencies for when the ideal plan fails or is delayed, so that the person does not become too distressed. Sudden changes (such as from living with staff available 24/7 to relying on relatives) are negotiated with great care. The person understands any enduring legal restrictions and long-term success is tracked to ensure that the process does not institutionalise or criminalise people.

<sup>9</sup> There is an issue with long stay 'out of area' and segregated people, as well as people in prison who all have difficulty accessing primary care and sometimes the psychiatrist is expected to serve as a GP, when they are not competent to do so. Will this statement prompt thinking about this whole topic?

<sup>10</sup> This includes therapy animals, resources supporting visual sequencing, social stories, food separators, theraputty, fidget toys, essential oils, emotion cards, noise cancelling headphones, apps and accessibility options on smartphone, tablets and computers, a hat to reduce the field of vision and the effect of ceiling lights, tinted sunglasses, weighted cushions, blanket and backpack.

---

<sup>11</sup> This might include meltdowns, shutdowns and sensory integration (although the Royal College of Occupational Therapy say that there is no evidence for the efficacy of sensory integration). Social stories could be named as a particular way to help with communication.

<sup>12</sup> Appointments may need to be first, so people do not have to wait; last, so the duration has less impact on others; set when there are fewer people in the building, longer so the person can consider questions before answering or shorter to enable them to contain their anxiety.

<sup>13</sup> Autistic people and people with learning disabilities are supported by mental health staff to negotiate, establish and maintain the informal friendships and intimate relationships they want. The protective and supportive aspects of friendship and community contribution are supported while combatting bullying, disability hate crime, 'mate crime' and abuse.

<sup>14</sup> The terms complex, unpredictable, challenging and distressed behaviour have all been avoided as some say they are too vague, ignore the context and do not ask what is driving the behaviour. The term 'criminal' implies mental capacity, but the focus here is on destructive behaviours, whether the person has capacity or not. It includes sexual offending, fire setting and terrorism.

<sup>15</sup> For example, there is no evidence that Positive Behaviour Support approaches work with autistic people or people with learning disabilities.

<sup>16</sup> Considerations include the right to make unwise decisions (protected by the Mental Capacity Act 2005), recklessness, misuse of substances, disinhibited behaviour and the potential for vigilante activities by the public.

<sup>17</sup> We recognise that autistic people and people with learning disabilities may need expertise from staff outside the mental health service too. They may need to receive help from staff specialising in working with autistic people, people with learning disabilities, substance misuse or a whole host of other staff. The Green Light Toolkit is checking whether mental health services are playing their part.

<sup>18</sup> These mean that staff respond well to positive behaviour related to autism and learning disability, such as self-soothing (special interests, repeated movements, access to quiet spaces) utilise hospital and communication passports and preferences (communication boards, Makaton, Talking Mats, Picture Exchange Communication System and Intensive Interaction. as well as recognising that direct statements are not rude), visual information (photos, diagrams, symbols), use of IT, autism alert cards and written information (e.g. text or email). When running online events and in-person activities, participants are offered regular breaks and failure to understand is not misread as non-cooperation. Daily living routines such as refreshments, mealtimes, hygiene and sleeping arrangements have been reviewed to ensure that they support the preferences and development of autistic people and people with learning disabilities.

<sup>19</sup> This question is prompting people to think about transitions from CAMHS to adult services, from out of area placements back home and those unlikely gaps that deny hospital inpatients access to a GP or close intensive support teams over the weekend. The statement used to read s.' Asking about gaps in services is a more practical outcome of poor planning, rather than testing the knowledge of respondents.