

ConnectED Briefing #28



Supporting younger autistic adults with a learning disability to engage with self-care and social participation activities

The issue

Some younger autistic adults with a learning disability may be isolated, living at home, and not socialising or looking after their own care. Social workers want to know how they can engage these individuals more effectively with activities of daily living and opportunities for social participation.

What we wanted to find out

What social care interventions help these younger autistic adults with a learning disability with self-care and social participation activities?

What we did

We searched Web of Science, SCOPUS, Google Scholar and the NIHR Evidence website for relevant reviews exploring effectiveness of self-care and social participation interventions for autistic people with a learning disability, published since the implementation of the Care Act 2014. We also searched for relevant recent single studies published after these reviews (2020 onwards) or not included in them. We also looked for guidance published on the NICE website. We excluded studies that did not discuss interventions for both autistic people and those with a learning disability. We amended our inclusion criteria to include studies that focussed on both autism and learning disability and reviews that synthesised the evidence where greater than 50% of participants were autistic with a learning disability.

What we found

We found 3 systematic reviews and 2 NICE guidelines. The reviews included one umbrella review¹ focussing on interventions to support social and community participation, and two reviews that focussed on technology, assistive technology or virtual reality to support self-care activities.²⁻³ These reviews all included studies of people with a learning disability and/or autistic people. Not all studies in the reviews included both learning disability and autism, however we tried to extract the findings relevant to both. We also found two NICE guidance documents focussing on service design and delivery for learning disabilities and behaviour that challenges⁴ and diagnosis and management of Autism Spectrum Disorder.⁵ Although these documents relate to either autism or learning disability, we have included them because they provide relevant guidance for practice.

What the evidence suggests

There are three main routes to supporting increased social participation: (1) identifying relevant and appropriate opportunities through person-centred planning; (2) enabling access to opportunities in the community; (3) developing and building social skills.

We found limited evidence around how best to support people's self-care. Most studies looked at how technology could be used to help people learn daily living skills.

Social participation: Person-centred support

Creating person-centred plans and identifying meaningful goals with the person and people in their wider network can support social participation. This individualised strengths-based approach is more effective than goal setting alone and can increase opportunities for social contact and access to the community.¹

Social participation: Opportunities

People engage more with opportunities where there is a good alignment between their interests and the nature of the opportunity. For example, Men's Sheds provide space to pursue practical interests in a group setting; it is suggested that activities of this kind can enhance people's social satisfaction and expand their social networks.¹

Opportunities for social participation do not need to be disability-specific: it is more important that they are genuinely welcoming and accessible to all. People feel a greater sense of belonging and are more likely to participate when the physical and social environment (including the behaviour of community members, staff and others) is inclusive.¹

Services that link or signpost people to opportunities in the community (including social prescribing) can enhance people's social networks and reduce loneliness.¹

Befriending interventions had little effect on improving the social participation of people with learning disabilities. In some cases, they disrupted people's routine activities and limited their choice of social interactions.¹

Social participation: Building social skills

The evidence regarding social skills support was different for those with learning disabilities and autistic people. For people with a learning disability, group-based social skills training that focusses on communication and listening skills can be effective in reducing social withdrawal, improving relationships with others, and increasing confidence to join and participate in other activity. For autistic people, some research suggests that one-to-one interventions can be more effective than groups in improving social or conversation skills.¹

Self-care activities

In the included studies there was a focus on the use of technology to improve people's daily living skills and independence. This is an important and promising area for study, but it is still new, and evidence about it should be treated with caution.

Technology aligned to needs may help autistic people and those with a learning disability to access the community, providing opportunities for independent decision-making and increasing confidence in navigating daily environments.² Gaining new life skills in areas such as domestic chores using video or audio prompting may also lead to decreased social isolation.²

Travel skills training that uses augmented reality or travel apps may help reduce planning time, improve navigation of public transport,¹ and increase independence.² Providing person-centred support alongside this technology, including in practice environments with trusted caregivers,³ can improve the effectiveness of the training.¹

What the NICE guidance suggests

When working with people with learning disability, it is important to support self-management, build trust, and provide options in accessible formats. Support should focus on enabling participation and respecting identity. It should be pro-active and not crisis driven.⁴

For autistic adults with or without a learning disability who need help with daily living, consider a structured programme to support adaptive skills for community living that is based on an understanding of behaviour.⁵

For socially isolated individuals consider offering structured leisure activities either in a group or individually. These programmes should be interest-based, regular, and facilitated by someone knowledgeable about autism.⁵

NICE reminds us that professionals should work in a person-centred way.

What this means for practice

Evidence about which interventions work for autistic adults with a learning disability is limited. The available evidence confirms the importance of person-centred plans that help people identify ways to meaningfully participate in activities aligned to their interests. Interventions will be most effective when they identify personal preferences, address both individual and systemic barriers and provide sustained individualised support.¹

The physical and social environments for any social participation opportunity should be inclusive and welcoming and accommodate sensory sensitivities.^{1,4} Practitioners should be pro-active in identifying and mitigating barriers to participation such as stigma, inaccessible venues, or lack of transport.

Practitioners should consider how technology could be used to support people, maintaining an up-to-date knowledge of what kinds of technology are available to enable self-care or encourage social participation.

Quality and completeness of the evidence

We are moderately confident that we have reviewed the best current evidence relevant to our question. However, many studies included in the systematic reviews were assessed by the authors as being of low to moderate quality. Many of the studies of technology use were not conducted in real-world environments.

More research is needed regarding the effectiveness of interventions to support self-care and social participation for younger autistic adults with a learning disability.

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References

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² Klavina, A. et al. (2024) The use of assistive technology to promote practical skills in persons with autism spectrum disorder and intellectual disabilities: A systematic review, *Digital Health*. <https://doi.org/10.1177/20552076241281260>

³ Tan, B-L. et al. (2022) The use of virtual reality and augmented reality in psychosocial rehabilitation for adults with neurodevelopmental disorders: A systematic review, *Frontiers in Psychiatry*, 13. <https://doi.org/10.3389/fpsyg.2022.1055204>

⁴ NICE (2018) Learning disabilities and behaviour that challenges: service design and delivery. Available at: <https://www.nice.org.uk/guidance/ng93>

⁵ NICE (2012, updated 2021) Autism spectrum disorder in adults: diagnosis and management: Clinical guideline. Available at: <https://www.nice.org.uk/Guidance/CG142>