

Bristol Autism Strategy

2012-2015

Children & Adults



Version Control Documentation

Title	Bristol Autism Strategy	
Author	Bristol Autism Strategy Group	
File name		
Version	10	
Status (Draft/ Final)	Final	
Date	11 June 2013	
Approved by		
Date effective from		
Date for Review		
Policy/Strategy Lead	Mike Hennessey	

Review		
Author		
File name		
Version		
Status(Draft/ Approved)		
Date		
Approved by		
Date effective from		
Date for Review		
Policy/ Strategy Lead		

History		
Version	Reviewed By	Date
Draft 1 and 2	Autism Strategy Group	24.01-11
Draft 3	Autism Strategy Group	23.09.11
Draft 4	Andy Heron	13.10.11
Draft 5	Andy Heron	17.10.11
Draft 5.1	Mike Hennessey	13.1.12
Draft 6	Lal Heaton/Richard Hurst	6.2.12
Draft 7	Lal Heaton	2.3.12
Draft 8	Mike Hennessey	7.3.12
Draft 9	Lal Heaton	12.12.12
Draft 10	Wendy Sharman	11.6.2013

Table of Contents

1.	Introduction.....	4
2.	Defining Autism	5
3.	Autism in Bristol.....	6
4	The Autism Act 2009 and other key policy drivers.....	7
5.	Our vision for Bristol.....	8
6.	Specific areas for action	9
7.	Increasing awareness and understanding of autism	9
8.	Improved access to diagnostic and assessment services	10
	Adult Diagnosis and Assessment	11
	Child Diagnosis and Assessment and Education	11
9.	Improving access to services; to facilitate independent living for adults, and for children to continue to be able to live with their families	13
	Transitions.....	13
	Health Services	14
	Housing	15
10.	Helping people with autism into education, work and training	16
	Employment	16
	Children’s Education.....	17
	The Special Educational Needs process	17
	Adult Education	18
11.	Improving the way we plan and prioritise services for adults and children with autism.....	18
	Identification and data collection.....	18
12.	Enabling others to develop relevant services for people with autism (the criminal justice system).....	19
13.	The needs of carers.....	20
14.	Monitoring progress and future development	21
Appendix A.....	22
	Autism Spectrum Condition Adult Care Pathway	22
Appendix B.....	23
	Impaired Social Communication Pathway	23
Appendix C.....	23
	Membership of the Bristol Autism Strategy Development Group.....	24
Appendix D.....	25
	Other related policy documents	25
Appendix E.....	26
	Glossary of terms	26
Appendix F	29
	Strategic Action Plan 2012-2015	29

1. Introduction

- 1.1 People with autism¹ are valued members of our communities. NHS Bristol and Bristol City Council are committed to working together to improve the lives and opportunities for adults and children with autism. Autism is a lifelong spectrum condition that affects how a person relates to, and communicates with, people around them. Whilst some people are able to live independently others require a lifetime of specialist support. It is recognised that as a result, people with autism need a wide range of appropriate support that responds to the spectrum of need and to people of all ages.
- 1.2 This Strategy and Action Plan have been produced with the help of both people who have autism and also family carers. It has been produced in response to the requirements of the Autism Act 2009 and it is designed to ensure the local implementation of 'Fulfilling and Rewarding Lives: The Strategy for Adults with Autism in England.
- 1.3 Our strategy is deliberately ambitious in that it goes beyond the requirements set out in the Autism Act 2009 and the associated policy guidance, which only applies to adults. Poor outcomes for adults often have their origins in poor support in childhood. We are therefore committed to ensuring good local support for children with autism across the spectrum. This includes specialist support for schools and families to prevent high rates of exclusion among people with autism. By including the needs of children in this strategy, we hope to do more to support people with autism in realising their potential at all stages of their lives. We recognise that effective collaborative working between children and adult statutory services and the third sector is fundamental to developing high quality support for people of all ages across the spectrum.
- 1.4 This document sets out our vision of services for people with autism in the years ahead and we also state the key principles that underpin this approach. The starting point for the strategy is an acknowledgement that many people with autism have not previously been well served by traditional approaches to assessment, treatment and care.
- 1.5 The Action Plan appended to this document (see Appendix F) has been designed as a commissioning framework for the years ahead. Further levels of detailed planning will be required as we work to implement the strategy over the next three years and we propose this should be carried out in collaboration with other Boards, such as the SEND+ Commissioning Board, and the Learning Difficulties Partnership Board, and monitored by the Autism Forum, with its work being overseen by the new Health and Wellbeing Board.
- 1.6 This document sets out the strategy for Bristol: its development has been influenced by South West regional guidance produced jointly by the National Autistic Society and the Department of Health. By developing effective collaborative working across children, adults and third sector services we believe it will be possible to develop high quality support for people of all ages across the spectrum. We are mindful of the extreme budgetary constraints under which we are all operating, but nonetheless remain confident that Bristol

¹ Some prefer the term 'autistic people'

has the potential to deliver excellent services in the assessment and care of adults and children with autism, with the strategy representing an important milestone at the start of this journey.

2. Defining Autism

- 2.1 Autism Spectrum Condition (Autism) is the collective term for Autism, Asperger Syndrome, Atypical Autism and Pervasive Developmental Disorder – Not Otherwise Specified. Current thinking suggests that Autism is a lifelong developmental condition that varies in severity in its impact on individuals. The National Autistic Society defines Autism as: ‘a complex spectrum condition. People on the autism spectrum experience three main areas of difficulty:
- Social interaction – difficulty in social relationships
 - Social communication – difficulty with verbal and non-verbal communication
 - Social imagination – difficulty in the area of imagination and flexibility of thought’
- 2.2 As unique individuals, no two people with autism are the same, although people with autism may also show a strong preference for routine and rules, and some experience sensory sensitivity; for example in disliking loud noises.
- 2.3 The autism spectrum is commonly divided into two main sub-groups of Autism and Asperger Syndrome. Children on the autism spectrum are usually described as having Autistic Spectrum Disorder [ASD] and this current variation in language for the same condition is purely historical and potentially confusing. In this document therefore we talk about children and/ or people with autism to cover all these related conditions.
- 2.4 Around half of people living with autism also have a learning difficulty, and these people tend to receive a diagnosis of autism. Those with no learning difficulty have been referred to as having Asperger Syndrome, but impending changes in the definition of autism mean Asperger’s as a term is being less used.
- 2.5 An inability to match self-expectation and those of others can result in people who have autism but not learning difficulties experiencing other difficulties including anxiety and depression, especially if expectations cannot be achieved due to social limitations or lack of opportunity.
- 2.6 It can be difficult for professionals to recognise that a person has autism when there is no learning difficulty present, so the condition frequently goes undetected. Awareness of autism is poor, even amongst experienced health and social care professionals and mainstream services often struggle to provide the appropriate support required to enable people with autism to live full and independent lives. As a consequence of this lack of awareness and expertise, people with autism have been amongst the least well served by public services.
- 2.7 The identification of autism in children and young people can be more complex and diagnosis must be undertaken with great care to ensure that other possible causes or conditions are not overlooked. For these reasons, guidelines currently under development by the National Institute for Clinical

Excellence [NICE] are likely to recommend that diagnosis should only be undertaken by a specialist multidisciplinary Autism Spectrum Disorders Team.

- 2.8 As with adults, the severity of the condition varies greatly in children and the main areas of difficulty listed above can remain masked, only coming to the fore as the child's world changes over time and the demands of social interaction and communication increase. In arriving at the point of diagnosis it is essential that the views of the child or young person are taken into account alongside those of parents, carers and professionals.
- 2.9 Whilst it is possible for people with autism to live fulfilling and rewarding lives, with friends, families and employment, many on the spectrum experience significant challenges, including:
- Significantly increased risk of exclusion from school
 - Social exclusion associated with difficulties establishing and maintaining relationships
 - Economic exclusion and unemployment
 - Inconsistency in the availability of services with a common experience of falling between services as autism does not fit the traditional inclusion criteria for mental health or learning difficulty services
 - Increased risk of homelessness
 - Increased vulnerability to all forms of exploitation

The experiences above are compounded by lack of knowledge and awareness amongst the public as well as health, social care and educational professionals leading to a failure to recognise the condition

3. Autism in Bristol

- 3.1 Autism is currently thought to affect approximately one in every 100 people. With a population of 433,000 Bristol's population is therefore likely to include over 4,000 people with autism. Current estimates suggest over half of these people will also have a learning difficulty and approximately 1500 people will have autism in the absence of learning difficulties.
- 3.2 At a national level, the understanding of numbers of people living with Autism is not yet clear and for this reason the Department of Health commissioned a study that reported at the end of 2011. Here in Bristol, the Joint Strategic Needs Assessment (JSNA) is an annual process that records information on the health and well-being status of the Bristol population. There is currently limited information on the needs of children and adults with autism in Bristol. This lack of information has recently been highlighted and is documented in the 2010 update as an issue that needs to be prioritised.
- 3.3 The Avon Longitudinal Study of Parents Children (ALSPAC) showed a local prevalence rate of autistic spectrum diagnosis as 6.2 per 1000 children up to the age of 11 years of age. A small local study of children on 5 GP registers found an averaged rate of autism diagnosis of 5.5 per 1000 children, aged 0-18 years. These figures suggest that approximately 700 children in Bristol are likely to have autism.
- 3.4 A number of issues need to be considered as we try to improve the collection of information about autism across the age spectrum. These include:

- Promoting the importance of collecting better information across a range of agencies as a basis for planning and change
- The development of a common approach to terminology and information collection across agencies
- The ongoing active engagement of people with autism and their carers in identifying what information we should collect

4 The Autism Act 2009 and other key policy drivers

4.1 The Autism Act came became law in November 2009 and was the first ever condition-specific piece of legislation in England and Wales. The Act placed new responsibilities on NHS bodies and local authorities for the planning and provision of services for adults with autism. The Act does not apply to children.

4.2 In response to the Act coming into law, the Department of Health published Fulfilling and Rewarding Lives in March 2010, a National Strategy for Adults with Autism. The guidance set out the following vision:

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

4.3 The National Strategy highlighted five core areas for development and action:

- Increasing awareness and understanding of autism across all public services
- The development of clear, consistent pathways for diagnosis in every area, which is followed by the offer of a personalised needs assessment by the local authority
- Improving access for adults with autism to mainstream public sector services and the support they need to live independently within the community
- Helping adults with autism into work
- Building capacity and capability at a local level to enable local partners to plan and develop relevant services for adults with autism to meet identified needs and priorities

We believe that these core areas are equally important in relation to children with autism, even if the ways they are addressed may be different.

4.4 Statutory guidance for local authorities and NHS organisations to support the implementation of the Autism Act was subsequently issued in December 2010.

4.5 In July 2011 the South West Regional Oversight Group for Adults with Autism issued further commissioning guidance to Primary Care Trusts and local authorities. The Department of Health, NHS South West and the National Autistic Society jointly launched the guidance.

4.6 The national policy context for children with autism is currently at an earlier stage than for adults. In 2003 the National Initiative for Autism Screening and Assessment [NIASA] produced a National Autism Plan for children. The plan was produced to improve the identification, assessment, diagnosis and access

to early interventions for pre-school and primary aged children with Autistic Spectrum Disorders and set out a series of key actions. It was published in collaboration with The National Autistic Society, The Royal Colleges of Psychiatrists, Paediatrics and Child Health and the All Party Parliamentary Group on Autism.

- 4.7 The National Institute for Health and Clinical Excellence (NICE) is currently consulting on new clinical guidelines for the recognition, referral and diagnosis of Autistic Spectrum Disorders in children and young people.
- 4.8 There are a number of existing local and national policies, which include those detailed at Appendix D, for children, families and adults, which create the broader context for this Autism Strategy.

5. Our vision for Bristol

- 5.1 We share and fully endorse the national vision of a new beginning for adults with autism in England and Wales. As local partners serving the diverse population of Bristol we are also united in our ambition to go beyond the requirements of the Autism Act by also seeking to improve services for children and young people.
- 5.2 Although there is still much work to be done in the city to improve services for adults and children with autism, we also believe that Bristol starts from a position of relative strength compared to many other cities. Bristol will aim to ensure good support for people of all ages across the spectrum. This ranges from low level, targeted support for large numbers of people to highly specialist support for those with complex needs. Already in place in the city are a range of support and diagnostic services within education, social care and health for children with autism. (Information about services for children and young people with autism in Bristol can be found on www.autism.org.uk). There is also a well-developed Transitions Service that has an excellent track record of working with young people with learning disabilities. In adult services, we also have the NHS commissioned Bristol Autistic Spectrum Service, (BASS) a specialist diagnostic service commissioned as a pilot in 2009.
- 5.3 The city has a number of nationally recognised authorities in the field of autism already working within the service in Bristol, and we have been fortunate that these national experts have contributed to the development of this strategy and will work with us to oversee its implementation.
- 5.4 Our aim is to deliver a strategy that produces valued outcomes for people with autism of all ages, by providing an integrated framework for assessment, intervention and support that will improve access to diagnosis and services. We want to see continuing improvement in the way that young people experience the critical period of transition from children's services to adulthood. We aim to achieve this by strengthening collaboration between agencies and increasing the use of person centred planning.
- 5.5 Bristol is a vibrant city and, as such, it is experiencing a rate of population growth that is twice the national average. Our population is also becoming more diverse with 30% of children in Bristol's schools now coming from black

and minority ethnic communities, and the ability to respond to the needs of adults and children from BME communities will become increasingly important.

- 5.6 To guide the development and implementation of our strategy for our diverse communities we have developed a number of core principles:
- Bristol has the potential to deliver excellent services in the assessment and care of people with autism
 - People with autism should be supported to achieve meaningful and fulfilling lives within our city, without fear of exclusion or abuse
People with autism should be supported to fulfil their unique potential and to make a positive contribution to our communities
 - Assessment, diagnosis and support should be accessible
Staff delivering public services should receive training so that they are aware of the particular needs of people with autism
 - There should be equality of access for people with autism to mainstream health provision and to specialist services, with reasonable adjustments to achieve this
 - Services should be accessible to people from all equality groups, and assessment and intervention should take account of the social and spiritual context of the people served
 - People with autism should have access to a range of housing and living options
 - People with autism should have access to education, training and work opportunities
 - Families and carers should be informed, consulted and supported within the context of person centred care planning
 - Early diagnosis and service provision should be prioritised to help young people to make the best possible start in life

6. Specific areas for action

- 6.1 In line with national guidance and our local commitment to improving the lives of people of all ages with Autism, our 3 year Strategic Action Plan will include the following areas:

- (i) Increasing awareness and understanding of autism
- (ii) Improving access to diagnostic services for children and adults and early offers of help and support for children and their families
- (iii) Improving access to services to facilitate independent living bearing in mind cultural needs
- (iv) Helping people with autism into work and training
- (v) Improving the way we plan and prioritise services for people with autism
- (vi) Enabling others to develop relevant services for people with autism
- (vii) Identifying and responding to the needs of family carers
- (viii) Monitoring progress and future development

7. Increasing awareness and understanding of autism

- 7.1 It is essential that at the very least, autism awareness training is available to everyone working in health, social care and children's services. Without appropriate training, staff are unlikely to know how to adjust the way they deliver services.

- 7.2 Many professionals have some knowledge of autism and how to support people with autism, but frequently admit their knowledge is severely limited in terms of how autism affects people. Poor understanding of autism amongst practitioners can lead to the condition being overlooked. This problem is compounded by the nature of autism that means that people can give inappropriate, stereotypical or narrow responses to standard assessment questions.
- 7.3 In line with the recommendations of the South West Regional Oversight Group we will seek to ensure that autism awareness training is available to front line staff in public services by:
- Ensuring that existing equality and diversity training programmes are adjusted accordingly
 - Seeking to influence the core training for frontline professionals including those in the criminal justice sector
 - Using existing campaigns to raise awareness amongst employers
- 7.4 We will also consider how best to make available access to ongoing training and supervision.
- 7.5 Staff in the wider workforce with a clear need for training and awareness include:
- Autism specialist staff in education, social care and health
 - Mainstream staff in early years, schools
 - Mainstream staff in the NHS, especially GPs, and those working in Learning Disabilities, Community Child Health and Child & Adolescent Mental Health Services
 - Mainstream staff in Social Care, especially in the Disabled Children service
 - Mainstream youth workers, Connexions, Colleges, Job Centres
 - Youth Offending Services
 - Foster carers
- 7.6 People with autism and their families and friends also need help to understand the condition and how best to access appropriate support and advice, available in a variety of formats including written materials in a range of community languages.
- 7.7 **We aim to improve:**
- Access to information for people with autism and their families
 - Awareness of autism in the general population and employers
 - Levels of awareness amongst front line staff in public services
- 8. Improved access to diagnostic and assessment services**
- 8.1 As has already been described, Bristol starts from a relatively strong position as we seek to improve diagnostic and assessment processes for adults and children. The presence of high profile nationally recognised experts in this field, combined with existing services such as the Bristol Autistic Spectrum Service has positioned the city well as we aim to improve our services. The expertise that is present within our statutory agencies is further augmented by a pro-active and energetic Voluntary Sector, which has also played an

important role in moving services forward in the city and in contributing to the development of this strategy.

- 8.2 As part of this drive to deliver high quality services, we will explore how to streamline access to existing children and adults' services, concentrate expertise and improve collaboration between agencies as young people make the transition from children's to adults' services. We will also explore the potential for partnerships with the Voluntary Sector that would enable services to be planned and delivered collaboratively.

Adult Diagnosis and Assessment

- 8.3 Adults with autism need to be able to get access to appropriate and timely assessment and diagnosis. This is not an end in itself and needs to be linked to a community care assessment to enable people to access support if they need it. Bristol is one of the few areas in England and Wales that has a specialist multidisciplinary autism team, the Bristol Autism Spectrum Service [BASS].
- 8.4 People who have complex needs associated with autism, whether or not they have a learning difficulty, are now supported by Community Learning Disability Teams. Those with less complex needs continue to be supported by locality teams. We aim to keep this issue under review to avoid the possibility of adults falling between services.
- 8.5 The Autism Forum will monitor work being undertaken to clarify care pathways for adults and children in Bristol by adopting the recommendations of the South West Regional Oversight Group (see Appendix A) and in the case of children, the forthcoming recommendations of NICE.
- 8.6 **For adults we will aim to:**
- Secure capacity and capability for diagnosis and assessment in NHS Service, to facilitate early support and intervention
 - Improve the way that the City Council carries out eligibility assessments and reviews by making reasonable adjustments
 - Improve our monitoring arrangements to ensure consistency of access to assessment, diagnosis and services across the city and communities
 - Clarify care pathways and explore how to simplify access to expert statutory and independent sector services, such as BASS and the transition from children's services to adulthood.

Child Diagnosis and Assessment and Education

- 8.7 Parents are key observers of their child's progress and needs and when they become concerned they will often discuss their concerns with GPs or early years settings/schools.
- 8.8 All children routinely receive professional assessments, e.g. by health visitors and teachers. Additional needs, including possible indicators of autism, may be detected in any of these. Health visitors undertake family health and developmental assessments of all young children.
- 8.9 In Early Years settings and schools, when a young child is identified as showing communication, social interaction, play and behaviour difficulties, a

plan will be developed between the pre-school setting, the parents, and appropriate others (e.g. Speech and Language Therapists) to help the child, under Special Educational Needs School Action, School Action Plus, or, in Bristol local authority maintained schools and some academies, through School Action Plus Enhanced (SAPE) systems.

- 8.10 If an Early Years child's difficulties do not improve, a multi-agency assessment may be offered at a child development centre, or in a community setting, with health and pre-school staff cooperating with parents to combine information about how the child is at home and at pre-school. This can lead to a diagnosis, but if the assessment is inconclusive, the diagnosis remains unclear and difficulties persist, this should still lead to further action to help the child.
- 8.11 A school age child who has difficulties with communication, social interaction, play and behaviour, for whom early intervention by school etc. is not working, will be referred through an informed professional e.g. GP, health visitor, school nurse or teaching staff to the Children's Community Health Partnership single point of entry. Children referred will receive a general developmental assessment from at least two health professionals, e.g. a paediatrician, speech and language therapist or clinical psychologist. Ultimately the NHS is the agency with responsibility for diagnosing whether or not a child has autism.
- 8.12 If it becomes clear that, even with appropriate intervention and support, the current educational setting / school requires additional support to meet the child's needs, it may be appropriate for a statutory assessment of Special Educational Needs to be considered. This assessment can lead to a range of possible outcomes including, the existing school providing additional support; support being brought in to the school from specialist agencies, or placement in a specialist school.
- 8.13 In situations where families are under stress and there is a perceived risk of family breakdown, an early years setting, school, multi-agency panel or health professional may talk to the parent about a referral to social services. A social worker in either a children's assessment team, or a disabled children's team will undertake an initial assessment soon after referral. If the situation is complex, a more detailed core assessment may be carried out. Families may be assessed as needing additional support with a plan being put together to provide this.
- 8.14 Where there is concern that the child may have mental health difficulties, the GP, school nurse, or CAF panel may refer the child to the Child and Adolescent Mental Health Service, or in the case of children with learning disabilities, the Children's Community Learning Disability Team. These teams will assess the child's mental health and provide treatment as appropriate.
- 8.15 When a child is diagnosed with autism, a meeting should be held with parents to help them understand the diagnosis and a multi-agency support plan should be developed. If the diagnosis is not clear, more detailed ongoing assessment and monitoring may be undertaken.
- 8.16 A key worker will be identified for children up to 5 years of age following assessment.

8.17 **For children and their families we will aim to:**

- Ensure children have access to more detailed assessment of need when difficulties have been identified, even if it is not yet clear what is creating their difficulties
- Ensure that assessment is holistic, looking at all areas of a child's life and experience
- Diagnose and if appropriate make an offer of help as early as possible
- Work towards more coordinated multi agency assessment for children with autism
- Offer the child and parents information and support and action planning to resolve difficulties following assessment
- Improve consistency and equity of access to diagnosis across the city
- Publicise how to request an assessment for a diagnosis
- Involve health professionals from different disciplines in assessment, in line with forthcoming NICE guidance
- Adjust our arrangements to ensure compliance with the forthcoming NICE guidelines as they become available
- Work towards increased cooperation between children's diagnostic services with their counterpart adult services and the Voluntary Sector.

9. Improving access to services; to facilitate independent living for adults, and for children to continue to be able to live with their families

- 9.1 Following diagnosis, adults will be entitled to an assessment by the local authority to establish whether they are eligible to receive services. The eligibility criteria are designed to ensure equity and consistency in the way that all local authorities allocate their resources across all groups of people in need.
- 9.2 We recognise that people with autism have not always been well served by the standard approach to assessment, as their needs may be masked by poor communication skills on the part of the person being assessed. The increasing use of independently facilitated person-centred planning may well play a part in improving this. The Autism Forum will monitor the operation of local assessments to ensure they are not underestimating the needs of adults with autism.
- 9.3 In line with the national social care policy of personalisation, people can now exercise choice and control about how their needs can best be met by contributing to their self-directed support plan. For many people this includes the opportunity of managing a personal budget to purchase their choice of help and support services. We would like to see many people with autism taking up this opportunity.
- 9.4 Bristol will aim to ensure that all children, including those with more complex needs who require the highest levels of support can be supported locally.

Transitions

- 9.5 The Department of Health defines Transition as follows:

[It is]'a purposeful, planned process that addresses the medical, psychosocial and educational/vocational needs of adolescents and young adults with chronic physical and medical conditions as they move from child-centred to adult-oriented health care systems'.

- 9.6 During transition, a young person is on a gradual continuum from being a child being cared for, to becoming an adult, making decisions about their own life, with support, if necessary.
- 9.7 The aim of the transition process is to minimise disruption, and to enable young people to realise their potential for independence.
- 9.8 The process of transition from children's services to adult services, for education, training, employment, health, and housing, should start well in advance of the young person's 18th birthday. Pathways to Getting a Life (DH 2011) sets out the stages of planning from age 14 upwards that will allow transition to adult services with maximum opportunities for independence, choice and control. We will build on existing links between children's and adults' autism services to ensure that young people and their carers benefit from improved opportunities for partnership working and collaboration between professionals.
- 9.9 **To improve the transition process for young people we will seek to ensure:**
- Professionals in schools and colleges have high expectations of young people with autism, and encourage their potential for employment and further education, recognising and capitalising on the particular strengths of aspects of autism in relation to finding suitable employment.
 - Every young person aged 14 - 18 with a diagnosis of autism, and their parent/carers has access to appropriate information and advice
 - Every young person with a diagnosis of autism and a statement of Special Educational Needs or additional social care needs has access to an assessment of need in advance of transition to adulthood with a smooth hand-over of relevant information
 - Young people entering adulthood are offered a person-centred plan to identify the support they need, both formal and informal to achieve independence, choice and control, in accordance with their needs, ranging from advice to intensive services
 - Young people are listened to and supported to make decisions about their lives and to discuss these with their families
 - Young people are aware of their Indicative Budgets by age 16 in order to inform planning prior to transferring to adult services.
- 9.10 We will learn from the existing specialist multi-agency children's centres and bring together multi-agency teams for young adults with complex needs

Health Services

- 9.11 Good health is the foundation upon which a good quality of life can be built. People with autism can experience many barriers in achieving optimum physical and mental health. One of the aims of our local strategy is to identify, highlight, confront and remove these barriers.

- 9.12 By comparison with the general population children and adults with autism have an increased incidence of some health needs and may present with different patterns of health conditions. Conditions more frequently seen in people with autism include epilepsy, depression, anxiety with associated physical symptoms and other psychiatric disorders.
- 9.13 People with autism must be able to access competent mainstream primary and secondary health services. The healthcare needs of people with autism are frequently poorly understood by mainstream services and staff have often not been properly trained to meet their needs.
- 9.14 **We will aim to:**
- Take account of the needs of children and adults with autism and their carers in the development and design of future health services
 - Have in place planned, clearly defined services with agreed pathways, guidelines, competencies and routine outcome measures to ensure a seamless service and appropriate clinical governance.
 - Ensure good support for people of all ages across the spectrum. This ranges from low-level support for large numbers of people to highly specialist support for those with low incidence complex needs.
 - Ensure that commissioning contracts with health and social care providers draw attention to the need to make reasonable adjustments to services for people with autism
 - Demonstrate how health improvement and health protection initiatives apply equally to people with autism as they do for others, and develop specific enhanced health improvement programmes that take account of health inequalities and barriers to access health services
 - Have in place robust multi agency arrangements for the protection of children and vulnerable adults that take account of the needs of children and adults with autism
- 9.15 People with autism have a higher incidence of mental health needs than the general population. Guidance, training and support to parents, teachers and other professionals are likely to be key to the prevention of future mental health difficulties for people with autism.

Housing

- 9.16 People with autism have varying levels of support and housing needs with some being able to live completely independently.
- 9.17 Exercising choice and control over where and with whom we live is a fundamental part of life and independence for most adults. *Valuing People Now* recognises the importance of people having a home of their own. We share this vision and our aim is to support people with autism to live as independently as possible.
- 9.18 Adults with autism need a range of living environments. Those who require intensive treatment and support have historically been referred to residential services where most of their needs are met by the staff working within the institution. Whilst this may still be appropriate in a very few cases, others benefit from the independence, choice and control they can have if they live independently with support, either alone or with others.

9.19 We aim to run and commission services to ensure people with autism have good access to suitable housing.

9.20 **We will therefore aim to:**

- Continue to encourage the development of a range of new and innovative housing options offering care and support
- Include the specific needs of people with autism in the mental health and learning difficulties accommodation commissioning strategy
- Support people to access mainstream housing where they can have a tailored package of support from a provider of their choosing, using a personal or a managed budget.
- Build on existing projects to enable people with autism to have access to mainstream housing and that support staff have suitable training and awareness
- Offer people with autism the opportunity to live as independently as possible and to exercise choice and control in their lives

10. Helping people with autism into education, work and training

Employment

10.1 Only 15% of adults with autism in the UK are in full-time paid employment, as opposed to 46% of all disabled people. The benefits of work in both economic and social inclusion terms are well-recognised.

10.2 In Bristol, we intend to work on the basis of 'presumption of employability' for people with autism. This means that our starting point with individuals should be to look at what attributes or skills they have that could lead to employment. This should start from childhood at school and continue through college and further education. Our ultimate aim is to establish a wide range of employment opportunities, including voluntary work, full- and part-time working and self-employment.

10.3 People with autism are capable of making a positive contribution to the work place and some people with the condition have traits that can make them particularly valuable to employers in specific roles. We aim to promote greater awareness amongst potential employers about these benefits, as well as the process of making reasonable adjustments to achieve compliance with disability discrimination legislation.

10.4 In line with our 'presumption of employability', we aim to introduce career and employment planning into the transition planning process for young people with autism, together with improved opportunities for work experience at age 14. Learning from the Getting a Life programme (DH 2011) identifies evidence-based approaches to planning for work

10.5 People with autism need clear information and support in their journey to work. In line with our recent employment strategy for people with learning disabilities and with regard to existing employment services, we will ensure that people can access local information services. This support with navigation to access local provision is a key component of ensuring successful employment outcomes.

- 10.6 **In implementing the strategy, we will focus on four key priorities:**
- Raising awareness amongst employers about the potential benefits of employing people with autism
 - Bringing relevant parties together to think about how best to support people into employment including the provision of job coaches.
 - Introducing routine career and employment planning into the transition planning process for young people with autism
 - Improving access to information and advice for people about employment

Children's Education

- 10.7 As with all children, improving access to work and training involves generating high expectations and giving children with autism a good start in learning skills for later life through support and advice to parents, good early years services and high quality education.
- 10.8 Children with autism are more prone to experiencing particular difficulties when moving schools, i.e. from pre-school to primary, and primary to secondary school. Schools are developing transfer processes to assist with these moves for all children, and particularly for those with additional needs.
- 10.9 We recognise that rates of exclusion are high in children with autism and will aim to ensure that specialist outreach support is available to both main-stream and special schools to prevent placement breakdown

The Special Educational Needs process

- 10.10 If a child of school age is identified as showing communication, social interaction, play and behaviour difficulties, a plan will be developed between the pre-school setting, the parents, and any appropriate others (e.g. Speech and Language Therapists) to help the child, under the Special Educational Needs School Action or School Action Plus or, in Bristol local authority maintained schools and some academies, School Action Plus Enhanced (SAPE) systems. Where a child has a diagnosis of autism, this may include input from the Education Autistic Spectrum Disorder Outreach Team (ASDOT).
- 10.11 If it becomes clear that, even with appropriate intervention and support, the current educational setting requires additional support to meet the child's needs, it may be appropriate for a statutory assessment of Special Educational Needs to be considered. Parents may request a statutory assessment. If this is considered appropriate, an educational psychologist will undertake an assessment, and parents and professionals who work with the child will be invited to contribute.
- 10.12 A child with autism may receive education in one of the following settings (most will receive education in mainstream school):
- Inclusion in a mainstream school with support from ASDOT.
 - Special school in Bristol
 - A 'Resource Base' attached to a mainstream school
 - Post 16 Education at schools, colleges and, where needed, at residential schools and colleges

10.13 Bristol recognises that some children with more complex needs may require consistency across education and care provided by a residential special school that outweighs the general preference to enable to children to stay local.

10.14 **We will therefore aim to ensure that:**

- There is sufficient good quality education provision to meet the needs of children and young people across the spectrum as close to the family home as possible
- Transitions between schools and colleges are carefully planned and take children's needs and views into account.
- Education includes life-skills training for children and young people
- Work experience is tailored to the young person skills and attributes, and is as relevant to their aspirations as possible

Adult Education

10.15 It is important that Adult Colleges and other learning institutions offer good support not only to those with a diagnosis of autism, but also those identified as needing support who have 'traits of autism'.

10.16 We believe individual support planning is also likely to be of great importance here as frequently a number of health and social care professionals may have a role to play in supporting individuals to access mainstream educational services.

11. Improving the way we plan and prioritise services for adults and children with autism

Identification and data collection

11.1 Our Council and NHS information collection systems do not currently record information relating specifically to children and adults with autism. This shortcoming has been identified and the need to adjust these systems to enable this information is included in our Strategic Action Plan. As we improve the availability of this information we will ensure this is fed in to Bristol's annual Joint Strategic Needs Assessment to establish the local picture and assist with future strategic planning and commissioning.

11.2 Through this process we will also seek to clarify how many people with autism also have additional conditions such as learning disabilities, and/or mental health difficulties.

11.3 In order to increase our knowledge and understanding we will need to:

- Improve collection and analysis of information and trends to clarify how many adults and children in Bristol have the condition
- Investigate how our services are performing in serving all of our communities by collecting detailed information on age, diagnosis, gender, ethnicity in addition to where people are living and whether they are in employment
- Seek a better understanding of how many people in the criminal justice system have autism
- Improve the consistency of diagnosis and services across the city

- 11.4 In line with the requirements of the Autism Act 2009, both the Primary Care Trust and the council will continue to have a designated senior leads for autism to drive forward the strategic planning process. We will also establish an ongoing Autism Strategy Forum to oversee progress against our strategy and Strategic Action Plan.
- 12. Enabling others to develop relevant services for people with autism (the criminal justice system)**
- 12.1 There is little hard information regarding the amount or types of offending among people with autism. Evidence from the Prison Reform Trust suggests 20 – 30 % of prisoners have a learning difficulty and it is likely that a proportion of these people will have autism. It is likely that of these, the majority of adults with autism and no learning difficulty will not have received a diagnosis.
- 12.2 Recent research indicates that offending by people with autism is statistically lower than average. Those who do offend pose significant challenges for services and care arrangements are frequently very resource intensive in comparison to other groups.
- 12.3 The social difficulties of people with autism may make them vulnerable to being a victim of crime or exploitation. As with most current public services, people with autism who are in contact with the criminal justice system, tend not to receive a service that is appropriate and sensitive to their needs. This is largely due to a lack of awareness and understanding.
- 12.4 Autism can have a profound impact on the nature and type of offending behaviour demonstrated by individuals, and has significant implications for how this behaviour should be understood and treated. In general, the role of autism in offending behaviour tends to be poorly understood within the Criminal Justice System, potentially leading to the inappropriate application of a range of risk assessment, management and treatment approaches which are unlikely to have a positive impact on the offending behaviour in the long term.
- 12.5 Training in awareness and understanding of autism for police, probation, court and prison staff could have the potential to reduce some repeat offending and particularly for persistent low level offences. This may also be a starting point for diversion to autism diagnostic services. The option of referring to a specialist service that supports individuals' needs, yet also meets the procedural requirements of the Criminal Justice System is also important.
- 12.6 Interventions that improve an individual's quality of life through community services, employment opportunities, appropriate housing and facilitate enjoyment of family, community and social structures can reduce re-offending and prevent long term involvement with the criminal justice system.
- 12.7 **We will therefore aim to:**
- Seek to develop better information gathering to develop a better understanding of how many people in the criminal justice system have autism
 - Work with agencies within the criminal justice system to encourage the provision of training to staff

13. The needs of carers

- 13.1 Autism is a lifelong condition that has a major impact on the lives of people with the condition and those who care for, and support them. Therefore, support for family carers needs to be sensitive, flexible and available.
- 13.2 The caring role for parents and other family carers for people with autism is life-long. In the early years it establishes a foundation for future relationships, education, and life chances. These carers, unlike most parents, continue to offer intensive and active support of their children into and throughout adulthood. They may need support to balance this continuing role with the needs of the young person to achieve increasing levels of independence as they develop and change. Families also need confidence in any service that is going to offer support to their family member.
- 13.3 Any person who provides a regular and substantial amount of care for someone aged 18 or over is entitled to request a carer's assessment. Our intention is that a diagnosis of autism should be recognised as a catalyst for a carer's assessment.
- 13.4 Person centred planning offers family carers greater opportunities to be involved in planning for outcomes for people who have autism and a learning difficulty. We wish to extend the use of these approaches to people with autism who do not also have learning disabilities.
- 13.5 Family carers or relatives of people with autism should have the opportunity to learn about autism and to practise ways of responding to their loved ones' communication and behaviour as a means of helping them gain confidence in their relationship with others.
- 13.6 Information and support should also be made available for siblings and recognise the benefit to them of having the opportunity to meet others who have brothers and sisters with autism. We intend to ensure that family carers are made aware of the availability of Carers Assessments.
- 13.7 We recognise rates of family breakdown are high in families who have children with autism and want to prevent such breakdowns by a variety of supports.
- 13.8 **We will therefore aim to:**
- Offer parents of children diagnosed with autism opportunities to learn about autism and to learn and practise ways of responding to their child's communication and behaviour, and helping their child develop to gain confidence in their relationship with others.
 - Improve information and advice about services for people with autism and their families
 - Recognise that as children grow, parents need help to assist young people with the challenges of adolescence, and to promote greater levels of independence
 - Give siblings opportunities to learn about autism, and meet others who have brothers and sisters with autism
 - Ensure that carers of people with autism know they are eligible to have their needs assessed through a Carers Assessment

- Offer additional support to those families assessed by a social worker who need additional help
- Increasingly provide services which prevent children and adults needing to leave the city and their families for their education and care
- Ensure suitable short breaks provision that can meet the needs of children and young people across the spectrum in order to reduce frequency of placement breakdown and enable families who have a child with autism to live ordinary family lives

14. Monitoring progress and future development

- 14.1 In line with policy guidance, it is proposed that progress in the implementation of this strategy and the future development of detailed joint commissioning plans, should be overseen by a new Autism Forum.
- 14.2 This Forum will take over from the Autism Strategy Development Group and membership will continue to include people with autism, carers, clinicians and practitioners from adult, children's and transition services as well as services commissioners from the Council and NHS. The Forum will report to the Health and Wellbeing Board.
- 14.3 The key task for the Autism Forum will be to oversee the implementation of the strategy and monitor progress on the action plan. This will involve establishing project groups to:
- Map local need and identify gaps to be addressed by future commissioning of services
 - Monitor the provision of training so that it meets the needs of various parties
 - Set targets and outcomes for people to return to appropriate service provision in Bristol.
 - Reduce dependence on out of area services

Autism Spectrum Condition Adult Care Pathway
(As recommended by the South West Regional Working Group)

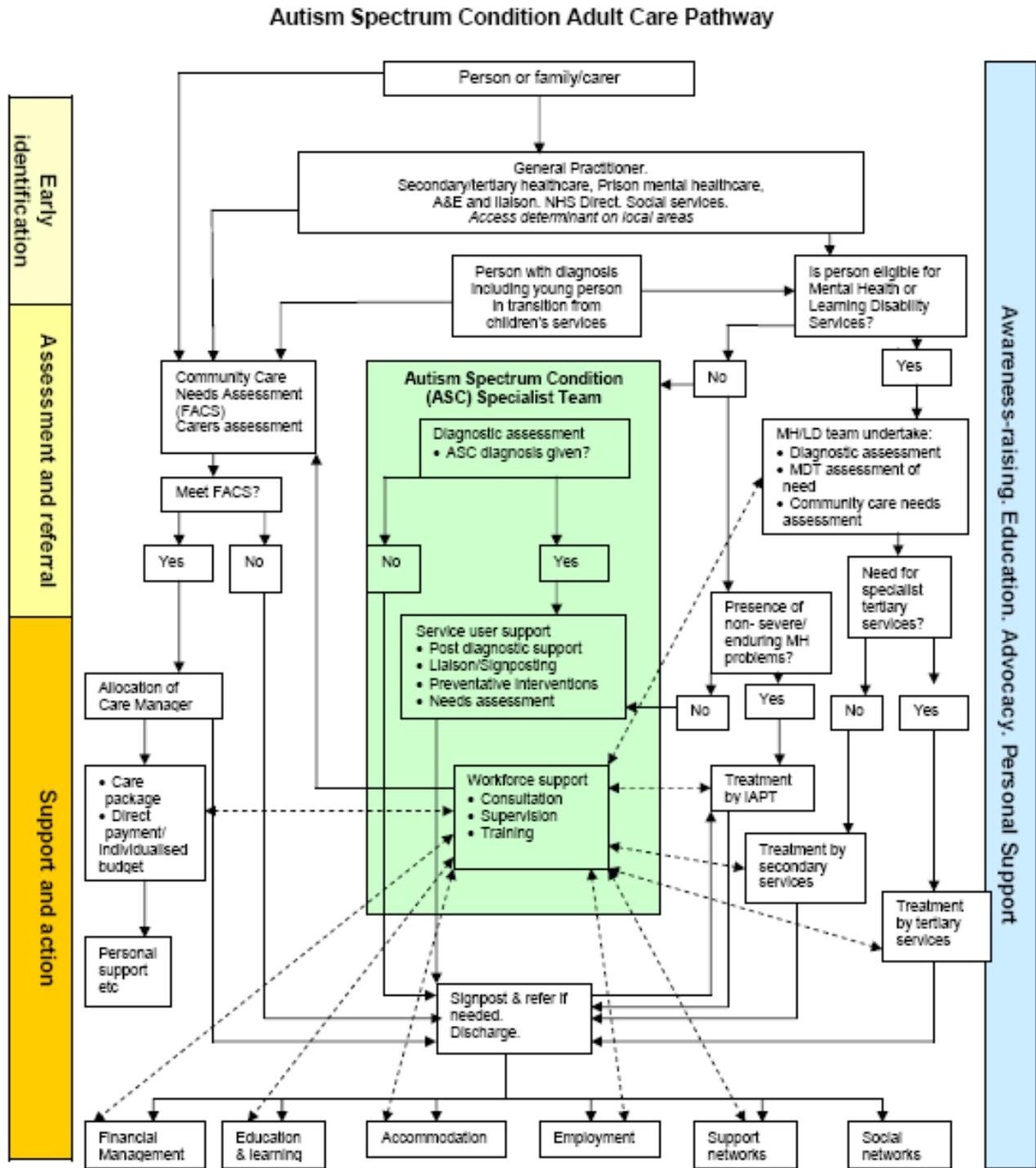


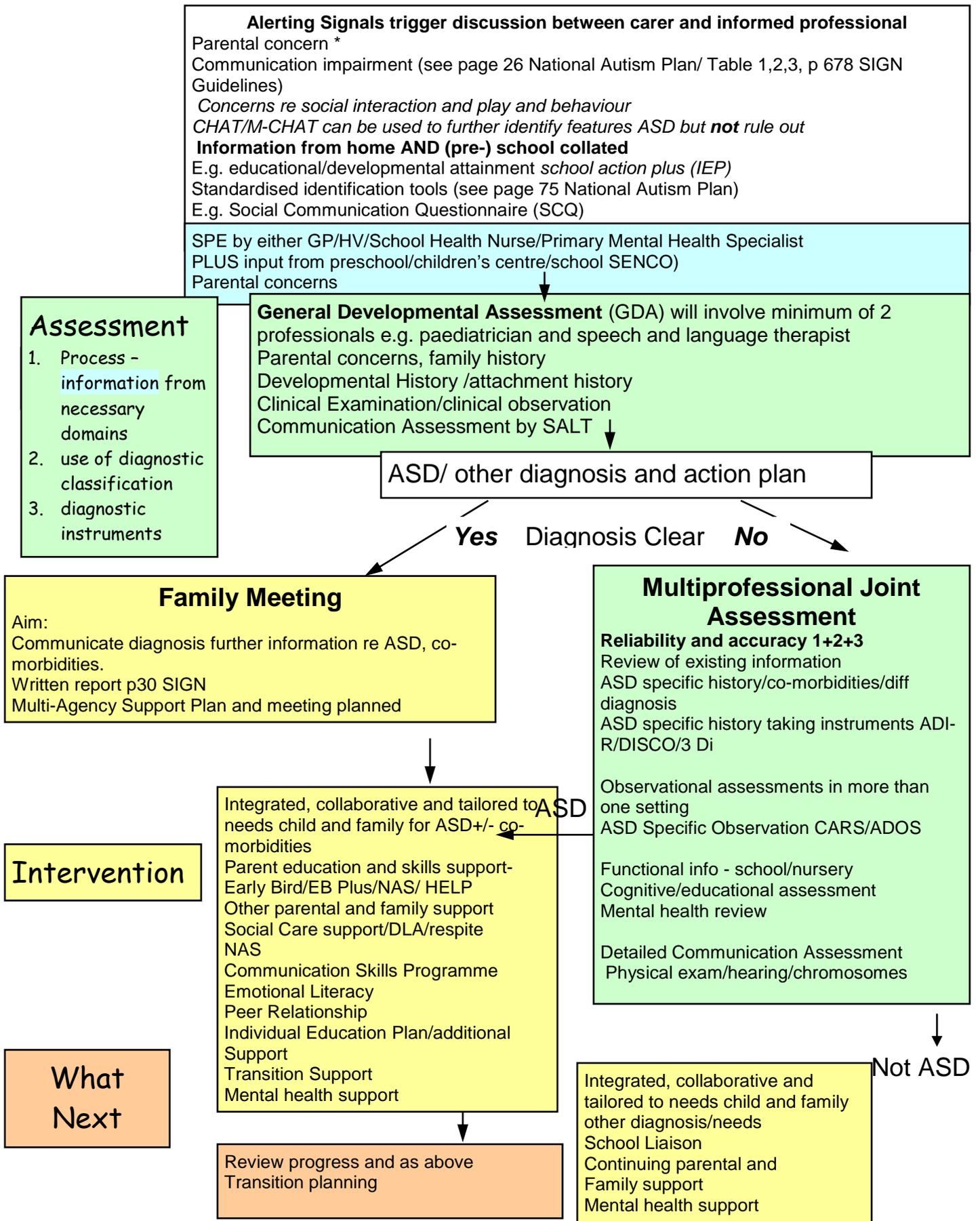
Figure 1 Autism Spectrum Condition Adult Care Pathway – Devised by South West regional Adult Autism Spectrum Conditions Services working group. 2010

Key

MDT – Multidisciplinary team
LD – Learning Disability
A&E – Accident and Emergency

MH – Mental Health
IAPT – Improving Access to Psychological Therapies

Impaired Social Communication Pathway
(Preschool and school age children)



Membership of the Bristol Autism Strategy Development Group

Andy Heron	Service Director, Mental Health, Learning Difficulties and Autism – Chair until October 2011
Simon Allen	Community Autism Officer (Bristol), National Autistic Society
Annie Alexander	Avon and Wiltshire Mental Health Partnership NHS Trust
Dr Peter Carpenter	Consultant Psychiatrist LD, Associate Medical Lead for Adult Specialist Services, Avon and Wiltshire Mental Health Partnership NHS Trust
Rebecca Cross	Service Manager – Health Partnership, Bristol City Council
Diana Elliott	Branch Officer, National Autistic Society, Avon Branch
Dr Ian Ensum	Consultant Psychologist, Bristol Autism Spectrum Service, Avon and Wiltshire Mental Health Partnership NHS Trust
Paula French	Strategic Commissioning Manager (Learning Difficulties), Bristol City Council
Lal Heaton	Service Manager , Learning Difficulties (from October 2011)
Alistair Henderson	Valuing People Development Manager, Bristol City Council
Mike Hennessey	Service Director Care Management, from October 2011
Kevin Hewitt	Partnership Director, Community Children's Health Partnership, North Bristol NHS Trust
Ben Higgins	National Autistic Society
Richard Hurst	Service Manager South, Bristol City Council
Selina Postgate	Co-ordinator, OutreachIT
Lesley Russ	Public Health Specialist (Learning Difficulties)
Sue Topalian	CAMHS and Joint Commissioning Development Officer, Bristol City Council
Sue Waring	Service Manager (Mental Health), Bristol City Council
Carol Watson	Service Manager, Bristol City Council
Catherine Wevill	Strategic Commissioning Manager – Mental Health/ Learning Difficulties, Bristol City Council
Emily Wiseman	West of England Resource Centre Manager – South West, National Autistic Society
Meriel Woolmore	Manager, National Autistic Society

Other related policy documents

- Fulfilling and rewarding lives: The strategy for adults with autism in England (DH 2010)
- Good practice in supporting adults with autism: guidance for commissioners and statutory services (National Autistic Society 2009)
- Bristol multi–agency transitions protocol
- Transitions strategy 2013-2015 - young people with additional needs
- National Autism Plan for Children (National Autistic Society 2003)

Glossary of terms	
ALSPAC	The Avon Longitudinal Study of Parents and Children, also known as <i>Children of The 90s</i> is a long-term health research project. More than 14,000 mothers enrolled for the study during pregnancy in 1991 and 1992
ASC/ASD	Autism Spectrum Condition /Autism Spectrum Disorder (used to describe Autism Spectrum Condition in children)
Asperger Syndrome	Named after the Austrian paediatrician, Hans Asperger who in 1944 observed a group of children as having a collection of difficulties and behaviours, in addition to problems with social interaction. Now regarded as an Autistic Spectrum Condition and frequently used where the person does not also have a learning disability. It is likely that imminent changes in classification will lead to the discontinuation of the term 'Asperger Syndrome'
Autism	A diagnostic term that tends to be used in reference to people who have Autistic Spectrum Conditions and adults who also have learning disabilities. We recognise that some people prefer the terms 'autistic people' or 'autistics' to 'people with autism'
BASS	Bristol Autism Spectrum Service; a specialist multi-disciplinary AUTISM team providing specialist assessment and advice established as a pilot in 2009
CAF	Common Assessment Framework, a shared 'common' assessment tool used throughout England and across agencies and designed to promote better co-ordination in children's services
Care Pathway	A clearly pre-defined and agreed pathway for assessment, treatment and care, often involving a range of professionals and agencies
Carers Assessment	An assessment undertaken by the local authority of the impact on the carer of their caring role and what support for them, or the person they care for, would sustain their caring role
Connexions	Connexions provides services and advice to young people in Bristol. It works with young people aged 13-19. Young people with learning difficulties and/or disabilities may be supported up to the age of 25
Criminal Justice System	Made up from a number of agencies, including police, courts, prisons, probation service, etc.
Health and Wellbeing Board	The purpose of the Board is to improve the health and wellbeing of Bristol's communities by leading the development of improved and integrated health and social care services.
JSNA	Joint Strategic Needs Assessment, an annual process undertaken jointly between Bristol City Council and the NHS which records the health and wellbeing status of Bristol
Learning Disability	Sometimes referred to as Learning Difficulty and historically

Glossary of terms	
	used to refer to people with an intelligence test score of 70 or less (100 being average). Modern approaches to definition tend to avoid ongoing controversy associated with measures of intelligence and emphasise lifelong impairments related to reasoning, learning and social functioning
Mainstream school	A mainstream school is any school that principally meets the needs of pupils who do not have special educational needs
NHS	National Health Service
NIASA	National Initiative for Autism Screening and Assessment; a collaboration between the National Autistic Society, various medical Royal Colleges and the All Party Parliamentary Group on Autism in 2003
NICE	National Institute for Clinical Excellence, a special Health Authority set up in 1999 to produce best practice guidance for the NHS in England and Wales
Presumption of Employment	An ideological viewpoint, whereby the starting assumption is that all people have skills or attributes that can, with the right help, be an asset and undertake some form of employment or meaningful occupation
Resource Base	Specialist provision on a mainstream school site
School Action	This is established when a child is identified as needing interventions that are additional to or different from those proved as part of the school's usual differentiated curriculum and strategies
School Action Plus	This is established when the child's needs are such that the school needs to seek advice and support from external support services. These may be provided by the local Education Authority (LEA) or outside agencies
Special Educational Needs	<p>If a child of school age is identified as showing communication, social interaction, play and behaviour difficulties, a plan will be developed between the pre-school setting, the parents, and any appropriate others (e.g. Speech and Language Therapists) to help the child, under the Special Educational Needs School Action or School Action Plus systems.</p> <p>The term originates from the Special Educational Needs and Disability Act 2001 (s. 10) is intended as an adjunct to the Disability Discrimination Act 1995, which legislated to prevent the unfair treatment of individuals.</p> <p>The Act required schools, colleges, universities, adult education providers, statutory youth service and local education authorities to make 'reasonable provisions' to ensure people with disabilities or special needs are provided with the same opportunities as those who are not disabled.</p>
Special School	A special school education for students who have a statement of special educational needs. Special schools

Glossary of terms	
	may be specifically designed, staffed and resourced to provide the appropriate special education for children with additional needs
Traits of Autism	A term used where a child or adult appears to exhibit some of the behaviours or difficulties associated with autism spectrum, without a formal diagnosis having been confirmed
Transition	A purposeful, planned process that addresses the medical, psychosocial and educational/vocational needs of adolescents and young adults with chronic physical and medical conditions, as they move from child-centred to adult-oriented health care systems

Bristol Autism Spectrum Condition

Strategic Action Plan 2012-2015

Key: BCC – Bristol City Council
NHSB – NHS Bristol

This strategic action plan identifies areas for focussed work together with proposed target dates for the start of that element of the implementation. The results from the consultation will allow us to further prioritise work. The Autism Forum will need to establish the current baseline position in order to set realistic and measurable targets.

No	Joint Strategic Priority	Actions	Lead/s	Timescale
1.	Increasing awareness and understanding of autism	(a) Increase access to information and advice for people with autism and their families	BCC	2012/13
		(b) Improve awareness of autism in the general population and employers	BCC	2012/13
		(c) Increase levels of awareness amongst front line staff in public services	Joint	2012/13
2	Improving access to diagnostic services for children and adults	(a) Secure capacity and capability for early, multi agency, holistic diagnosis and assessment, to facilitate early support and intervention	NHSB	2012/13
		(b) Improve the way that the local authority carries out eligibility assessments and reviews by making reasonable adjustments	BCC	2012/13
		(c) Improve our monitoring arrangements to ensure consistency of access to assessment, diagnosis and services across the city and communities	Joint	2013/14
		(d) Offer the child and parents information and support and action planning to resolve difficulties following assessment	Joint	2013/14
		(e) Improve consistency and equity of access to diagnosis across the city	NHSB	2013/14
		(f) Publicise how to request an assessment for a diagnosis	Joint	2012/13
		(g) Ensure compliance with the forthcoming NICE guidelines	NHSB	2013/14
3.	Improving access to services to facilitate independent living for adults, and for children to continue to be able to live with their	(a) Encourage professionals in schools and colleges to have suitably high expectations of young people with autism, and encourage their potential for employment and further education, recognising the particular strengths of some aspects of autism in relation to some career paths	BCC	2012/3
		(b) Ensure access to information and advice for every young person aged 14 - 18 with a diagnosis of autism, and their parent/carers	Joint	2012/13

No	Joint Strategic Priority	Actions	Lead/s	Timescale
	families	(c) Ensure that every young person with a diagnosis of autism and a statement of SEN or additional social care needs has access to an assessment of need on transition to adulthood with a smooth hand-over of relevant information	BCC	2013/14
		(d) Ensure where possible and appropriate the provision of specialist outreach support that aims to prevent placement breakdown	Joint	2013/14
		(e) Explore potential for more effective collaborative working across agencies including children and adults and including public and third sector	Joint	2013/14
		(f) Routinely take account of the needs of children and adults with autism and their carers in the development and design of future health services	Joint	2012/13
		(g) Have planned, clearly defined services with agreed pathways, guidelines, competencies and routine outcome measures to ensure a seamless service and appropriate clinical governance	Joint	2013/14
		(h) Ensure that commissioning contracts with health and social care providers include requirements to make reasonable adjustments to services for people with autism	Joint	2013/14
		(i) Demonstrate how health improvement and health protection initiatives apply equally to people with autism as they do to others, and develop specific enhanced health improvement programmes that take account of health inequalities and barriers to access health services	BCC	2014/15
		(j) Review the guidance for multi agency arrangements for the protection of children and vulnerable adults that take account of the needs of children and adults with autism	BCC	2012/13
		(k) Continue to implement new and innovative housing options offering care and support	BCC	2012/13
		(l) Ensure that people with autism have access to mainstream housing and that housing staff have suitable training and awareness	BCC	2012/13
		(m) Support people with autism to live as independently as possible and to exercise choice and control in their lives	BCC	2012/13

No	Joint Strategic Priority	Actions	Lead/s	Timescale
4.	Helping people with autism into education, work and training	(a) Raising awareness amongst employers about the potential benefits of employing people with autism	BCC	2013/14
		(b) Bringing relevant parties together to think about how best to support people into employment	BCC	2013/14
		(c) Introducing routine career and employment planning into the transition planning process for young people with autism	BCC	2012/13
		(d) Improving access to information and advice for people about employment issues	BCC	2013/14
		(e) Ensure sufficient good quality educational provision for children with autism is provided as close to a child's home as possible	BCC	2012/13
		(f) Ensure that moves between schools and colleges are carefully planned and take children's needs and views into account	BCC	2012/13
		(g) Ensure appropriate life-skills training for children and young people is available where needed	BCC	2012/13
5.	Improving the way we plan and prioritise services for adults and children with autism	(a) Improve collection and analysis of information and trends to clarify how many adults and children in Bristol have the condition	Joint	2012/13
		(b) Investigate how our services are performing in serving all of our communities by collecting detailed information on age, diagnosis, gender, ethnicity in addition to where people are living and whether they are in employment	Joint	2014/15
		(c) Seek a better understanding of how many people in the criminal justice system have autism	BCC	2014/15
		(d) Improve the consistency of diagnosis and services across the city	NHSB	2013/14
6.	Enabling others to develop relevant services for people with autism	(a) Work with agencies within the criminal justice system to make training available to staff	BCC	2013/14
		(b) Identify other agencies where training for staff would increase access for children and adults with autism	Joint	2013/14
7.	The needs of carers	(a) Give siblings opportunities to learn about autism, and meet others who have brothers and sisters with autism		2013/14
		(b) Ensure that carers of people with autism know they are eligible to have their needs assessed through a Carers Assessment	BCC	2012/13

No	Joint Strategic Priority	Actions	Lead/s	Timescale
		(c) Offer additional support to those families assessed by a social worker who need additional help	BCC	2013/14
		(d) Provide services which prevent children and adults needing to leave the city and their families for their education and care, including specialist local services such as autism specific outreach, school, and short breaks services	BCC	2012/13
8.	Monitoring progress and future development	(a) Map local need and identify gaps to be addressed by future commissioning of services	Joint	2012/13
		(b) Establish baseline information in order to be able to track progress	Joint	2012/13
		(c) Monitor the provision of training so that it meets the needs of various parties	Joint	2013/14
		(d) Set targets and outcomes for people to return to appropriate service provision in Bristol	Joint	2012/13
		(e) Reduce dependence on out of area services	Joint	2012/13