



**SELECT COMMITTEE  
OF  
TYNWALD COURT  
OFFICIAL REPORT**

**RECORTYS OIKOIL  
BINGER-LHEH TINVAAL**

**PROCEEDINGS  
DAALTYN**

**ACCOMMODATION FOR  
VULNERABLE YOUNG PEOPLE**

**HANSARD**

**Douglas, Thursday, 7th March 2019**

**PP2019/0039**

**AVYP, No. 1**

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**Members Present:**

*Chairman:* Mr T S Baker MHK  
Mr R E Callister MHK  
Mrs K Sharpe MLC

*Clerk:*

Mr R I S Phillips

*Assistant Clerk:*

Mr B Awkal

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## Select Committee of Tynwald on Accommodation for Vulnerable Young People

*The Committee sat in public at 10.30 a.m.  
in the Legislative Council Chamber,  
Legislative Buildings, Douglas*

[MR BAKER *in the Chair*]

### Procedural

**The Chairman (Mr Baker):** Good morning and welcome to this public meeting of the Select Committee on Accommodation for Vulnerable Young People. My name is Tim Baker MHK and I chair this Committee. With me are Mr Rob Callister MHK and Mrs Kerry Sharpe MLC. If we could all ensure that our mobile phones are on silent or off, so that we do not have any interruptions; and for the purposes of *Hansard* I will be ensuring that we do not have two people speaking at once.

Today we welcome Andrew Grainger, Chief Executive of Autism Initiatives; and thank you, Mr Grainger, for giving us your time today to share your expertise with us.

### EVIDENCE OF Mr Andrew Grainger, Chief Executive, Autism Initiatives

**Q1. The Chairman:** Would you like to make any opening statement?

10

**Mr Grainger:** I would, if you do not mind, and I have written something so are you comfortable that I read it out? I just thought it would be helpful for you to know something about my background and the organisation.

I am the CEO of Autism initiatives but I have worked for the charity for just over 25 years now. So I have quite in-depth experience of working with people with autism and latterly managing quite a large charity.

We are national. We have services throughout the UK, Scotland, Wales, Northern Ireland and Ireland, and within the Isle of Man. Our history in the Isle of Man goes back to 2001. So we are at the cusp of people considering how best people with autism could be supported on the Island. We were instrumental in a few people who had been placed off-Island coming back and also then developing services on behalf of the Isle of Man Government. So that is me.

The organisation was founded 40 years ago and it was founded by a parent of a person with autism and it is still very much a parent-led organisation. Marie Lambden, who is today in the public area, is a trustee of the organisation and represents the services on the Isle of Man for the wider organisation. So if I can start on my submission?

We have been on a long journey and continue to be, in order to continually improve our support to people with autism. This journey, over 40 years, has encompassed much self-reflection regarding what we do and how we do it. We have also absorbed the latest theories around autism and translated these into practice, i.e. how best we can support somebody with

30 autism. There has been much investment in the training of our staff and, crucially, supporting  
the culture of our organisation so it is directed at providing quality support to people with  
autism.

I am sure that you are aware that autism is a spectrum condition which means there is a  
wide-ranging presentation of people with autism with different needs and different support  
35 requirements. Within Autism Initiatives we work to the principle that each autistic person is  
unique and their autism impacts on them uniquely. There is a saying: 'If you have met one  
person with autism you have met one person with autism'. This is important because of the  
huge range of presentation and there is much evidence to show that, historically, public services  
40 have found it very difficult to offer a coherent service. Many autistic people have not had their  
needs met as best they could be, because of this. It has been equally difficult for public services,  
in my experience, because in their presentation people are presenting themselves to different  
aspects of those public services – it might be ranging from leisure services, mental health,  
learning disability; a whole host of things.

Quite simply, therefore, in providing a service to autistic people, one size does not fit all. A  
45 different approach is needed. Over the years and certainly over my career in autism I have seen  
a move in terms of the view around how we support people with autism and a contemporary  
view of autism is that every autistic person is different; every autistic person has individual likes  
and preferences; every autistic person can learn. Autistic people experience differences in the  
areas of communication, understanding, thinking and sensory preferences, which can impact on  
50 *all* areas of life.

Crucially, though, everybody with autism has strengths, i.e. they can learn routines,  
understand things that they can see, they can follow rules, they have special and interests and  
often very good memories. We can also learn from autistic people and their families, and that  
very much goes to the heart of our culture as an organisation and what we do.

55 We also have a responsibility to change our approaches to support the person to be their  
very best. By that, I mean that we are working with people – which I will explain further on –  
who can be inflexible in their understanding and in their communication styles, and it is down to  
us to be able to flex around those people to enable them to be the best that they can be.

The issue that we have – and it is not uncommon in all the areas that Autism Initiatives work  
60 with, and we are contracted to 55 local authorities in England alone – is that service delivery can  
be based on a focus on the differences, not the similarities; a focus on deficits, problems and  
'issues'; a focus on those things that are a burden or a problem for the environment, and so the  
focus therefore can be on the wrong things. And that is not me saying it, there is a very  
respected researcher called Peter Vermeulen and that is a direct quote from his research.

65 The contemporary view of autism is informed by our knowledge that there are differences in  
connectivity in the brain and that cognitive differences exist that mean that autistic people can  
experience the world differently. Crucially, we need this knowledge so that we can effectively  
support autistic people and this needs to be translated into what is the most effective method of  
support that generates the best outcomes.

70 When I have experienced commissioning of services for people with autism, there is a  
consideration by the people who commission these services that it is simply enough to be  
'person centred' – but it is not. An understanding of the cognitive differences associated with  
autism is necessary to provide effective support. These have been shown to have the most  
impact on a person's life now and for the future. Anecdotally, it also means that the cost of that  
75 person's support becomes less expensive over a lifetime.

Training in autism is often seen as a panacea for services. One of the issues that services face,  
however, is that standard off-the-shelf training is not enough to provide effective services  
because we can all learn about autism. In the past, people have learned about differences in  
social communication, social interaction flexibility of thinking and sensory experiences which  
80 usually encompasses standard training.

We did some training last week to a set of cognitive behaviour therapists. Their training had been on something called the 'triad of impairments' which has been a very old deficit model; but it just demonstrates that these people who are often at the cutting edge of counselling services and therapy services for people with autism are still working very much within a deficit model.

85 It is important in relation to the challenge that *you* face in providing an effective service – the training is important and I understand that includes transitions and accommodation. Learning about autism can only give us a picture of autism rather than a usable tool to understand and support people with autism. So we are learning about autism, but we expect people to be able to translate that into how to approach somebody with autism and how to work with them effectively. It is not the case. Effective services need a framework to structure our thinking about people with autism to achieve effective support.

95 We operate such a framework and it is designed to enable a support worker – who, in many instances in the UK, is paid just above the national minimum wage – to enable them to understand how they can adapt and flex their support, how they can change their communication style and how they can put themselves in the shoes of somebody with autism to effectively support them.

100 So any service must be underpinned, no matter what the age of the person with autism, by an understanding of the unique person with autism based on their strengths; a focus on understanding the thinking of a person with autism. I think, I suppose it is difficult again for the lay person to understand the impact of this cognitive processing. For example, I could sit before you as somebody who, despite the rocky flight over, is almost fluent and I could be that person as somebody with Asperger's syndrome. You could be speaking to me and I would only, for instance, have a single translation or meaning of a word – so if you are saying something to me, and we know that we use idiomatic language and each word can have several meanings, the impact of that is I have lost about 50% of your communication. Our expectations of what we are talking about ... to go like this.

110 So there are many situations and many issues where an understanding of thinking of the cognitive processes and how to support somebody's thinking is shown to be very, very effective in providing really good strategies for people to become more independent and less reliant on public services and public support monies.

There also needs to be a focus on reflective practice, always thinking 'What could I do differently?' There needs to be a recognition of the need for personalised approaches and resources.

115 We also, as an organisation focus on aspirations of people with autism, not barriers – so, how can we help support somebody to achieve what they want in a realistic and non-tokenistic way? We also have a belief in what can be achieved by people with autism and so our vision statement is always centred around expectation of change. And we have a commitment to working in partnership with all stakeholders. Our experience shows that this type of approach leads to ownership of the service and support; personalised outcomes for the person; increased independence, increased dignity, reduction of support and cost; development of their own ways of doing things; improved health and wellbeing; more part of the local community, whatever that means for the person; and achievement of aspirations.

125 I want to emphasise that, practically, this type of approach of intervention is very, very effective and very cost effective also. I would also suggest – and we may go on to some questions – that when you are considering how services relate to each other within the Isle of Man given that the people that we support will be presenting across a range of public services, that your responses and your Departments do not work in silos, but flexibly. So, for example, we have potential examples of autistic people who neither have a learning disability nor do they have a severe and enduring mental health service. But if your social work departments are set up either on a learning-disability basis or an enduring severe mental health, where do those people go to?

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135 If you do not mind, Marie ... I know that Marie has made a submission to you, and the example of her son is very much that case, but it is also a positive step for showing that mental health services and learning disability services have come together and worked flexibly and innovatively around Marie's son. So I think that is a good example of how things can work.

140 And I am hesitant to suggest this, but I think part of when I have spoken to Benjamin about what you need to know or think about, is what happens elsewhere. And so perhaps what is needed locally may be for something to sit across those Departments to ensure that people do not fall through the cracks; and that there is an integrated service to people with autism on the Island – at least an autism champion; and ideally a strategy to support the wide presentation of autism across the Island.

So I will finish my opening statement there and to say I hope that Autism Initiatives can be helpful to you now and in the future in achieving your goals regarding young autistic people.

145 Thank you.

**The Chairman:** Thank you very much, Mr Grainger, that was a very helpful overview and introduction to the subject for us. I think the Committee has a number of questions and, Rob, I think if you would like to start?

150 **Q2. Mr Callister:** Yes, thank you, Mr Chairman; and thank you, Mr Grainger, for a wonderful overview there. It was very interesting to hear the passion you have clearly got on the topic.

I suppose the first question relates to the Isle of Man because that is where we are focusing. Do you have any data on the number of people who actually have autism on the Island? The UK have their figure, around 1:100 people have some form of autism.

155 Do you have any data relating to the Isle of Man?

**Mr Grainger:** There is some fluctuation and there is some debate about the 1:100 because the sort of parameters of the spectrum of autism started moving into more of a neurodiversity debate and consideration. We do work on the 1:100. I would not have any specific data but perhaps we would be able to go to some of the parent groups that exist on the Island.

160 I can tell you who we support, though. On the Island we currently have 12 accommodation-based services. We offer an outreach service; we have two day-resource services as well. So we are supporting approximately 85 people; 30 of those would be around an outreach service. The outreach services are those people not specifically with a learning disability. The people in our accommodation services are generally those people who are more complex, with a significant learning disability and behaviours of concern.

165 So the Isle of Man Government are funding approximately £3 million worth of services to Autism Initiatives and we are providing, we are employing approximately 110 people on the Island. So that gives you a flavour of what we are doing.

170 We also within Autism Initiatives have several people that the Isle of Man Government fund, based in Liverpool.

**Q3. The Chairman:** 'People' being local residents who are residing off-Island?

175 **Mr Grainger:** Liverpool residents, yes. They came to us before 2001 for a variety of very good reasons – the assessments said that they wanted to remain and the parents were involved in these decisions in the services that they have.

**Q4. The Chairman:** Is that because the support requirements for their needs are not currently met on the Island?

180 **Mr Grainger:** They weren't at the time, I would suggest.

185 So there was a need to ... The referrals came to us at that time, towards 1999/2000, and the people came across, but it was following that, we had entered into that conversation of 'Why are we doing this? Let's set something up here.' And that is what we have done. I would say that our relationship again with the adult social work team and disability over the years has been very good.

190 **Q5. The Chairman:** You mentioned at least two service lines there – outreach and accommodation. Could you just unpack those a little bit for us, just so we understand what those services look like and what they do for the recipients, and I guess their extended family as well? This is not just a condition that affects the person with it; it has a wider impact on families.

**Mr Grainger:** Absolutely.

195 So we call our accommodation-based services, 'houses' – normal houses in a normal street and it might be two or three people living together in there. That sounds very simple, doesn't it? There is a whole lot of detail behind that in terms of assessment, in terms of the involvement of the family, in terms of planning with the individual, in terms of compatibility of the individuals that we are working with there. It might also require some adaptations to the property. Again, 200 you will probably be aware, when you are considering accommodation-based services or responses for young autistic people, that sensory issues can be a significant issue and could be a significant contributory factor to behaviours of concern.

So, for example, people can be hypersensitive or hyposensitive, so we often need to have colours, lots of light or less light, and more brighter colours to invigorate somebody. So the 205 assessment of that – the assessment of their sensory need – is crucial to the outcome as well.

I would not want you to over-focus on that. There is quite wide research of sensory issues in people with autism. But things can generally be adapted. And sensory issues also link with anxiety, which is part of the condition. I don't know about you guys, but if I get anxious, I become less tolerant to bright lights, the radio blaring and crowds and people, and I think our 210 approach as well helps people to control their anxiety to enable them to plan and think ahead so that those things do not become an issue.

I was explaining before, just to put that into context, I was talking to Marie and Paul, that I am slightly anxious about getting home tonight. I got onto the plane today and the pilot helpfully said that we 'should' land at Ronaldsway, and I am thinking, 'Oh, am I actually going to get home tonight?' I checked on my phone and saw that the wind speed is picking up about the 215 time I am supposed to go. I have experience of Flybe before – I call them 'Fly maybe'! – but I could plan around that. I have the cognitive ability to plan around that.

So what did I do? I thought ... I am off tomorrow, and Mrs Grainger is taking me shopping for a new dining-room table so she is going to be quite upset if I don't make it home tonight! 220 *(Laughter)* And so what is my plan? I plan that, I tell you what: there is an easyJet flight going out, it is a bigger plane, it is more likely to take off. But then I also had contingency B – I am aware of the hotels; I know can get off the Island.

Somebody with autism would not have the cognitive ability necessarily or typically to make those adjustments. That is just going to result in a huge crisis – a huge anxiety crisis – and 225 sometimes that can lead to behaviours which cause concern to people around them.

We would support that person in the situation with a detailed plan that they owned, that they were part of and they were consulted with. I make this point in relation to how people transition into one of our accommodations so that the transition plan is vital. It is about an understanding of what is very important for somebody with autism.

230 So for example we have planned a transition with somebody and we would think, 'What is the most important? How big is our TV; how comfy is the couch?' No, we had to go and measure the cupboards in the new house so that he could gauge that he had enough room in the new house for his stuff, which is the most important thing in his life. And so is the attention to detail that makes a difference and makes for sustainable accommodation; and our case, again, it

235 reduces support, if people have a comorbid condition with mental health, often a stop-start revolving door through mental health services and psychiatric care, and again it is value for money and it is cost effective.

240 **Q6. Mr Callister:** Can I possibly just expand on the accommodation? You have given us some evidence there. Can you just confirm how many accommodation units there are on the Isle of Man?

**Mr Grainger:** Yes, we have 12.

245 **Q7. Mr Callister:** You did say 12. So there are 12; and it houses how many people? You said 85 and you also said 110 people being ...

**Mr Grainger:** We have five cottages. Do you mind if I bring Paul in for this?

250 **The Clerk:** You will need to repeat it, but if he gives you the information, that is fine. Just for the record; otherwise it will not go on the record.

255 *[Mr Grainger consulted his colleague: 'We have seven residential homes, which accommodate 12 adults – they are all adult homes at this time. We did have a children's home, but because they have become 18 this last ...']*

**Mr Grainger:** So, it is 12 adults within the homes, and then we have five supported-living houses as well. There is a difference in terms that the people receive their own benefits within those houses, rather than being deemed to be in care, so they would have a tenancy.

260 **Q8. The Chairman:** And are they individual people?

*[Mr Grainger consulted his colleague: 'We have five cottages available for supported living. We have one person in each. We are carrying one vacancy at the minute ...']*

265 **Mr Grainger:** Yes. So there are five single-person accommodations for each of the cottages.

**Q9. The Chairman:** So, we have a total of 17 people living within accommodation that is, in the broader sense, provided by yourselves?

270 **Mr Grainger:** Yes, and then we will have day resource centres, so there will be people accessing those on a daily basis. Some of those people also have outreach packages with us, so we would support them from a therapeutic or a work environment, teaching skills within a day resource, but we also might provide support of a weekend or of an evening to those people as well.

275 **Q10. Mr Callister:** Can I just expand again on the actual numbers? Brilliant – thank you for confirming the 12 dwellings that have autistic people living there, some independent, some supported. But you also mentioned 110 people. Is that the total number of Island residents that you are currently supporting?

**Mr Grainger:** No, 110 staff.

285 **Q11. Mr Callister:** A hundred and ten staff? Thank you.

**Mr Grainger:** Yes, my apologies, that was not clear.



**Q12. Mr Callister:** Obviously one of the things we do need to look at is how many people on the Isle of Man actually are affected by autism. Some need more support than others; some are quite happy with day-to-day activities and life and everything else and there is very little support needed.

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What we are trying to establish as a Committee is how much support a particular section of autism or autistic people may need in relation to accommodation going into the future. Any ideas? Any data or figures you may have on that?

295

**Mr Grainger:** I am afraid I do not have that data. That would have to come through the Social Services department.

**Q13. The Chairman:** Do you have a sense of whether there is an unmet need on the Island?

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**Mr Grainger:** We have a sense that perhaps more people require support than we currently give. I mentioned the cohort, the population of people without a significant learning disability. We have examples there where somebody has caused difficulties in the family home. We have been called in but only one hour per week. That person then is led to a section, he has been placed in accommodation that is not appropriate for him and then that has led to some issues around the criminal justice system as well.

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**Q14. Mrs Sharpe:** Do you have a waiting list for people waiting for accommodation?

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**Mr Grainger:** No, we do not as such. We work on a number of referrals, so the referral pattern may typically be one or two every three or four months, but it is difficult for ... I do not want you to take that as an indication of the need, because one of the points I made is how we commission services. We have found, as an organisation globally, that the complexity of the people that are coming to us is increasing.

315

There are a number of organisations out there who say that they can support autism, and in many cases they can because commissioners think that just by being person centred, which everyone says they are, you can provide or wrap a service around somebody that meets their needs. The difference is the specialism that we bring to this, the understanding of the cognitive differences, which then impacts on the outcome for that individual. People have generally gone through that path and sometimes they come out of it, or fall out the wrong way or they have ended up in hospital and then commissioners have come to us.

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Your Social Services department, your mental health teams, will have a number of providers that they will refer to.

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**Q15. Mrs Sharpe:** So, when you say that there is an increasing complexity of people coming to you, is it because they have fallen off the edge of the cliff and so then had to go through mental health services?

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**Mr Grainger:** Exactly so, and I suppose that is the comment I made ... Again, there is research around. We are often accused, saying, 'Well you would say that – it is self-serving,' but there is evidence to show that that specialism, that specialist understanding, whichever the organisation, if that exists then the outcome for the person, the early intervention, can be very different. And again that has an impact on cost.

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**Q16. The Assistant Clerk:** Going back a bit, you said that there were circumstances where someone might actually have a section applied to them – I am presuming you mean under the Mental Health Act – and then they are going to go into in-patient care under that scenario. Where do they go from there? Do they get referred to Autism Initiatives by services? Do they get returned to the community? Do they remain in in-patient care?

340 **Mr Grainger:** I suppose the example that we have had, when you are looking at accommodation, is that person has gone to a bail hostel, so then I suppose the planning would start around that individual as well. But sometimes at that point, because people are so vulnerable, things can happen. They come into contact with people that affect their outcome and often people then are deemed such a risk that they end up in hospital. And sometimes those risks, or a single risk, impact on that person for life.

345 I have worked with individuals across where somebody is so vulnerable, their thinking is so restricted, and they have got into rap tunes – the rap I remember as Eminem at the time; you probably will not remember him, Benjamin. He was influenced and he pulled a knife on somebody because that is what he thought you did. We got to the bottom of that – that was not typical behaviour – and that guy went into hospital at 17 and we managed to transition him out of the hospital at 22. I think you multiply five years of hospital fees. It is very different.

**Q17. Mr Callister:** Can I explore the accommodation a little further, because obviously I think you rightfully said there you have got 12 dwellings – seven residential and five cottages which have supported living. I suppose the question is: is the accommodation sufficient for your needs today; and what sort of accommodation would you like to see in the future?

355 And can I add an additional question: in relation to those 12 properties, where have they come from?

**Mr Grainger:** Okay, let me answer that question first. They have come from private stock, so we go into a lease with people. We did have a relationship with a landowner here and we entered into a lease for the cottages and a resource centre, and those cottages then have reverted back to the landowner, who provides a lease.

In the past, typically what we see generally across is a mixture of accommodation types with housing associations. We have relationships with housing associations, who I know would be very keen to provide housing solutions on the Island and they would either provide tenancy agreements to the individual, so the person has security of tenure within the property, they access their own benefits, housing benefits or Social Security payments; or Autism Initiatives, for example, as a charity can have a relationship with a housing association, have a management agreement, and that allows us to be a registered care home. So there are different ways of providing houses. Autism Initiatives also would, in certain cases, purchase the house and provide that as well.

370 So we do a whole mixture of things, but on the Island it is private or rented.

**Q18. The Chairman:** Can I just pick up, Mr Grainger, on your comment about housing associations being keen to make provision on the Island? Clearly that sounds like an opportunity for the Committee to explore. I would certainly like to have some contact details – perhaps not right now, but subsequent to the meeting if there are people that you think we should be talking to. It will be really useful just to understand the bigger picture around that, because housing associations are a very common feature of the housing landscape within the UK but not so on the Island.

**Mr Grainger:** I can certainly facilitate introductions for you and maybe set up meetings. I know somebody who is involved in a housing association who actually lives on the Island at the present time.

385 Housing associations have evolved in the UK as well. You have your typical registered providers, as they are called now. So you have your typical historical housing associations and then you have people who have provided rented accommodation into the learning social care sector and have then formulated themselves into a registered provider. One could suggest that that is a vehicle to achieve high rental yields on your investment. In the UK, because they are providing an intensive supported housing model, they can access higher-rate housing benefit or

exempt housing benefit, so the typical rental yield could be between 8% and 12%. So it makes it quite an attractive investment for them.

As quite a good socialist I do not find that particularly attractive, but the benefit of that is we benefit from improved housing stock and improved housing options for the people that we support.

**Q19. The Chairman:** That sounds like something that it would be good to –

**Mr Grainger:** I think so, because I have also thought about, I suppose, your goal and what you are trying to achieve. It is about young people with autism. It is about supporting their transitions where they go. It is sometimes how do you support that Friday afternoon phone call when a family placement has broken down, or somebody looks as though they might have need of some mental health services but a placement is not perhaps the most appropriate.

What we do as well across is we have what we call a short break service, so people still living with their families can receive respite but equally we can use it as a step-down facility for people leaving psychiatric hospital, or we can use it as a place of safety for people we feel it is more appropriate they come to an organisation such as ourselves within an environment such as ourselves. So again it has been about being flexible and it is being innovative in our housing response.

And so, Mr Callister, you did ask me several questions ...

**Q20. Mr Callister:** That is all right. I will pick them up. I am going to carry on, actually, with this theme because obviously what we are trying to do as a Committee is to make sure that we are listening to what you have to say this morning, Mr Grainger, but also take forward some of the information you give us to try and put it into a policy or recommendations.

I suppose one of the things in the next stage of this is realistically what type of property you would like to see on the Isle of Man for people with autism going into the future. If you had a blank cheque, would you like to see multi-purpose dwellings on the Island? Would you like to see more of an autism village which has support available on site? Do you think people with autism could fit within a local authority housing remit? What is your desire if you had to look back, say in five years' time, and say, 'This is what I would like to achieve'?

**Mr Grainger:** I suppose it goes back to my opening statement that one size does not fit all: that applies to housing as well. We have a whole plethora of housing options for the people we support, and it comes back to your individual needs and individual persons.

If you were to ask me – which you have done – what is the best range of accommodation that you need on the Island, I would suggest that something could either be built or adapted which would meet perhaps the sensory needs of people with autism, would be a robust accommodation. Things that we have designed in the past have been very simple white corridors where people may have to be escorted, the use of technology so that people can be as independent as possible, the ability to close down systems such as water systems which might be problematic for people, plenty of light, very robust furniture, a very robust environment. We have those for people who can be quite challenging, have those behaviours of concern which can damage both staff and the environment. But equally we have adapted normal houses for those types of people as well.

I think my answer to that is it is having the ability to choose a range of houses as well. We have gone out, we have looked at what is on the market and we have decided what is best for the people we support.

**Q21. Mr Callister:** Based on what you have said there, Mr Grainger, it would appear that maybe local authority housing is not the right solution here. It would have to be housing that absolutely focused just on this. So, based on what you are saying, local authority housing would

not be where the tenants ... There would be a tenancy in place and obviously if something goes wrong within that premises, an eviction notice could be served and anything else.

445 We have got to create that environment – which is something the Chairman has said several times – and maybe for people with autism, in some cases, local authority housing may not be the solution.

**Mr Grainger:** It may not be the solution, that is correct, Mr Callister, but we certainly do and  
450 have supported people within local authority housing and we have supported them effectively, and they have maintained their tenancies because of that support. And that could be some quite low-level support. It is about how you translate bills, how you support people and structure how things are paid so they do not fall foul of that. But equally there will be a cohort of people whom that will not be suitable for.

455

**Q22. Mr Callister:** But that would come down to careful consideration before an application.

**Mr Grainger:** Absolutely.

460 **Q23. Mr Callister:** I suppose another question is at what age do you think that housing or accommodation should be made available for people with autism? Are you saying 18, 21, 25; or again, is that a range, depending on individual circumstances?

**Mr Grainger:** Our first example of that goes back to the early 2000s and is a 12-year-old child.  
465 The Isle of Man Government still does operate an inclusive education policy and in this young man's case – and I do not mean to sound overly critical – it was a Portakabin on the very edge of the playground and there was no interaction with his peers whatsoever. He came to us, into accommodation, a house, and that was registered as a children's care home. He went through and we carried out education from that house. And then, as he grew, it changed and people  
470 came to live with him as well, so it became a house of multiple occupation.

So we have an example there of a 12-year-old, but equally we are finding that we will get referrals on some of our accommodation that has been based around 17- and 18-year-olds. Sometimes it is those people who are leaving the family home at that time, where they have been supported by their family. Equally, sometimes that can go to 21. If people have gone  
475 through services or gone through hospitals, then at presentation or referral to us they might be mid-20s. Again, it is difficult to pin down because it is such a wide presentation, but I would say typically the majority of our referrals for accommodation-based services are around 17 or 18.

**Q24. Mrs Sharpe:** For the record, we are saying that people with autism who need specialist  
480 accommodation will need that accommodation for life?

**Mr Grainger:** I would say so, but again we have had examples where needs have changed. It might be a physical disability that becomes more progressive or there have been issues around mental health, or there become issues between people who live together and the compatibility  
485 issues change, and at that time again we need to be flexible and innovative in our approaches.

But generally when we set something up we do so with the thought that this is going to be a home for life, and what we would expect to see is the support that enabled that person to move into that house to reduce, and then we see that person acquire skills and independence and the ability to do things.

490

**Q25. The Chairman:** Clearly autism is not an issue unique to the Isle of Man, and we do not know whether we have got an equivalent level of autism on the Island, greater or less, but we know there is a level.

495 Who should we be looking to in terms of trying to emulate, in terms of providing the best solution for those with autism? Is there a local authority? Is it in the UK? Is it further afield that they are really getting this right? We do not need to reinvent the wheel here. We need to learn from best practice and try and take from that what is right for our situation here on the Island.

**Mr Grainger:** I would say there have been many attempts.

500 You will be aware that in the UK there is an Autism Act. Autism Initiatives are part of an organisation called the Autism Alliance UK, who are just about to launch a campaign called Know Your Rights, because it appears that local authorities are not assessing people in relation to either the Autism Act or the Carers Act. So, while the UK may be able to say 'we have an Autism Act', it has made practically no difference on the ground.

505 Wales had an autism strategy and they developed what they called an integrated autism service, which was to be everything to people with autism. It would have clinicians, you could be diagnosed, move into support, move into social groups, move into outreach support; links with housing associations. That has probably been the most thought through, but there are still issues in relation to how problematic it is.

510 I feel you probably have an opportunity here, as more cohesive departments in relation to ... I know the Health and Social Services have integrated to take those pieces, and again I am happy to point you in the right direction or to sit down with you again to look through those things to see what would enable you to be more effective in your support to people with autism.

515 Again, this is not about throwing huge amounts of money at people; this is about doing things in a different way.

**Q26. Mrs Sharpe:** Can you outline now to us what we can be doing?

520 **Mr Grainger:** I have spoken about an autism champion. I think maybe it is to sit down with your Director of Social Services and think about what is the strategy for people with autism. How do we ensure that we generate good outcomes? What are the building blocks that we need to have in place? I have outlined some of those in my opening statement.

525 It is about understanding the local research and the recent research and translating that into practice; not working within silos; understanding; not to be – and this is quite difficult – overly budget led, because I know when I have worked in local authorities across that people are just working this year's budget and because things are so tight ...

530 I gave you an example before of one person. We were just commissioned one hour per week. The consequences on that person ... One hour a week – the cost of that, to now in a psychiatric care unit, running to thousands of pounds a week. If 10 hours had been put in place at that early point in time you would have saved yourself thousands and thousands of pounds. And that story is widespread, really. We could pick up much qualitative research around these type of things, some anecdotal stories that point us in the right direction.

535 So it is about understanding what the issue is and being focused about aspirations of people with autism, but also being flexible and being innovative and people not working in silos. I think if you can get that type of culture in place ... And it is a culture rather than a structure; it is a culture, and what supports a culture is a vision for those people, values and an understanding of their condition and that investment in the training of individuals, the staff at the front line.

540 **Q27. Mr Callister:** Can I ask a question, just so we have got some ...? As an organisation, do you think when people are in the accommodation, do they pay the rent direct or is it paid on their behalf? And going into the future, would you support, for example, the idea that for anybody living in a property relating to autism, the rent is paid directly if it is in the form of benefits?

545 **Mr Grainger:** I suppose we are a strong believer in the supported-living type of  
accommodation. The idea behind supported living came some years ago and it is basically to  
ensure that the person with a learning disability or a physical disability has security within that  
house, because they may wish at some point no longer to be supported by Autism Initiatives, for  
example, so why should they have to move house? So they have that security. They have a  
550 tenancy in their own name, they acquire benefits which are paid to them and with which they  
pay the rent. They are living as a normal citizen within an ordinary community.

**Q28. Mr Callister:** Can I expand on that, Mr Grainger? Are you saying that they *should* be  
given the right to pay the rent themselves? Because I noticed when I looked on the NHS in the  
555 UK they did say that some people with autism can go into a supermarket, buy items of food and  
whatever, but find financial matters extremely difficult. Well, obviously this goes into two or  
three different areas and today we are just focusing on autism.

But one of the things I have discovered is that most people seem to, if they are getting  
benefits it is one less thing for them to worry about, one less thing to stress about. So it is trying  
560 to work out is it best for them to have that financial knowledge, the financial information of  
paying the rent on time it is something to do like everybody does in the world? But is it right that  
autistic people also have that right to pay their rent, or should we say the rent should be paid  
directly to the landlord?

565 **Mr Grainger:** Mr Callister, that is a really interesting question and it goes across a lot of  
thinking in terms of learning disabilities. So I can say where we are now, that we have an  
aspiration that people can learn, people can develop, people can live as normally in a  
community as possible; and to do that, that is about being able to pay for the bills, going to the  
supermarket and paying for their food, etc. And so that would be the aspirations of the majority  
570 of learning disability services.

If we were to take those things away from them, we are taking their human rights away, I  
believe. We are also wrapping them up in cotton wool – and this is going back to an era where  
people did not live in the community, they were placed in hospital and everything was done for  
them.

575 I have an example of a young lady who went to our school – we have a school in Southport in  
Merseyside – and she is a fantastic individual, she was part of our curriculum. We are rated  
outstanding by Ofsted and part of our curriculum is about these everyday life skills – going into  
the community, going shopping and buying those things. And she is doing really, really well. She  
did not come to us following school, she went to another learning disability provider. And one of  
580 our staff members was doing bank work into that new service and she stopped going to do the  
support because she was so upset by the deterioration in this young lady. She said, ‘Come on,  
let’s go and do your washing!’ ‘I don’t do that. I don’t do that’. She was sitting there and she was  
becoming more and more depressed and I can guarantee in 12-18 months she is going to be on  
medication and the deterioration in her life and her quality of life.

585 So I would strongly put across that we need to have a culture where we are aspirational,  
where we are trying to support people to live as best they can within the community. Because  
the consequences of that are quite profound.

**Q29. The Clerk:** But perhaps the key is to be flexible, rather than to have rules, because what  
590 we are looking at is Departments who necessarily are handling public funds have very fixed  
rules. And I think what the Committee is exploring is the possibility of looking at each person and  
trying to tailor-make something for them – so that some people will never be able to handle  
their finances and others will.

595 **Mr Grainger:** Mr Phillips, I think that is exactly the point. I think we need to be flexible, we  
need to be innovative. The Departments must not work in silos. We need to look at an individual

and think about what is best for that individual. But we do not need to look at that individual as a walking set of problems.

600 We need to employ that contemporary view of autism and we need to be able to work with them to be the best that they possibly can, to achieve the best. And by doing these things our experience is that people become more self-confident and more in control of their lives. And then when that happens, and when it happens to anyone, we move away from crisis, we move away from issues around depression which lead to mental health, which lead to medication, which lead to ... you know. And we can give you figures.

605

**Q30. Mrs Sharpe:** You say that at your school in Merseyside you help people with autism to learn life skills. (**Mr Grainger:** Yes.) In the Isle of Man, what kind of provision is there for young people to learn life skills before they turn 16 or 18?

610 **Mr Grainger:** The focus of our work is primarily with adults. So I would not be the best source of evidence or information for that. I would say, though, that we are beginning to work more closely with Education, especially supporting those children who are not accessing school, for a variety of reasons, and supporting their transition back into the school arena.

615 We find that really quite innovative from the Department of Education about there is understanding that the issues in relation to school are not just from nine until half past three. So how can we best support that individual to enable them to have a good education? And it might be that there is some stuff outside of that.

620 We are also working across with the Department of Education for those mainly young adolescents who are neither in education or training – so they are called NEETs in the UK. And we are doing a lot of innovative work around either education or through our social enterprise, so there again, vocational experience as well. So that seems to be a growing area.

625 **Q31. The Chairman:** You touched on a couple of very interesting areas there – the school provision and also the social enterprise. Could you just give us a little bit of insight into those and maybe just compare and contrast what perhaps ... ?

**Mr Grainger:** We operate two schools currently, with a third school hopefully opened within 18 months.

630 Peterhouse School was the first part of our organisation. It is registered for 55 children. It provides a variety of accommodation from 52-week to weekly boarders, to termly boarders and to respite. People come to us and we work within the National Curriculum but we have a mission to produce successful adults with autism, so we work around their thinking skills, their ability to make choices and their ability to carry out life skills, and we set that within the National Curriculum as well.

635 We then have another school, bordering North Wales, which is only registered for eight children and is for the more complex children who will not access mainstream schools. They do not have a significant learning disability, do not access mainstream schools and they will not access special schools, so it is an alternative to those two types of provision that allows people to be educated in a very small environment with quite intensive support around that.

640 The third part of that is that because, I suppose again, our education is seen as very successful and attracts quite a lot of referrals, we cannot accommodate all the referrals we have because we cannot put some of the more complex children we are getting referrals for with the five- or six-year-olds who are skipping down the corridor – that can cause too much risk – again we are looking at a school which is going to be built with the sensory issues of people with autism mind. It will be robust, it will be for 20 pupils and it will be for these more complex pupils we are getting referrals for.

645 The second part of the question you asked me was around social enterprise. We operate a number of social enterprises within Merseyside. We have something called We Grow. It is a

650 gardening centre where we offer vocational activities to the young people I mentioned, their needs, but also people would come there on a sessional basis as well as on a daily basis. That is growing, that is selling to the public and that is delivering – we have a veg pack thing. It gives people that understanding of work, it helps them integrate into a wider community and also feel good about what they are doing on the day, so it gives people kicks.

655 We also have Me Cycle. That is a café and a cycle ... We sell bicycles and refurbish bicycles, so people will come and work through that and we have been very successful at people coming into those environments and then getting a job elsewhere, whether it be from being the engineer-type of thing in terms of bicycles or working in a café.

660 And then, as part of Sefton local authority's social responsibility, we have a partnership with them in what is called the Atkinson Theatre, which is a theatre, museum and the council offices, and we operate the café there – again on a similar issue that people come and work with us. And it is not just about working there – that is just the tip of the iceberg; it is that people will also be responsible, and again people with significant learning disabilities or significant behaviours of concern may be responsible for doing the banking or going and bringing ... We break down all the activities and tasks so that they can be as widespread as possible.

665 What we do is ensure we are not being tokenistic and people get value from what they do, and it is seen to be ...

**Q32. The Chairman:** Is that seen as a transition from effectively education through to more mainstream work, or is it seen as a destination in itself?

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**Mr Grainger:** Both. We have been quite successful in that transition from education. Peterhouse School will link with our We Grow facility, for example, on a sessional basis. We actually have kids from mainstream schools coming there, learning and doing learning there, which we charge on a social basis. So that happens and people will flow through those, hopefully, into jobs. We have a team that surrounds that, that supports both their autism and their learning, and also liaises with future potential employers. And then some people become employed there and will stay there.

**Q33. Mr Callister:** Can I just go back to accommodation: does your organisation in the Isle of Man provide any guarantee to landlords for tenants in properties, or support? It is just something I am trying to bottom out, this part. Are there examples where you have stepped in to be guarantor of a tenant?

685 **Mr Grainger:** Sometimes the tenancy agreement will say that part of your tenancy agreement is to receive support from x – x being a social care provider. So there is an expectation that that person, in a sense, will have a guarantor because they have a support agency behind them to help them to maintain their tenancy. Does that answer your question?

**Q34. Mr Callister:** Yes, but if there were tenants who, for example, fell behind with rent or something, you would step in and support them? How would it actually work?

695 **Mr Grainger:** We would support them to ensure that their rent was paid on time; we would help them with their budgeting. I do not have an example, because the support we give, where people were liable to have their tenancy terminated because they had fallen behind with their rent.

**Q35. Mr Callister:** And that, to me, is one of the concerns, as you say, in creating the environment, one less thing for them to worry about and focus on day-to-day life activities.



700 **Mr Grainger:** But it is not about not having something to worry about; it is supporting their thinking to make sure that they have done that.

It might not be uppermost in somebody's mind with autism that 'I need to pay the rent today' because of the cognitive patterns of thinking; it might be very much focused on something else and everything else is gone.

705

**Q36. Mr Callister:** So you would work with the individual to say, 'Don't forget to pay your rent on Wednesday; don't forget to do this'?

710 **Mr Grainger:** Yes, exactly. We do it in different ways and that is successful, Mr Callister. We have no examples where people have not paid their rent, for example.

We are a charity. If there are specific issues around something ... In fact, there is one instance where somebody had been gambling and we did step in and support them with some finance over a period of time.

715 **Mr Callister:** Okay, thank you.

**Mr Grainger:** So there is a safety net.

720 **Q37. Mrs Sharpe:** In looking for landlords for accommodation, how did you first source friendly landlords who would understand?

**Mr Grainger:** I am smiling because not all of them are friendly! It is about the money, isn't it?

725 It is just about what is out there on the open market, having that discussion: 'This is what we want to do.' It is good for them because there is a premium to our invoices. They are guaranteed. They are going to get paid. We have that reputation that there is no risk. And we generally enter into a long-term lease. Generally, most of our leases would be a minimum of five years with a three-year break clause, but I have gone into leases for 20 years.

730 **Q38. The Chairman:** So, just to be clear, this is Autism Initiatives taking properties from commercial landlords and then effectively subletting to your –?

735 **Mr Grainger:** Yes, if it is a registered care home – the majority on the Island are registered care homes – then there is an accommodation part of the charge that goes through to the Social Services department, which then we pay on to the landlord, and then the support costs would be within that as well.

740 So we would source the landlord, we would adapt the property, we would enter in a management agreement with them in relation to repairs and maintenance, we would agree a cost with the Social Services department which would spell out what the accommodation charges are and basically what the support charges were. So, in a sense, we are responsible for the lease but you are paying the rent.

745 **Q39. Mr Callister:** But it is more for individual properties or multiple-dwelling ... You would not put an autistic person into a block of flats with ...? How do I describe this? An ordinary block of multiple flats where suddenly there is one person in this block of flats who has got autism: you would actually assess the environment before they went in there?

750 **Mr Grainger:** We would assess the environment, but again we are talking about people who could be without any learning disability, who have capacity to make decisions, do not have a mental health issue. They may have sourced that flat themselves and we might provide support. So they might be living in a flat in a block of flats and have their own tenancy. We just support them to maintain that. Us being part of their support is not a condition of their tenancy. But

where people can pose significant risk or there are issues around their behaviour etc., then of course we would assess the risk or assess the potential impact on our neighbours as well because we always aim to be a very good neighbour.

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**Q40. The Chairman:** So this is specifically people that you are providing accommodation solutions for. We do not have precise numbers, but we think there is some unmet demand – I think was the sense I got in terms of accommodation. I am not trying to put words in your mouth. Do you feel that on the Island there is ...?

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**Mr Grainger:** I think we could do more, Mr Baker, yes. I think we could do more and provide more. We have examples of people that we were proud that we ... One example of one lady: she was supported by her father for many years, and he passed away but we have been able to maintain her in her own house, which is great. I think that is a good example because otherwise, if we had not been there, she would not be able to maintain that and then that is going to be almost coming and knocking on Social Services' door about accommodation, about extra support. So that has been great.

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**Q41. The Chairman:** So you have maintained her in her own home through provision of outreach services?

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**Mr Grainger:** That is correct.

**Q42. The Chairman:** And again, just so we are all clear, what do those outreach services typically – and there may be no typical, but what is the range of things that they can consist of?

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**Mr Grainger:** We would contract with the Social Services department for x number of hours per week, and that might go from one to 30 or maybe 40 hours. We would establish what our supports were there for at the point in time we entered into that contract, and it might be the specific presenting issues. So, for example, somebody will not come out of their bedroom, somebody is totally isolated, issues around hygiene, issues around how they are interacting with the local community, issues around the family. We would work around presenting issues but we would do it in our own unique way. And again, if I was going to go into the technicality of that, often there is a focus on people's behaviour. The behaviour is the issue: he will not come out of his bedroom, and coming out of the bedroom is the problem. What the problem generally is is that person needs to feel empowered, needs to be able to plan their life, needs probably a social network – which we provide through a social group – needs to have something to focus on. So we put those things in place and the issue about being isolated and not coming out of the bedroom is not an issue anymore.

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So there is a whole host of things that we work with. Isolation is a big one and supporting tenancies is a big one, supporting everyday life skills is another matter. It might look the same as any other service provider, but what is behind it is what I was mentioning in my opening statement about that understanding of the cognitive differences in autism.

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**Q43. The Chairman:** That leads on quite nicely, actually: do you feel the Department of Health and Social Care here on the Isle of Man gives your organisation sufficient support with regard to accommodation needs?

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**Mr Grainger:** I think it is difficult for them in that they are constricted around budgets, which is the case everywhere we work, and often then it is the more complex people they are focused on. If somebody can be maintained, potentially they are maintained. If somebody is more difficult or more of a problem or potentially could be, then perhaps the budget is focused on that person, which often does not leave enough for the other type of people I have mentioned,

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805 which again goes back to Mr Phillips's comment about being flexible. It is about the flexibility of support. Let's not put budgets into silos. We have examples now where Children and Families Mental Health Services, Adult LD have the tri-part funding of an individual because they recognised their needs transcended those things.

810 **Q44. The Chairman:** That is effectively co-commissioning of services?

**Mr Grainger:** Yes.

**Q45. The Chairman:** Are we as advanced with that as we should be on the Island, or is there further room for improvement?

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**Mr Grainger:** I cannot honestly answer that because I am not there on an everyday basis. Paul might be able to say something further on, but I would say I think the idea is a good one. I think you have recently integrated and there are always those departmental and cultural issues that need to be thrashed out. And then it is how you spend the money. Often you do not have to spend huge amounts of money to make a difference. Sometimes it is doing things in a different way.

820 For example, we run things we called the one-stop shops. The figures of people going through those, people with high-functioning autism and Asperger's syndrome, are astronomical. We had the first one, which is quite renowned, in Edinburgh, and we have had something like 2,000 people through our doors. They do not cost a huge amount of money. We can run that service on £200,000 per year and that £200,000 is value for money and stops people falling behind in their tenancy. It helps us secure the benefits they need. It provides social opportunities. We work closely with mental health services. It stops that revolving into psychiatric hospital.

830 So those types of things are useful. You would not need to spend £200,000 here on the Island, because of the population needs, but those types of things we can be very helpful.

**Q46. The Chairman:** Could you just help our mental picture of what these one-stop shops look like and consist of?

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**Mr Grainger:** A one-stop shop is basically ... Well, our one in Cardiff is a shop on the high street in Cardiff. We do not advertise specifically that this is a one-stop shop for people with autism but people come in there. They will provide some one-to-one support. You might describe it as counselling, but it might be support in their thinking to problem-solve around a bill, a tenancy payment, 'I'm having issues with this person or that person – how do I deal with those things?' 'I'm going to my benefits interview: I'm scared that my benefits are going to be stopped. I don't know how to deal with this situation', and we support those people to do those things.

845 And the benefits thing is such an easy thing to help people out with; whereas we have lots of examples of people with Asperger's syndrome particularly losing benefits because they are going into a very structured interview and people are asking the wrong questions and they are either answering honestly, but without being able to put over the understanding of what real life is like for that person.

850 So we help out on those things and then it is such a small investment, but the ripple is very significant in terms of the outcomes for the individuals we support.

**Q47. The Chairman:** If we were to be in that environment, we would probably see a unit where people would come in and effectively have one-to-one engagement around all sorts of – ?

855 **Mr Grainger:** You would come in and you would probably see which staff are in, what  
sessions are going to take place. So we have, for example, a post-diagnostic unit, a post-  
diagnostic group. So these are people from 35 onwards who have been diagnosed later on in  
life. They come together, they share experiences, they undertake social activities. We have just  
860 been successful for a grant in Scotland where we are supporting diagnosis as well. Remember  
the 1980s when the Community Care Act came out: there was this sharp intake of breath from  
the nurses that social care staff would be giving medication to people within community living.  
That is par for the course now. There is a thinking in Scotland that there is such a bottleneck  
around diagnosis that they need the support of very experienced practitioners – i.e. us – to  
support that diagnosis procedure. So we are helping around those things.

865 You would walk in, you would see a schedule of activities. You would see a pool table. You  
would see a computer room with lots of gaming equipment. You would see things that attract  
people into that environment, that people are comfortable with. So yes, and lots of different  
types of sessions go on. Again, it is bringing people together.

870 **Q48. The Chairman:** One in Cardiff and do you say, one in Edinburgh?

**Mr Grainger:** Yes, one in Perth and one in the Highlands.

875 **Q49. The Chairman:** Okay. They are obviously all going to differ because they will reflect the  
nature of the environment that they are in, but are they all effectively following a similar kind of  
model?

880 **Mr Grainger:** There is a similar structure. Obviously the people who are working within them  
receive the same type of training that we set out. We have the same vision for the people so we  
are looking to generate the same outcomes and record the data.

**Q50. The Chairman:** And we do not have anything like that here on the Island?

**Mr Grainger:** No, you don't. No.

885 **Q51. The Chairman:** And if you had a free hand, would those be one of the things that you  
would like to see the Island embrace?

890 **Mr Grainger:** I think it could be very effective for you and if there is an autism champion and  
an autism strategy, there becomes a focal point where people could be referred to. So if you are  
thinking of a population about where people could refer to, the first thing I would say is if you  
have an example, Social Services, there is that Friday night phone call – do you have somewhere  
that is appropriate and safe for that person to go, to stop them perhaps alternatively going into  
hospital, where experienced, trained staff can support them through that issue and support any  
ongoing assessment, planning and transition around that individual? I think that would be one  
895 aspect to it.

I think the one-stop shops or something along those lines ... Part of, I suppose, our added  
value on the Island and part of our charitable work is around we have a social group, which is a  
joy to behold. I invite you to come along any time – do we still meet on a Thursday night, Paul?  
And it is fantastic. That in effect has acted like that because some of the staff have performed as  
900 an outreach, they have helped with accommodation, they have helped with benefits. They have  
worked and helped with parents and the changes in individuals are fantastic and the coming  
together is really joyous.

905 Again, Marie is sitting there, I will give you an example: her son, when he started coming to  
us, he would not allow people to be in his proximity, so we probably had to have about two or  
three feet between Robbie and everyone else. But the people who support the people with

autism just got that naturally. Even if we would go out on activities, they always used to wheel around Robbie, supporting him. But they came together and that is joyous and we saw people would go off and they would make arrangements to go and buy the latest Harry Potter book together or they were going out for coffees and things like that. Those types of things really make a difference to people's lives. They stop the isolation that can really be a problem.

And I saw Robbie last year. He no longer has ... he came up and gave me a hug. I nearly fainted! So it is really nice to see.

**The Chairman:** We have covered an awful lot of ground (**Mr Grainger:** Good.) and I think the beauty of having it on *Hansard* is that it is captured and we can digest it and reflect on it.

**Mrs Sharpe:** I have one more question, if that is okay?

**The Chairman:** Yes, of course it is.

**Q52. Mrs Sharpe:** I was just going to ask you, in your opinion, what is the advantage of having a third sector organisation, such as your own, performing these functions that you have described to us?

**Mr Grainger:** I would say that we offer a value-for-money response. We have already done the research and development. We have already, if you put it into business parlance, done the research and development. We have generated the policies and procedures, the processes, the infrastructure that supports what we do in practice.

If I was again to put this into some type of business parlance, how do I as CEO of an organisation that is spread from the Highlands in Scotland down to the north-west of England, across to Ireland, make sure that the practice that we do is the same? If you use the analogy that we were in the business of making cars, and we had a factory in the Isle of Man, we had a factory in Liverpool, Belfast, Dublin, I have to ensure that those cars come out with the same quality. They represent the same product, the branding of that organisation. We very much have to do the same thing. We have to ensure that the practice, the service that we provide, the understanding of that service is the same everywhere we do and to do that, we have invested heavily in how we induct staff, how we train staff, how we support staff through policies. We have clinicians involved in developing our policies, procedures, practice. We are a centre of excellence for positive behaviour support. We have many commendations for what we do. And why wouldn't you want to outsource that, and buy that, rather than try and create something that has taken us, I would say when we started to realise there was a difference, it was probably about 15 years ago, that we needed to change. And it has taken us 15 years to get where we are, where I am comfortable to say that the practice in Edinburgh is the same. And it takes that while. It is a culture change.

It is also a social model. It is not a medical model. The people we support are the greatest non-conformists. They do not really fit into that medical model. It is about understanding and working with them individually and having those aspirations. So my question is why wouldn't you do that?

I suppose a word of caution to you as well is that many organisations will say they are specialists, but sometimes they specialise in having people with autism in their organisation. So they have many people with autism in their organisation, rather than being a specialist organisation for people with autism. There is quite a distinction there. There is quite a distinction in how you do that and all the infrastructure and support that is behind that.

**Mrs Sharpe:** Thank you.

**Mr Grainger:** You are more than welcome.

**Q53. The Chairman:** Anything more from any of you?

960 No, well, thank you very much, Mr Grainger. That has been hugely valuable. I think it has given us a lot to reflect on as we consider how the Committee moves forward and particularly its recommendations. I think it may well be that we wish to follow this up.

**Mr Grainger:** I would be more than happy – more than happy.

965 If you want to follow up the links or have a conversation around the housing associations again, I could facilitate some meetings for you around that as well.

**The Chairman:** That would be excellent.

I think on that note, thank you very much for your time. (**Mr Grainger:** No problem.) Greatly appreciated.

970

**Mr Grainger:** Very interesting. Thank you very much.

*The Committee adjourned at 11.58 a.m.*