



Public Health
England

Autism self-assessment exercise 2013

Initial findings



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You can download this publication from www.gov.uk/phe

Published Month Year

PHE publications gateway number: 201XXXX

This document is available in other formats on request. Please email AutismSAF.help@ihal.org.uk

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Executive Summary

Background

This report presents initial findings from the second self-assessment exercise of the Adult Autism Strategy [1]. The purpose of the exercise was to provide wider context for local authorities and their partners in assessing their progress in implementing the Strategy. It also aims to provide evidence of examples of good progress made that can be shared and of remaining challenges. These initial findings will inform the current review of the Strategy. A more detail report will follow.

Initial findings

Local authority area

- As found in the previous exercise, most local authorities are working with other authorities to implement the strategy.
- The majority of local authorities (71%) work with only a single clinical commissioning group in implementing the strategy. However an importat minority (8%) work with four or more.

Planning

- Almost all authorities (97%) now have a joint commissioner/senior manager responsible for services for adults with autism.
- A majority of authorities reported using data about people with autism in their JSNA (54%) and commissioning plans (84%). 61% reported that they collect data on the number of people with autism eligible for social care.

Training

- A majority of authorities reported having a multi-agency autism training plan (56%). 59% reported that CCGs and primary care practitioners were involved in training. 59% reported that local criminal justics services were involved.
- There was substantial but not comprehensive autism awareness training for all staff and specialist training for staff who carry out statutory assessments.
- The involvement of CCGs and people with autism and their carers in planning the implementation of the strategy was mainly rated positively. However, there was minimal widespread implementation of reasonable adjustments to everyday services.
- The vast majority of authorities had a transition process for young people but there was limited consideration of the needs of older people in planning.

Diagnosis led by the local NHS Commissioner

- There were mainly positive results about the development and establishment of a local diagnostic pathway. Most authorities had a specialist autism specific service, the local CCG taking the lead in its development and the pathway triggering an automatic offer of a Community Care Assessment.

Care and Support

- There were positive results in the ways people with autism can access care and support. However, the proportion of amber ratings indicated that training for advocates and the level of information about local support are areas that could be improved.

Housing and Accommodation

- The results indicated autism was not specifically referenced and had minimal data on individual housing needs in the majority of local housing strategies.

Employment

- The promotion of employment of people with autism and the inclusion of employment in transition processes were both areas where there were opportunities for improvement.

Criminal Justice System

- In most areas discussions were underway to make the CJS as a key partner in planning for adults with autism.

Introduction

The Adult Autism Strategy

The Adult Autism Strategy *"Fulfilling and Rewarding Lives" The Strategy for adults with autism in England* [1] was published in 2010. It was an essential step towards realising the Government's long term vision for transforming the lives of and outcomes for adults with autism. The Department of Health leads the delivery of the Strategy, working with a range of government departments and agencies, and local health and social service providers.

The Adult Autism Strategy has five areas for action:

1. increasing awareness and understanding of autism;
2. developing a clear, consistent pathways for diagnosis of autism;
3. improving access for adults with autism to services and support;
4. helping adults with autism into work; and
5. enabling local partners to develop relevant services.

The Strategy is not just about putting in place autism services but about enabling equal access to mainstream services, support and opportunities through reasonable adjustments, training and awareness raising.

Review of the Strategy

The Department of Health is leading a formal review of progress against the Strategy. This is an opportunity for Government to assess whether the objectives of the Strategy remain fundamentally the right ones, to be assured of the progress that is being achieved by Local Authorities and the NHS, and consider what should happen to continue to make progress. The investigative stage of the Review will last until the end of October and the Strategy will be revised as necessary by March 2014.

About Self-Assessment Exercise 2013

Local authorities play a key role in implementing the recommendations of the Strategy and the statutory Guidance [2] that supports it. The purpose of this self-assessment is to :

- Help local authorities and their partners assessing their progress in implementing the Strategy;
- Establish how much progress has been made since the baseline survey, reflecting the position as at March 2011;
- Provide examples of good progress and identify remaining challenges.

This was the second self-assessment of the Adult Autism Strategy. It was based on the first self-assessment exercise which the Department of Health launched in April 2011 to support localities with the delivery of the Strategy and the statutory Guidance for health and social care which was issued in December 2010 [2].

The findings will assist the review of the Strategy. The exercise also aims to identify and understand the challenges which may be impacting on progress and local solutions.

Structure and arrangements

The Exercise 2013 ran between August and October 2013. Local authorities respondents reported responses directly on the Improving Health and Lives (IHaL) Learning Disabilities Observatory website. Instructions emphasised the importance of obtaining a multi-agency perspective, including liaison with Clinical Commissioning Groups, to reflect the requirements of implementing the strategy, although the local authorities, as local lead bodies were asked to co-ordinate responses.

Questions covered broadly the same areas as in the previous exercise. Developments were intended to clarify responses and to provide key background detail. The questions were grouped into the following sections:

1. Local authority area
2. Planning
3. Training
4. Diagnosis led by the NHS Commissioner
5. Care and support
6. Housing and accommodation
7. Employment
8. Criminal Justice System
9. Optional Self-advocate stories

There were four main types of questions. For some questions numbers were required, for some yes or no answers and for others there was a Red, Amber or Green (RAG) rating system with scoring criteria. For RAG rated questions, authorities were asked to rate their area either Red, Amber or Green using a set of criteria for each related question. Finally, accompanying most of these questions, respondents were asked for further comments or explanations of the answers. In the final section, authorities had the opportunity to provide up to five self-advocate stories to illustrate the answers they had given to some of the questions.

The returns were analysed by the Public Health England and Improving Health and Lives (IHaL) Learning Disabilities Observatory.

Initial Findings Structure

There were four main types of questions. For some questions numbers were required, for some yes or no answers and for others there was a Red, Amber or Green (RAG) rating system with scoring criteria. For RAG rated questions, authorities were asked to rate their area either Red, Amber or Green using a set of criteria for each related question. Finally, accompanying most of these questions, respondents were asked for further comments or explanations of the answers. In the final section, authorities had the opportunity to provide up to five self-advocate stories to illustrate the answers they had given to some of the questions.

The returns were analysed by the Public Health England and Improving Health and Lives (IHaL) Learning Disabilities Observatory.

Presentation in this report

This report provides the initial findings from the Self-Assessment Exercise 2013. Firstly, we report the response rate by local authorities covers sections one to eight of the exercise. Then for each section, we give background information to the questions. This includes a summary of the results from the previous exercise where appropriate. Next, we provide a narrative summary of findings from the questions in that section followed by the results.

For questions seeking yes/no answers or ratings of Red / Amber / Green, responses are shown as a single horizontal bar coloured to represent the numbers of each type of answer. NUMbers and percentages are shown below the bars. For Red / Amber / Green questions, the exercise provided detailed rating guidance. This is reproduced below each question. Number quesations were analysed in several different ways; these are described in the sections.

We will report on comment responses or self-advocate stories in a later report.

Findings

Response Rate

All 152 local authorities in England were asked to complete the self-assessment exercise online via the IHaL website. Respondents were asked to confirm if they completed two requirements before finishing the data collection process:

1. had they inspected the pdf output to ensure that the answers recorded on the system match what they intended to enter
2. had the response for their local authority area been agreed by the Autism Partnership Board or equivalent group, and the ratings validated by people who have autism, as requested in the ministerial letter [3] of 5th August 2013

The table shows that 118 (77.6%) of authorities had confirmed that they had completed both requirements of the data collection process.

Table 1. The proportion and number of local authorities confirming they had met the two requirements and finished the data collection process

	Yes % (N)	No answer % (N)	No submission % (N)
Data checked	93.4 (142)	4.6 (7)	2.0 (3)
Data validated	77.6 (118)	20.4 (31)	2.0 (3)
Finished	77.6 (118)	20.4 (31)	2.0 (3)

Local authority area

Background

The majority of the responsibility of implementing the Strategy lies with local authorities, NHS bodies and other partnership organisations working together to plan and deliver services in their local authority area. The findings of the first self-assessment exercise [4] indicated that some local authorities had been working together. This was because a number of answers were repeated from different authorities.

Since the first self-assessment exercise there have also been a number of changes in the way health and social services are delivered and commissioned. These were introduced via the Health and Social Care Act 2012 [5] which came into being on 1st April 2013. One of the aims of the Act was to have more joint commissioning of services between local government and health services. This could impact on how the Strategy was implemented in each area.

This year we wanted to know the number of clinical commissioning groups each area had to work with and if they were working with other local authorities to implement the Adult Autism Strategy in their area.

Initial findings

The results showed that 104 (71%) authorities worked with one clinical commissioning group (CCGs) to implement the Strategy. One local authority reported they had 8 CCGs to work with. Over half of all local authorities in England reported that they work with other local authorities to implement part or all of the priorities of the Strategy.

1. How many Clinical Commissioning Groups do you need to work with to implement the Adult Autism Strategy in your local authority area?

Number of CCGs	N (%)
1	104 (71%)
2	15 (10%)
3	15 (10%)
4	2 (1%)
5 or more	11 (7%)

2. Are you working with other local authorities to implement part or all of the priorities of the strategy?

Yes: 89 (59%) No: 59 (39%) No answer: 1 (1%) No submission: 3 (2%)

Planning

Background

The Adult Autism Strategy [1] and the statutory Guidance [2] features a number of recommendations and expectations about the planning of the services for adults with autism locally. These include:

- the appointment of a joint commissioner or senior manager who a clear commissioning responsibility for adults with autism,
- the development of a local commissioning plan for adults with autism based on the JSNA and other relevant data,
- the improvement of transition planning for young people with autism, and
- the improvement of transition planning and reasonable adjustments to services and support for adults with autism to enable them to live independently.

The results from the first self-assessment exercise showed that 75% of authorities indicated they were considering allocating responsibility to a named joint commissioner/senior manager of community care services for adults with autism in their area by rating themselves as green. However, 66% of authorities rated their area as amber when asked if their JSNA mentioned adults with autism and if they had plans to collect and collate relevant data about adults with autism. This indicated that plans were in place but they were yet to do this. There was an even split between areas who answered the question whether or not they were in a position to answer a series of numerical questions about people with autism and services.

Findings

The results showed that 147 (97%) authorities said they had a named joint commissioner/senior manager responsible for services for adults with autism. 81 (54%) authorities who submitted data rated their area as green indicating that autism is included in the local JSNA. 113 (76%) authorities rated themselves as amber when asked about the collection of data on people with diagnosis of autism. This means that most authorities agree with the statement: 'Current data recorded annually but there are gaps identified in statutory health and/or social care services data. Some data sharing exists between services.'

3. Do you have a named joint commissioner/senior manager of responsible for services for adults with autism?



Yes: 147 (97%) No: 1 (1%) No answer: 1 (1%) No submission: 3 (2%)

4. Is Autism included in the local JSNA?



Red: 7 (5%) Amber: 59 (40%) Green: 81 (54%) No Answer: 2 (1%)

No.

Steps are in place to include in the next JSNA.

Yes.

5. Have you started to collect data on people with a diagnosis of autism?



Red: 17 (11%) Amber: 113 (76%) Green: 18 (12%) No Answer: 1 (1%)

Data recorded on adults with autism is sparse and collected in an ad hoc way.

Current data recorded annually but there are gaps identified in statutory health and/or social care services data. Some data sharing exists between services.

Have you an established data collection sharing policy inclusive of primary care, health provision and adult social care.

The results showed that 93 (61%) of authorities said they collected data on the number of people with a diagnosis of autism meeting the eligibility criteria for social care (irrespective of whether they received any).

6. Do you collect data on the number of people with a diagnosis of autism meeting eligibility criteria for social care (irrespective of whether they receive any)?



Yes: 93 (61%) No: 54 (36%) No answer: 2 (1%) No submission: 3 (2%)

Table two features shows the total rate and the number of local authorities who provided numbers per client type. 85 authorities were able to provide a figure for the number of people who had a diagnosis of autism and met eligibility criteria for social care. Using the combined figure for these authorities and ONS 2012 mid-year estimates [6] the overall rate was 50.2 people per 100,000 of their population. 75 of these authorities were able to report the numbers of people known to them with autism who also had learning disabilities. The proportion of people with autism and a learning disability for these authorities combined was 65.3%. 65 of these authorities were able to report the numbers of people known to them with autism who also had mental health problems. The proportion of people with autism and a mental health problem for these authorities combined was 15.7%. Table two also shows the profile of how these values varied between local authorities.

Table 2. Profile of local authority values for rates of people known with autism and meeting eligibility criteria for social care, and proportions of these also identified as having learning disabilities and mental health problems. The bottom row shows the number of local authorities from which data were available in each case.

Rate of diagnosis		Proportion with learning disability		Proportion with mental health problem	
Rate per 100,000	Number of LAs	% with LD	Number of LAs	% with MH problems	Number of LAs
<20	17	<20%	2	<2%	9
20 to 39.9	17	20%-39.9%	6	2%-3.9%	9
40 to 59.9	14	40%-59.9%	18	4%-5.9%	11
60 to 79.9	11	60%-79.9%	13	6%-7.9%	20
80 to 99.9	10	80% or more	36	8% or more	16
100 or more	16				
Number of LAs	85	Number of LAs	75	Number of LAs	65

This year, most authorities indicated they had met two of the expectations outlined in the Strategy [1]. Firstly, 128 (84%) authorities reported that they had a commissioning plan that reflected local data and needs of people with autism. Secondly, 147 (97%) authorities reported that they had a transition process in place.

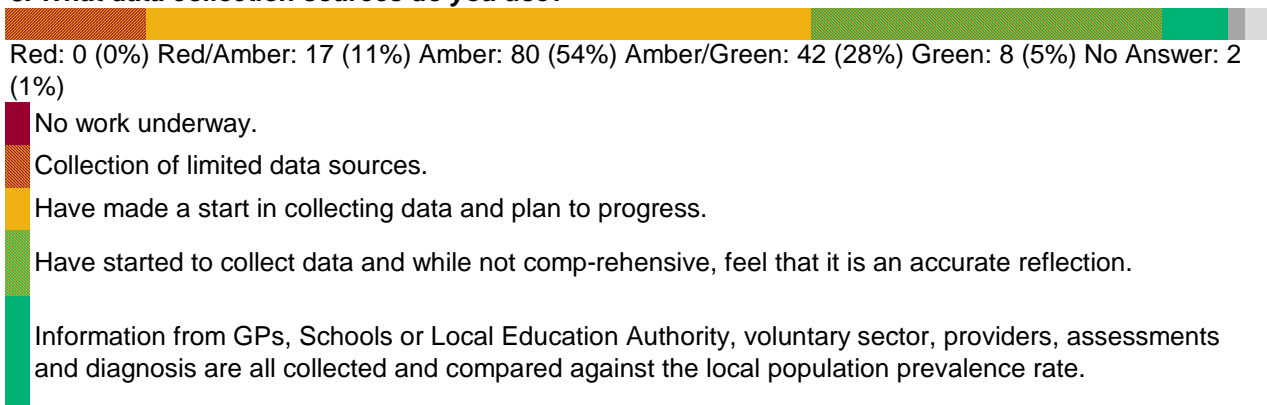
For three out of five of the RAG rated questions in this section amber was the most frequently reported rating by authorities. 80 (54%) authorities agreed that for the data collection sources they use they 'Have made a start in collecting data and plan to progress.' 92 (62%) authorities agreed that they had 'Clear council policy covering statutory and other wider public services.' regarding reasonable adjustments (Q19). Only 18 (12%) authorities agreed that there was 'evidence of widespread implementation'. 83 (56%) authorities agreed that 'Training in some but not all services designed for use by older people, and data collection on people over-65 with autism.' when asked about the planning for the needs of older people.

For the other two RAG rated question, green was the most frequent rating. 89 (60%) authorities reported that 'CCG are fully engaged and work collaboratively to implement the NHS responsibilities of the strategy and are equal partners in the implementation of the strategy at a local level.' 83 (56%) authorities reported that 'A variety of mechanisms are being used so a cross section of people on the autistic spectrum are meaningfully engaged in the planning and implementation of the Adult Autism Strategy. People with autism are thoroughly involved in the Autism Partnership Group.'

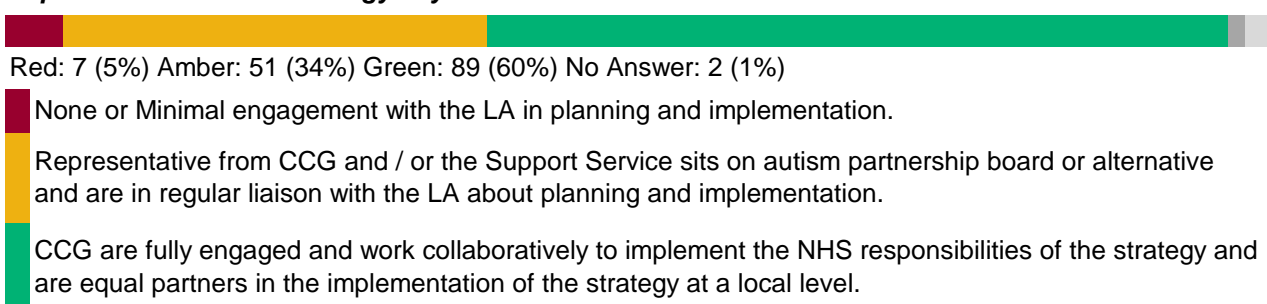
7. Does your commissioning plan reflect local data and needs of people with autism?

Yes: 128 (84%) No: 20 (13%) No answer: 1 (1%) No submission: 3 (2%)

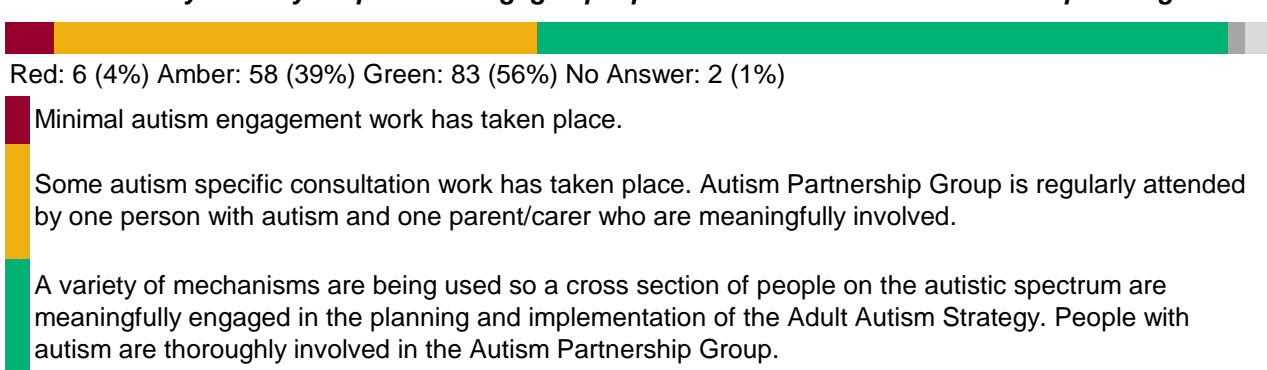
8. What data collection sources do you use?



9. Is your local CCG or CCGs (including the Support Service) engaged in the planning and implementation of the strategy in your local area?



10. How have you and your partners engaged people with autism and their carers in planning?



11. Have reasonable adjustments been made to everyday services to improve access and support for people with autism?



Red: 37 (25%) Amber: 92 (62%) Green: 18 (12%) No Answer: 2 (1%)

Only anecdotal examples.

Clear council policy covering statutory and other wider public services.

Clear council policy and evidence of widespread implementation.

12. Do you have a Transition process in place from Children's social services to Adult social services?



Yes: 147 (97%) No: 1 (1%) No answer: 1 (1%) No submission: 3 (2%)

13. Does your planning consider the particular needs of older people with Autism?



Red: 46 (31%) Amber: 83 (56%) Green: 18 (12%) No Answer: 2 (1%)

No consideration of the needs of older people with autism: no data collection; no analysis of need; no training in older people's services.

Training in some but not all services designed for use by older people, and data collection on people over-65 with autism.

Training inclusive of older people's services. Analysis of the needs of population of older people inclusive of autism and specialist commissioning where necessary and the appropriate reasonable adjustments made.

Training

Background

The training of staff who provide relevant services to adults with autism is one of the six key areas of the Autism Act [7] that required guidance to cover. The Strategy states that it is important for autism training to be available for everyone working in health or social care. This training should aim to change staff behaviour and attitudes as well as improve knowledge and understanding of autism. The Guidance [4] for implementing the strategy is aimed at both general autism awareness training and specialised training for staff in key roles.

In the first self-assessment exercise, most authorities rated themselves as amber when asked about issues in relation to training. 57% of authorities rated themselves as amber when asked are staff who carry out assessments receiving training on how to make adjustment in their behaviour and communication. This indicates that there were plans in place but not all staff had received training. 66% rated their area as amber when asked if they have considered what autism awareness training is made available to all staff working in health and social and how training can be prioritised. In addition, when asked about adults with autism no longer managed inappropriately in the criminal justice system, thirty authorities had highlighted autism awareness training as a positive area. Twenty authorities identified this as a gap.

Initial findings

The results outlined below show that just over half of the authorities answered positively to the three yes or no questions about training. Firstly, 85 (56%) authorities reported that they have got a multi-agency autism training plan. Secondly, 89 (59%) said that CCGs have involved in the development of workforce planning and are GPs and primary care practitioners engaged included in the training agenda. Finally, 90 (59%) said their local Criminal Justice services have engaged in the training agenda.

Authorities most frequently rated their areas as amber for the RAG questions relating to training. 78 (52%) authorities agreed that 'Good range of local autism training that meets NICE guidelines - and some data on take up. Workforce training data available from statutory organisations on request. Autism training plan/strategy near completion.' 74 (50%) authorities agreed that for staff that carry out statutory assessments 'At least 50% of assessors have attended specialist autism training.'

14. Have you got a multi-agency autism training plan?



Yes: 85 (56%) No: 63 (41%) No answer: 1 (1%) No submission: 3 (2%)

15. Is autism awareness training being/been made available to all staff working in health and social care?



Red: 14 (9%) Amber: 78 (52%) Green: 56 (38%) No Answer: 1 (1%)

Historical workforce training data available from statutory organisations on request. Not yet devised an autism training plan/strategy.

Good range of local autism training that meets NICE guidelines - and some data on take up. Workforce training data available from statutory organisations on request. Autism training plan/strategy near completion.

Comprehensive range of local autism training that meets NICE guidelines and data on take up. Workforce training data collected from all statutory organisations and collated annually, gaps identified and plans developed to address. Autism training plan/strategy published.

16. Is specific training being/been provided to staff that carry out statutory assessments on how to make adjustments in their approach and communication?



Red: 29 (19%) Amber: 74 (50%) Green: 45 (30%) No Answer: 1 (1%)

No specific training is being offered

At least 50% of assessors have attended specialist autism training.

More than 75% of assessors have attended specialist autism training specifically aimed at applying the knowledge in their undertaking of a statutory assessment, ie applying FACs, NHS Community Care Act.

17. Have CCGs been involved in the development of workforce planning and are GPs and primary care practitioners engaged included in the training agenda?



Yes: 89 (59%) No: 58 (38%) No answer: 2 (1%) No submission: 3 (2%)

18. Have local Criminal Justice services engaged in the training agenda?



Yes: 90 (59%) No: 56 (37%) No answer: 3 (2%) No submission: 3 (2%)

Diagnosis led by the local NHS Commissioner

Background

For people with autism and their families and carers having a clear clinical diagnosis of autism is an important step in leading fulfilling and rewarding lives. A diagnosis can help people understand their behaviour and responses and access services and support [1].

However, the Strategy [1] emphasised that a diagnosis is not the end goal and should be part of an integrated process. The Strategy [1] and required Guidance [4] made several recommendations about what this process should entail. These include:

- appointing a lead professional to develop diagnostic and assessment services for adults with autism working closely with the specialised commissioning group,
- a clear pathway to diagnosis by 2013,
- recognition of an autism diagnosis as a reason for assessment under the NHS and Community Care Act 1990 and for a carer's assessment, and
- local authorities and health services commissioners develop relevant, clear and accessible information for adults with autism and their families and carers.

A clear and trusted diagnostic pathway available locally was one of the identified service ambitions in the first self-assessment exercise. The previous results showed that when asked 'Have you a clear pathway developed locally?', the most common rating was amber (62%) by authorities who responded. Amber again was the most common answer (46%) when asked following diagnosis does the pathway include the healthcare professional informing the adult diagnosed the under the NHS Community Care Act 1990 LAs have a duty to carry out an assessment. These amber ratings indicated there were plans but action had yet to be taken. Of the 48 local authorities who answered this question, there was a overall rate of 0.4 people per 1,000 population who had been assessed in the past 12 months using the diagnostic pathway. An issue which was identified in the thematic analyses was that diagnostic pathways were only available for adults with learning disabilities and/or a

Initial findings

The results showed that, 72 (48%) authorities rated their area as green, agreeing with the statement 'A local diagnostic pathway is in place and accessible, GPs are aware and involved in the process. Wait for referral to diagnostic service is within 6 months. NICE guidelines are considered within the model'. 100 authorities reported the date when the pathway was put in place and 113 authorities reported the average wait for referral to diagnostic services. Below the tables for questions 20 and 21 show the profile of how these reported figures varied between local authorities.

107 (70%) authorities reported that the local CCG/support services had taken the lead in developing the pathway. 77 (51%) authorities described the local pathway as a specialist autism specific services compared to the 62 (41%) authorities who described it as integrated with mainstream statutory services. However, 11 authorities did not answer the question. 88 (58%) authorities reported that in their local diagnostic path a diagnosis of autism automatically triggers an offer of a community care assessment.

19. Have you got an established local diagnostic pathway?

Red: 12 (8%) Amber: 63 (42%) Green: 72 (48%) No Answer: 2 (1%)

No local diagnosis service planned or established. No clear transparent pathway to obtaining a diagnosis for Adults identified and only ad-hoc spot purchasing of out of area services. NICE guidelines are not being followed.

Local diagnosis pathway established or in process of implementation / sign off but unclear referral route.

A transparent but out of locality diagnostic pathway is in place. Some NICE guidelines are being applied.

A local diagnostic pathway is in place and accessible, GPs are aware and involved in the process. Wait for referral to diagnostic service is within 6 months. NICE guidelines are considered within the model

20. When was the pathway put in place?

	Number of LAs
Date specified	100
<6 months	21
6 to <12 months	17
12 to <18 months	16
18 to <24 months	10
24 to <30 months	11
30 to <36 months	4
3 or more years	16
Future start date	5

21. How long is the average wait for referral to diagnostic services?

	Number of LAs
Wait specified	113
1 to 5 weeks	17
6 to 10 weeks	17
11 to 15 weeks	25
16 to 20 weeks	12
20 or more weeks	28

22. How many people have completed the pathway in the last year?

	Number of LAs
Total specified	106
1 to 9	23
10 to 19	29
20 to 29	6
30 to 39	19
40 to 49	0
50 or more	23

23. Has the local CCG/support services taken the lead in developing the pathway?



Yes: 107 (70%) No: 39 (26%) No answer: 3 (2%) No submission: 3 (2%)

24. How would you describe the local diagnostic pathway, ie Integrated with mainstream statutory services with a specialist awareness of autism for diagnosis or a specialist autism specific service?



Integrated with mainstream statutory services with a specialist awareness of autism for diagnosis: 62 (41%)

Specialist autism specific service: 77 (51%)

No answer: 11 (7%) No submission: 2 (1%)

25. In your local diagnostic path does a diagnosis of autism automatically trigger an offer of a Community Care Assessment?



Yes: 88 (58%) No: 55 (36%) No answer: 6 (4%) No submission: 3 (2%)

Care and support

Background

Personalisation of social care is an integral part of the Strategy. Both the Strategy and the Guidance have a number of recommendations about the care and support an adult with autism should receive to live independently and access mainstream services. This includes achieving the same improvement to public services for people with autism that has occurred for people with learning disabilities and mental health problems through existing programmes. There has been feedback to suggest that people with autism are missing out due not fitting into either of these categories.

In the first self-assessment exercise, most authorities rated themselves as amber when do you know how many adults are in receipt of a personal budget (48%) and are you able to provide advocates to work with adults with autism (52%). These answers indicated that plans were in place but action had yet to be taken.

Initial findings

69 authorities were able to provide a figure for the total number of adults who were assessed as being eligible for adult social care services and are in receipt of a personal budget. The combined figure for these authorities was 1156.7 people per 100,000 of their population. 33 of these authorities were able to report the numbers of people known to them with autism but not a learning disability. The proportion of people with autism but not a learning disability from the total combined figure was 0.39%. 35 of these authorities were able to report the numbers of people known to them with autism and a learning disability. The proportion of people with autism and a learning disability for these authorities combined was 1.20%. Table 3 shows the profile of how these values varied between local authorities.

Table 3. Profile of local authority values for rates of people who were assessed as being eligible for adult social care services and are in receipt of a personal budget, and proportions of these also diagnosed with autism and no learning disability and adults diagnosed with autism and learning disability. The bottom row shows the number of local authorities from which data were available in each case.

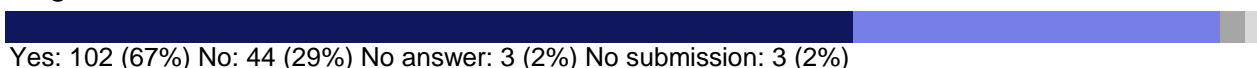
Rate of eligibility		Proportion with autism, no learning disability		Proportion with autism & learning disability	
Rate per 100,000	Number of LAs	% with autism, no	Number of LAs	% with autism & LD	Number of LAs
<20	2	<20%	32	<2%	0
20 to 39.9	3	20%-39.9%	0	2%-3.9%	0
40 to 59.9	0	40%-59.9%	0	4%-5.9%	1
60 to 79.9	0	60%-79.9%	0	6%-7.9%	3
80 to 99.9	1	80% or more	1	8% or more	31
100 or more	63				
Number of LAs	69	Number of LAs	33	Number of LAs	35

37 authorities answered this question differently. These authorities reported the total number of adults with autism who were assessed as being eligible for adult social services and are in receipt of a personal budget. This was deduced from the sum of reported number of adults with autism and no learning disability, and number of adults with autism and learning disability equalling total number of adults. From these combined figures 36.0% were reported to have autism and no learning disability and 64.0% were reported to have autism and learning disabilities.

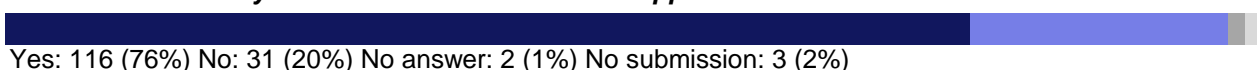
The majority of authorities reportedly positively to questions relating to recommendations in the Strategy and Guidance. 102 (67%) said they had a single identifiable contact point where people with autism can get information signposting a wide range of local services. 116 (76%) reported they had a recognised pathway for people with autism but without a learning disability to access a community care assessment and other support. 136 (89%) reported that people with autism can access support if they are non-Fair Access Criteria eligible or not for statutory services.

For two out the three RAG rated questions in this section the most common rating was amber. 69 (46%) authorities when asked about training programmes for advocates reported that 'Programme in place, not all advocates are covered.' . 92 (62%) authorities gave this rating agreeing with the statement 'Some existence of low level, preventative services such as befriending/mentoring, advocacy, social groups, outreach, activity groups, and access to therapies and counselling (ie IAPT primary care mental health services). Database of universal and autism specific services has known gaps.' This was the amber rating asked how would you assess the level of information about local support in your area being accessible to people with autism. Most authorities 84 (56%) rated themselves green when asked do adults with autism have access to an advocate where appropriate. The rating was defined as 'Yes. There are mechanisms in place to ensure that all advocates working with adults with autism have received specialist autism training.'

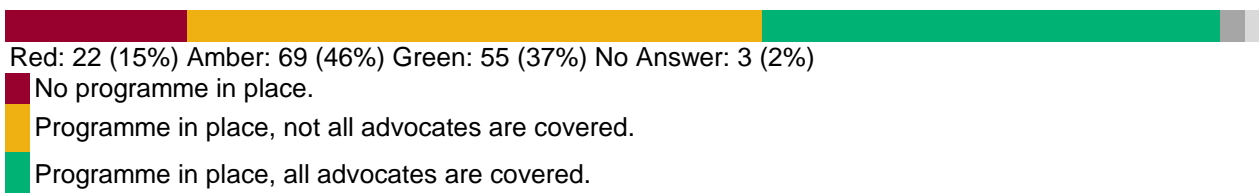
28. Do you have a single identifiable contact point where people with autism whether or not in receipt of statutory services can get information signposting autism-friendly entry points for a wide range of local services?



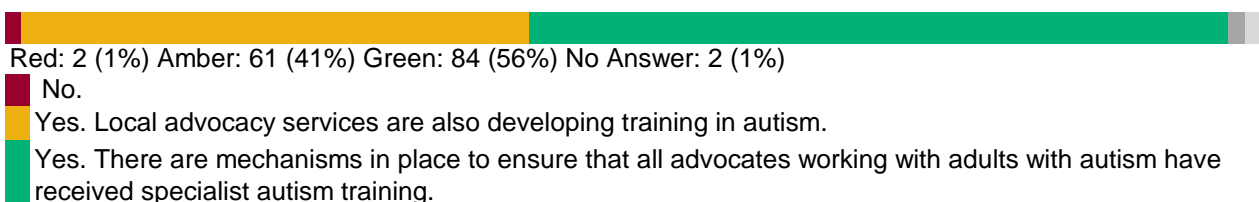
29. Do you have a recognised pathway for people with autism but without a learning disability to access a community care assessment and other support?



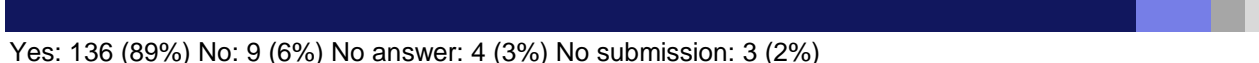
30. Do you have a programme in place to ensure that all advocates working with people with autism have training in their specific requirements?



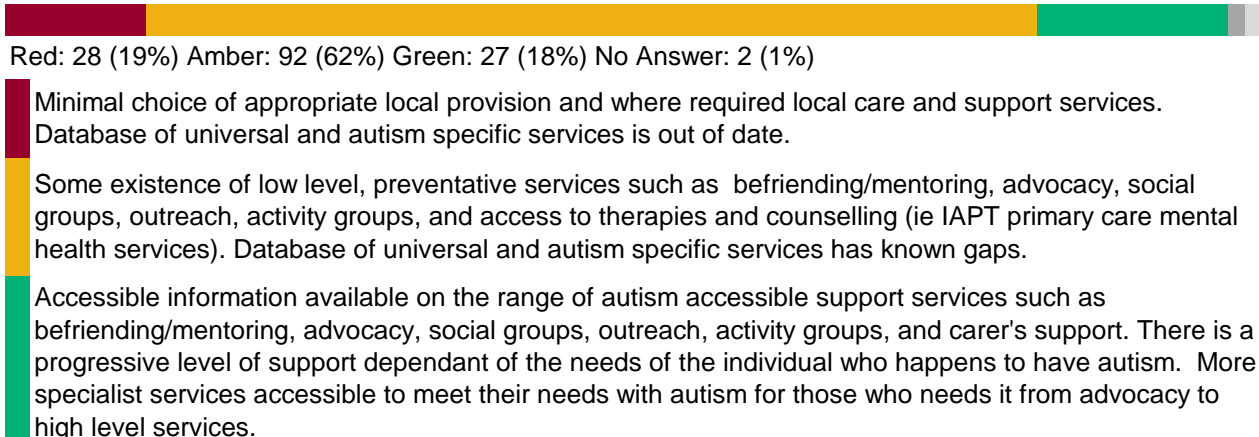
31. Do adults with autism who could not otherwise meaningfully participate in needs assessments, care and support planning, appeals, reviews, or safeguarding processes have access to an advocate?



32. Can people with autism access support if they are non Fair Access Criteria eligible or not eligible for statutory services?



33. How would you assess the level of information about local support in your area being accessible to people with autism?



Housing and Accommodation


Background

The government aims to enable adults with autism and their families to have greater choice and control over where and how they live. This means that planning of local housing should take into account the needs of adults with autism.

In the previous self-assessment exercise, authorities most commonly (66%) rated their local housing strategy as amber when asked if it is addressing the short and long-term requirement of adults with autism. This indicated plans were in place but action had yet to be taken.

This year, 92 (62%) authorities rated themselves amber when asked if their local housing strategy specifically identify autism. This means they agreed with the statement 'Universal housing strategy details needs of people with disabilities, autism not specifically referenced. Minimal current and historic data availability on individual housing needs and usage of different housing services.'

34. Does your local housing strategy specifically identify Autism?


Red: 28 (19%) Amber: 92 (62%) Green: 27 (18%) No Answer: 2 (1%)

No mention of Autism within the local housing strategy. No range of options available to meet the broad needs of someone with a diagnosis of Autism. No data available on individual housing needs and usage of different housing services.

Universal housing strategy details needs of people with disabilities, autism not specifically referenced. Minimal current and historic data availability on individual housing needs and usage of different housing services.

Autism accessible housing detailed in universal housing strategy. A range of housing and accommodation options available to meet the broad needs of people with autism including universal housing supported living, residential care, etc. Using data to inform future planning, of accommodation and housing needs.

Employment

Background

Helping adults with autism into work is one of the key areas in the Strategy. The Guidance emphasises plans for employment as an aspect of effective transition planning.

In the previous self-assessment exercise, most authorities rated themselves as amber in relation two questions about employment. 69% when asked about engaging with local employers to examine and increase employment levels for adults with autism and 66% when asked do transition processes to adult services have an employment focus. This indicated plans were in place but action had yet to taken.

Initial findings

This year, 96 (64%) authorities rated themselves as amber, agreeing with the statement 'Autism awareness is delivered to employers on an individual basis. Local employment support services include Autism. Some contact made with local job centres.' Green was the most common rating 73 (49%) authorities reporting this answer when asked do transition processes have an employment focus. This was defined as 'Transition plans include detailed reference to employment, accesses to further development in relation to individual's future aspirations, choice and opportunities available.'

35. How have you promoted in your area the employment of people on the Autistic Spectrum?

Red: 14 (9%) Amber: 96 (64%) Green: 36 (24%) No Answer: 3 (2%)

No work in this area has been provided or minimal information not applied to the local area specific to Autism. Local employment support services are not trained in autism or consider the support needs of the individual taking into account their autism. Local job centres are not engaged.

Autism awareness is delivered to employers on an individual basis. Local employment support services include Autism. Some contact made with local job centres.

Autism is included within the Employment or wordlessness Strategy for the Council / or included In a disability employment strategy. Focused Autism trained Employment support. Proactive engagement with local employers specifically about employment people with autism including retaining work. Engagement of the local job centre in supporting reasonable adjustments in the workplace via Access to work.

36. Do transition processes to adult services have an employment focus?

Red: 6 (4%) Amber: 68 (46%) Green: 73 (49%) No Answer: 2 (1%)

Transition plans do not include specific reference to employment or continued learning.

Transition plans include reference to employment/activity opportunities.

Transition plans include detailed reference to employment, accesses to further development in relation to individual's future aspirations, choice and opportunities available.

Criminal Justice System

Background

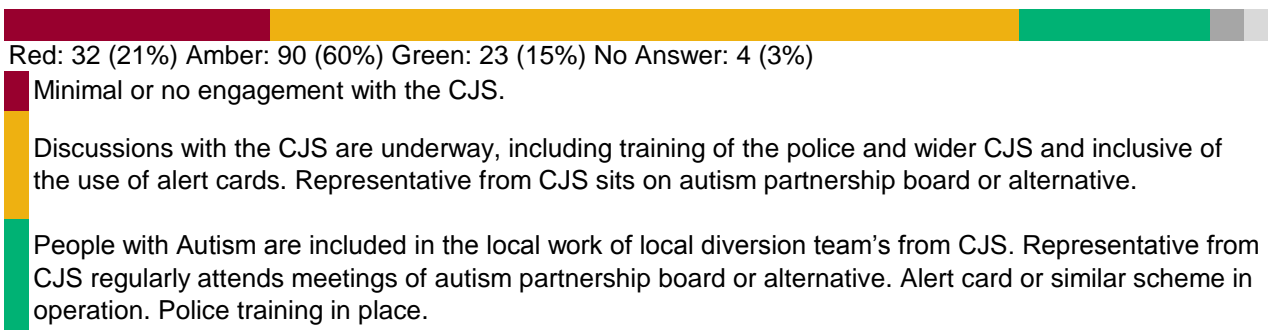
The Strategy recommends that all staff within the criminal justice sector should have training and access to expertise to enable them to support people with autism. In addition, pathways through the system should be developed to identify others who they may need to work with.

In the previous self-assessment exercise, sixteen authorities identified improving links with organisations in the criminal justice system as a priority.

Initial findings

This question was asked in the same way as the previous self-assessment exercise. Amber was the most common response from both exercises, with 90 (60%) authorities rate CJS engagement as this. However, these are directly comparable due to the way the percentages have been calculated. This year, the rating was defined as 'Discussions with the CJS are underway, including training of the police and wider CJS and inclusive of the use of alert cards. Representative from CJS sits on autism partnership board or alternative.'

37. Are the CJS engaging with you as a key partner in your planning for adults with autism?



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