

PERTH AND KINROSS COUNCIL

Lifelong Learning Committee
28 May 2014

Housing and Health Committee
28 May 2014

Autism Action Plan and Strategy Development Report

Report by Executive Director (Education and Children's Services)

PURPOSE OF REPORT

The purpose of this report is to seek approval for an action plan for Perth & Kinross which sets the strategic direction for improving outcomes for people with an Autism Spectrum Disorder (ASD) and their families/carers across their lifespan.

The report also seeks to approve the continuation of the ongoing part time post of ASD lead/coordinator for Perth & Kinross council to implement the local strategy and support a multi-agency 'All Age Autism Strategic Group'.

1. BACKGROUND / MAIN ISSUES

- 1.1 The National Records of Scotland report that the 2012 population for Perth & Kinross was 147,740. If we use the estimated prevalence of 90 per 10,000 as detailed in the Scottish Strategy for Autism there would be an estimated 1330 people across the age span with an autistic spectrum disorder in Perth and Kinross.
- 1.2 The 'Additional Support for Learning and Young Carers Report to Parliament' (2013) states that in Perth and Kinross there are 4,596 (recorded) children and young people in education who have additional support needs. Our recording system detailed in November 2013, 287 (recorded) children and young people with an autism spectrum disorder.
- 1.3 More recent studies estimate prevalence rates for children in Scotland as being 1 in 100, this would mean that we have a higher than average number of cases within Perth & Kinross of 115 in 10,000. This is due to the revised practice of our local Child and Adolescent Mental Health team who are providing a more responsive assessment process and reduced waiting times.
- 1.4 Autism has been the subject of a number of initiatives over the past decade including:
 - 1.4.1 The Same as You document 2000 recommended that Scottish Autism, National Autistic Society (NAS), Health Boards and Local Authorities should develop a National Network for people with an ASD.

- 1.4.2 In 2001, the then Public Health Institute of Scotland (PHIS, now NHS Health Scotland) was commissioned by Scottish Ministers to carry out a needs assessment of services for people with Autism Spectrum Disorders (ASD) in Scotland. The report, published in February 2002, identified a patchwork of services and made 32 recommendations that set out what ideal services should look like.
- 1.4.3 SIGN Guidelines 2007: Assessment, diagnosis and clinical interventions for children and young people with Autism Spectrum Disorders (ASD).
- 1.4.4 NICE (National Institute for Health and Clinical Excellence) published:
- Autism: the management and support of children and young people on the autism spectrum. NICE clinical guideline 170 (2013).
 - Autism: recognition, referral, diagnosis and management of adults on the autism spectrum. NICE clinical guideline 142 (2012).
 - Autism: recognition, referral and diagnosis of children and young people on the autism spectrum. NICE clinical guideline 128 (2011).
- 1.4.5 The Scottish Strategy for Autism: Local Report from the National Mapping Project (2013).
- 1.4.6 The Keys to Life: Improving quality of life for people with learning disabilities (2013). <http://www.scotland.gov.uk/Publications/2013/06/1123>
- 1.5 The Scottish Government, working in partnership with the Convention of Scottish Local Authorities (COSLA), two national autism organisations and a wide range of service users and professionals, spoke to individuals on the Autism Spectrum and their families to find out what their concerns are and what changes are required.
- 1.6 In 2010, a draft autism strategy was consulted on widely and, in 2011 The Scottish Strategy for Autism www.scotland.gov.uk/Publications/2011/11/01120340/0 was launched by the Scottish Government.
- 1.7 The Strategy set out a 10 year agenda for change that addresses the entire autism spectrum and the whole lifespan of people living with ASD in Scotland which will give individuals on the autism spectrum a meaningful and satisfying life built on:
- people being given the care and support they need in a way which promotes their independence and emotional well-being and respects their dignity;
 - people being supported to have choice and control over their lives so that they are able to have the same chosen level of privacy as other citizens;
 - services being personalised and based on the identified needs and wishes of the individual;
 - people being supported to feel safe and secure without being over-protected; people having the opportunity to achieve all they can;
 - people having equal access to information assessment and services;
 - agencies should work to redress inequalities and challenge discrimination.

- 1.8 Services for people with autism should be embedded into this approach by building partnerships and developing a shared understanding of promoting inclusion which also underpins the values and vision of the strategy, which cites:

“Our vision is that individuals on the autism spectrum are respected, accepted and valued by their communities and have confidence in services to treat them fairly so that they are able to have meaningful and satisfying lives”

- 1.9 To help achieve this, the strategy outlines ten indicators for current best practice in the provision of effective Autism Spectrum Disorder (ASD) services:

- A local Autism Strategy developed in co-operation with people across the autism spectrum, carers and professionals, ensuring that the needs of people with ASD and carers are reflected and incorporated within local policies and plans.
- Access to training and development to inform staff and improve the understanding amongst professionals about ASD.
- A process for ensuring a means of easy access to useful and practical information about ASD, and local action, for stakeholders to improve communication.
- An ASD Training Plan to improve the knowledge and skills of those who work with people who have ASD, to ensure that people with ASD are properly supported by trained staff.
- A process for data collection which improves the reporting of how many people with ASD are receiving services and informs the planning of these services.
- A multi-agency care pathway for assessment, diagnosis and intervention to improve the support for people with ASD and remove barriers.
- A framework and process for seeking stakeholder feedback to inform service improvement and encourage engagement.
- Services that can demonstrate that service delivery is multi-agency in focus and coordinated effectively to target meeting the needs of people with ASD.
- Clear multi-agency procedures and plans which are in place to support individuals through major transitions at each important life-stage.
- A self-evaluation framework to ensure best practice implementation and monitoring.

- 1.10 As part of this on-going work an investment of £35k was allocated to all Scottish Local Authorities to further the development of local autism plans and/or progress elements of an existing plan.

It was recognised that cognisance should be given to the outcomes for people with ASD, their families and carers plus the ten best practice indicators outlined in the strategy and should relate directly with the following key services:

- Care and Support
- Health including primary and community healthcare
- Employment

- Education including further education
 - Transitions
 - Housing and community support
 - Criminal justice
 - Service planning and commissioning
- 1.11 In order for this work to progress joint working is essential and so the consultation process involved in creating and sustaining identified priorities will and has involved the local authority, the National Health Service (NHS) and third sector organisations all of which are fully supportive of the draft action plan and strategy.
- 1.12 Relevant departments within the NHS are currently consulting on the draft action plan and a number of lead individuals are committed to driving this draft action plan forward: the Clinical Lead for Tayside Child and Adolescent Mental Health Service, the Service Manager for Adult Learning Disability Perth & Kinross Community Health Partnership and, the Lead for Children, Young People & Families Perth and Kinross Community Health Partnership.
- 1.13 Currently we have a fixed term, part time post of Local Autism Coordinator (August 2013 – June 2015) who has responsibility for the development of the local draft action plan and strategy for Perth & Kinross Council.
- 1.14 The draft action plan has been submitted to the Scottish Government (March 2014) for information. Work on both the strategy and implementation of the draft action plan have begun, where necessary.

2. PROPOSALS

There are six key proposal areas which tie in to both the National and Local Autism Strategies:

- **Strategic Leadership** - develop a strategy for Perth & Kinross which sets the strategic direction for improving outcomes for people with Autism and their families/carers across the lifespan.
- **Achieving Best Value** - promote the development and implementation of clear concise pathways in which people with ASD can move between services and which can demonstrate the services ability to work in close collaboration to achieve and meet the needs of people with ASD.
- **Collaboration and involvement** – ensure people with autism, their families and carers are involved at all levels of decision making.
- **Cross agency working through stronger networks** – improve capacity for cross-agency working through stronger networks, best practice and training.
- **High quality diagnosis, intervention and support** – develop a menu of interventions including diagnosis, advice, therapeutic interventions and counselling for children, young people and adults with an ASD, that are appropriate and flexible to individual need and identify the advice and

support that is immediately available, and set out the referral and assessment process for all other services and interventions.

- **Wider opportunities** - there are many people with autism who would like to work but who face significant barriers to getting and sustaining a job. We propose improved mechanisms that will support them through training, creating opportunities and improve access to the workplace.
- The mechanism by which we would aim to achieve the above proposal areas is through the establishment of a local autism multi-agency strategy group. It would have managerial, commissioner and clinical representation from health and mental health services, education, social care, parent/carer service users and the third sector organisations. This group would ensure robust arrangements are in place to guarantee delivery of the proposed action plan, to ensure monitoring and tracking of improvements in service provision and to make sure progress is communicated across all agencies and to members of the public.

3. CONCLUSION AND RECOMMENDATIONS

3.1 Every effort has been made to ensure that the local strategy document is fully co-produced and the action plan consulted upon. This consultation process will require to be ongoing and the Action Plan revisited on completion of the strategy.

3.2 It is recommended that the Lifelong Learning Committee:

- (i) Approves the draft action plan for implementation;
- (ii) Approves the continuation of the post of Local Autism coordinator for a fixed period from July 2015 subject to the continuation of Scottish Government funding; and
- (iii) Endorses a multi-agency 'All Age Autism Strategic Group'.

3.2 It is recommended that the Housing and Health Committee:

- (i) Approves the draft action plan for implementation;
- (ii) Approves the continuation of the post of Local Autism coordinator for a fixed period from July 2015 subject to the continuation of Scottish Government funding; and
- (iii) Endorses a multi-agency 'All Age Autism Strategic Group'.

Author

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Approved

Name	Designation	Date
John Fyfe	Executive Director	28 May 2014

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Council Text Phone Number 01738 442573

1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

Strategic Implications	Yes / None
Community Plan / Single Outcome Agreement	Yes
Corporate Plan	Yes
Resource Implications	
Financial	Yes
Workforce	Yes
Asset Management (land, property, IST)	n/a
Assessments	
Equality Impact Assessment	Yes
Strategic Environmental Assessment	n/a
Sustainability (community, economic, environmental)	Yes
Legal and Governance	No
Risk	n/a
Consultation	
Internal	Yes
External	Yes
Communication	Yes
Communications Plan	

1. Strategic Implications

Community Plan / Single Outcome Agreement

- 1.1 The proposals relate to the delivery of the Perth and Kinross Community Plan/Single Outcome Agreement in terms of all the following priorities:

- (i) Giving every child the best start in life
- (ii) Developing educated, responsible and informed citizens
- (iii) Promoting a prosperous, inclusive and sustainable economy
- (iv) Supporting people to lead independent, healthy and active lives
- (v) Creating a safe and sustainable place for future generations

This report relates to all of the objectives above.

Corporate Plan

- 1.2 The proposals relate to the achievement of the Council's Corporate Plan priorities as follows:

- (i) Giving every child the best start in life;
- (ii) Developing educated, responsible and informed citizens;
- (iii) Promoting a prosperous, inclusive and sustainable economy;
- (iv) Supporting people to lead independent, healthy and active lives; and
- (vi) Creating a safe and sustainable place for future generations.

This report relates to all of these objectives.

- 1.3 The report also links to the Education & Children's Services Policy Framework in respect of the following key policy area:

- Inclusion and Equality

2. Resource Implications

Financial

- 2.1 In order to ensure the continuation of the ASD Coordinator post (Grade TL10) funding from existing budgets in ECS and HCC will be made available to support this role.

- 2.1.1 The funding for taking forwards the action plan and All Age Autism Strategy Group will be met within existing resources.

Workforce

- 2.2 Human Resources has been consulted on this report.

Asset Management (land, property, IT)

- 2.3 There are no expected asset management or information technology implications arising from this report.

3. Assessments

Equality Impact Assessment

- 3.1 Under the Equality Act 2010, the Council is required to eliminate discrimination, advance equality of opportunity, and foster good relations between equality groups. Carrying out Equality Impact Assessments for plans and policies allows the Council to demonstrate that it is meeting these duties.

The Local Autism Strategy has been considered under the Corporate Equalities Impact Assessment process (EqIA), and it has been concluded that the ten year strategy will impact on the development agenda for teams within Education and Children's Services and Housing and Community Care for the next ten years and should be subject to an EqIA to inform its development.

An EqIA will be completed by August 2014 (the completion date for Perth & Kinross Autism Strategy).

Strategic Environmental Assessment

- 3.2 The Environmental Assessment (Scotland) Act 2005 places a duty on the Council to identify and assess the environmental consequences of its proposals.

Pre-screening has identified that the PPS will have no or minimal environmental effects, it is therefore exempt and the SEA Gateway has been notified.

This was evidenced by the pre-screening assessment using the Integrated Appraisal Toolkit.

Sustainability

3.3 Following an assessment using the Integrated Appraisal Toolkit, it has been determined that the proposal is likely to contribute **positively** to the following corporate sustainable development principles:

- SDP10 Healthy living is actively promoted and the provision of preventative health services maximised
- SDP11 Equitable access to high quality, integrated local health care and social services (particularly for those who are excluded or vulnerable)
- SDP26 All people are socially included and have similar life opportunities

Legal and Governance

3.4 N/A

3.5 N/A

Risk

3.6 Delivery of The Local Autism Strategy will support effective controls of the following Corporate Risks: Protect vulnerable children and families

4. Consultation

Internal

4.1 In writing the draft action plan and report representatives from Education and Children's Services and Housing and Community Care have been fully consulted.

External

4.2 In writing the draft action plan and report representatives from Perth Autism Support, Autism Initiatives, NHS and parents/carers and service users have been fully consulted.

5. Communication

5.1 In order to implement the proposals and actions of the plan, information will be shared with and support provided for colleagues in ECS, HCC, NHS, Perth Autism Support, Autism Initiatives, PKAVS and also with parents/carers and service users.

2. BACKGROUND PAPERS

- Same as You 2000.
- PHIS A needs assessment of services for people with autism spectrum disorders 2001.
- Sign Guidelines 2007.
- Background information
- NICE Quality Standards QS51 Autism: press release January 2014.
- Autism: the management and support of children and young people on the autism spectrum. NICE clinical guideline 170 (2013).
- Autism: recognition, referral, diagnosis and management of adults on the autism spectrum. NICE clinical guideline 142 (2012).
- Autism: recognition, referral and diagnosis of children and young people on the autism spectrum. NICE clinical guideline 128 (2011).
- The Scottish Strategy for Autism 2011.
- The Scottish Strategy for Autism: Local Report from the National Mapping Project.

3. APPENDICES

The following background papers, as defined by Section 5OD of the Local Government (Scotland) Act 1973 (and not containing confidential or exempt information) were relied on to a material extent in preparing the above report.

Appendix 1: Perth & Kinross Draft Action Plan and abbreviated version.

Appendix 2: Scottish Strategy for Autism (Easy Read Version).

APPENDIX 1: Perth and Kinross Draft Action Plan and abbreviated version

Autism Action Plan

PRIORITY AREA 1 - Strategic Leadership

Perth and Kinross Community Plan (2013 – 2023)		
Giving Every Child the Best Start in Life	<u>Key Outcomes</u> - Children have the best start in life - Nurtured and supported families	
Developing Educated, Responsible and Informed Citizens	<u>Key Outcomes</u> - Young people reach their potential - People are ready for life and work	
Promoting a Prosperous, Inclusive and Sustainable Economy	<u>Key Outcomes</u> - Thriving and expanding economy - Well paid employment opportunities for all	
Supporting People to Lead Independent, Healthy and Active Lives	<u>Key Outcomes</u> - High quality personalised care - Older people are independent for longer - Longer, healthier lives for all	
Creating a Safe and Sustainable Place for Future Generations	<u>Key Outcomes</u> - Attractive, welcoming environment - Resilient, responsible and safe communities - People in vulnerable circumstances are protected	
<u>Linking Goals, Aims and Recommendations</u>		
Recommendation 3: It is recommended that the ASD reference group explore the benefits of ASD lead officers with the Association of Directors of Social Work and with COSLA to establish how rollout across Scotland might be best achieved.		Timescale Foundations: 0-2 years
Recommendation 5: It is recommended that Knapp's work on the economic cost of autism is analysed and applied to the Scottish context to inform Strategy and planning on what interventions lead to positive impacts both for individuals and for the economy as a whole.		Foundations: 0-2 years

<u>Link to Best Practise Indicators</u> A local Autism Strategy developed in cooperation with people across the autism spectrum, carers and professionals, ensuring that the needs of people with ASD and carers are reflected and incorporated within local plans and policies. A process for data collection which improves the reporting of how many people with ASD are receiving services and informs the planning of these services. A self-evaluation framework to ensure best practise implementation and monitoring.	Foundations: 0-2 years Foundations: 0-2 years Foundations 0-2 years and on-going.
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Action/No.	Lead and Timescale	Outcome	Link to Strategy Recommendation/Goals and Aims	Progress
Action 1.1: Compile a local Autism Strategy and work in close collaboration with relevant others.	Foundations: 0-2 years Zoe Robertson June 2014	Perth and Kinross All-Age ASD Strategy completed and incorporates service developments informed by national guidance and evidence.	Best Practice Indicator: A local Autism Strategy is developed in co-operation with people across the autism spectrum, carers and professionals, ensuring that the needs of people with ASD and carers are reflected and incorporated within local policies and plans.	Commenced August 2013 and on-going.
Action 1.2: Setting up, Establishing, coordinating and running an 'All Age Autism Strategic Group. Link to all 6 Priority areas, the strategy group will ascertain and identify specific timelines for each action and allocate actions to short life working groups (see Priority area 3).	Foundations: 0-2 years Kenny Ogilvy Dorothy Henderson ASD Lead Neil Prentice Alexander Stewart	Autism Action plan will be implemented in accordance with allocated timescales. There will be inclusion of ASD within strategies and services, across all partner organisations.	Best Practice Indicator: A framework and process for seeking stakeholder feedback to inform service improvement and encourage engagement. Services that can demonstrate that service delivery is multi-agency in focus and coordinated effectively to target meeting the needs of people with ASD.	Identifying key members and coordinating suitable times.
Action 1.3: Local Autism leads/ coordinators across Tayside meet on a regular basis.	Foundations: 0-2 years ASD Lead/leads	There will be consistency of approach. The opportunity to share ideas across Tayside.	Services that can demonstrate that service delivery is multi-agency in focus and coordinated effectively to target meeting the needs of people with ASD.	
Action 1.4: Ensure strong leadership in relation to the provision of services for adults and children with autism by appointing a local ASD Co-ordinator/lead.	Foundations: 0-2 years Ideally coinciding with the implementation of the strategy. ECS HCC NHS 3 rd Sector Org	People with ASD and their families/carers will be empowered and valued members of the community working in partnership with the ASD Co-ordinator/lead.	Best Practice Indicator: A process for ensuring a means of easy access to useful and practical information about ASD, and local action, for stakeholders to improve communication. A framework and process for seeking stakeholder feedback to inform service improvement and encourage engagement. Services that can demonstrate that service delivery is multi-agency in focus and coordinated effectively to target meeting the needs of people with ASD.	Pending approval and funding

Action 1.5: Ensure action plan implementation, by monitoring progress against agreed strategic aims, priorities and timescales.	Holistic Personalised Approaches: 5-10 years ASD Lead	All actions will be progressed, reviewed and monitored to meet the expectations of the strategy.	Best Practice Indicator: A self-evaluation framework to ensure best practice implementation and monitoring.	On-going
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Priority Area 2 – Achieving Best Value for Services

Perth and Kinross Community Plan (2013 – 2023)	
Giving Every Child the Best Start in Life	<u>Key Outcomes</u> • Children have the best start in life • Nurtured and supported families
Developing Educated, Responsible and Informed Citizens	<u>Key Outcomes</u> • Young people reach their potential • People are ready for life and work
Promoting a Prosperous, Inclusive and Sustainable Economy	<u>Key Outcomes</u> • Thriving and expanding economy • Well paid employment opportunities for all
Supporting People to Lead Independent, Healthy and Active Lives	<u>Key Outcomes</u> • High quality personalised care • Older people are independent for longer • Longer, healthier lives for all
Creating a Safe and Sustainable Place for Future Generations	<u>Key Outcomes</u> • Attractive, welcoming environment • Resilient, responsible and safe communities • People in vulnerable circumstances are protected

<u>Linking Goals, Aims and Recommendations</u> Recommendation 5: It is recommended that Knapp's work on the economic costs of autism is analysed and applied to the Scottish context to inform strategy and planning on what interventions lead to positive impacts both for individuals and for the economy as a whole. Particular attention should be paid to his 'invest to save' assertion that if 4% of those with Asperger's were given appropriate support into work this would ultimately mean that those individuals may not require services and could contribute to the economy. Recommendation 7: It is recommended that the ASD Reference Group commission's research to examine and compare the outcomes in relation to quality of life for those who are supported by autism service providers and individuals who access generic provision and those relevant findings are used to inform revised guidance for commissioners of services for people with ASD.	Timescale Holistic Personalised Approaches: 5-10 years Whole life journey: 2-5 years

Recommendation 8: The ASD Reference Group in collaboration with autism service providers will identify the key determinants of service provision that result in improved quality of life for people with ASD, across the spectrum and across the lifespan. Recommendation 10: It is recommended that agencies and services develop a menu of interventions including advice, therapeutic interventions and counselling for children, young people and adults with an ASD, that are appropriate and flexible to individual need. This menu should identify advice and support that is immediately available, and set out the referral and assessment process for all other services and interventions. Recommendation 11: It is recommended that consideration is given to the specific supports needed for the more able individuals with ASD. Implementation of existing commissioning guidelines by local authorities, the NHS and other relevant service providers. Access to mainstream services where these are appropriate to meet individual need. Access to services which understand and are able to meet the needs of the people specifically related to their autism. Creative and collaborative use of service budgets to meet individual need (irrespective of what the entry route to the system is). <u>Link to Best Practise Indicators</u>	Foundations: 0-2 years Foundations: 0-2 years Foundations: 0-2 years Foundations: 0-2 years Holistic Personalised Approaches: 5-10 years
A process for ensuring a means of easy access to useful and practical information about ASD, and local action, for stakeholders to improve communication. A process for data collection which improves the reporting of how many people with ASD are receiving services and informs the planning of these services.	Foundations: 0-2 years Foundations: 0-2 years

Action/No.	Lead and Timescale	Outcome	Link to Strategy Recommendation/Goals and Aims	Progress
Action 2.1: Ensure early intervention approaches are embedded and work across agencies, including recognition of the need for a whole family approach.	Whole life journey: 2-5 years Early Years Team Child Health Team PAS NHS Woodlea Cottage	Clear and consistent pathways are in place. Services and agencies that understand that early intervention is essential Reduction in future costs and possible crisis scenarios.	Recommendation 5 Recommendation 8 Best Practice Indicator: Access to mainstream services which understand and are able to meet the needs of the people specifically related to their autism. Access to services which understand and are able to meet the needs of people specifically related to their autism. Removal of short-term barriers such as unaddressed diagnoses and delayed intervention. Access to appropriate post-diagnostic support for families and individuals (particularly when there is a late diagnosis).	Ongoing work in this area by ECS.
Action 2.2: Data collection systems are set up to provide evidence to assist and plan future demand on services.	Foundations: 0-2 years ASD Lead SCLD NHS Sandy Strathearn	Standardised data is produced that accuracy identifies numbers of people with ASD within PKC.	Recommendation 7 Best Practice Indicator: A process for data collection which improves the reporting of how many people with ASD are receiving services and informs the planning of these services.	Existing data collection does not adequately meet this action but could be developed upon.
Action 2.3: Variety of research projects undertaken in relation ASD. Link to priority area 4. Areas for consideration: Criminal Justice Misdiagnosis	Holistic personalised approach: 5-10 years Stirling University Stuart Eno.	Local accurate picture of Autism and a process for early intervention.	Best Practice Indicator: A process for data collection which improves the reporting of how many people with ASD are receiving services and informs the planning of these services.	

Action 2.4: Develop a 'Menu of interventions' including advice, therapeutic interventions and counselling services that is appropriate and flexible to individual need.	Foundations: 0-2 years NHS/CAMHS PAS AI Autism Lead	ASD challenges are identified and the appropriate intervention aligned. A menu of services detailing interventions is available with appropriate signposting. Gaps and overlaps are identified in service provision.	Recommendation 10 Best Practice Indicator: A process for ensuring a means of easy access to useful and practical information about ASD, and local action, for stakeholders to improve communication.	ASD reference group have published a menu of intervention, which will be adapted to local priority and need.
Action 2.5: Link with the Perth and Kinross Joint Strategy for Learning Disability Services 2012-2015. Pledge 12 of this document refers to the Scottish Strategy for Autism.	Foundations: 0-2 years Zoe Robertson	A joined up approach to delivering services for those on the Autism Spectrum whether they have a Learning Disability or not. Equal access to appropriate services.		On-going
Action 2.6: Work closely with commissioning leads and share information about current and future service provision for people with ASD and their families to meet expectations of strategy.	Holistic personalised approach: 5-10 years ASD Lead	Commissioners, providers and other stakeholders providing a joined up, coordinated response.	Recommendation 6 Implementation of existing commissioning guidelines by local authorities, the NHS and other relevant service providers.	This will be communicated via the All Age Autism Strategy Group.

Action 2.7: Continue to review all out of area placements of adults with autism with a view to developing high quality specialist local services. Enabling people with autism who wish to return to Perth and Kinross to do so.	Whole life journey: 2-5 years ECS HCC	High quality supports are available locally for adults with autism so, wherever possible, they do not need to move out of area thus improving quality of life and reducing the stress and strain on families. Improved experience of care, support arrangements and of community life. (Link with priority area 5)	Creative and collaborative use of service budgets to meet individual need (irrespective of what the entry route to the system is). Access to services which understand and are able to meet the needs of people specifically related to their autism.	
Action 2.8 Ensure clear and consistent multi-agency pathways across the life span.	Foundations: 0-2 years NHS ECS/HCC Third Sector	Goal Access to mainstream services where these are appropriate to meet individual need. Access to services which understand and are able to meet the needs of people specifically related to their autism.		

Priority Area 3 – Collaboration and Involvement

Perth and Kinross Community Plan (2013 – 2023)	
Giving Every Child the Best Start in Life	<u>Key Outcomes</u> • Children have the best start in life • Nurtured and supported families
Developing Educated, Responsible and Informed Citizens	<u>Key Outcomes</u> • Young people reach their potential • People are ready for life and work
Promoting a Prosperous, Inclusive and Sustainable Economy	<u>Key Outcomes</u> • Thriving and expanding economy • Well paid employment opportunities for all
Supporting People to Lead Independent, Healthy and Active Lives	<u>Key Outcomes</u> • High quality personalised care • Older people are independent for longer • Longer, healthier lives for all
Creating a Safe and Sustainable Place for Future Generations	<u>Key Outcomes</u> • Attractive, welcoming environment • Resilient, responsible and safe communities • People in vulnerable circumstances are protected
<u>Linking Goals, Aims and Recommendations</u>	
Recommendation 13: It is recommended that the ASD Reference Group explore options for developing user and carer capacity to be able to participate in local planning processes.	Timescale Foundations: 0-2 years
Recommendation 14: It is recommended that the SDS Strategy Implementation Group and the SDS Bill Reference Group ensure representation from the autism community so that their interests are taken into account as further developments take place.	Foundations: 0-2 years

<u>Link to Best Practise Indicators</u> A process for ensuring a means of easy access to useful and practical information about ASD, and local action, for stakeholders to improve communication. A local Autism Strategy developed in co-operation with people across the autism spectrum, carers and professionals, ensuring that the needs of people with ASD and carers are reflected and incorporated within local policies and plans. A framework and process for seeking stakeholder feedback to inform service improvement and encourage engagement.	Foundations: 0-2 years Foundations: 0-2 years Foundations: 0-2 years
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Action/No.	Lead and Timescale	Outcome	Link to Strategy Recommendation/Goals and Aims	Progress
Action 3.1: Representation from The Asperger's Autism community on the All Age Autism Strategic Group.	Foundations: 0-2 years Zoe Robertson PAS AI	Involvement of individuals and their families in all stages of service provision and design. A process for providing feedback about how people with ASD and their families experience and perceive services.	Recommendation 13 Best Practise Indicator: A framework and process for seeking stakeholder feedback to inform service improvement and encourage engagement. A process for ensuring a means of easy access to useful and practical information about ASD, and local action, for stakeholders to improve communication.	Identified possible representatives.
Action 3.2: Short Life Working groups that feed into the Strategy Group will be created.	Foundations: 0-2 years Zoe Robertson HCC ECS NHS Third Sector	The Strategy Group will function effectively and efficiently with appropriate input from short life working groups. (Link with Priority area 1).	A framework and process for seeking stakeholder feedback to inform service improvement and encourage engagement. A process for ensuring a means of easy access to useful and practical information about ASD, and local action, for stakeholders to improve communication.	A training sub group has been formed and have their first meeting on the 5 th March 2014.
Action 3.3: Parental representation on All Age Autism Group.	Foundations: 0-2 years Zoe Robertson PAS AI	Involvement of individuals and their families in all stages of service provision and design. A process for providing feedback about how people with ASD and their families experience and perceive services.	Recommendation 13 Best Practise Indicator: A framework and process for seeking stakeholder feedback to inform service improvement and encourage engagement. A process for ensuring a means of easy access to useful and practical information about ASD, and local action, for stakeholders to improve communication.	Parental representatives have been identified.

Action 3.4: PAS to set up children's focus group that will feed into the All Age Strategy Group.	Foundations: 0-2 years PAS	Involvement of individuals and their families in all stages of service provision and design. A process for providing feedback about how people with ASD and their families experience and perceive services.	Recommendation 13 Best Practice Indicator: A framework and process for seeking stakeholder feedback to inform service improvement and encourage engagement. A process for ensuring a means of easy access to useful and practical information about ASD, and local action, for stakeholders to improve communication.	PAS have commenced this work as of Feb 2014.
Action 3.5: Link in with the work in Perth and Kinross on the implementation of Self Directed Support work.	Foundations: 0-2 years Diane Fraser ECS PAS and AI	A workforce who understand the complex and enduring nature of ASD in relation to assessment and SDS.	Recommendation 14	On-going work within ECS, HCC and Autism Initiatives.
Action 3.6: Self-directed support is promoted and used to support people with an ASD	Whole life journey: 2-5 years Diane Fraser ECS PAS and AI	Personalised support through SDS to help people achieve their desired outcomes. Increased choice and control in their lives.	Recommendation 13 and 14	
Action 3.7: Ensure those on the autism spectrum and their carers are fully consulted when writing the local autism strategy	Zoe Robertson On-going. Complete by June 2014	A fully co-produced Autism Strategy document that accurately reflects the needs of the local autism community.	Best Practice Indicator: A framework and process for seeking stakeholder feedback to inform service improvement and encourage engagement. A process for ensuring a means of easy access to useful and practical information about ASD, and local action, for stakeholders to improve communication.	On-going. Two parental focus groups for parents of children and adults on the spectrum meet monthly.

Action 3.8: Ensure that families are actively involved in their child's support and involve people with ASD and families in the development of plans, strategies and Single Outcome Agreements.	Holistic personalised approach: 5-10 years A wide range of multi-disciplines would contribute to this process.	Involvement of individuals and their families in all stages of service provision and design.	Best Practice Indicator: A framework and process for seeking stakeholder feedback to inform service improvement and encourage engagement. A process for ensuring a means of easy access to useful and practical information about ASD, and local action, for stakeholders to improve communication.	
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Priority Area 4 – Cross Agency Working

Perth and Kinross Community Plan (2013 – 2023)		
Giving Every Child the Best Start in Life	<u>Key Outcomes</u> • Children have the best start in life • Nurtured and supported families	
Developing Educated, Responsible and Informed Citizens	<u>Key Outcomes</u> • Young people reach their potential • People are ready for life and work	
Promoting a Prosperous, Inclusive and Sustainable Economy	<u>Key Outcomes</u> • Thriving and expanding economy • Well paid employment opportunities for all	
Supporting People to Lead Independent, Healthy and Active Lives	<u>Key Outcomes</u> • High quality personalised care • Older people are independent for longer • Longer, healthier lives for all	
Creating a Safe and Sustainable Place for Future Generations	<u>Key Outcomes</u> • Attractive, welcoming environment • Resilient, responsible and safe communities • People in vulnerable circumstances are protected	
<u>Linking Goals, Aims and Recommendations</u>		
Recommendation 18: It is recommended that good practice transition guidance is developed, building on from existing educational guidance, in order to support the lifelong challenges facing people with autism as they make daily and life-stage transitions.		Timescale
Access to integrated service provision across the lifespan to address the multi-dimensional aspects of autism		Whole life journey: 2-5 years
Access to appropriate transitional planning across the lifespan		Whole life journey: 2-5 years
Consistent adoption of good practice guidance in key areas of education, health and social care across all local authority areas ensure people are met with recognition and understanding of autism		Whole life journey: 2-5 years
Creative and collaborative use of service budgets to meet individual need (irrespective of what the entry route to the system is).		Whole life journey: 2-5 years

Capacity and awareness building in mainstream services to ensure people are met with recognition and understanding of autism. <u>Link to Best Practise Indicators</u>	Whole life journey: 2-5 years
Access to training and development to inform staff and improve the understanding amongst professionals about ASD	Foundations: 0-2 years
An ASD Training Plan to improve the knowledge and skills of those who work with people who have ASD, to ensure that people with ASD are properly supported by trained staff.	Foundations: 0-2 years
A multi-agency care pathway for assessment, diagnosis and intervention to improve the support for people with ASD and remove barriers.	Foundations: 0-2 years
Services that can demonstrate that service delivery is multi-agency in focus and coordinated effectively to target meeting the needs of people with ASD.	Whole life journey: 2-5 years
Clear multi-agency procedures and plans which are in place to support individuals through major transitions at each important life-stage.	Whole life journey: 2-5 years
A framework and process for seeking stakeholder feedback to inform service improvement and encourage feedback	Whole life journey: 2-5 years

Action/No.	Lead and Timescale	Outcome	Link to Strategy Recommendation/Goals and Aims	Progress
Action 4.1: Centralise the administration of training in relation to autism and co morbid conditions.	Foundations: 0-2 years Zoe Robertson HCC ECS AI PAS	Better use is made of existing high quality training. Training is accessible and well-coordinated. Gaps or duplication in learning is identified.	Access to training and development to inform staff and improve the understanding amongst professionals about ASD. Capacity and awareness building in mainstream services to ensure people are met with recognition and understanding of autism. An ASD Training Plan to improve the knowledge and skills of those who work with people who have ASD, to ensure that people with ASD are properly supported by trained staff.	Learning and Development HCC have commenced work on this. February 2014
Action 4.2: Develop a network of local trainers who understand autism and are able to provide regular training both to families and professionals to an agreed standard.	Foundations: 0-2 years ASD Lead PAS AI CAMHS/NHS ECS Allied Health Professionals Perth College	Shared approach to learning needs. Easy access to available accredited training.	Access to training and development to inform staff and improve the understanding amongst professionals about ASD. Capacity and awareness building in mainstream services to ensure people are met with recognition and understanding of autism. An ASD Training Plan to improve the knowledge and skills of those who work with people who have ASD, to ensure that people with ASD are properly supported by trained staff.	Learning and Development HCC have commenced work on this. February 2014
Action 4.3: Ensure a range of training is available for carers, including practical interventions to help families find solutions to difficult home situations and reduce aggression at home.	Foundations: 0-2 years ASD Lead PAS CALM Allied Health Professionals 3 rd Sector Org	Coordinated all age autism specific training that is responsive to carer needs.	Access to training and development to inform staff and improve the understanding amongst professionals about ASD. Capacity and awareness building in mainstream services to ensure people are met with recognition and understanding of autism. An ASD Training Plan to improve the knowledge and skills of those who work with people who have ASD, to ensure that people with ASD are properly supported by trained staff.	Training sub group have their first meeting on the 5 th March 2014.

Action 4.4: Social Services, Housing, Transport services, Criminal Justice System, Education GPs, dentists and other health professionals have the appropriate and relevant information and training to support people with ASD DVD, Online learning, Leaflets Third Sector Organisation support. SVQ/PDA/University PGC/D	Whole life journey: 2-5 years ASD Lead AI Autism Champions LAC	Staff across services have an increased knowledge and understanding of ASD.	Access to training and development to inform staff and improve the understanding amongst professionals about ASD. Capacity and awareness building in mainstream services to ensure people are met with recognition and understanding of autism. An ASD Training Plan to improve the knowledge and skills of those who work with people who have ASD, to ensure that people with ASD are properly supported by trained staff.	Awareness training (HCC) has been running since 2008. On-going ECS training in autism on-going. Third sector involvement on-going.
Action 4.5: Ensure that there is training and education around the co-morbidities and behavioural issues associated with Autism.	Foundations: 0-2 years HCC ECS Tourette Scotland Allied Health Professionals CAMHS/NHS CALM	Autism is not seen as a stand-alone condition. Autism is recognised as being complex, multi-dimensional and requiring the input and expertise of multiple agencies.	Best Practice Indicator: An ASD Training Plan to improve the knowledge and skills of those who work with people who have ASD, to ensure that people with ASD are properly supported by trained staff. Capacity and awareness building in mainstream services to ensure people are met with recognition and understanding of autism.	HCC Learning and Development have bought in specialist training provision to meet these needs.
Action 4.6: Training for staff in frontline posts to promote good quality assessments, evidence based interventions and on-going support for families.	Whole life journey: 2-5 years Transition Team AI Early Years Team HCC SW	Outcome focused, person centred plans. Aspirations and life experiences that are important are met.	Best Practice Indicator: Consistent adoption of good practice guidance in key areas of education, health and social care across all local authority areas.	HCC, ECS, NHS, Perth college and 3rd sector orgs are meeting to arrange this training, March 2014.

Action 4.7: Staff in HCC who work one to one on a regular basis with those on the Autism Spectrum should have enhanced training provision, looking at communication and strategies.	Whole life journey: 2-5 years AI Autism Champions	Staff teams work in an autism specific manner.	Capacity and awareness building in mainstream services to ensure people are met with recognition and understanding of autism. An ASD Training Plan to improve the knowledge and skills of those who work with people who have ASD, to ensure that people with ASD are properly supported by trained staff.	Training sub group have their first meeting on the 5th March 2014.
Action 4.8: Autism Specific Person Centred Planning tools should be used more routinely. A personalised plan that is developed and implemented in a partnership between them, their family and carers if appropriate.	Foundations: 0-2 years PAS AI ECS HCC	Person-centred plans are used, empowering and providing a set of tools for change, at an individual, a team and an organisational level. User led services.	Recommendation 18 Access to appropriate transitional planning across the lifespan Services that can demonstrate that service delivery is multi-agency in focus and coordinated effectively to target meeting the needs of people with ASD. A framework and process for seeking stakeholder feedback to inform service improvement and encourage feedback.	The Learning and Development team and PAS are developing a plan in relation to PCP.
Action 4.9: Multi-agency good practice transition guidance is developed, to support the lifelong challenges facing people with ASD as they make daily and life stage transitions, ensuring all on the spectrum are supported.	Foundations: 0-2 years ECS HCC Transition Team Employment Support Team Perth College 3rd Sector Org	Early intervention at each stage of transition for all on the autism spectrum. Access to clear and consistent transitional guidelines at each stage through preschool, nursery, primary, secondary and beyond school into adulthood and its associated transitions.	Link to Best Practice Indicator: Clear multi-agency procedures and plans which are in place to support individuals through major transitions at each important life-stage.	Ongoing work in this area. Those teams working with transition are meeting to enhance current provision.

Action 4.10: Continue the work of the Transition team and ensure close working relationships with other agencies.	Foundations: 0-2 years ECS HCC Transition Team Employment Support Team Perth College Third sector	Early identification of those on the spectrum with a learning disability or significant complexity to their condition.	Link to Best Practice Indicator: Clear multi-agency procedures and plans which are in place to support individuals through major transitions at each important life-stage.	On-going
Action 4.11: HCC/Third sector org should be present at the 16 plus meetings if a child is identified as having an ASD.	Foundations: 0-2 years PAS/AI HCC	High functioning children on the spectrum are identified and supported by Autism Initiatives/PAS when appropriate.	Link to Best Practice Indicator: Clear multi-agency procedures and plans which are in place to support individuals through major transitions at each important life-stage.	
Action 4.12: HCC/Third sector org should be present at the integrated team meetings if a child is identified as having an ASD.	Foundations: 0-2 years PAS/AI HCC	High functioning children on the spectrum are identified and supported by Autism Initiatives/PAS when appropriate.	Link to Best Practice Indicator: Clear multi-agency procedures and plans which are in place to support individuals through major transitions at each important life-stage.	
Action 4.13: Transition work should be enhanced in schools by ensuring we identify all children on the autism spectrum and work accordingly with them, optionally through PAS/Autism Initiatives and Child Health Team. Adhere to GIRFEC principles.	Foundations: 0-2 years ECS PAS AI	Whether someone presents with challenging behaviour or not, cognisance is given to the nature of autism and how the adverse effects of the condition are not always apparent but do require intervention.	Link to Best Practice Indicator: Clear multi-agency procedures and plans which are in place to support individuals through major transitions at each important life-stage.	

Action 4.14: Sustained and increased uptake of the One Stop Shop No 3 (Autism Initiatives) and Perth Autism Support.	Foundations: 0-2 years HCC ECS NHS PAS AI	People with ASD and their families and carers know where to access information that is evidenced and appropriate. No 3 and PAS will be accessed by staff providing services to ensure a collaborative approach to their work.	Capacity and awareness building in mainstream services to ensure people are met with recognition and understanding of autism.	On-going
Action 4.15: PAS and equivalent organisations should be used appropriately in schools, as support through unstructured parts of the school day or to support children who are struggling in a mainstream environment.	Foundations: 0-2 years PAS AI	Children who would have previously struggled in mainstream school will spend less time in the base and more time with their peers. Children will be enhanced academically without significant levels of stress.	Link to Best Practice Indicator: Clear multi-agency procedures and plans which are in place to support individuals through major transitions at each important life-stage.	Work has commenced by PAS in relation to this. February 2014
Action 4.16: PAS to be used in schools as Autism Champions, to advise and support education staff in working with children on the autism spectrum.	Foundations: 0-2 years PAS ECS	PAS work with staff to develop strategies and methods of autism specific working that complement existing teaching skills.	Capacity and awareness building in mainstream services to ensure people are met with recognition and understanding of autism. Access to training and development to inform staff and improve the understanding amongst professionals about ASD.	
Action 4.17: Improve training for staff in early year's education, health services and schools to achieve a reduction in the average age of diagnosis in children and young people.	Foundations: 0-2 years PAS Outreach Teachers Early Years Team	Children receiving the appropriate intervention as soon as is practicably possible, leading to a reduction in symptoms and more positive outlook.	Capacity and awareness building in mainstream services to ensure people are met with recognition and understanding of autism. Access to training and development to inform staff and improve the understanding amongst professionals about ASD.	Outreach teachers are currently focussing on some of this work.

Action 4.18: The role of Outreach teachers should be supported and further developed.	Foundations: 0-2 years	Standardisation of our approach to dealing with Autism in schools.	Recommendation 18 Access to training and development to inform staff and improve the understanding amongst professionals about ASD. Capacity and awareness building in mainstream services to ensure people are met with recognition and understanding of autism.	
Action 4.19: School staff who directly works with those on the autism spectrum should have the opportunity to meet their peers and troubleshoot any issues on a regular basis.	Foundations: 0-2 years	Autism specific staff that is not over pressured and unable to carry out the demands of their position.	Recommendation 18 Access to training and development to inform staff and improve the understanding amongst professionals about ASD. Capacity and awareness building in mainstream services to ensure people are met with recognition and understanding of autism.	Specialist Network meetings commenced 10 th December and it was agreed that the network will meet termly.
Action 4.20: For staff who work one to one with pupils with ASD, autism awareness training should be mandatory.	Foundations: 0-2 years	Holistic, whole school approach to learning and development needs in relation ASD.	Capacity and awareness building in mainstream services to ensure people are met with recognition and understanding of autism.	Training is available to meet this action point both within ECS and HCC.
Action 4.21: All children on the Autism Spectrum should have an Individual Education plan or CSP.	Foundations: 0-2 years	A workforce who understand the complex and enduring nature of ASD.	Link to Best Practice Indicator: Clear multi-agency procedures and plans which are in place to support individuals through major transitions at each important life-stage.	
Action 4.22: Typically functioning children in schools should receive age appropriate awareness raising training from an early stage.	Foundations: 0-2 years PAS Learning and Development Outreach teachers AI	Awareness raising commencing in schools and transcending into the community.	Capacity and awareness building in mainstream services to ensure people are met with recognition and understanding of autism.	Training sub group have their first meeting on the 5 th March 2014.
Action 4.23: Placements for mainstream teachers in specialist bases should be made available.	Foundations: 0-2 years ECS	A collaborative approach to our work with children on the autism spectrum in schools.	Capacity and awareness building in mainstream services to ensure people are met with recognition and understanding of autism.	

Action 4.24: Ensure SMARTS are used appropriately in schools.	Foundations: 0-2 years CAMHS ECS PAS	Advice and recommendations from the NHS are integrated into the school planning process for each child.	Link to Best Practice Indicator: Clear multi-agency procedures and plans which are in place to support individuals through major transitions at each important life-stage.	
Action 4.25: Ensure teaching staff are given training on how to interpret SMARTS and make best use of them.	Foundations: 0-2 years CAMHS ECS PAS	Health and ECS working in a collaborative manner. A consistent approach to the management of ASD.	Link to Best Practice Indicator: Clear multi-agency procedures and plans which are in place to support individuals through major transitions at each important life-stage.	Training sub group have their first meeting on the 5 th March 2014.
Action 4.26: Increase capacity in mainstream services through the promotion of Autism Champions, to improve / develop quality of services such as social work, housing, job centres and the police by building skills and knowledge for staff teams	Foundations: 0-2 years LAC Role ASD Lead	Wide spread understanding of how to interact effectively with individuals on the Autism Spectrum.	Access to training and development to inform staff and improve the understanding amongst professionals about ASD. Capacity and awareness building in mainstream services to ensure people are met with recognition and understanding of autism. An ASD Training Plan to improve the knowledge and skills of those who work with people who have ASD, to ensure that people with ASD are properly supported by trained staff.	
Action 4.27: In line with locality working the LAC role will be expanded to encompass those on all levels of the autism spectrum. They will take on the role of "Autism Champion" in the North and South locality whilst a member of staff from the Mental Health will take on the city role.	Whole life journey: 2-5 years HCC LAC AI ASD Lead	Wide spread staff learning across localities. Enhanced levels of staff understanding and peer support.	Access to training and development to inform staff and improve the understanding amongst professionals about ASD. Capacity and awareness building in mainstream services to ensure people are met with recognition and understanding of autism. An ASD Training Plan to improve the knowledge and skills of those who work with people who have ASD, to ensure that people with ASD are properly supported by trained staff.	
Action 4.28: Have a suitably autism aware individual based at point of initial contact i.e. Access Team	Foundations: 0-2 years Access Team HCC ASC Lead AI	Wide spread understanding of how to interact effectively with individuals on the Autism Spectrum.	Capacity and awareness building in mainstream services to ensure people are met with recognition and understanding of autism.	

Action 4.29: Promote the Autism Alert card or wrist band that people with autism can carry/wear which tells others what to expect when they meet a person with autism. A named person should be identified and included on any alert.	Foundations: 0-2 years ASD Lead	Professionals in key public service areas such as criminal justice and healthcare understand the issues and challenges that may arise when they come into contact with someone with autism.	Capacity and awareness building in mainstream services to ensure people are met with recognition and understanding of autism.	
Action 4.30: Further develop multi-agency/disciplinary flexible support services in order that people can call on support at points of change.	Whole life journey: 2-5 years NHS/CAMHS HCC/ECS Third sector	Staff understand that autism is a complex and fluid condition. Services are flexible in their approach and responsive to unexpected presentation.	Capacity and awareness building in mainstream services to ensure people are met with recognition and understanding of autism.	
Action 4.31: Provide access to housing in "safe" areas, skilled housing advice and support. Autism awareness training – provided to all staff dealing with housing issues, in particular, housing officers, housing benefit officers, repairs staff and community safety officers.	Whole life journey: 2-5 years ASD Lead AI HCC	Housing service provision that understands the specific needs of those on the autism spectrum	Capacity and awareness building in mainstream services to ensure people are met with recognition and understanding of autism.	
Action 4.32: Advice sheet should be made available for staff within these departments, with some basic guidelines and contacts if they are dealing with someone with autism.	Foundations: 0-2 years ASD Lead AI	Information and help that is easily accessible for staff.	Capacity and awareness building in mainstream services to ensure people are met with recognition and understanding of autism.	Autism Initiatives have agreed to produce advice sheets for us. Feb 2014.

Action 4.33: Autism Flagging system should be introduced to ensure we work proactively and in an autism friendly way with these individuals.	Foundations: 0-2 years Business Improvement SWIFT, Northgate etc.	Proactive identification of those on the spectrum and adaptation of working style to accommodate.	Capacity and awareness building in mainstream services to ensure people are met with recognition and understanding of autism.	
Action 4.34: Supported housing for adults with autism and no learning disability should be considered.	Holistic personalised approach: 5-10 years HCC Third sector	Autism friendly housing options are available.	Services that can demonstrate that service delivery is multi-agency in focus and coordinated effectively to target meeting the needs of people with ASD.	
Action 4.35: Ensure the work done with Strathclyde Police force is replicated in Perth.	Whole life journey: 2-5 years ASD Lead	Educated and informed local police force who understand the possible implications of an Autism Spectrum Disorder.	Capacity and awareness building in mainstream services to ensure people are met with recognition and understanding of autism.	Work has been commenced in different areas of Scotland.
Action 4.36: Criminal Justice staff should have Autism Awareness training specific to their level of involvement.	Foundations: 0-2 years ASD Lead CJS HCC Third Sector	Criminal Justice Professionals working in an autism friendly manner thus ensuring those on the spectrum play a full role in society and are afforded the rights and protection they need.	Capacity and awareness building in mainstream services to ensure people are met with recognition and understanding of autism. Access to training and development to inform staff and improve the understanding amongst professionals about ASD. An ASD Training Plan to improve the knowledge and skills of those who work with people who have ASD, to ensure that people with ASD are properly supported by trained staff.	Training sub group have their first meeting on the 5 th March 2014.
Action 4.37: Seek to commission research into the incidence of autism amongst the local prison population and those who come into contact with the police and courts in order to develop prevention strategies.	Whole life journey: 2-5 years Stirling University Stuart Eno	Local accurate picture of Autism and a process for early intervention.	Best Practice Indicator: A process for data collection which improves the reporting of how many people with ASD are receiving services and informs the planning of these services.	

Priority Area 5 – Diagnosis and Intervention

Perth and Kinross Community Plan (2013 – 2023)		
Giving Every Child the Best Start in Life	<u>Key Outcomes</u> • Children have the best start in life • Nurtured and supported families	
Supporting People to Lead Independent, Healthy and Active Lives	<u>Key Outcomes</u> • High quality personalised care • Older people are independent for longer • Longer, healthier lives for all	
<u>Linking Goals, Aims and Recommendations</u>		
RECOMMENDATION 21: It is recommended that an assessment of national waiting lists is undertaken to clarify the extent of delays and that the ASD Reference Group considers and responds to these findings.		Foundations: 0-2 years
RECOMMENDATION 22: Initiatives to address waiting lists for assessment should include consideration of further training on the use of ADOS, ADI-R, 3di and DISCO to meet increased levels of demand.		Foundations: 0-2 years
RECOMMENDATION 23: It is recommended that the ASD Reference Group explore the ways diagnostic processes for adults and children are different and how this should inform practice.		Foundations: 0-2 years
RECOMMENDATION 24: It is recommended that the directory of individuals and teams undertaking assessment and diagnosis of ASD in Scotland is reviewed, updated and re-distributed.		Foundations: 0-2 years
RECOMMENDATION 25: It is recommended that a review is conducted with a view to updating and re-distributing the quality diagnostic standard if it is found to continue to be of benefit.		Foundations: 0-2 years
Access to mainstream services where these are appropriate to meet individual needs.		Foundations: 0-2 years
Access to services which understand and are able to meet the needs of people specifically related to their autism.		Foundations: 0-2 years
Removal of short-term barriers such as unaddressed diagnoses and delayed intervention.		Foundations: 0-2 years
Access to appropriate post-diagnostic support for families and individuals (particularly when there is a late diagnosis). Implementation of existing commissioning guidelines by local authorities, the NHS, and other relevant service providers.		Foundations: 0-2 years

Access to integrated service provision across the lifespan to address the multi-dimensional aspects of autism.	Whole life journey: 2-5 years
Access to appropriate transition planning across the lifespan.	Foundations: 0-2 years
Consistent adoption of good practice guidance in key areas of education, health and social care across local authority areas.	Whole life journey: 2-5 years
Capacity and awareness-building in mainstream services to ensure people are met with recognition and understanding of autism.	Holistic Personalised Approaches: 5-10 years
Creative and collaborative use of service budgets to meet individual need (irrespective of what the entry route to the system is).	Whole life journey: 2-5 years
Access to appropriate assessment of needs throughout life.	Holistic Personalised Approaches: 5-10 years
Access to consistent levels of appropriate support across the lifespan including into older age.	Holistic Personalised Approaches: 5-10 years
<u>Link to Best Practise Indicators</u>	
A multi-Agency pathway for assessment, diagnosis and intervention to improve the support for people with ASD and remove the barriers	Whole life journey: 2-5 years
A framework and process for seeking stakeholder feedback to inform service improvement and encourage feedback	Whole life journey: 2-5 years

Action/No.	Lead and Timescale	Outcome	Link to Strategy Recommendation/Goals and Aims	Progress
Action 5.1: Investment made in Autism specific therapeutic interventions for children in Early year's provision.	Whole life journey: 2-5 years Third Sector NHS	Services which follow the principles of prevention, early identification of problems and early intervention. Service providers who are working together to meet the needs of the individual child.	Link to Best Practise Indicators A multi-Agency pathway for assessment, diagnosis and intervention to improve the support for people with ASD and remove the barriers. Access to services which understand and are able to meet the needs of people specifically related to their autism. Removal of short-term barriers such as unaddressed diagnoses and delayed intervention. Consistent adoption of good practice guidance in key areas of education, health and social care across local authority areas.	March 2014, presentation being made by potential provider.
Action 5.2: Early years work extended beyond pre-school age and kept in line with the Early Years Framework of up to eight years.	Whole life journey: 2-5 years Early Years Team Third Sector Autism Outreach Teachers Autism Champions in schools.	Smooth early year's transitions. Intensive support to enhance the school experience for each child on the spectrum.	Access to mainstream services where these are appropriate to meet individual needs. Access to services which understand and are able to meet the needs of people specifically related to their autism. Access to appropriate transition planning across the lifespan. Consistent adoption of good practice guidance in key areas of education, health and social care across local authority areas. Capacity and awareness-building in mainstream services to ensure people are met with recognition and understanding of autism.	
Action 5.3: After school clubs that can cope with the needs of children on the Autism Spectrum should be invested in.	Whole life journey: 2-5 years ECS	Perth and Kinross council provide equality of service provision for all children and their families.	Access to mainstream services where these are appropriate to meet individual needs. Access to services which understand and are able to meet the needs of people specifically related to their autism.	

Action 5.4: Look into the cost of transporting children from school to PAS (who would function as an autism specific after school club).	Whole life journey: 2-5 years ECS PAS	Perth and Kinross council provide equality of service provision for all children and their families.	Access to mainstream services where these are appropriate to meet individual needs. Access to services which understand and are able to meet the needs of people specifically related to their autism.	Demand for this service has been ascertained as high. February 2014.
Action 5.4: Robust links between schools, families and other services to ensure that strategies can be planned and adapted to ensure continuity at home and in community settings as well as in school.	Foundations: 0-2 years Child Health Team Woodlea Cottage Fairview School PAS ECS	Communication between these various parties is seamless and fluid. Transference of skills is increased. Multi-agency approach.	A framework and process for seeking stakeholder feedback to inform service improvement and encourage feedback.	Ongoing work in this area.
Action 5.5: Autism specific behavioural outreach support should be supported and enhanced.	Foundations: 0-2 years CALM PAS AI ECS	A multi-agency approach is used that identifies issues in the home environment and ensures more consistency of approach.	Link to Best Practise Indicators A multi-Agency pathway for assessment, diagnosis and intervention to improve the support for people with ASD and remove the barriers. Access to services which understand and are able to meet the needs of people specifically related to their autism.	PAS have launched their outreach service. Feb 2014. Woodlea Cottage/Child Health team also provide outreach support.
Action 5.6: Ensure Autism Initiatives No 3 have close links with adult mental health services and the proposed Strathmartine Project.	Foundations: 0-2 years AI NHS Tayside	Good working reciprocal relationships are formed. Informal referral routes established. Shared learning opportunities made available.	Recommendation 22, 23 and 24 Link to Best Practise Indicators A multi-Agency pathway for assessment, diagnosis and intervention to improve the support for people with ASD and remove the barriers A framework and process for seeking stakeholder feedback to inform service improvement and encourage feedback	No 3 met with Bill Troup, Fergus Doud and the ASD Lead to establish those links. January 2014.

Action 5.7: Ensure adult mental health services have sufficient knowledge and understanding of Autism, as well as appropriate peer support.	Whole life journey: 2-5 years NHS Tayside HCC AI	Confident, well trained staff providing appropriate support. Clinical supervision is available as and when required.	Link to Best Practise Indicators A multi-Agency pathway for assessment, diagnosis and intervention to improve the support for people with ASD and remove the barriers Access to services which understand and are able to meet the needs of people specifically related to their autism.	Training sub group have their first meeting on the 5 th March 2014.
Action 5.8: Invest in training around how an ASD can present similarly to the symptoms of a mental health condition and how to differentiate the two.	Foundations: 0-2 years. NHS	Reduction in misdiagnosis. Reduction in inappropriate placements/care provision.	Access to services which understand and are able to meet the needs of people specifically related to their autism. Removal of short-term barriers such as unaddressed diagnoses and delayed intervention.	Training sub group have their first meeting on the 5 th March 2014.
Action 5.9: Strengthen specialist capacity in mental health services in Perth and Kinross to tackle under-diagnosis of autism in those with serious mental illness.	Whole life journey: 2-5 years NHS Tayside	Reduction in misdiagnosis. Reduction in inappropriate placements/care provision	Access to services which understand and are able to meet the needs of people specifically related to their autism. Removal of short-term barriers such as unaddressed diagnoses and delayed intervention.	
Action 5.10: Consider a joint protocol between Learning Disability services and mental health services in relation to diagnosis and support of those on the Autism Spectrum.	Foundations: 0-2 years HCC Kenny Ogilvy Paul Henderson	Reduction in inappropriate placing of those on the autism spectrum. Shared approach to managing caseloads.	Access to services which understand and are able to meet the needs of people specifically related to their autism. Removal of short-term barriers such as unaddressed diagnoses and delayed intervention. Access to appropriate post-diagnostic support for families and individuals (particularly when there is a late diagnosis).	

Action 5.11: Thought should be given to developing a specialist Autism Diagnostic service for adults, Tayside wide. Perth and Kinross council would support this action and work collaboratively with the NHS on this proposed development.	Holistic personalised approach: 0-10 years NHS Tayside HCC ECS	Multi-agency specialist teams providing seamless services. Improved experience of care, support arrangements for those on the Autism Spectrum and their families/carers.	Link to Best Practise Indicators A multi-Agency pathway for assessment, diagnosis and intervention to improve the support for people with ASD and remove the barriers Access to services which understand and are able to meet the needs of people specifically related to their autism. Creative and collaborative use of service budgets to meet individual need (irrespective of what the entry route to the system is). Access to appropriate assessment of needs throughout life. Access to consistent levels of appropriate support across the lifespan including into older age. Link to Best Practise Indicators	The Strathmartine Project aims to provide an element of this action point. This project is due to open April 2014.
Action 5.12: Develop a clear, consistent pathway for diagnosis and assessment of needs. This should include a post diagnosis interview, to help people understand their diagnosis, sign posting or connecting people to support / advice services as required. Action 5.13: A diagnosis of autism should be recognised as a catalyst for a carer's assessment.	Whole life journey: 2-5 years NHS Tayside AI HCC ECS	Multi-agency specialist teams providing seamless service. Improved experience of care, support arrangements for those on the Autism Spectrum, their families and carers.	A multi-Agency pathway for assessment, diagnosis and intervention to improve the support for people with ASD and remove the barriers Access to services which understand and are able to meet the needs of people specifically related to their autism.	
	Foundations: 0-2 years NHS HCC	Multi-agency specialist teams providing seamless service. Improved experience of care, support arrangements for those on the Autism Spectrum, their families and carers.	Access to services which understand and are able to meet the needs of people specifically related to their autism.	

Action 5.14: Family counselling services should be in place post diagnosis and at times of crisis.	Foundations: 0-2 years CAMHS PAS AI HCC	Improved experience of care, support arrangements for those on the Autism Spectrum and their families/carers.	Access to services which understand and are able to meet the needs of people specifically related to their autism.	
Action 5.15: Improving parental/carer and sibling support during and post diagnosis.	Foundations: 0-2 years NHS PAS Autism Initiatives Adult Mental Health Services Child Health Team	Improved experience of care, support arrangements for those on the Autism Spectrum, their families and carers.	Access to services which understand and are able to meet the needs of people specifically related to their autism. A framework and process for seeking stakeholder feedback to inform service improvement and encourage feedback	
Action 5.16: Recommend six month review after initial diagnosis in adult and children's services.	Foundations: 0-2 years NHS HCC ECS AI PAS	Improved continuity of care and regular review of ongoing intervention.	<u>Link to Best Practise Indicators</u> A multi-Agency pathway for assessment, diagnosis and intervention to improve the support for people with ASD and remove the barriers Access to services which understand and are able to meet the needs of people specifically related to their autism. A framework and process for seeking stakeholder feedback to inform service improvement and encourage feedback. Access to appropriate post-diagnostic support for families and individuals (particularly when there is a late diagnosis).	
Action 5.17: Ensure frontline services including GPs, Health Visitors, Police, Accident and Emergency are aware of indicators of autism, how to communicate effectively with people with autism and understand the care pathway.	Whole life journey: 2-5 years NHS Autism Lead AI PAS	Well informed proactive responses from local services. Clear and consistent pathways of care and intervention.	Access to services which understand and are able to meet the needs of people specifically related to their autism.	

Action 5.18: Increase diagnostic capacity in CAMHS.	Whole life journey: 2-5 years NHS Tayside	Reduction in waiting lists and length of time waiting on diagnosis.	<u>Link to Best Practise Indicators</u> A multi-Agency pathway for assessment, diagnosis and intervention to improve the support for people with ASD and remove the barriers Access to services which understand and are able to meet the needs of people specifically related to their autism.	
Action 5.19: The benefit of a post diagnostic social work referral should be highlighted and explained.	Foundations: 0-2 years NHS Tayside ECS HCC	At point of diagnosis individual/carer is given social work contact details.	<u>Link to Best Practise Indicators</u> A multi-Agency pathway for assessment, diagnosis and intervention to improve the support for people with ASD and remove the barriers.	
Action 5.20: During the assessment process representation from PAS or equivalent should be made available.	Foundations: 0-2 years PAS	Improved experience of care, support arrangements for those on the Autism Spectrum, their families and carers.	<u>Link to Best Practise Indicators</u> Access to services which understand and are able to meet the needs of people specifically related to their autism. A multi-Agency pathway for assessment, diagnosis and intervention to improve the support for people with ASD and remove the barriers.	
Action 5.21: Automatic referral to PAS post diagnosis from CAHMS or general paediatrics.	Foundations: 0-2 years CAMHS and general paediatrics	Seamless on-going appropriate support. Clear and consistent pathways of care and intervention.	<u>Link to Best Practise Indicators</u> A multi-Agency pathway for assessment, diagnosis and intervention to improve the support for people with ASD and remove the barriers Access to services which understand and are able to meet the needs of people specifically related to their autism.	
Action 5.22 A booklet to be devised, explaining the different local services that will be involved in your care and support.	Foundations: 0-2 years Autism Lead PAS NHS AI	Clear and concise information is made available at point of diagnosis to parents/service users.	<u>Link to Best Practise Indicators</u> A multi-Agency pathway for assessment, diagnosis and intervention to improve the support for people with ASD and remove the barriers Access to services which understand and are able to meet the needs of people specifically related to their autism.	

Action 5.23: Develop specialist supported accommodation for the very complex adult cases of ASD.	Foundations: 0-2 years NHS Tayside, PKC and Third Sector.	Autism specific crisis intervention support mechanisms are in place. People stay in their own locality.	<u>Link to Best Practise Indicators</u> A multi-Agency pathway for assessment, diagnosis and intervention to improve the support for people with ASD and remove the barriers Access to services which understand and are able to meet the needs of people specifically related to their autism.	Due to complete April 2014.
Action 5.24: Access to speech and language therapy for individuals with an ASD should be increased.	Whole life journey: 2-5 years NHS Tayside	Individuals on the autism spectrum have access to SALT provision, when necessary.	Link to Best Practise Indicators A multi-Agency pathway for assessment, diagnosis and intervention to improve the support for people with ASD and remove the barriers Access to services which understand and are able to meet the needs of people specifically related to their autism.	
Action 5.25: Assessment of sensory difficulties should be routinely carried out and OT included in the diagnostic process.	Whole life journey: 2-5 years NHS Tayside	Occupational therapists playing a vital role in the diagnostic pathway. Parents and teachers understand and manage the sensory challenges faced by children with ASD.	Link to Best Practise Indicators A multi-Agency pathway for assessment, diagnosis and intervention to improve the support for people with ASD and remove the barriers Access to services which understand and are able to meet the needs of people specifically related to their autism.	
Action 5.26: Increase Occupational Therapy input locally	Whole life journey: 2-5 years NHS Tayside	OT services are working collaboratively with the child and the family. Identifying and achieving their goals. Enabling children with ASD to participate more fully in everyday life. Reduction in parental stress and an increase in confident parenting.	Link to Best Practise Indicators A multi-Agency pathway for assessment, diagnosis and intervention to improve the support for people with ASD and remove the barriers Access to services which understand and are able to meet the needs of people specifically related to their autism.	

Action 5.27: Co-morbid conditions should be considered and assessed and joint working methods should be applied.	Foundations: 0-2 years CAMHS Third Sector ECS HCC	Individuals having a diagnostic assessment for autism are assessed for co-existing physical health conditions and mental health problems.	Link to Best Practise Indicators A multi-Agency pathway for assessment, diagnosis and intervention to improve the support for people with ASD and remove the barriers Access to services which understand and are able to meet the needs of people specifically related to their autism.	
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Priority Area 6 – Wider Opportunities and Access to Work

Perth and Kinross Community Plan (2013 – 2023)		
Developing Educated, Responsible and Informed Citizens	Key Outcomes	• Young people reach their potential • People are ready for life and work
Promoting a Prosperous, Inclusive and Sustainable Economy	Key Outcomes	• Thriving and expanding economy • Well paid employment opportunities for all
Supporting People to Lead Independent, Healthy and Active Lives	Key Outcomes	• High quality personalised care • Older people are independent for longer • Longer, healthier lives for all

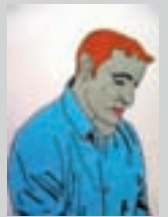
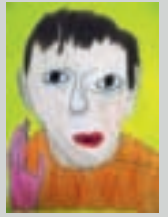
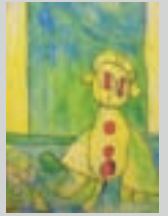
<u>Linking Goals, Aims and Recommendations</u>		Timescale
RECOMMENDATION 5: It is recommended that Knapp's work on the economic costs of autism is analysed and applied to the Scottish context to inform strategy and planning on what interventions lead to positive impacts both for individuals and for the economy as a whole. Particular attention should be paid to his 'invest to save' assertion that if 4% of those with Asperger's were given appropriate support into work this would ultimately mean that those individuals may not require services and could contribute to the economy. RECOMMENDATION 11: It is recommended that consideration is given to the specific supports needed for the more able individuals with ASD. RECOMMENDATION 26: It is recommended that the supported employment framework for Scotland is evaluated in terms of its impact on employment and employability for people with autism. Access to mainstream services where these are appropriate to meet individual needs. Access to services which understand and are able to meet the needs of people specifically related to their autism. Access to consistent levels of appropriate support across the lifespan including into older age.		Foundations: 0-2 years Whole life journey: 2-5 years Holistic Personalised Approaches: 0-10 years Foundations: 0-2 years Foundations: 0-2 years Holistic Personalised Approaches: 0-10 years

Action/No.	Lead and Timescale	Outcome	Link to Strategy Recommendation/Goals and Aims	Progress
Action 6.1: No3 Autism Initiatives should proactively engage with local authority Welfare Rights team and Job Centre Plus.	Foundations: 0-2 years Autism Initiatives and ASD lead	Knowledgeable, confident staff working with clients on the autism spectrum.	Recommendation 11 Access to mainstream services where these are appropriate to meet individual needs. Access to services which understand and are able to meet the needs of people specifically related to their autism. Access to consistent levels of appropriate support across the lifespan including into older age.	
Action 6.2: Volunteering and work experience – can be very beneficial experiences for people with autism in preparing for, or as part of the transition to employment. Perth and Kinross Council, NHS Tayside and other local employers should consider how to provide these experiences for people with autism.	Whole life journey: 2-5 years PKC NHS Tayside Local Employers	The strengths and skills of the autism population are considered and utilised appropriately within a wide variety of settings.	Recommendation 11 Recommendation 26 Access to mainstream services where these are appropriate to meet individual needs. Access to services which understand and are able to meet the needs of people specifically related to their autism. Access to consistent levels of appropriate support across the lifespan including into older age.	Perth and Kinross council have provided work experience which has been successful. 2012 – 2013.
Action 6.3: Key individuals within employment related functions including careers advice, job centre Plus, and HR advisors in Perth and Kinross council, NHS Tayside and Skills Development Scotland should be identified and appropriately up skilled in relation to autism and its implications.	Whole life journey: 2-5 years AI PKC NHS Tayside SDS	Employment services are well informed and understand the implications an ASD.	Recommendation 11 Access to mainstream services where these are appropriate to meet individual needs. Access to services which understand and are able to meet the needs of people specifically related to their autism. Access to consistent levels of appropriate support across the lifespan including into older age.	Training sub group have their first meeting on the 5 th March 2014.

Action 6.4: Jobcentre Plus and Skills Development Scotland are important agencies in assisting people to find appropriate employment. We suggest further training / refresher training for Jobcentre Plus staff and SDS on an annual basis in Perth.	Whole life journey: 2-5 years SDS Jobcentre Plus HCC EST AI	There is on-going, annual training to account for turnover of staff and continuity of approach.	Recommendation 11 Recommendation 26 Access to mainstream services where these are appropriate to meet individual needs. Access to services which understand and are able to meet the needs of people specifically related to their autism. Access to consistent levels of appropriate support across the lifespan including into older age.	Training sub group have their first meeting on the 5th March 2014.
Action 6.5: Develop a clear local pathway that supports people with Autism into employment and which includes sign-posting to support with the recruitment process and opportunities with job coaching/buddy systems. Liaise with the Employability Network and their on-going work on the employability pipeline.	Whole life journey: 2-5 years Job centre Human Resources Employment Support Team Employability Network	A clear, consistent and established route for entry into employment	Recommendation 26 Recommendation 11 Access to mainstream services where these are appropriate to meet individual needs. Access to services which understand and are able to meet the needs of people specifically related to their autism. Access to consistent levels of appropriate support across the lifespan including into older age.	Employability Network formed in 2011. Autism Initiatives have identified employment issues as a priority for them.
Action 6.6: Increase awareness of ASD with employers/local community in Perth and Kinross.	Holistic personalised approach: 5-10 years Employability Network EST AI	Employers recognise the skills someone on the spectrum may have to offer and can adapt accordingly.	Recommendation 11 Access to mainstream services where these are appropriate to meet individual needs. Access to services which understand and are able to meet the needs of people specifically related to their autism. Access to consistent levels of appropriate support across the lifespan including into older age.	Training sub group have their first meeting on the 5th March 2014.

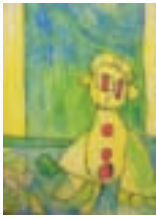
Action 6.7: Ensure Autism Initiatives are fully utilised and that referrals come from a wide array of sources.	Foundations: 0-2 years AI PKC Third Sector	Autism Initiatives are seen as a centre of expertise and point of contact that is helpful and valued.	Recommendation 11 Access to mainstream services where these are appropriate to meet individual needs. Access to services which understand and are able to meet the needs of people specifically related to their autism. Access to consistent levels of appropriate support across the lifespan including into older age.	
Action 6.8: People with autism are given support to make friends, access social activities and deal with social situations	Foundations: 0-2 years AI PAS HCC ECS	Those with an ASD will have access to, and feel included in, the local community.	Recommendation 11 Access to consistent levels of appropriate support across the lifespan including into older age	
Action 6.9: Improve access to sport, arts, leisure and other cultural activities so that people with autism can be part of the community.	Foundations: 0-2 years AI PAS HCC ECS	Enhanced social inclusion.	Recommendation 11 Access to consistent levels of appropriate support across the lifespan including into older age	
Action 6.10: Ensure local further education institutions accommodate students with Autism and ensure that they have positive learning and social experiences.	Foundations: 0-2 years Perth College AI PAS HCC ECS	Students on the Autism Spectrum will be treated equally.	Recommendation 11 Access to mainstream services where these are appropriate to meet individual needs. Access to services which understand and are able to meet the needs of people specifically related to their autism.	

Action 6.11: Further Education establishments should be cognisant of the Equality Act 2010. This provides a legal framework for students with disabilities, including ASD, in accessing further and higher education.	Foundations: 0-2 years Perth College AI PAS ECS HCC	Students on the Autism Spectrum will be treated equally. 'Reasonable adjustments' will be in place that ensures the same access to education as non-disabled students. Sufficient targeted and specialist short break services for autistic children. Family well-being is promoted. Prevention family breakdown. There is a mixed and flexible approach to respite.	Recommendation 11 Access to mainstream services where these are appropriate to meet individual needs. Access to services which understand and are able to meet the needs of people specifically related to their autism. Access to consistent levels of appropriate support across the lifespan including into older age.	
Action 6.12: Eligibility criteria for accessing respite should be altered to recognise the impact of ASD on the family unit.	Foundations: 0-2 years Third Sector ECS HCC		Access to services which understand and are able to meet the needs of people specifically related to their autism.	
Action 6.13: Respite should be more tailored to the needs of those on the autism spectrum and their families.	Whole life journey: 2-5 years Third sector HCC ECS		Access to services which understand and are able to meet the needs of people specifically related to their autism.	



The Scottish Strategy for Autism

Easy Read



John Cornock
(Self Portrait, pen, 2011)



Rachel Hook
(Portrait of Mandi, coloured pencil, 2011)



Fiona Birrell
(Portrait of Shona, pen, 2011)



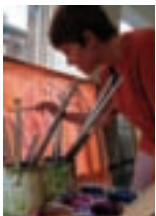
Scott Cation
(Portrait of Alister, felt tip pen, 2011)



John Ellsworth
(Self Portrait, coloured pencil, 2011)



Kubus Joss
(Portrait of Stuart, coloured pencil, 2011)



Rachel Hook
(cover image - abstract painting, 2010)

The artists featured on the cover all attend Scottish Autism's Art Opportunities service. Art Opportunities is a day service for adults with autism specialising in arts and crafts based activities, from painting and drawing to textiles and glass work. They include the abstract painting by Rachel Hook which was painted for Young Talent 2010, an exhibition of artwork created by young people with disabilities.

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The Scottish Strategy for Autism

Easy Read

Foreword

Autism is a national priority. It is important to develop a plan in Scotland so we have quality services.

In September 2010, the Scottish Government consulted with people to make this plan. The final plan is to be delivered in partnership with COSLA (COSLA is the Convention of Scottish Local Authorities and it represents all councils in Scotland.)

Action is needed both nationally and locally. Autism is a unique condition which affects children and adults. People need to be supported by a range of services such as social care, education, housing and employment.

A handwritten signature in black ink, appearing to read 'Michael Matheson'.

Michael Matheson
Minister for Public Health

A handwritten signature in black ink, appearing to read 'Douglas A. Yates'.

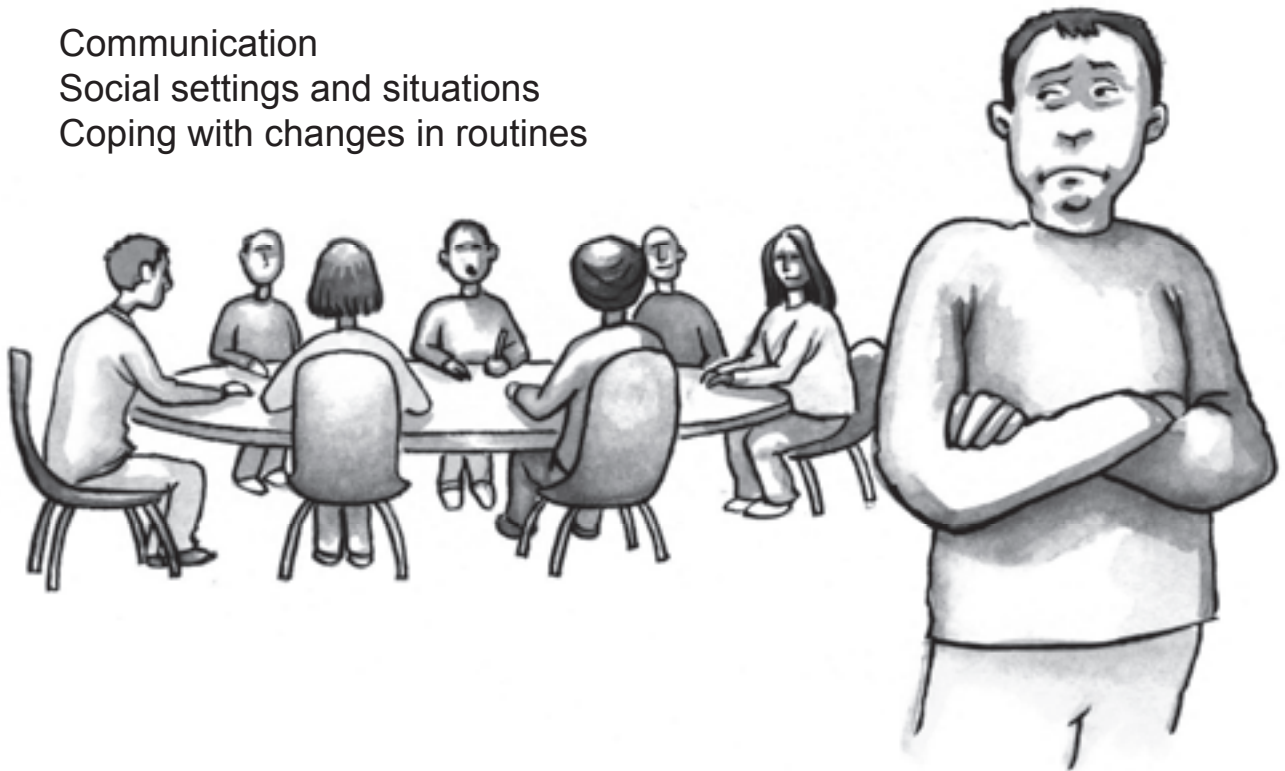
Councillor Douglas Yates
COSLA

What is autism?

Autism is a lifelong condition. It can also be called Autism Spectrum Disorder (ASD) or Autism Spectrum Condition (ASC). Autism affects people differently. Some people can need a lot of support. Some people can be more independent.

People mainly have problems in three areas:

- Communication
- Social settings and situations
- Coping with changes in routines



What is the Autism Strategy for?

A strategy is a plan. We want to develop a ten year plan for people with autism.

We need to find out who has autism and assess what they need. We need to do this to improve services.

The Scottish Government have spoken to people with autism and their families to hear their concerns and ask what changes are needed. The recommendations from this plan will affect the way public services are delivered.

Our vision

Our vision is that people with autism are respected, accepted and valued by their communities. They should have confidence in services to treat them fairly.



Our values

- **Dignity:** people should be given the care and support they need in a way to help them live independently
- **Privacy:** people should be supported to have choice and control
- **Choice:** care and support should be personalised
- **Safety:** people should be supported to feel safe and secure
- **Realising potential:** people should have the opportunity to achieve all they can
- **Equality and diversity:** people should have equal access to information, assessment and services



Our Aims and goals

This is what we want to achieve over the next ten years.
This will help us make sure we have addressed all recommendations

In two years

- We want people to have access to services that meet needs and which understand autism.
- We want short term barriers to be removed.
- We want families and individuals to have access to support.
- We want services providers, councils and the NHS to follow guidelines.

In five years

- We want access to transition and future planning services.
- We want good practice in education, health and social care. This should be accepted by all councils and health boards.
- We want to raise awareness of autism in services.

In ten years

- We want all parts of the government to work in partnership with other organisations.
- We want budgets to be used to meet individual need.
- We want people to have access to assessments throughout life.
- We want people to have access to the correct levels of support throughout life.



Our aims and recommendations

We have 26 recommendations. They are key to achieving our vision. They are all to improve services and access to services for people on the autism spectrum.

1. A reference group is to be set up on a long-term basis. It should report to Government ministers and COSLA. COSLA is the Convention of Scottish Local Authorities and it represents all councils in Scotland.
2. The reference group works with public bodies such as the NHS and councils to put guidelines into practice.

3. The reference group should look at how to have the guidelines put into practice all over Scotland. This could be done by working with the social work department.
4. The reference group meet with people from organisations that regulate services. They should keep up to date with changes.
5. The economic costs of autism should be looked at. This could help plan action needed.
6. The reference group should review guidance by carrying out an assessment.
7. The reference group should examine and compare outcomes. People should have the best quality of life.
8. The reference group with service providers will identify the main things about services that give people the best quality of life.
9. An event should be held to evaluate and recognise good practice.
10. Services should be available that are flexible to peoples needs.
11. Thought needs to be given to the needs of people with autism. Some people may be more able.
12. Research should be evaluated. More research should be done if needed. This information should be available to people.
13. Services users and carers should be involved in the local planning processes.
14. People with autism should be represented. Their needs should be thought about.
15. Reports on the work of Scottish Autism Services Network are evaluated.
16. The reference group help contribute to a review of guidelines
17. The reference group has a training sub-group which now needs a new structure. They should be given more power and include someone from the Scottish Consortium for Learning Disability. They can assess what is provided. Trainers can find ways to improve what is on offer.

18. Good practice transition guidance should be developed. This could support people when changes occur in their life.
19. The approach for finding out if someone has autism or managing their condition should be based on evidence.
20. The Royal College of Physicians and Surgeons should be contacted. This may allow professionals to receive information electronically.
21. Waiting lists should be assessed. This would show the delays people are having accessing services.
22. Waiting lists should be addressed. This would meet higher levels of demand.
23. The reference group should look at how the process for adults and children are different. This could help inform practice.
24. A directory of individuals and teams assessing autism should be reviewed and updated.
25. They will look at the way of assessing people for autism, improve it if necessary and let everyone know.
26. The supported employment framework should be looked at regarding employment and employability for people with autism.



Easy Read version produced by



Family Advice and Information Resource

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