

Buckinghamshire Joint Autism Strategy

2015 to 2018



Table of Contents

1. Introduction
2. Vision
3. What is Autism?
4. National Context
 - 4.1 The Autism Act
 - 4.2 Think Autism, Fulfilling and Rewarding Lives, the Strategy for Adults with Autism in England: an update (DOH 2014)
 - 4.3 Fulfilling and Rewarding Lives: the Strategy for Adults with Autism in England (DoH, 2010)
 - 4.4 Implementing 'Fulfilling and Rewarding lives'- Statutory Guidance for Local Authorities and NHS Organisations to Support Implementation of the Autism Strategy (DoH, 2010)
 - 4.5 Supporting People with Autism through Adulthood (National Audit Office, 2009)
 - 4.6 Improving Access to Social Care for Autism (SCIE, 2011)
 - 4.7 NICE Guidance on Autism in Relation to Children and Young People (NICE, 2011)
 - 4.8 NICE Guidance on Autism in Relation to Adults (NICE, 2012)
 - 4.9 National Quality Outcomes
5. Autism in Buckinghamshire
 - 5.1 Population and Prevalence
 - 5.2 Risk Factors for Individuals with Autism
 - 5.3 Cost Impacts of Autism
 - 5.4 Local Picture for Adults
 - 5.5 Local Picture for Children and Young Adults
6. Implementing the Autism Strategy in Buckinghamshire
 - 6.1 Increasing Awareness and Understanding of Autism
 - 6.2 Access to Diagnosis and Assessment
 - 6.3 Access to Services and Support
 - 6.4 Improve Planning so We Can Develop the Services People with Autism Need
 - 6.5 Key Challenges
7. How will we ensure our progress?
 - 7.1 The Autism Partnership Board
 - 7.2 Integrated Care Pathway Programme Board Joint Executive Teams
 - 7.3 Buckinghamshire Health and Wellbeing Board
8. Buckinghamshire Joint Autism Strategy Action Plan
9. References
 - 9.1 Appendix 1 - Services for children/young adults and their carers
 - 9.2 Appendix 2 - Current services for adults and their carers
 - 9.3 Appendix 3 - Buckinghamshire Joint Autism Strategy 2015-2018 – Action Plan

I Introduction

Following on from landmark legislation in the form of the Autism Act in 2009 (HM Government, 2009), the publication of the first national autism strategy for England was a significant and important step in transforming the way in which people with autism are supported. *Fulfilling and Rewarding Lives: the Strategy for Adults with Autism in England* (DoH, 2010) sets out a vision that:

“All adults with autism will be able to live their lives within a society that understands and accepts them. They can get a diagnosis and access the support if they need it, and they can depend on mainstream public services to treat them fairly as individuals, helping them make the most of their talents.”

Think Autism Fulfilling and Rewarding Lives, the strategy for adults with autism in England: an update. (HM Government, 2014) is an update to *Fulfilling and Rewarding Lives* and builds on rather than replaces these themes.

Although, the national autism strategy focuses on adults with autism, in Buckinghamshire it has been agreed that the local strategy will take into account all ages affected by autism; ensuring a continuous and clear pathway to access services and support for children through to adulthood.

The Buckinghamshire Joint Autism Strategy 2015 to 2018 sets out our plans for realising the objectives of the national strategy at a local level. This strategy builds upon existing developments across health, social care, children and family services, as well as the private and voluntary sector. We are committed to working effectively together and are confident we will meet the challenge of making the changes required to improve the lives of people of all ages with autistic spectrum conditions, carers and families.

2 Vision

Those affected by autism, living in Buckinghamshire, will be able to live a fulfilling and rewarding life within a society that accepts and understands them. Individuals will be able to get a diagnosis; have access to appropriate support when needed; have confidence that mainstream services will treat them fairly whilst responding to their diverse needs; and realise their aspirations through improved education and employment opportunities. Individuals, their families, carers and professionals will be informed, supported and equipped to make this happen.

3 What is Autism?

Autism is sometimes referred to as Autistic Spectrum Disorder (ASD) or Autistic Spectrum Condition (ASC). In this strategy the term 'autism' is used as the umbrella term for all autistic conditions and in line with the national strategy is defined as:

“A lifelong developmental condition that affects how a person communicates with, and relates to, other people. It also affects how a person makes sense of the world around them” (DoH, 2010).

The three main areas of difficulty, which all people with autism share and which are the basis for diagnosis, are referred to as the 'triad of impairments', these are:

- Social communication – for example problems using and understanding verbal and non-verbal language, such as gestures, facial expressions and tone of voice
- Social interaction – for example in recognising and understanding other people's feelings and managing their own
- Social imagination – for example problems in understanding and predicting other people's intentions and behaviour and imagining situations outside their own routine

Autism is known as a spectrum condition, both because of the range of difficulties that affect people with autism and the way that these present differently in different people. People with autism may experience some form of sensory sensitivity or under-sensitivity for example, sounds, touch, tastes, smells, light or colours. Some people with autism may also have other conditions such as a learning disability or Attention Deficit Hyperactivity Disorder (ADHD), epilepsy, dyslexia or dyspraxia. Some people with autism may suffer from mental health problems.

Asperger's Syndrome is on the autistic spectrum and is often referred to as high functioning autism. People affected by Asperger's Syndrome are affected by the triad of impairments common to all people with autism, tend to have fewer difficulties in speaking and are often of average or above average intelligence (IQ above 70). The ability to speak fluently often masks the significant difficulties they might have with communication, which can be overlooked. Those with Asperger's Syndrome are potentially highly vulnerable and at risk of social exclusion.

People with autism are therefore able to live relatively independently; others need crisis intervention from time to time and some need a lifetime of specialist support.

4 National Context

The 'I Exist' (National Autistic Society, 2008) campaign highlighted the problems experienced by adults with autism and examined the changes needed to transform their lives. The campaign prompted a number of key responses from the government. The following sets out the key policies and drivers which have influenced and shaped the development of this joint commissioning strategy.

4.1 The Autism Act

The Autism Act, building on the Bill brought by Cheryl Gillan MP, received Royal Assent in November 2009. It was the first ever legislation to focus on a particular disorder and ensured the government's commitment to improving service provision and support for those with autism. The Autism Act placed a duty on the Secretary of State to publish a strategy by the 1st April 2010 and also required them to issue guidance to NHS bodies, NHS foundation trusts and local authorities on implementing the strategy by December 2010. The Act places a duty on local authorities and NHS bodies to act under the guidance (HM Government, 2009).

4.2 Think Autism Fulfilling and Rewarding Lives, the strategy for adults with autism in England: an update. (HM Government, 2014)

Think Autism is a review of the 2010 strategy in consultation with people with autism, carers, professionals and others who work with people with autism. *Think Autism* reinforces the expectations and actions for local authorities and local NHS bodies, set out in the 2010 strategy. Whilst *Think Autism* recognises the progress made it also states that it is crucial that the original building blocks form the foundations of a fundamental improvement to the way in which adults with autism are supported.

Thus the following are still expected to be in place in every local area in England:

Training

Autism awareness training should be available to all staff working in health and social care. Additionally, local areas should develop or provide specialist training for those in key roles such as GPs, community care assessors, personal assistants, occupational therapists or residential care workers. Organisations should seek to involve adults with autism, their families and carers and autism representative groups when planning or commissioning training.

Identification, diagnosis and assessment of need

A clear pathway to diagnosis is in place in every area and local areas should appoint a lead professional to develop diagnostic and assessment services. The pathway should be from initial referral through to assessment of needs. Diagnosis should lead to a person-centred assessment of need and should be recognised as a catalyst for a carer's assessment.

Assessment of eligibility for care services cannot be denied on the grounds of the person's IQ. Any assessment of needs should be carried out by a professional who has a good understanding of autism and reasonable adjustments made to the process to enable the adult with autism to take part fully. All NHS practitioners should be able to identify signs of autism and refer for assessment and diagnosis if necessary. They should also then be able to understand how to adapt their behaviour and communication for a patient with autism.

Transition

Local areas must follow statutory duties around transition for children with Special Educational Needs (SEN), which will include most young people with autism. Protocols should be in place in every area for the transition of clinical mental health care for children with autism in receipt of CAMHS.

Local planning and leadership in the provision of services

Local areas should allocate responsibility to a named joint commissioner/senior manager to lead commissioning of community care services for adults with autism in the area. Local authorities, NHS bodies and NHS Foundation Trusts should develop local commissioning plans for services for adults with autism, and review them annually. To develop such plans, it will typically be necessary to gather information locally about:

- The number of adults known to have autism in the area;
- The range of need for support to live independently;
- The age profile of people with autism in the area – including those approaching;
- 65 or above working age and the number of children approaching adulthood, to enable local partners to predict how need and numbers will change over time.

The local commissioning plan will set out how we will ensure that adults with autism are able to access personal budgets and benefit from the personalisation of social care.

There are three key areas of focus in the *Think Autism* updated strategy:

- Include people with autism as part of the community by building communities that are more aware of and accessible to the needs of people with autism;
- Promote innovative local ideas, services or projects which can help people in their communities;
- Join up advice and information on services.

Priority Challenges for Action

In addition the following 15 priority challenges for action have come from the 2013 to 2014 review; these have been identified by people with autism, carers, professionals and others who work with people with autism:

An equal part of my local community

1. I want to be accepted as who I am within my local community. I want people and organisations in my community to have opportunities to raise their awareness and acceptance of autism.
2. I want my views and aspirations to be taken into account when decisions are made in my local area. I want to know whether my local area is doing as well as others.
3. I want to know how to connect with other people. I want to be able to find local autism peer groups, family groups and low level support.
4. I want the everyday services that I come into contact with to know how to make reasonable adjustments to include me and accept me as I am. I want the staff who work in them to be aware and accepting of autism.
5. I want to be safe in my community and free from the risk of discrimination, hate crime and abuse.
6. I want to be seen as me and for my gender, sexual orientation and race to be taken into account.

The right support at the right time during my lifetime

7. I want a timely diagnosis from a trained professional. I want relevant information and support throughout the diagnostic process.
8. I want autism to be included in local strategic needs assessments so that person centred local health, care and support services, based on good information about local needs, is available for people with autism.
9. I want staff in health and social care services to understand that I have autism and how this affects me.
10. I want to know that my family can get help and support when they need it.
11. I want services and commissioners to understand how my autism affects me differently through my life. I want to be supported through big life changes such as transition from school, getting older or when a person close to me dies.
12. I want people to recognise my autism and adapt the support they give me if I have additional needs such as a mental health problem, a learning disability or if I sometimes communicate through behaviours which others may find challenging.

13. If I break the law, I want the criminal justice system to think about autism and to know how to work well with other services.

Developing my skills and independence and working to the best of my ability

14. I want the same opportunities as everyone else to enhance my skills, to be empowered by services and to be as independent as possible.
15. I want support to get a job and support from my employer to help me keep it.

Statutory Guidance to implement *Think Autism*.

New statutory guidance to implement *Think Autism* was published in March 2015. The key duties on councils and the NHS include:

1. Training of staff who provide services to adults with autism.
2. Identification and diagnosis of autism in adults, leading to assessment of needs for relevant services.
3. Planning in relation to the provision of services for people with autism as they move from being children to adults.
4. Local planning and leadership in relation to the provision of services for adults with autism.
5. Preventative support and safeguarding in line with the Care Act 2014 from April 2015.
6. Reasonable adjustments and equality.
7. Supporting people with complex needs, whose behaviour may challenge or who may lack capacity.
8. Employment for adults with autism.
9. Working with the criminal justice system.

Since the 2010 statutory guidance there have been many changes in health and social care:

- Local NHS commissioning is now led by CCGs, supported nationally by NHS England.

- Local authorities have taken on important public health responsibilities for their local communities.
- The Care Act will make transformations to local care and support. There is a much stronger focus on personalised care and choice throughout health and social care with the individual more in control of their own lives.
- At a local level the NHS and local government now come together through Health and Wellbeing Boards to understand local health and care needs and discuss together the priorities for their local communities.
- For young people, there are new provisions in the Children and Families Act for special educational needs and disability support.

4.3 Fulfilling and Rewarding Lives: the Strategy for Adults with Autism in England (DoH, 2010).

The strategy sets out the vision for those with autism and gave clear direction in terms of how public services must transform to better address the needs of adults with autism. It focused on five core areas of activity:

- Increasing awareness and understanding of autism among frontline professionals. Developing a clear, consistent pathway for diagnosis in every area, which is followed by the offer of a personalised needs assessment
- Improving access to the services and support, which adults with autism need to live independently within the community
- Helping adults with autism into work
- Enabling local partners to plan and develop appropriate services for adults with autism to meet identified needs and priorities

4.4 Implementing 'Fulfilling and Rewarding lives'- Statutory guidance for local authorities and NHS organisations to support implementation of the Autism Strategy (DoH, 2010).

As this is statutory guidance, local authorities must 'follow the path charted by the guidance, with liberty to deviate from it where the authority judges on admissible grounds that there is good reason to do so, but without freedom to take a substantially different course.' An NHS body is to be treated as if it were a local authority in this guidance, essentially meaning that they must also act.

The national guidance in support of the Autism Act covers the following key areas:

- The provision of relevant services for the purpose of diagnosing autistic spectrum conditions in adults
- The identification of adults with autism
- The assessment of the needs of adults with autism for relevant services
- Planning in relation to the provision of relevant services to people with autism as they move from being children to adults
- Other planning in relation to the provision of relevant services to adults with autism
- The training of staff that provide relevant services to adults with autism
- Local arrangements for leadership in relation to the provision of relevant services to adults with autism
- The national guidance is therefore structured under four areas to cover all these elements:
 - Training of staff who provide services to adults with autism
 - Identification and diagnosis of autism in adults
 - Planning in relation to the provision of services to people with autism
 - Local planning and leadership in relation to the provision of services for adults with autism

The guidance states that although it provides direction ‘the ultimate aim is that local areas apply it to reflect local needs, existing strengths in service provision and the landscape they work in.’

4.5 Supporting people with Autism through adulthood (National Audit Office, 2009).

This is a report that looks at the range of services available for adults with autism, and their carers, in England. Their main findings indicate that people with autism may use a very wide range of public services, but that the data available on the number of people with autism using services is limited. Despite limitations the report states that there are two key areas where the effectiveness of existing services can be improved. They are:

- Better strategy and planning, based on good information and raising levels of knowledge
- Awareness of the nature of autism and the potential needs of autistic people

They also suggest that there is scope for better targeted support for people with high functioning or Asperger’s syndrome and indicated that whilst financial investment in services would be necessary, identifying and supporting just four per cent of those with high functioning autism in the population could result in them becoming cost neutral over time. They go on to suggest that increased identification to six per cent could result in potential savings of £38 million and an eight per cent identification rate could result in savings of £67 million.

4.6 Improving access to social care for Autism (SCIE, 2011).

These guidelines from the Social Care Institute for Excellence (SCIE) give a number of key recommendations for practice, including:

- Greater understanding of autism among the social care workforce is really important, but it needs to go hand in hand with in depth knowledge of the individual with autism
- Better awareness of autism in the social care sector can help people get a diagnosis of autism and get timely and appropriate support when they are diagnosed
- Staff supporting people with autism need to make adjustments in how they work, plan and communicate with people with autism and with each other, so that services can be more accessible to people with autism
- Managers and commissioners of services also need to be flexible, creative and collaborative in how they meet the needs of people with autism. People with autism whose behaviour challenges services and those with Asperger's syndrome or high functioning autism in particular need better access to services
- Good support is vital when people with autism experience significant life changes
- Frontline and senior staff need to work with people with autism to enable them and their families to make the most of personalisation
- Support with social interaction and practical everyday living tasks can address some of needs people with autism commonly have at relatively low cost
- Multidisciplinary specialist autism services can provide good outcomes for people with autism. Professionals should offer carers support in their own right and work in partnership with them to provide the best possible assessment and service provision

4.7 NICE guidance on Autism in relation to children and young people (NICE, 2011)

Guidance in relation to the recognition, referral and diagnosis of children and young people with autism is fundamental in ensuring an integrated whole pathway and model of care for those living with autism in Buckinghamshire.

The NICE guidance identified a number of recommendations as priorities for implementation, including:

Develop a local pathway for recognition, referral and diagnostic assessment of possible autism:

- Establish a local autism multi-agency strategy group to ensure the development of clear policy and protocols to support the integrated delivery of the pathway and services
- Support the smooth transition to adult services for young people with autism
- Improve early recognition of autism by raising awareness through multi-agency training
- Identification and comprehensive assessments should be made available for individuals who present persistent difficulties in areas identified in the NICE guidance, including those who do not have a learning disability
- Development of interventions for those adults with autism without a learning disability; for example a supported employment programme

4.8 NICE Guidance on Autism in relation to adults (NICE, 2012)

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4.9 National Quality Outcomes

The government has identified seven quality outcomes and three services ambitions to assist commissioners in evaluating progress of local plans against the aims set out in 'Fulfilling and Rewarding Lives'. (DoH 2011):

1. Adults with autism achieve better health outcomes
2. Adults with autism are included and economically active
3. Adults with autism are living in accommodation that meets their needs
4. Adults with autism are benefiting from the personalisation agenda in health and social care, and can access personal budgets
5. Adults with autism are no longer managed inappropriately in the criminal justice system
6. Adults with autism, their families and carers are satisfied with local services
7. Adults with autism are involved in service planning.

In addition, three key overarching service ambitions are set out by which local communities can assess how services are moving towards achieving outcomes:

1. Local authorities and partners know how many adults with autism live in the area
2. A clear and trusted diagnostic pathway is available locally
3. Health and social care staff make reasonable adjustments to services to meet the needs of adults with autism

These are all long-term outcomes, change will not happen overnight, and expectations need to be realistic. However, in each case these outcomes will have a concrete impact on the lives of adults with autism and their families and carers. What's more, working towards the achievement of the outcomes will, in itself, create service improvements.

5 Autism in Buckinghamshire

5.1 Population and Prevalence

At the last census (2011) Buckinghamshire has an estimated population of 505,280. The actual number of people with autism in Buckinghamshire has not historically been available, although recording and monitoring systems are being revised to capture information in relation to autism needs. Current estimates on the prevalence of autism in England indicate that around 1.1 per cent of people have autism. The rate is higher in men (1.8 per cent) compared to women (0.2 per cent) (Brugha T, 2009).

These estimates have been extrapolated to provide an indication of the possible numbers of people with autism in Buckinghamshire, in gender groups and age ranges.

	Number of People	Prevalence of Autism	Estimated number of people with Autism in Buckinghamshire
Total population	505,280	1.1%	5558
Female	256,940	0.2%	514
Male	248,340	1.8%	4470
Age 0-19	126,320	1.1%	1390
Age 20-64	293,062	1.1%	3224
Age 65+	85,898	1.1%	945

Source: Population statistics for Buckinghamshire – ONS 2011 (BCC, 2013), estimated 1.1% prevalence rate of autism applied

There are no reliable estimates on the prevalence of Asperger’s syndrome. However, studies suggest that around half of all those with autism also have a learning disability and the other half are likely to have high functioning autism including Asperger syndrome. This would suggest that around 2,780 individuals have high functioning autism in Buckinghamshire, although it’s unlikely that all these people would need to access services.

The population of Buckinghamshire is predicated to increase by 4.5 per cent by 2026, to about 531,400, with a relative potential increase of 20 children with autism born each year in the county.

The prevalence of autism is not thought to be higher in any specific ethnic group; however, as the population in Buckinghamshire increases this will need to be taken into account to ensure that support is culturally sensitive.

The prevalence of autism is much higher in males. National research (NAS, 2013) shows that 90 per cent of people with autism are male. This will be significant when developing support and new services. In the case of estimated figures for Buckinghamshire we would expect that of the total, about 5,000 individuals with autism are male.

5.2 Risk Factors for Individuals with Autism

In addition to the above prevalence rates in autism, research further highlighted the potential risks factors for people with autism:

Employment:

The National Autistic Society (NAS, 2013) research suggests that only 15 per cent of people with autism are in full time employment and 66 per cent are not working at all.

Unemployment figures for Buckinghamshire are low in comparison with national rates.

However, this would still indicate a figure of about 2,000 working-age adults not in employment.

Education:

People with autism are less likely to have had further or higher education (Brugha T, 2009).

Housing:

A study in 2007 found that people with autism are more likely to be in social rented accommodation than the general population; eight per cent of people with autism in contrast to 4.4 per cent of those without autism. The National Autistic Society (NAS, 2013) has found that 41 per cent of people with autism are living at home with their families and 14 per cent live in their own home with support.

Criminal Justice System:

People with autism may come to the attention of the police as a result of their social and communications difficulties being misunderstood. Without appropriate support they may become distressed, their actions and behaviour can be easily misinterpreted and subsequent actions may escalate the situation. Some people with autism may be vulnerable to criminal acts against them because of their social difficulties or unwittingly get involved in criminal activity.

5.3 Cost Impacts of Autism

In research looking at the economic impact of autism in the UK, it was estimated that autism costs the UK economy around £28.2 billion a year (£25.5 billion for adults and £2.7 billion for children). For adults 59 per cent is accounted for by services, 36 per cent by lost employment for the individual, and the remainder in costs to the families.

The average annual cost for children with autism and a learning disability that are living in a residential care setting or foster placement ranges from £16,000 to £62,500. Costs are considerably lower for children who continue to live at home, which ranges from £1,000 to £21,000

For adults, the annual costs for supporting someone with autism and a learning disability ranges from £36,500 to £98,000 and on average, for an adult with high functioning autism, annual costs will range from £32,500 to £87,000.

Accuracy of the prevalence of autism in the population and understanding of the needs of individuals affected by autism is expected to increase as research continues and as national and local strategies raise levels of diagnosis and awareness.

5.4 Local Picture for Adults

The current pathway to provide support to any adult with presenting health and social care needs is well defined, particularly for adults with a learning disability and/or adults with a

mental health problem. In accordance with section 47 of the NHS and Community Care Act 1999, a person is entitled to an assessment to determine their needs and eligibility for social care support. An individual assessed by the council as having eligible needs will be provided with support and/or services to meet those presenting needs.

An individual with autism can be referred for specialist health assessment and intervention through the County Council's learning disability teams or the integrated mental health team, delivered by Oxfordshire Health Foundation Trust. However, if there is no mental health problem and no learning disability it is very difficult to get referred for a diagnostic health assessment.

For individuals with autism, without a co-morbid mental health problem or a learning disability, it is difficult to access diagnostic assessments. A referral from a GP to a specialist health professional for assessment, may be made, however an application for funding would need to be completed and approved prior to a diagnostic assessment being agreed.

A diagnostic service and pathway has now been developed for people with autism and will be signed off in 2015.

There are a wide range of services and support available for adults with mental health problems or learning disabilities, who may or may not have autism and who have been assessed as eligible for social care services:

- building-based services for those with complex and specialist needs;
- community based activities and support;
- residential and supported living accommodation;
- preventative support and signposting services aimed at those not eligible for statutory services, living independently in the community.

However, there are few identified autism specific services and support available to individuals in Buckinghamshire; a few local support and social groups organised by volunteers, parents and/or the National Autistic Society have been established.

There is an autism development worker in Buckinghamshire and an autism website is being developed with a full list of all available services.

Historically, in adult health and social care services, referral and assessment pathways and recording systems only record people with autism who also have a diagnosed learning disability or a mental health need.

A list of the current services available to adults with autism and their families is in the appendices.

5.5 Local picture for children and young adults

In line with the national autism plan for children a multi-agency group is in place to oversee the development of autism services in Buckinghamshire to address key issues relating to identification, diagnosis, family support and access to early interventions for pre-school and school age children. Details of the strategies developed by children's services can be found in the 'Buckinghamshire Children and Young People's Plan 2011-2014' and the 'Buckinghamshire Special Educational Needs and Disabilities Strategy (July 2013 - July 2016)'.

In summary, identification of children and their families' needs is through the common assessment framework and will direct the provision of services and effective intervention; it may also lead to a specialist assessment.

Although, diagnosis of autism and any related medical conditions will be confirmed by health professionals, the assessment of the impact of difficulties and/or disabilities on his or her ability to access the curriculum is a matter for educational professionals. The response from children's services will not be constrained by the presence or absence of a diagnosis. The council's policy for communication and interaction: Autistic Spectrum Disorders (BCC, 2007) sets out 'alerting signals' for children of all ages to assist professionals in identifying autism. The document also provides an overview of the strategies and interventions to bring about successful learning.

Once an identification of need has been made a multi-agency approach is taken professionals from the health services, early years development, childcare services, and educational services, social care and voluntary support groups will work with families to develop support plans.

A significant programme of work is underway in Buckinghamshire to implement the replacement of the current SEN statements with '0-25 Education, Health and Care Plans'. These joined up assessments for children and young adults will benefit those with autism and improve transitions from school to adult life.

Reports to the Department of Education about the children who have special educational needs cover all pupils enrolled in state-funded primary, secondary or special schools. Identified in this census are those children with autism, that is, with a combination of difficulties with verbal communication or interacting with other children or adults. Since a formal medical diagnosis is not required the numbers collated may not reflect data from medical sources.

A list of the current services available to children and young people with autism and their families is in the appendices.

6 Continuing to implementing the autism strategy in Buckinghamshire

The four key strategic aims and objectives (and subsequent action plan in the appendices) for Buckinghamshire have been developed in line with the national strategy and guidance, in response to the local needs analysis and using the autism self-assessment as our base-line.

There are 15 additional strategic aims and objectives arising from the *Think Autism* review of the strategy (also outlined in the action plan in the appendices).

In addition, throughout our plans importance is given to the transition stages of an individual's life, i.e. through school, further and higher education, into employment, adulthood and older age and end of life.

6.1 Increasing awareness and understanding of autism

We want to increase the awareness of autism within our community and ensure that those engaging with, and delivering services and support to, people with autism, have the necessary knowledge and skills.

6.2 Access to diagnosis and assessment

For those that want a diagnosis for autism we want to make the process straightforward, clear and accessible. We want to prevent individuals from 'falling through the gap in services'. We want to reduce the need for intensive, expensive intervention as a result of crisis. We want to ensure that following access to diagnosis and needs assessment, individuals receive prompt, timely intervention.

6.3 Access to services and support

We want to make sure that the information, guidance and support provided in Buckinghamshire is co-produced, outcom- focused and able to meet the diverse needs of individuals on the autism spectrum. We want individuals to be given the opportunity to fulfil their potential through education, training and employment. We want to support individuals and their families in choosing the housing options that, with appropriate support, best meets their needs.

6.4 Improve planning so we can develop the services people with autism need

We want to enable partners to plan and develop appropriate services for individuals with autism in Buckinghamshire through joint, collaborative working and more effective use and sharing of data.

6.5 Key challenges

- The government's national strategy for autism was not accompanied by additional investment, which means for the most part the needs of adults with autism will have to be met within existing care pathways. Collaboration with neighbouring counties may offer opportunities for economies of scale; alternatively, pooled resources from partner organisations could be sought. Additionally, specific activities that may require resources, financial or other, will be clearly identified within work plans and a robust business case developed.
- There is a growing recognition that the first generation of people diagnosed with autism in childhood are now reaching middle age and there are also mature adults being diagnosed for the first time. Autism-specific services have tended to concentrate more on the needs of children and younger adults. The challenge we now face is how to extend that reach to older adults. Any development of services will need to take into account the changing, age-related needs of older people; the difficulties in providing a diagnosis to those without evidence of developmental history; support needs after diagnosis and the identification and support of people over 65 years.
- The prevalence of autism is thought to be the same across all ethnic groups; 1.1 per cent of the population in the UK. Anecdotally, people with autism from ethnic minority backgrounds face additional difficulties in accessing the services they need; often cultural and language barriers may prevent access to support. However, there are no robust statistics to show the true picture for people from BME communities, both nationally and locally, and poses a challenge to the council in mapping the needs and developing appropriate services.

7 How will we ensure our progress?

Although, nationally there is no one consistent service delivery model for services for people with autism, our plans and intentions reflect nationally recognised best practice and publicised innovations. In addition, the government's autism self-assessment exercise in October 2013 and March 2015 provided an opportunity to assess to date improvements made locally, and acts as a benchmarking tool for future review of progress in implementing the national autism strategy.

The *Think Autism* update to the adult autism strategy sets out work programmes and actions that will help local authorities, the NHS and their local partners with their local implementation work.

New statutory guidance will follow later in 2015 following a public consultation exercise.

Appendix 3 summarises the actions we will take to continue the local implementation of the adult autism strategy. It is central to the strategy that all actions, nationally and locally, should be taken forward in a co-productive way that involves and engages people with autism, and their families and carers, as partners, respecting the insight and expertise that their experience and lives bring.

The implementation and progress of the 'Buckinghamshire Autism Strategy 2015 to 2018' will be monitored and reviewed through the Autism Partnership Board.

Members include commissioners, people with autism and Asperger's, carers, parent carers and providers of support services, for example, education, employment and training. The board is responsible for ensuring the involvement of people affected by autism and implementing an agreed work plan aligned with the autism strategy.

The Government has committed to reviewing the autism strategy again within the next five years.

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9 Appendices

9.1 Appendix I

Services for children/young adults and their carers

The local offer sets out in one place, what support and services are available and how to access them for children and young people with disabilities, and SEN from birth to 25years old.

The local offer includes information on:

- Services that are available to support children and young people with Special Education Needs and/or Disability (SEND) from birth to 25 years, including:
 - Education services (early Years providers, schools, colleges and training)
 - Health services
 - Social services
- Eligibility criteria for specialist services
- How to obtain an education, health and care plan and the process
- Travel arrangements
- How to complain
- The support available; to find support and access services

Autism specific groups/clubs/activities:

- ACE Club, Aylesbury – for young people 11–18 years
- Group with No Name – social group for 16 years plus
- Key Club (Turtle Key Creative Arts Club), High Wycombe – for 16years plus
- MacIntyre Youth Club, Wingrave – for all ages 10-19 years
- My World Autism Support, Worminghall – for young people and adults
- Rainbow Club, Wooburn Green - for children up to 11years

Clubs and activities for children with disabilities, i.e. not autism specific:

Clearly Cool Clubs, Buckingham – for ages 5 years plus

- Crossroads care Saturday Club, Aylesbury and Wycombe – for 13-19 years
- Desborough PlayDen, Wycombe – for 5–12 years
- Horsewyse, Long Crendon – all ages
- Horizon Sports Club, Wycombe – for 6 years plus
- Thames Valley Adventure Playgroup, Taplow – for all ages
- Thomley Activity Centre, Worminghall – for all ages

This is not an exhaustive list.

Early Intervention and early Support for Autism:

- The Portage Service – home teaching to support families of children with significant delayed development
- NAS Early Bird Programme – supporting parents/families following diagnosis of autism to child
- Early Support – offers a single point of contact for families to help coordinate support/services
- A number of mainstream schools have Additionally Resourced Provision for children with additional needs including autism
- County wide drop in screening sessions for pre-school children and for all ages with speech and language difficulties; delivered by Oxford Health Foundation Trust
- County wide specialist speech and language therapy for 0-19 years (referral only); delivered by Oxford Health Foundation Trust
- Countywide Child and Adolescent Mental Health Service (CAMHS) providing specialist psychiatrist, psychologist and psychotherapist interventions to young people from 0-18 years; delivered by Oxfordshire Mental Health Foundation Trust

Local Parent Support Groups:

- There are three National Autistic Society branches; Aylesbury, South Bucks and Milton Keynes
- SPACE Support Chesham – parent led group to support parents of children with autism/challenging behaviour
- GRASP – parent/family forum supporting families affected by autism and particularly Asperger's. Outreach meetings in Aylesbury and North Buckinghamshire.

9.2 Appendix 2

Current services for adults and their carers

- Community Learning Disability team
- Southern Health NHS Foundation Trust
- Oxford Health NHS Foundation Trust
- Community Mental Health Team (integrated health and social care)
- Support Brokerage Service

Day activities/support

- Buckinghamshire Care:
 - Specialist day services for individuals with complex needs at Spring valley Centre
 - Respite/short breaks service at Seeleys House
 - Community based services
 - Work based activities e.g. Thrift Farm

- Nclude
- Social Link
- Key Club

Employment

- Back2Base, supported employment services
- Richmond Fellowship employment support and retention services
- Shaw Trust Pathways to Work/Work Programmes(DWP contracts)

Further Education

- Aylesbury College
- Amersham and Wycombe College
- Bucks New University
- Buckinghamshire Adult Learning

Advocacy, advice and information sources

- POhWER advocacy services
- Connexions
- MIND

Support for carers

- Carers Bucks
- National Autistic Society Local network groups

9.3 Appendix 3

Buckinghamshire Joint Autism Strategy 2015-2018 – Action Plan

Key Objective	Outcome	Actions	Lead Responsibility	Timescale
1. Increasing Awareness & Understanding of Autism.	<p>Staff and professionals working across the health and social care sector in Buckinghamshire have an increased awareness of autism:</p> <ul style="list-style-type: none"> - how it affects individuals and their families - The support and services available - How to source appropriate expertise, advice and information 	“Inspire, Inform and Involve” Autism Event to be arranged in Buckinghamshire	Adrian Timon – lead commissioner for Autism	November 2015
		Promote Autism Awareness Initiatives via social media platforms	Adrian Timon – lead commissioner for Autism	March 2016
		Review key outcomes and learning from Autism Awareness training across social care/council staff; develop plans to roll out next level training/awareness programme	Paulette Hunn – Autism Development Worker for Buckinghamshire	March 2016
		Deliver autism awareness training across Buckinghamshire Criminal Justice System	Adrian Timon – lead commissioner for Autism	March 2016
2. Access to diagnosis and assessment	<p>For those that want a diagnosis for autism we want to make the process straightforward, clear and accessible. We want to prevent individuals from ‘falling through the gap in services’. We want to reduce the need for intensive, expensive intervention as a result of crisis. We want to ensure that following access to diagnosis and needs assessment, individuals receive prompt, timely intervention.</p>	Design and embed Autism Assessment of needs pathway.	Adrian Timon – lead commissioner for Autism	March 2016
		Embed Autism Diagnostic pathway for adults	Adrian Timon – lead commissioner for Autism	March 2016
3. Access to Services & Support	<p>Individuals and their families have access to a range of information about autism:</p> <ul style="list-style-type: none"> - Local support and services - Information and advice - Are given opportunities to engage with commissioners about services in Buckinghamshire 	Established steering group to design and develop Autism Bucks Website	Adrian Timon – lead commissioner for Autism	April 2015
		Autism Bucks Website launched		November 2015
		Website reviewed and refreshed based on feedback		January 2016

	A range of services and support is in place to meet the needs of individuals affected by autism	Online questionnaire developed as part of engagement in reviewing and updating Autism Strategy for Buckinghamshire	Adrian Timon – lead commissioner for Autism	January 2016	
		Mapping of existing services is completed		March 2016	
4. Improve planning to develop services for people affected by Autism		Data within the Joint Strategic Needs Assessment (JSNA) is refreshed in line with national research and local data	Adrian Timon – lead commissioner for Autism	January 2016	
		Engage with local population to further understand needs of those affected by autism		Adrian Timon – lead commissioner for Autism	January 2016
		Gap analysis completed and fed into Autism Strategy for Buckinghamshire		Adrian Timon – lead commissioner for Autism	February 2015