

The fact that the assessment process for the PIP is rooted in health when the life-long context for autism is as a social disability, means that there is a poor starting point for this assessment. Indeed, following clinical diagnosis of autism, health practitioners often have relatively little contact with people with autism, with the major brunt of the support, care being within the other parts of the education and social care sector and especially families. These are the groups who can therefore most accurately inform and provide genuine quality of knowledge to the assessment process.

Shaping the questions used within the health-driven assessment process is certainly one approach to amelioration of the current shortcomings. However, there may another option you may wish to also consider. This is that the assessment process requires specialist input capturing the knowledge and experiences of those working most closely with people with autism. This could be achieved by a little front-end investment to ensure that Wales and Scotland each have an identified autism specialist post attached to the DWP (presumably England would need to look at more than one post). There would of course need be a formal route through to every PIP assessment where autism has been identified. The Health practitioner undertaking the PIP assessment should find it very useful to have this expert point of contact. Indeed it may be that this expertise can be provided through web-based, phone, email rather than by face-face contact in the assessment process. Of course this may well lead to other opportunities such as informing appeal process, practitioner training and so on.