

Southend-On-Sea Borough Council

Autism Spectrum Conditions Strategy (2014-2019)

Executive summary

1. Introduction

The Autism Spectrum Condition (ASC) Strategy for Southend has been developed in partnership with service users and carers and other key stakeholders.

It describes the vision, aims and outcomes for people with Autism Spectrum Condition (ASC) who live in the borough. It also seeks to shape the local approach in implementing the requirements of the National Autism Strategy 'Fulfilling and Rewarding Lives' 2010.

We have used the term Autism Spectrum Condition (ASC) and not Autism, or Autistic Spectrum Disorder because we think 'condition' is a less negative than 'disorder'. In referring to the spectrum we wish to emphasise the wide range of the condition. This is in keeping with advice from local ASC groups and follows analysis by Simon Barron-Cohen. (National Autistic Society).

Reference: <http://www.youtube.com/watch?v=BDEHjLMOhHI>

2. What is Autism Spectrum Condition?

Autism Spectrum Condition (ASC) is a lifelong developmental condition. Spectrum conditions refer to people who have a condition with a very wide range of needs and often other challenges. In ASC people can also have a Learning Disability when it is termed "low functioning autism" whereas other people without a learning disability, as defined by IQ, might have "high functioning autism" often referred to as Asperger's Syndrome"

ASC can be defined as: "A disorder of neural development characterized by impaired social interaction and communication and by restrictive and repetitive behaviour". In Aspergers Syndrome, the cognitive and linguistic developments are relatively preserved.

ASC is a 'hidden' disability in that it affects the way a person communicates with, and relates to, people and the world around them. It covers a wide spectrum of needs and no two people are the same.

There are three key areas of difficulty known as the 'triad of impairments' that all people with ASC are likely to experience:

- Social communication – difficulties understanding and using verbal and non-verbal language, such as gestures and tone of voice.
- Social interaction – difficulties recognising and understanding other people's feelings and managing their own.
- Social imagination – difficulties in understanding and predicting other people's intentions and behaviour and adapting to new or unfamiliar situations.

In addition, many people with ASC are over-sensitive or under-sensitive to particular things such as smells, tastes, colour, sounds or touch. It is increasingly argued that there are now 4 areas of difficulty with sensory being the 4th.

ASC is often associated with several co-existing conditions such as; dyspraxia, dyslexia, mental health (eg clinical anxiety, depression, obsessive compulsive order and psychotic disorders), physical problems (eg stomach and colon disorders).

3. ASC and Learning Disabilities

- Between 44% - 52% of people with ASC may have a learning disability (defined as an IQ below 70)
- Between 48% - 56% of people with ASC do not have a learning disability.

Research findings on the proportion of people with ASC who also have learning disabilities (IQ less than 70) vary considerably. They are affected by method and sample size.

4. Prevalence of ASC and Aspergers

There is no register or exact count of people with ASC. Information about the possible number of people with autism is estimated from studies.

The latest prevalence studies of ASC indicate that 1.1% of the population in the UK may have it. If a rough 1% formula is applied to the 2011 population of Southend, this would equate to 1,743 within the Borough likely to meet the diagnostic criteria for ASC. Of these, approximately 600 may meet the diagnostic criteria for Asperger Syndrome.

5. Strategic Priorities

This Strategy focuses on adults with Autism Spectrum Condition and sets out to deliver the following outcomes;

- Increasing staff awareness and understanding of Autistic Spectrum Condition
- Developing care pathways and needs assessment for people living with Autistic Spectrum Condition
- Getting the right housing and housing related support.
- Helping people with Autistic Spectrum Condition into employment and training
- Service planning and personalisation
- Supporting families and carers of people with Autistic Spectrum Condition
- Appropriate support for adults with Autistic Spectrum Condition in the criminal justice system
- Transition from Children's to Adults

6. Forward planning

A delivery plan will be developed to describe what is necessary to achieve the outcomes in this strategy and will identify key agencies responsibilities and timeframes. A steering group will be set up to oversee the implementation of the strategy and to report on progress to the Health and WellBeing group.

7. Local consultation

The direction of this strategy is based on the views of local people and stakeholders. Many views were gained from an event in October 2012 which included people with ASC, professionals and the voluntary sector. Some of the main messages from that event include:

- The need for all to communicate clearly with people with ASC based on a fuller awareness of the condition.
- That people with ASC need specific assistance to help access services.
- That professional should recognise that every person with ASC is unique and can't be 'put into boxes'.

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1. Introduction

1.1 Why we need an Autism Spectrum Conditions (ASC) Strategy in Southend

People with disabilities often face barriers when accessing services and support. For a person with a Learning Disability and/or ASC these difficulties can be compounded due to:

- Professionals not having a clear understanding of ASC and how the condition may impact upon the person
- Mainstream services providing support not suitable for a person with ASC
- Difficulties accessing housing or employment
- Living with the stigma and associated prejudices of ASC in a society which does not understand the condition.

The strategy is in response to the recent national policy developments relating to Autism care, such as the National Autism Strategy (2010), Autism Act (2009), the Bradley Review (2009), Building Britain's Recovery: Achieving Full Employment (2009) and NAO Autism Report (2009).

The vision in the National Autism Strategy is that 'all adults with autism are able to live fulfilling and rewarding lives within a society that accepts and understands them. They can get a diagnosis and access 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.'

It draws on the government's commitments exemplified in Autism Act 2009 which is the first ever legislation designed to address a specific impairment and which itself was influenced by the evidence put forward in the *I Exist* campaign by the National Autistic Society and also the findings from National Audit Office report on autism (*Supporting people with autism through adulthood, 2009*).

This vision is grounded firmly within an equality and human rights approach. It is based on the fundamental principle that adults with ASC have the same rights as everyone else, and that they should be able to access services and participate in society on an equal basis.

This document will set out how Southend-on-Sea Borough Council will develop services for its residents who have ASC and provide support to enable them to be equal members of our local community.

The action plan which forms a key part of this strategy will be overseen by an Autism Spectrum Conditions Steering Group made up of key agencies and stakeholders, service users and carers which will report to the Health and WellBeing Group on progress.

1.2 The Council's Vision and Values

Southend-on-Sea Borough Council's vision is to **Create A Better Southend** which is Cleaner, Safer, Healthier, Prosperous and led by an Excellent Council.

The Council's aims were developed as part of consultation with residents and stakeholders and through developing an understanding of the needs of our community. This approach helped to shape a vision for the future which is supported by the key aims and delivered through a corporate plan representing the highest priorities for the Council.

These are in turn delivered as part of service plans, team plans and individual performance management reviews all of which are informed & modified upwards & downwards.

This document outlines our commitment to supporting people with Autism live their lives in the way they wish. Our goal is to assist them to access essential services and resources that non-disabled people take for granted. Commissioning for health and wellbeing now means involving the wider community to provide services that help people remain healthy and independent, as well as meeting their needs for care and support. People should be supported to remain active as citizens within their communities and we believe that appropriate, personalised responses can help them to do so. Traditionally, adult social care commissioning has concentrated upon statutory need, using outputs to measure effectiveness. Good practice, as set out in the FACS (Fair Access to Care Services) guidance, the White Paper 'Our Health, Our Care, Our Say', the DH 'Commissioning Framework for Health and Well-being', 'Independence Matters' urges the development of commissioning frameworks that consider the whole population, not just the minority of people who are eligible for care services funded or part funded by the Local Authority.

This should lead to the commissioning of services that deliver personalised outcomes with flexibility handed to the user and the provider to meet need within allocated resources. Key to the Government's vision for the further modernisation of health and social care is choice and control by service users over services received and also close to their homes. This will be central to this Commissioning Strategy.

Southend Borough Council is committed to the personalisation agenda and is actively promoting individualised support and personal budgets for all adults. Personalisation should be seen as a positive way forward for people with ASC as this will offer opportunities to shape the kind of support they need and empowering them to have more choice and control over how their needs are met.

Opportunity created by 'Pioneer' Status:

Southend-on-Sea Borough Council and Southend Clinical Commissioning Group have recently been designated as 1 of only 14 health and social care pilots across the country. This provides the opportunity to integrate health and social care and use our combined envelope of resources to achieve innovative and effective approaches to meeting the health and social care needs of the local population. The development of our approach under Pioneer status is in its early days. People with ASC will increasingly benefit from this approach and this strategy as it develops will seek to make sure that it does.

1.3 National Policy

The National Policy Context

This strategy incorporates policy recent national policy directions and results of consultation and engagement led by Southend Borough Council and these will be reflected in our strategy.

Valuing People: A New Strategy for Learning Disability for the 21st Century (2001)

This White Paper, one of the earlier policy works on autism, focuses on how the government will provide new opportunities for learning disabled children and adults with Autism Spectrum Condition and their families to enable them to lead full and independent lives.

The Bradley Review (2009)

The Bradley Review, commissioned by Secretary of State for Justice in 2007, was broadly mandated to examine the extent to which offenders with mental health problems or learning disability can be diverted to other areas and the barriers to such diversions. The Review also

made a number of policy recommendations to the government including joined up working by various government departments and setting up diversion arrangements.

Department of Health Note: Better Services for People with an Autistic Spectrum Disorder (2006)

The DH published a clarification note to explain what the six national policies on issues related to Autism Spectrum Condition meant and bring out the themes that were common among them.

NICE guidance for Autism / ADHD

The National Institute for Health and Clinical Excellence (NICE) is an independent organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health.

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2. Definition

2.1 Definition of Autism Spectrum Conditions

Autism Spectrum Condition is defined as:

“a disorder of neural development characterized by impaired social interaction and communication and by restrictive and repetitive behaviour”.

ASC is known as a spectrum condition because of the range of difficulties it causes and because people can experience those difficulties along a range from mild to severe. Many people with ASC are able to live with minimal ‘specialist’ support; others need a lifetime of specialist services to maximise independence, choice and control.

For the purposes of this strategy, ASC is defined as:

“A lifelong 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.”

The three main areas of difficulty, which all people with ASC share, are known as the ‘triad of impairments’.

They are difficulties with:

- Social communication (e.g. problems using and understanding verbal and non-verbal language, such as gestures, facial expressions and tone of voice)
- Social interaction (e.g. problems in recognising and understanding other people’s feelings and managing their own)
- Social imagination (e.g. problems in understanding and predicting other people’s intentions and behaviour and imagining situations outside their own routine)

People with autism may experience heightened or reduced sounds, touch, tastes, smells, light or colours. They often prefer to have a fixed routine and can find it difficult to cope with change. Many people with autism may also have other conditions such as attention deficit hyperactivity disorder (ADHD), a learning disability or dyspraxia.

The characteristics of ASC vary from one person to another. As a result of interaction between the three main areas of difficulty, the sensory issues and the environment, people with autism may have:

- increased anxiety levels
- need for routines, sometimes having a compulsive nature
- difficulties transitioning to a new activity
- difficulties generalising skills learnt in one situation to another
- special interests
- the ability to be highly focussed when on a specific task,
- difficulties with self-awareness, understanding and expressing their own needs.

These characteristics may lead to:

- Problems in maintaining personal hygiene
- Difficulties with daily living skills such as budgeting, cleaning, going out of the house, time-management, cooking etc
- Difficulties with social interaction in the local community and beyond leading to isolation and increased mental health problems

- Difficulties in understanding other people's need for personal space and social conventions
- Problems with starting and maintaining conversations

Asperger's Syndrome

Asperger's syndrome is a form of ASC. People with Asperger's syndrome often find it difficult to express themselves emotionally and socially. For example, they may:

- have difficulty understanding gestures, facial expressions or tone of voice
- have difficulty knowing when to start or end a conversation and choosing topics to talk about
- use complex words and phrases but may not fully understand what they mean
- be very literal in what they say and can have difficulty understanding jokes, metaphor and sarcasm. For example, a person with Asperger's syndrome may be confused by the phrase 'That's cool' when people use it to say something is good

People with Asperger's syndrome do not usually have learning disabilities, as defined by IQ. They can have 'islets of ability' and disability. Despite average or above average intelligence they can experience specific learning difficulties. These can include dyslexia and dyspraxia or other conditions such as attention deficit hyperactivity disorder (ADHD) or attention deficit disorder (ADD) and epilepsy.

People with Asperger's syndrome may learn masking behaviours and coping strategies that hide their difficulties from immediate view. The coping strategies can lead to diagnosis not occurring in a timely way and behavioural labels being inappropriately applied. As a result, it is not unusual for a person with Asperger's Syndrome to reach adulthood without a diagnosis or understanding why he/she may have differences.

2.2 Scope of the Strategy

The scope of the proposed SBC Autism Spectrum Conditions Strategy will be defined as below:

Inclusion criteria:

- Adults with Autism Spectrum Condition above the age of 18
- Young people in Transition services with ASC
- Include diagnoses with or without learning disability or epilepsy
- With or without a physical disability
- With or without a mental health condition

Exclusion:

- Diagnoses other than Autism Spectrum Condition

2.3 Whole Systems Approach

The proposed strategy is a Whole System Approach that involves stakeholders (people or organisations who have an interest in ASC) in the development and design of services.

A Whole System Approach will include:

- Involvement of stakeholders which includes service users and carers in policy and goal-setting
- Involvement of stakeholders in assigning and identifying accountability
- Helping develop network and alliances between the stakeholders
- Developing a culture of learning from each other
- Sharing skills and competencies
- Developing a link between the Autism Spectrum Conditions strategy and other strategies, for example the commissioning strategy and the Learning Disability Strategy
- Ensuring that the needs of people with Autism Spectrum Condition are recognised in key service developments

3. Strategic Context

3.1 Autism Act 2009

The Autism Act 2009 was the first disability specific law to be passed in England and placed a duty upon the Government to produce a strategy by April 2010 for adults with Autistic Spectrum Condition.

This Act signalled a new commitment to transform the way public services supports people with autism. But, more importantly, it is the stepping stone to drive change for transforming the lives of adults with autism.

Both the Local Authority and the CCG's will have a legal responsibility to:

- Provide diagnostic services for children and adults with Autism Spectrum Condition
- Identify children and adults with Autism Spectrum Condition
- Provide needs assessments for children and adults with Autism Spectrum Condition
- Plan appropriate services for children and adults with Autism Spectrum Condition, as well as planning for young people in transition from Children's to Adult services
- Plan training for staff that provide services to children and adults with Autism Spectrum Condition
- Have local arrangements for leadership regarding service provision for children and adults with Autism Spectrum Condition

3.2 Fulfilling and rewarding lives

'Fulfilling and rewarding lives' – The strategy for adults with Autism in England (March 2010), Towards 'Fulfilling and rewarding lives' – The first year delivery plan for adults with autism in England (April 2010)¹⁷ and Implementing 'Fulfilling and rewarding lives' – statutory guidance for local authorities and NHS organisations to support the implementation of the autism strategy (December 2010) sets out recommendations for local services on how to support to adults with autism.

The following are the five key areas for local authorities to action:

- Increasing awareness and understanding of Autism Spectrum Condition
- A robust diagnostic pathway for diagnosis in every area, followed by a personalised needs assessment

- Improving access to housing for young people and adults with Autism Spectrum Condition to provide appropriate services and support they need to live independently within the community
- Helping young people and adults with Autism Spectrum Condition into Work
- Enabling local partners to plan and develop appropriate services for young people and adults with Autism Spectrum Condition to meet identified needs and priorities.

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4. Local Picture

4.1 The Local Context

Expected Outcomes

To achieve the key outcome in this area, Southend Borough Council will focus on the following priority areas for improvement and ensure that:-

- The JSNA has clear evidence about rates of autism.
- Monitor number of people diagnosed once clear pathway is in place
- A robust database system is in place across health, education and children and adult social care
- Early diagnosis & intervention
- Improved access to services
- Improved health and wellbeing outcomes for people with Autistic Spectrum Condition

'Fulfilling and rewarding lives' expects each local area to develop its own commissioning plan for adults with Autistic Spectrum Condition, that reflects the Joint Strategic Needs Assessment (JSNA) and all other relevant data around prevalence of ASC. The JSNA is a way of identifying current health and wellbeing needs of the local population, providing a foundation for commissioning to design and plan services to meet needs.

SBC have developed this strategy in consultation with service users and their families to improve the lives of adults with Autism Spectrum Condition and their families/carers living in Southend.

The benefits of a local strategy are:

- Developing local care pathways for people with ASC based upon person centred planning
- Helping to make greater emphasis to make mainstream and universal services more widely available and accessible to people with ASC.
- Helping people with ASC making healthy living choices and contribute to their healthy living outcomes

The recent Autism Self-Assessment Framework (December 2013) revealed a number of gaps in local services which this strategy will seek to address. Whilst there are some innovative approaches, there are also some important gaps. Pathways and the availability of services are not clear.

4.2 Demographics

Estimated national prevalence

There is no register or exact count kept of people with ASC. Any information about the possible number of people with ASC in the community must be based on epidemiological surveys (i.e. studies of distinct and identifiable populations).

The latest prevalence studies of autism indicate that 1.1% of the population in the UK may have ASC. This means that over 695,000 people in the UK may have ASC, an estimate derived from the 1.1% prevalence rate applied to the 2011 UK census figures. An interesting aspect of prevalence is the difference in the numbers of Males and Females with ASC. According to Brugha 1.8% of males and 0.2% of females have ASC.

The prevalence rate is based on two relatively recent studies, one of children and the other of adults. The prevalence study of children, (Baird G. et al. 2006) looked at a population in the South Thames area. The study of adults was published in two parts, Brugha et al (2009), and The NHS Information Centre, Community and Mental Health Team, Brugha et al (2012). This is the only known prevalence study to have been done of an adult population.

The UK population in 2011 was approximately 61,113,205 and is estimated to rise to 67.2 million by 2020 and 73.2 million by 2035. Therefore we can expect the population of people with ASC to rise accordingly, which in turn will have an impact on the demand for support and services that people with ASC will require in the future.

The Government believes the number of people with severe learning disabilities in the community may increase over the next 15 years, due to increased life expectancy, as well as a growing number of children with complex and multiple disabilities now surviving into adulthood.

Learning Disabilities and Autism Spectrum Condition (IQ of 0-70)

Figures from the estimated prevalence of ASC among adults with learning disabilities in England 2010 suggest between 20% and 33% of adults where social services have responsibilities for people with learning disabilities also have autism.

In 2001 Valuing People stated in England there were approximately 210,000 people with a severe and profound learning disability, of whom 65,000 were children and young people, 120,000 of working age, and 25,000 older people. Additionally it was estimated that a further 1.2 million people had a mild or moderate learning disability.

Estimated local prevalence

Common estimates of prevalence within a local authority/health trust area with a population of 250,000 would mean there are likely to be about 2,500 people (1%) who would meet the diagnostic criteria for ASC. Of these, around 900 people may meet the diagnostic criteria for Asperger Syndrome. Of these, approximately 200 are children and 700 adults (Ehlers and Gilberg 1993, Baird et al 2000).

If the 1% formula is applied to the 2011 population of Southend, this would equate to around 1,743 within the Borough who are likely to meet the diagnostic criteria for ASC and of these, approx. 600 may meet the diagnostic criteria for Asperger Syndrome

As with National Prevalence, there is no exact count of the numbers of people with Autism Spectrum Condition. However, based on a range of studies it is possible to estimate the numbers of people within Southend-on-Sea who are adults, aged up to 64, with the disorder. This data is available from the Projecting Adult Needs and Service Information System (PANSI). The data shows the estimated number of the population who have ASC until 2020.

ASC (All people)	2012	2014	2016	2018	2020
Aged 18 - 24	138	136	136	132	126
Aged 25 - 34	232	234	236	238	244
Aged 35 - 44	244	240	238	232	236
Aged 45 - 54	247	252	251	251	242
Aged 55 - 64	193	192	202	212	226

People with Autism Spectrum Conditions who are known to the Local Authorities

Many people with ASC may not come to the attention of the Local Authority or NHS due to:-

- their ability to manage fairly well outside of locally funded services with the support of families and friends in particular those without accompanying learning disabilities.
- not meeting the eligibility criteria for services such as those who are borderline learning disabilities
- inability to access services where there is no formal diagnosis of ASC
- ASC being a secondary diagnosis

There is therefore a big difference between prevalence and people known.

4.3 Local consultation and engagement

In October 2012 SBC hosted an engagement event on ASC attended by Helen Evers from the National Autistic Society aimed at:

- People with ASC and parents, family members or carers
- People from professional services (such as health, social care, education, psychology/psychiatry, emergency services and care provider organisations)
- People from third sector organisations (such as charities, support organisations and informal support groups)
- Other people with an interest in ASC

About 60 people attended the event.

The principal themes covered at the event were;

- Supporting people to cope with change and new things
- Helping people to achieve the best they can
- Supporting people in a work setting
- Professional practice
- What was most important to people with ASC and their families

The preliminary findings from the event were shared with Southend SAFE (Supporting Asperger's Families in Southend) who added further points for consideration to the findings.

Feedback and findings from the event:

- For some people with ASC change needs to happen slowly
- Change can feel as if it is outside a person's control

- People are not necessarily adverse to change; it's the unknown that can feel worrying or risky
- Think about the timing of changing over services during the transition from children to adults. This can happen to people whilst they're taking exams (usually A-levels) and be disruptive. The change should be to the benefit of the service user, not the service provider.
- Counselling, mentoring and coaching would be helpful - to help people realise what their skills are, what jobs might suit them, what it is they want to do, and what their future could be.
- If people are supported into appropriate and worthwhile employment, they can contribute to their community; effectively paying the economy back for the support that got them into work.
- It helps when employers and others understand the need to communicate clearly and directly – avoid jargon, metaphor and figures of speech.
- It's useful for people (eg employers and others) to understand that people with ASC aren't always great socially. Allow for individual social and communication needs. This could mean giving someone a quiet space to work.
- People need help to get into employment; eg with writing CVs, completing application forms, interview skills and with finding suitable jobs that make the most of their skills. Are there existing services that provide this sort of specialist help for people with ASC? If not, we need them! Eg a specialist careers' advice and employment service.
- Joined-up approaches work well; professionals working together and with the third sector (charities and voluntary organisations). It would also be helpful to have a simple path through services and through the transition from children's to adult's services.
- Most of us want to be listened to and taken seriously. Taking the time to listen with an open mind can help to overcome the feeling of having to fight to be heard.
- People want to feel confident that professionals have a thorough understanding of ASC; and are able to easily diagnose and support people – especially children.
- Whatever the subject, most people want good, clear information given early on – ie at the point of diagnosis for ASC.
- Early intervention is the foundation to a good quality of life with good opportunities; health workers, Sure Start workers, teachers and others should be aware of possible signs of ASC
- Some GPs have limited knowledge about ASC and/or limited means of referral. If not to the GP, where can people go as their first port of call for help?"
- Think about how people with ASC access services in the community. Eg at the Council you have to take a number and queue up. Queuing with a group of other people – possibly for some time – is very difficult for many people with ASC. The likelihood is they will go home rather than queue. An experience like this might put them off accessing services they might need. Likewise with queuing systems over the phone."
- It can feel like people have to fit to the system, rather than the system fitting to them. It's frustrating that the system is bureaucratic, unwieldy and hard to navigate. This contributes to people feeling they have to "fight" to get what they need
- Educate GPs to ask open rather than closed questions. People with ASC might answer closed questions directly, and not provide any further information. This can be that problems remain concealed.
- Professionals to treat everyone as an individual and to have more awareness of the effect of their (the professional's) actions and decisions.
- People want good information about the most appropriate services - to support the needs of the family as a whole. *"You don't know what you don't know!"*

What do we need to do?

- Work closely with health and other agencies in relation to reasonable adjustments for service delivery for people with Autism Spectrum Condition
- Work with the local communities to raise awareness of Autism Spectrum Condition
- Work within current resources in light of the financial climate to implement the local strategy
- Awareness raising to ensure families and carers of people with Autism Spectrum Condition from the BME communities are aware of their rights and services available.

4.4 Mapping services for people with ASC locally

Expected Outcomes

- Improve preventative support services, including better signposting to mainstream/universal services
- Improve information available for community based services, such as leisure opportunities, support groups and networks
- Understand what the demands are for specific/specialised services, the costs of these and ensure that service provision is delivering value for money

There are a range of services provided in-house and commissioned from the voluntary and independent sector that children, young people and adults, including those with Autism Spectrum Condition, can access. Services need to be better understood and it is proposed that they are mapped with quality and cost information. At the same what local people with ASC and their carers want, should be understood. This mapping will then help to inform Social Care's and potentially the Clinical Commissioning Group's intentions.

There are few services that are specifically and only for people with ASC. We do contract with a range of providers including the National Autism Society when for instance a person with challenging behaviour would require services from a provider specialised in providing this service. We also commission general training in ASC provision and tailored training where professionals need support better specific individuals. Again the range of provision should be better understood.

We think that projected gaps are likely to be more apparent for those people with Autism Spectrum Condition who are high functioning, compared with those people with lower functioning levels.

What do we need to do?

- Improve data collection about people who use or need our services.
- Commission services in line with expected increase in the prevalence of people with autism over the next 10-15 years
- Stimulate the local market to ensure appropriate provision is available locally to meet the needs of people with Autism Spectrum Condition

5. Strategic Themes

5.1 Increasing staff awareness and understanding of autism

Expected Outcomes

- Improved awareness and understanding of Autism Spectrum Condition
- Early identification and support
- Reducing stigma attached to Autism Spectrum Condition
- A robust communications and engagement plan to increase awareness autism among staff and the public

It is fundamental that all staff providing services in the community have access to training and support to increase their awareness and understanding of Autism Spectrum Condition.

This in turn will help to address gaps in staff knowledge and understanding of Autism Spectrum Condition. Also, early identification and support is crucial in order to reduce the stigma attached to ASC.

People with Autism Spectrum Condition often have complex needs that families and professionals alike may find difficult to understand. A lack of understanding/training of their needs by front line staff and commissioners, can lead to non-assessments or diagnosis, as well as inappropriate, often very high cost, care packages or placements being provided or allowed to continue.

What do we need to do?

- Ensure that Autism Spectrum Condition awareness training is part of staff's induction and included in the contractual arrangements for commissioned services
- Identify priority groups for training on Autism Spectrum Condition
- Liaise with key organisations that specialise in ASC e.g. NAS, using resources for autism to assist in the development of training programmes. Also recognising that including people with autism and their families in training can be beneficial.
- Ensure person centred care plan training includes people with ASC

5.2 Developing Care pathways and needs assessment for people living with ASC

Expected Outcomes

- A clear care pathway available for adults (including older people who may have ASC) and young people (including those in transition services) that best meets people's needs.
- Improved access to mainstream services and the required support.
- Providing care and services based upon Person Centred Planning
- Better working relationships with GPs to improve health outcomes for people with Autism Spectrum Condition, as well as improving GP's knowledge of people with Autism Spectrum Condition registered with their practice.

There is a gap in service provision for adults with Autism Spectrum Condition who do not have accompanying learning disabilities. However the council is committed to working closely with CCG colleagues to respond to the unmet need in this area to ensure care pathways are developed and implemented for people with Autism Spectrum Condition.

It is recognised that early diagnosis is crucial for both the person with ASC as well as for the family members. Work is required to develop an assessment pathway with health colleagues to ensure a timely diagnosis so that services and support mechanisms are in place and practical solutions to be made available where necessary

SBC does have a duty to assess a person who may be in need of community care services and the National Strategy stated that a diagnosis of ASC should be recognised as a reason for assessment. People with Autism Spectrum Condition can access a needs assessment in line with the NHS and Community Care Act 1990, and all referrals to SBC will be assessed under the government's Fair Access to Care Services (FACS) eligibility criteria. This will be people with needs that if not met present critical or substantial risk to health or independence.

What do we need to do?

- Identify a local Autism Spectrum Conditions Lead to mobilise support and influence the development of quality diagnostic pathway
- Agree referral route and screening tools for Adults
- Develop clear communication pathway for people with ASC and their carers about availability of support, post diagnostic care and social care support
- Ensure, where we can, that there is multidisciplinary working to contribute to a single assessment which considers all of the person's needs.
- Ensure assessments are carried out by staff with appropriate skills to take into account the wide spectrum of needs of someone with ASC.
- Agree and evaluate the criteria that determine if an individual receives services to ensure that people do not slip through the net.
- Implementation of NICE diagnostic pathway on autism.
- Implement robust transition planning.
- Support GP's with their commissioning role.
- Ensure that there is an employment, training, education pathway, to support local people with ASC to lead normal fulfilling lives.

5.3 Getting the right housing

Expected Outcomes

People with Autism Spectrum Condition get the same opportunities to live with who they want to live with and have access to good quality housing that meet their needs.

Southend Council is required under the Equality Act to take into account the needs of disabled people when considering housing provision. This includes the needs of young people and adults with ASC.

Particular consideration should be given to the individual needs a person with ASC may have in relation to lighting, textures, fittings, noise reduction and layout of the home. These requirements relate to both new housing as well as alterations to existing stock.

In Southend there is a local housing strategy, and the Adult and Children social care teams work in partnership to identify and plan for the housing needs of young people and Adults with ASC.

Southend Council is working to reduce the number of people in residential care including bringing people back from out of borough placements and increasing supported living options through its innovative 'step down programme' Currently supported housing is met through a Supporting People framework agreement and spot purchase provision.

Options for housing and other forms of accommodation include:

- Shared supported housing
- Home ownership
- Shared Lives (Where a person lives in a family home)
- Public sector rented properties
- Private Sector rented properties
- Residential care

There is an increasing demand from transition to adult services of younger people with a learning disability who have complex needs including those with autism. SBC continues to focus on promoting inclusion into the wider community and enabling individuals to reach their full potential in terms of independence.

Following the recent report Transforming Care: A National Response to Winterbourne View Hospital, the Council is working closely with CCG and neighbouring LA colleagues to ensure any Southend resident with ASC and or a Learning disability placed in a residential care home or hospital out of borough receives regular review and assessment visits from local clinical staff and that residents are returned to local services as soon as practical. The Council is fully committed to ensuring all its vulnerable residents are protected and kept safe from harm

What do we need to do?

- Ensure that the needs of young people and adults with ASC is taken into account in local housing planning, design and allocation, in line with local priorities and is embedded in the local housing strategy.
- People with ASC and their carers should be supported to understand housing options available to them, including financial help they may be entitled to. This support should be accessible both during the transition period of moving and on an on-going basis as required.
- Evaluate, develop and improve access to local housing provision to support people to reach their full potential to live as independently in the community as possible.
- Ensure housing contracts (both supported living and residential care) recognise the needs of people with an ASC.
- Ensure robust contract and case management monitoring of people's housing arrangements.
- Continue to raise the importance of safeguarding with service users, carers and providers and ensure people understand safeguarding issues and their roles and responsibilities.
- Support people with ASC to move on from assessment and treatment units, hospitals and residential care to supported living.
- Implement lessons learnt from Winterbourne View and ensure robust multi-agency protocols are in place to enhance communication, as well as models of care and support for people with a learning disability, including those with ASC based upon person centred care and provided locally where possible.

5.4 Helping people with Autism Spectrum Condition into employment and training

Expected Outcomes

People with ASC receive opportunities for employment and training regardless of their disability

Research indicates that only 15% of adults with ASC in the UK are in full-time paid employment, with 51% of adults with ASC in the UK having spent time with neither a job, nor access to benefits. 10% of these have been in this position for a decade or more. This shows there needs to be a commitment to do more to help adults with ASC into work.

The promotion of training and work programmes in local schools and colleges is paramount to support the long term goal of supporting people into employment which in turn will enable positive outcomes relating to social inclusion and health and wellbeing.

There are government initiatives in place such as Work Choice, the Work Programme and Access to Work which support people of working age into employment and people with Autism Spectrum Condition are entitled to take part.

The Equality Act 2010 makes it clear that services are required to make reasonable adjustments for disabled adults; this includes adults with Autism Spectrum Condition. Staff responsible for delivering employment services to disabled people will need to engage further with the employment market in order to develop and promote employment opportunities for people with ASC. Opportunities also should best meet people's needs.

The Local Job Centre plus provides information, advice, guidance and support to enable people to enter or get back into employment. The disability employment advisor based at the Job Centre provides support

What do we need to do?

- Review the support services which are currently available to help people with Autism Spectrum Condition into employment and training to facilitate better outcomes for them.
- Develop services and work with other directorates to support and increase work opportunities to people with Autism Spectrum Condition, in particular those who have accompanying disabilities such as learning disabilities and mental health needs in order to access meaningful employment, work experience and volunteering.
- Develop working relationships with wider voluntary sector providers to explore volunteering options for people with autism that can support people to enter into the world of work.
- Make sure that partner organisations have made reasonable adjustments for people with ASC at their premises in compliance with Disability Equality Duty 2006. Compliance should be reflected in all Council contracts.
- Monitor the number of people gaining employment following the implementation of this strategy.

5.5 Service planning and personalisation

Expected Outcome

People with Autism Spectrum Condition will receive a more personalised service in accordance with their needs.

Personalisation is about choice and control. It is at the heart of the transformation programme for adult social care. Self-directed support and the use of direct payments and personal budgets have all demonstrated real improvements for individuals as they take control of the support they get to live the lives they want. Personalisation is crucial for allowing people with ASC to have control over their lives.

People with autism have varying needs that affect them in different ways and therefore they may not have access to appropriate services to meet their needs under the more traditional service-led approach.

Personalisation offers a positive way for an individual to receive the services they require to meet their individual need and preferences.

Direct payment is one of the deployment options available for people with Autistic Spectrum Condition and their families. This gives flexibility in the support which can be provided.

SBC has a strong ethos of person centred planning for people receiving care and has provided training in Person centred Planning for service users and providers in all parts of the borough. Between September 2010 and May 2013 we trained 301 people:

- 131 people with learning disabilities
- 77 provider staff
- 53 Council staff
- 29 N.H.S. staff
- 7 carers
- 3 student social workers
- 1 volunteer

What do we need to do?

- Ensure good accessible information is available that explains the personalisation process, gives advice and signposts people to main stream services.
- Work with providers to ensure people with Autism Spectrum Condition are involved in the selection process for those who provide their care and support wherever possible.

5.6 Supporting families and carers of people with Autism Spectrum Condition

Expected Outcome

Carers are meaningfully involved in areas that affect their cared for person
Carers are offered and have access to their own assessment

The approach to Carers for people with ASC is and will continue to be part of a generic approach to carers of all client groups. This approach is applicable in developing the Carers' Strategy and in care management and planning.

With regard to strategy:

- A Southend-on-Sea Joint Commissioning Strategy is being developed that sets out how we intend to support carers between 2014 and 2019.

With regard to care management and planning:

- Carers to be included as a key part in discussions about care options. Carers will continue to be meaningfully involved.

At present Southend-on-Sea Borough Council provides range of services to support carers to continue their caring role including respite, information and advice, emergency help and advocacy. Carers can also request a carer's assessment and may qualify for a personal budget to support them in continuing their caring role.

What we need to do?

- Publish the Carers Joint Commissioning Strategy 2014 – 2019. The action plan contains a range of initiatives for developing carers' support within Southend-on-Sea.
- Consider how actions in the Carers Joint Commissioning Strategy can be made specific to the requirement of the carers of people with ASC.

5.7 Transition from Children to Adult Services

Expected Outcome

Children, young people and their families know what services are going to be available to them as they get older, and that these services meet their need and are local.

At present we have a Transitions Protocol between health and social care which covers young people between the ages of 14 and 25. This protocol helps agencies to understand their role within the Transition process for each young person. It seeks to do this in a way that minimises disruption to the young person and their family at a time of considerable change in the lives of people.

Whilst this approach to transition is likely to be effective, there will still be uncertainties for families and young people about the continuation of services as young people get older. For instance, children will often have support through the Special Education Needs system which comes to an end when they reach the age of 18. They then, may or may not be eligible for social care. Eligibility depends on the level of need when looked at against the Fair Access to Services Criteria (FACS).

The provision of services is itself broadly shaped for young people with Learning Disabilities but adjusted where possible, through training, to improve access and outcomes for young people with Autism Spectrum Condition.

Some children and young people are placed outside the borough because there is not the right range of services within Southend-on-Sea. There is also a rise in the numbers of children with ASC and other complex needs leading potentially to more residential provision

A clearer pathway for people with ASC needs to emerge which encompasses those things relevant to young people including learning, the possibility of employment and housing.

Information about what is on offer for children/young people and their families also needs to improve.

What we need to do?

- Obtain accurate statistics on the on the numbers of young people with autism to enable the better planning of services and young people move from childhood to adulthood.
- Commission services to be provided locally. In the light of Winterbourne, this should apply to both NHS and Local Authority provision and apply to people at all ages.
- Achieve better outcomes during transition (up to age 25) for children and young people and carers. (Outcomes to include learning/training and employment). Achieving better outcomes in transitions will reduce the frequency with which adults with ASC need to access support in later life.
- Improve the information available for young people with ASC and their families. This will include information and signposting for those not eligible for adult social care services. Children/young people and their families will be better prepared.
- Enhance the skills of professionals to be able to better support children/young people and their families at the time of transition.
- Strengthen the relationship between children's and adult's services across partners as the governments recommendations on Education, Health and Care plans from birth to age 25 are implemented. Part of the Government's proposed approach includes the offer of personal budgets for children/young people and their families.

5.8 Criminal Justice System

Expected Outcome

People with Autism Spectrum Condition receive the appropriate support they require and need.

The national strategy recommends that pathways should be developed through the criminal justice system for adults with Autism Spectrum Condition as this will help identify key players locally who may be required to work alongside criminal justice staff.

What we know:

There are a higher percentage of young people in the criminal justice system that has some degree of learning disabilities including those with ASC.

There are no designated specialist staffs working within the Court Diversion service for people with learning disabilities or ASC within Southend.

A reducing victimisation programme board, MARAC is in place and is a way of ensuring that individuals with autism who may have committed a crime or who are a victim of crime can be identified and supported through the criminal justice system

What do we need to do?

- Support health colleagues in establishing a robust court diversion scheme for people with Autism Spectrum Condition
- Strengthen partnership working between groups and services to help prevent people with Autism Spectrum Condition becoming victims or perpetrators of crime.
- Development of a pathway and support system for people with Autistic Spectrum Condition who are in the criminal justice system to ensure they have a key worker with the knowledge and skills to provide appropriate support
- Potentially develop a strategy to identify people within the Criminal Justice System who may have undiagnosed ASC.

6 Financial resources

Southend Council like other councils are undergoing efficiency programmes coupled with transforming the way in which services are provided and commissioned in line with the Personalisation Agenda.

No additional funding has been allocated to support the implementation of this local strategy, therefore the focus will be on service redesign and re-configuration of exiting services to ensure that they meet the needs of people with ASC of a high quality standard and also deliver value for money. This is likely to increasingly require joined up approaches across health and social care and in the context of developing 'Pioneer' work.

7. Making it happen

7.1 Implementation Planning and Governance

The Council has already undertaken consultation events with service users, carers and other groups and organisations that work with people who have ASC and many of the comments made by them have shaped and influenced the expected outcomes within this strategy. Once approved, the lead for seeking to take forward this strategy will be with the Strategy and Planning Manager for Learning Disabilities within SBC. It is proposed that an Autism Spectrum Conditions steering group will report to the LDPB and Health and WellBeing Board on the progress of implementation.

7.2 Action Plan

Targets from the Consultation Event in October 2012

Targets	Responsibility	Timescales
<ul style="list-style-type: none"> • Work closely with health and other agencies in relation to reasonable adjustments for service delivery for people with Autism Spectrum Condition 	Steering Group	Ongoing
<ul style="list-style-type: none"> • Work with the local communities to raise awareness of ASC. 	Steering Group	Ongoing
<ul style="list-style-type: none"> • Work within current resources in light of the financial climate to implement the local strategy 	Steering Group	Ongoing
<ul style="list-style-type: none"> • Awareness raising to ensure families and carers of people with ASC from the BME communities are aware of their rights and services available 	Steering Group	Ongoing

Broad mapping and commissioning outcomes

Expected outcomes	Targets	Responsibility	Timescales
<ul style="list-style-type: none"> • Improve preventative support services, including better signposting to mainstream/universal services • Improve information available for community based services, such as leisure opportunities, support groups and networks • Understand what the demands are for specific/specialised services, the costs of these and ensure that service provision is delivering value for money 	<ul style="list-style-type: none"> • Improve data collection about people who use or need our services. • Commission services in line with expected increase in the prevalence of people with ASC over the next 10-15 years • Stimulate the local market to ensure appropriate provision is available locally to meet the needs of people with ASC 	<p>Steering Group/Commissioners across health and social care.</p> <p>Steering Group/Commissioners across health and social care</p> <p>Steering Group/Commissioners across health and social care</p>	<p>Ongoing - Aspects to relate to the Preventative Stream in the Pioneer work</p> <p>Ongoing</p> <p>Ongoing</p>

Southend Borough Council Autism Strategy Action Plan

Strategic objectives	Expected outcomes	Targets	Responsibility	Timescales
1. Increasing staff awareness and understanding of autism	<ul style="list-style-type: none"> Improved awareness and understanding of Autism Spectrum Condition Early identification and support Reducing stigma attached to Autism Spectrum Condition A robust communications and engagement plan to increase awareness autism among staff and the public 	<ul style="list-style-type: none"> Ensure that Autism Spectrum Condition awareness training is part of staff's induction and included in the contractual arrangements for commissioned services. Identify priority groups for training on Autism Spectrum Condition. Liaise with key organisations that specialise in ASC e.g. NAS, using resources for autism to assist in the development of training programmes. 	<p>Jan Richardson</p> <p>Karen Peters/Glyn Jones</p> <p>Matthew Harding(CTPLD) and other Adult Social Work Teams; Eleanor Wilson</p> <p>Eleanor Wilson</p>	<p>Sept 2014</p> <p>Sept 2014</p> <p>July 2014</p> <p>June 2014</p>
Strategic objectives	Expected outcomes	Targets	Responsibility	Timescales
2. Developing Care pathways and needs assessment for people living with ASC	<ul style="list-style-type: none"> A clear care pathway available for both adult and young people (including those in transition services). Improved access to mainstream services and the required support. Providing care and services based upon Person Centred Planning Better working relationships with GPs 	<ul style="list-style-type: none"> Identify a local ASC Lead to mobilise support and influence the development of quality diagnostic pathway Agree referral route and screening tools for Adults Develop clear communication pathway for people with ASC and their carers about availability of support, post diagnostic care and social care support Multidisciplinary working is crucial to ensure a single assessment is completed, which considers all of the person's 	<p>Steering Group</p> <p>Steering Group</p> <p>Steering Group</p> <p>Steering Group</p>	<p>June 2014</p> <p>February 2015</p> <p>February 2015</p> <p>Ongoing</p>

	<p>to improve health outcomes for people with Autism Spectrum Condition, as well as improving GP's knowledge of people with Autism Spectrum Condition registered with their practice</p>	<ul style="list-style-type: none"> • Ensure assessments are carried out by staff with appropriate skills to take into account the wide spectrum of needs of someone with ASC • Agree and evaluate the criteria that determine if an individual receives services to ensure that people do not slip through the net. • Implementation of NICE diagnostic pathway on ASC • Implement robust transition planning. • Support GP's with their commissioning role. • Ensure that there is an employment, training, education pathway, to support local people with ASC to lead normal fulfilling lives. 	<p>Steering Group</p> <p>Steering Group</p> <p>Steering Group</p> <p>Steering Group and Transitions groups</p> <p>Steering Group</p> <p>Steering Group</p>	<p>September 2014</p> <p>September 2014</p> <p>Ongoing</p> <p>September 2014</p> <p>Ongoing</p> <p>September 2014</p>
<p>Strategic objectives</p> <p>3. Getting the right housing</p>	<p>Expected outcomes</p> <ul style="list-style-type: none"> • People with Autism Spectrum Condition get the same opportunities to live with who they want to live with and have access to good quality housing that meet their needs 	<p>Targets</p> <ul style="list-style-type: none"> • Ensure that the needs of young people and adults with ASC is taken into account in local housing planning, design and allocation, in line with local priorities and is embedded in the local housing strategy. • People with Autism Spectrum Condition and their carers should be supported to understand housing options available to them, including financial help 	<p>Responsibility</p> <p>Glyn Jones/Housing</p> <p>CTPLD and other Adult Social Work Teams; Supporting People and Housing Providers</p>	<p>Timescales</p> <p>TBC</p> <p>Ongoing</p>

		<p>they may be entitled to. This support should be accessible both during the transition period of moving and on an on-going basis as required.</p> <ul style="list-style-type: none"> • Evaluate, develop and improve access to local housing provision to support people to reach their full potential to live as independently in the community as possible • Ensure housing contracts (both supported living and residential care) recognise the needs of people with an Autism Spectrum Condition • Ensure robust contract and case management monitoring of people's housing arrangements • Continue to raise the importance of safeguarding with service users, carers and providers and ensure people understand safeguarding issues and their roles and responsibilities • Support people with ASC to move on from assessment and treatment units, hospitals and residential care to supported living. • Implement lessons learnt from Winterbourne View and ensure 	<p>CTPLD and other Adult Social Work Teams/Supporting People and Housing Providers</p> <p>Lee White/ Karen Peters</p> <p>Lee White/ Matthew Harding (CTPLD) and other Adult Social Work Teams/Karen Peters</p> <p>Sarah Range/Karen Peters/Glyn Jones</p> <p>Community Team for People with Learning Disabilities (Local Authority and NHS)</p> <p>Glyn Jones/Matthew Harding/Steering</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>
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		robust multi-agency protocols are in place to enhance communication, as well as models of care and support for people with a learning disability, including those with Autism Spectrum Conditions based upon person centred care and provided locally where possible	Group/South Essex Winterbourne Group	
Strategic objectives	Expected outcomes	Targets	Responsibility	Timescales
4. Helping people with ASC into employment and training	People with Autism Spectrum Condition receive opportunities for employment and training regardless of their disability	<ul style="list-style-type: none"> Review the support services which are currently available to help people with Autism Spectrum Condition into employment and training to facilitate better outcomes for them. Develop services and work with other directorates to support and increase work opportunities to people with Autism Spectrum Condition, in order to access meaningful employment, work experience and volunteering. Develop working relationships with wider voluntary sector providers to explore volunteering options for people with autism that can support people to enter into the world of work. Make sure the partner organisations have made reasonable adjustments for people with ASC at their premises in compliance with 	CTPLD and other Adult Social Work Teams/ Transitions Coordinator/ Employment Coordinator (SBC) and DWP Employment Coordinator/DWP Employment Coordinator/DWP Employment Coordinator/Glyn Jones/Karen Peters	July 2014 Ongoing Ongoing Ongoing

		<p>Disability Equality Duty, 2006 and is reflected in all Council contracts</p> <ul style="list-style-type: none"> Monitor the number of people gaining employment following the implementation of this strategy. 	<p>Employment Coordinator/Glyn Jones/Michael Barratt</p>	<p>Quarterly from September 2014</p>
<p>Strategic objectives</p> <p>5. Service planning and personalisation</p>	<p>Expected outcomes</p> <p>People with ASC will receive a more personalised service in accordance with their needs.</p>	<p>Targets</p> <ul style="list-style-type: none"> Ensure good accessible information is available that explains the personalisation process, gives advice and signposts people to main stream services. Work with providers to ensure people with Autism Spectrum Condition are involved in the selection process for those who provide their care and support wherever possible. 	<p>Responsibility</p> <p>Steering Group</p> <p>Glyn Jones/Karen Peters</p>	<p>Timescales</p> <p>December 2014 and ongoing</p> <p>Ongoing</p>
<p>Strategic objectives</p> <p>6. Supporting families and carers of people with Autism Spectrum Condition</p>	<p>Expected outcomes</p> <ul style="list-style-type: none"> Carers are meaningfully involved in areas that affect their cared for person Carers are offered and have access to their own assessment 	<p>Targets</p> <ul style="list-style-type: none"> Publish the Carers Joint Commissioning Strategy 2014 – 2019. The action plan contains a range of initiatives for developing carers' support within Southend-on-Sea Consider how actions in the Carers Joint Commissioning Strategy can be made specific to the requirement of the carers of people with ASC. Following that implement actions 	<p>Responsibility</p> <p>Matthew Mint</p> <p>Glyn Jones and Matthew Mint</p>	<p>Timescales</p> <p>December 2013</p> <p>July 2014</p>
<p>Strategic objectives</p>	<p>Expected outcomes</p>	<p>Targets</p>	<p>Responsibility</p>	<p>Timescales</p>

7. Transition from Children to Adult Services	Children, young people and their families know what services are going to be available to them as they get older, and that these services meet their need and are local.	<ul style="list-style-type: none"> • Obtain accurate statistics on the numbers of young people with autism to enable the better planning of services and young people move from childhood to adulthood • Commission services to be provided locally. In the light of Winterbourne, this should apply to both NHS and Local Authority provision and apply to people at all ages. • Achieve better outcomes during transition (up to age 25) for children and young people and carers. (Outcomes to include learning/training and employment). • Improve the information available for young people with autism and their families. This will include information and signposting for those not eligible for adult social care services. Children/young people and their families will be better prepared. • Enhance the skills of professionals to be able to better support children/young people and their families at the time of transition. 	<p>Transitions Coordinator/Margaret Wall/Commissioning Manager for CYP</p> <p>Steering Group</p> <p>Transitions Groups/Transitions Coordinator/ CTPLD and other Adult Social Work Teams/Commissioning Manager for CYP/Steering Group</p> <p>Steering Group</p> <p>Eleanor Wilson/Matt Harding and other Adult Social Work Teams/Transitions Teams</p>	September 2014
				Ongoing
				Ongoing
				March 2015
				Ongoing

		<ul style="list-style-type: none"> Strengthen the relationship between children's and adult's services across partners as the governments recommendations on Education, Health and Care plans from birth to age 25 are implemented. Part of the Government's proposed approach includes the offer of personal budgets for children/young people and their families. 	Steering Group/Transitions Group/EHC and 'Offer' groups.	Ongoing and in line with the present timetable for developing EHC plans and the offer.
Strategic objectives 8. Criminal Justice System	Expected outcomes People with Autism Spectrum Condition receive the appropriate support they require and need	Targets <ul style="list-style-type: none"> Support health colleagues in establishing a robust court diversion scheme for people with Autism Spectrum Condition Strengthen partnership working between groups and services to help prevent people with ASC becoming victims or perpetrators of crime. Development of a pathway and support system for people with ASC who are in the criminal justice system to ensure they have a key worker with the knowledge and skills to provide appropriate support 	Responsibility Glyn Jones/Steering Group Steering Group Steering Group	Timescales March 2015 July 2015 September 2015

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