

Our son James, is 23 and has autism and severe learning disabilities. He has no language and very limited capacity for communication. He was recently at the centre of what we have come to know as 'an incident'.

He was on the bus with a carer when he became anxious and agitated. The bus was more crowded and noisier than usual and a teenage girl was talking loudly into her mobile phone. As he passed to get off, he suddenly made a lunge towards her and grabbed her hair. She screamed, her father shouted, pandemonium ensued. Following health and safety regulations, the bus driver stopped and got everybody off the bus – apart from James and his carer, who were then locked in. James beat himself around the head and systematically bit into his own arms; his carer was also head-butted, scratched and bitten. The police then arrived and violently restrained James, put him in handcuffs and leg restraints and took him to the police station where he was locked in the cells. We picked him up, battered and bruised, a couple of hours later. The police subsequently agreed not to pursue charges, but James has been banned from public transport.

Over the past four years, since James made the transition from a residential school to supported living in the community, such 'incidents' have become increasingly common. Following similar episodes and further contacts with the local police, he has been suspended from his further education college placement, banned from the local pub, swimming pool and the supermarket. As a result care staff have lost confidence and he has become increasingly confined to the house.

There has been an increase in 'incidents' in his supported living house when he has injured himself and staff. Indeed, we have experienced similar incidents when he comes home for weekends and we too have been pinched or bitten before he sets about beating himself. Like many young men with autism and complex needs who present with 'challenging behaviour', he is now taking atypical anti-psychotic medication. He has gained three stone in weight since he left school.

Over the course of our life with James we have had to make a number of transitions, which are always difficult but unavoidable. We are now on the verge of another.

We know from James experience of school that, with a high level of support from skilled staff, he can thrive and enjoy a good quality of life. What has proved difficult is providing the level of structured and expert support required to sustain the transition to life in the community.

James' transition to his current supported living project was the outcome of the coordinated efforts of a large number of people, including ourselves. It involved securing suitable accommodation through a housing association, sorting out funding from local authorities and health authorities, recruiting care staff and arranging further education provision. There were complications at every stage and in every aspect. The biggest effort however has been in keeping it going over time and this has required our continued input.

Sadly we have had to accept that we have not yet succeeded in making this transition work. The key problem in the move from school to real life is the shift from a structured environment with skilled and experienced staff into the community, where there is a dearth of appropriate support and services and a rapid turnover of poorly paid and inexperienced care workers. For James the community 'is a perplexing, challenging, and scary place. To make life in the community viable for people like James requires high quality services and skilled staff –and this means resources –it is not a cheap option. Over the years we have learnt that, in caring for people with autism, commitment and enthusiasm are necessary but not sufficient: autism-appropriate training is also essential.

We are now in process of moving James to a new placement with a new support team. Yet here we encounter the major current crisis of care in the community: the head on collision between the aspirations of the Autism Act and the Care Act and the harsh realities of austerity –particularly the drastic cuts in local government spending on adult social care.

The spectre of Winterbourne View casts a long shadow over our lives: James could easily end up in such an institution.

Yet there are two scandals of Winterbourne View. The first was the abuse and neglect exposed by Panorama in May 2011. The second was the failure of the scheme to transfer the residents of such institutions back to the community: when the target date passed last summer there were more people in such places than at the time of the Panorama programme.

As the Bubb Report last November recognised, there is no great mystery why this target was missed: community services are inadequate to provide for the needs of adults with autism and other complex needs –and they are getting worse.

Our message for parliamentarians?

it is impossible to reconcile the interests of people with autism and the current scale of cuts in adult social care.

Current policies will inevitably result in more scandals and horror stories, but the real burden will be borne by people like James and families like ours.